



**Bracknell Forest Safeguarding
Adults Partnership Board**

Bracknell Forest Safeguarding Adults Partnership Board Annual Report

April 2016 – March 2017

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FOREWORD

I am pleased to introduce the 2016/17 Safeguarding Adults Annual Report on behalf of the Bracknell Forest Safeguarding Adults Partnership Board. The report presents an overview of significant progress and development over this 12 month period.

The report reflects a partnership that is embracing responsibilities set out in the Care and Support Statutory Guidance including the core principles for adult safeguarding which are at the heart of developments in Bracknell Forest. Case studies as well as some of the development plans of partner organisations demonstrate that *Making Safeguarding Personal*, which is a central objective for adult safeguarding (set out in the statutory guidance) is core to safeguarding practice in Bracknell Forest. This means that people who may be in need of safeguarding support are themselves engaged in a conversation about how best to respond to safeguarding issues in their lives and that safeguarding support 'enhances involvement, choice and control as well as improving quality of life, wellbeing and safety' (Care and Support Statutory Guidance, DH, 2016). Safeguarding support in Bracknell Forest aims to acknowledge and take account of what is important to people. The Safeguarding Adults Development Team in Bracknell Forest Council works hard to ensure this is a reality in practice across organisations.

This Annual Report demonstrates the strengthened commitment to working together on shared objectives that the Board identified as a goal last year. There is evidence of greater collective understanding of where the challenges are and of where there is a need for further development. There is a willingness across partners to take action together on those areas. This understanding has been facilitated in part through the development of a robust quality assurance framework which was identified as necessary early in 2015. The required actions indicated through the outputs of that framework (including data, case audits, Safeguarding Adult Reviews (SARs)) are supported with enthusiasm across partner organisations because those actions represent an opportunity to make a real difference in the lives of people who may be in need of safeguarding support.

These developments have come about through a great deal of hard work and sustained effort and because of a growing shared understanding and commitment to safeguarding adults as core business across all partner organisations. It has been striking that at a time when resources are stretched to the limit, partners have willingly engaged in developing new ways of working and in developing effective safeguarding through support to Board subgroups. Organisations have positively embraced the Board's self-audit tool and on the basis of this have engaged in discussion around shared challenges that form the basis for forward planning. The hard work of the Board Manager appointed during this year has played a significant role in engendering and sustaining this enthusiasm.

Partner organisations have demonstrated commitment to transparency in sharing where things have gone wrong, so that the whole partnership can act on necessary learning. The Safeguarding Adults Review (SAR) re 'J' is an example of this (see section 10), where one partner organisation shared its own learning so that all partners could learn from this. For the first time this year two SARs have been

undertaken by the Board. These show where development is needed with real lives at the centre of that learning. This has inspired and motivated Board members to support undertaking such reviews and to carrying out the necessary actions indicated by them. SARs remind us that although there has been much progress in adult safeguarding there is still much that requires development. These reviews support the Board's understanding of where the focus of further development needs to be.

There are numerous positive examples of development across all partner organisations set out in section 8 (organisations' development plans). Alongside developing specific areas of safeguarding such as practice in modern slavery; self-neglect and domestic abuse, and Making Safeguarding Personal, there is a theme across development plans of ensuring that issues raised and developed at Board level do not stay at Board level, but are disseminated widely by each partner organisation at grass roots level. For example, Involve and West London Mental Health Trust, communicating key safeguarding issues and messages across a broad sector / staff group; Berkshire Care Association (BCA) similarly proactive in disseminating best practice in adult safeguarding across the sector, including improving understanding of practice within the Mental Capacity Act. Bracknell and Ascot CCG is supporting and developing GPs in adult safeguarding, including disseminating learning from SARs. A Board bulletin instigated by the Board Manager will support consistent messages at all levels across all organisations.

I shall be standing down in June 2017 as Independent Chair of the Bracknell Forest Safeguarding Adults Board. A decision has been taken that the Board will form a joint Board with that of the Royal Borough of Windsor and Maidenhead. This transition will take place in June 2017. Ahead of standing down I have worked with the Board to identify key areas of focus in adult safeguarding that are significant for Bracknell Forest and where it will be important to sustain actions and development. These are outlined in this annual report. Board partners have indicated a commitment to work within the new Board to ensure that progress on those objectives is sustained.

Jane Lawson
Independent Chair of the Bracknell Forest Safeguarding Adults Partnership Board

INTRODUCTION

- 1.1 This is Bracknell Forest's Safeguarding Adult Partnership Board's (SAPB) second annual report since the introduction of the Care Act 2014. It represents an ongoing transition and it describes the implementation of the Board's 2016 / 17 strategic plan.
- 1.2 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the individual partners plans for 2016/17, as well as future challenges.
- 1.3 The aims and objectives of the Board's 2016-2019 strategic plan is contained within the report as well as the planned developments by partner agencies for the coming 12 months. In line with the requirements set out in the Care Act the Board has continued to develop its strategic plan during the year.

2 EXECUTIVE SUMMARY AND KEY MESSAGES

- 2.1 The report highlights the achievements against development plans and the challenges identified during 2016/17 along with the work developing for 2017/18 and beyond. A new strategic plan was implemented in 2016/7. All actions within the existing 2016/19 strategic plan are on target to be achieved within timescales.
- 2.2 Personalisation remains a focus for safeguarding within Bracknell Forest. The annual report highlights feedback **from residents** and **views of practitioners that**, along with the data provided, confirms that the approach to making safeguarding personal is ensuring that people are feeling safer as a result of enquiries they have been involved in.
- 2.3 Analysis of data for 2016/17 reveals that 100% of people who were subject to a safeguarding enquiry felt safer as a result of the enquiry. It is pleasing to report that the number of substantiated or partially substantiated concerns remains low (51) and for a second year is lower than the previous year. As in 2015/16, the majority of cases where abuse was substantiated or partially substantiated during 2016/17 occurred in the home. Further analysis has revealed that whilst this is in line with national statistics, this is due in part to the high percentage of supported accommodation in Bracknell Forest and that in 2016/17a small number of incidents involved a large number of individuals.
- 2.4 Also, as in 2015/16 on the majority of occasions the type of abuse experienced was neglect. Analysis has revealed that approximately 30% of such cases involve acts of omission. Preventative work has included highlighting to practitioners the findings of analysis, and taking follow up action with perpetrators as a result of the safeguarding enquiry and care governance board monitoring and action plans.
- 2.5 The number of concerns received has fallen significantly during 2016/17. Analysis reveals that the amount of safeguarding referrals are still being received is approximately similar to previous years but those referrals that do

not meet the criteria for a safeguarding concerns are being filtered out at an earlier stage. Case file audits have provided assurance that concerns are being recorded more accurately and that those referrals that do not meet the concern criteria are being dealt with appropriately through care management, signposting or advice and guidance.

- 2.6 Although the data reveals that the percentage of safeguarding enquiries in which a person is asked the outcomes required not at 100% as would be expected, case file audits have revealed that all persons who were subject of a safeguarding review were in fact asked their outcomes and they were taken on board. As a result work is now on going to improve data quality and to highlight the importance of accurate recording of cases.
- 2.7 Trends in Bracknell Forest are similar to those recorded nationally and reported in the NHS Digital Safeguarding Adults Annual Report – England 2015 – 16 Experimental Statistics. However the main difference is a much higher percentage of safeguarding enquiries involving those with a learning disability in Bracknell Forest as compared to other areas. Nationally people with physical support needs form the majority of safeguarding enquiry cases.
- 2.8 Bracknell Forest has seen a slight increase in the number of Deprivation of Liberty Safeguards compared to 2015/16. However there remains an overall increase of over 3000% compared to 2013/14, this due to the landmark Supreme Court ruling regarding what constitutes a Deprivation of Liberty
- 2.10 During 2016/17 a decision was taken to merge the Bracknell Forest Safeguarding Adult Partnership Board with Windsor and Maidenhead Safeguarding Adult Board, effective from June 2017. As part of the decision to merge it was recognised local issues identified by the Board as part of its strategic plan needed to be maintained. This is particularly important where aspects of the strategic plan link to priorities highlighted by SARs. The report therefore contains the aims, objectives and actions confirmed at the Bracknell Forest Safeguarding Adult Partnership Board development day as a result of considering lessons learned from local SARS, analysis of local data and discussions with partner

3 THE BRACKNELL FOREST SAFEGUARDING ADULT PARTNERSHIP BOARD

- 3.1 All partner organisations in Bracknell Forest prioritise safeguarding with an approach based on promoting dignity, rights, respect, helping all people to feel safe and making sure safeguarding is everyone's business. The Board leads adult safeguarding arrangements across its locality.
- 3.2 The main objective of the Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in the area (para 14.133 statutory guidance) who meet the criteria set out in the Act¹. That is, they:

¹ Care and Support Statutory Guidance, March 2016

- Have needs for care and support and
- Are experiencing, or at risk of, abuse or neglect and;
- As a result of those care and support needs are unable to protect themselves from risk of or experience of abuse

3.3 The SAPB has a role in overseeing and leading adult safeguarding across the locality. It has a role too as a source of advice and assistance. (Para 14.134-135). This includes a focus on:

- Assuring itself that safeguarding practice is person-centred and outcome-focused
- Working collaboratively to prevent abuse and neglect where possible
- Seeking assurance that agencies and individuals give timely and proportionate responses when abuse or neglect have occurred
- Assuring itself that safeguarding practice is continuously improving and enhancing the quality of life of adults in its area.

3.4 The Board develops and actively promotes a culture with its members, partners and the local community that recognises the values and principles contained in 'Making Safeguarding Personal'. The Board has an independent chair and meets on a quarterly basis. The attendance record for the Board is set out in annex C. The Board's member organisations are currently:-

- Bracknell Forest Council
- Thames Valley Police
- Bracknell and Ascot Clinical Commissioning Group
- Berkshire Healthcare NHS Foundation Trust
- West London Mental Health Trust (Broadmoor Hospital)
- National Probation Service
- Berkshire Care Association
- Bracknell Forest Local Safeguarding Children's Board
- Frimley Health NHS Foundation Trust
- Royal Berkshire Fire and Rescue Service
- Involve (formally Bracknell Forest Voluntary Action)
- Bracknell Forest Healthwatch
- CQC
- LSCB

4 NATIONAL AND LOCAL CONTEXT

NATIONAL

The Care Act 2014

4.1 The Care Act legislation and guidance continue to have a significant impact on safeguarding adults practice and the role of the Safeguarding Adults Board. Key changes that the Care Act 2014 introduced for Boards are:

- 1 Safeguarding Adults Partnership Boards are now on a statutory footing
- 2 The objective of the Board as set out in 3.3-3.4

- 3 The Board has three core duties to
 - publish a strategic plan
 - publish an annual report
 - Conduct Safeguarding Adult Reviews
- 4 Safeguarding Adults Partnership Boards must arrange a Safeguarding Adults Review (formerly serious case reviews) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have worked more effectively to protect them.
- 5 The SAPB must also arrange a Safeguarding Adults Review if they know or suspect an adult in its area has experienced serious abuse or neglect.
- 6 Duties to co-operate over the supply of information on relevant agencies
- 7 Local authorities must arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review if the individual would experience substantial difficulty in participating.

Mental Capacity Act and the Deprivation of Liberty Safeguards

- 4.2 The Deprivation of Liberty Safeguards (DoLS) 2009 provide additional protection for the most vulnerable people living in residential homes, nursing homes, hospital environments and supported housing through the use of a rigorous, standardised assessment and authorisation process. They aim to protect those who lack capacity to consent to arrangements made in relation to their care and/or treatment, but who need to be deprived of their liberty in their own best interest to protect them from harm. They also offer the person concerned the right:
 - To challenge the decision to deprive them of their liberty;
 - To have a representative to act on their behalf and protect their interests; and
 - To have their status reviewed and monitored on a regular basis.
- 4.3 DoLS help to ensure that an institution only restricts liberty safely and correctly and only when all other less restrictive options have been explored. The Local Authority manages this process and reports to the local Safeguarding Adults Board.
- 4.4 In 2014 the Supreme Court judgment in *P v Cheshire West and Chester Council and P v Surrey County Council*² (known as “Cheshire West”) gave a significantly wider definition of deprivation of liberty than that which had been previously understood. The Court held that a person who lacks capacity to consent to their confinement will be deprived of liberty where they are under continuous supervision and control and are not free to leave, irrespective of whether or not they appear to object to that state of affairs (subject to the deprivation of liberty being the responsibility of the state). Since the judgment the DoLS regime has struggled to cope with the increased number of cases and the impact on the public sector has been significant both from a practical and a financial position.

- 4.5 The Law Commission carried out a public consultation from 7 July until 2 November 2015 and their final report on Mental Capacity and Deprivation of Liberty was published on 13 March 2017. The report recommends that the DoLS should be repealed and a new scheme introduced as a matter of pressing urgency. The draft Bill attached to the report contains their recommended replacement scheme renamed the Liberty Protection Safeguards. The draft Bill would also amend other parts of the Mental Capacity Act to provide increased protection for people whose rights to respect for their private and family life and their home under Article 8 of the ECHR are at risk, whether or not they risk being deprived of their liberty. The Law Commission have also undertaken a Mental Capacity and Deprivation of Liberty Impact Assessment (2017).

Making Safeguarding Personal

- 4.6 Making Safeguarding Personal (MSP) is a sector led initiative which aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances
- 4.7 MSP seeks to achieve:
- A personalised approach that enables safeguarding to be done with, not to, people
 - Practice that focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
 - An approach that utilises social work skills rather than just 'putting people through a process'
 - An approach that enables practitioners, families, teams and Safeguarding Adults Boards to know what difference has been made
- 4.8 ADASS commissioned a '[temperature check](#)' to assess the progress of MSP in local areas, as well as to help and encourage people to embed it within their authorities and with their boards and partners. When compared to previous MSP evaluations, the results revealed a positive picture of dedication and innovation. The vast majority of those interviewed had built MSP into their mainstream services and were achieving better outcomes for people needing care and support who had experienced abuse or neglect.
- 4.9 Councils that engaged better with their neighbours and were outward facing and collaborative appeared to be further on with MSP than those who were fairly isolated regardless of resources. An emerging trend was that an MSP approach appears to take up no more time than a traditional approach to safeguarding but from experience to date seems to lead to better outcomes for service users and can save time and resources in the long run as people are able to manage their own safety a lot better.
- 4.10 The Care Act 2014 and enthusiasm of social workers were said to be the main drivers of change but to really get things going also required commitment and

support of senior management and changes to infrastructure such as: training, supervision, systems and partnership working.

A suggested road map to MSP implementation

4.11 The 'Temperature Check' suggests that, based on these findings, it is possible to construct a road map of the route to full implementation of MSP. It consists of ten steps which normally will follow in that sequence, but is not given as an iron rule as some areas will have unique local characteristics. It is offered as a method to aid leaders in judging where their organisation currently stands and then to check that the next steps are within their plans.

1. Not yet started.
2. MSP agreed as a strategic priority and planning is in progress.
3. Considering, piloting and testing ideas, innovations and recommended models.
4. MSP implementation plan agreed and implementation started.
5. Current systems and procedures revised and modified to incorporate MSP principles. Workers being trained in an MSP approach.
6. Period of embedding change of practice into the social care culture in the Local Authority.
7. MSP extended into multi-agency call centres and prioritisation arrangements.
8. MSP extended to partners who undertake safeguarding enquiries (Section 42 of the Care Act) on behalf of the local authority e.g. Mental Health Trusts, Care Providers.
9. Shift to user-focussed approach in core partner organisations.
10. Shift to user-focussed approach in all partner organisations

4.12 In Bracknell Forest MSP is a priority and work currently underway and led by the Bracknell Forest Safeguarding Adults Development Team is firmly extending MSP into the work of all partner organisations.

The Care Act Progress - National Stocktake

4.13 The following organisations: Association of Directors of Adult Social Services (ADASS); the Local Government Association (LGA) and the Department of Health (DH) have been monitoring the progress of the Care Act reforms within local authorities. Their final stocktake was taken during 2016/17. A summary of the findings includes

- 75% of councils report an increase in the level of safeguarding activity post-implementation including 34% reporting that levels increased greatly; 17% of councils report activity remaining at about pre Care Act levels.
- Methods in use to monitor safeguarding outcomes include case file audits, feedback from people subject to safeguarding, safeguarding quality standards,

outcomes monitoring, questionnaires, rating scales, internal and external audit and peer review.

- Almost half of councils (44%) made specific reference to their use of Making Safeguarding Personal (MSP) to embed the necessary culture change to ensure the best possible outcomes for those being safeguarded.
- Some however, report IT systems unable to support electronic recording of safeguarding outcomes.

Impact on DoLS

4.13 The increase in Deprivation of Liberty Safeguards cases (DoLS) as a result of the Supreme Court judgement in March 2014, continues to create a heavy demand on the Independent Mental Capacity Advocacy service; this has impacted on the ability of local authorities to provide Care Act advocacy.

LOCAL CONTEXT

Demographics

4.14 Demographic changes provide a focus for the board; nationally between 500,000 and 800,000 older people are subject to abuse and/or neglect in the UK each year and this number is set to rise by 1.6 million by 2050. By 2021, the number of people aged 65 and over in Bracknell Forest is projected to rise to 19,673 people from a current population of 14,267 (ONS Mid-Year 2011 estimates). This, together with increasing numbers of people with disabilities reaching adulthood, places additional demands on adult services.

Local Challenges

4.15 Key challenges identified by the Board at a Board development Day which reflected on the period 2016/17 are summarised as follows:

- Ensuring safeguarding practice across the partnership focuses on improving the safety *and wellbeing* of people and the fulfilment of the outcomes they want
- Improving the understanding of the Mental Capacity Act 2005 and ensuring its principles are appropriately applied within a Making Safeguarding Personal approach
- Ensuring that risk is effectively identified, assessed and managed across the partnership
- A focus on prevention and early intervention, including ensuring support and intervention before the need for a section 42 safeguarding enquiry
- Community Engagement
- Workforce recruitment and retention and including workforce development that supports effective safeguarding and Making Safeguarding Personal

4.16 It is recognised that the Board needs to work effectively with other partnership boards within Bracknell Forest (including the LSCB) and with other adult

safeguarding boards in East Berkshire. In developing an effective partnership board and establishing sub groups, it has been recognised that there are additional demands on partners who are represented on other adult safeguarding partnership boards. A decision was taken to merge the Bracknell Forest and Windsor and Maidenhead Safeguarding Adult Boards from June 2017. The Board is committed to establishing an effective new joint board and to meet the challenge of ensuring that a local Bracknell Forest focus is also maintained. This includes ensuring that there is a meaningful process for people who may be in need of safeguarding services to engage with the board, and ensuring that links to other local partnerships boards are maintained. The Board recognises that this will be a priority over coming years.

- 4.17 **Local Best Practice seminars have identified** the importance of data quality and the need for further support and information in relation to accurate recording of safeguarding concerns and enquiries. The seminars have improved understanding of how data is used and reported to the board in order to continually improve safeguarding practice. Seminars have also confirmed the awareness of making safeguarding personal principles and the continual need for good partnership working. .

Local Challenges highlighted by Partners

- 4.18 Main Challenges highlighted by partners which reflected on the period 2016/17 are summarised as follows:

- Information sharing Prevention and early intervention before gets to safeguarding
- Communication amongst partners and understanding of roles and priorities
- Capacity
- Austerity
- Identifying adults at risk
- Meeting the needs of those who don't meet thresholds
- Dealing effectively with high demand individuals – revolving door
- Co-ordinating referrals and support for victims of domestic abuse and modern slavery
- Working with perpetrators and recognising some perpetrators are victims themselves
- Evaluation of impact of training
- Understanding of the Mental Capacity Act
- Workforce development
- Community engagement

5 COMMUNITY INVOLVEMENT

Safeguarding Adults Forum

- 5.1 The Safeguarding Forum is an information sharing and consultation forum, which supports local stakeholders to remain engaged in the safeguarding agenda. Although it has met on a quarterly basis in the past, this will be changing to twice yearly with longer sessions as this appears to better meet the needs of the organisations/groups who regularly attend.
- 5.2 Topics this year have included: Loan Sharks, Victim Support, Scams, updates on the Pan Berkshire Multi-agency policy and procedures and a regular update on the work of the Partnership Board. Presentations have been provided by representatives of Trading Standards, Look Ahead, The Illegal Money Lending Team and the LADO (Local Authority Designated Officer – Children’s services) As a result of a request from community members a special session by organisations who keep people safe was organised. As requested presentations were provided by Berkshire Fire and Rescue Service, Thames Valley Police and the local authority.
- 5.3 The safeguarding forum has provided evidence that safeguarding practitioners in partner organisations are implementing making safeguarding personal approaches. The forum has also provided evidence that the board’s communication is effective with practitioners demonstrating awareness of recommendations of a Coroners prevention of future death report, circulated by the board, highlighting the risks associated with E45 cream.

Domiciliary Care Provider Forum

- 5.4 This forum meets on a quarterly basis and provides an opportunity for Domiciliary care providers (and relevant representatives from the Council) to share information, discuss developments, issues or concerns and any actions that need to be taken. The Safeguarding Team has a designated slot for each of these sessions and feedback to the group on Local and National Safeguarding issues.

Community Engagement

- 5.5 The Safeguarding Development workers regularly engage with different community groups and organisations to raise awareness of Safeguarding/Mental Capacity Act related information and the support that is available in Bracknell Forest. Examples include:
- Engagement with Be Heard (self advocacy group for people with learning disabilities), Healthwatch, Breakthrough (supported employment service offering a personalised approach to support people with a learning disability or autism to look for, access and retain employment) and day centres

- ‘Safeguarding Awareness’ presentations to:
 - The Bracknell Macular Society
 - Police Training College.
 - Lookahead - Younger Adults supported living.
 - Clement House – Older Adults supported living.
 - Bracknell licensed vehicles – Taxi Drivers/Community Transport
 - The Wayz – Younger Adults activities centre.
 - Waymead short term care
 - Sandhurst Day Centre
 - Bracknell Open Learning Centre
 - Woodmancoats Older persons Day Centre
 - Park House Dentist Surgery.

6 PARTNERSHIP WORKING

6.1 The Bracknell Forest Safeguarding Adults Development Team supports the Board to gain assurance that adult safeguarding links to other parts of the system. During 2016/17 the team contributed to co-operation and collaboration between agencies, which in turn contributed to the aim of the prevention of abuse and neglect, through strong links with the following groups:

- MAPPA (Multi agency public protection Arrangements) – monthly meetings attended where arrangements to manage the risk posed by the most serious sexual and violent offenders have been discussed. We received a special mention during a MAPPA audit process that took place at their Head Office in Oxford for being a core member of the Bracknell group. This is not something that is replicated nationally.

Partnership Problem Solving Group. This is a Multi Agency police tasking group - monthly meetings attended enabling the resolution of crime matters and anti social behaviour matters in Bracknell Forest.

- SEMRAC (Sexual Exploitation & Missing Risk Assessment Conference) – multi agency meetings attended reviewing referred young people and considering their current level of risk. A member of the Safeguarding Teams attends this monthly meeting and also provides feedback on MAPPA related issues.
- LSCB CSE strategy subgroup – meetings attended gaining awareness of those at risk of CSE in order to prevent children from becoming victims.
- MARAC (Multi Agency Risk Assessment Conference) – monthly risk management meetings attended where information on high risk cases of domestic violence and abuse has been shared and risk management plans implemented

- DASC (Domestic Abuse Service Coordination) - monthly risk management meetings attended where information on medium risk cases of domestic violence and abuse has been shared, risk management plans and actions implemented to prevent situations from escalating further.
 - Domestic Abuse Forum – meetings attended to increase awareness of services to those affected by domestic abuse and identifying and promoting good practice.
 - Domestic Abuse Executive Group – multi agency quarterly meetings attended developing strategy and overseeing the Domestic Abuse Form.
 - Frimley Park Hospital Adult and Paediatric Safeguarding Meeting – monthly multi-agency meeting attended that looks at safeguarding and mental capacity related issues relevant to the hospital, identifying and promoting good practice.
 - The Mount Lane Tasking Group – This Multi Agency Group looks specifically at issues relating to properties in the Mount Lane location of Bracknell. Members of this group work closely alongside residents to offer practical support and guidance.
 - PREVENT – A representative from the Safeguarding Team is a core group member of this group that looks at safeguarding people and communities from the threat of terrorism and radicalisation.
- 6.2 A review of forums and practice that have a focus on risk is taking place as part of the Board strategic plan to maximise effectiveness.

7 KEY ACHIEVEMENTS and LEARNING

Progress against Board Objectives from 2015/16 Development Plan

- 7.1 The key objectives of the Boards' development plan were achieved during 2016/7. The Board's strategic plan for 2016/19 was implemented, and a structure of sub groups and task and finish groups was established to address the individual actions within the strategic plan.

Progress against the 2016/19 Strategic Plan

- 7.2 The strategic plan has been scrutinised and progress monitored at each Board meeting during the year. At the end of 2016/7 all strategic plan items were on track to being completed within timescales. A more detailed overview of the progress of actions within the strategic plan is provided in Appendix 1.

Work of Sub Groups and Task and Finish Groups

Quality Assurance Sub Group

7.3. The Quality Assurance Sub group has met on a quarterly basis and has developed and implemented a quality assurance framework to drive its work. This work has included

- Monitoring performance data - bringing together quantitative multi-agency data on: trends in the nature and reporting of abuse; multi-agency responses; and outcomes for adults at risk.
- Monitoring qualitative information - collating views/ feedback from customers, carers, families, and staff to establish that safeguarding arrangements are working, delivering the outcomes people want and making a difference
- Carrying out a desk top review of the boards work - Looking at how well the Board fulfils its statutory duties to understand if partners are working effectively together to keep people safe
- Implementing a partners self assessment audit - evaluating the quality of individual agency safeguarding arrangements and develop action plans to improve how agencies keep people safe
- Monitoring case file audits

7.4 This subgroup identifies areas for further analysis and improvement and makes recommendations as to how these improvements can be achieved. The Quality Assurance Sub Group has reported it work to the board on a quarterly basis.

The Learning and Development Sub Group

7.5 The learning and development sub group has been redeveloped during 2016/7 with a new terms of reference agreed. The group has been focussing on organising an event to disseminate the learning resulting from the most recent Safeguarding Adult reviews carried out across East Berkshire. The event will take place in the Autumn of 2017/8.

The Policy and Procedures Sub Group

7.6 The group of has formally agreed its terms of reference and has a stated purpose of

- Ensuring that policy commissioned by the Boards is developed and reviewed on a regular basis (twice yearly);
- Ensuring that procedures are developed to ensure that safeguarding adults activity in Berkshire is robustly and effectively co-ordinated between and within each agency;
- Ensuring that all policy and procedures promote confidentiality, dignity and effective access to safeguarding for all communities across Berkshire and promote Making Safeguarding Personal in line with legal requirements.

7.7 A new Berkshire Multi Agency Adult Safeguarding Policy & Procedures document has been produced, based on the pan London ADASS equivalent. The procedures continue to be kept under review and a 2nd version

was published in October 2016 following a period of consultation. The group has supported the lead local authority in the termination of the maintenance contract with Tri X and identified options for hosting the policies and procedures in an online format in the future. Following consultation with providers and practitioners, the SABs have agreed to commission a provider to develop an interactive website.

The SAR Sub group

- 7.8 The SAR Sub group has co-ordinated the completion of two Safeguarding Adult Reviews during 2016/7. The board has a duty under the Care Act to report on completed safeguarding adult reviews within its annual report and the summary of these two completed safeguarding adult reviews are contained within appendix 2.
- 7.9 The SAR sub group has initiated a further safeguarding review during 2016/7. The outcomes of this review will be reported in a further annual report.

The Risk Framework Task and Finish Group

- 7.10 The task and finish group has produced an overarching risk framework to improve multi – agency working with adults at risk and to further improve outcomes for people. The risk framework will be piloted in Bracknell Forest during 2017/8. The task and finish group has also recommended the development of a system to improve awareness of all types of abuse and neglect and corresponding referral routes and partnership forums to address specific cases of abuse and neglect. This will also be taken forward locally during 2017/8

The Communications Task and Finish Group

- 7.10 The communication task and finish group has produced a communication strategy which involved identifying stakeholders, confirming the safeguarding messages for each stakeholder group and clarifying the call for action as a result of communications with each stakeholder group, The task and finish group also developed a new board bulletin highlighting local and national information for dissemination throughout the partnership. This will support consistent messages reaching front line staff across organisations. A board induction pack was produced by the group.

Approach to Keeping People Safe and Making Safeguarding Personal - Case Studies

- 7.11 The overall approach to safeguarding within Bracknell Forest aims to promote independence, wellbeing, social inclusion and maximise choice in service provision and safeguarding support. The following case studies demonstrate Bracknell Forest approaches to keeping people safe and the commitment to “making safeguarding personal, and include feedback from residents who confirm that their interests were the focus of the enquiries.

“R”

R is an elderly gentleman who lives in his own home with a live-in carer. He has a diagnosis of dementia, is incontinent and has mobility issues. His family (son and daughter) live nearby and visit him regularly; they have always expressed satisfaction with the live-in carer and her organisation and provided favourable feedback at the annual review held a few months ago. However, the family reported several concerns including: incorrect medication records, suspicions that incontinence pads were not being used on a daily basis and that R appeared to be wearing the same clothes more than 2 days in a row. The family decided to install a CCTV camera in their father's room secretly as they were also concerned about the amount of time the carer was spending with R, and then they provided the recordings to the local authority. They felt these demonstrated evidence of: R being left in bed all day, that on one of the days it showed R had not been given any food or drink and that the carer had spent less than an hour with him during one 24 hour period despite the fact that daily records indicated otherwise.

The safeguarding concerns led to a formal section 42 safeguarding enquiry, the care organisation was informed of the allegations and the police were contacted. The care organisation suspended the member of staff and provided a new live-in carer to replace them; they carried out a thorough investigation and also provided all relevant information to the police. This included CCTV footage as well as records relating to support and monitoring provided by the live-in carer which could then be compared with R's care & support plan. When questioned, R said he was unhappy about how he was being looked after but he was unable to provide details about what he was unhappy about and showed little insight into the level of support he needed. During the safeguarding meeting the care organisation stated that prior to this incident no concerns had been reported to them and their last impression had been positive at the review. However, they acknowledged that their monitoring systems had not picked up issues highlighted in some of the records and that several key records e.g. risk assessments were not fully completed due to a supervisor's long term illness. The care organisation agreed a plan to resolve all issues that had been raised. The family and local authority were happy with this plan as it significantly reduced the level of risk to R and was in keeping with his wishes. The family were made aware of the need to follow the Mental Capacity Act and Best interests process in relation to the use of CCTV cameras and decided therefore to remove the camera. The police who attended the meeting stated that the footage was of poor quality and could not be used to substantiate any of the allegations; also that there was not enough evidence to meet the threshold for wilful neglect.

Following the care organisations completed investigation they terminated the live-in carer's contract and made a referral to the Disclosure and Barring Service. Whilst the care organisation's response was appropriate for this particular safeguarding incident, it occurred at the same time as several other concerns about this provider and they were referred to the Care Governance Board (CGB). An amber flag was put in place and the organisation were monitored; welfare checks were carried out on all the BFC people using this service and new placements with this organisation could only occur if a detailed risk assessment was in place. The organisation was monitored for a period of three months after which it was felt that the concerns had been resolved and the restrictions placed on them could be removed.

This case highlighted that there was some particular learning in relation to the appropriate lines of communication, who to pass information on to, and awareness of the different responsibilities involved in the situation for R. As a result of these circumstances the CGB will be developing guidance that will address such situations for the future.

Mr and Mrs C

A safeguarding concern was raised to Bracknell Forest Council (BFC) by a District Nurse and involving a Mr and Mrs C who were an older couple. Mrs C was full time carer for Mr C and the District nurse had concerns about how she was managing medication for Mr C and the standard of hygiene within the home which may have contributed to a Grade 3 pressure sore on his hip. Mr C had been admitted to hospital and was there at the time the safeguarding concern was being looked into by BFC. The safeguarding concern met statutory safeguarding duties because Mr C had:

- needs for care and support (whether or not the local authority is meeting any of those needs)
- he was experiencing, or at risk of, abuse or neglect
- as a result of his care and support needs he was unable to protect himself from either the risk of, or the experience of abuse or neglect





The Safeguarding Assessor found that Mr. C was experiencing unintentional abuse from Mrs. C and judged that a formal section 42 safeguarding enquiry was appropriate; this was categorized, for recording purposes, as 'neglect and acts of omission'. The Safeguarding Assessor ensured the full involvement of the couple, some of their family members and health professionals before arranging a safeguarding meeting. This helped to establish that whilst domiciliary care were providing support to Mr. C, the couples chosen lifestyle and their somewhat alternative sleeping routines sometimes hindered the care arrangements and affected the benefits and protections to Mr. C's health and wellbeing. It appeared that the couple needed extra support but they viewed this as intrusive and did not accept there was a need for it to ensure safe care for Mr C and for the prevention of further neglect or acts of omission. There were also issues of mental capacity affecting Mr C who had an existing diagnosis of Dementia and it was evident that he may lack the capacity to make decisions about accepting long term support at home. It was suggested that a short respite stay in a care home after hospital discharge would be a protective measure allowing more time to plan for a safer home situation and for a long term support plan to be devised. Mr C agreed to this arrangement and made clear that his wish was to return home as soon as possible.



A mental capacity assessment was undertaken with Mr C for the decision about his long term support at home; he was found to lack capacity for this leading to the need for a best interest decision to be made. A best interest meeting was held which offered an opportunity for all options to be discussed with: his wife and family members, his advocate and Social Care staff and Health Professionals, and to develop some ideas about supporting the couple when Mr C. returned home. These included:








- A family rota to help Mrs C with housekeeping
- A home fire safety check with the Berkshire Fire and Rescue Service.
- A structured medication administration process to be carried out






Ongoing monitoring and clear communication between all concerned meant it was possible for Mr C to return home and to live in a safer situation in due course. When asked about his experience of the safeguarding process he stated that he had really disliked being in a care home and he was thankful to everybody for supporting him with his return home. He said that being at home was, "like having my freedom back".





8 PROGRESS AGAINST THE DEVELOPMENT PLANS SET OUT IN THE 2015/2016 ANNUAL REPORT



Status Legend	
Where there may be delay in achieving the action.	
Where the action has started, is not yet completed, but is on schedule	
Where the action has been completed (regardless of whether this was on time or not)	
Where the action is no longer applicable for whatever reason	




Developments	Year End Update	Status
Bracknell and Ascot Clinical Commissioning Group (CCG)		
<ul style="list-style-type: none"> ➤ New Named Professional to work 30 hours per week to support Deputy Director of Nursing (Safeguarding) 	Achieved	
<ul style="list-style-type: none"> ➤ Increase support to lead GPs for adult safeguarding by: implementing 6 monthly lead GP meetings, implementing annual newsletters, improving communications to GPs where there is concern about a relevant provider and increasing access to supervision from CCG safeguarding team where there are concerns. In line with safeguarding team annual plan. 	All Achieved and on-going	







Developments	Year End Update	Status
<ul style="list-style-type: none"> ➤ CCG to continue to be actively represented at the SAPB and SAR subcommittee by the Deputy Director of Nursing (safeguarding) and the named professional safeguarding, with input from Director of Nursing. 	Achieved, CCG are active members of the SAB and relevant sub groups	
<ul style="list-style-type: none"> ➤ Annual primary care training to incorporate lessons learnt from local SARs and update in DoLS and MCA. 	Achieved; focus on adult safeguarding at GP training December 2016.	
<ul style="list-style-type: none"> ➤ Named Professional safeguarding to chair task and finish group to map safeguarding adult training with new intercollegiate guidance (2016) across the health economy and produce a safeguarding adult strategy in line with the guidance for primary care. 	Not achieved; national guidance was not published, but local safeguarding training strategies have been developed for health organisations for adult safeguarding as part of contracting.	
<ul style="list-style-type: none"> ➤ Named Professional safeguarding to review guidance for modern day slavery and disseminate professional guidance across the health economy. 	Achieved and the CCG are represented on appropriate Berkshire groups.	
<ul style="list-style-type: none"> ➤ CCG to request audit of quality of MCA assessments to be conducted by FPH and BHFT 2016/17. 	Achieved and on-going, rolling action	
<ul style="list-style-type: none"> ➤ Primary care safeguarding self-assessment to be undertaken and reported to the SAPB Autumn 2016. 	Achieved and presented to the SAB Autumn 2016.	
<ul style="list-style-type: none"> ➤ Safeguarding self-assessment to be undertaken by BHFT and FPH and reported to the SAPB during 2016/17. 	BHFT undertake self-assessment and FPH have agreed to undertake the assessment in 2017/18: rolled over.	





Developments	Year End Update	Status
<ul style="list-style-type: none"> ➤ Deputy Director of Nursing (safeguarding) to report to SAPB on SAR and DHR conducted in Slough and lessons learnt 2016/17. 	<p>Achieved: CCG and Slough LA presented lessons to SAB Autumn 2016.</p>	
Berkshire Care Association (BCA)		
<ul style="list-style-type: none"> ➤ Appointment of development officer for one year post working directly with care providers to promote best practice in all areas including Safeguarding, with particular emphasis on hard to reach services 	<p>Berkshire Care Association has appointed a development officer to work closely with care providers with an emphasis on compliance. The development officer has run MCA/DOLS event with individual providers to improve understanding of the five principles of the Mental Capacity Act.</p>	
<ul style="list-style-type: none"> ➤ Conference in Oct 2016 – Safeguarding one of the themes for presentation and workshop 	<p>BCA has run networking events throughout the year including presentations from BFC Safeguarding Lead. Specific event in June 2017 on MCA and DOLS.</p>	
<ul style="list-style-type: none"> ➤ Care providers safeguarding event planned for June 2016 with BFC 	<p>The BCA conference in Oct 2016 featured a presentation on Consent, Capacity and Safeguarding from Alex Bayliss. This one of the best rated part of the conference</p>	
Bracknell Forest Community Safety Partnership		
<ul style="list-style-type: none"> ➤ Maintain a programme of training around relevant community safety issues, such as Domestic Abuse, E-Safety and Prevent. 	<p>Regular DA training has been delivered to staff and partners by the BFC DA Co-ordinator. More training organised for 2017 Prevent awareness training (WRAP) has been delivered in schools and to staff within BFC. More training planned for 2017. E Safety training no longer sits within community safety but is delivered by departments within their own areas.</p>	





Developments	Year End Update	Status
<ul style="list-style-type: none"> ➤ Expand the remit of the DASC project to include victims of familial abuse, with a particular focus on vulnerable adults. 	DASC now includes familial abuse and takes account of adult vulnerabilities.	
<ul style="list-style-type: none"> ➤ Renew the Strategic Assessment process to consider emerging threats and trends, including issues such as modern slavery and trafficking. 	Modern slavery and trafficking now reflected in the CSP Plan 2017 – 19 which reflects the priorities in the PCCs strategic plan	
<ul style="list-style-type: none"> ➤ Develop a new protocol for Closure Orders involving vulnerable drug users ensuring that appropriate support and safeguards against trafficking are in place 	A new protocol for closure orders which takes account of vulnerabilities is now in an advanced state of development	
Bracknell Forest Council Adults Social Care, Health and Housing		
<ul style="list-style-type: none"> ➤ To create an up-to-date current training programme linked to the necessary competencies. Once reviewed and developed, training will include the following stages: <ul style="list-style-type: none"> • Induction • Level 1 • Level 2 & 3 (with separate courses for practitioners and external partners) Training will be delivered in a variety of mediums ranging from short e-learning courses to more intensive workshops. 	<p>The safeguarding team have developed and delivered a training plan which includes training goals, learning objectives, learning methods, activities and evaluation for the following areas:</p> <p>Safeguarding Level 1 Safeguarding Level 2 and 3 MCA and DoLS</p> <p>In addition a number of bespoke sessions have been delivered both internally and externally where a clear need has been demonstrated to provide support in particular on MCA and DoLS issues. These programmes are reviewed on a regular basis with reference to contemporary cases, case law and new information that is relevant to the subject area. Best practice seminars on</p>	




Developments	Year End Update	Status
	<p>specific subjects relevant to safeguarding are delivered quarterly throughout the year to social care practitioners. The electronic social care recording (ESCR) system for adult safeguarding training has been enhanced by the introduction of a practical input to support practitioners in their local authority recording requirements for safeguarding activity.</p>	
<ul style="list-style-type: none"> ➤ To review and update our current audit process to ensure each person going through the process receives a consistent service that is a. Care Act compliant b. Follows best practice guidance c. Ensures the person is at the centre of the process (Making Safeguarding Personal) 	<p>The safeguarding audit process has been reviewed and updated to ensure that it is:</p> <ul style="list-style-type: none"> a. Care Act compliant b. Follows best practice guidance c. Ensures the person is at the centre of the process (Making Safeguarding Personal) 	
<ul style="list-style-type: none"> ➤ To develop a strategy to support individuals who are going through the financial abuse process in order to ensure a more robust and consistent response. This will include raising awareness of the process internally as well as with partner agencies; involving financial institutions in the creation of a more responsive and accessible pathway and developing better links with support services 	<p>Coercion and control and financial abuse continue to present issues for many people in the community who have care and support needs and engagement with financial institutions and businesses on how to safeguard people from abuse remains a challenge. Work with colleagues from the trading standards department has taken place in specific cases where their ability to support and to challenge wrongdoing by organisations and businesses has been helpful to the individuals concerned. The complexities and sensitivities involved in many cases of financial</p>	






Developments	Year End Update	Status
	abuse indicate that there is an ongoing need for continued focus on this area.	
Bracknell Forest Council Learning and Development		
<ul style="list-style-type: none"> ➤ Fully implement the electronic impact assessment process to identify how people have improved their practice as a result of undertaking learning opportunities. 	<p>The measuring of impact of learning and development on practice. This continues to prove difficult to achieve as it is reliant on managers and employees to complete an electronic survey form within 3 months of attendance on a workshop. With the transformations taking place within the Council there will be fewer face to face sessions and more reliance on employees recording their own learning in the new self service Learning Management system. A wider range of opportunities will also exist as well as face to face sessions e.g. action learning sets, e-learning, discussion groups, coaching and mentoring, etc.</p>	
<ul style="list-style-type: none"> ➤ Ensure that any Best Interest Assessor standard and refresher training meets the needs of the Council and that an East Berkshire BIA Forum is developed to enable the sharing of best practice 	Achieved	
<ul style="list-style-type: none"> ➤ Regularly update the contents of the Introduction to Safeguarding and the Mental Capacity Act training programmes 	Achieved	
Bracknell Forest Safeguarding Adults Partnership Board		




Developments	Year End Update	Status
➤ Implement Strategic Plan	Achieved	
Berkshire Healthcare Foundation NHS Trust		
➤ Greater awareness of self neglect and safeguarding	Safeguarding adult training has been strengthened to increase awareness of self-neglect using learning from local safeguarding adult reviews and circulation of the clutter scale.	
➤ Maintaining compliance with training targets	Safeguarding adult training compliance at Level one has increased to 93.8% and at level two has increased by 30% to over 60% compliance with an ongoing rolling programme to continue to increase compliance further. Compliance to MCA and DOLS training is above target at over 80%.	
➤ Closer working with the trust domestic abuse practitioner	the safeguarding children and adults teams have amalgamated and the specialist practitioner domestic abuse now works across both areas, providing training and advice to staff and updating staff on any new developments/legislation	
Frimley Park NHS Foundation Trust		
➤ There is an on-going work-stream around safer discharge from hospital which is resulting in a number of safeguarding alerts made back in to the hospital for a variety of reasons.	On-going but processes are being strengthened	
➤ There is on-going work to strengthen the identification of domestic abuse and use of the DASH risk assessments	On-Going but processes are being strengthened	


Developments	Year End Update	Status
<p>within the Emergency departments, EDOU's and the ward areas. There is also a piece of work linked to confidentiality and breaching this when the patient has asked specifically for their information not to be shared</p>		
National Probation Service		
<ul style="list-style-type: none"> ➤ For the NPS to be aware of the complexities and sliding scale of the condition of Autism and other learning disabilities/difficulties; 	Completed and On -Going	
<ul style="list-style-type: none"> ➤ To work with other organisations involved in adult safeguarding to risk manage and support offenders with learning disabilities/difficulties. To understand the offender's needs and the links to their offending behaviour; 	Completed and On-Going	
<ul style="list-style-type: none"> ➤ To work with other organisations involved in adult safeguarding to support victims of serious sexual and violent offending, ensuring offenders do not commit further offences against the victim of the original serious offences. 	Completed and On-Going	
Royal Berkshire Fire and Rescue Service (RBFRS)		
<ul style="list-style-type: none"> ➤ Continue to develop stronger links with the Adult Safeguarding Partnership with the aim of further improving awareness of services provided by RBFRS which can support the Boards objectives 	Royal Berkshire Fire & Rescue Service (RBFRS) continue to support the Adult Safeguard Partnership and sub groups as comprehensively as possible. Our internal re-structure process is due to be completed by the end of August 2017, inclusive of the	

Developments	Year End Update	Status
	dedicated Designated Safeguarding Officer which will provide a significant capacity and service delivery improvement.	
<ul style="list-style-type: none"> ➤ Continue to reduce the number of fire deaths and injury from fire and to work closely in partnership to learn where incidents do occur 	Our service performance has continued to drive down fire deaths and casualties in our communities. Our Integrated Risk Management Process (IRMP) has just completed the public consultation cycle with proposals to further develop and improve our service. This will focus our attention on those groups evidenced at being vulnerable to fire death and those whose lifestyle choice places them at elevated risk of having an accidental fire and receiving associated injury	
<ul style="list-style-type: none"> ➤ Develop “making every contact count” and “safe and well” toolkits enhancing the home fire safety check programme further supporting the vulnerable in the community 	RBFRS is working in partnership to provide falls, age related and winter warmth services, delivered as part of our Home Fire Safety Check process, signposting those assessed at risk to partner agencies	
Thames Valley Police		
<ul style="list-style-type: none"> ➤ Domestic Abuse will continue to be a focus, with the learning from the local DASC project used to inform and improve local safeguarding outcomes. 	The actions are complete – although both remain areas of priority. Domestic Abuse remains a key focus, with the DASC continuing to identify further cohorts and the wider domestic abuse strategy addressing hand in hand with key local partners.	
<ul style="list-style-type: none"> ➤ Crime reduction and safeguarding messages around fraud, both online and in person, will be developed. The 	There has been extensive messaging and awareness raising in relation to fraud, both through local messages (Thames Alert)	

Developments	Year End Update	Status
particular risk to vulnerable adults from this sort of offending will be integral to those messages	and as part of a wider force wide campaign: "Protectyourworld" which supports the wider Stay Safe Online initiative. This has included local Police Cadets providing safety and security advice to local older people, including in care homes	
West London Mental Health Trust (Broadmoor Hospital)		
<ul style="list-style-type: none"> ➤ At Broadmoor Hospital, we will strive for all staff within the hospital to have completed the mandatory PREVENT training and engage in the Mental Capacity Act Training as a mandatory course, either face to face or via the new E-Learning package 	Quick guides on the Mental Capacity Act and PREVENT have been produced and are further included within the Safeguarding Adult User Guide	
<ul style="list-style-type: none"> ➤ Patient leaflets will continue to be distributed and a revised MCA brief information card will be distributed across the hospital. An existing MCA "pocket guide" has already been distributed across the Hospital and the revised guide will be distributed shortly. 	The hospital has clear procedures in relation to undertaking Capacity Assessments and the mandatory training has assisted in ensuring staff follow the agreed procedures and act in the best interest of those who may lack capacity for making certain decisions.	
<ul style="list-style-type: none"> ➤ There will be planned briefing and discussion sessions on Safeguarding and the MCA with Carers as part of the Carers Forum, a quarterly event for relatives and friends of Broadmoor Hospital patients, held on a Saturday. 	Staff within the hospital are developing their knowledge of the Care Act and how this applies to the work with patients, their Carers and families. Work has been on-going in emphasising patients' views and wishes under the terms of the Making Safeguarding Personal agenda. The hospital has developed the principles of full patient	

Developments	Year End Update	Status
	involvement within their safeguarding plans and has held review meetings where patients have attended and contributed in full	
<ul style="list-style-type: none"> ➤ There will be an evaluation and analysis of closure forms and exit questionnaires to measure effective outcome data 	We have introduced closure forms and patient exit questionnaires where patients can feedback how well the process worked for them. The hospital has continued to make use of the advocacy service within the hospital to represent patient's wishes for those who have "significant difficulty" in being part of, or understanding the safeguarding provisions	
<ul style="list-style-type: none"> ➤ The Hospital will remain committed to ensuring Care Act compliance with its safeguarding procedures. 	The developments during 2016-2017 have resulted in a much more focused service provision in respect of Safeguarding Adults	
<ul style="list-style-type: none"> ➤ The Hospital will ensure that PREVENT referrals are made accordingly throughout this next year. 	Quick guides on the Mental Capacity Act and PREVENT have been produced and are further included within the Safeguarding Adult User Guide.	
<ul style="list-style-type: none"> ➤ A revised Tri-Partite agreement will be completed to reflect the changes required within The Care Act 2014 and the vision and strategy of the SAPB. 	There remains a fully transparent approach within the hospital in terms of safeguarding adults. There is a close working relationship with Bracknell Forest Council. The strategic Tri-partite agreement between the London Borough of Ealing, Bracknell Forest Council and the Trust has been revised and the post Saville risk assessment has been finalised.	
Involve		
<ul style="list-style-type: none"> ➤ Proactive membership and involvement with the ASB 	This has been our first year as a member of the board. It has been very useful to attend and give the perspective of the	

Developments	Year End Update	Status
	Voluntary and Community Sector and network with local partners/ providers regarding Safeguarding Adults. All staff and volunteers at involve have been safeguarding trained as well as receiving training re: PREVENT and Making Safeguarding Personal.	
<ul style="list-style-type: none"> ➤ Disseminate important information regarding safeguarding adults to the Voluntary and Community Sector 	<p>Via involves e-bulletin we have pushed key messages and training opportunities regarding Safeguarding Adults to the local Voluntary and Community Sector. These have included information regarding; health & wellbeing, domestic abuse, loan sharks, hate crime and more.</p> <p>We have also been a member of the Communications sub group supporting the development of the communication strategy for the board.</p> <p>Working with the Board and Healthwatch a safeguarding 'healthcheck' tool has been developed which will be rolled out to further support organisations with their safeguarding needs and establish what further training/ information may be required by the sector.</p>	
<ul style="list-style-type: none"> ➤ Deliver level 1 adult safeguarding training for volunteers and the voluntary and community sector 	<p>involve is a key local provider of Adult Safeguarding training in Bracknell Forest for the local Voluntary and Community Sector. In 16/17 involve has delivered 19 courses With 130 people attending.</p>	
<ul style="list-style-type: none"> ➤ Support charities and community groups within Bracknell Forest regarding their safeguarding policies and 	<p>involve has supported a number of groups locally regarding safeguarding adults giving advice, information, signposting to</p>	

Developments	Year End Update	Status
procedures (as required)	resources and training in the year.	
SCAS		
<ul style="list-style-type: none"> ➤ Support the development plan of the Board 	<p>Where possible South Central Ambulance NHS Foundation Trust (SCAS) complies with Bracknell Forrest Safeguarding Adults Boards development plan. As an organisation that covers 7 counties we have to include where possible all of the Boards development plans with in our own safeguarding development SCAS works closely with all our partner agencies and Safeguarding Boards across our area to ensure that all developments benefit the people who use our many services</p>	

9 PERFORMANCE SUMMARY

Performance Summary 2015/16

How many safeguarding concerns were recorded?

9.1 The table shows that there was a decrease in the number of concerns received during 2016/17 compared to the previous year. However the number of concerns was more than those received during 2013/14. There was an increase in the percentage of concerns that led to enquiries during 2015/16 compared to the previous year.

	2013/14	2014/15	2015/16	2016/17
No of Concerns	452	738	632	253
No of Enquiries	181	118	173	93
% concerns leading to enquiry	40%	16%	27.4%	36.8%

What was the source of the safeguarding concerns?

9.2 The table below shows the source of concerns which demonstrates the engagement within the partnership during 2015/16.

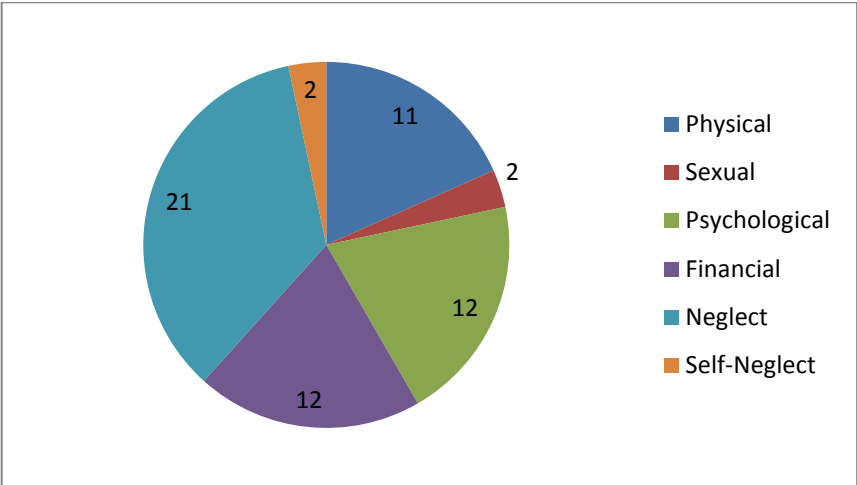
Organisation / Sector	Concerns	Enquiries	Percentage Progressed
Adult Social Care Staff and service provider	99	43	43
Health Staff	41	6	14
Self	28	17	60
Family / Friend/ Neighbour	30	6	20
Other Service Users	0	0	0
CQC	2	1	50
Housing	3	1	33
other	25	13	52
Police	14	3	21.4
Other local authority	11	3	27

Who was referred for a Safeguarding Enquiry?

9.2 Data from the enquiries carried out and that were closed shows that most enquiries in 2016/17 were for the over 18-64 age groups (52%), During 2016/7 more men (58%) were referred than women (42%) and the majority of referrals have continued to relate to adults at risk who are of white ethnic origin

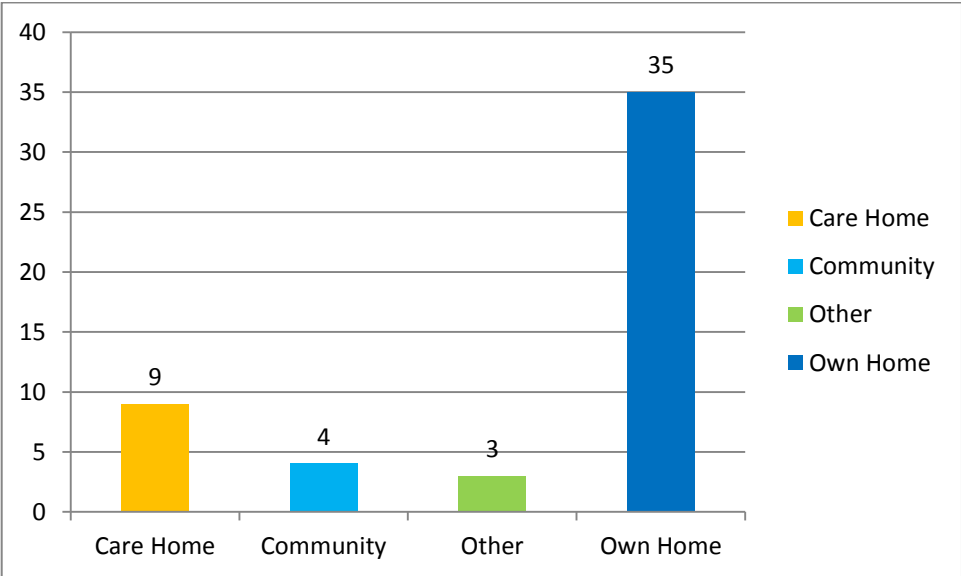
What type of abuse was alleged?

9.3 The diagram shows that, from the information for enquiries closed where the outcome was substantiated or partially substantiated, the most commonly alleged type of abuse in Bracknell Forest during 2016/17 was neglect. The other most common types of abuse were financial and psychological. This is similar to 2015/16 where the main categories of abuse were neglect followed by physical and psychological.



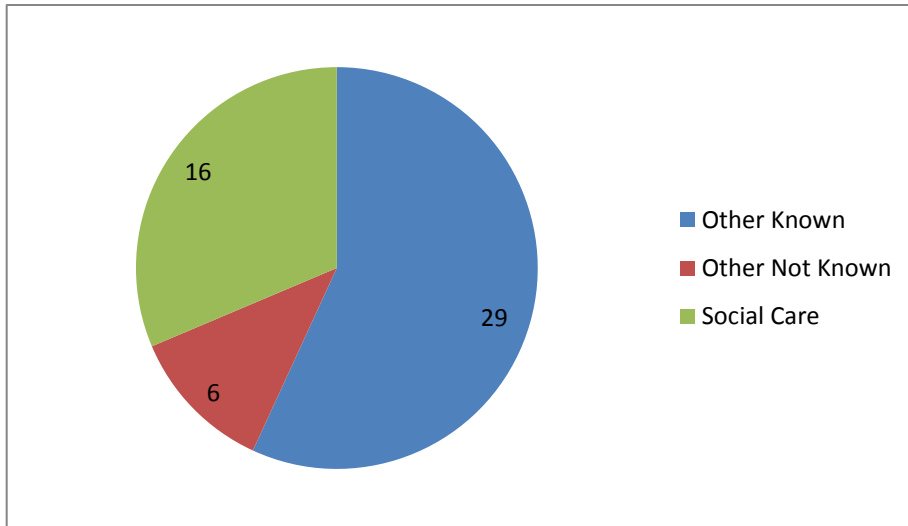
Where did the alleged abuse take place and what was the source of risk?

9.4 The chart shows that, for enquiries closed, where abuse was wholly or partially substantiated, as in previous years adults at risk are most likely to experience abuse in their own home (35 cases or 69 % of cases in 2016/17 compared with 36 or 70% of cases in 2015/16).



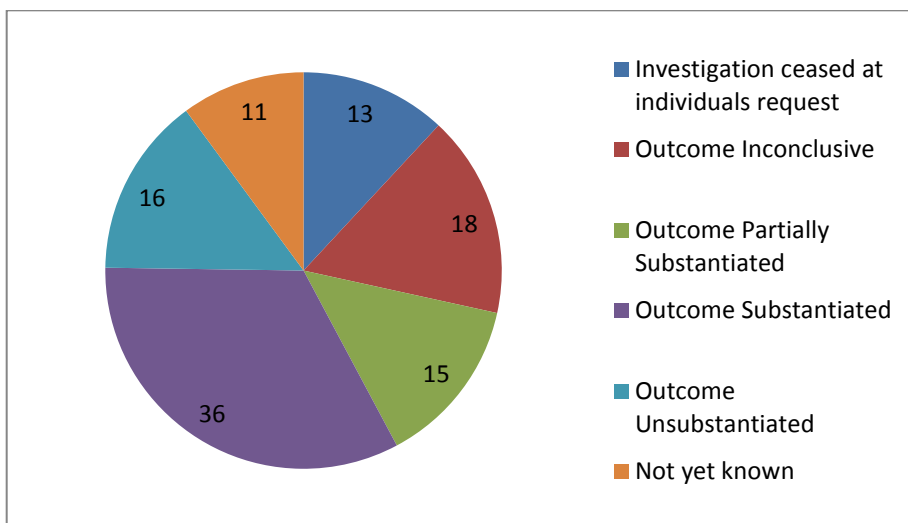
9.5 The diagram shows that, in term of the source of risk, on the majority of the enquiries that were closed where abuse was substantiated or partially

substantiated, the alleged perpetrator was known to the person. On 29 (57%) occasions the person who caused harm (where this was substantiated or partially substantiated) was a health provider or anyone who was not a social care provider. This is roughly similar to the number recorded during 2015/16. On 16 (31%) of occasions the person who caused harm was a member of the social care workforce, this is a reduction from the 31 occasions in 2015/16. For the remaining 6 occasions where harm was substantiated or partially substantiated, the harm was caused by someone not known to the individual. This compares to 1 occasion during 2015/16 where harm was caused by someone not known.



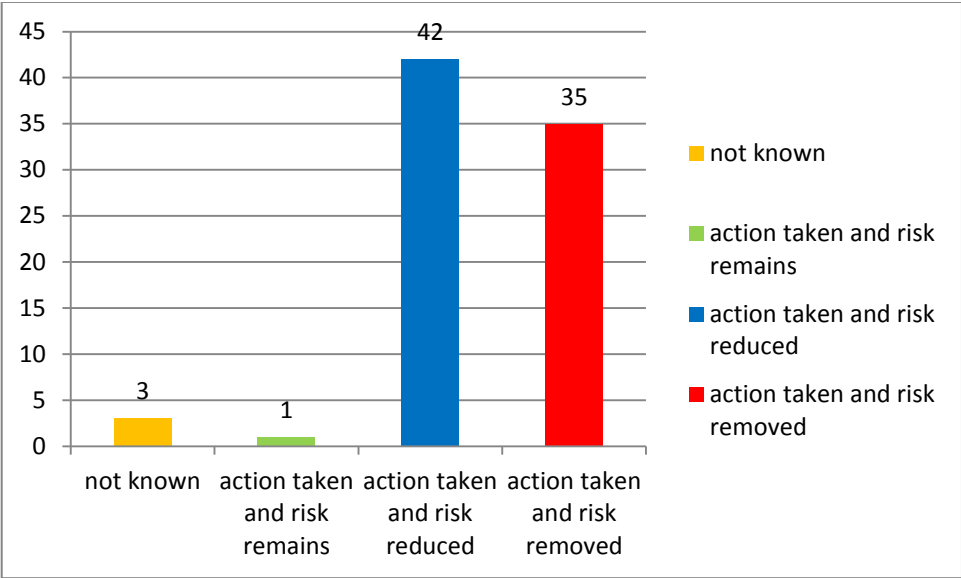
What was the outcome of our investigations?

9.6 The diagram shows that, for enquiries closed, the proportion of cases where abuse has been wholly or partially substantiated was 63% (51 cases). This compares to 46% (51 cases) of safeguarding assessments that concluded that abuse was wholly or partially substantiated in 2015/16. During 2016/17 5 investigations ceased at the individuals request, compared to 13 in 2015/16



What action has been taken to manage the risks people face?

9.7 The chart shows that, for enquiries closed, risk reduced and risk removed are the most common types of action taken to manage the risk that people face (95%). This compares closely to 2015/16 when 87% of enquiries closed resulted in the risk being reduced or removed. The small number where safeguarding action has been taken and the risk remains involves people who have capacity. These people receive ongoing support through care management processes which supports with managing the risks.



How safe do our service users feel now?

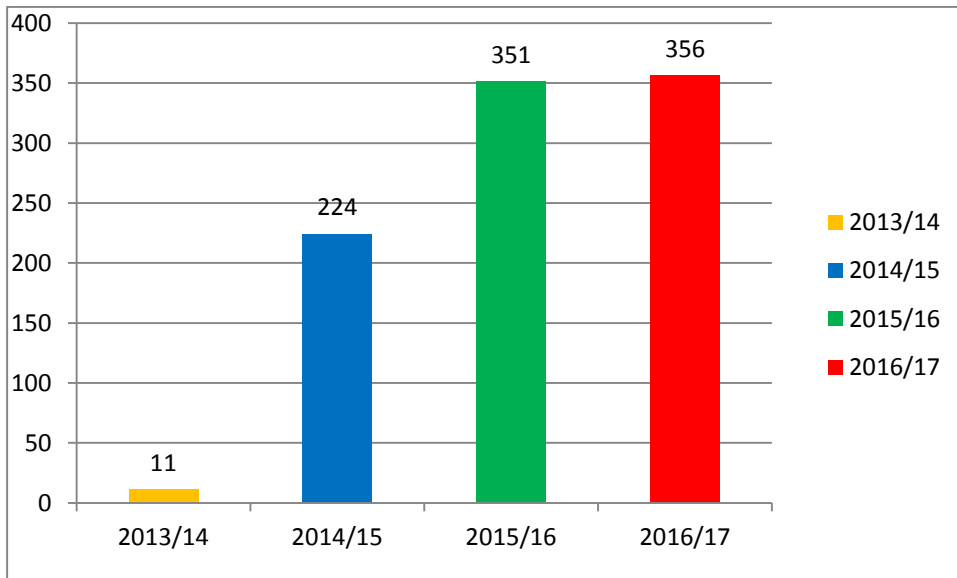
9.8 Local authorities conduct an annual survey for social care service users, including people who have been through the safeguarding process. The survey includes questions that aim to find out what proportion of people feel as safe as they want to be, and whether care and support services help people feel safe.

9.9 Information collected for enquiry closed during 2016/17 reveal that 100% of people who were subject of a safeguarding enquiry felt safer as a result of the enquiry. This compares to 2015/16 where 69% of people who were subject of a safeguarding enquiry feeling safer as a result of the enquiry with 11 persons not able to communicate their views, and 2 persons reporting that they did not feel safer.

Deprivation of Liberty Safeguards (DoLS)

Applications received

9.10 The chart shows that a total of 356 applications for authorisation of deprivation of liberty were received in 2016/17, which is a 1.4% increase on the number received during 2015/6 (351).

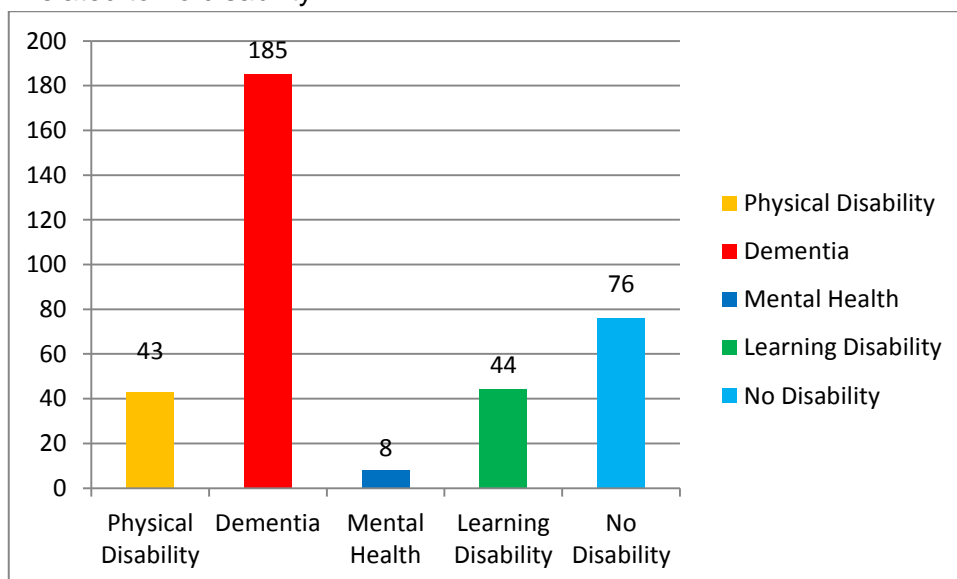


Applications Granted

9.11 During 2016/17, 155 of the applications (44%) were granted and 83 (23%) were not granted, with 117 application awaiting decision and 1 withdrawn. This compares to 261 applications (74%) being granted during 2015/16, with 51 (15%) not granted and 5 (1.5%) withdrawn, and 34 (10%) not yet being signed off.

Primary Reason for Support

9.12 The chart identifies that of the applications received, 185 (52%) related to people whose primary reason for support were related to mentia. 43 (12%) applications related to people whose primary support reason was physical disability, 44 (12%) related to learning disability, 8 (2%) related to mental health issues and 76 (21%) related to no disability.



10 SAFEGUARDING ADULT REVIEWS

- 10.1 Safeguarding Adults Partnership Boards must arrange a Safeguarding Adults Review (SAR) when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have worked more effectively to protect them. A SAR is also intended to ensure that lessons are learned, and is required to publish the outcomes in the SAPB annual report.
- 10.2 The Bracknell Forest Safeguarding Adult Partnership Board completed two Safeguarding Adult Reviews during 2016 – 17.

AB Nursing Home - The circumstances that led to a Safeguarding Adults Review being undertaken in this case

- 10.3 The AB Nursing Home had been a cause for concern for a number of years, with its quality of care often verging on inadequate, and its CQC ratings in recent years had been poor. Bracknell Forest Council (BFC) had put a great deal of effort into supporting the home to improve but this had proved to be very difficult for the home to sustain. The specific incident that triggered the SAR was that a resident suffered severe scalding from being hoisted into a bath that was too hot. There was a delay in calling the ambulance and reporting of this safeguarding incident by ABNH had also not been in line with requirements. The resident died on 8th February 2015. The case was referred to the coroner who did not consider it necessary to hold an inquest.
- 10.4 The death of the resident was subject to an ongoing police investigation so the SAR could not address the detailed operational issues relating to the provider's actions. However, the Bracknell SAPB agreed that it was necessary and appropriate to review all the surrounding activities relevant to managing this kind of provider so that as much learning can be gained and implemented as possible at this stage. The situation was felt to meet the criteria that confer on the SAPB the power to commission:
- “A review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if –
- a) there is reasonable cause for concern about how the SAPB, members of it or other persons with relevant functions worked together to safeguard the adult,
 - b) the adult had died, and the SAPB knows or suspects that the adult has experienced serious abuse or neglect, or
 - c) the adult is still alive, and the SAPB knows or suspects that the adult has experienced serious abuse or neglect”²
- 10.5 The circumstances of the review indicated that it should be based on themes to be researched rather than the details of the specific event. The specific areas of enquiry identified for the review were:

² Care Act 2014

- How all professional organisations can “bridge” the related issues of quality and safety in their relationships (commissioning, monitoring, contracts) with providers of care; how providers are commissioned and how this can be a process that promotes safe care.
- What the rights, risks, roles and responsibilities are in this work and to whom they belong, including:
 - those with professional roles associated to the care commissioning and provision
 - the service user and their relatives
 - other individuals or organisations that may have contact with the care provider
- Information sharing and communication
- How people and their families can be well-informed about the quality of care they should expect and supported to raise their concerns/ assert their requirements

10.6 All of these themes included consideration of how well current policies and processes support good practice and what changes may be needed. In order to be able to see the pattern of activity over a significant timescale, the period reviewed was set at 1st December 2012 to 31st December 2015. The review completed within six months and made recommendations including in relation to -

- Training and Development
- Care Governance and Decision-Making
- Service User and Family Involvement and Information Provision
- Policy and process issues

10.7 There is a robust action plan which is being monitored by the Safeguarding Adults Board. The Bracknell Forest SAB has recommended that the new joint Board (RBWM and BFC) formally monitor progress at its meeting at the end of 2017). The SAR report will be posted on the Safeguarding Adults Website.

SAR re “J” - The Circumstances that led to a review in this case:

10.8 J lived alone in a flat and died in a fire in her home in 2015. She had been accessing a number of services in the period leading up to her death. Because the involvement was chiefly with a single organisation which had undertaken a very detailed review, the SAR was based very much upon the findings of the single agency review, but focused on the wider learning which might support other organisations' learning and development and enhance the effectiveness of safeguarding across the partnership. .

10.9 The completed review made recommendations in relation to:

- Working with risk
- Mental Capacity Act and the interface with working with risk; balancing choice and safety

- Engaging positively with families / carers
- Managing organisational changes / pressures to minimise risk
- Clarity for professionals and the public in respect of mental health pathways
- Prevention / identification of those at high risk of harm; particular focus on fire risk / safety
- Accountability (where there is a multi agency response to circumstances, a clear understanding of how each agency is supporting the patient)
- Co-ordination of Care

Further Safeguarding Adult Review taking Place during 2017/18

- 10.6 During 2016/17 the Bracknell Forest Safeguarding Adult Partnership Board took a decision to commission a further Safeguarding Adult Review. This will commence during 2017/8 and will be reported in the 2017/18 annual report.

11 QUALITY ASSURANCE

Care Governance

- 11.1 It is the responsibility of the Council to work with providers of adult social care to ensure continuous improvement. This is particularly important where services are not judged to meet appropriate standards. The Council's approach to Care Governance is one of working in partnership with care and support providers to ensure the safety and quality of services within the borough and to residents who have been placed in care settings outside the borough, where the Council retains a duty of care for those individuals. The main decision making body in relation to this is the Care Governance Board which has ultimate responsibility for ensuring the quality and safety of the support provided. The Board makes decisions on the 'flag status' of providers which has an impact on whether support will be commissioned from them. The Board also decides actions that need to be taken to improve the quality of support and may decide people receiving support need to be visited and welfare checks undertaken to ensure they are not being placed at risk. The purpose of Care Governance is to ensure there is effective monitoring and – where necessary – action to ensure that people are in receipt of good quality care and support to achieve their required outcomes. This action includes managing risk and providing assurance that the right things are being done in the right way and at the right time.

- 11.2 The Care Governance Board meets monthly to share, discuss and agree actions in relation to information received from internal and external sources regarding providers of services. The Board receives information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities and NHS partners
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty

- Quality assurance visits completed by Adult Social Care Contracts team
- Reviews undertaken by Health and Social Care Practitioners
- Complaints, MP enquiries and Member enquiries
- Financial Checks and Insurance Checks
- Feedback from people receiving support and their families and informal carers

11.3 The Board considers each 'referral' on its own merits and what action, if any, is required. Where appropriate, the provider is supported to develop an action plan which identifies the actions required and timescales for completion. Where concerns have been identified regarding a provider, their commissioning status will be reviewed by the Care Governance Board on a monthly basis. The status is assessed as being red, (high risk – do not use), amber, (medium risk – use with caution) or green (low risk) from the information provided to the Board. A subgroup of the CGB meets once a month prior to Board meetings to share findings and update on actions requested at the last meeting.

Quality Assurance -Safeguarding Adults

11.4 In order to ensure that the safeguarding process is carried out consistently and to a high standard across the department, audits of the process are carried out at a number of levels:

- Safeguarding questionnaires are completed for all safeguarding cases where the individual (or family member) agrees to this. Support with completing this is provided by either the Adult Safeguarding Development Worker or an advocate if the person was unable to attend the meeting. Family may be asked to complete the questionnaire if this is more appropriate.
- An internal audit is carried out within LAS through completion of the safeguarding case on the database and approval must be gained at agreed points within the process.
- Regular audits are held between safeguarding team and the 4 individual adult social care teams. These audits have been devised so that the following areas of practice can be monitored:
 - Compliance with the safeguarding procedures
 - Person centred practice
 - Quality of record keeping
 - Multi agency working

11.5 Learning gathered from any of the above processes can then be shared with other teams and through other forums as appropriate. Use of Adult Safeguarding Development Workers as Safeguarding Chairs also ensures a level of consistency across teams, enabling good practice to be shared, trends to be identified and monitoring to occur in a more informal and person-centred way. A range of other meetings and forums e.g. team meetings, departmental

administrator meetings, Designated Safeguarding Manager Forum and Safeguarding Forum and best practice seminars also feed into the quality assurance process by providing opportunities to share information, raise awareness, identify trends and ensure consistency.

12 TRAINING PROVIDED BY BRACKNELL FOREST COUNCIL

Workshops/e-learning provided via Bracknell Forest Council	Total attendance (numbers attending from PIV organisations)
Adult Safeguarding Best Practice Seminar 1	12 (0)
Adult Safeguarding Best Practice Seminar 2	19 (0)
Adult Safeguarding Best Practice Seminar 3	28 (0)
Adult Safeguarding Best Practice Seminar 4	26 (0)
Introduction to the Mental Capacity Act	40 (10)
Safeguarding Adults Level 1- introduction to safeguarding	104 (56)
Safeguarding Adults Level2 & 3	19 (0)
Safeguarding Adults Level 1- introduction to safeguarding e-learning	201 (0)
MCA & DOLs e-learning	16 (0)
A range of e-learning packages provided via Log onto Care including the Care Act, Introduction to safeguarding,	35 (4067)

- 12.1 The table above sets out the breadth of training opportunities made available to local stakeholders during 2016/2017. The Bracknell Adult Safeguarding team has also provided a number of safeguarding awareness sessions to prevent and neglect.

13 DEVELOPMENT PLANS FOR 2016 -2017

Agency	Actions
Berkshire Healthcare NHS Foundation Trust	<ul style="list-style-type: none"> ➤ Develop staff in the practical application of the mental capacity act. Six MCA champions have been appointed to move forward this work on the community wards across Berkshire with the support of the safeguarding team ➤ Introduce MCA form as part of admission pack on community wards ➤ Continue to achieve high staff compliance to safeguarding adults and MCA and DOLS training ➤ Introduce safeguarding adults/children combined training at level two (think family approach). Already achieved and well received at level one. ➤ Increase recognition of domestic abuse and staff confidence in use of DASH form ➤ Increase permanent staff and reduce use of agency staff at Prospect Park Hospital
Berkshire Care Association.	<ul style="list-style-type: none"> ➤ Safeguarding will be an ongoing theme at networking events and the BCA conference in Oct 2017. ➤ Specific event in May 2017 on Duty of Candour

Agency	Actions
Bracknell and Ascot Clinical Commissioning Group	<ul style="list-style-type: none"> ➤ . Continue the high level of CCG commitment as an active partner of the SAB. ➤ Continue to support the SAR and partnership review process. ➤ Monitor and resolve any issues raised with DoLs applications and support primary care to continue to work collaboratively with the local authority. ➤ Increase the named professional role from 30hours per week to 37.5 hours per week to support the Associate Director in her safeguarding portfolio. ➤ Continue GP lead safeguarding meetings 6 monthly to disseminate safeguarding local and national updates. ➤ Implement specialist safeguarding group supervision for GPs who work with care homes. ➤ Ensure learning events are held across East Berkshire to share learning about forced marriage and exploitation

Agency	Actions
Bracknell Forest Adult Social Care	<ul style="list-style-type: none"> ➤ To ensure that adult safeguarding in Bracknell Forest continues to develop and respond to local needs and priorities and that the successful and robust BFC operational and strategic safeguarding collaboration that has been established continues under the joint board of BFC and RBWM. ➤ To continue to promote better understanding of how mental capacity plays a role in many adult safeguarding concerns and section 42 enquiries with the people we support, the wider community, providers and with other services involved with the people we support. A particular focus will be on the issue of mental capacity and coercive control affecting adults with care and support needs. ➤ To develop understanding with the police on the category of abuse entitled 'Modern Slavery' in the Care Act 2014 and to establish a collective understanding of the scope of this issue in Bracknell Forest and to agree on methods of how to support adults to deal with this particular form of abuse. ➤ To explore an effective Multi-agency Safeguarding Hub (MASH) model for adults in the borough of Bracknell Forest through a task and finish exercise consulting with safeguarding professionals from all adult social care departments and to form a proposal for this service. ➤ To pilot with BFC Adult Social Care departments – ACT and CTPLD, the risk framework and the risk recording tool developed by the BFSAB Risk framework task and finish group. This framework is intended to focus on those people who fall between Adult Social care thresholds but who remain at risk for some reason. The tool is intended to be used as a multi-agency narrative for balancing risk, and for recording the reasons and benefits for taking actions, or, for not taking actions.

Agency	Actions
Bracknell Forest Community Safety Partnership	<ul style="list-style-type: none"> ➤ Maintain a programme of training around relevant community safety issues, such as Domestic Abuse, E-Safety and Prevent. ➤ Expand the remit of the DASC project to include victims of familial abuse, with a particular focus on vulnerable adults. ➤ Renew the Strategic Assessment process to consider emerging threats and trends, including issues such as modern slavery and trafficking. ➤ Develop a new protocol for Closure Orders involving vulnerable drug users ensuring that appropriate support and safeguards against trafficking are in place. ➤
Bracknell Forest Council Learning and Development Team	<ul style="list-style-type: none"> ➤ As part of the wider transformation of services within the Council, the whole learning and development offer is being reviewed to enable people to learn in a wider range of ways and at varying times, to take account of increased flexibility of working arrangements. A new Organisational Development strategy has recently been approved by the Corporate Management Team and a detailed action plan is currently being produced. This will include a range of development opportunities aimed at managers initially but extended at a later stage to all other employees. ➤ Specific emphasis this year will be on enabling Best Interest Assessors to maintain their knowledge and skills and looking at how best to enable employees to undertake Approved Mental Health Practitioner training. The Adult Social care Learning and Development Forum is currently looking at how best to extend the range of e-learning opportunities which are available to employees and the private, independent and voluntary sector, as one means of enabling greater access to refresher learning.

Agency	Actions
Royal Berkshire Fire and Rescue service	<ul style="list-style-type: none"> ➤ Reduce the number of vulnerable people dying in fires. ➤ Reduce the volume of fires occurring in homes and the injuries that result from them. ➤ Work with partners to reduce road deaths by 20% over the next 5 years. ➤ Align our work to the UK drowning prevention strategy with stated aim 50% death reduction by 2026. ➤ Expand our HFSC scope to look for other vulnerabilities to the resident. ➤ Expand schemes to deliver a range of services to support children’s health and wellbeing. ➤ Develop relationships with county wide organisations to progress pathways to employment and apprenticeships for young people. ➤ Introduce counselling to reduce fire setting activity amongst adults
Thames Valley Police	<ul style="list-style-type: none"> ➤ Domestic Abuse will continue to be a focus, with the learning from the local DASC project used to inform and improve local safeguarding outcomes. ➤ Crime reduction and safeguarding messages around fraud, both online and in person, will be developed. The particular risk to vulnerable adults from this sort of offending will be integral to those messages. ➤ Identification and effective response to human trafficking – manifested locally through the exploitation of vulnerable adult drug users by organised crime groups seeking to deal drugs within the local market.

Agency	Actions
West London Mental Health Trust	<ul style="list-style-type: none"> ➤ Ensuring all staff at Broadmoor Hospital have received the mandatory Mental Capacity Act and Prevent training. ➤ To develop the understanding and application of Making Safeguarding Personal. ➤ To secure an agreed protocol for IMCA support to the hospital. ➤ To evaluate safeguarding adults outcomes and experience. ➤ To provide Carers and families with relevant information on safeguarding, the Mental Capacity Act and the Care Act. ➤ To record and monitor behaviours with a safeguarding element that do not require a full safeguarding referral.
Involve	<ul style="list-style-type: none"> ➤ Launch the safeguarding Healthcheck tool and manage responses ➤ Continue delivery of adult safeguarding training to local charities, volunteers and others ➤ Support to the local VCS re: safeguarding needs including policies, procedures ➤ Additional awareness raising events, activities or promotions re: key safeguarding areas.
Healthwatch	<ul style="list-style-type: none"> ➤ Run a range of courses as and when required to groups to highlight safeguarding. ➤ Disseminate relevant information via a variety of mediums with regards safeguarding ➤ Be involved where necessary in making sure CVS organisations comply with basic safeguarding best practice

Agency	Actions
SCAS	<ul style="list-style-type: none"><li data-bbox="622 309 2058 440">➤ To forge closer links with safeguarding hubs across our area. To move to a paperless referral process. Regularly undertake multi agency audits and reviews of safeguarding referrals. Encourage regular feedback from partner agencies with regard to safeguarding cases

14 STRATEGIC PLAN 2016/19 UPDATED PRIORITIES AND ACTIONS

Background

- 14.1 The strategic plan 2016 – 2019 was developed during 2016/17 to deliver the board's vision. This strategic plan containing comments to report progress is contained within appendix 1. The 2017 board development day noted the progress in achieving the actions in the strategic plan, and having considered challenges faced by the board and partner organisations, the board confirmed the elements which would be recommended as needing to be taken forward into the new arrangements for a joint Bracknell Forest / Windsor and Maidenhead safeguarding adult board, The Board recommended that the aims, objectives and actions listed below were to be taken forward either within a new Bracknell Forest / Windsor and Maidenhead Joint Safeguarding Adult Board strategic plan or implemented locally in Bracknell Forest and overseen by a local safeguarding operational group.

Recommended Aims, Objectives and Actions from 2017/18

AIM 1: Establish a robust and committed partnership

Objective 1 To ensure that the specific measures required of the Board by the Care Act are in place

- *Put in place the Board's Terms of Reference, Strategy & Strategic Plan; establish subgroups to reflect the Care Act requirements and to support realising strategic objectives.*
- *Put in place a revised guidance on SARs*
- *Ensure a commitment to follow up on lessons from*
- *Collectively establish an adequate resource base for the Board to carry out its responsibilities in line with the Care Act (2014)*

Objective 2 To ensure partner organisations and board members are aware of their duties and responsibilities

- *Support the voluntary sector in the establishment of a baseline of what needs to be in place in respect of safeguarding – implement CVS self assessment audit*
- *Ensure that the Board / partners shares and disseminates consistent advice/support/best practice as it becomes available. – implement communication strategy*

Objective 3 To implement an effective quality assurance framework

- *Establish a Quality Assurance framework so that the Board is assured of effective practice across the partnership, and an understanding of practice within each partner organisation.*

AIM 2: Making Safeguarding Personal is embraced across organisations

Objective 1 To ensure individuals are at the centre of the safeguarding process

- *Ensure that the Board receives evidence that people in need of safeguarding support are asked what outcomes they want.*
- *Make information available to people so that they know what to expect from safeguarding support/enquiries, they can engage meaningfully in the process and it is easier for people to report safeguarding issues*
- *Establish an effective and meaningful process for people who may be in need of safeguarding services to engage with the board – to include an open forum in a community setting to find out what the key issues are for them; develop a repository to hold records of feedback from people who engage with partners*

Objective 2 To ensure the board engages with people who may be in need of safeguarding services

- *Promote engagement of the whole partnership in MSP through a focus on and improvement in working within the MCA principles and through establishing confidence in taking person centred approaches to working with risk.*
- *Seek evidence of the development of independent advocacy in response to the Care Act focussing on the range of advocacy; commissioning of advocacy; and appropriate referral for and provision of advocacy*

Objective 3 To ensure support for the person centred approach

- *Seek assurance that that the five principles of the MCA are a feature of case file audit and a feature of practice*
- *Seek assurance that information is made available to people who may be in need of safeguarding support on the Mental Capacity Act; its implications in their lives and what they can expect from professionals*

AIM 3 Mental Capacity Act and DoLS

Objective 1 To ensure that the partnership promotes, and partner organisations demonstrate, a clear working understanding and competence in applying the core principles of the MCA

- *Seek assurance that that the five principles of the MCA are a feature of case file audit and a feature of practice.*
- *Seek assurance that information is made available to people who may be in need of safeguarding support on the Mental Capacity Act; its implications in their lives and what they can expect from professionals.*
- *Ensure a focus on best interests decision making through; Facilitating an audit of sample of cases against legal requirements to ascertain any development needs and Seeking assurance that any emerging development needs are addressed*

Aim 4 to work alongside people to offer effective support in addressing risk

Objective 1 To ensure a partnership framework of principles is in place (and supported by L&D opportunities) that embraces the core safeguarding principles and supports service users in decision making

- *Refine and implement local risk framework to guide consistent practice across organisations in working with risk alongside service users*

Objective 2 Multiagency forums for managing risk support effective management of key areas of risk that are in the scope of safeguarding adults

- *promote a good understanding of the forums available to address specific needs of adults at risk and promote awareness of the need to implement bespoke multi agency meetings for those cases for which there is not a relevant forum;*

Objective 3 To seek assurance of partnership and public awareness of areas of risk

- *Support enhancing of awareness of indicators of risk and ensure safe responses through awareness of referral routes and sources of support.*
- *Determine the extent to which safeguarding cases equate to familial DA and identify actions to make joint working more effective. Ensure the range of professionals understand the range of social work and legal interventions/options when working with DA.*

- *Monitor emerging significant areas of risk in Bracknell (for example Internet Crime; SCAMS, risks associated with people purchasing their own care through personalised budgets) and ensure communication with other partnership boards.*
- *Support engagement across the partnership with the issue of fire risk*

Aim 5 Prevention and Early Intervention

Objective 1 Assurance of effective transition

- *Ensure there is a focus on joint working with the LSCB to ensure that risks identified, monitored and managed for children are picked up in transition to adult services/support. CSE is one example of this*

Objective 2 Assurance of effective use of data and intelligence

- *promote and support identification, from the data and other intelligence, areas where safeguarding issues are commonly occurring.; the Board will target these areas, seeking assurance that preventive measures are put in place*
- *Work closely with the voluntary sector in recognition of its growing role in safeguarding, early intervention and prevention, community resilience and transformation*

Objective 3 Assurance of quality and safeguarding in provider services

- *Ensure a robust system in place to join up intelligence to identify quality concerns in provider services early on and put in place support to address concerns before they become safeguarding issues*
- *The board is assured of safety in service provision and of appropriate improvement plans having been put in place.*

Objective 4 Ensure support for adults at risk who do not meet safeguarding thresholds

- *Produce guidance to ensure that cases of abuse and neglect that do not meet the section 42 criteria are reported and recorded in adult safeguarding; this is particularly important for new abuse types of domestic abuse, modern slavery, exploitation and self neglect*
- *Monitor data and carry out case file audits of safeguarding reports that do not meet the section 42 enquiry criteria*

Aim 6 Workforce development






Objective 1 To ensure workforce development and to support Making Safeguarding Personal

- *Seek assurance that that staff are developed in the skills to get alongside people and understand their perspective.*
- *Evaluate the impact of training*
- *Implement training on the mental capacity act*
- *support the voluntary sector to develop good safeguarding practice in response to the findings of the CVS self assessment audit*
- *Develop/adopt common workforce standards to support safeguarding across the partnership. This to include workforce recruitment and retention resources such as those available from skills for Care and including best practice in recruitment, supervision and staff development.*





Strategic Plan Progress

Annex A



AIM 1: Establish a robust and committed partnership demonstrating clarity as to how the SAPB will hold partners to account and gain assurance of effectiveness of arrangements. This to include establishing a Quality Assurance framework and making effective links with other partnerships
Objective 1 To ensure that the specific measures required of the Board by the Care Act are in place

Action	When	Success Criteria	Comment	Progress
Put in place the Board's Terms of Reference, Strategy & Strategic Plan; establish subgroups to reflect the Care Act requirements and to support realising strategic objectives.	Sept 16	TOR's, strategy, strategic plan and Sub Groups in place	TOR, Strategy, Strategic Plan in place Sub groups established	
Put in place a revised guidance on SARs and a revised approach to the Annual Report	Sept 16	Guidance on SAR'S and revised approach to annual report in place	Guidance on SAR'S and revised approach to annual report in place	
Ensure a commitment to follow up on lessons from SARs (both local and national SARs where relevant)	Sept 16 and ongoing	Evidence in minutes; TOR's and SAR framework in place Annual Report reports on SAR's; L&D framework supports necessary learning; these are made publicly available QA subgroup monitors key issues from SARs	SAR Sub group is leading on learning from SARs. Development Day in April to focus on learning from SARs; Commitment for SAR learning 3 rd quarter of 2017	
Establish effective cross-partnership links	Sept 16	Cross-cutting issues involving LSCB and CSP identified and addressed jointly via "virtual" sub-group. Examples highlighted in annual report.	Partnership links highlighted in annual report. Joint Protocol document agreed Meetings established with CSP, LSCB and HWBB representatives	
Collectively establish an adequate resource base for the Board to carry out its responsibilities in line with the Care Act (2014):	June / Oct 2016	Methodology in place going forward. Resources contributed across key statutory agencies	Methodology established in May and October budget meeting of statutory partners.	

Objective 2 To ensure partner organisations and board members are aware of their duties and responsibilities




Action	When	Success Criteria	Comment	
<p>Support board members to participate in the board through</p> <ul style="list-style-type: none"> - Creation of an induction for board members - Holding at least biennial meetings of Chair with each member organisation to discuss how they have contributed to the board's work and how the board has supported them and their organisation. - Creation of a Board bulletin to facilitate dissemination of consistent key messages by Board members to their sector/organisation. 	April 17	<p>Board members feel supported to participate</p> <p>New Members receive an induction</p> <p>Annual meetings of the chair and each member takes place</p> <p>Key messages are disseminated to each partner organisation</p> <p>Board bulletin in place</p>	<p>Induction pack developed</p> <p>Meeting of chair and each member has taken place in Autumn 2015 – further meetings to be scheduled for 2017</p> <p>Bulletin developed</p> <p>Communication Sub Group has developed a communication strategy and plan</p>	
Utilise a checklist to ensure that policies and procedures are in place in all organisations to address the implications of the Care Act	April 2017	Implications of Care Act recognised in practice across partnership	Checklist circulated to board members – extended to June 2017	
Support the voluntary sector in the establishment of a baseline of what needs to be in place in respect of safeguarding	March 2017	Baseline advice established and disseminated	Baseline questionnaire agreed; recommended to transfer implementation to new strategic plan	
Ensure that the Board shares and disseminates consistent advice/support/best practice as it becomes available. (for example through the Court of Protection, guidance and SAR's) and that Board members disseminate this within their own sectors/organisations	March 2017	<p>Evidence that information is disseminated effectively</p> <p>Board bulletin in place</p>	<p>Communication task and finish group has produced a draft communication strategy and plan. Board bulletin has been developed. Evidence of information is being shared e.g. prevention of future deaths report</p>	

Objective 3 To implement an effective quality assurance framework



Action	When	Success Criteria	Comment	
Establish a Quality Assurance framework so that the Board is assured of effective practice across the partnership. This includes <ul style="list-style-type: none"> - Partners participate in an annual self-audit and challenge event - Quality audit tools (case file audit) within the council reflect statutory guidance priorities/principles - Performance information includes an outcomes focus on both safety and wellbeing - The Safeguarding adult data report is a bi-annual agenda item and informs priorities and improvement as well as L&D plan 	March 2018 and ongoing	Improved engagement by the whole partnership in quality assurance initiatives	Quality Assurance sub group established and a quality assurance framework developed	
Ensure that the Board learns lessons from local/national case reviews to enhance quality of services and supports putting these into practice as appropriate	On going	Evidence that learning from local and national case reviews takes place QA mechanisms test out that learning is put into practice when the need for it is highlighted in local SARs	SAR sub group meets to co-ordinate SAR's & process in place to ensure learning takes place from the existing SARs QA group has developed a quality framework to include providing assurance that lessons are put into practice	

AIM 2: Making Safeguarding Personal is embraced across organisations: the way in which people experience safeguarding support is personal and supports them in achieving the outcomes they want. People who may be in need of safeguarding support influence the development of safeguarding in Bracknell.



Objective 1 To ensure individuals are at the centre of the safeguarding process


Action	When	Success Criteria		
Ensure that the Board receives evidence that people in need of safeguarding support are asked what outcomes they want.	March 2018	Information on outcomes is provided reflecting a focus on both safety and wellbeing of individuals and this information informs development in safeguarding in Bracknell and Board activity through safeguarding development reports	Assurance received by QA Sub group as part of the quality assurance framework Board agreed at its March meeting to maintain this action to march 2018 to gain assurance over a longer period of time	
Make information available to people so that <ul style="list-style-type: none"> - they know what to expect from safeguarding support/enquiries - they can engage meaningfully in the process and - it is easier for people to report safeguarding issues. 	March 2018	Positive feedback from those receiving safeguarding support	QA sub group has received reports on case file audits providing assurance. Questionnaire used at safeguarding enquiries being adapted to improve quality of information gathered to provide assurance. Board agreed at its March meeting to maintain this action to march 2018 to gain assurance over a longer period of time	
Ensure that the SAB is grounded in the lives of real people.	March 2019	Experiences and stories are a foundation for discussion and learning across the partnership. These are a feature of the annual report; Board meetings; training; outcomes information. Safeguarding Adult Reviews across East Berkshire are a key focus in this respect	Process for learning as a result of lessons from SARs is being established across east berkshire and within BFSAPB meetings. BFSAPB annual report contains case studies.	

Objective 2 To ensure the board engages with people who may be in need of safeguarding services

Action	Timescale	Success Criteria	Comment	
Establish an effective and meaningful process for people who may be in need of safeguarding services to engage with the board – to include an open forum in a community setting to find out what the key issues are for them	March 2019	Those who engage are supported in their understanding of safeguarding and build resilience and confidence; they inform the Board so that the Board learns and it develops safeguarding in response to this engagement	The draft communications strategy and plan includes methods of establishing effective and meaningful ways for engagement with the board	
Good news stories about safeguarding support and MSP are generated and used publicly to support positive public perception of safeguarding and to encourage seeking of safeguarding support. This to reflect too positive stories from provider sector.	ongoing	Good news stories identified and promoted by Board partners Enhanced referral rate from public	Communications strategy and plan contains actions to support positive public perception of safeguarding Annual report contains case studies which have received good feedback Referral rate being monitored	




Objective 3 To ensure support for the person centred approach

Action	Timescale	Success Criteria		
Promote engagement of the whole partnership in MSP through a focus on and improvement in working within the MCA principles and through establishing confidence in taking person centred approaches to working with risk.	March 2018	Evidence of effective partnership approach to MSP through multiagency case file audit evidence of improved working within MCA principles through multiagency case file audit	Safeguarding development team is supporting the development of MSP / MCA in partner organisations. Visits to partners has commenced in November 2016. Good feedback continues to be received	
Seek assurance that that staff are developed in the skills to get alongside people and understand their perspective.	March 2018	L&D plan reflects this and Board receives assurance that it makes a difference to practice	Esat berkshire l/d group has been re-established and Bracknell forest training process in place.	

Seek evidence of the development of independent advocacy in response to the Care Act focussing on the range of advocacy; commissioning of advocacy; and appropriate referral for and provision of advocacy	Sept 2017	Individuals are supported effectively through advocacy in line with the requirements of the Care Act	Quality assurance sub group is monitoring provision of advocacy as part of performance monitoring; case file audits to take place in 2 nd quarter of 2017/18	
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AIM 3 MCA and DoLS: To understand what the priority issues are that can support more confident and person-centred practice in safeguarding. The principles of the MCA are integrated into safeguarding support/practice so as to transform the experience of safeguarding support.

Objective 1 To ensure that the partnership promotes, and partner organisations demonstrate, a clear working understanding and competence in applying the core principles of the Mental Capacity Act. This promotes a Human Rights based approach and a personalised approach to safeguarding support. It promotes a focus on wellbeing as well as safety.


Action	When	Success Criteria	Comment	
Seek assurance that that the five principles of the MCA are a feature of case file audit and a feature of practice.	March 2018	Evidence of the principle of supported decision making - particularly significant in the context of MSP Audit/ case studies/ service user feedback demonstrate this	Audit programme developed and the quality assurance sub group has received assurance from case file audits and feedback. Board agreed at its March meeting to maintain this action to march 2018 to gain assurance over a longer period of time	
Seek assurance that information is made available to people who may be in need of safeguarding support on the Mental Capacity Act; its implications in their lives and what they can expect from professionals.	March 2017	Evidence that information is made available	Quality assurance group has been established and received assurance that information on the MCA is made available as part of an agreed quality assurance framework. Recommended that this action is carried forward in new plan	
Ensure a focus on best interests decision making through; Facilitating an audit of sample of cases against legal requirements to ascertain any development needs & seeking assurance that emerging development needs are addressed	March 2018	Repeated case file audit demonstrates development.	Case file audits have been reported to the QA sub group. The L/D east berkshire sub group has been re-established to ensure learning	

Aim 4 To work alongside people to offer effective support in addressing risk in their lives: risk is effectively identified, assessed and managed and resilience is enhanced





Objective 1 To ensure a partnership framework of principles is in place (and supported by L&D opportunities) that embraces the core safeguarding principles and supports service users in decision making. This to support all organisations/ staff/ professionals in effectively balancing choice, wellbeing and safety, alongside service users, with reference to the MCA. Integrate approach to self-neglect within this framework

Action	When	Success Criteria	Comment	
Framework to guide consistent practice across organisations in working with risk alongside service users is in place L&D agenda supports this	March 2018	Case audit demonstrates effective practice: robust person centred risk assessment and protection planning	Draft risk enablement policy developed and pilot taking place locally. Esat Berkshire L/D group is being re-established	

Objective 2 Multiagency forums for managing risk support effective management of key areas of risk that are in the scope of safeguarding adults

Action	When	Success Criteria	Comment	
Review the current frameworks/processes in place for working with risk to include - What do they cover? - Where are the gaps? - A review of forums and practice that have a focus on risk and maximise their effectiveness (e.g. role of housing panel). - A review of models elsewhere (e.g. Camden; West Berkshire) for high risk panels and develop a local response from best practice	March 2018	Review completed and recommendations provided	Initial review of current frameworks / processes carried out and recommendations provided. Further work to finalise future model taking place as part of piloting risk framework	


Objective 3 To seek assurance of partnership and public awareness of areas of risk including (those highlighted in Chapter 14 of the Care and Support Statutory guidance as requiring a focus within safeguarding support services): domestic abuse; human trafficking; radicalisation; FGM; forced marriage

Action	When	Success Criteria	comment	
Support enhancing of awareness of indicators of risk and ensure safe responses through awareness of referral routes and sources of support.	March 2018	Data reflects level of engagement with these issues.	Communications strategy in place. Enhancing of awareness of risk to be developed as part of pilot implementation of risk framework Quality Assurance sub group is monitoring number of concerns. Board agreed at its March meeting to maintain this action to march 2018 to gain assurance over a longer period of time	
Determine the extent to which safeguarding cases equate to familial DA and identify actions to make joint working more effective. Ensure the range of professionals understand the range of social work and legal interventions/options when working with DA.	March 2018	Action plan in place Evidence of understanding of the range social work and legal interventions in place amongst partners	A focus on DA is included as part of its work to ensure that all board partners know what to look for and where to refer into Quality assurance sub is monitoring performance measures relating to concerns and enquiries relating to DA.	
Monitor emerging significant areas of risk in Bracknell (for example Internet Crime; SCAMS) and ensure communication with other partnership boards. These might come to light through local organisations' experience and/ or SARs.	March 2018	Emerging risks integrated into Board work plans/ strategic plan	Draft Risk framework developed to support partners to be aware of what to look for and where to refer for emerging areas of risk. QA sub is monitoring performance to identify emerging areas of risk.	
Support engagement across the partnership with the issue of fire risk. - Fire Service presents six monthly reports to the Board on source and levels of referrals as well as fire service activity to raise awareness.	March 2017	Regular reporting by fire and rescue service Evidence of quality referrals of those at greatest risk of fire	Regular reporting is taking place. QA group recommends that FRS reports are absorbed into new partnership scorecard. Recommended that this action continues in new strategic plan	


- The Board and partners act on the information so that there is greater referral of those at greatest risk from fire to the Fire Service across all partner organisations				
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Aim 5 Prevention:



Objective 1 Assurance of effective transition

Action	When	Success Criteria		
Ensure there is a focus on joint working with the LSCB to ensure that risks identified, monitored and managed for children are picked up in transition to adult services/support. CSE is one example of this	March 2018	Evidence of effective joint working Risks are identified, monitored and managed for children are picked up in transition to adult services/support	The draft risk framework includes a focus on exploitation. Discussions continuing with LSCB to ensure risks are picked up in transition from children to adults	

Objective 2 Assurance of effective use of data and intelligence

The Board will promote and support identification, from the data and other intelligence, areas where safeguarding issues are commonly occurring.; the Board will target these areas, seeking assurance that preventive measures are put in place (e.g. pressure ulcers, scams/doorstep traders and a focus on loneliness/isolation to reduce abuse)	March 2018	Evidence that safeguarding issues identified are being targeted for action by relevant Board members. Data begins to show the effect of this over time.	QA sub group is monitoring performance and identifying where safeguarding issues are occurring. The board has received lessons from SARs The risk framework is being piloted to ensure safeguarding issues are identified and preventative action takes place.	
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Objective 3 Assurance of quality and safeguarding in provider services

Action	When	Success Criteria	comment	
Ensure a robust system in place to join up intelligence to identify quality concerns in provider services early on and put in place support to address concerns before they become safeguarding issues	March 2018	Evidence of effective intelligence sharing mechanisms in place	Learning from SARS taking place. Reports on quality assurance and care governance discussed at board meetings. QA sub group recommends extending deadline to March 2018 to ensure learning from SARS and monitoring is embedded	
The board is assured of safety in service provision and of appropriate improvement plans having been put in place.	March 2018	Individual cases are escalated to the Board appropriately. The Board is made aware of patterns and themes of concerns in provider services across health and social care including: CQC reports from Health providers; reports from Council care governance group; reports from CCG on patterns in respect of Serious Incidents	Learning from SARS taking place with action plan developed	

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE
2016 - 2017

Organisation	2013/14	2014/2015	2015/16	2016/17
LSCB	40%	80%	25%	100%
South Central Ambulance Service	0%	0%	0%	25%
Bracknell Forest Council – Learning and Development	80%	20%	75%	50%
BFC - Housing Strategy & Needs	100%	100%	50%	75%
W. London Mental Health Trust (Broadmoor Hospital)	40%	40%	75%	50%
National Probation Trust (formally Thames Valley Probation Trust)	40%	60%	75%	50%
Berkshire Care Association	60%	80%	75%	100%
Berkshire Healthcare NHS Foundation Trust	60%	80%	100%	75%
Director of Adult Social Care, Health and Housing - BFC	100%	80%	75%	100%
Bracknell Forest Council - Community Safety Team	100%	80%	100%	75%
Thames Valley Police	80%	40%	100%	75%
Bracknell Forest Council – Legal Services	60%	40%	25%	25%
Bracknell Forest Council – Adult Social Care	100%	100%	100%	100%
Frimley Park Hospital	80%	60%	50%	50%
Bracknell and Ascot CCG	80%	100%	100%	100%
Royal Berkshire Fire & Rescue Service	-	-	50%	75%
Involve	-	-	-	75%