

**Manchester Health and Wellbeing Board  
Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 13 January 2016

**Subject:** Manchester Safeguarding Adults Board Annual Report 2014 - 2015

**Report of:** Hazel Summers Strategic Director of Adult Social Services  
Julia Stephens - Row Independent Chair Manchester Safeguarding  
Adults Board

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**Summary**

This is a covering report providing an overview of Manchester Safeguarding Adults Board annual report for the period April 2014 - March 2015. This document reports on the work of the partnership.

**Recommendations**

The Board is asked to:

- a) To note the publication of the Manchester Safeguarding Adults Board (MSAB) Annual Report 2014-2015
- b) To support the strategic objectives and priorities of the MSAB for 2015-18 that have been outlined in the report
- c) To promote the importance of adult safeguarding across all the partners and in the services that they commission, ensuring that safeguarding is at the heart of the re-design of services going forward.
- d) To recommend to partners represented on the Board that they consider the impact of budget decisions on adult safeguarding in the same way as equality impact assessments are undertaken.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	
Educating, informing and involving the community in improving their own health and wellbeing	The MSAB are committed to incorporating safeguarding into "early help" and has an objective to increase the public understanding of safeguarding.
Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	Making safeguarding personal is a key principle of the Care Act which will support this priority

Turning round the lives of troubled families	
Improving people's mental health and wellbeing	The MSAB encourages partners to provide advice and support to adults at an early stage they can be protected from becoming vulnerable and therefore improve their mental health and wellbeing
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	Ensuring that safeguarding is at the heart of the services that are commissioned and provided so that individuals are empowered and protected is a significant focus of the MSAB

**Lead board member:** Hazel Summers Strategic Director of Adult Social Services

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Previous annual report 2012-14

[http://www.manchester.gov.uk/download/downloads/id/22832/safeguarding\\_adults\\_report\\_2012-14.pdf](http://www.manchester.gov.uk/download/downloads/id/22832/safeguarding_adults_report_2012-14.pdf)

## **1 Introduction**

- 1.1 The Manchester Safeguarding Adults Board annual report covers the period from April 2014 - March 2015. This report whilst covering a period of time prior to my taking up the role of chair in May 2015 demonstrates the work that has, and continues to be undertaken across a range of agencies and partnerships to safeguard adults in Manchester.
- 1.2 Manchester Safeguarding Adults Board ( MSAB) brings together a number of agencies across the city to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.
- 1.3 This years report has taken on a different format and is themed to follow the principles outlined in the Care Act 2014 of
- Empowerment – personalisation and the presumption of person led decisions and informed consent;
  - Prevention – it is better to take action before harm occurs;
  - Proportionality – proportionate and least intrusive response appropriate to the risk;
  - Protection – support and representation for those in greatest need;
  - Partnership – local solutions through services working with their local communities;
  - Accountability – accountability and transparency in delivering safeguarding.

It provides a snap shot of the work that has been undertaken by partners and more detailed information on the work of each agency is available if required.

## **2. Background**

2. 1 The Care Act 2014 has now placed Adult Safeguarding Boards on a statutory footing with new duties and responsibilities. This has provided the MSAB with an opportunity to review the purpose, membership, and shape of the Board and its supporting structures. The last few months has been spent on implementing this. The Board had a development event in June where the vision and principles of the Board were debated and this has shaped the strategy for 2015/18. Reference to which is made within the report.
- 2.2 MSAB has identified the following strategic objectives following consultation with partners and people who use services:
- To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults;
  - To listen to people who have experienced abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the outcomes they want;

- To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect;
- To be assured of the safety and wellbeing of anyone who has experienced abuse or neglect;
- To identify, and monitor the implementation of changes that help to prevent similar abuse or neglect happening to others.

2.3 The Board will, working alongside others, prioritise the following areas of work as a way of achieving its strategic objectives:

- Trafficking and modern slavery
- Preventing radicalisation
- Domestic abuse
- Mental health
- Health and social care integration and devolution
- Early help

and

- Improving access to and the understanding of safeguarding across partner agencies, ensuring there is 'no wrong door' when accessing services and support.

2.4 To assist the MSAB in meeting some of its priorities, for example improving access to and the understanding of safeguarding; it would be very helpful for the Health and Wellbeing Board to agree to promote the importance of adult safeguarding within each of the partners represented at the Board and in the services that they commission. A communications sub group is being established that will co ordinate key messages and campaigns which can then be cascaded to assist with this.

2.5 As health and social care services are re designed and there is greater devolution taking place it will be vital that safeguarding is considered at an early stage and is at the heart of services going forward. There is a real opportunity for the Health and Wellbeing Board to champion this as it receives reports and information on the service redesign and therefore assist the MSAB in achieving one of its priorities.

2.6 One of the roles of the MSAB is to initiate and consider learning from safeguarding adults reviews. Safeguarding adults reviews take place when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them. A review that was undertaken in another part of the country identified that there had been a reduction in the care package that had been provided and this could have contributed to the individuals death. As difficult budget decisions are being taken there is a real need to ensure that the

impact of budget decisions on adult safeguarding is considered, in the same way as equality impact assessments are undertaken.

### **3.0 Conclusion**

- 3.1 Safeguarding adults is far more than the work that has been captured in this annual report. It needs to be embedded in all the work that is undertaken with adults who need support and care. It needs to be an integral part of neighbourhoods and communities to work together to prevent abuse and promote the well-being of people with care and support needs. This includes the preventative work of care and health services; developing support networks within neighbourhoods and communities; encouraging every individual to look out for the welfare of their friends and neighbours. The long term goal is to prevent abuse and neglect from occurring. The vision of the MSAB is ensure that every citizen in Manchester is able to live in safety free from neglect and abuse. Everyone who lives or works in the city has a role to play.

Manchester Safeguarding Adults Board  
Annual Report 2014-15  
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***“Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play”.***



MANCHESTER SAFEGUARDING  
ADULTS BOARD

## **Forward for Manchester Safeguarding Adults Board Annual Report 2014 - 2015**

### **By Julia Stephens-Row Independent Chair**

I am very pleased to have the opportunity to write this introduction to the Manchester Safeguarding Adults Board (MSAB) Annual Report for 2014-15, which whilst covering a period of time prior to my taking up the role of chair in May 2015 demonstrates the work that has, and continues to be, undertaken across a range of agencies and partnerships to safeguard adults in Manchester.

Manchester Safeguarding Adults Board brings together a number of agencies across the city to ensure that there is a joined up approach to adult safeguarding. Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.

The Care Act 2014 has now placed Safeguarding Adults Boards on a statutory footing with new duties and responsibilities. This provided the MSAB with an opportunity to review the purpose, membership and shape of the Board and its supporting structures; the last few months have been spent on implementing this. The Board held a development event in June 2015 where the vision and principles of the Board were debated and this has shaped the MSAB Strategy for 2015-18; reference to which is made within the report.

A set of multi agency policies and procedures has been produced which have been the subject of consultation and development over a long period of time, engaging service users and practitioners.

Safeguarding adults however is far more than a set of guidance or procedures; it is all we do in all our work, in our practice, and our communities to prevent abuse and promote the well-being of people with care and support needs. It includes the preventative work of our care and health services, the support of our neighbourhoods and communities, and the actions of every individual who looks out for the welfare of their friends and neighbours. Our focus throughout is to prevent abuse and neglect from occurring. The work that has been undertaken in this regard is outlined in this report. This years report has taken on a different format and is themed to follow the principles outlined in the Care Act 2014. More detailed information on the work of each agency is available if required.

Julia Stephens Row  
MSAB Independent Chair  
December 2015

## **Introduction**

### **Manchester Safeguarding Adults Board in 2014-15**

This has been a landmark year for all Safeguarding Adults Boards. The implementation of the Care Act 2014 placed the Boards on a statutory footing for the first time on 1<sup>st</sup> April 2015. Although Manchester, like most local authorities, had a Board in place for a long period, the statutory basis does change things.

The Board now has statutory guidance about membership; there are also requirements for some of the actions of the Board. It must:

- Produce an Annual Report;
- Consult on and produce a three year plan for what it will do and how it will work; and
- Produce a set of multi agency safeguarding procedures.

During the year, all partners have been preparing for and implementing the Care Act 2014. The Board has been making changes to ensure that it is ready to meet the challenges of the new legislation. A new Independent Chair is in place, membership has been revised and work is underway to provide the administrative support that the new Board will need.

The Manchester Safeguarding Adults Board (MSAB) is committed to working with the six principles of safeguarding:

- Empowerment – personalisation and the presumption of person led decisions and informed consent;
- Prevention – it is better to take action before harm occurs;
- Proportionality – proportionate and least intrusive response appropriate to the risk;
- Protection – support and representation for those in greatest need;
- Partnership – local solutions through services working with their local communities;
- Accountability – accountability and transparency in delivering safeguarding.

The Board expects that all partners will operate according to these principles within their own organisations and has decided to reflect in this report how partners have worked in accordance with the principles in their day to day work throughout the year.

Some of the key actions from partner organisations are identified here to demonstrate how the principles underpin all the safeguarding work across Manchester. Full reports from each of the Board partners, and the complete statistical report for safeguarding activity are available on the City Council website [www.manchester.gov.uk/MSAB](http://www.manchester.gov.uk/MSAB) . Future reports will be available on a dedicate MSAB website which is currently under construction.



## 1. Empowerment – personalisation and the presumption of person led decisions and informed consent

Although all of the principles are important, in many ways, this underpins everything. Working in a way that always considers how to achieve the outcomes that people have identified and how to ensure that people make their own decisions about their own lives is the key to empowering people to keep themselves safer in the future. There are some examples below that demonstrate how some of the work that partners have been doing is directed towards empowering Manchester citizens.

- 1.1 **Manchester Alliance for Community Care (Macc)** has developed a Safeguarding Adults Leaders Group to improve the Voluntary, Community and Faith sector's engagement and impact within the reviewed Manchester Safeguarding Adults Board (MSAB) governance structure. This group will:
- Provide a means of accountability for voluntary and community sector representatives within the MSAB governance and any task groups that are developed;
  - Support the engagement of voluntary and community sector organisations with specific thematic expertise in contributing to the MSAB programme e.g. carers, learning disabilities, sexual exploitation, older populations;
  - Enable Macc to continue to drive and improve effective practice in safeguarding adults' work in the in the voluntary and community sector; and
  - Enable a focus on specific areas of development e.g. smaller organisations with fewer resources and less experience of managing risk.
- There are over 3000 voluntary and community organisations, co-operatives and social enterprises in Manchester ranging from large charities and not-for-profit businesses to small very informal community groups. There is a wealth of intelligence and insight within this sector and the communities in which they work. The aim of Macc is that this should inform collaboration on policy and practice between public sector partners and voluntary and community sector groups. We believe this will help increase the safety and wellbeing of all those vulnerable adults who live in, work in and visit Manchester.
- 1.2 **Healthwatch Manchester** report that they are keyed into a number of initiatives and bodies such as the Living Longer, Living Better integration of health with social care and the Healthier Together reconfiguration of hospital services. In each case Healthwatch Manchester is present to represent the views, opinions and experiences of local people and to act as a conduit for information flow ensuring the strategic language of these bodies is translated into more understandable information for dissemination to the wider audience of local people. The approach in implementing this is through outreach support. Rather than post out blanket messages or expect people to attend meetings, Healthwatch Manchester proactively visits the many diverse local community and support groups where people feel safe and supported enough to tell them their views and experiences face to face. In each instance Healthwatch Manchester make it clear their independence from the statutory providers and this enables local trust and in-reach.
- 1.3 **Greater Manchester Police** issued 296 Domestic Violence Prevention Notices (DVPN) from the 1st January 2014 to date, with 284 being converted into full orders.

DVPN's are notices served by the police against an individual who is aged over 18, where the police reasonably believe that he or she has been violent or has threatened violence and that a person needs to be protected from him or her.

- A DVPN places certain conditions on the person which may include:
- Stopping him/her from entering and being within a certain distance of a person's home;
- Stopping him/her from making a person leave or be excluded from their home;
- Requiring him/her to leave a person's home.

A DVPN remains in place until a Court hearing to determine if the notice should be converted into a Domestic Violence Protection Order (DVPO).

As part of the scheme, victims are offered help and advice by caseworkers on the options open to them – including securing a longer-term injunction or problem solving the root cause of the abuse. Perpetrators will also be given the chance to attend a voluntary offenders' programme run by the Greater Manchester Probation Service Trust, to ensure that, where appropriate, they can get the support they need to prevent further similar incidents. It is known that this activity empowers victims of domestic abuse to take control of their life and make informed decisions about their future safety from abuse and violence.

- 1.4 **Central Manchester Hospital Foundation Trust (CMHFT) and Manchester Mental Health and Social Care Trust (MMHSCT)** have each appointed 100 Safeguarding Adults Champions to be a voice for vulnerable adults across the organisation.

## 2. Prevention – it is better to take action before harm occurs

The main focus of much of the work from partners is around prevention. Any approach that will reduce the risk of people being harmed or abused has to be the most effective way to keep people safe. Wherever possible, we have worked on the basis that it is better to prevent people from coming to harm than to support them to recover once they have. A wide range of preventive safeguarding activities have been delivered by partners this year, ranging from training to accreditation schemes for meeting standards.

- 2.1 **The Clinical Commissioning Group (CCG) Safeguarding Team** has successfully completed safeguarding link nurse visits to all GP practices in Manchester, known as General Practitioner (GP) Raising Awareness Visits. This has involved meeting with GP safeguarding leads and practice managers. As a result each GP practice now has an identified safeguarding link nurse from the team. The link nurse visits have raised further awareness over safeguarding in Manchester and provided a forum for information sharing, development of good practice and the sharing of protocols and guidance. It is envisaged that Safeguarding Link Nurse visits to each practice will continue to be carried out on a six monthly rolling programme.
- 2.2 In the last financial year **Healthwatch Manchester** successfully dealt with almost 500 enquiries from local people regarding health and care, either through the dedicated helpline or through enquiries to the Healthwatch Manchester office. Enquiries to the office are more complex and often include a safeguarding issue. Healthwatch Manchester has a robust protocol in place to manage safeguarding enquiries and this includes guidelines for communication across Greater Manchester with other Healthwatches. Other enquiries received which include an element of safeguarding in its wider sense usually involve a citizen's request for Healthwatch to act on their behalf to expedite a situation where they are meeting resistance and are too vulnerable or unaware of their rights.
- 2.3 **University Hospital of South Manchester (UHSM)** has a Ward Accreditation scheme, where safeguarding is one of the key areas. The safeguarding teams are currently working with wards to improve access to bespoke training in clinical time to address these gaps.

The indicators for safeguarding include:

- Staff are up to date with safeguarding adults and children mandatory training;
- Staff are aware of their role in raising concerns about children and adult safeguarding;
- All staff are aware of the process to be followed when restraint or DOLS is in place;
- All staff understand the Trust policy in relation to Mental Capacity;
- Staff are aware that a safeguarding referral is required for existing Grade3 and Grade 4 pressure ulcers;
- Staff ensure that patient confidentiality/ safeguarding issues are not discussed in open areas;

- Staff are aware of the Vulnerable Adults Assessment Tool and understand when it should be introduced; and
- Staff are aware of the support available for patients and staff who may be subject to domestic abuse.

2.4 **Pennine Acute Hospitals Trust (PAHT)** has undertaken *Walkround* activity which has amounted to a total of 10 visits being undertaken throughout the year. During the year the key actions arising from the walkrounds have been:

- Promoting awareness of Learning Disability (LD), Mental Capacity Act (MCA), capacity assessment and best interest decisions within the maternity setting;
- Promoting mandatory requirements regarding Female Genital Mutilation (FGM) and response to FGM; and
- Audit use of Consent Form 4.

The safeguarding walkrounds that happen on every site each quarter include questions that address staff response, challenge and escalation to issues such as poor care and dignity, inappropriate behaviour of staff and visitors and whistle blowing. The walkrounds provide assurance that there is:

- Good understanding of how to access and availability of safeguarding training;
- Good understanding in pediatric areas relating to the types of abuse and vulnerabilities pertaining to children;
- Good awareness of domestic abuse with 6 of the 10 staff members able to specifically identify this when discussing abuse and vulnerabilities;
- Good understanding of adult vulnerabilities and types of abuse in adult areas;
- Willingness to challenge poor standards of care and awareness of whistle blowing policy; and
- General understanding of MCA in most areas, and this was much better in the surgical areas visited.

2.5 **MMHSCT** is clear that a key focus of the Trust is to ensure that training is provided that enables staff to understand their responsibilities to safeguard adults at risk. The Trust Training Framework provides for three levels of training, reflecting the various roles that staff may fulfil within the safeguarding adults procedures as outlined below:

- Level 1: Awareness – recognising and responding to abuse;
- Level 2: Alerting Manager – when and how to make a safeguarding adults alert;
- Level 3: Investigator – how to undertake an investigation into abuse or neglect.

2.6 **Domestic Abuse** - Due to the high level of domestic abuse in the city, there are three MARAC's operating across the city: South & Central, which are once monthly; and North which takes place twice a month. The MMHSCT now has 14 MARAC Marshall's in place across the city in community teams and wards who have received specialised training in domestic abuse related incidents. The number of referrals the Trust has directly made to MARAC over the 2014-15 period is 3. This is a 55% increase in the number of referrals from the previous year and with the new question added to the safeguarding referral form further increase is expected for in the new period. Again it is evident that more work continually needs to be done within the

Trust to improve levels of awareness of the MARAC's function and also to increase referral numbers; this will continue to form part of the work plan for 2015-16.

- 2.7 The **Domestic Violence Disclosure Scheme** enables members of the public to ask the police about a perpetrators' previous history of domestic violence or violent acts. This scheme was piloted in four Forces including **Greater Manchester Police** and was extended nationally in March 2014. More than 300 people have been helped by police in Greater Manchester in the three years since its implementation. Since the pilot of the domestic violence disclosure scheme there have been 801 applications made under 'right to know' and 'right to ask'. Of those applications there have been 321 disclosures made (September 2012 – July 2015). In the last rolling year there were 422 applications - an increase of 146 since the previous year and resulting in 159 disclosures.
- 2.8 **Domestic violence and abuse** is a key priority for **Manchester City Council (MCC)**. Working with partners, MCC seeks to improve the life outcomes and independence for people affected by domestic violence and abuse, particularly victims/survivors, whether these are adults or children and young people. Adult victims/survivors have told MCC that it is good at protecting and supporting them in a crisis, however MCC wants to help them as part of Early Help work and not just in a crisis. MCC want to work with them to help them recover and move forwards with their lives. MCC also need to work with children and young people to help develop healthy dating habits in adolescence and also help them recover if they have witnessed abuse at home. In order to protect all current and potential future victims of domestic violence MCC must also work with perpetrators to both challenge and change their behaviours
- 2.9 Working with partners under the '*Strive*' initiative, **Greater Manchester Police (GMP)** are now conducting repeat visits to 'standard risk' domestic abuse incidents where no crime has been recorded. This allows early intervention by specially trained staff to support victims to prevent further escalations to further abuse or violence. The police are also working alongside partners to provide training in early recognition of issues and signposting to appropriate resources. Key activity includes work around:
1. Mental Health;
  2. Alzheimer's and Dementia;
  3. Honour Based Violence;
  4. Modern Day Slavery;
  5. Domestic Abuse;
  6. Female Genital Mutilation;
  7. Forced Marriage.
- 2.10 The national **Prevent Strategy** focuses on delivering against three specific objectives:
- Challenging the ideology that supports terrorism and those who promote it;
  - Protecting vulnerable individuals: to prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support; and
  - Supporting sectors and institutions where there are risks of radicalisation.

Of a total of 46 Prevent priority areas across the country, ten are identified as Tier 1 (high risk) and Manchester is one of those classified as high risk.

The **Manchester Prevent Steering Group**; chaired by the MCC Director of Neighbourhoods and including the membership of senior officers from across authorities and other key institutions, together with local and regional Prevent coordinators; provides senior leadership on Prevent in the city. The Steering Group drives the work on Prevent in Manchester and makes decisions about the coordination of Prevent activity based on the risks set out in the Restricted Counter Terrorism Local Profile (CTLTP) for Manchester and addressed through the delivery of the Restricted Prevent Action Plan. The action plan reflects the risks identified through the CTLTP but also information from all the partners on the Steering Group. The plan also includes the areas of focus resulting from the new Prevent duty. The delivery of the action plan is managed, monitored and reported by the Manchester Prevent Coordinator and the Prevent Sergeant at GMP to the Prevent Steering Group, but also to the Community Safety Partnership, the Children's and Adults Safeguarding Boards and the Home Office.

- 2.11 **Channel** is a multi agency based process to identify and provide support to individuals who are at risk of being drawn into terrorism. It is a programme which focuses on providing support as an early strategy to people who are identified as being vulnerable to being drawn into terrorism. This programme uses a multi agency approach to protect vulnerable people by:
- i. Identifying individuals at risk;
  - ii. Assessing the nature and extent of that risk; and
  - iii. Developing the most appropriate support plan for the individuals concerns.

Safeguarding people who are vulnerable to being drawn into terrorism is delivered as part of Manchester's multi- agency safeguarding arrangements for children and vulnerable adults. Channel is also delivered in line with the principles of Working Together to Safeguard Children 2015 and the Care Act 2014.

- 2.12 The role of **Public Health** is to improve and protect the city's health and wellbeing, and improve the health of the poorest fastest, with two priority outcomes:
- Increased healthy life expectancy; and
  - Reduced differences in life expectancy and healthy life expectancy between communities.

The key areas of public health work are:

- Improving the 'wider determinants' that affect health and wellbeing;
- Supporting people to live healthy lifestyles and make healthy choices;
- Protecting the population's health from major incidents and other threats; and
- Reducing the number of people living with preventable ill health and/or dying prematurely.

All of these areas are underpinned by an objective to reduce health inequalities between communities and a 'life course' approach to ensure that health inequalities are addressed across all ages.

Public health programmes and commissioned services cover a range of areas that have links with the safeguarding adults' agenda, including:

- Community-based wellbeing services for adults which include preventing mental ill health, supporting Living Longer, Living Better programmes and pathways, and developing community networks to build resilience and reduce isolation;
- Community-based Falls services working with patients (often older adults with other vulnerabilities) in their own homes to prevent unintentional (accidental) falls and repeat falls;
- Alcohol and drug prevention and treatment services, working with individuals who often present with multiple vulnerabilities including mental health, domestic abuse, homelessness/rough sleeping, and alcohol-related brain disorders. Residential detoxification and rehabilitation placements are also purchased for alcohol and drug dependent individuals with complex needs;
- Sexual and reproductive health services for adults, including specialist services that work with vulnerable groups e.g. street sex workers and people living with HIV;
- A range of services working with children, young people and families, including health visiting, family nurse partnership and services for vulnerable families e.g. homeless families health visiting service;
- Public health-funded posts within domestic abuse programmes - Pathway Project provides a specialist Independent Domestic Violence Advocate (IDVA) based in the Midwifery Unit at St Mary's Hospital (as part of the wider IDVA programme provided by Manchester City Council). The Iris Project works with GP Practices to provide training to practice staff to increase identification and referrals of patients experiencing domestic abuse and provides direct support to those referred (jointly commissioned by the CCGs and Public Health);
- A range of projects within the Age Friendly Manchester programme, including Big Lottery-funded age-friendly neighbourhood projects, community events involving organisations working with vulnerable older people, and a Manchester Older People's Charter;
- The Community Infection Control Team (CICT) work closely with care and nursing homes to help improve their infection prevention and control practices. This includes providing advice, support and training, undertaking audits of the environment and encouraging compliance with the Care Quality Commission's standards.

### 3. Proportionality – proportionate and least intrusive response appropriate to the risk

All safeguarding activity requires a balance to be reached between providing support and intruding and taking over people's lives. Whatever approach is used, it has to enable people to make important decisions about their own safety, but at the same time, making sure that the minimum level of involvement does not leave people at risk of harm. Partners take a range of approaches to ensuring that they offer a proportionate response to safeguarding concerns.

- 3.1 The **CCGs** have continued to deliver collaborative and proactive working with all three Local Authority Safeguarding Coordinators to offer support around health issues. This allows health professionals to have an active role within broader strategy discussions to ensure that the terms of reference for investigation are relevant and contribute to the outcomes of care. During the multi-agency meetings risks are identified for others receiving care, to minimise any larger institutional risk and identify poor practice.
- 3.2 **Greater Manchester Police** Inspectors oversee all incidents reported to the Police and determine the most appropriate resource to be deployed to deal with the incident. This approach ensures that specially trained staff are deployed to incidents such as domestic abuse and sexual offences, minimising the number of officers involved in the investigation, thereby providing a proportionate response aimed at reducing the impact and trauma on the victim.
- 3.3 **HMP Manchester** has engaged with Manchester City Council to identify and assess those in custody who may be vulnerable, ensuring they have any additional support they require. These cases are reviewed on a monthly basis at the multi-agency Interdepartmental Risk Management Meeting, thus ensuring that support is timely and proportionate to the needs of the vulnerable person.
- 3.4 In 2014 **Manchester City Council** was selected as one of ten local authorities to take part in the 'Delivering Differently' programme to support councils to identify and implement new and alternative models of delivery, enabling Manchester to focus on developing a new delivery model for Domestic Violence and Abuse services.

The 2010-14 Domestic Abuse Strategy has been reviewed in the light of this work, and the new Domestic Abuse Strategy 2015-20 will build on the success of work to date, whilst acknowledging more needs to be done. The refreshed Strategy will strongly align with the refreshed Early Help Strategy, the Community Safety Partnership Strategy and the Public Service Reform programme. Through the extensive work under 'Delivering Differently' MCC has identified a great many drivers for change to improve its offer for domestic violence and abuse; examples of which are given below:

- i. Victims told us they want  
*They told us that we do not help them enough to recover and move forwards once the domestic violence and abuse stops*
- ii. Perpetrators told us they want



*They told us they want access to community based programmes to help them both understand and change their behaviour.*

iii. Simple, clear, integrated routes into and within support for those affected by domestic violence and abuse

*The VCS run domestic abuse helpline spends 40% of its time answering calls from workers who want to help a family but do not know how to access appropriate services and support. We have been mapping workforce training needs and developing training materials with clear referral pathways for workers to sit alongside existing awareness raising training.*

iv. Better use of public money to challenge domestic violence and abuse

*We know our specialist services cost £6 million, but we have found we are spending £23 million on domestic violence and abuse as we are dealing with it in child protection, early years, early help, troubled families, adult social care and homelessness.*

v. An evaluation culture so we can better understand what is working and why it is working

*The current levels of evidence for domestic violence and abuse work can be improved upon. We need to develop a better evaluation culture which includes on-going reviews of what the person affected wants and what the worker thinks either helped or hindered their ability to support a family who asked for help.*

vi. Greater alignment of learning from cases where people have died as a result of domestic violence and abuse, utilising recent learning from Domestic Homicide Reviews.

An extensive programme of work has been ongoing to ensure that both public sector and VCS (Voluntary and Community Sector) partners are fully engaged and involved in co-designing the new delivery model. VCS partners have played an essential role in the development of this process. This has included workshop designs on referrals mapping, design work for the reform of the Independent Domestic Violence Advocacy (IDVA) service, commissioning of victim champions, training for Early Help Hub and Locality Team staff, and a menu of group based programmes. Funding, including Office of the Police and Crime Commissioners (OPCC) and Police Innovation Fund, is enabling new approaches be developed and tested. New and simplified referral pathways have been developed for victims/survivors, children and perpetrators. A communications campaign is currently being developed that will raise awareness of domestic violence and abuse and encourage people to seek help. This will be aimed at seven different typologies identified, including victims/survivors, perpetrators, younger victims, friends and family members.

#### 4. Protection – support and representation for those in greatest need

Safeguarding responses to abuse or neglect have to be effective and timely. All the partners contribute to a city-wide response to work with people who have experienced harm. The Multi Agency Safeguarding Procedures provide the blueprint and guidance for all partners when responding to a safeguarding concern. All partners have a key contribution to make to protecting people, whether the agency role is to report or to respond. The following snapshots provide examples of the work undertaken this year by various partners.

4.1 **Manchester City Council Adult Social Care** reported activity in the following categories:

- *Alerts* – defined as a concern for the safeness of an individual (since 2013-14 alerts are not included in the statutory report but are still being monitored and reported to the Adults Safeguarding Board);
- *Referrals* – defined as where an alert results in a full safeguarding investigation; and
- *Completed Referrals* – defined as where an investigation has been concluded and outcomes agreed.

4.2 Adult safeguarding alerts and referrals activity reported by **Manchester City Council** and **Manchester Mental Health and Social Care Trust** (MMHSCT) for 2014-15 and the preceding three reporting years indicate that:

- In 2014-15 there has been an increase of 10.8% in the number of alerts from 3787 in 2013-14 to 4195 in 2014-15;
- In 2014-15 there has been an increase of 13.7% in the number of referrals from 1550 in 2013-14 to 1763 in 2014-15.

In terms of source of risk, people continue to be most likely to experience abuse whilst in their own home than in hospital or in a care home (reference Table 1 below).

Table 1: Source of Risk

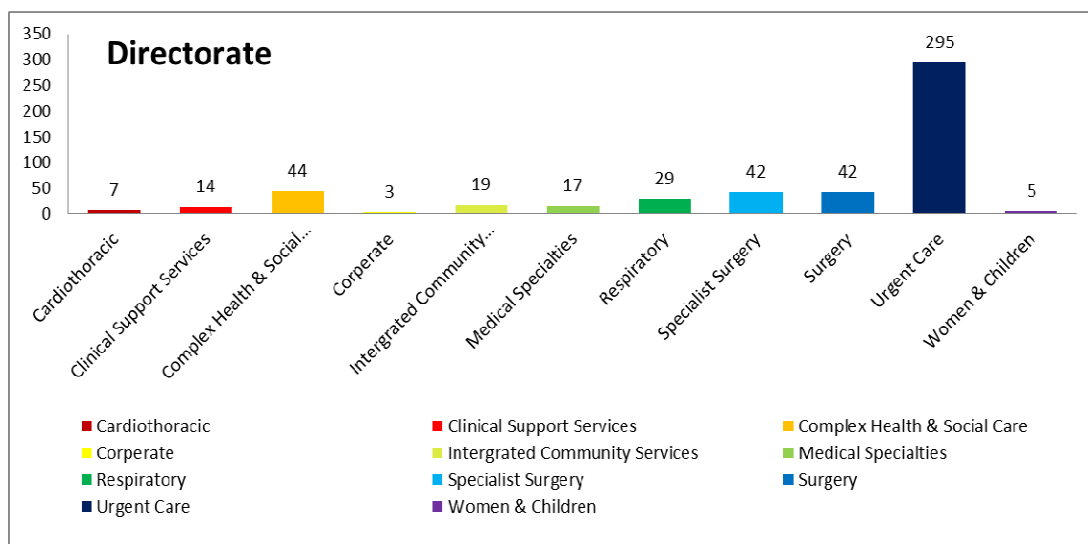
Table SG3b	Source of risk		
	Social Care Support	Other - Known to Individual	Other - Unknown to Individual
Care Home	234	143	122
Hospital	17	18	53
Own Home	169	510	157
Community Service	5	6	0
Other	65	347	247

4.3 **University Hospital South Manchester (UHSM)** reported that between 2014 and 2015 Safeguarding team activity continued to increase, with 771 referrals through the year. Monthly review of referrals showed a steady growth in all categories with between 56 and 100 active cases each month including:

- Coordinating reports of abuse;
- Support with vulnerable adult/ Mental Capacity Act (MCA) decision making;
- Deprivation of Liberty Safeguards (DOLS) administration;
- Domestic abuse administration;
- Learning Disability (LD) liaison;
- Safeguarding strategy meeting attendance; and
- Contributing to external multi-agency investigations with patient centered research.

Urgent Care demonstrated a significantly higher level of reporting safeguarding incidents, this is attributed to patients' presenting as victims of abuse on arrival at UHSM (reference Table 2 below).

Table 2: UHSM Reported safeguarding incidents by Directorate



4.4 Safeguarding activity in **Central Manchester Foundation Trust (CMFT)** was also reported to have increased. From April 2014 - March 2015 the Adult Safeguarding Team received 1425 referrals, a 9% increase from the previous year. The following accounts for the increased referrals:

- Deprivation of Liberty Safeguards (DOLS);
- Domestic abuse; and
- Referrals to the Multi-Agency Risk Assessment Conference (MARAC).

4.5 In response to any given incident, **Greater Manchester Police** Officers conduct an assessment of the risk posed by the completion of the Domestic Abuse, Stalking and Harassment (DASH) and Honour Based Violence Risk Identification and Assessment and Management Model. In relation to the assessment of risk, officers complete a RARA (Remove Risk, Avoid Risk, Reduce Risk, Accept Risk) process with the following considerations:

- *Remove* the risk: by arresting the suspect and obtaining a remand in custody or by seeking a DVPN;
- *Avoid* the risk: by re-housing the victim or placement in a shelter in a location unknown to the perpetrator;
- *Reduce* the risk: by joint intervention/ victim safety planning, target hardening and use of protective legislation; or
- *Accept* the risk: ongoing reference to the risk assessment, continual multi-agency intervention planning, support and consent of the victim and offender targeting within Pro-active Assessment and Tasking Pro-forma and Multi-agency Public Protection Panel format.

Over the last two years to June 2015, a total of 7980 domestic abuse crimes were reported in the City of Manchester. In the most recent 12 months, the number of domestic abuse crimes recorded increased by 19% (from 3645 to 4335) compared with the previous year. However, it is documented in peer reviewed research journals that someone may have been physically assaulted (including sexual assault) over 35 times before they call the Police. Domestic violence and abuse is an issue that is prevalent in child protection work, homelessness services and in over 80% of troubled families' cases.

- 4.6 The **Public Health** team has been redesigned to support greater integration with delivery and commissioning arrangements within the Directorate. A revised structure is now in place, with support for the Director of Public Health provided through strategic leads for children; adults and older people; a core public health programme and project team; and a strategic public health commissioning team based within the Directorate's strategic commissioning team.

The Director of Public Health, supported by the Strategic Lead for Adults, will lead public health input to adult safeguarding and the public health team will be members of both the Board and Executive Group.

The requirement to comply with local policies and procedures for safeguarding vulnerable adults is already embedded within the contracts for a range of services commissioned by public health, including those delivered by pharmacies, general practice, acute trusts, and sexual health and alcohol and drug services.

The increased involvement of Public Health in the Manchester Safeguarding Adults Board will offer an opportunity to review, strengthen and develop current arrangements for safeguarding vulnerable adults within public health services and programmes; a programme of work for this will be developed shortly, following initial consultation with the MSAB Chair in November 2015.

- 4.7 **MCC Strategic Housing** has played, and continues to play, a major role in influencing and enabling the Registered Providers (RPs) in the city to adopt safeguarding policies and procedures through a network of *Safeguarding Champions* set up in 2011. This includes facilitating training, sharing good practice and disseminating learning from Serious Case Reviews (SCR). Safeguarding and learning from SCRs continues to be a regular agenda item on the Connecting People work-stream of the Strategic Housing Partnership. Strategic Housing has also participated by attending SCR panels. Shared learning from SCRs means that RPs

have taken back to their own agencies identified weaknesses that have been highlighted within individual organisations, from which lessons can be learned and adopted in order to improve the protection of adults at risk.

Safeguarding Champions in twenty five Registered Providers are well established as contacts who can influence their organisations. The champions are used to share information sent to Strategic Housing, or issues that are discussed at the MSAB that then require disseminating citywide. Information cascaded includes MSAB policy updates and guidance, learning from SCRs and available training. In March 2015 Safeguarding Champions were invited to a briefing event which included an update and guidance about the Care Act 2014 which was given by the Head of Adults Safeguarding and Governance and was both well attended and well received by the RPs.

## 5. Partnership – local solutions through services working with their local communities

Working with partners, sharing information and co-operating with responses to safeguarding concerns are key activities for all organisations in Manchester. Partnership is not just about partner agencies working together, it is also about working alongside local communities to recognise the capacity of local communities to make their own areas safer places to live or to support and empower citizens to keep themselves safe. All of the partners work together, through the Board and as organisations to recognise report, respond and reflect on safeguarding concerns.

- 5.1 The **CCG Safeguarding Team** continue to work collaboratively and in partnership with all organisations across the **NHS, Local Authority, Police, GPs** and the **voluntary sector** to ensure there is a coordinated approach to keeping adults safe from harm. The team has continued to build strong and effective working relationships across all the Local Authority teams, to ensure appropriate and timely information is shared across the agencies for the safety of adults across Manchester.
- 5.2 **Greater Manchester Police** pride themselves on their relationships in a fully joined up partnership approach to problem solving and safeguarding.

The partnership is strong with strategic engagement at Superintendent level embedded within the Local Authority. Police and partners are co-located within each other's buildings and embedded within the Multi Agency Safeguarding Hub and the three Early Help Hubs located in the North, Central and South areas.

Greater Manchester Police are actively represented at Board, Executive and Sub-groups of the Adult Safeguarding Board and key partners in safeguarding and vulnerability.

- 5.3 Since the 1<sup>st</sup> June 2014 the **Probation Service** has undergone radical organisational change following the implementation of the Government's Transforming Rehabilitation Programme. As a result, the delivery of Offender Management is now shared between the public sector **National Probation Service** and a series of private sector **Community Rehabilitation Companies**.
- 5.4 In Manchester, the **National Probation Service (NPS)** is responsible for managing a total of 1729 Offenders. The primary focus are high risk offenders who have been assessed as posing an active concern of causing serious harm from which it is unlikely a victim will recover. The cohort of offenders includes: registered sex offenders; offenders serving life sentences for murder; violent offenders (who have committed offences covered by section 15 of the Criminal Justice Act and registered as Multi-agency public protection arrangements (MAPPA) cases); and foreign nationals who have been issued with a deportation notice.

NPS Priorities in relation to adult safeguarding include:

- Learning Difficulty/Disability;
- Resettlement of vulnerable prisoners;
- Personality disorder;

- Hate crime;
- Mental Health;
- Terrorism and domestic extremism;
- Substance misuse;
- Domestic Abuse.

5.5 **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC) (Interserve Justice)** continues to be an active and a committed partner to the work of the Manchester Safeguarding Adults Board, in recognition of both the vulnerability of the offenders it manages and the safeguarding needs of some of the victims it supports.

CGM CRC currently manages the majority of offenders in the community sentenced to Community Orders (COs), Suspended Sentence Orders (SSOs) and those subject to licence conditions or supervision requirements; and deliver innovative rehabilitative support to offenders, through a combination of interventions and partnership working. CGM CRC remain committed to working with local partners and alongside key criminal justice partners through Integrated Offender Management teams, Intensive Community Order Teams and more widely with Troubled Families work streams.

## 6. Accountability – accountability and transparency in delivering safeguarding

The main function of the Safeguarding Adults Board is to hold organisations across the City to account for their safeguarding activity. The Board and its sub-groups ensure that the work of partners is coordinated and working towards the achievement of the three year plan. The Board presents its Annual Report to the Health and Well Being Board and to the MCC Health Scrutiny Committee. The Annual Report also needs to be considered by the police and the CCGs as statutory partners alongside the local authority. Most importantly, the Board should be held accountable by hearing the voice of the people who use the services. Examples of how organisations can hold others and themselves to account are outlined below.

- 6.1 Upon investigating a local statutory service if it transpires that people's welfare and safety is a cause for concern, **Healthwatch Manchester** can initiate an escalation process through **Healthwatch England** and the **Care Quality Commission** where direct action will be taken to redress this.
- 6.2 **UHSM** has commissioned a mock CQC inspection ahead of a formal inspection. This will allow UHSM to be adequately prepared to undergo scrutiny by gathering evidence through feedback, interviews with relevant people, observation, review of documents and policies, and case tracking. The timescale for this is during July and August 2015.
- 6.3 The 2014-15 GM Commissioning for Quality and Innovation (CQUIN) targets for Learning Disabilities (listed below) have been achieved by **Pennine Acute Trust**:
- Mechanism in place to identify and flag people with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet their needs;
  - There is readily available and comprehensive information for people with learning disabilities about treatment options, complaints procedures and appointments;
  - There are protocols in place to provide suitable support to family carers;
  - Protocols are in place to routinely include training on providing healthcare to people with learning disabilities for all staff;
  - Protocols are in place to encourage representation of people with learning disabilities and family carers;
  - Protocols are in place to regularly audit practices for people with learning disabilities and to demonstrate the findings in routine public reports;
  - There should be a learning disability liaison function or equivalent process in the Trust.
- 6.4 **CMFT** have recruited over 100 Safeguarding Adults Champions across the organisation to be a voice for the vulnerable adult. They have also put in place a clear assurance framework between the Divisions and the corporate safeguarding function.
- 6.5 **Greater Manchester Police** are reshaping the way they do business to give victims of Domestic Abuse the best possible service. The way they work takes account of the recommendations made by Her Majesty's Inspectorate of Constabulary (HMIC) who undertook a national inspection of the police's response to domestic abuse in 2013-



14. The report '*Everyone's Business: Improving the Response to Domestic Abuse*' highlighted a series of both national and local recommendations for each force to progress and publish as part of the Domestic Abuse Action Plan.

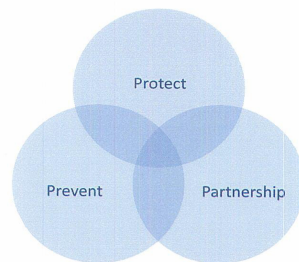
## 7. MSAB Strategy and Business Plan 2015-18

The MSAB Strategy is outlined in the MSAB Strategy 2015–18, which sets the Boards' vision as:

***“Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play”.***



### Making Safeguarding Personal



#### Our Vision

“Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play”.

7.1 The values of the strategy are based on understanding and promoting peoples' right to make decisions, the importance of maintaining dignity and respect and the celebration of diversity.

Manchester Safeguarding Adults Board believes that:

- People have the right to live their lives free from neglect and abuse;
- Safeguarding adults is a shared responsibility of all organisations and agencies commit to holding each other to account;
- The individual, family and community should be at the heart of safeguarding practice;
- High quality multi-agency working is essential to good safeguarding;
- We respect that adults have a right to take risks and that this will sometimes restrict our ability to act;
- There must be a commitment to continuous improvement and learning across the partnership.

7.2 The MSAB has identified the following strategic objectives following consultation with partners and people who use services:

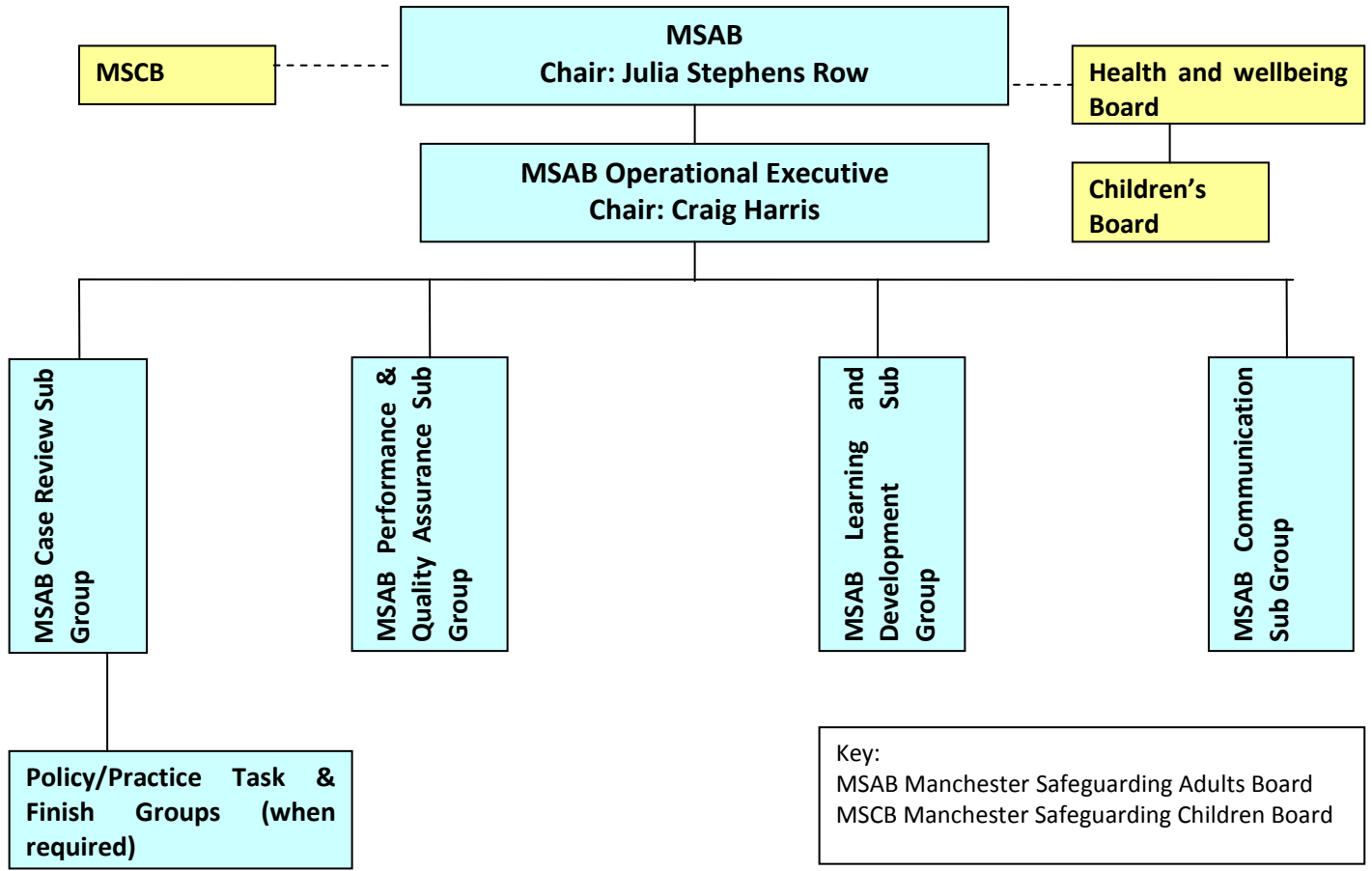
- To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults;

- To listen to people who have experienced abuse or neglect, and to seek assurance that people are able to be supported in the way that they want, are empowered to make decisions, and can achieve the outcomes they want;
- To promote safeguarding adults among the general public, by raising awareness and promoting well-being with the aim of preventing abuse and neglect;
- To be assured of the safety and wellbeing of anyone who has experienced abuse or neglect;
- To identify, and monitor the implementation of changes that help to prevent similar abuse or neglect happening to others.

7.3 The Board will, working alongside others, prioritise the following areas of work as a way of achieving its strategic objectives:

- Trafficking and modern slavery;
- Preventing radicalisation;
- Domestic abuse;
- Mental health;
- Health and social care integration and devolution;
- Early help;
- Improving access to and understanding of safeguarding across partner agencies, ensuring there is 'no wrong door' when accessing services and support.

**8. Structure of the Board and relationship to other Boards**



## 9. Board members

Organisation	Role
CCG	Executive Nurse & Director of City Wide Commissioning, Quality & Safeguarding
CGM CRC	Assistant Chief Executive (Manchester, Salford and Trafford)
CMHFT	Deputy Director of Nursing
GMP	Chief Superintendent
Healthwatch Manchester	Chief Officer
HMP	Head of Offender Management & Public Protection
<b>Independent</b>	<b>Chair of MSAB</b>
MACC	Chief Executive
MCC	Interim Head of Adult Social Care
MCC	Executive Member for Adults, Health & Wellbeing
MCC	Strategic Director Families, Health & Wellbeing
MCC	Director of Housing
MCC	Interim Head of Adult Safeguarding & Quality Assurance - Adults
MMHSC	Chief Nurse & Director of Quality Assurance
NHSE	Assistant Director Nursing (Patients Experience)
NPS	Assistant Chief Executive
PAHT	Lead Nurse
Public Health	Director of Public Health for Manchester
UHSM	Chief Nurse

Advisors to the Board	
Organisation	Role
MCC	Solicitor, Children & Families Legal Group
MCC	Head of Children & Families Legal Group
MSAB / MSCB Business Unit	Interim Safeguarding Boards Coordinator
MSAB / MSCB Business Unit	Business Support Officer

## 10. Glossary

<b>GLOSSARY</b>	
<b>CCG</b>	Clinical Commissioning Group
<b>CGM CRC</b>	Cheshire & Greater Manchester Community Rehabilitation Company
<b>CICT</b>	Community Infection Control Team
<b>CMHFT</b>	Central Manchester Hospital Foundation Trust
<b>CO</b>	Community Order
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality & Innovation
<b>CTLP</b>	counter Terrorism Local Profile
<b>DASH</b>	Domestic Abuse and Harassment
<b>DHR</b>	Domestic Homicide Review
<b>DoLS</b>	Deprivation of Liberty Safeguarding
<b>DVPN</b>	Domestic Violence Prevention Notices
<b>DVPO</b>	Domestic Violence Prevention Order
<b>FGM</b>	Female Genital Mutilation
<b>GMP</b>	Greater Manchester Police
<b>HMIC</b>	Her Majesty's Inspectorate of Constabulary
<b>HMP</b>	Her Majesty's Prison
<b>IDVA</b>	Independent Domestic Violence Advocate
<b>LD</b>	Learning Disability
<b>Macc</b>	Manchester Alliance for Community Care
<b>MARAC</b>	Multi-Agency Risk Assessment Conference
<b>MCA</b>	Mental Capacity Act (2005)
<b>MCC</b>	Manchester City Council
<b>MMHSCT</b>	Manchester Mental Health & Social Care Trust
<b>MSAB</b>	Manchester Safeguarding Adult Board
<b>MSCB</b>	Manchester Safeguarding Children Board
<b>NHSE</b>	National Health Service (NHS) England
<b>NPS</b>	National Probation Service
<b>OPCC</b>	Office of Police & Crime Commissioner
<b>PAHT</b>	Pennine Acute Hospital Trust
<b>RARA</b>	Remove, Avoid, Reduce, Accept
<b>RP</b>	Registered Provider
<b>SCR</b>	Serious Case Review
<b>SSO</b>	Suspended Sentence Order
<b>UHSM</b>	University Hospital South Manchester
<b>VCS</b>	Voluntary & Community Sector