



MINUTES				
Meeting Title	West of Berkshire Safeguarding Adults Partnership Board			
Date	Weds 08-06-22			
Time	10:00-13:00			
Location	Microsoft Teams			
Chaired By	Professor Keith Brown			
Confirmed Attendees:				
Professor Keith Brown, Independent Chair, SAB	Andy Sharp, Executive Director - People, West Berkshire District Council – <i>did not attend</i>	Jane Barnett, Business Support Officer, SAB (minutes)	Simon Broad, Assistant Director - Adult Social Care, Wokingham Borough Council, SB	Lynne Mason, Business Manager, SAB
Sue Brain, Service Manager – Safeguarding Adults, West Berkshire District Council, SBr	Rachel Spencer, CEO, Reading Voluntary Action – <i>did not attend</i>	Abigail Mangarayi, Interim Head of Safeguarding Adults, NHS Berkshire West Clinical Commissioning Group (CCG)	Seona Douglas, Director of Adult Care and Health Services, Reading Borough Council – <i>did not attend</i>	Philip Bell, Involve – left at 12 noon
Garry Poulson, Director, Volunteer Centre West Berkshire, arrived approx. 10:10	Alison Drew, Interim Head of Safeguarding, Royal Berkshire NHS Foundation Trust, arrived approx. 10:10	Linda Andrew, Team Manager, Emergency Duty Service	Dorcas Nyabunze, Head of Service, Emergency Duty Service – <i>did not attend</i>	Gemma Nunn, Assistant Head of Safeguarding, Berkshire Healthcare Foundation Trust
Supt Steve Raffield, LPA Commander Reading, Thames Valley Police, left at 11:30am, at the end of item 5	Cllr John Ennis, Lead Cllr, Adult Social Care, Reading Borough Council	Ann Standen, The Advocacy People	Jo Lappin, Assistant Director for Safeguarding, Reading Borough Council	Jennie Henstridge, Senior Probation Officer, National Probation Service
Carole Lee, Principal Occupation Therapist, Adult Social Care, Reading Borough Council – for item 2 only	Melanie Ingham, Director of Safeguarding, SCAS, arrived approx. 10:15 for items 3 & 4	Jane Thomson-Smith, Deputy Director of Quality & Nursing, NHS Berkshire West CCG – for Items 3 and 4 only – left at 11am	Charlotte Donohoe, Thames Valley Police – attended for items 3 & 4	Claire Knibbs, Thames Valley Police – agenda item 4 only - joined at 10.30am and left at 11am

Lajla Johansson, Assistant Director of Joint Commissioning, CCG – for item 13, only				
Apologies/did not attend				
Simon Price, Head of Housing, Wokingham Borough Council	Heidi Ilsley, Deputy Director of Nursing, Berkshire Healthcare Foundation Trust	Simon Leslie, Solicitor, Joint Legal Service (virtual member)	Paul Coe, Service Director, Adult Social Care, West Berkshire District Council	Cath Marriott, Partnerships and Performance, Office of the PCC - Virtual member
Deborah Fulton, Director of Nursing & Governance, Berkshire Healthcare Foundation Trust	Debbie Simmons, Interim Chief Nurse, NHS Berkshire West Clinical Commissioning Group (CCG)	Lorna Pearce, Head of Adult Safeguarding, Care, Governance and ASC Covid-19 Taskforce, Wokingham Borough Council	Cllr Joanne Stewart, Executive Member for Adult Social Care, West Berkshire District Council	Liz Warren, Risk Reduction Manager, Royal Berkshire Fire and Rescue Service
Matt Pope, Director of Adult Service, Wokingham Borough Council	TBC, HealthWatch Wokingham	Alice Kunjappy-Clifton, Healthwatch West Berkshire	Zelda Wolfe, Acting Head of Housing and Neighbourhood Services, Reading Borough Council	Susan Powell, Building Communities Together Team Manager, West Berkshire District Council
Jennifer Daly, Safeguarding Programme Lead, NHS England South (South East) - virtual member	Andrew Sharp, Healthwatch West Berkshire	Ian Fisher, Acting Head of Safeguarding, South Central Ambulance Service	Cllr Charles Margetts, Executive Member for Adult Social Care, Wokingham Borough Council	Mandeep Kaur Sira, CEO, Healthwatch Reading
Niki Cartwright, Director of Joint Commissioning, BOB ICS: SRO for Autism, Learning Disability and Mental Health – for item 13 only				

	Item
1	<p>Welcome and Introductions</p> <p>KB: opened the meeting, introductions were made, and the meeting was deemed quorate. No declarations or conflicts of interests were voiced. AS was welcomed to the Board, as a new member, from The Advocacy People, who now manage most of the independent advocacy services in the West of Berkshire.</p>
2	<p>Reading Borough Council Hoarding Project</p> <p><i>To share with the SAB their findings from the Hoarding Project commissioned by Reading Borough Council</i></p> <p>Carole Lee (CL), Principal OT, RBC, gave a short presentation on the work that Sarah Martin, the Hoarding Project Lead had been doing for the last 2 years, as Sarah only works part-time, 2 days a week, which does not</p>

	<p>include a Wednesday (CL supports Sarah). The presentation included photographs from actual cases they had been dealing with. Hoarding is a hot topic at present, and as part of the work that CL had been doing with the discharge team during the pandemic she had applied for a grant for this work. Training had been provided by Hoarding Disorders UK; a draft Hoarding Protocol had been produced; data had been scrutinised to extract safeguarding figures on self-neglect, commissioned “blitz cleans” and individuals who had used D2A beds at Huntley Place, Reading (which had been available between end of January and beginning of April 2022) had happened. The data suggested that in over 50% of the cases the individuals concerned were owner occupiers and their hoarding issue only came to light following an emergency medical admission, often via the police or ambulance services. They had used the Hospital Discharge Grant (or well-being Grant) through the Better Care Fund, which the disabled facilities grant team can use for up to £5,000 for rented or private home owners to do any work that is needed to get people out of hospital or to stop them going into hospital, which had included the clean/clear service and the provision of carers (which often meant that the property had to be cleaned/cleared before they could access the property). The clean/clear service will often involve repairing floorboards, checking electricity, repairing windows and doors, and ensuring that the heating/hot water is working. The voluntary sector, including Cowshed (the crisis charity) had been offering wonderful support. What the project had learnt so far:</p> <ul style="list-style-type: none"> • working with those who have hoarding behaviour is a long-term piece of work (the work needs to be person centred and workers need time to build up trust and engage with the individual) for it to have a lasting impact • clearing properties is traumatic for individuals, has a high relapse rate and is expensive • agencies need to work together • it can be difficult and stressful work for staff, who need appropriate support and training • across the sector there are already many staff doing this work but constraints on roles and time means that long-term preventative work is difficult to do. <p>They are looking for additional funding for a specialist Hoarding Team in Reading and CL outlined two options for how this could be used.</p> <p>SB: had found it a very interesting presentation and felt that other LAs were all tackling similar problems. In WoBC there were instances of NIMBY (not in my back yard) where neighbours were objecting as it was affecting housing prices. CL felt that it was probably different in Reading and the hoarders were often elderly owner occupier, surrounded by renters, who were often concerned about the individual.</p> <p>JE: had found it a very enlightening presentation and gave examples of neighbours supporting individuals (one was feeding rats); the Fire Service were also very helpful where visits often about the awareness of fire safety turned into well-being visits; supported the multi-agency approach to the work and praised the work of this project. CL confirmed that often hoarders are articulate and hide their problem well.</p> <p>AS: requested that Sarah contact her as she had not seen any referrals for safeguarding for hoarders; often hoarders were assessed as having capacity, when in fact they do not necessarily; suggested that this should be included in the protocol.</p> <p>AM: some do have capacity but because their hoarding has been going on for so long before it comes to light, support will need to include therapy and a maintenance approach.</p> <p>KB: summarised the actions; wished the project well for their fundraising; the presentation had highlighted the importance of being non-judgemental and the difficulties around capacity, situational capacity, executive function capacity, very complicated areas, which clearly were having a big impact on many people.</p>
<p>3</p>	<p>SCAS – update on improvement work in response to CQC inspection</p> <p><i>Presentation in response to the request from the SAB in March 22 that there was a presentation to the SAB to offer assurance on the response to the CQC focused safeguarding inspection, where SCAS were told to make improvements.</i></p> <p>Melanie Ingham (MI), Director of Safeguarding, SCAS, gave a presentation to the Board and was supported by Jane Thomson-Smith (JT-S) from NHS Berkshire West CCG. She had recently started as Director of Patient Care and Service Transformation and had now taken over as Director of Safeguarding to give some weight and</p>

direction at a regional, local level and certainly for external safeguarding stakeholders. She explained that they had had a CQC visit in November 2021 with a detailed paper in February 2022 and had recently had a well led interview which they were developing into a further improvement plan; wanted to offer assurance that they have a very structured, robust process in place to address some of their challenges and difficulties. KB confirmed that he had recently received a letter from Professor Helen Young, SRO for NHS 111 Covid Response Services/Executive Director of Patient Care and Service Transformation/Chief Nurse at SCAS around the unprocessed referrals that were blocked in their data system.

Their mission statement was: *We deliver the right care, first time, every time* and their vision is: *To be an outstanding team, innovating and partnering, to deliver world leading outcomes.* She then shared the new draft vision/mission statement, which was currently going through their internal channels (Safeguarding Committee and then to the Quality and Safety Committee) for ratification; she then emphasised the importance of collaboratively working with all their partners to ensure that their patients and families were safe. She outlined the many different partnerships that they had to work with. They had agreed to develop an MOU (Memorandum of Understanding) with their designate nurses leads to do a bidirectional flow of information, so they need to inform the designates to inform their partners and then they will get the feedback about lessons learned.

She explained that currently they had a small Safeguarding Team, with two members of staff currently off sick but they have now agreed a different workforce model, with agreement for investment, but obviously now they must go through the recruitment process to get the right people in and that will take time to build that team. Very early on she had discovered that there were historical unprocessed Safeguarding referrals, that had been blocked in the system and not processed; some of these were duplicates, some had already been archived, some has been forwarded to local authorities, but bounced back because some local authorities out of their area were not accepting their referral form. She had done a rapid review of the cases that they had of concern and 10 cases were identified as referrals of concern; these were all referred to MASH but none of them were in the West of Berkshire. Two Serious Incidents were declared (as they wanted to learn from the delays) on the referral delay and they were awaiting the external Investigating officer to report. The letter from Professor Helen Young had informed the Partnership about this unprocessed referral approach, and they are really looking at what can be learnt about their processors and data systems and the referral system was being examined in detail and also assessed by the external reviewer. The last slide outlined the Safeguarding implementation plan.

KB: felt that the presentation had given an overview of the seriousness that SCAS is taking it and the development works that are being put in place; and thanked MI for the presentation.

JL: asked if MI could stay for the next item and outlined the work that had already started with MI's predecessor around appropriate and out of scope referrals with the three LAs.

JT-S: explained that she was there to support MI, was in constant communication with her and the teams (they had already discussed the presentation earlier that morning) and the Safeguarding designates were also providing a lot of support; they have fortnightly meetings and she had come away from the earlier meeting with a to do list.

KB: asked how the Board could best support SCAS; he explained that separately he chairs the NHS Safeguarding Adults National Network and was the author of the original National Safeguarding Framework, which she might want to tap into; recognised that it was a big challenge with several different boards to work with, who are also slightly different and assured her that the Partnership was here to help and support her work.

MI: was aware that ICSs were coming into existence and wanted SCAS to be offered the opportunity to work in that collaborative integrated way with all the partners; she asked that the partners were responsible and accountable to ensure that SCAS gets the partnership opportunities to work with everyone but then be selective once the team size has increased and they will have a probable process going forward where each of the individuals will take a particular area. While they are getting there, the designate nurses will be critical to be bidirectional; she offered to attend again but requested information back to help.

	<p>AD: also wanted to reiterate that the Royal Berkshire NHS Foundation Trust would support in any way they could and she had already spoken to her Chief Nurse, following a conversation with MI.</p> <p>KB: agreed to diarise in for either the December 2022 or March 2023 Board for a short update from SCAS to review the links between the Boards and to update the organisations and see how things have developed but reiterated that the Board were assured that the right work was in hand.</p>
<p>4</p>	<p>Actions to address increase in Out of Scope Safeguarding Concerns – Paper 1</p> <p><i>Issue raised about the increase in out of scope safeguarding concerns TVP and LA’s have been requested to provide assurance to the SAB on the actions being taken to reduce the number of out of scope safeguarding concerns.</i></p> <p>JL: gave a short overview/presentation to give some context to this item; the whole system approach to safeguarding as part of the Care Act 2015 with organisations carrying out different levels of safeguarding as part of business per usual; the requirement that responses to safeguarding concerns are always informed by the wishes of the adult concerned. She highlighted that in all 3 areas (Reading, Wokingham and West Berkshire) the Safeguarding Adults Team is being used as the Single Point of Contact for referral of all concerns, whether they be safeguarding, care and support needs or mental health issues, which is leading to a high volume of referrals out-of-scope of S42 Care Act 2015 responsibilities. A high volume of concerns logged from both TVP and SCAS do not meet the legal statutory criteria, which is causing a resource implication. The three local councils are keen to support understanding of the criteria for raising a safeguarding concern (S42(1) criteria a) and b) [a) care and support needs and b) at risk of experiencing abuse or neglect] and to highlight alternative pathways (where appropriate) which are not currently being considered when these criteria are not being met. The impact of this was highlighted in relation to: challenges in prioritising safeguarding concerns received, difficulties in achieving efficient day to day workload management, lack of feedback about the outcomes so referrals made and the risk of non-compliance within the statutory framework, councils’ and the SAB’s multi-agency policy and practice standards. She highlighted the other possible referral pathways (other than S42) which are: relevant risk pathway (for types of community safety), adult social care, single agency risk assessment and management and MARM (which was currently being updated and will be re-launched).</p> <p>JL also highlighted that from 1st July RBC were moving their single point of contact to a new Contact Centre, who will then make the decision on which pathway is most appropriate. They are requesting that all SAB partners actively promote the LGA/ADASS Safeguarding Concerns Guidance (as this is a national problem) across the partnership.</p> <p>SBr: has been working with JL and LP (in WoBC) on this issue; she explained that whilst there was an increase in out of Scope (inappropriate) Safeguarding Concerns in WeBC too, this was not at the same level. WeBC will continue to have separate referral routes (unlike RBC who are moving to a single point of contact via the Contact Centre) but as WeBC are a small council, with limited number of staff and the importance of getting the referrals right is really important, otherwise there is danger that something can get missed.</p> <p>JL explained that whilst the three councils had met with colleagues in SCAS and more recently TVP she suggested that a more formal action plan was required, which could be monitored through the Board. SB: was able to share some figures from LP, who was unable to be at the meeting; despite conversations already being had with SCA and TVP the level of out-of-Scope Safeguarding Concerns had increased and he supported the idea of some quarterly monitoring of the performance indicators on a quarterly basis.</p> <p>GP: reflected that a workforce, the voluntary sector or the public can not be expected to understand the processes of local authorities. Whilst WeBC continues to have separate referral routes (unlike RBC soon and WoBc), one can see why for example, ambulance staff, are not always clear on the appropriate referral route; the good thing is that concerns are being raised. He queried whether WeBC could partner with the other councils so that there was one single point of contact for whole of the West of Berkshire.</p>

KB: felt that the Board had a duty, as organisations and members to try and assist as much as possible to help people to understand where they take their concerns without just doing nothing about their concerns.; the Board does not want people to bury their concerns but be more accurate in where they send their referrals/concern. He concluded that a policy briefing paper (with some simple guidance on how and when to make a referral) would be the way forward, which would get out to as many people as possible, supported by tracking of the numbers for two quarters to see if there is a decrease in inappropriate referrals was the best way forward.

GP: stressed the importance of speaking in layman's terms, in particular for the volunteering community sector. JL: explained that RBC had the opportunity to become part of the LGA pilot work, who had commissioned an organisation called Making Connections, to help problem solve around this issue, which would need to include SCAS and TVP.

AS: supported the idea of one single point of contact for the whole of West Berkshire, as they work across the whole of West Berkshire.

MI: confirmed that SCAS currently have a trigger system that means that all referrals get sent to MASH (they have a one page referral form that is bound to MASH) but is concerned if there are changes in Berkshire, which means they will only accept a certain referral system and as they work with 15 different local authorities they could end up with 15 different referral forms, which would be unworkable.

SB: re-iterated that the reason this issue was so important was because the systems are being clogged up with inappropriate referrals meaning that bonafide safeguarding referrals where people have been abused or are at risk of being so, are having delayed responses. He also felt that it is the responsibility of statutory partners and the voluntary sector to understand the different pathway options.

KB: it is about getting the balance between overloading systems with inappropriate referrals but also not stopping the public from raising concerns, as that would lead to other problems.

SBr: clarified that WeBC have an open system so that members of the public can raise concerns by telephone but the concern here is about the professional referrals (in particular from SCAS and TVP).

CD: explained that she was the Strategic Manager for the 10 TVP MASH's; she explained that their internal demand for identifying adults at risk had increased by 91%; it is one of eleven functions that her team perform in TVP, and because they have nine other LA's that they serve, they need, wherever possible, to standardize their processes because that is the most effective use of her staff (i.e. to ensure that a staff member in Milton Keynes can do the work for Reading, if they need to, which builds resilience). She explained that she did not like the term inappropriate referral, as it implies that no thought was given to the referral; although she did recognise that they have not always been good at identifying the difference between a safeguarding need, and a current support need and they have input on this and hold six-weekly learning sessions (which are held virtually for one and a half hours to pick up on a current learning theme, including previously input from adults social care. She would not be keen on having various points of access to a service and for the responsibility to be on them to determine where they should signpost an individual; much as she would love to upskill her staff they are "Jacks of all Trades" and they have high turnover. She would not want to put her staff in a position of having to chose from multi e mail options to make a referral; however she is sympathetic to the fact that by TVP seemingly bombarding you with referrals that are going to the wrong place, this is detracting from the real risk that is sat hidden within those referrals. She did not have a quick fix solution at their end, although they have tried and she is very supportive of negotiating a better way forward.

KB: reflected that CD had made some very good points, in particular the notion of inappropriate referrals, because they are actually appropriate referrals but just to the wrong place. He supported JL's idea of establishing a working group to look at this issue; to review pathways and to review the guidance on pathways so that both SCAS and TVP can be reminded in a clearer way, where they should take their concern; this should be backed up by data from the next few quarters to see if this helps change the level of "inappropriate referrals".

	<p>PB: they are currently doing a piece of work in Wokingham Borough with TVP looking at this issue; where the neighbourhood police team attend homes, where there are welfare concerns, that do not meet the thresholds for statutory intervention, they are referred to their community navigation service, so that a conversation can be held, and residents can be connected to support services at the earliest opportunity.</p> <p>KB: summarised that a working group would be set up, led by JL, involving colleagues from SCAS and TVP; with a review of progress at the next Board meeting.</p>
<p>5</p>	<p>Minutes of Last Meeting and Action Log – Paper 2 and Paper 3</p> <ul style="list-style-type: none"> • Nothing to highlight on the action log. • Minutes are published on the website. <p>LM: confirmed that there was nothing that needed to be highlighted from the Action log.</p> <p>KB: the minutes from the last meeting of 16th March were endorsed.</p>
<p>6</p>	<p>Subgroup Updates – Paper 4</p> <p>LM: explained that this was a standardised report that comes to the Board; giving an update on the work of the sub-groups (meetings are normally held a few weeks before Board); there were two items that she particularly had wanted to highlight:</p> <ul style="list-style-type: none"> • an advert had recently gone out for an author request for a SAR (Pauline), with a focus on self-neglect and the application of the Mental Capacity Act; they were looking to recruit by the end of the month. The Coroner had delayed the inquest until the report is published; bearing in mind school holidays the aim is to get a report for the December Board meeting but depending on the Coroner, an extraordinary meeting might have to be held to endorse the report earlier. • the SAR panel were asked to manage the action plan for the Adam SAR, which was an organizational safeguarding concern and the response to that; were asked to seek assurances from partners around review processes but it had been determined that because of covid it had been impossible to get this, so this would be revisited in next 12 months; in the interim an Out of area Best Practice Reviews guide had been produced. • the Performance and Quality sub-group were holding an extraordinary meeting the next day to complete a review of action plans from SARs. • the Learning and Development sub-group had met the previous month and identified that the Train the Trainer piece of work had stopped in the last few years because of capacity issues; wanted to highlight that to the Board (it is about delivering training but also seeking assurance that those who have been trained are delivering good quality training). • the Learning and Development sub-group had also identified they felt that there were partnership opportunities for delivering more bespoke Mental Capacity Act training across the partnership as opposed to only delivering this in individual organisations. • a Steven SAR Bitesize learning event was being held on 23rd June, focusing on what technology is available to support people to manage risks but also covering mental capacity and supporting carers. • the Louise SAR was being published on 20th June and a different approach was being taken for this, with a podcast being made available. • the Pan Berkshire Policies and Procedures sub-group lacked some attendance from the West of Berkshire at the last meeting, which had been noted by East Berkshire. <p>KB: summarised that he was very grateful for all the work going on behind the scenes, with member involvement and sub-groups being chaired; suggested that more time is given for the next meeting for the individual Chairs to feedback to ensure that there is enough energy in the sub-groups for the good work to continue.</p>
<p>7</p>	<p>Pressure Care Paper – Paper 5</p> <p><i>An assurance report from the Performance and Quality Subgroup in response to the following Business Plan Action: Assurance obtained from SAB Statutory partners on practice in regard to self-neglect.</i></p> <p>LM: this item was an assurance report that the Board was asked to endorse, which had come from the Pressure</p>

	<p>Care priority, which the Performance and Quality sub-group had been asked to prepare to offer assurance around Pressure Care management processes across the partnership; she gave the background to the paper and an overview of its content, which included the work that had been done by the partnership and individually to raise awareness around pressure care; The Board was asked to note the paper and to recognise that there was a lot of good work and materials available to raise awareness of pressure care. The issue appears to be around the assessment of someone’s capacity to make decisions around their pressure management, which she suggested could be discussed further on the item about the proposed business plan. KB: summarised that it was a comprehensive report, which brought together all the work that had been going on; the Board were happy to endorse the report.</p>
<p>8</p>	<p>Current SAB Priorities – Paper 6, Paper 7, Paper 8</p> <p>Paper 6 – Current SAB business plan update</p> <p>LM: explained that the current Business Plan had a few more ‘reds’ (the implementation plan is not in place or there are delays which mean the action will not be achieved in timescale) than desired, but progress is being made. Delays were mainly because of delays with the MARM, on self-neglect, and whilst good progress had been made on pressure care, some of this related to self-neglect, for which the launch of the MARM framework is awaited. No progress had been made on the organisational safeguarding priority, but it was discussed at the Business Planning meeting held in May and this priority had been reworked for the new proposed business plan. Priority 4 (business as usual tasks); highlighted that currently were not meeting the six-month deadline for completing Safeguarding Adult Reviews but the new proposed business plan, includes a way forward on this; she explained that it was the work that comes after the reviews, in terms of publication and supporting families where the delay is (including monitoring the learning from the reviews).</p> <p>Paper 7 – Risk and mitigation log</p> <p>LM: explained that the biggest risks were:</p> <ul style="list-style-type: none"> • service user engagement/people who make safeguarding referrals do not receive feedback (would help with out of scope safeguarding concerns, if feedback was given); • there is inconsistent use of advocacy services to support adults through their safeguarding experience; • governance arrangements to support people who have Mental Health issues are not fully understood; • there are capacity issues within the supervisory bodies to obtain timely DoLS assessments and provide appropriate authorisation; • people who fall between the gap of care management framework and the safeguarding framework; • closed environments due to covid; • inappropriate/out of scope safeguarding concerns; • carer stress and staff well-being (professionals and volunteers); • domestic abuse during covid lockdowns; and • the partnership not complying with their current quality assessment framework (not manageable with the current capacity of the partnership). <p>She explained that these risks would be covered in the Annual Report but there was always an expectation that the Business Plan was a longer-term plan, as it was not realistic to get many of the priorities actioned when coming out of a pandemic.</p> <p>Paper 8 – Learning from SARs/audit tracker</p> <p>LM: explained that the way recommendations were currently tracked had proved to be unmanageable due to the number of recommendations that Safeguarding Adult Reviews from two years ago had included; the SAR Panel is now working smarter and would not accept too many recommendations. This meant that the tracking of learning from SARS would not necessarily be accurate with regard the priorities.</p> <p><i>To consider progress to support discussions for endorsement of proposed business plan 22/23 that is the next agenda item.</i></p> <p>KB: thanked LM for a well put together and very comprehensive report, which the Board noted.</p>
<p>9</p>	<p>SAB Proposed Business Plan – 22/23 – Paper 9</p> <p><i>To endorse the SABs business plan for 22/23.</i></p>

	<p>KB: explained that a very useful Business Planning meeting had been held on 16th May. The following was agreed:</p> <ul style="list-style-type: none"> • that self-neglect remains a priority for the SAB and that actions set in the current business plan will be expanded upon. Self-Neglect will remain as priority 1 as: <i>To expand on learning in regard to self-neglect; to offer the partnership with resources to support them to achieve effective outcomes for individuals that self-neglect.</i> • further consideration in regard to pressure care management during 21/22 suggests that improvement work around self-neglect will support the partnership to work with individuals that are at risk of developing pressure sores (possibly falling into self-neglect or mental capacity issues) and a stand-alone priority in regard to pressure care is no longer required. • agreed that commissioners of health and social care services have systems in place to monitor the quality of service provision and that is it the role of the SAB to: seek assurance that quality of health and social care services delivered in the West of Berkshire or those commissioned out of area for West Berkshire residents is monitored effectively and there is a proportionate response to concerns (priority 2) • the SAB should review its Safeguarding Adult Review (SAR) process, in order to ensure that it is timely and good value for money (priority 3). • business as usual work should remain on the business plan in order to highlight these requirements of the SAB (priority 4). <p>KB: expanded on the key change that was the introduction of a rapid review Safeguarding Adult Review process; the process is quicker for the family and any learning could be implemented quicker. AS: commented on LPS (Liberty Protection Safeguards) that would potentially be introduced in 2023; should some mention be made of this in the proposed Business Plan? KB: clarified that the whole area of understanding capacity, situational capacity and the later changes to the LPS are front and centre and key in the development and work of the Board. SB: raised the question as to what is the Board’s role in seeking assurance about what each individual agency is doing; does the Board have a role in terms of seeking assurance? KB: explained that was why priority 2 had been expanded to cover the Board seeking assurance. LM: clarified that this was currently a standing item on the Learning & Development sub-group. LA: supported the rapid review SAR process, which had always worked well for Children’s Services; thought it was well over-due for Adults. KB: the SAB proposed Business Plan was agreed by all.</p>
<p>10</p>	<p>Budget Monitoring - Paper 10 <i>To consider budget proposals set out in paper 10.</i> Recommendation to SAB: To agree 5% increase in contribution to pay for additional SAB resources to meet the objectives on the SAB Business Plan. Board requirements</p> <ol style="list-style-type: none"> 1. Recommendation to SAB: Carry over the £45,774 underspend to the 22/23 SAB budget. 2. Recommendation to SAB: To agree 5% increase in contribution to pay for additional SAB resources to meet the objectives on the SAB Business Plan. <p>KB: explained that the proposed budget proposals would help with the instigation of the rapid review SAR process; since the Budget Planning meeting, LM had been able to confirm that the Board really did have an underspend (approx. £45, 000); the recommendation was that there should be an increase of 5% on the budget to allow for increasing costs and that a significant proportion of the underspend be used to recruit a one year post to set up the rapid review process (probably a part-time post), working with the Chair, JL, and the SAR Panel. There will hopefully be the additional benefit of reducing costs for the Local Authorities, as the rapid review process should be cheaper to undertake with regard SAR authorships; at the end of the year the hope is to demonstrate ongoing savings for Local Authorities by reduced commissioning of Safeguarding Adult Reviews. SB and JL: were fully supportive of the proposed budget for 22/23. KB: the proposed 22/23 budget was agreed (5% baseline increase to budget); LM/JL would be working on a Job Description and recruitment for the one-year post.</p>

<p>11</p>	<p>Integrated Care Systems (ICS) <i>Debbie Simmons, Nurse Director, NHS Berkshire West Clinical Commissioning Group (CCG), to provide an update on the ICS, as requested by the SAB.</i> DS: had sent apologies at the last minute and the item was deferred until the next meeting; there would not have been much of an update, as structures were being finalised AM: was able to provide a brief update as the CCG’s were merging from 1st July; Berkshire West CCG was merging with Oxfordshire and Buckingham and will be referred to as BOB (Bucks, Oxon and Berks) ICB (Integrated Care Board); DS, who was currently Interim Chief Nurse, NHS Berkshire West Clinical Commissioning Group will not be continuing in the role and a new Chief Nurse had been recruited, who will start in September and structures will be slightly changing. Currently in post there are DS, Jane Thomson-Smith, Deputy Director of Quality & Nursing and two Designates Abigail Mangarayi (Adults) and Jane Bell (Children) are the Safeguarding Designates for Berkshire West (Reading, Wokingham and West Berkshire); Oxfordshire and Buckinghamshire have their own safeguarding designates. In the new proposed structure, there will be a new Chief Nurse, a Director of Nursing and Deputy Directors for Quality and Safeguarding. There had been discussions around having a Head of Safeguarding who will be above all six BOB safeguarding designates. KB: thanked AM for the update and the item will be brought to the next Board meeting.</p>
<p>12</p>	<p>Independent Domestic Abuse Scrutiny Panel – Paper 11 <i>Request has been made by TVP for SAB representation, at this scrutiny panel, need a decision of if the SAB should be represented and who this should be. Copy of ToR for the panel are attached.</i> LM: explained that TVP have introduced a Domestic Abuse Scrutiny Panel; the Terms of Reference had been circulated. SBr: explained that the Local Authorities had already been contacted; she was going to be the rep for WeBC and understood that LP had also been asked, with a first meeting in September. KB: suggested that the Board would be represented by SBr and LP, and they should flag up to the Board anything that needed to be highlighted, rather than have a regular agenda item, which was agreed.</p>
<p>13</p>	<p>Mental Health Governance Report – Paper 12 <i>There is a requirement through the SAB Risk and Mitigation Log that the Mental Health Strategy Group provide regular updates to the SAB in response to the risk: Governance Arrangements to support people Mental Health Issues are not fully understood. Report presented on a six-monthly basis to offer assurance.</i> LJ, Assistant Director of Joint Commissioning, CCG, presented a paper, which gave an update on the position 18-24 months ago with regard mental health services and key developments; the impact of the pandemic on the children and young people (there was a 17% prevalence of mental disorders) and on adults, where an estimated 10 million adults in the South-East have significant mental health issues. The paper covers the Crisis team (who can now be accessed via 111), the Crisis and Home Treatment teams, a new Berkshire West Breathing Space service (Safe Haven type model), which is available daily between 5pm – 11pm. The Community Mental Health Framework is about bringing services closer to the people in the community (via PCN’s, known as Primary Care networks), for those people who need secondary mental health support from Berkshire Healthcare Trust, who tend to be at the very severe and enduring mental illness. This would include personality issues that the IAPT model does not cover; using social prescribing. They are currently in phase two, which is being rolled out across Wokingham and then West Berkshire will be next. JL: asked how the safeguarding arrangements are embedded in the new processes and structure. LJ: explained that the new mental health teams are provided in combination through the primary care networks and Berkshire Healthcare Trust, so they would follow the normal safeguarding arrangements that they have in place within the NHS. KB: summarised that this paper offered assurance to the Board on the mental health services provided.</p>
<p>14</p>	<p>Information Items</p> <ul style="list-style-type: none"> • SAB out of area reviews best practice document – Paper 12 • Law Society Vulnerable Adults Bill Proposal– Paper 13 • SCIE, Sexual Incidents in Adults Social Care; Evidence Review Briefing – Paper 14 <p>LM: SAB out of area reviews best practice document (Paper 12) had been published and was on the website; Law Society Vulnerable Adults Bill Proposal (Paper 13) LP had flagged up for the Board’s attention (it relates to people falling through the gaps that do not necessarily fit within the care management safeguarding</p>

	<p>processes); and SCIE, Sexual Incidents in Adults Social Care; Evidence Review Briefing (Paper 14), which LM had got through the Business Managers network.</p> <p>KB: explained that Alex Ruck Keene was leading on the Law Society Vulnerable Adults Bill Proposal and had brought a paper to the SAM (Society for Acute Medicine) national meeting; he will highlight any developments with that.</p> <p>KB: the information items were noted.</p>
<p>15</p>	<p>AoB</p> <p>KB: had received a request from the new Safeguarding Lead (Russell Vernon) at the Independent Spire Hospital in Reading to become part of the Board; as there were several private hospitals in the Reading area it was suggested that he be invited to represent the private hospital sector but not just his own hospital.</p> <p>AM: currently has a quarterly meeting with several independent providers, which includes Sue Ryder, the Berkshire Independent Hospital, and the Spire (all who seem to work very independently) to share information, including on Safeguarding Adult Reviews.</p> <p>AS: also mentioned the Priory Hospital in Thatcham, who appear to have some sort of network.</p> <p>KB: it was agreed that an independent sector representative would be sought by LM/KB.</p> <p>The meeting finished at 12:30pm</p>
	<p>Date of next meeting: Wednesday 28th September, 10-1pm (Council Chamber, Ground Floor, Civic offices, RBC)</p>