

Bracknell Forest Safeguarding Adults Partnership Board Annual Report

April 2012 – March 2013

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Foreword

As chair of the Bracknell Forest Safeguarding Adults Partnership Board (the Board) I am delighted to commend this annual report to you. The Board has had a productive year, building on the firm foundations laid over previous years. During the period of this report there has been a significant amount of development work as statutory partners, particularly the NHS, prepared themselves for structural changes from the 1st April 2013. The Board is developing a strong relationship with the Bracknell and Ascot Clinical Commissioning Group (CCG) to ensure that the CCG is aware of and discharges its safeguarding responsibilities effectively. The Board was pleased to work with the East of Berkshire CCG federation in the appointment process for the Director of Nursing, which is a key role in the development of safeguarding across the CCG.

The Board's membership continues to be broad and encompasses relevant stakeholders. As new structures develop within the statutory sectors the Board will review its membership to ensure it remains appropriate and effective.

The Safeguarding Board has been working with the Primary Care Trust and the Learning Disability Partnership Board to ensure that the local response to the Winterbourne View scandal is robust and takes account of local needs. I am pleased to confirm that provision for adults with learning disabilities, where Bracknell Forest Council is commissioning their support, is already aligned to the model of support proposed by government.

For the board to remain effective, partnership between member organisations must remain strong, and whilst on occasion members will challenge partner organisations, the focus always remains on delivering the best outcomes for local people. With this in mind it is encouraging to see the evidence of these strong partnerships at both operational and strategic levels in the outcomes delivered with and for local people.

With regard to the need for safeguarding interventions over the period there was a 26% increase in the number of alerts received by Adult Social Care, Health and Housing (ASCH&H), which the board assesses as positive as this provides Adult Social Care, Health and Housing, and partner agencies with the opportunity to give information, advice and where needed specialist safeguarding support to members of our local communities. It is clear from this report that all statutory agencies are identifying safeguarding issues and referring to ASCH&H and that alerts are being responded to in a timely manner.

The board has developed its approach to measuring the impact of safeguarding interventions and it is therefore encouraging to see that 98% of people who were able to comment said that they felt they were both engaged in the development of their safeguarding plan and that they felt safer following the intervention than before.

This report highlights the achievements made by organisations represented on the Board, which have enabled adults at risk to lead safer lives, whilst retaining as much choice and control as possible.

Whilst the Board is not complacent about the need to continue the development of our approach and responses to adult safeguarding issues this report identifies the commitment and strength of partnership working in Bracknell Forest. Furthermore the Board remains committed to ensure that where abuse has or may take place, timely and effective support is provided by relevant agencies to prevent this occurring in the future.

To this end the Board has developed its business plan for the 2013-2014, which is contained within the main body of this report.

I hope you find this report informative and reassuring.

A handwritten signature in black ink that reads "Glyn Jones". The signature is written in a cursive style with a long horizontal stroke at the end of the name.

Glyn Jones
Director of Adult Social Care, Health and Housing
Chair of the Bracknell Forest Safeguarding Adults Partnership Board

1. Introduction

- 1.1 In 2000 the Department of Health published guidance to all Councils with Adult Social Services Responsibilities (CASSRs). The report entitled 'No Secrets' set out guidance to local authorities and their partner agencies relating to the safeguarding of vulnerable adults within their communities.
- 1.2 A key recommendation in 'No Secrets' is that: "Lead officers from each agency should submit annual progress reports to their agency's executive management body or group to ensure that adult protection policy requirements are part of the organisation's overall approach to service provision and service development".
- 1.3 This report details the breadth of activity undertaken by the Board's members and identifies the achievements against the Boards business plan for last year.

2. Executive Summary

- 2.1 Berkshire Healthcare NHS Foundation Trust has reviewed its internal safeguarding guidance and disseminated this to all relevant staff. This has resulted in a reduction in inappropriate alerts (see page 9).
- 2.2 Bracknell Forest Community Safety Partnership has delivered the Domestic Abuse Service Co-ordination (DASC) project. This focused on providing enhanced support to victims of Domestic Abuse (DA) and their children, as well as providing supervision and management to the perpetrators, with a view to reducing 'medium-risk' repeat DA in Bracknell Forest. This has contributed to a reduction of 35% in Domestic incidents by the perpetrators in the cohort (see page 10)
- 2.3 Bracknell and Ascot Clinical Commissioning Group (CCG) joined the Board and are co-ordinating the learning from the Francis report (into the quality of care at mid staffs hospital) and the Winterbourne View report. The learning from these enquires will contribute to the increased quality and safety of local health services.
- 2.4 Thames Valley Police have increased the training for their Vulnerable Adult Co-ordinators and moved the decision making role for safeguarding within the referral centre to a Detective Sergeant. This has resulted in a more consistent level of decision making within the referral centres (see page 12).
- 2.5 The Board met 90% of the objectives it set in the 2012/2013 annual report, with the two outstanding actions being carried forward to 2013/2014.
- 2.6 The Board has implemented the majority of the empowerment strategy with full implementation by March 2014.
- 2.7 The Board has successfully implemented the approach to gaining the views of individuals about their experience of safeguarding practice. This has provided evidence of good practice by health and social care practitioners and identified where our approach can be further improved (see page 15).
- 2.8 There was an increase of 26% in the number of safeguarding alerts being raised compared to 2011/2012, however the Board see this as a positive

- 2.9 In 16% (70 alerts) of occasions where an alert was raised, abuse was either substantiated or partially substantiated. This is an increase of 4% compared to 2011/2012. It is not possible to say whether there is an increase in abuse within the Borough.
- 2.10 Whilst the Board is not complacent about the need for ongoing development it is confident that the approach to adult safeguarding remains relevant and appropriate, and that where abuse is identified, the responses of partner agencies is timely, appropriate and in line with the person's wishes and best interest.

3. National Context

- 3.1 During the period of the report the Government has made changes to the Disclosure and Barring Service (DBS) (formally the Independent Safeguarding Authority). The Government sort to narrow the definition of regulated activity. This change will have an impact on who can apply for DBS checks against the barred list (POVA and POCA).
- 3.2 However the revised scheme still allows employers and organisations undertaking voluntary work to have DBS checks but they will only have checks against the police national computer, not against the barred list/s.
- 3.3 Recent case law in respect of Disclosure and Barring Service checks have sought to redress the balance in favour of individual (in this case the prospective employee or volunteer) not to have all of their police record disclosed via the DBS checking system, rather than automatic disclosure of all police held information. The government will issues new guidance on this during 2013/2014.
- 3.4 The Government also published guidance to all NHS organisations on their responsibilities to safeguard adults at risk.
- 3.5 The Government announced its response to Winterbourne View and has set out its action plan for both CCGs and local authorities. The plan centred on ensuring that the use of assessment and treatment centres is closely monitored and that joint plans are developed between CCG and local authorities to support people to receive support in their local community and in line with their wishes and or best interest.
- 3.6 The Government announced its response to the Francis report into the quality of care provided at Mid Staffs Hospital., which centred on:
- Increasing the accountability of NHS Trust Boards
 - Ensuring that staff are able to raise quality/safeguarding concerns within their organisation and that when this does happen action is taken.
 - CQC was asked to review its methodology to inspecting Hospitals, and the post of Chief Inspector of Hospitals was created.
 - Commissioners of hospitals need to develop plans to monitor the quality and standard of the hospital services they commission.

- Review of the way in which Nurse Training is delivered.

3.7 There was significant change in the NHS landscape during the period of this report brought about by the creation of Clinical Commissioning Groups (CCGs), area teams and clinical support units and the abolition of Primary Care Trusts (PCT). This brought about some challenges for the board as it engaged with CCG to ensure they were cognisant of local and national issues, whilst continuing to work with the PCT.

4. Proposed legislation

4.1 During 2012 the Government published the draft Care and Support Bill. The Bill built on the finding of the Law Commission report and recommendations into the legal framework for adult social care (including safeguarding). Given the breadth of the current legal framework it is welcome that the government proposes to simplify the framework into one single Act of Parliament.

4.2 The Draft Care and Support Bill proposes amongst other things, that Safeguarding Adults Boards (SAB) should be put on a statutory basis and to require Local Authorities to make (or cause to be made) enquires where an adult at risk in its area is or may be being subjected to abuse.

4.3 Further to the draft Bill the Government also launched a consultation on whether a new power should be introduced allowing Local Authorities to enter domestic premises to speak with an adult at risk who retains capacity, where a 3rd party is preventing the Local Authority speaking with them. The consultation also asked that if this power were to be introduced, how it should be executed.

4.4 The Board participated in the consultation and concluded that this power would be a welcome addition to the legal framework and that should it introduced and that the Local Authority should seek an order from the local magistrate. It was felt that this offered the necessary level of local implementation whilst ensuring that the proposed use of this power is considered by a party outside of the Local Authority to ensure that there is the correct level of independent scrutiny and transparency.

4.5 The Government has not responded to the consultation and as yet has no date has been announced for the Care and Support Bill to be considered by Parliament.

5. Bracknell Forest Safeguarding Adults Partnership Board

5.1 The Bracknell Forest Safeguarding Adults Partnership Board was established in March 2009, as a successor to the East Berkshire SAPB. The Board is chaired by the Director of Adult Social Care, Health and Housing and meets bi monthly. The Boards member organisations included:-

- Bracknell Forest Council
- Thames Valley Police
- NHS Berkshire
- Berkshire Healthcare NHS Foundation Trust
- West London Mental Health Trust (Broadmoor Hospital)
- Thames Valley Probation Trust
- Bracknell Forest Voluntary Action

- Berkshire Care Association
- Carers UK
- Bracknell Forest LINK

- 5.2 This membership represents a range of organisations working with adults who may be at risk and therefore has the ability to ensure that safeguarding strategies and key messages are disseminated to relevant people and organisations throughout the Borough.
- 5.3 Annex C identifies member organisations' attendance at the Board during the period of this report. Whilst there has been improvement in the attendance of a number of organisations, it is noticeable that the attendance of others has dropped compared to the previous year. The Board will improve its performance in this area during 2013/2014.
- 5.4 Whilst the Board has not undertaken a formal review of its membership during the period of this report two organisations will no longer be members of the Board after 31st March 2013, due to the changes following the implementation of the Health and Social Care Act 2012. The Board would like to place on records its thanks for the contribution that both Bracknell Forest LINK and NHS Berkshire made during their time on the Board.
- 5.5 The Boards' member organisations have undertaken a range of safeguarding activity during the period of this report which have been summarised as follows:

Developments by partner agencies during 2012-2013

5.6 Berkshire Care Association (BCA)

During 2012 /2013 BCA has:

- Shared safeguarding information through our network
- actively promoted safeguarding best practice at all of our meetings (Board and Provider)
- Provided informed guidance to providers and staff, families and people who are supported by services.
- Attended safeguarding partnership Board meetings across the county.
- Promoted safeguarding at all of our training events

5.7 Berkshire Healthcare Foundation NHS Trust

- 5.7.1 Partnership work has continued with the quarterly Partnership and Best Practice (between BHFT, H&WPH, RBH and the 6 unitary Authorities) meeting which has led to various improvements such as the development of guidance around the referral of pressure ulcers as safeguarding concerns. This has led to a reduction of inappropriate alerts being raised.
- 5.7.2 Further review of the BHFT safeguarding adult's team was conducted and there are now two full time posts:
- Safeguarding Adults Team Leader
 - Safeguarding Adults Named professional.

Previously there was 1.5 WTE.

- 5.7.3 The Safeguarding Adults Team regularly attends SAPB subgroups and feed information back through the BHFT Safeguarding Adults group.
- 5.7.4 The trust developed a level 2 safeguarding adults training course in partnership with the East Berkshire Learning and Development sub group. This is currently being rolled out to all senior clinicians with plans to extend the target group in 2014-2015. It should increase the number of staff trained at level 2 by 400%.
- 5.7.5 Level 1 continues to be delivered to new staff at induction and throughout the year both through face to face sessions and e-learning. In partnership with the South Central Strategic Health Authority a Safeguarding Adults E-assessment has also been introduced across the trust.
- 5.7.6 The safeguarding adult's referral process has been standardised across the trust through partnership working with the six Local Authorities.
- 5.7.7 A BHFT Safeguarding Adults Clinical Champions group has been established for community staff with quarterly meetings allowing identified clinicians to develop their knowledge of safeguarding adults and to act as a local point of contact for their teams.
- 5.7.8 The BHFT policy has been regularly reviewed and updated to ensure it reflects the Berkshire best practice guidelines and local and national changes. This includes the addition of a section on disclosure of historical abuse following the Jimmy Savile Investigation. A review of policies and procedures in relation to visitors and volunteers was also undertaken. This process is ongoing.
- 5.7.9 BHFT has been working with the Primary Care Trust to ensure that recommendations following the situation at Winterbourne View Independent Hospital are addressed.
- 5.7.10 The BHFT safeguarding team has been working alongside the complaints and PALS team to ensure possible safeguarding issues are considered when any complaint is received.
- 5.7.11 The safeguarding team regularly attend team meeting across the trust to raise awareness of safeguarding adults and ensure staff are fully aware of the policies and procedures.

5.8 Bracknell Forest Community Safety Partnership

- 5.8.1 During the reporting period, the community safety partnership has acted as lead partnership in relation to two key areas
- 5.8.2 The Domestic Abuse Service Co-ordination project (DASC) aims to provide enhanced support to victims of Domestic Abuse (DA) and their children as well as provide supervision and management to the perpetrators with a view to reducing 'medium-risk' repeat DA in Bracknell Forest.
- 5.8.3 A multi-agency group meets monthly to compile and monitor a strategy to reduce DA of each couple and interventions can include:

- Victim referral to Berkshire Women's Aid (BWA) for an enhanced outreach service
- Perpetrator/victim referral to the Integrated Offender Manager to provide 1:1 sessions for anger management, relationship counselling, stress management etc.
- Police visits to the couple's home to check that they are OK and have support as well as that they realise that DA won't be tolerated

5.8.4 During the reporting period this approach has contributed to a reduction in domestic incidents of 35% by the perpetrators in the cohort.

5.8.5 The community safety partnerships e-safety sub group works to raise awareness about the risks of internet use to vulnerable members of the community and provides relevant stakeholders with the knowledge and tools to support them to stay safe online.

5.8.6 The e-safety group expanded its work to include adults at risk in 2010 and the following has been carried out since this time:

- Quarterly training includes adult social care workforce
- The Exemplar Policy and Guidance Document has been refreshed in 2012 to include guidance and Acceptable User Policies (AUPs) aimed specifically at adults at risk and/or their carers.
- An awareness-raising session has been held with people who receive support from Re-think in Bracknell Forest with positive feedback
- Input has been provided from the e-safety sub-group to the recently refreshed BF Safeguarding Adults Training module

5.9 Bracknell Forest Voluntary Action

Bracknell Forest Voluntary Action continues to deliver adult safeguarding training (level 1) to the voluntary sector. During the reporting period they delivered training to 126 delegates from 33 different organisations. This has helped to continue raising awareness of adult safeguarding issues across the borough.

5.10 Frimley Park NHS Foundation Trust

5.10.1 During the period of this report the Trust was inspected by CQC and was judged to be fully compliant in all areas, including outcome 7 (safeguarding people who use services from harm).

5.10.2 The Trust safeguarding training programme continues to be delivered and at 31st March 2013 92% of unregistered staff (e.g. Health Care Assistants, Clerical staff estates staff ect) and 91 % of registered staff (Drs Nurses etc) have received Adult Safeguarding training. Further to this 300 volunteers have also received safeguarding training.

5.10.3 The trust has also updated its DoLS training, which has been rolled out to 250 key staff across the trust.

5.11 NHS Berkshire / Bracknell and Ascot Clinical Commissioning Group (CCG)

- 5.11.1 During 2012/2013 NHS Berkshire PCT Cluster. Until 1st April 2013 was the local NHS commissioning organisation. Since October 2012 the CCG Board has received comprehensive briefings on the transition process and the future arrangements that will be in place post 1st April 2013
- 5.11.2 Collaborative safeguarding training for each Board was arranged and completed by 31/3/13.
- 5.11.3 The CCG has appointed a Nurse Director who will cover the three CCG's in the East of Berkshire. The Nurse Director is an executive member of all CCG Boards in their respective federation area and is the lead executive director for Safeguarding.
- 5.11.4 The Central Southern Commissioning Support Unit has been commissioned to support and assist the CCG's in discharging their duties for safeguarding vulnerable adults.

The Nurse Director responsibilities relating to safeguarding are:

- Line management responsibility for designated nurse
 - Provide support to any serious case reviews and IMRs
 - Serious untoward incidents and investigations
 - Lead on requests from the local area team e.g. Winterbourne assurance and health self-assessment framework for people with learning disabilities
 - Provide assurance that safeguarding training is undertaken by all providers commissioned by the CCG
 - Provide a monthly report on safeguarding adults to the CCG Boards including safeguarding alerts, SCR's and partnership reviews affecting local patients.
- 5.11.5 The CCG's have agreed additional funding for a joint safeguarding adults and children's lead, this demonstrates the commitment of the CCG's to raise the profile of safeguarding adults at risk, giving it the same priority as children.

5.12 Royal Berkshire Fire and Rescue Service (RBFR)

- 5.12.1 Whilst RBFR has not been able to attend the Board, it has submitted its analysis of the developments within the service for the period of this report.
- 5.12.2 RBFRS has continued to refine and evaluate its work to safeguard adults, among others, from fire. The main focus of approach has been to target against risk even more closely across all offered activities.
- 5.12.3 The Prevention Department's Home Fire Safety Check (HFSC) criteria have been reviewed and are now supported by the use of Mosaic demographic classification systems, to postcode level, therefore we are able to pin point particular vulnerable establishments.
- 5.12.4 Clearer understanding of the issue of hoarding (or chronic disorganisation) has been achieved by Prevention Managers and HFSC team.

- 5.12.5 Increased awareness of mental capacity by those responsible for safeguarding and of consent, for wider RBFRS staff, has been achieved.
- 5.12.6 Educational support for adults using oxygen at home has been provided as a result of working with the providers.
- 5.12.7 Improved provision to the deaf and hard of hearing communities has been ongoing.
- 5.12.8 Increased reach to the older community more widely e.g. by using RBFRS staff and volunteers in hospital and rural locations, dedicated events, including mobile libraries.
- 5.12.9 Increased use of access to services and partnerships, embedded as business as usual. And review of data held on adults known to RBFRS or partners.

5.13 Thames Valley Police

During the period of this report Thames Valley Police has undertaken a number of key activities to further improve its safeguarding responses. These include:

- Training for Vulnerable Adult Co-ordinators (these staff work in the police referral centres and co-ordinate police responses to safeguarding issues and liaise with other agencies regarding police responses)
- Decision-making responsibilities for referrals has moved to a Detective Sergeant to professionalise the role, similar to that of Child Protection Referral Manager
- Improving information sharing through improved awareness of Adult at risk work from frontline officers
- Introduction of a forum for addressing organisational learning from local and national serious case reviews

5.14 Thames Valley Probation Trust

- 5.14.1 Additional staff have received Safeguarding Training during the year at both Level 1 and 2, heightening their awareness of safeguarding issues and the procedure to be followed. In addition there has been an increase in the number of home visits to offenders and the ability to make links with family members to support the offender during the period of their order/licence. Family members are encouraged to contact the Probation Trust to speak to the offender manager regarding any concerns, problems, or change in circumstances.
- 5.14.2 Towards the end of last year Divert (Mental Health) Service was extended from Reading where it had been in place for around 20 years, to the east of the county. This has assisted in identifying those offenders prior to their court appearance or at their first court appearance who are likely to meet the safeguarding/vulnerable category and establish whether they are already

known to the Mental Health Services or should be diverted from the criminal justice system/need access to mental health services.

5.15 West London Mental Health Trust (Broadmoor Hospital)

- 5.15.1 During this period we have developed and the hospital has updated its mandatory training package to incorporate issues that identified in the Mid Staffordshire Enquiry. In addition we have included presentation slides to incorporate our Healthy Communities initiative which is an ongoing project to ensure a safe and healthy patient population.
- 5.15.2 This initiative has resulted in a review of our incident reporting. A mandatory alert will have to be raised in relation to various incident sections, e.g., harassment, threats, physical abuse. The threshold definition for safeguarding has been embedded within the incident reporting process and there is a directed link to the safeguarding referral form and immediate protection plan.
- 5.15.3 The Hospital's safeguarding panel now has a psychology representative.
- 5.15.4 West London Mental Health Trust has engaged with the NHS London Safeguarding Adult Assessment Framework (SAAF), which was shared with this Board and will be contributing to the Trust wide Action Plan which has been developed.
- 5.15.5 The hospital is commencing a peer review process where each ward will be visited every quarter by two peer reviewers. This model is patient centred and the reviewers will speak to all patients who wish to be seen and highlight any issues they raise. Actions will be decided immediately and patients will receive a letter in real time of what has been agreed. The reviews concentrate purely on patient care and quality of care. It is anticipated that this peer review process will provide additional assurance regarding safeguarding.
- 5.15.6 Patients also have access to Meridian, (an electronic device whereby they can enter comments in relation to any aspect of their care). This data is then processed to identify key concerns, areas of good practice and areas for development.

6. Progress against the objectives set out in the 2011/2012 Annual Report

- 6.1 The Board met in excess of 90% of its objectives during 2012/2013. The two areas that were not fully met will be met within 2013/2014 are as follows:
- **Review the Board's terms of reference and membership** - The Board took the decision not to formally review its membership and terms of reference until the outcome of the government consultation on the care and support bill is known. The bill will have a direct impact on the Boards work, and it was thought unwise to undertake a formal review until the outcome of the consultation is known.
 - **Berkshire Healthcare Foundation NHS Trust (BHFT)intended to explore strategies to increase the involvement and participation of people who use BHFT services in safeguarding adult's policies and procedures developments** - BHFT intends to undertake this work during 2013/2014.

- 6.2 The remainder of the Board's objectives were met. The following table provides details of how each objective has been met.
- 6.3 In addition to the business plan for 2012/2013 the Board also responded to a number of national developments e.g. the publication of the winterbourne view serious case review, the Francis report and implemented the learning from other serious case reviews.

Bracknell Forest Safeguarding Adults Partnership Board
Business Plan – 2012 – 2013

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Practice development			
Increase the frequency of adults at risk being engaged in the development of their safeguarding plans	Bracknell Forest Council - Adult Social Care, Health and Housing	67% of individuals, whose circumstances required a safeguarding plan, were actively involved in its development. Of the remaining 33% 6% chose not to engage 27% where unable to engage due to their health.	
Implementation of the agreed method for gaining the views of individuals subject to a safeguarding referral.	Bracknell Forest Council - Adult Social Care, Health and Housing	98% of people who were able to provide feedback on their experience stated that they felt safer as a result of the safeguarding intervention.	
Revision of Adult Social Care and Health best practice guidance.	Bracknell Forest Council - Adult Social Care, Health and Housing	The Best practice guidance has been reviewed and is now operational within Adult Social Care, Health and Housing. The guidance is also available on the council's website.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
<p>Berkshire Healthcare NHS Foundation Trust will undertake the following developments:</p> <ul style="list-style-type: none"> • Develop a process for undertaking internal safeguarding audits to ensure best practice is followed. • Develop and publish a safeguarding training strategy for BHFT staff which includes identification of training above basic awareness level 1 which can be delivered to improve knowledge, skills and confidence • Explore strategies to increase the involvement and participation of people who use BHFT services in safeguarding adult's policies and procedures developments. • Develop a network of Safeguarding Adult champions across services within the trust 	<p>Berkshire Healthcare NHS Foundation Trust</p>	<p>An audit plan is in place with the audits commencing in 2013.</p> <p>Level 2 training now being delivered by the Trust to all relevant staff</p> <p>This is a priority for 2013</p> <p>Clinical Champions group established meeting quarterly</p>	<p></p> <p></p> <p></p> <p></p>

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Revision of current practice and recording of Mental Capacity Assessments within Broadmoor hospital.	West London Mental Health Trust	A detailed plan has been developed within the hospital to ensure that practice is in line with legislative requirements. The Safeguarding lead for the hospital has taken the lead for this in partnership with clinical leaders within the hospital.	
Roll out of revised guidance and best practice for e-safety	Bracknell Forest Adult Social Care Health and Housing	This has been disseminated and actions across the department. Training will be developed and made available to staff in line with the revised guidance.	
Implementation of a detailed plan focused on reducing the number of reported domestic incidents at 31st March 2013 compared with 31st March 2012.	Bracknell Forest Domestic Abuse Forum	The DASC (Domestic Abuse Service Co-ordination) project began in April 2011 in an effort to reduce repeat domestic incidents for medium-risk ‘victims’ of domestic abuse. The project co-ordinates all the ongoing work that is in place with a cohort of medium-risk ‘victims’ and where there are high repeat rates of domestic abuse This work has contributed to a 35% reduction in repeat domestic incidents for those people who are supported by the DASC project.	

Action	Lead agency	Comments	RAG Status R – Target not met G - Target met
Strategic development			
Revision of the Safeguarding Adults Partnership Board's terms of reference and membership	Bracknell Forest Council - Adult Social Care, Health and Housing	This work is currently on hold as the Board await the outcomes of the Governments consultation on the Care and Support Bill	
Effective and safe transfer of DoLS functions for hospitals from NHS Berkshire to Local Authorities.	Bracknell Forest Council - Adult Social Care, Health and Housing	A Berkshire-wide transfer plan has been developed and implemented.	
Increase attendance at The Board by statutory partners	Bracknell Forest Safeguarding Adult Partnership Board	The LSCB and Frimley Park NHS Trust are now both represented on the Board. Attendance from NHS Berkshire has increased.	
Development of specific 'refresher' adult safeguarding training all levels, to reflect current practice and the findings of serious case reviews.	Bracknell Forest Council Learning and Development Team	A course has been designed and run, feedback from the course has been positive.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Review of Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training to ensure that it captures the learning from practice since the introduction of the legislation.	Bracknell Forest Council Learning and Development Team	A review of this training has been undertaken by Learning and Development in consultation with the Head of Adult Safeguarding. A new course has been developed for both MCA and DoLS that focuses on putting theory into practice.	
Development of an impact framework for adult safeguarding training (all levels) to enable the safeguarding Board to measure the impact of this training on delegate's practice and confidence to respond and report safeguarding concerns.	Bracknell Forest Council Learning and Development Team	Work has been undertaken by Learning and Development to produce an on line survey for delegates managers to completed post course. See section 7 for full details.	
Ratification and implementation of the East of Berkshire Safeguarding workforce development strategy.	Bracknell Forest Council Learning and Development Team	This strategy has been agreed and is now being implemented across the east of Berkshire.	
Thames Valley Police will create a specialist team within the economic crime unit to respond to allegations of financial abuse of adults at risk.	Thames Valley Police	The specialist team is now operational and will focus on high value financial abuse concerning vulnerable victims.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Implementation of PREVENT strategy within the trust. PREVENT is a government initiative to identify and support those who are vulnerable to radicalisation from extremist groups (A scheme is already up and running in Bracknell Forest).	Frimley Park Hospital NHS Trust	The strategy has been implemented across the trust with 200 key personnel being trained in strategy. This will enable people who are vulnerable to radicalisation to be identified and appropriate support offered.	
Thames Valley Probation Trust will expand the availability of the divert scheme within custody suites across Berkshire. The scheme is designed to ensure that people with mental health needs and or, those with drug and alcohol issues are identified at the charging stage and that support and or advice is offered at the earliest opportunity.	Thames Valley Probation Trust	The Divert scheme is now operational across Berkshire. Review of the scheme is positive and the scheme is provide successfully in appropriately diverting people with Mental Health issues or other vulnerabilities away form the criminal justice system and into other support agencies.	
East Berkshire wide developments			
Development of a multi agency performance scorecard that provides information of safeguarding outcomes for a range of agencies.	Bracknell Forest Council is leading on this work stream on behalf of the three safeguarding Boards across the east of the county.	The scorecard has been agreed across all relevant statutory agencies for the east of Berkshire. Further developments for the scorecard are detailed in the business plan for 2013/ -2014.	

Action	Lead agency	Comments	RAG Status R –Target not met G - Target met
Quality and commissioning - review of current practice across the East of Berkshire will be undertaken with regards to quality assurance processes with a view to identifying shared principles.	Slough Borough Council is leading on this on behalf of the three safeguarding Boards across the east of the county.	A task and finish group has been established to oversee this development. The group has established a set of shared principles around care governance and information sharing which will be implemented during 2013-2014	

7. **Bracknell Forest Safeguarding Adults Forum**

7.1 The Forum meets on a quarterly basis and is an information sharing and consultation Forum, which ensures that local stakeholders are engaged in the safeguarding agenda. The Forum has been in operation for four years, and continues to be regarded by local stakeholders as a positive group, which is useful to the local community. The Forum reports to the Bracknell Forest Safeguarding Adults Partnership Board.

7.2 50 people have attended the group over the past year including representatives from:-

- People who use services
- Bracknell Forest Council
- Care Home providers
- Domiciliary Care agencies
- Advocacy organisations
- Thames Valley Hospice
- Independent Hospitals
- Ealing Social Services (Broadmoor High Security Hospital)
- Berkshire Healthcare NHS Foundation Trust
- Thames Valley Police

This was a decrease in attendance compared to previous years. Therefore during 2013/2014 a review of the forum will be undertaken to ensure it meets the need of local stakeholders.

Speakers at the forum have included:-

- The Safeguarding Adults Development Worker provided the Forum with an overview of the **One Community – Stop Hate Crime Now** campaign. The campaign is lead by the community safety partnership. Whilst the Borough has low levels of reported hate crime the campaign aims to raise awareness of hate crime within the borough and inform the public of the where they can receive support if they are the victim of hate crime.
- Be Heard (self advocacy group for people with learning disabilities) updated the forum on the mate crime session they facilitated for adults with a learning disability. The session's aims were to raise awareness of mate crime, encourage people to report mate crime to the police or other agencies and inform support agencies about how they can help people to stay safe.
- The Local Safeguarding Children's Board Business manager attended the forum to talk about the learning from a serious case review (not commissioned by Bracknell Forest LSCB) as there was learning for adult social care from the review.

8. **Care Governance Board (CGB)**

8.1 Adult Social Care, Health and Housing continue to operate a care governance approach, overseen by the Care Governance Board. The Board is focused on supporting local providers of social care and support to provide a high quality

service that meets the needs of individuals and maximises their choice and control. A detailed description of the Council's Care Governance approach is set out in annex A.

- 8.2 Over the period of this report the CGB worked with a range of providers of social care across the borough, including providers of domiciliary care and or residential/nursing care.
- 8.3 Following the identification of concerns a lead officer from Adult Social Care Health and Housing or if appropriate a partner agency e.g. the CCG is identified, and they work with the provider to make the necessary improvements in the standard of support.
- 8.4 It is pleasing to note that following the intervention of the CGB only 2.85 % of providers (1 of 35) were re-referred to the Board during the period of this report. This suggests that the work of the Board has a positive impact on the ability of local provides to provide sustained high quality services to Bracknell Forest residents.
- 8.5 Following an intervention by the CGB providers are encouraged to give feedback on the approach. Of the providers who gave feedback to CGB all commented that the approach was supportive, open and transparent

9. Links to associated safeguarding groups and forums

- 9.1 Adult Safeguarding is a golden thread of many activities for partner agencies. Members of the safeguarding Board are also members of a number of other Boards or forums Annex B sets out the work of the various Boards and forum and the links to the Safeguarding Adults Partnership Board.

10. Training

- 10.1 The three Safeguarding Adults Partnership Boards in the east of Berkshire have a joint workforce development subgroup. This group's aim, is to ensure a consistent level and quality of safeguarding training across the east of the county and to undertake a joint needs analysis for adult safeguarding training on an annual basis.
- 10.2 Following a review of training of adult safeguarding training provision across the east of Berkshire, it has been decided that for organisations providing care and support to adults at risk in Bracknell Forest, as of the 1st April 2013 level 2 and 3 safeguarding training will now be delivered by Bracknell Forest Council. It is felt that this will enable the training to be tailored to local need and embed local learning from experience.
- 10.3 Subsequent to the review of the Mental Capacity Act and Deprivation of Liberty Safeguards training in 2012/2012 a new provider was commissioned to provide master classes to local staff who are engaged in these areas of work. The master classes are focused on implementing the legal framework and relevant case law judgements. The revised training has been running for 6 months and a review of its success will be undertaken during 2013/2014
- 10.4 The Council's Learning and Development team have developed and piloted a post-course online questionnaire to enable analysis of the impact of safeguarding training on delegate' learning as a result of attending training.

The questionnaire is sent to the delegate's manager so that they can comment on the delegates practice since attending the course.

- 10.5 The new methodology was introduced for delegates attending level 1 safeguarding training between September 2012- 31st March 2013. Although the response rate was relatively low at 19% (30 delegates) the outcomes of the surveys were very positive.
- 82% (25 delegates) of delegates managers assessed their staff as being more professional when addressing safeguarding issues after the course (18% (5 delegates) had not identified a change).
 - 77% (23 delegates) of delegate's managers assessed that their staff were more responsive to safeguarding issues following their attendance on the course (23% (7 delegates) had not identified a change).
 - 77% (23 delegates) of delegate's managers assessed their staff as having a greater understanding of what to do would they become aware of a safeguarding issue (23% (7 delegates) had not identified a change).
- 10.6 The new methodology for identifying the impact on delegates will be rolled out to delegates attending all levels of safeguarding training (1, 2 and 3) in 2013/2014.
- 10.7 Table 1 details of the number of course provided throughout the year by Bracknell Forest Council, and the number of delegates attended. The number in brackets identifies delegates from the Private, independent and voluntary (PIV) sector.

Table 1

Course	Total Number of delegates attended (PIV sector)	Number of places available
Deprivation of Liberty Safeguards	16 (6)	30
Safeguarding Level 1	156 (77)	192
Safeguarding Level 2	15 (8)	19
Safeguarding Level 3	11 (5)	18
Safeguarding Best Practice Seminars	55 (6)	60

Course	Total Number of delegates attended (PIV sector)	Number of places available
Mental Capacity Act and DoLS master class	54 (13)	90
Domestic Abuse	20 (6)	40

11. Mental Capacity Act

- 11.1 The Mental Capacity Act came into force in 2007 and sets out the processes by which an assessment of capacity must be undertaken to be legally valid. The associated code of practice sets out guidance for professionals who support people who lack capacity.
- 11.2 The Mental Capacity Act also introduced the role of Independent Mental Capacity Advocates (IMCA).
- 11.3 There are specific circumstances under which Local Authorities must engage an Independent Mental Capacity Advocate (IMCA):
- When considering that a residential care home may be appropriate for an individual who has been assessed as not having the capacity to make this decision, and there are no family or friends available to support them in this decision.
 - When decisions are needed regarding the provision, withholding or stopping of serious medical treatment and there are no family or friends available to support them with this decision.
 - When someone may need to be deprived of their liberty for the purposes of receiving care or medical intervention, and they have no friends or family to support them, or to advise the friends or family.
 - Local Authorities also have a discretionary power to engage an IMCA in Safeguarding Adults investigations even if there are family members or friends involved.
- 11.4 Bracknell Forest Council is a member of the Berkshire Implementation Network (BIN) for the Mental Capacity Act. This group meets on a quarterly basis to share information and agree training for Best Interest Assessors (see 10.3). A pooled budget is in place to commission the IMCA service across Berkshire. The budget is managed by Wokingham Borough Council. The BIN monitors the IMCA contract.
- 11.5 The following two tables set out the referral trends for the IMCA service by both the adult social care teams in Bracknell and Berkshire wide health care providers. It is not possible to say with certainty if the all people who met the threshold for referral were referred, however it has been recognised nationally that further work is required by both health and social care agencies to ensure

that the Mental Capacity Act (and therefore the role of the IMCA) is understood and applied where appropriate, therefore both the Adult Social Care, Health and Housing department and the Clinical Commissioning Group (CCG) will be undertaking quality assurance work in 2013/2014 to provide assurance that local practice is compliant with the MCA.

Adult Social Care IMCA referrals

Referring Team/Service	2012/2013
Mental Health – Older People	2
Mental Health	2
Learning Disabilities	15
Older Persons Teams	10
Safeguarding	1
Supervisory Body, (this is in relation to the responsibilities under the deprivation of Liberty Safeguards)	3
Total	33

NHS/Private Health referrals Berkshire wide

Referring Team/Service	2012/2013
Continuing Care	1
Dental Services	2
Podiatry	1
Prospect Park Hospital (Provided by BHFT)	2
Royal Berkshire Hospital NHS Foundation Trust	3
St Marks Hospital	2
Supervisory Body (this is in relation to the responsibilities under the deprivation of liberty safeguards)	3
Thornford Park Hospital (private)	1
Wokingham Hospital / Barkham Day Hospital	1
Total	16

11.6 Of the 25 IMCA referrals made by NHS partners in Berkshire one referral was regarding a Bracknell resident.

12. Deprivation of Liberty Safeguards (DoLS)

12.1 The safeguards apply to adults in a care home or hospital setting who lack capacity to consent to their stay in the care home or hospital in order to

receive support or treatment, and whose care regime is such that it amounts to a deprivation of their liberty.

- 12.2 There is no legal definition of deprivation of liberty. The question of whether the actions taken by staff or institutions to manage a person safely amount to a deprivation of that person's liberty is ultimately decided on a case by case basis. The DoLS Code of Practice assists staff and institutions in considering whether or not the steps they are taking, or proposing to take, amount to a depriving a person of their liberty. The DoLS give best interests assessors the authority to make recommendations about proposed deprivations of liberty, and supervisory bodies the power to give authorisations to deprive people of their liberty.
- 12.3 It is the role of Best Interest Assessor (BIA) to undertake six assessments, with an appropriately trained Doctor, for the purpose of determining whether the person is being, or needs to be, deprived of their liberty. In relation to Care Homes, it is the responsibility of the Council as Supervisory Body to ensure this happens and that the code of practice is complied with. During the period of this report, where the potential deprivation of liberty is in relation to receiving treatment in hospital, the relevant PCT was the Supervisory body, with responsibility for ensuring compliance. The six assessments are:-
- Age assessment (BIA) – The purpose of the age assessment is to confirm whether the relevant person is aged 18 or over
 - No Refusals assessment (BIA) – The purpose of the no refusals assessment is to establish whether an authorisation to deprive the relevant person of their liberty would conflict with other existing authority for decision making for that person e.g. an advance decision to refuse treatment.
 - Mental Capacity assessment (BIA or Doctor) – The purpose of the mental capacity assessment is to establish whether the relevant person lacks capacity to decide whether or not they should be accommodated in the relevant hospital or care home to be given care or treatment.
 - Mental Health assessment (Doctor) – The purpose of the mental health assessment is to establish whether the relevant person has a disorder within the meaning of the Mental Health Act 1983.
 - Eligibility assessment (BIA) – This assessment relates specifically to the relevant person's status under the Mental Health Act 1983. If they are already detained under the Mental Health Act, DoLS would not be used
 - Best Interests assessment (BIA) – The purpose of this assessment is to establish the following:-
 - whether deprivation of liberty is occurring; and, if so, whether it is the best interests of the relevant person to be deprived of liberty;
 - whether it is necessary for them to be deprived of liberty in order to

- prevent harm to themselves and;
- Whether deprivation of liberty is a proportionate response to the likelihood of the relevant person suffering harm and the seriousness of that harm.

12.4 There were 13 DoLS applications to Bracknell Forest as the Supervisory Body in this reporting year, of which 10 were authorised. The 3 applications that were not authorised resulted in work with the managing authority (care home) setting out the rationale behind the decision not to authorise and what steps they could take to support the individuals appropriately in future. During 2011/2012 Bracknell Forest Council the council received 24 application but only 50% required authorisation. Whilst there has been a decrease in applications received, it is notable that the applications received are more appropriate. This suggests that the work the council has undertaken to support local care home providers to understand their obligations under DoLS has had a positive impact.

12.5 The Health and Social Care Act introduced the transfer of DoLS supervisory body responsibility (the authority that considers and authorises or denies all DoLS applications) from PCTs to Local Authorities for people in hospitals from April 2013. A detailed transfer programme was formulated on a Berkshire-wide basis. Each of the 6 unitary authorities communicated to local health providers what the change in supervisory body meant for them. Bracknell Forest has ensured that the relevant health providers are aware of the transfer and have the contact details within the council should they need to submit a DoLS application.

12.6 The Council has increased the number of Best Interest Assessors to ensure it has sufficient capacity to meet any increase demand in DoLS applications

13. Safeguarding empowerment strategy

13.1 During 2011-2012 the Board developed its empowerment strategy. The strategy had two clear aims:

- To empower all Bracknell Forest residents who may be at risk of abuse or neglect (now or in the future) to be aware of their rights and where to receive help, support and advice.
- To reduce the number of repeat safeguarding referrals

13.2 The Board produced a detailed action plan in order to achieve these aims. The action plan is on track to be delivered by March 2014.

13.3 The Board has made significant steps towards delivering the strategy. The initial focus was on high quality information and advice to local residents about safeguarding and what assistance is available to support adult at risk locally. The updated action plan, which details progress, is available via the Council website. The hyperlink is below

<http://www.bracknell-forest.gov.uk/safeguardingadultspartnershipBoard>

14. Statistical analysis

- 14.1 Annex D provides a detailed analysis of activity during the period of this report. However there are a number of key messages which are highlighted below.
- 14.2 There was a 26% increase in the number of safeguarding alerts (an alert is the first contact Adult Social Care, Health and Housing receives regarding the potential abuse of an adult at risk) compared to 2011/2012. This increase is regarded as positive by the board as it has resulted in more people receiving advice, support and where appropriate safeguarding interventions that previous.
- 14.3 There is evidence that all local statutory agencies are raising safeguarding alerts in increasing numbers, this indicates that the east of Berkshire workforce development strategy is effective.
- 14.4 181 (43%) of alerts required intervention under the safeguarding procedures this was a 4% increase on 2011/2012. The remaining alerts resulted in information, advice or signposting being given to the individual or the person was offered a supported self assessment of their social care needs.
- 14.5 There is evidence that Adult Social Care, Health and Housing are responding to safeguarding alerts in a timely manner as on 154 (85%) occasions a strategy meetings took place within 5 working days. And 147 (78%) of referrals were concluded within 60 days.
- 14.6 71 (39%) referrals were either substantiated or partially substantiated.
- 14.7 On 44 (63%) occasions where abuse was substantiated or partially substantiated it took place in people own home, and 25 (35%) perpetrators were either a family member, a neighbour/friend or another family member.
- 14.8 11 (6%) safeguarding referrals were repeat referral (compared to the national average of 15%) and these related to 7 people.
- 14.9 There is evidence that staff who support the individual when safeguarding concerns are identified, are doing so in a way that supports the person to feel safer as 100 people (98%) who were able to communicate their views commented that they felt safer as a result of the safeguarding intervention.

15. Development plan for 2013 -2014

Developments

Berkshire Healthcare NHS Foundation Trust will :

- Develop internal safeguarding audits to ensure best practice is being used
- Monitor training delivery and ensure that all staff are trained at an appropriate level across services
- Develop a Mental Health Safeguarding Adult champions group across the trust
- Review current Safeguarding Adult reports to identify areas for improvement
- Explore strategies to increase individual involvement and participation in safeguarding adults policies and procedures

Bracknell and Ascot CCG will ensure that:

- GP registers setting out patients who are admitted to, and discharged from NHS funded placements are accurate.
- The CCG works closely with local authority colleagues to ensure that joint health and social care reviews and discharge planning is provided where needed.
- All people whose support is funded by the NHS receive an annual review
- The CCG contributes to the self-assessment framework to support local agencies to measure and benchmark progress
- The CCG continues to participate in the monitoring arrangements for the agreed Winterbourne Action Plan

Developments

Bracknell Forest Adult Social Care, Health and Housing will:

- Review the Safeguarding Forum to ensure that it continues to meet the needs of stakeholders
- Monitor safeguarding issues within the care home sector and provide 6 monthly reports to the board detailing issues identified and action taken.
- Undertake research into the possible benefits of developing a model of 'family group conference' across Adult Social Care Health and Housing.
- Monitor and evaluate the advocacy contract and guidance in relation to Bracknell Forest Council's Advocacy Policy and Best Practice Safeguarding guidance.

Bracknell Forest Adult Social Care, Health and Housing and Bracknell in partnership with Bracknell and Ascot CCG will:

- Jointly develop systems with the CCG to identify and work with providers of health and social care who are not meeting their contractual requirements for safety and welfare in order to improve the standard of support provided to local people.
- Jointly monitor the number of Deprivation of Liberty applications requested by health providers, and take action where there appears to a lower than expected number of applications by health care providers.
- Develop and deliver a Quality Assurance Programme for Adult Social Care, Health and Housing and the CCG commissioned services in relation to compliance with the Mental Capacity Act.

Bracknell Forest Adult Social Care, Health and Housing, in partnership with West London Mental Health Trust, and London Borough of Ealing will:

- Develop a memorandum of understanding between Bracknell Forest Council, West London Mental Health Trust and the London Borough of Ealing in relation to the governance and management of safeguarding arrangements within Broadmoor Hospital

Developments

Bracknell Forest Council Learning and Development Team will:

- Implement the revised methodology for gathering post-training impact assessment to delegates attending levels 1, 2 or 3 safeguarding training.

Bracknell Forest Safeguarding Adults Partnership Board will:

- In partnership with the Local Safeguarding Children's Board (LSCB) develop a common framework for supporting the third sector to increase aware of safeguarding and further develop practice in this area.
- Disseminate relevant guidance on the Disclosure and Barring service to all relevant local organisations
- Monitor local responses to the learning from the winterbourne view serious case review and the learning from the Francis report.
- Review the Safeguarding Adults Partnership Board's structures, function and membership in light of the Care Bill and the proposed statutory nature of the Board.
- Fully implement the Safeguarding Empowerment Strategy to enable people to safeguard themselves and feedback on people's experiences of the process
-

Royal Berkshire Fire and Rescue service will:

- Continue to make improvement in the use of Mosaic data and similar risk profiling tools, to better identify adults at risk.
- Embed understanding of mental capacity and consent more widely.
- Ensure that all prevention developments are subject to Integrated Risk Management Plan review and confirmation of managerial appointments.

Developments

Thames Valley Police will:

- Increase training for frontline officers in identifying adults at risk, ensuring that investigations are conducted in a timely fashion. This will include multi-agency working and responsibilities in safeguarding meetings and other professionals meetings, as well as educating officers in appropriate signposting to other agencies where the adult does not meet the 'No secrets' threshold but would benefit from a level of support.
- Further training for officers within DAIU dealing with Safeguarding incidents
- Ensure investigating officers understand their obligations in updating the adult victim, or agency responsible for an adult at risk or other responsible party acting in the best interests of the adult. Further improvements in information sharing.

Thames Valley Probation Trust will:

- A review will be undertaken on the referrals made to Divert scheme to ensure that they best practice is being implemented and that the right interventions are offered.

West London Mental Health Trust will:

- Continue the development and implementation of the Mental Capacity Assessment tool that takes account of 'situational' capacity. This will be accompanied by a protocol to assist clinicians and practitioners within the hospital. The protocol will be submitted to the Board for comment.
- Detailed Mental capacity will be developed and provided to all staff whose role it will be to undertake capacity assessments.
- Develop a safeguarding link within categories of security information reports which are intelligence rather than incident based.
- A large Trust-wide conference concerning Safeguarding Adults has been planned for 17 May, and will include presentations about the Francis Inquiry and Winterbourne View.

Developments

- Continue to work with the Department of Health investigation team into the past behaviours of Jimmy Saville and are providing reassurance that the procedures for safeguarding adults and children and the recruitment of volunteers is now robust in relation to safeguarding.

East Berkshire wide developments

RBWM will (in conjunction with Slough BC and BFC)

- Review the delivery of level 2 and 3 adult safeguarding training.

Slough Borough Council will (in conjunction with RBWM and BFC) will:

- Further develop and implement shared principles to managing quality in the care market across the east of Berkshire.

Bracknell Forest Council (in conjunction with SBC and RBWM) will:

- Refine the east of Berkshire performance scorecard to incorporate baseline performance indicators where appropriate.

Care Governance Board

The Council's Care Governance Board meets monthly to share, discuss and agree actions in relation to information received both internally and externally regarding providers of services. The Board receive information from a range of sources including:

- CQC reports and regulatory letters/information
- Other Local Authorities
- Safeguarding Alerts and or referrals
- Requests and authorisations for deprivation of liberty safeguards
- Quality assurance visits completed by Adult Social Care Contracts team
- NHS partners
- Providers of services

The Board considers each 'referral' on its own merits and decides what action, if any, is required. Where appropriate an action plan will be developed in partnership with the provider that identifies the actions required and the timescales for completion. The Board also decides on the level of concern against the criteria detailed below.

A **red flag** indicates a possible high risk to people using that service and no new packages will be commissioned whilst the concerns are being resolved. All individuals receiving support via BFC will be reviewed, and other relevant local commissioning organisations (Local Authorities and NHS) informed. A robust action plan will be developed with the provider and monitored.

An **amber flag** indicates a medium risk and will indicate that there is a robust action plan and monitoring regime in place. The commissioning of packages may be agreed after a risk management plan has been completed. As with services where the degree of caution necessitates a red flag, action plan updates and review outcomes will be shared at Care Governance Board and decisions made as to caution status.

A **green flag** indicates a low or no risk and will be given when the Chief Officer and Care Governance Board are satisfied that all quality issues and concerns have been addressed. All service providers where there have been no concerns will automatically have a green flag status.

Links to associated safeguarding groups and forums

Multi Agency Risk Assessment Conference (MARAC)

A MARAC is convened on a monthly basis and is chaired by Thames Valley Police; a range of statutory partners attend the MARAC. The MARAC is focused on supporting high risk victims of Domestic Abuse, and reducing repeat incidents of domestic abuse. The MARAC follows the guidance set out by the Coordinated Action against Domestic Abuse (CARDA) and the Association of Chief Police Officers (ACPO)

During 2011-2012 there were 1641 reported incidents of domestic abuse in Bracknell Forest of these 662 were repeat incidents (these figures have been produced by the Community Safety Partnership). Plans are in place to reduce the number of repeated incidents of domestic abuse by 2% by 31st March 2013 (compared to 31st March 2012). It should be noted that these figures are for all incidents of domestic abuse not just incidents where an adult at risk (Berkshire Safeguarding procedures definition) is the victim.

Multi Agency Public Protection Arrangements (MAPPA)

MAPPA are established by statute and have clearly defined responsibilities. The MAPPA focus is on the management of registered sex offenders, violent and offenders who pose a serious risk of harm to the public. Adult Safeguarding is represented at the MAPPA to ensure that where appropriate offenders who may pose a risk to vulnerable members of our community are identified and management plans put in place.

Domestic Abuse Forum

The focus of the Domestic Abuse forum is to increase public awareness and improve services to those experiencing domestic abuse. This will include adults at risk. The Forum comprises local partner agencies, both statutory and voluntary sector.

South East regional Safeguarding Network

The network is part of the Association of Directors of Adult Social Services (ADASS) policy network. The regional safeguarding network aims to both influence and learn from national policy developments. Over the past year ADASS has reviewed its policy networks and the safeguarding regional network has become more focused on working collaboratively with other policy networks (most notably personalisation and commissioning) to work on cross cutting issues and therefore mainstreaming safeguarding activity into other ADASS policy areas to achieve the best outcomes for people using social care services.

Berkshire Safeguarding Policy and Procedures

In June 2010 the Berkshire Safeguarding Policy and Procedures went live 'on line'. The on line version is provided by Tri-X. Bracknell Forest hosts the contract for the 4 Adult Safeguarding Boards of Berkshire. The procedures are now more accessible to professionals, providers and members of the public. There is an editorial group in place that ensure the procedures are updated every 6 months

The procedures are available via this hyperlink
<http://berksadultsg.proceduresonline.com/index.htm>

Local Safeguarding Children's Board (LSCB)

The Adult Safeguarding Partnership Board is represented on the Local Safeguarding Children's Board via the Head of Adult Safeguarding. The two Boards have identified areas of commonality and the Board continues to be represented on the LSCB raising awareness sub group. The aim of this collaboration is to ensure that clear messages about the safeguarding of both children and adults at risk are disseminated to all local stakeholders appropriately.

BRACKNELL FOREST SAFEGUARDING ADULTS PARTNERSHIP BOARD ATTENDANCE 2012 - 2013

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
LSCB	0%	50%	A	P	P	A	P	A
South Central Ambulance Service	0%	0%	A	DNA	DNA	DNA	DNA	DNA
Heatherwood & Wexham Park NHS Foundation Trust	0%	0%	DNA	DNA	A	DNA	A	DNA
Carers UK	25%	0%	P	P	DNA	A	DNA	DNA
Bracknell Forest Council – Learning and Development	25%	50%	A	A	A	P	P	P
BFC - Housing Strategy & Needs	25%	33%	P	A	DNA	DNA	DNA	P
West London Mental Health Trust (Broadmoor Hospital)	25%	67%	A	A	P	P	P	P
NHS Berkshire	50%	32%	DNA	P	P	A	A	DNA
Berkshire Healthcare NHS Foundation Trust (CAMHS)	50%	17%	A	N/A	N/A	DNA	DNA	P

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
Thames Valley Probation Trust	50%	33%	A	P	A	P	A	A
Bracknell Forest - LINKs	50%	0%	DNA	A	A	A	DNA	DNA
Berkshire Care Association	75%	67%	P	A	A	P	P	P
Berkshire Healthcare NHS Foundation Trust	75%	83%	A	P	P	P	P	P
Director of Adult Social Care, Health and Housing - BFC	75%	67%	P	P	A	A	P	P
Bracknell Forest Council - Community Safety Team	75%	83%	P	P	P	A	P	P
Thames Valley Police	75%	67%	A	P	A	P	P	P
Bracknell Forest Council – Legal Service	75%	33%	DNA	P	A	DNA	A	P
Bracknell Forest Voluntary Action	100%	50%	P	P	A	DNA	DNA	P
Bracknell Forest Council – Adult Social Care, Health and Housing	100%	100%	P	P	P	P	P	P
Frimley Park Hospital	N/A	33%	DNA	DNA	P	P	A	A

Organisation	2011/2012 % attendance	2012/2013 % attendance	30 MAY 2012	16 JULY 2012	18 SEPT 2012	19 NOV 2012	14 JAN 2013	18 MARCH 2013
Bracknell and Ascot CCG	N/A	100%	N/A	N/A	N/A	N/A	N/A	P

Key

DNA - Did Not Attend, no apologies received

A - Apologies received in advance of meeting

P – Present at meeting

N/A - Not applicable as organisation was not a member of the Board at the time of the meeting.

Detailed statistical analysis of safeguarding activity during 2012/2013

1. Introduction

- 1.1 Alerts are defined as a concern that an adult at risk may have been, is, or might be, a victim of abuse. Not all alerts will require intervention under the safeguarding procedures. It should also be noted that where an alert does not meet the threshold for intervention under the safeguarding procedures, support, advice and or signposting will be given to the person making the referral.

2. Alerts

Number of all alerts and number of all referrals for Bracknell in 2012/13

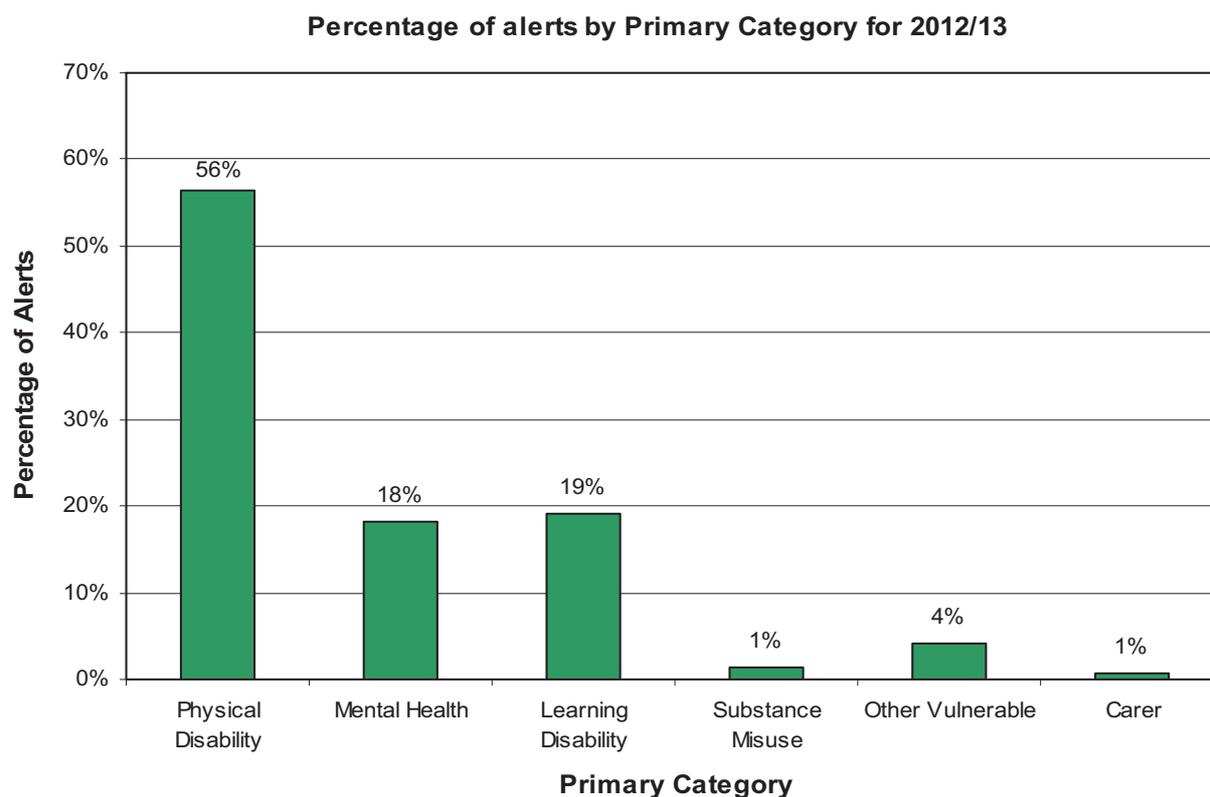
- 2.1 During 2012/2013, Bracknell Forest Council received 425 safeguarding alerts; this was an increase of 26% compared to 2011/2012. Whilst it is not possible to say what has contributed the increase, there continued to be an increase in alerts raised by Thames Valley Police and Berkshire Healthcare Foundation NHS Trust, both of whom continue to undertake a significant amount of staff training. The increase in alerts is seen by the board as a positive as it gives agencies the opportunity to provide information and advice and where appropriate support to adults at risk, who might not otherwise have received it.
- 2.2 Table 1 identifies that 181 (43%) of the alerts received during the reporting period met the threshold for intervention under the safeguarding procedures; this is a 4% increase on 2011/2012.

Table 1

	Bracknell
Alerts	425 (51)
Referrals	181 (22)
% of alerts progressing to referral	43%

- 2.3 Table 2 identifies the percentage of alerts by care group. The care groups that have seen the largest increase in the number of alerts were learning disability (+3%), Mental Health (+5%) and 'other vulnerability' (+3%). Monthly monitoring takes place within Adult Social Care, Health and Housing to ensure that any changes in trend are identified and where necessary appropriate action is taken.

Table 2



- 2.4 Table 3 identifies the number of and percentage of alerts that required intervention under the safeguarding procedures and therefore progressed to a safeguarding referral by Care Group.
- 2.5 The three main care groups are broadly in line with the overall percentage of 43%. Although 55% (29 people) of alerts related to an adult with a learning disability progressed to a referral is higher than the overall average by 12%, this is not of concern and is an improvement on the 2011/2012 performance when 80% of alerts regarding an adult with a learning disability progressed to a referral. The change is thought to be due to increased staff training and increased understanding of the threshold for intervention under the safeguarding procedures.
- 2.6 In the 'other vulnerability' care group only 11% (2 people) of alerts required intervention under the safeguarding procedures, this is due to the person the alerts related to not meeting the definition of adult at risk, however support was offered under the "supporting people who choose not to engage" protocol.

Table 3

Care Group	No. of Alerts	No. of Referrals	% of alerts progressing to referrals
Physical Disability (including older people)	239	104	44%
Mental Health	77	29	38%
Learning Disability	82	45	55%
Substance Misuse	6	0	0%
Other Vulnerable	18	2	11%

Carer	3	1	33%
Total	425	181	43%

- 2.7 Tables 4 and 4A identify the percentage of all alerts received by age and gender. The tables identifies that 213 people aged 75 and over equate for 50% of all people subject to a safeguarding alert. When the gender of people subject to a safeguarding alert is analysed it identifies that 259 women represent 61% of referrals and 166 men equate to 39% of all safeguarding referrals.

Table 4 and 4A

	Female	Male	Total
18-64	21.2%	15.5%	36.7%
65-74	7.5%	5.9%	13.4%
75-84	14.8%	8.0%	22.8%
85+	21.9%	5.2%	27.1%
Total	65.4%	34.6%	

- 2.8 Table 5 identifies that the three main statutory agencies within Bracknell Forest, in safeguarding terms (Adult Social Care, the NHS and Thames Valley Police) raised 281 alerts (66%) in 2012/2013. This suggests that the training that these organisations have undertaken in the last year has had a positive impact. Furthermore 68 alerts (16%) came from members of the public (self referral, family, friends etc) again this indicates that the work the Board has done this year to raise awareness has had an impact. This work has included distribution of leaflets/posters, promotion of safeguarding on agency websites etc.
- 2.9 With regard to the percentage of alerts that progress to referral, again the three main statutory agencies contribute to 66% of this total with members of the public contributing 19% to the total.
- 2.10 Where an alert does not meet the threshold for intervention under the safeguarding procedures, support and advice will be offered to the person raising the alert and where appropriate the individual at the centre of the alert will be offered an assessment of their needs.

Table 5

	No. of Alerts (% of all alerts)	Number of referrals (% of all referrals)	Percentage of alerts progressing to referral
Care Quality Commission	5 (1%)	0 (0%)	0%
Education / Training / Workplace Establishment	3 (0.7%)	1 (0.5%)	33%
Family Member	35 (8%)	21 (12%)	60%
Friend / Neighbour	5 (1%)	1 (0.5%)	20%
Health Staff	114 (27%)	48 (27%)	42%
Housing	14 (3%)	8 (4%)	57%
Other i.e. leisure services, probation, other Council departments.	50 (12%)	19 (10%)	38%
Another Adult at Risk	2 (0.4%)	1 (0.5%)	50%
Police	53 (12%)	17 (9%)	32%
Self Referral	31 (7%)	10 (6%)	32%

Social Care Staff	113 (27%)	55 (30%)	49%
Total	425	181	43%

- 2.11 Table 6 compares the ethnicity of people who were the subject of a safeguarding referral compared with the local population. The figures identify that the ethnicity of those subject to a referral is broadly in line with the local population. However the board will continue to work with all local communities to ensure that the key safeguarding messages are available to all communities.

Table 6

	Bracknell	Local Population
White	93%	91%
Mixed	0%	2%
Asian	2%	5%
Black	0%	2%
Other	1%	1%
Declined	1%	0%
Not Recorded	2%	0%
Total	100%	100%

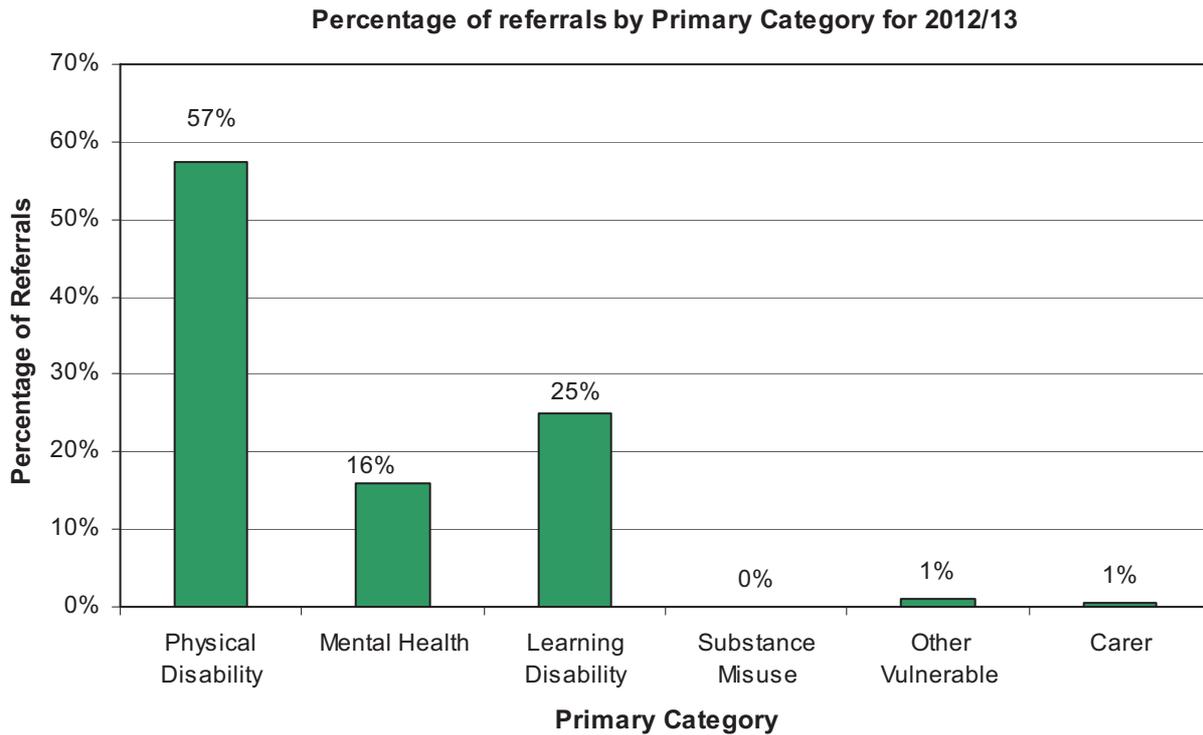
3. Referrals

- 3.1 Table 7 and 7A identify the number and percentage of referral by Care Group.

Table 7

Care Group	No. of Referrals	Percentage
Physical Disability (including older people)	104	57%
Mental Health	29	16%
Learning Disability	45	25%
Substance Misuse	0	0%
Other Vulnerable	2	1%
Carer	1	1%
Total	181	100%

Table 7A



3.2 Table 8 identifies that only 6% of referrals are repeat referrals (where the person concerned has two safeguarding referrals about their circumstances within the report year). An analysis of the 12 repeat referrals indicated that the subsequent issue could not have been predicted.

Table 8 Percentage of repeat referrals

Number of referrals	181
Number of repeats	11
Bracknell Total	6%

3.3 Table 9 identifies the percentage of people subject to a safeguarding referral who were known to Adult Social Care at the time of their referral. The information indicates that 387 (91%) people were already known to adult social care.

Table 9

Number of Referrals	181
Known to BFC	164
Bracknell	91%

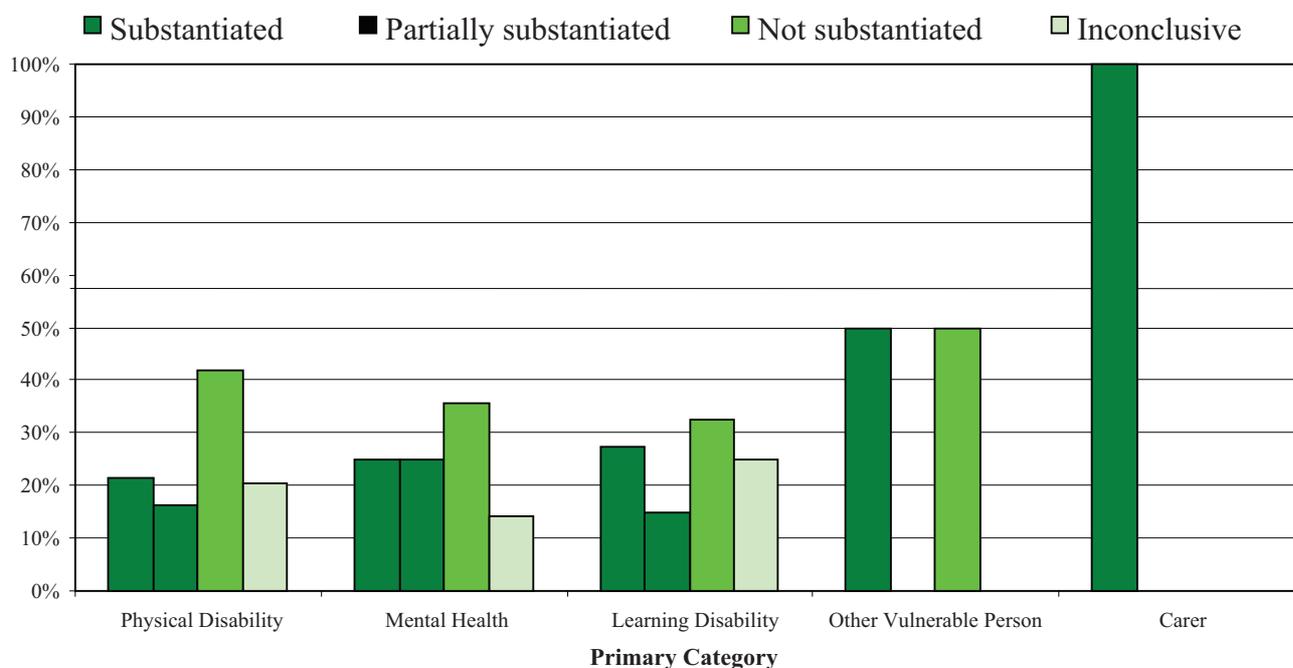
4. Outcome of the safeguarding assessment

4.1 Tables 10 and 10A identifies that 70 (39%) safeguarding assessments concluded that abuse was substantiated or partially substantiated. 65 referrals (38%) were not substantiated. It should be noted that there remains a small number of referrals have not been concluded yet which is why this table does not total 181. Adult Social Care, health and housing staff use the balance of probabilities when deciding the abuse is substantiated, not substantiated, partially substantiated or inconclusive.

4.2 Table 10 and 10A percentage of completed referrals by outcome of safeguarding assessment by care group

	Physical Disability (%)	Mental Health (%)	Learning Disability (%)	Other Vulnerability (%)	Carer (%)	TOTAL (%)
Substantiated	21 (21%)	7 (25%)	11 (28%)	1 (50%)	1 (100%)	41 (34%)
Partially substantiated	16 (16%)	7 (25%)	6 (15%)	0	0	29 (17%)
Not substantiated	41 (42%)	10 (36%)	13 (33%)	1 (50%)	0	65 (38%)
Inconclusive	20 (20%)	4 (14%)	10 (25%)	0	0	34 (20%)
TOTAL	98	28	40	2	1	169

Outcomes of safeguarding episodes in 2012/13 by Primary Category



5. Detailed analysis of outcomes where abuse was substantiated or partially substantiated

5.1 Table 11 and identifies that on 63% of abuse took place in the person's own home. Furthermore 15% (11 referrals) of abuse took place in a care home (both care homes and care homes with nursing) this is a 4% reduction compared to 2011/2012.

Table 11 - Location of the abuse – where the outcome of the referral was substantiated or partially substantiated

	Total (%)
Alleged Perpetrator's Home	4 (6%)
Care Home	5 (7%)
Care Home with Nursing	6 (8%)
Other	4 (6%)
Own Home	44 (62%)
Public Place	6 (8%)
Supported Accommodation	1 (1%)
Total	70

6. Relationship between the adult at risk and perpetrator

- 6.1 Table 12 shows that 25 (36%) perpetrators were the partner, family member or neighbour/friend of the individual. This is a reduction of 15% compared to 2011/2012. This suggests that agencies that support adult at risk may be successfully working with people and their families to prevent incidents of abuse, by providing appropriate advice and support to reduce the risk of abuse. 20 (29%) perpetrators were either health or social care staff; this includes nursing staff, social care staff working in care homes and domiciliary care services. This is a reduction of 16% compared to 2011/2012, this suggests that local providers of care and support are working well to ensure their workforce is able to provide a safe high quality service. This may also be influenced by the Councils approach to Care Governance.

Comparative data not available

Table 12 relationship between the adult at risk and the perpetrator – where the outcome of the referral was substantiated or partially substantiated.

	Total (%)
Health Care Worker	6 (9%)
Neighbour / Friend	5 (7%)
Not Known	3 (4%)
Other	11 (16%)
Other Family Member	13 (19%)
Other Professional	5 (7%)
Another adult at risk	3 (4%)
Partner	7 (10%)
Social Care Staff	14 (20%)
Stranger	3 (4%)
TOTAL	70

7. Category of abuse

- 7.1 Due to the low number of substantiated and partially substantiated referrals it is not possible to provide detailed analysis of themes and trends. However, neglect is the highest represented category followed by physical and then financial and emotional abuse. There has been a 19% increase in the number of substantiated or partially substantiated referrals of neglect. This increase is often linked to financial abuse where by a family member has not supported their relative to access support due to concerns about having to contribute towards

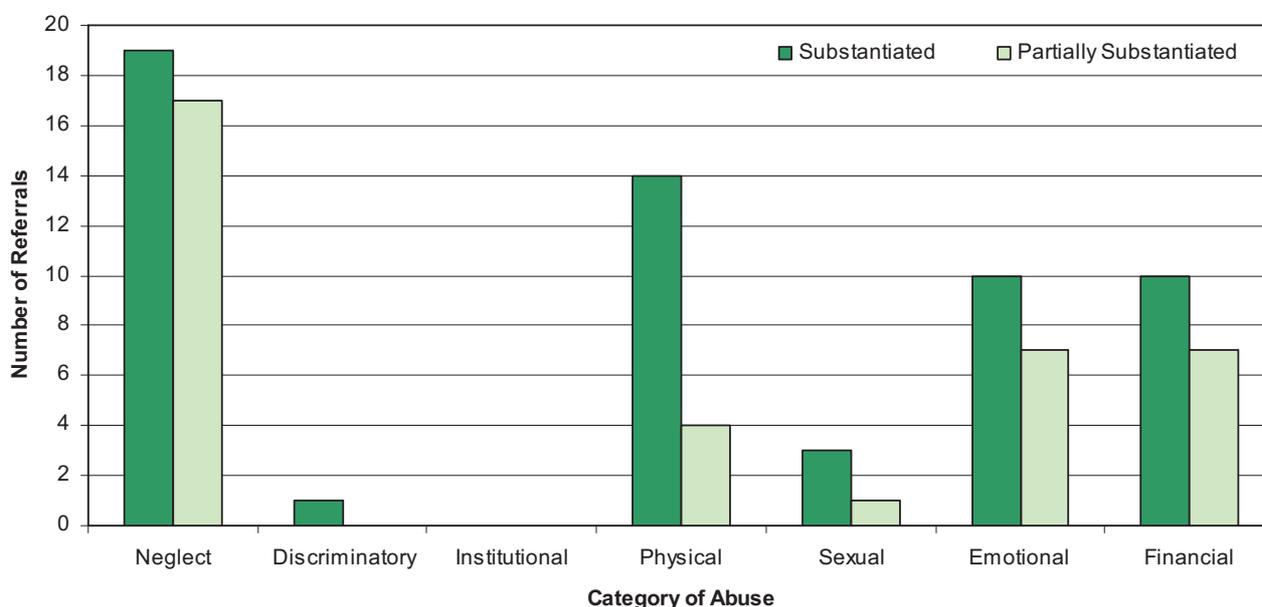
the support arrangements. It should be noted that an individual may be subjected to more than one type of abuse.

Table 13 and 13A - Number of referrals by category of abuse where the outcome was substantiated or partially substantiated in 2012/13

Please note: More than one category of abuse can be recorded

	Total (%)
Neglect	36 (39%)
Discriminatory	1 (1%)
Institutional	0 (0%)
Physical	18 (19%)
Sexual	4 (4%)
Emotional	17 (18%)
Financial	17 (18%)
Total	93

Number of referrals by category of abuse where the outcome was Substantiated or Partially Substantiated



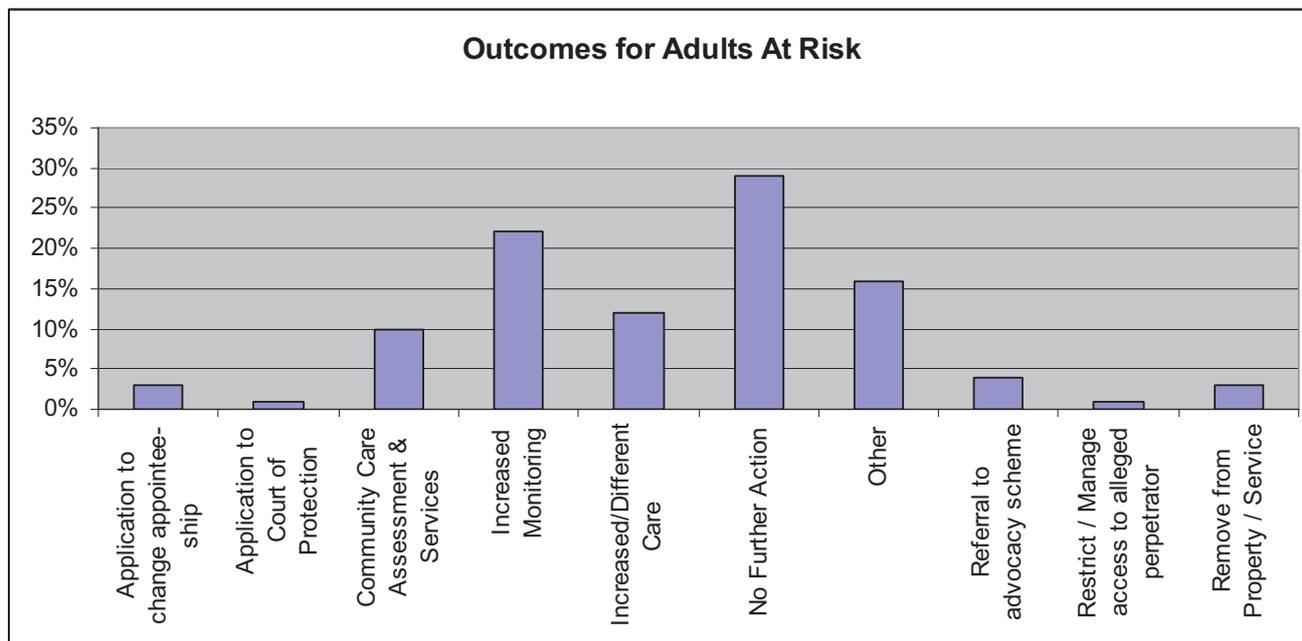
8. Outcomes for the adult at risk and the perpetrator

- 8.1 Chart 14 shows the range of outcomes for adults at risk and perpetrators where abuse was substantiated or partially substantiated. Given the range in needs for adults at risk it is unsurprising that there is a range of outcomes identified. It is encouraging to note that changes were made to support arrangements for the adult at risk (Assessment and services, increased monitoring and increased/different care) on 40 (44%) occasions. Whilst no further action was taken on 26 occasions (29%) of substantiated or partially substantiated referrals,

this will be due to the individuals wish or the fact that the individual disengaged with the safeguarding assessment.

8.2 Chart 14 - Outcomes for the adult at risk where the abuse was substantiated or partially substantiated.

Please note: more than one outcome can be selected for the adult at risk and the perpetrator

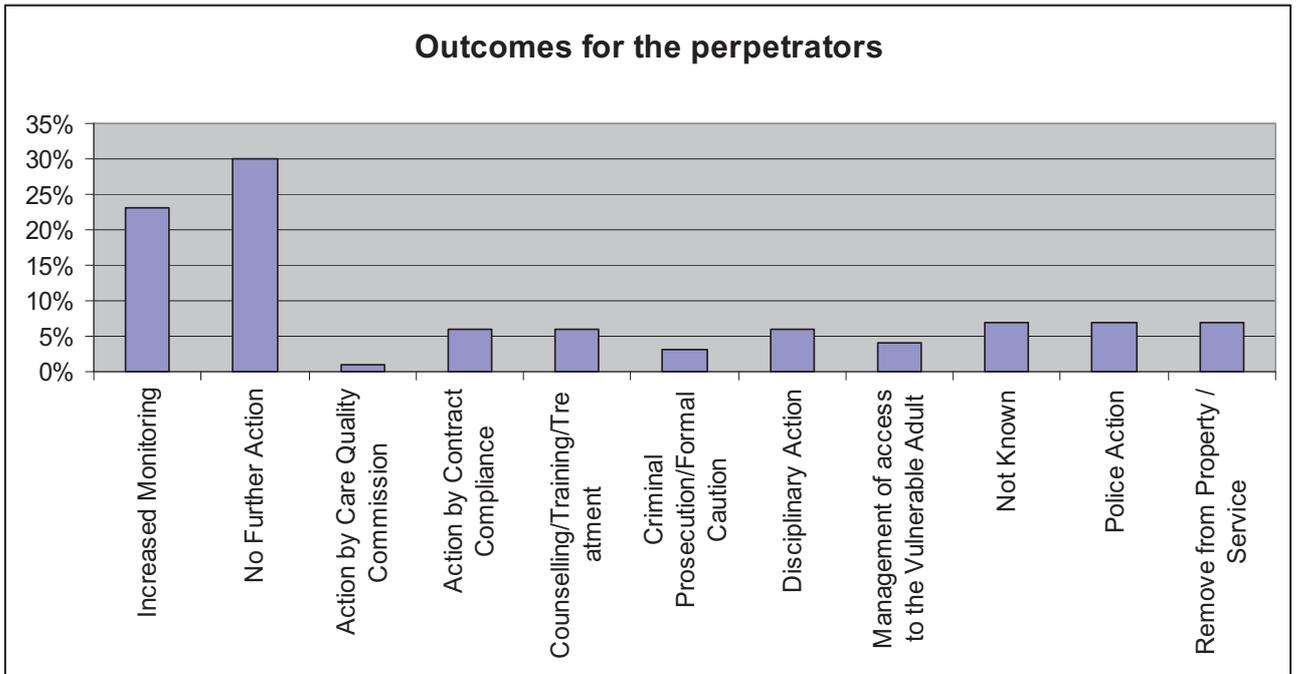


8.3 Chart 15 shows the range of outcomes for the perpetrator. 21 (30%) of substantiated or partially substantiated referral resulted in No Further Action for the perpetrators, this was a result of

- no agencies having powers to impose action on the perpetrator, or
- the adult at risk's decision that no further action should be taken as it may jeopardise a personal/family relationship.

It is positive to note that 6 occasions (9%) the police took action i.e. interviewed, prosecuted or gave a formal caution, and on 4 (6%) of occasions the employer of the perpetrator took action under their HR policies.

Chart 15

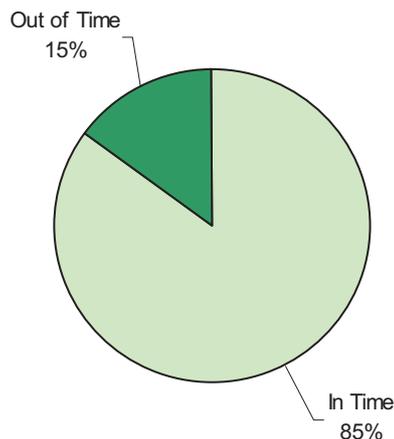


9. Timeliness of response

9.1 Chart 16 identifies that a strategy meeting was held within 5 working days on 154 occasions (85%). This of the remaining 27 occasions the strategy meeting was held within 6 days on 12 occasions and the longest period for a strategy meeting to take place was 9 days and this was due to a key partner agency not being available. However all necessary immediate safeguarding steps had been taken prior to the meeting.

Chart 16 - percentage of referrals that had a strategy meeting held within 5 working days of the alert

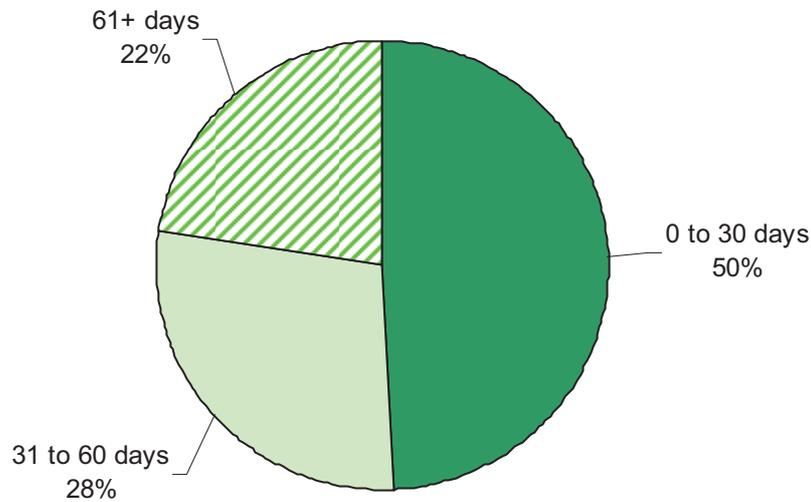
Percentage of referrals where the strategy meeting was held within 5 days



9.2 Chart 17 identifies the length of time it takes to conclude the safeguarding assessment. Whilst there is no national baseline to compare local practice to, it is best practice to conclude the safeguarding assessment at the earliest opportunity. Therefore it is indicative of good practice that 91 (50%) of the safeguarding referrals were completed within 30 days of the alert being raised and that 141 (78%) were completed within 60 days. The remaining assessments were unable to be completed within 60 days due to a number of reason e.g. – awaiting criminal or civil investigation, waiting for the employer to conclude a management investigation or the assessment is ongoing.

Chart 17

Number of days to complete safeguarding referrals



9.3 Table 18 identifies that on 395 (93%) of occasions following the receipt of a safeguarding alert the assessment and protection plan has been completed within the year. This is a further indication of strong practice across the Adult Social Care, Health and Housing department.

Table 18

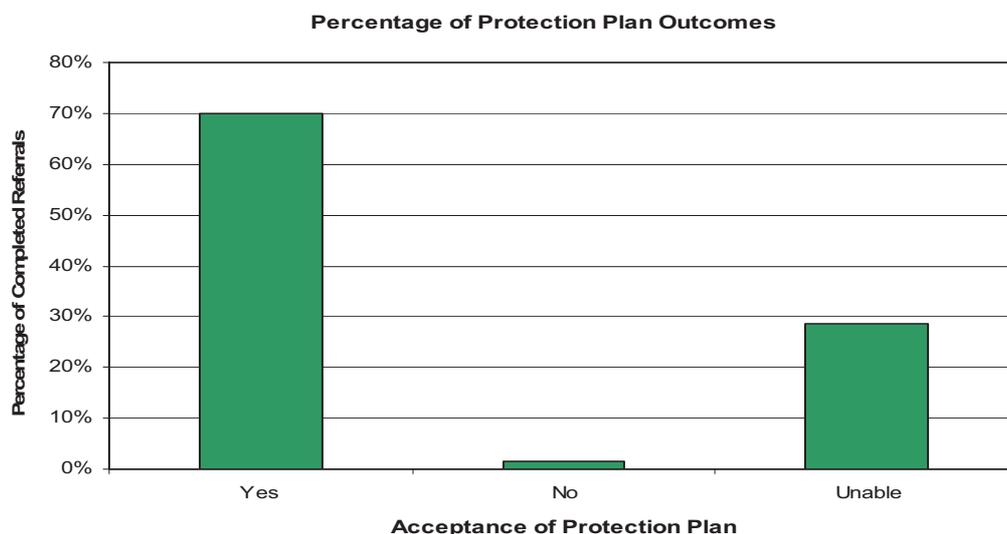
Number of Referrals	181
Number completed in year	169
Percentage	93%

10. Qualitative feedback

10.1 In order to have a rounded view of performance and practice in adult safeguarding work, it is important to use qualitative information in addition to quantitative information. Therefore adult social care, health and housing have developed a questionnaire which people are supported to complete (if they wish to), to identify their views on the practice of staff within the department. The following three qualitative data sets are the pertinent results of the questionnaires.

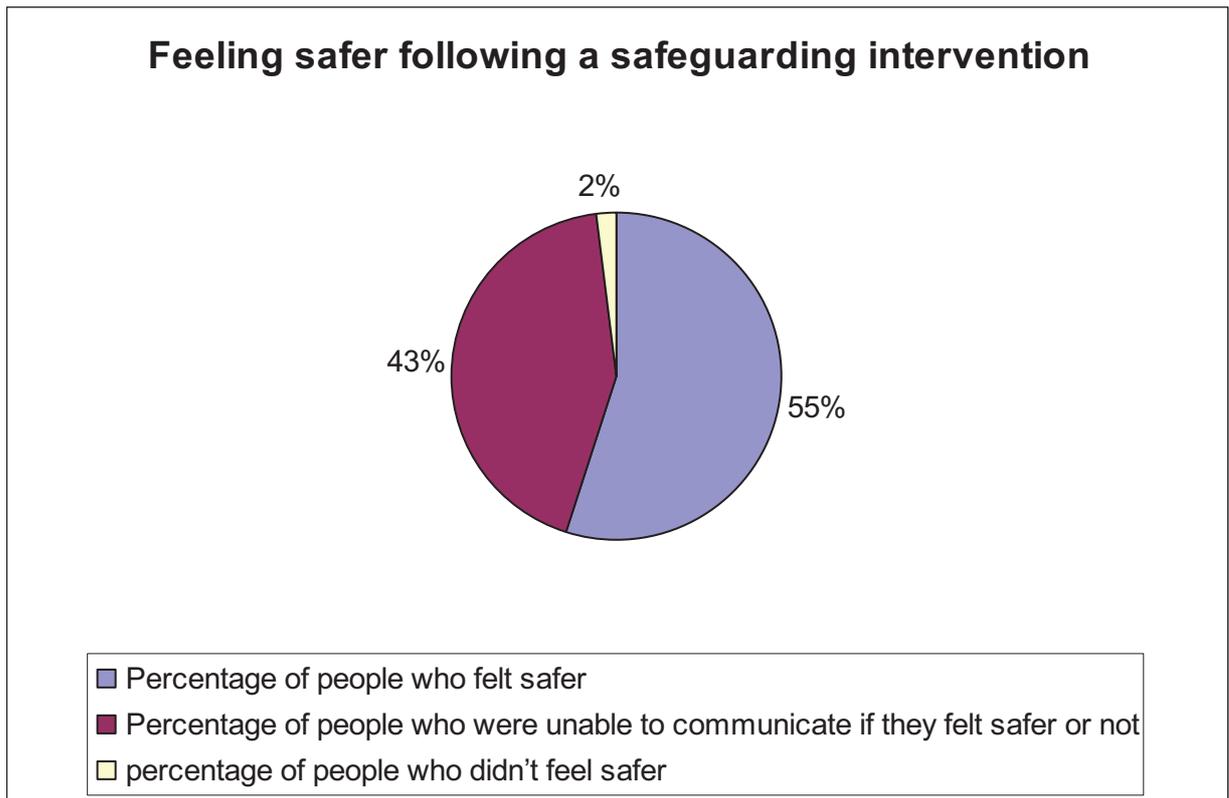
10.2 Chart 19 identifies that 93 people (98%) who were able to comment stated that they were in agreement with their protection plan. This indicates that practitioners within the Adult Social Care, Health and Housing department are working in partnership with the adult at risk to develop protection plans that are in line with their wishes. Furthermore where the person is unable to indicate their wishes, practitioners will work with an advocate, IMCA or a family member (where appropriate) to ensure that the protection plan is developed in line with Mental Capacity Act principles.

10.3 Chart 19 - Acceptance of a protection plan



10.4 Chart 20 shows that 98% of people (93 people) subject to a safeguarding referral (regardless of outcome) and who were able to comment, stated that they felt safer as a result of the intervention. 73 (43%) people were unable or unwilling to communicate their views. Where a person was unable to communicate their views the practitioner would have worked with a family member, advocate or IMCA to ascertain the views, however that person would not have been able to indicate if the person felt safer or not. The 3 people (2%) of people who did not feel safer as a result of the safeguarding intervention chose not to take the advice and support provided by the social care team.

Chart 20

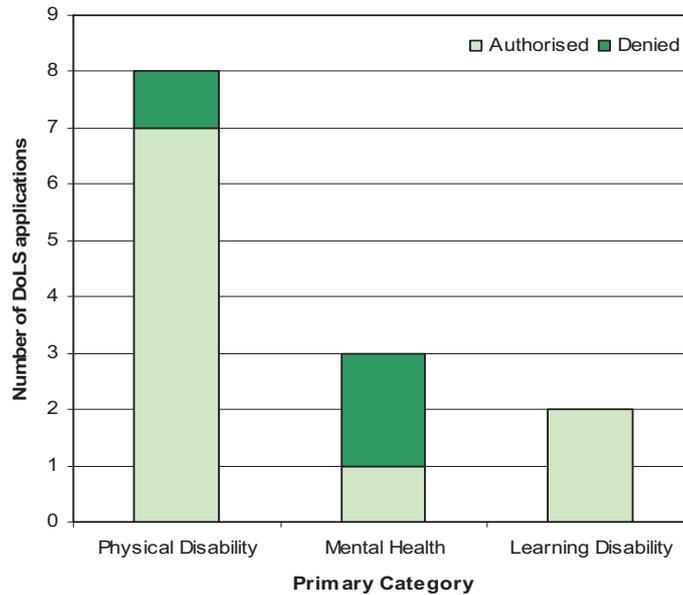


11 Deprivation of Liberty Safeguards (DoLS)

- 11.1 Table 21 shows that 8 (62%) of application related to an individual who primary need for support was due to a physical disability. However each person also had a diagnosis of dementia as did the three people within the Mental Health care group. Therefore dementia was a contributing factor in 11 (85%) of application.
- 11.2 Whilst there has been a decrease in the number of DoLS application compared to 2011/2012 (24) the percentage of application that were approved has increased from 50% in 2011/2012 to 77% for 2012/2013. This increase suggests that Care Homes are better placed to identify when someone may be being deprived of their liberty and therefore submit an application to Adult Social Care, Health and Housing.

Table 21 - Number of DoLS application by care group and whether the application was granted or denied.

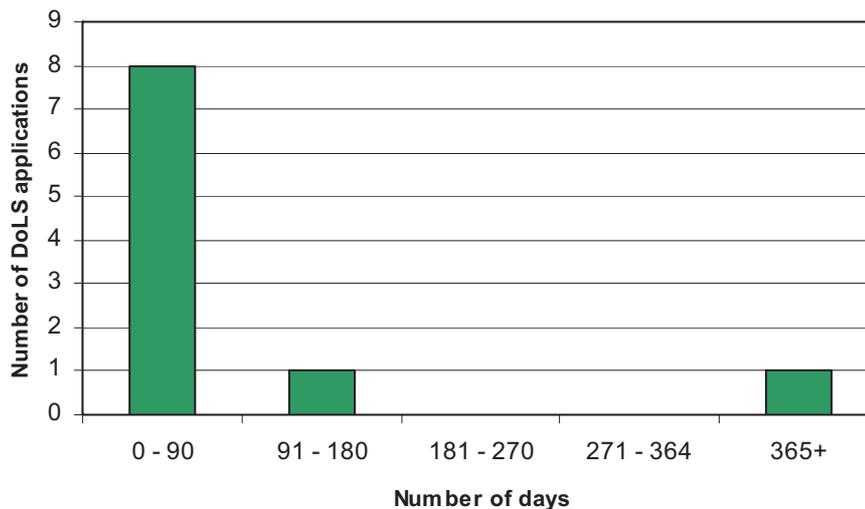
Number of DoLS applications by Primary Category
Total for 2012/13



11.3 Chart 22 identifies the length of time the DoLS authorisation was granted for. The DoLS code of practice states that the authorisation should be granted for the shortest time possible and that the managing authority (care home) should work toward reducing the restriction on the person where ever possible. It is therefore practice within the department to give consideration to a short authorisation following an initial application and work with the home to see if the restriction can be removed within the timeframe of the authorisation. However on some occasion this is not possible and a longer authorisation is required to ensure the safety and welfare of the individual.

Table 22

Number of authorised DoLS application length in days



11.4 At the 31st March 2013 there were 4 people subject to a deprivation of liberty authorisation, granted by Bracknell Forest Borough Council.