

West of Berkshire Safeguarding Adults Board

Briefing no. 4 – April 2017



The West of Berkshire Safeguarding Adults Board meets four times a year to plan and scrutinise how agencies work together to keep adults at risk of abuse or neglect safe in Reading, West Berkshire and Wokingham.

Among the topics discussed at the March Board meeting were: the priorities for next year's Business Plan, Care Act Advocacy, service user involvement, results of the case file audit, safeguarding within mental health inpatient services at Prospect Park Hospital, and the Law Commission's proposals for Liberty Protection Safeguards.

Key Performance Indicator data is collected on a quarterly basis and in March the following areas were highlighted as areas requiring improvement:

- The number of people who lack capacity who are referred to an advocate, and
- The percentage of people that are asked what they want the outcome of the safeguarding investigation to be.

Location of abuse was also a focus for discussion, in particular "Own Home" as the location of abuse is higher than nationally and we will work to understand what type of abuse is occurring in people's own homes and who the perpetrators are, in order to plan effective preventative actions.

Independent Chair

The March Board meeting was chaired by the new Independent Chair, Teresa Bell. Teresa said that she was delighted to be appointed as Independent Chair of such a well-established Board and is looking forward to meeting and working with colleagues across the area.

Independent Advocacy under the Care Act 2014

The Chief Executive of HealthWatch Reading, Mandeep Kaur Sira, presented learning from the perspective of advocacy providers working across the West of Berkshire. Mandeep reported that there is a committed group of advocates working across the area but referral numbers are still too low, meaning that too many people are not being involved in decisions made about them and their care and support.

In terms of timescales, an advocate could be allocated within a day, a week at the most. Learning suggests that low referral rates to advocacy may be due to a lack of knowledge about Care Act Advocacy. Closer working relationships between advocates and social workers would help to improve understanding of the role of the advocate and clarify for advocates when a safeguarding referral should be made. More advocacy support is needed with safeguarding. Some advocates have difficulty understanding the safeguarding process and lack of feedback exacerbates this. Lack of detail about an individual often leads to an advocate providing support with limited knowledge of the person's circumstances. More detail at the point of referral would enable the advocate to provide more effective support.

For more information on Care Act Advocacy in your area contact your Council's Adult Social Care team, OR:

HealthWatch Reading 0118 937 2295
HealthWatch Wokingham 0118 959 4594
seAP West Berkshire 0300 3435731

To be added to the circulation list for these briefings, contact the Board's Business Manager

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<http://www.sabberkshirwest.co.uk/>

Law Commission proposals to replace DoLS with Liberty Protection Safeguards

The Board was provided with an overview of the Law Commission's proposals for replacing the Deprivation of Liberty Safeguards (DoLS) with Liberty Protection Safeguards (LPS). The Law Commission proposes that under the Liberty Protection Safeguards:

- The justification for a deprivation of liberty would have to be considered *before* arrangements were made, rather than only afterwards.
- Someone could be deprived of their liberty temporarily in truly urgent situations and in sudden emergencies, but only to enable life-sustaining treatment or to prevent a serious deterioration in the person's condition.
- The decision whether a deprivation of liberty (DoL) was necessary and proportionate would need to be considered while placement options were open and as part of narrowing the choice of possible placements and care plans.
- The LPS would apply in 'community' settings as well as care homes and hospitals and would include self-funders.

The Liberty Protection Safeguards would not only focus on whether someone was or was not deprived of liberty, but on their care and treatment in the round, taking particular account of the wishes and views of the person, family members and others.

The Government has not yet responded to the Law Commission's proposals and it is likely that we will be working within the existing DoLS system for the next two years.

Changes to coroner duty:

From 3 April 2017 coroners will no longer have a duty to undertake an inquest into the death of every person who was subject to an authorisation under the Deprivation of Liberty Safeguards.

Fluctuating Capacity

Recent case reviews have highlighted that our practice needs to reflect greater understanding of fluctuating capacity. Mental capacity in many situations is not a fixed state. People with a range of needs and vulnerabilities are likely to have fluctuating capacity - sometimes they may be capable of making their own decisions and sometimes they may not.

The impairment or disturbance does not have to be permanent. A person can lack capacity to make a decision at the time it needs to be made even if the loss of capacity is partial, temporary or their capacity changes over time. A person may also lack capacity to make a decision about one issue but not about others.

A person may be incapacitated by their situation. Situational capacity may arise through:

- **Constraint** if someone were prevented from going out or from contacting others to whom they might express their views or who might give them advice.
- **Coercion or undue influence**, when someone's capacity or will to decide has been sapped or overborne by the improper influence or undue pressure of another. This could include being pressurised by arguments referring to religious, cultural or familial expectations.
- **Other disabling circumstances**, for example, the effects of deception, misinformation, physical disability, illness, shock, fatigue, depression, pain or drugs.

Practitioners need to consider the full range of factors to help people make decisions. Because capacity is a time-specific and decision-specific issue, we find that depending on the time of day, the environment the person is in, the context and type of decision needing to be made, people may sometimes have capacity and sometimes not. It is even more important to not make assumptions in these situations and to consult with those who know the person best to decide whether and if so when, a capacity assessment is best carried out.

Where fluctuating capacity is an issue a practitioner should always ask 'can the decision be delayed?' and if it can, they should advocate with colleagues for this to happen. We should always aim to support the person to make the decision for him or herself wherever possible.

Further information on the MCA in Practice:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/467398/Pt1_Mental_Capacity_Act_in_Practice_Accessible.pdf

Business Plan 2017-18

The Business Plan directs the work of the Board for the coming year.

High risk areas that will flow throughout the Board's Business Plan for the next year are:

- Mental Capacity Act and DoLS
- Self-neglect
- Mental health
- Domestic Abuse

We will continue to focus on making safeguarding personal for the 'person in the centre'.



Priority 1: We have oversight of the quality of safeguarding performance

Feedback indicates that customers' desired outcomes are met, in line with Making Safeguarding Personal and the well-being principle.

We monitor how learning is shared and used to improve practice

We understand what the data tells us about where the risks are and who are the most vulnerable

We measure impact

Priority 2: We listen to the service user, raise awareness of adult safeguarding and help people engage

We work with communities to raise awareness of adult safeguarding

We raise awareness of the Board and the Berkshire Safeguarding Adults Policy and Procedures

We support service users to engage with services and the Board

Board membership reflects a wide and varied group of stakeholders

Priority 3: We learn from experience and have a skilled and competent workforce

Learning is shared and used to improve practice

Learning and Development areas for 17-18:

- Safe recruitment
- Allegations management
- Record keeping
- Restraint
- Mental Capacity Act
- Domestic Abuse
- Mental Health
- Self-neglect

Priority 4: We work together effectively to support people at risk

People are supported by an advocate when they need it

We work within a framework of policies and procedures that keep people safe

Providers are supported to deliver safe, high quality services

We provide feedback to people who raise a safeguarding concern

We have a modern slavery strategic pathway

Joint Children's and Adults' Safeguarding Conference FRIDAY 22nd SEPT

The focus of this year's conference is Mental Health. The programme and booking form will be available from June on the Workforce Development section of the website

<http://www.saberkshirewest.co.uk/practitioners/workforce-development/>

Joint Working Good Practice Guide

Recent case reviews have found that a lack of understanding of policy, procedure and guidance resulted in a culture of informal agreements, misunderstandings and tension between teams and agencies.

High quality procedures support good practice, providing realistic and practical guidelines and clarity about how professionals work together and across agencies. They need to be well promoted, communicated to staff and understood.

In some cases, informal agreements were in place between teams and practice was sometimes at odds with the policies, procedures and guidance that were in place.

[Mr I Safeguarding Adult Review Briefing Note.pdf](#)

[Berkshire Safeguarding Adults Policy and Procedures](#)

Information sharing

One of the main barriers to effective joint working is misunderstandings among professionals about what information can be shared.

- ✓ Safeguarding decisions are based on coordinated, sufficient, accurate and timely intelligence.
- ✓ Effective communication and information sharing enables an accurate assessment of risk and need.
- ✓ Better understanding between professions fosters greater confidence to share information.

The [Information Sharing Protocol](#) covers all of the agencies that form the West of Berkshire Safeguarding Adults Board. It provides a framework for making decisions about sharing information in order to help protect adults who may be at risk of abuse or neglect. See also the Government's [Seven Golden Rules for Information Sharing](#).

Being open to challenge and improvement

Frequent scrutiny can drive improvement of service and can come from a range of sources:

- ✓ Between agencies within a local area
- ✓ Between practitioners
- ✓ From the Safeguarding Adults Board
- ✓ Between different local authorities
- ✓ From external bodies.

Classification: OFFICIAL

Checklist for joint working

- ✓ Identified lead worker
- ✓ Shared approach to safeguarding
- ✓ Joint policies and procedures
- ✓ Clear information sharing protocol
- ✓ Opportunities for discussion
- ✓ Transparent lines of communication
- ✓ Transparent decision-making processes
- ✓ Clearly defined structures, roles and responsibilities
- ✓ Opportunities for joint training
- ✓ Understanding the terminology used
- ✓ Recognising individual skills and expertise
- ✓ Providing feedback to the person who raised a concern
- ✓ Being open to challenge

Management of Mental Health Crisis Interagency Partnership Agreement

This agreement between Thames Valley Police, Health and Social Care agencies supports joint working across organisations to ensure that people who present to the Police while experiencing a mental ill health crisis are supported and managed in the most appropriate way by the most appropriate agency.

It aims to ensure that while working in partnership for the benefit of the person at risk, each organisation is considerate and respectful of the responsibilities of the other and utilises each other's resources in the most appropriate way.

It encourages appropriate sharing of information and to ensure that information shared is for a justifiable purpose.

[Mental Health Crisis Interagency Joint Working Protocol](#)

Discussion Forums for Practitioners

Some examples of interactive, discussion forums that you may find useful:

<http://www.scie.org.uk/mca-directory/forum/>

<http://www.communitycare.co.uk/join-social-work-online-community/>

<http://socialworkresources.org.uk/forums/>