

READING BOROUGH COUNCIL

REPORT BY DIRECTOR OF ADULT CARE AND HEALTH SERVICES

TO:	ADULT SOCIAL CARE, CHILDREN'S SERVICES AND EDUCATION COMMITTEE		
DATE:	3 OCTOBER 2016	AGENDA ITEM:	10
TITLE:	UPDATE ON ADULT SAFEGUARDING AND THE DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT CARE	WARDS:	ALL
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 This report provides a summary of Adult Safeguarding and the Deprivation of Liberty Safeguards within Reading Borough Council.
- 1.2 The report includes information around the Safeguarding Recovery Plan developed as a result of the findings of an audit of the Adult Safeguarding function commissioned in September 2015.
- 1.3 The report also includes the proposed restructure, including the changes within the deputyship team.
- 1.4 Information on the West of Berkshire Safeguarding Adults priorities and outcomes for 16/17.
- 1.5 The outcome of Safeguarding Adult's Review (SAR - formally known as Serious Case Review) for Mr I and Mrs H.

2. RECOMMENDED ACTION

- 2.1 That the Committee notes the report and endorses the plans to secure continued improvement in the Safeguarding service.

3. SUMMARY OF ADULT SAFEGUARDING AND DoLS.

- 3.1 The Safeguarding Adults function is delivered by the care management teams in Single point of access (SPOA), Long term care, Learning Disability and Mental Health. A central Safeguarding Team provides advice and guidance.

- 3.2 Since the introduction of the Care Act 2014 there has been an increase in the number of Safeguarding Concerns and Enquiries across Reading Borough Council which has put pressure on all adult social care teams. The independent report commissioned by the Director of Adult Care and Health Service in 2015 highlighted areas of improvement to the service, and a Safeguarding recovery plan was developed with project management oversight with delivery outcomes and timescales.
- 3.3 A training programme that includes Level 1, Level 2 and Level 3 and Making Safeguarding Personal (MSP) has been developed, and a number of Safeguarding Workshops on topics within Safeguarding and the Care Act 2014 are now included. This ensures the upskilling of staff and improved continuity of practice across RBC.
- 3.4 A further development to the service, which will support and ensure we are Care Act compliant, is a proposal for the restructuring of the Safeguarding Adult Team. This would ensure Safeguarding in Reading is able to proactively respond to any strategic safeguarding concern being raised, supporting both prevention and wellbeing.
- 3.5. An audit system has been developed. The safeguarding team are now auditing over 20% of safeguarding cases a month using the six principles of safeguarding. The six principles of safeguarding are: Empowerment, Protection, Prevention, Proportionality, Partnership, and Accountability. Areas for improvement and concerns are then fed back to team managers to address directly with staff.
- 3.6 The volume of Deprivation of Liberties Safeguards (DoLS) is still a challenge nationally. The Law Commission published an interim statement on its reform proposals in May and has stated that 'Legislative change is the only satisfactory solution'. The committee will be informed and appraised of these changes when the recommendations are published.
- 3.7 Reading has less than 70 outstanding DoLS and is working hard to reduce this number further. All requests for authorisation are screened and risk assessed.
- 3.8 An increased number of Reading Borough Council staff has undertaken the Best Interest Assessor (BIA) training, and the DoLS Team are developing an internal BIA rota using Reading Borough Council staff to reduce both the risk and cost to the authority.

4. SAFEGUARDING RECOVERY PLAN

- 4.1 A safeguarding Recovery Plan (Appendix A) has been developed to ensure improvements are made to safeguarding in Reading in a timely way. The plan includes the development of local Policies and Procedures to locally apply and support the PAN Berkshire Policy and Procedures.
- 4.2 The Safeguarding Recovery Plan also includes further development to the Reading Borough Council website to raise awareness of Adult Safeguarding. There will be a staff hub within the intranet containing all Policies, Procedures and Pathways for Safeguarding supported by awareness training.

5. RESTRUCTURE OF SAFEGUARDING TEAM

- 5.1 An Options Appraisal is currently being developed proposing that Safeguarding Concerns are triaged by the Safeguarding team, ensuring the Care Act 2014 and the Mental Capacity Act 2005 is implemented appropriately. This suggested option will ensure there is only one entry point for Safeguarding adults, which will help mitigate and manage risk whilst ensuring continuity of practice and discharge of our duty of care.
- 5.2. The plan would include the Deputyship Team being managed by the Safeguarding team manager within the proposed restructure, due to the continual overlap between safeguarding, deputyship and appointee-ship.
- 5.3 RBC is the main provider of appointee-ship and deputyship in Reading - the Office currently acts as a Deputy for approximately 124 Reading residents and Appointee for a further 125 Reading residents.
- 5.4 A Court Visiting Officer recently visited and audited our Deputy's Office and has advised the OPG that the deputyship team are running an excellent service and there are no concerns or major recommendations. However, a separate report sets out plans to review this service to ensure it can operate on a 'cost neutral' basis as it is not a statutory service

6. WEST OF BERKSHIRE SAFEGUARDING ADULT BOARD PRIORITIES AND OUTCOMES FOR 16/17

- 6.1 The priorities for the Safeguarding Adults Board are as follows:

Priority (1). Establish effective governance structures, improve accountability and ensure the Safeguarding Adults agenda is embedded within relevant organisations, forms and boards.

Priority (2). Raise awareness of safeguarding adults, the work of the Safeguarding Adults Board and improve engagement with a wider range of stakeholders.

Priority (3). Ensure effective learning from good and bad practice is shared in order to improve the safeguarding experience and ultimate outcomes for service users.

Priority (4). Coordinate and ensure the effectiveness of what each agency does.

- 6.5 It was decided that Making Safeguarding Personal (MSP) is embedded throughout everything we do in adult safeguarding; therefore this was not listed as a priority in its own right. Please see attached introduction into MSP (Appendix B).

7. THE OUTCOME OF THE SAFEGUARDING ADULTS REVIEW (SAR) FOR MR I AND MRS H.

- 7.1 The findings from the SAR's of Mrs H and Mr I is as follows:

- There is an overriding professional assumption that people with dementia do not have mental capacity in relation to decisions about their care and

treatment, which is preventing assessments from being carried out. This results in the voice and choices of the service user not being heard or promoted.

- Responsibilities under the Mental Capacity Act 2005 have not been sufficiently integrated in Reading (and nationally) and as a result people do not fully understand it or apply it in practice as a safeguard for those who may lack capacity.
- Professionals have made assumptions that because families have made private care arrangements those arrangements will be appropriately caring - short term models of intervention enable this by inhibiting professional curiosity.
- Lack of or late response to professionals on outcomes of requested actions has resulted in a mismatch of information and incomplete understanding of the level of risk in decision-making.
- The workflow process has been automated too much at the expense of professional discussion resulting in assumptions being wrongly made about appropriate and timely service provision.
- Supervision processes were not supporting practitioners to work with the complexity of capacity decisions in relation to adults with addictive behaviours and as a result assessments of capacity are made but practitioners act as though capacity is lacking.
- The tendency to assume that everyone knows about (and understands) policy, procedure and guidance, but not quality assuring how well they actually do, is instead resulting in a culture of informal agreements, misunderstandings and tensions.
- There is confusion about the meaning of the 'duty of care' that is generating risk-adverse practice and preventing the voice of the service user being heard.

7.2 To address the findings of the SAR the Safeguarding Adult's team have launched training around the Mental Capacity Act 2005 and Safeguarding L1,L2 and L3 training in response to these findings and are also planning more workshops to support staff.

7.3 The Safeguarding team will further address the findings of the SAR through introducing the Social Work Occupational Standards into supervision, staff appraisals. A Quality Assurance Framework is being developed to ensure improvements to practice and accountability.

7.4 Through casefile auditing the Safeguarding Team are able to feedback any continued problems in practice and training needs, ensuring continued improvement in safeguarding across Reading. (Appendix C)

8. SAFEGUARDING CONCERNS

8.1 Should you have any safeguarding concerns, do not hesitate to make contact with Adult Social Care: 0118 937 3747.

Project Plan

	Task	Planned Start Date	Planned End Date	Actual Start Date	Actual End Date	RAG Status	Comments	% Complete	Status	Lead	Ops	Commissioning	ICT	Legal	Finance	HR	Other	
Project 2: Safeguarding recovery plan Rebecca Flynn																		
OLD	Work stream 1 Produce local Policy & Procedure documents																	
1 NEW	Overarching RBC local Safeguarding P&P document that will stream to individual procedures for the areas below	01/12/2015	01/02/2016	21/07/2016	13/12/2016	Red	No longer required following discussion at Transformation Board on 01/09/16	70%	IN PROGRESS	HC								RF
1.1 NEW	Operational Safeguarding Procedure including review stage and 6 principles are embedded throughout	01/12/2015	01/02/2016	18/07/2016	13/12/2016	Red	ASCMT 04/10/16 Transformation Board 20/10/16	70%	IN PROGRESS	HC								RF
1.2 NEW	Self-Neglect/Hording	01/12/2015	01/02/2016	18/07/2016	13/12/2016	Red	A clear pathway and Guidance for self neglecting and hoarding is required to support staff to manage the risk. Consultation with colleagues from Housing required. Depending on outcome of consultation with Housing, document might need presenting to Support for Complex Needs Board in September. Consultation with Housing 25/08/2016 - 01/09/2016 ASCMT 04/10/16 Transformation Board 20/10/16	70%	IN PROGRESS	HC								RF
1.3 NEW	Chairing meetings Procedure and Agenda's	01/12/2015	01/02/2016	18/07/2017	13/12/2016	Red	The current Guidance and Agendas are pre Care Act and not in line with the 6 principles of Safeguarding and Making Safeguarding Personal. ASCMT 20/09/16 Transformation Board 20/10/16	50%	IN PROGRESS	HC								RF
1.4 NEW	Large Scale/Organisational P&P (N.B. Needs to be written with Commissioning)	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Red	A local P&P needs to be developed in addition to PAN Berkshire to support the operation and implementation of large scale/organisational investigations. ASCMT 20/09/16 Transformation Board 27/10/16	50%	IN PROGRESS	HC								
1.5 NEW	Risk assessment document safeguarding plans document and review document and procedures to support these forms	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Red	Detailed forms and guidance to support staff in practice. ASCMT 20/09/16 Transformation Board 17/11/16	50%	IN PROGRESS	HC								

Project Plan

1.6 NEW	Hate crime/ mate crime/ cuckooing/Disability crime procedure	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Red	Procedure on local support, processes etc. ASCMT 01/11/16 Transformation Board 17/11/16	50%	IN PROGRESS	HC								
1.7 NEW	Domestic Abuse procedure/Pathway	01/12/2015	01/02/2016	08/08/2016	13/12/2016	Red	Detailed pathway and process. Needs additional support. ASCMT TBC Transformation Board TBC	50%	IN PROGRESS	MO								RF
1.8 NEW	FGM Guidance/Pathway (National)	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Red	Detailed pathway and process. ASCMT 04/10/2016 Transformation Board 20/10/2016	50%	IN PROGRESS	RF								
1.9 NEW	Adult Slavery Guidance/Human Trafficking Pathway/CSE	01/12/2015	01/02/2016	17/08/2016	13/12/2016	Red	Detailed pathway and process. ASCMT 01/11/2016 Transformation Board 20/10/2016	50%	IN PROGRESS	RF								

Making Safeguarding Personal

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Reading's Care and Support Conference 2016

What is Safeguarding?

- ‘People and organisations working together to prevent and stop both the risks and experience of abuse and neglect, while at the same time making sure that adult’s wellbeing is promoted including, where appropriate, having regard for their views, wishes, feelings and beliefs in deciding on any action’
(Care and Support Statutory Guidance, Oct 2014)

What makes Safeguarding Personal?

- **We know we are getting it right!**
- People want to be listened to and make choices.
- People want to be safe, but not at the cost of other qualities of life. They wanted support to explore whether they could maintain valued relationships and stop the abuse.
- People want to make their own choices/weighing up the risks and benefits of different courses of action.

Principles.....

- **Empowerment:** adults are encouraged to make their own decisions and are provided with support and information
- **Prevention:** Strategies developed to prevent abuse and neglect
- **Proportionate:** Least intrusive response is made to balance with level of risk
- **Protection:** Adults offered ways to protect themselves, and a co-ordinated response to adult safeguarding given
- **Partnership:** Local solutions reached through partner collaboration
- **Accountability:** Accountability and transparency in delivering a safeguarding response

The Wellbeing Principle

‘Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to at ‘the wellbeing principle’ because it is the guiding principle that puts wellbeing at the heart of care and support’

Care Act 2014.

What is Making Safeguarding Personal?

Making Safeguarding Personal means adult safeguarding:

- Is person-led
- Is outcome focused
- Enhances involvement, choice and control
- Improves quality of life, wellbeing and safety
(and complies with the Care Act Guidance)

Making Safeguarding Personal is about:

- A shift from a process supported by conversations to a series of conversations supported by a process.
- Ensuring and emphasis in those conversations on what would improve quality of life as well as safety.
- Talking through with people the options they have and what they want to do about the situation.
- Developing an understanding of the difference we make.

Making Safeguarding Personal approach.....what MSP can do

- MSP **enables** safeguarding to be done with, not to people.
- MSP focuses on achieving **meaningful improvement** to peoples circumstances, rather than just an investigation and conclusion.
- MSP **utilises social work skills** better than just 'putting people through a process'
- MSP approach is included in the **Care Act Guidance** and the wellbeing definition includes protection from abuse and neglect.
- MSP focuses on developing a real understanding of what people wish to achieve (and how), recording their desired outcomes and then seeing how effectively they have been met
- MSP should enable practitioners, carers, and families to know what difference has been made in **outcomes** for people

So.....What is important?

- The quality of the initial conversation.
- Understanding the person and their context.
- Understanding the risks.
- Drawing on the resources of information networks.
- Tangible results/outcomes
- Self confidence and self esteem
- Empowering people for the future.

Case Study.....

Mrs B lives in extra care sheltered housing and has carers visit her three times a day. The carers support Mrs B to manage her meals, shopping and personal care.

Mrs B is estranged from her children, but maintains a relationship with her only grandson. This relationship is very important to her.

Staff have noticed that Mrs B is spending less on her weekly food shopping, has limited food in her flat, She no longer visits the hairdresser and does not appear to have money for social activities within the extra care sheltered housing, or her daily newspapers.

Mrs B has told staff that her grandson has recently lost his job and is struggling to manage his finances.

Discuss.....

Contact Information.....

- In an emergency situation call the Police on 999.
- If you think there has been a crime but it is not an emergency, call the Police on 101.

- Contact Adult Social Care
- Tel: 0118 937 3747

- Out of normal working hours, contact the Emergency Duty Team 01344 786 543

Questions?



ADULT SAFEGUARDING AUDIT

Client ID:

Team:

Worker:

Questions should be answered: Y = yes, N = no, OB = on balance, NA = not applicable, NK = not known

Incident Date		Concern Episode Opened		Concern Episode Ended	
Type of Abuse		Enquiry Episode Opened		Enquiry Episode Ended	
Location of Abuse		Record of Alleged Perpetrator		Have timescales been adhered to?	

Presenting Incident	
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Has the response adhered to principle of Empowerment?	
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Has the response adhered to the principle of Protection?	
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Has the response adhered to the principle of Partnership?	
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Has the response adhered to the principle of Proportionality?	
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Guidance

Empowerment

1. Has it been identified whether the individual has Mental Capacity in relation to the Safeguarding issued and if they lack capacity, has the reasoning for this been clearly articulated and evidenced?
2. If the individual has Mental Capacity, have they been consulted and asked for their views and desired outcomes?
3. If the individual lacks Mental Capacity has an appropriate advocate been identified and contacted and asked for a view and desired outcome?

Protection

1. Does initial response within first 48 hours (Concern stage) demonstrate risks and protective factors have been fully considered?
2. Have procedural timescales at Concern stage been adhered to (decision within 2 working days of referral)?
3. Is the decision at the end of Concern stage appropriate, clear, well-articulated and evidenced?
4. If ending at Concern stage is there a clear protection plan in place or if progressing to Enquiry stage is there an Interim Safety Plan in place?
5. If progressed to Enquiry stage, has a full risk assessment been completed and is it appropriate?
6. Is there adequate detail in the assessment and safeguarding plan to evidence the assessment undertaken and the rationale for decisions made / actions taken?
7. Has the individual been safeguarded and is there a robust protection plan in place?
8. Has transferrable risk been considered and responded to and is this evidenced?
9. If the alleged perpetrator is a vulnerable adult, have their needs been addressed?

Partnership

1. Has the funding Authority been notified if not WBC funded or self-funded individual?
2. Has Care Governance been notified?
3. If the allegation constitutes a possible criminal offence, has the matter been reported to Police and have they been consulted with regard to any strategy?
4. Were relevant agencies consulted and appropriate information shared (and if no strategy meeting, were these recorded as strategy discussions)?
5. Was a strategy meeting convened at the appropriate time?
6. Were relevant agencies represented, including service users view?
7. Was the discussion and outcome / action plan clearly recorded?
8. Is there evidence of a coordinated multiagency response?

Proportionality

1. Has the approach been proportionate i.e. least intrusive possible whilst fully discharging Duty of Care?