



Bath & North East Somerset
Local Safeguarding Children Board

Bath & North East Somerset Joint Safeguarding Newsletter Summer 2019

Welcome to the B&NES Local Safeguarding Childrens Board (LSCB) and Local Safeguarding Adults Board (LSAB) joint newsletter.

In this issue:

- The New Bath and North East Somerset Community Safety and Safeguarding Partnership.
- The New Bath and North East Somerset CS&SP Threshold Document: Assessing Risk, Impact and Needs of Children and Young People in B&NES
- The Mental Capacity (Amendment) Act 2019 – What We Know So Far
- Sepsis
- Footprints
- Virgin Care Risk Enablement Forum
- B&NES Special Educational Needs and Disability Team (SEND) Inspection
- Stop Adult Abuse Week 10 - 14 June 2019
- LSAB Training
- Youth Forum Question to the LSCB
- New Multi Agency Policies

The New Bath and North East Somerset Community Safety and Safeguarding Partnership.

The Alan Wood Report published in March 2016, set out clearly that, nationally, all Local Safeguarding Children's Board existing arrangements were not fit for purpose and that they were 'predicated on interfamilial child abuse and are not in a good position to deal effectively with a remit to coordinate services and ensure their effectiveness across a spectrum encompassing child protection, safeguarding and wellbeing.'

Key recommendations from the Wood Review were subsequently included in the Children and Social Work Act 2017. The Act states that the three statutory safeguarding partners would now be jointly accountable for safeguarding in each Local Authority area.

The statutory guidance and new regulations were published in 'Working Together to Safeguard Children, 2018' and in response to the requirements to develop new arrangements, Bath and North East Somerset Council and CCG and the Avon and Somerset constabulary have developed a new and innovative model which brings together the Children's Safeguarding Board, the Adult Safeguarding Board and the Crime Safety Partnership (Responsible Authorities Group).

These new arrangements are titled the **Bath and North East Somerset Community Safety and Safeguarding Partnership**. For further information please follow this link: [New-safeguarding-arrangements-september-2019](#)

The New Bath and North East Somerset CS&SP Threshold Document: Assessing Risk, Impact and Needs of Children and Young People in B&NES

Our vision in Bath and North East Somerset is that children have the best possible start in life and have access to well-coordinated, good quality and timely Early Help when it is required, so needs can be identified and addressed to promote fulfilling family lives.

Over the last six months, members of the LSCB policy and procedures group and colleagues in frontline practice have come together to develop a Threshold Tool to assist practitioners in their decision-making.

The Tool illustrates the different levels of need experienced by children, young people and families and outlines an approach for assessing these within the context of their families and communities. The five levels of need reflect how children and young people often move in a non-structured way between and across levels and how any assessment should reflect the views and aspirations of children, young people and their families and their wishes in partnership with a wide range of professionals and agencies.

The new Tool is based on assessing risk and then considering the impact of that risk on the child, young person and their family in order to inform their decision making as to what would be the most appropriate level of intervention and support in partnership with the families.

For more information the Threshold Tool can be accessed here: [Threshold for Assessment](#)

The Mental Capacity (Amendment) Act 2019 – What We Know So Far

Context

The Mental Capacity (Amendment) Act will introduce the Liberty Protection Safeguards to replace Deprivation of Liberty Safeguards (DoLS). The Mental Capacity (Amendment) Bill, which became the Mental Capacity (Amendment) Act 2019, received royal assent after completing its journey through Parliament at the end of April. The implementation date is set for 1st October 2020. The Primary Legislation itself is intended to be in skeleton form with the detailed code of practice providing the flesh. The draft Code of Practice is intended to be available for consultation in autumn 2019 with the final version hopefully being in place by spring 2020. The Act has also taken the name of Liberty Protection Safeguards (LPS) to replace the current Deprivation of Liberty Safeguards (DoLS)

The Act brings in wide-reaching changes and although a year sounds like a long time it is imperative that all stakeholders affected by the changes begin working together immediately to begin planning for implementation.

In summary, the Primary Legislation that has passed through Parliament differs markedly in places to the extensive review and consultation undertaken by the Law Commission. The review which is now 2 years old was in response to the Lords view that the current process was 'not fit for purpose'. These differences proposed by the Government came under considerable scrutiny in the House of Lords and led to a number of recommendations and amendments particularly around the level of new responsibilities for care home managers under LPS. Overall, it is felt that the Act has not achieved the objectives that were originally set out by the Government:

- Ensure all human rights are protected
- Reduce bureaucratic load on public bodies
- Make the safeguards easier to understand
- And, as a consequence, save money.

Guiding Principles of the Mental Capacity (amendment) Act 2019

The Liberty Protection Safeguards are intended to be implemented as core social work practice, embedding the MCA into practice for all individuals and providing a framework to consider someone's capacity, and a potential deprivation of liberty as part of the decision making process. DoLS didn't always do this and commonplace to be considered after the decision had been made which potentially deprived a person of their liberty.

Key Changes:

Understandably, there are a large number of changes and included here are only some of the key ones

- LPS will now apply to 16 and 17 year olds who are assessed as being deprived of their liberty

- LPS will consider all deprivations of liberty including those who are considered to be deprived of their liberty in non-care home and hospitals settings e.g. own homes and supported living placements. Previously these situations would have required an application to the Court of Protection
- The Responsible Body (RB) replaces Supervisory Body and there will be 3 as to current situation which is the LA:
 - a) The hospital manager for arrangements mainly in an NHS hospital
 - b) The Clinical Commissioning Group for mainly NHS Continuing Health Care arrangements
 - c) The Local Authority for everyone else including Independent Hospitals.
- The Approved Mental Capacity Professional (AMCP) replaces the Best Interest Assessor role. Current BIAs will undertake training to convert. There is an additional duty on the Local Authority to appoint a sufficient number of AMCPs and make arrangements for their approval as is the case with AMHPs (Approved Mental Health Professionals). However, difference is that LAs do not have to employ AMCPs and they could in effect be employed by an NHS Trust.
- An AMCP is not primarily an assessor as this would now sit with the care manager/care coordinator/social worker etc. A referral to an AMCP would happen where there are objections either from the person or from the person's representative or the person is receiving treatment in a private hospital.
- The RB must publish accessible information from the effects of an authorisation, the process, AMCP role and requesting a review amongst other things
- Every authorisation must have a programme of regular reviews built in - no requirement to involve an AMCP and can be very light touch
- Where there is a potential deprivation of liberty in a care home, the Act allows care home managers – if the local authority felt it was appropriate - lead on the assessments of capacity, and the judgment of necessity and proportionality, and pass their findings to the local authority as the responsible body. This aspect of the Act has generated some negative comment, with people feeling that it might lead to insufficient independent scrutiny of the proposed care arrangements
- The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorisation.

Sepsis

What is Sepsis?

- Sepsis is a common and potentially life-threatening condition triggered by an infection which causes the body's immune system to go into overdrive.
- If it is not treated quickly it can lead to multiple organ failure and death.
- It claims more lives than lung cancer, and is the second biggest killer after cardiovascular disease.

- 70% of sepsis cases develop within primary care.
- There are an estimated 123,000 cases of sepsis per year in England, and around 36,800 associated deaths.

In many cases however, sepsis is avoidable and treatable and early identification is key to successfully treating sepsis.

So how can we recognise the signs of sepsis as we go about our daily lives?

Please remember this can be a challenge for trained clinicians as the signs and symptoms can be varied and subtle at the onset of sepsis.

You should always seek help if you, or anyone you're with, develop any of the following symptoms:

- Slurred speech or confusion
- Extreme shivering or muscle pain
- Passing no urine (in a day)
- Severe breathlessness
- A feeling that you're going to die
- Mottled or discoloured skin

Other symptoms include

- VERY high temperature (fever) or low body temperature (feels very cold)
- Feeling very sleepy or about to lose consciousness
- Severe tummy (abdominal) pain
- Feeling very dizzy or faint, or having a fit (seizure)
- A rash which does not fade with pressure
- Not eating any food or drinking any fluid
- Being sick (vomiting) repeatedly

Early treatment saves lives. Call 999 if you are **very** concerned. Call your GP immediately if you're concerned but don't think you need to go straight to hospital. If there is any delay in talking to a doctor then call 999.
(Source: Adult Sepsis Safety Net)

Footprints



It is now recognised that a sizeable number of parents appearing in the family court have already had children removed from their care. Broadhurst et al (2017) estimates that the risk of returning to court within 7 years of the issue of index care proceedings to be 25.4%. That is, one in four mothers returns to court within 7 years. The rapidity of repeat pregnancy is an understandable attempt by the mother to

replace the loss of their child, but could be considered maladaptive in the absence of change to serious problems of drugs, alcohol and mental health (Broadhurst and Mason 2017). This highlights the need for support to be provided promptly following the loss of a child during care proceedings and for the support offered to recognise the acute grief the mother and/or father is likely to be experiencing.

Footprints is a programme in B&NES for men and women who have experienced, or are at risk of, repeat removals of children from their care. It aims to reduce the number of parents who have had children removed to improve their well-being, resilience, and stability. Footprints offers men and women an (12 -24 month) individually tailored, intensive package of support, delivered by a dedicated Practitioner, which is intended to address a broad range of emotional, psychological, practical and behavioural needs.

Each man and women has an individual programme designed around their needs looking at the various elements of the system. Footprints work with everyone in the life of the men and women, including family members, partners and friends, as well as professionals within social services, housing, NHS and justice system. Footprints also works at strategic level to foster inter agency collaboration, which is necessary to ensure that services make the adjustments required to meet the individual's fundamental needs both during and after their intervention.

Virgin Care Risk Enablement Forum



The Risk Enablement Forum was set up in spring 2018 to provide practitioners in Virgin Care an opportunity to bring complex or 'difficult' cases for discussion.

The Forum consists of a range of professionals and has included at various times psychologists and nurses as well as social care professionals from both Virgin Care and the Council.

The purpose of the Forum is to provide creative advice, suggestions and comments for the practitioner to reflect on, using a range of different professional perspectives.

Very often, the cases presented are linked to self-neglect situations, as these tend to be the cases which present the toughest challenges and practitioners sometimes feel overwhelmed by the complexity of the task or frustrated by the slow rate of progress.

The Forum meets monthly and discusses two or three cases each time. New ideas or suggestions often emerge which bring a new angle to the way a situation can be approached.

In the majority of cases, Virgin Care practitioners say they find the discussions useful, even when (as sometimes happens) the Forum members can only offer reassurance that everything that can be tried has been tried!

Multi Agency Risk Meeting (MARM) - TOP TIPS

- READ Local Safeguarding Partnership Policy/Quick Guide for Self-Neglect [Quick Guide to the Self Neglect Policy and Guidance](#) (August 2019)
[Self Neglect Policy and Guidance](#) (August 2019)
[Appendix 1 - Assessment of Need and Risk](#) (August 2019)
[Appendix 2 - Self Neglect Agenda Template](#) (August 2019)
[Appendix 3 - Self Neglect Crisis Intervention Plan](#) (July 2019)
- Use the appendices from the Policy for recording.

Setting up the MARM:

- Set date, time and venue which would be most convenient for the person at risk to attend, allowing time for set up and others to be able to attend.
 - Establish which key agencies are involved with the person and invite. For example:
 - Acute Hospital - *RUH 01225 428331*
 - Community Hospital – *Paulton Hospital 01761 412315*
- *St Martins Hospital 01225 831500*
 - Care Agency – *dependent on the individual*
 - District Nurses/Community Matrons - *dependent on the individual's GP surgery*
 - Environmental Health – *B&NES, 01225 477000 ask for Environmental Health*
 - GP – *dependent on the individual*
 - Housing/Curo/landlord - *CURO 01225 366000 - Guinness Trust, 01275 395300 - BANES Housing, 01225 477000 ask for Housing*
 - Learning Disability Services Reablement
 - Mental Health Services - *PCLS 01225 371480*
 - Police - *Safeguarding Co-ordination Unit, 01278 644588*
 - Probation - *01225 730 600*
 - SDAS/DHI – *SDAS, 01225 359900, DHI, 01225 329411*
 - Learning Disability Services - *NES, 01225 395904, Bath, 01225 396063, Complex Health Needs, 01225 831566*
 - Social Care – *Adult 0300 247 0203 option 2, Children's Duty, 01225 396313*
 - Specialist Services i.e. Stroke Neuro Team/Specialist Nurses/Doctors - *Neuro & Stroke Team, 01225 831486*
 - Follow principles of Making Safeguarding Personal throughout, including representation for person and accessibility.
- ### Hold the meeting:
- Use the agreed agenda and risk assessments attached to the Policy.
 - Note apologies and reasons for non-attendance.
 - Agree the lead agency that will support the person.

- Look at the strategies of working with the person and record on the risk assessment.
- If the risks increase consider escalating to Police or Safeguarding(risk dependant)
- If the risks reduce consider closure under the policy.
- If risks remain static, plan to review, inviting all involved initially and consider other agencies.
- If person does not wish to attend, discuss how to enable person to take part, so their voice can be heard.
- Ensure all parties are aware of their actions so those can be started prior to minutes being distributed
- Avoid professional jargon, use plain English.

Compiled by Virgin Care Community Matron, Social Workers and Adult Safeguarding Lead 15.08.2019

B&NES Special Educational Needs and Disability Team (SEND) Inspection

A team of inspectors From OFSTED and the CQC visited Bath and North East Somerset in March and spoke with children and young people with Special Educational Needs and disabilities (SEND), parents and carers, council and NHS staff. They visited schools, nurseries, health services and other providers serving the area which are implementing reforms to SEND provision.

Work carried out across Bath and North East Somerset to improve the support given to young people with Special Educational Needs and disabilities and their families has been praised by Ofsted and the Care Quality Commission (CQC).

Their final published inspection report reflects can be viewed here;
<https://files.api.ofsted.gov.uk/v1/file/50077230>

The report highlights:

- The determination of the local council and CCG leadership team in providing the best for children and young people with SEND. The inspectors say this has ensured a solid foundation for the provision of effective services and continuous improvement.
- The effectiveness of collaborative working and joint commissioning enabling barriers to be overcome so that children, young people and their families receive an offer that meets their education, health and care needs.
- The positive working relationships between front-line practitioners which contribute to improvements in the support provided.
- The effectiveness of working together with children, young people and their families to create services which meet their needs.
- The improvements made in the timeliness and clarity of Education, Health and Care (EHC) plans.
- The accessibility of information, advice and support.

- The effective early identification of complex needs in babies.
- The effective early identification of young people with speech, language and communication needs and those with autism spectrum disorder.
- The provision of good links which enable young people with learning disabilities to gain the skills they need to move into employment, such as the council's Project Search programme. It provides structured work placements and classroom learning with the aim of securing paid employment at the end of the year long programme.

Areas the inspectors suggested for further development include making better use of EHC plans, making on-line information for families more user-friendly, improving the consistency of inclusive practice across all schools, and ongoing work to close the gaps in educational outcomes for disadvantaged pupils.

Mike Bowden, Bath & North East Somerset Council corporate director, said: "Although this type of inspection provides a narrative report rather than a grading, it is fantastic to hear that the majority of parents and carers as well as children and young people themselves, have had such good experiences of local services."

Dr Ian Orpen, chair of the CCG said: "The inspection findings reflect very positively on the day to day work of a large number of front-line staff across a range of education, health and council services and the wider team.

Over the last few years they have worked together to effectively implement SEND reforms to improve outcomes for children, young people and their families. We are delighted their hard work has been recognised. We also welcome the inspectors' suggestions for where we can improve further to ensure a consistently excellent approach and the best possible outcomes for every family."

Stop Adult Abuse Week 10 - 14 June 2019



Stop Adult Abuse Week is an annual campaign set up by the five LSABs operating across the Avon and Somerset Police area. Each year a specific safeguarding topic is chosen and a range of case studies, information, advice, guidance and practical resources are shared each day to help raise awareness and understanding.

Stop Adult Abuse Week 2019 focused on mental capacity. This has emerged as a key theme from the Safeguarding Adult Reviews (SAR) that the B&NES LSAB has

carried out over the last 18 months, and is an area that our neighbouring local authorities have been trying to address too.

The LSAB agreed to focus the day lead by B&NES on Mental Capacity and Self-Neglect and published a Practitioners Briefing to the most recent SAR, SAR Jane and an information sheet on mental capacity and self-neglect:

[Practitioners Briefing SAR Jane](#)

[Mental Capacity and self-neglect information sheet](#)

During Stop Adult Abuse Week Virgin Care highlighted the issues through the company intranet posting articles, including self-neglect and mental capacity. The newsletter that goes out to all colleagues was also used as a platform to highlight Stop Adult Abuse Week, before, during and after the week of 10-14

As always, social media played a really important role in spreading the message again with lots of organisations from across the Avon and Somerset area sharing images, messages, information sheets and helping to bust some myths about mental capacity.

To see some of the Twitter discussions <https://twitter.com/hashtag/stopadultabuseweek>

It was important to share information offline too, so information was made available through information boards at various locations and was shared through printed newsletters.

Safeguarding champions created top tips for colleagues when completing a Mental Capacity Assessment.

[LSAB Training](#)

If you wish to book a place on the self-neglect or other LSAB safeguarding training please go to the Learning Zone: <http://bathnes.learningpool.com> or for further information please contact childrensandadultsworkforce_training@bathnes.gov.uk or on 01225 394210



Youth Forum Question to the LSCB

‘How can you ensure that young people with mental health needs can access your service and/or work in collaboration with you?’

This is the question that the B&NES Youth Forum recently posed to LSCB/LSAB staff members. Supported by Commissioner Sarah McCluskey, the Youth Forum took the opportunity to pose the question based on the issues that matter to them. The Youth Forum have long taken an interest in the mental health needs of young people within B&NES, with the current Deputy Member of Youth Parliament about to launch their mental health campaign. They were therefore pleased to discover more about how services in B&NES work to support the mental health needs of their peers.

The Youth Forum highlighted the use of multiagency working and therapy animals amongst the approaches that appealed most to them. The Youth Forum look forward to using this platform again in the future to gain a deeper insight into Bath and North East Somerset’s caring sector.

New Multi-Agency Policies:

LSCB

At the March and June LSCB the following new policies were approved and disseminated amongst all member agencies, schools and providers in B&NES:

[LSCB Bruising in Children Protocol](#) (March 2019)

[Bruising in Not Independently Mobile Children](#) (leaflet for parents and carers, March 2019)

[Youth @Risk Strategy](#) (March 2019)

[Child Sexual Exploitation Risk Assessment Form \(SERAF\)](#) (CSE Screening Tool 2019)

[Willow Referral Form](#) (2019)

[Threshold for Assessment](#) (June 2019)

[LSCB Prebirth Protocol to Safeguard Unborn Babies](#) (June 2019)

[One Minute Guide to Pre Birth Protocol](#)

LSAB

At the June LSAB the following new policies were approved and disseminated amongst all member agencies and providers in B&NES:

[Joint Regional Safeguarding Adults Multi-Agency Policy](#) (June 2019)

[Pressure Ulcer Protocol](#) (June 2019)

Joint Policy

[LSAB & LSCB Escalation Protocol](#) (March 2019)

[Escalation Report Proforma](#) (March 2019)

LSCB/LSAB Joint Newsletter August 2019