

# READING BOROUGH COUNCIL

## REPORT BY DIRECTOR OF ADULT CARE & HEALTH SERVICES

TO:	HEALTH AND WELLBEING BOARD		
DATE:	22 JANUARY 2016	AGENDA ITEM:	5
TITLE:	HIGHLIGHT REPORT - WEST OF BERKSHIRE SAFEGUARDING ADULTS BOARD (SAB) ANNUAL REPORT 2014/15		
LEAD COUNCILLOR:	COUNCILLOR EDEN	PORTFOLIO:	ADULT SOCIAL CARE
SERVICE:	ADULT SOCIAL CARE	WARDS:	BOROUGHWIDE
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### 1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Attached is the 2014/15 Annual Report of the West of Berkshire Safeguarding Adults Board (SAB) covering the local authority areas of Reading, Wokingham and West Berkshire.

1.2 The Health and Wellbeing Board are asked to accept the report for information. The report was approved by the SAB on 1<sup>st</sup> December 2015.

### 2. RECOMMENDED ACTION

2.1 That the Health and Wellbeing Board note the attached report for information.

### 3. POLICY CONTEXT

3.1 The Annual Report is a statutory requirement of the Board and provides detail of the performance of RBC as well as local partner authorities. The information informs future strategy by highlighting positive performance as well as areas of challenge where the council is not performing as well.

### 4. HIGHLIGHTED INFORMATION

4.1 The key achievements of the SAB are described on p.2, Para 2.

4.2 Of note is the launch of the new SAB website, the Social Care Institute for Excellence (SCIE) training that some members have benefitted from in the Learning Together model for reviewing and learning lessons from Safeguarding Adult Reviews (formerly Serious Case Reviews) and the Joint Children's and Adults Safeguarding Conference on Domestic Abuse which was rated highly by the many attendees.

4.3 A full description of how the partners have achieved the 4 goals of the Board follows (pp. 3 - 6) demonstrating that the board now enjoys improved governance structures, has developed oversight of its activities in order to improve safeguarding outcomes, is busy raising awareness of the work of the SAB and of safeguarding generally and finally ensures

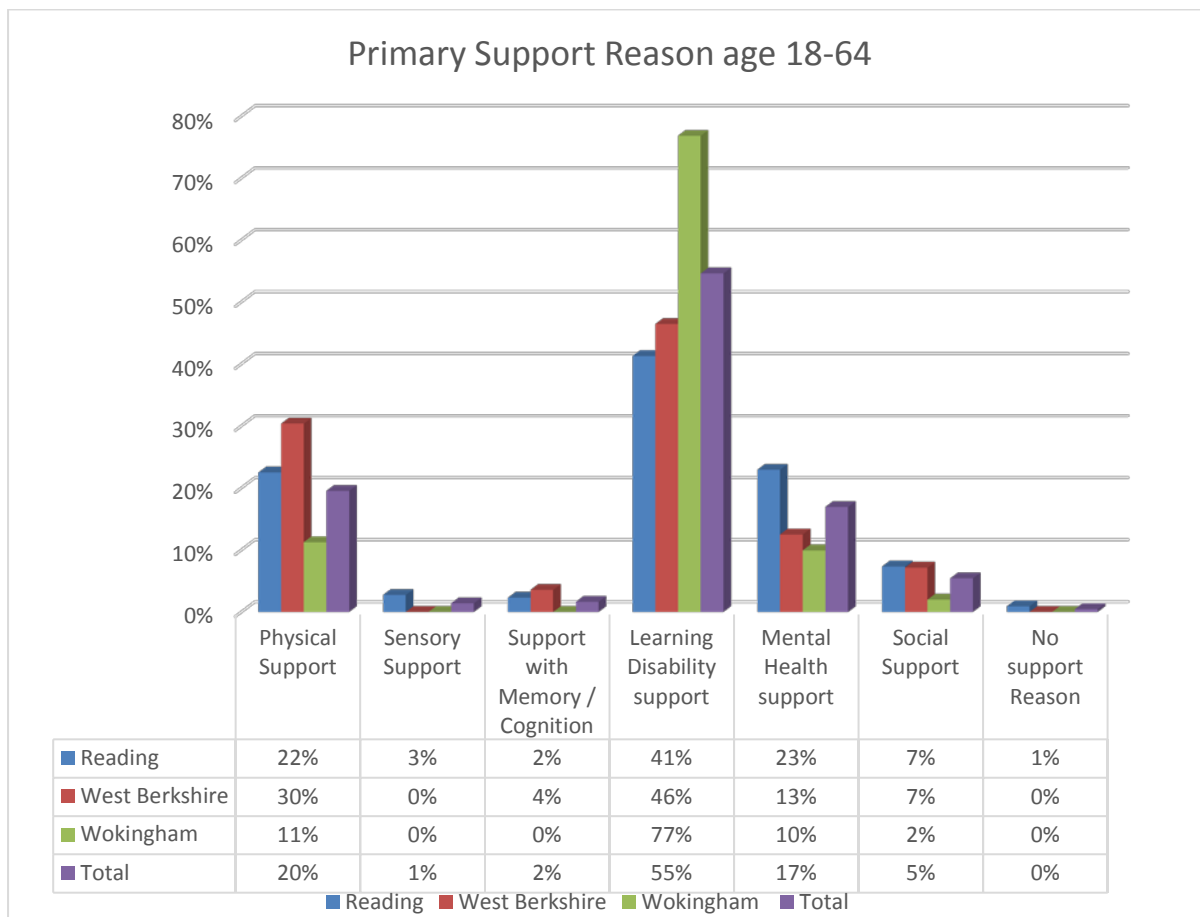
that effective learning happens from both good and bad practice in order to improve outcomes for service users across the sector.

4.4 Making Safeguarding Personal (p.6) is a noteworthy initiative that has been championed nationally by Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA). It seeks to shift safeguarding practice to be increasingly person centred, outcome-focused and ensure that the person's wishes and desires are central to the whole process, something which has not always been the case. RBC has helped develop and deliver mandatory training for Adult Social Care staff by a nationally recognised expert beginning in December. The training programme including all costs is shared with Wokingham and West Berkshire councils making excellent value for money as well as enhancing a consistent approach across the West of Berkshire.

## 5. COMBINED HEADLINE DATA INCLUDING RBC PERFORMANCE (pp. 9 - 18)

5.1 Across the 3 local authority areas 2171 alerts were made, an 18 per cent increase on the previous year and the Reading share of these was 702 contrasting with a 2013/14 figure of 654 (p.9). Of the 702 safeguarding alerts, 527 became referrals meaning that they were considered appropriate to investigate as adult safeguarding incidents. This is a higher proportion than the other 2 local authorities demonstrating that RBC took a more risk averse approach than our local partners.

5.2 Data on Primary Support Reason was collected this year for the first time. People with a learning disability between the ages of 18 and 64 account for by far the highest proportion of people referred across the SAB area at 55% of all referrals. Reading's figures are consistent with its neighbours (p.11). The table is reproduced below. People with a mental health problem account for 50 individual referrals in Reading according to the table however it is important to note that this describes primary support reason, not referring organisation. A recent independent audit of safeguarding process in Reading revealed that for the period May to August 2015 only 1.75% of safeguarding alerts originated from mental health services. This is extremely low against a national average of 25%.



5.3 Reading is by far the most diverse borough out of local partners and whilst this is reflected in the ethnicity of referrals (p.13) the breakdown still does not reflect the actual makeup of the population of Reading e.g. the 2011 census puts the Asian population of Reading at 14% whilst people from an Asian background account for only 3% of safeguarding referrals, an under representation of 11%. It should be noted that the 10% of referrals with an unknown ethnicity hampers reliability of the information.

5.4 Types of abuse (p.13) locally are in line with national trends for the year and the top 4 remain the same as last year i.e. Neglect, Physical, Emotional/Psychological and Financial. The category of Neglect has risen almost every year in line with a growing awareness of it as a safeguarding matter. It is worth noting that there is supposedly 0% discriminatory abuse in Reading, a statistic which may point to a lack of engagement with and awareness of discriminatory abuse as experienced by black and minority ethnic, LGBT, disabled residents and others subject to discrimination. It is also a category that has steadily decreased since 2011 when it was recorded as 3%.

5.5 Most alleged abuse took place in the person’s own home (57%) a trend which is decreasing (70% in 2012/13 and 65% in 2013/14) whilst the trend of abuse occurring in a care home (21%) is increasing (14% in 2012/13 and 17% in 2013/14). This may reflect better recording and awareness particularly among care staff and managers rather than an actual increase in abuse in care home settings.

5.6 For the Reading area most sources of referral (p. 16) have remained stable over recent years. However, there has been a slight dip in self-referrals from 10% to 6% and a rise in those classed as “Other” which raises questions of recording accuracy.

5.7 A case conclusion is the outcome of the investigation for a concluded referral and is categorised as Substantiated, Partly Substantiated, Inconclusive (or Not Determined) or Not Substantiated. There has been little change in the proportion of cases in each category from the previous year in the West of Berkshire. This category will not be recorded after this year as from now on we will be collecting data according to Making Safeguarding Personal outcome measures (see 4.4).

5.8 Deprivation of Liberty Safeguards (DoLS - p.18) figures will by now be out of date since the numbers continue to rise following what is known as the Cheshire West ruling (case law). DoLS present an on-going challenge to all local authorities as to how to safely manage such a large cohort of individuals who may not have the capacity to make decisions about their own care or to agree or disagree with how that care is provided including in locked environments. Reading continues to manage the situation proportionately, in line with legislation and with the safety and wellbeing of its residents foremost.

## 6 APPENDICES

6.1 Various appendices complete the Annual Report.

## 7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment (EIA) is not relevant to this report. The annual report itself will not have a differential impact on: racial groups; gender; people with disabilities; people of a particular sexual orientation; people due to their age; people due to their religious belief.

## 8. LEGAL IMPLICATIONS

8.1 The Care Act 2014 requires that partners work effectively together to safeguard and provide appropriate services for adults at risk and that the SAB produce an Annual Report.

## 9. FINANCIAL IMPLICATIONS

There are no financial implications.