

Manchester Safeguarding Adults Board Annual Report 2015-16

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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

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Note:

This report covers the period April 2015 - March 2016 and was compiled by Julia Stephens-Row the Independent Chair of the MSAB and the MSCB in conjunction with Gail Stott, MSAB / MSCB Media & Communications Manager. Our thanks go to all the partners who contributed to the report.

The report was circulated for comment to Board members and finalised on the 20th September 2016. It will be presented to the Manchester Health and Wellbeing Board, the Manchester Safeguarding Children Board (MSCB), Manchester City Council’s Scrutiny committee and the Clinical Commissioning Group. It will be sent to the Chief Executive or equivalent of all member agencies, including the Police and Crime Commissioner.

The full published MSAB Business Plan 2015/17 can be found on our website
www.manchestersafeguardingboards.co.uk

Or contact the MSAB / MSCB Business Unit:

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1. Introduction

I am very pleased to be writing this introduction for the Manchester Safeguarding Adults Board (MSAB) annual report which covers the period from April 2015 to March 2016. This report 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.

Safeguarding Adults Boards became a statutory function in April 2015 brought in by the Care Act 2014 and I have been the Independent Chair of the MSAB since May 2015. There has been a huge amount of work undertaken over the last year to ensure that the Board is on a firm footing, including holding a development event where the vision and principles and priorities of the Board were agreed. The Board now has a number of subgroups which are driving forward its work and I am grateful to all those partners who chair and sit on these groups. With the appointment of a permanent co-ordinator to support the work of the Board in February 2016 and the more recent opportunity to move towards having integrated Board support across both the MSAB and the MSCB I am confident that we are able to take this very important agenda forward.

All of the resources for 2015/16 have come from funding provided by Manchester City Council which has been crucial in developing the work of the Board thus far. The three Clinical Commissioning Groups have identified funding for 2016/17 and some in kind support has been offered by other partners. This additional resource is really necessary to ensure that the statutory functions are met, for example commissioning of safeguarding adults reviews; two of which were identified in 2015/16 and more are being identified on a regular basis. We are also keen to hear and obtain the views of service users both as a Board as well as across the partners

Through this report you will find many examples of the work that partners have carried out in the last year and this has been recently been captured in the self assessments that all partners on the Board have undertaken. This process in itself demonstrates the commitment of the Board to assurance and improvement and I look forward to undertaking follow up visits to see at first hand the valuable work that is being delivered to prevent abuse and promote the well-being of people with care and support needs.

Julia Stephens-Row
Independent Chair of Manchester Safeguarding Adults and Children Boards
August 2016

2. Executive summary

The Manchester Safeguarding Adults Board (MSAB) Annual Report has been compiled in line with the requirements of the Care Act 2014 and provides a platform for reflection and forward planning. During this reporting period, April 2015 to March 2016, the Board made considerable progress in coordinating and assuring the work of the multi-agency membership. This Executive Summary will provide an overview of the sections covered within and highlight some of the themes running through partners' work in adults safeguarding over the year.

The report provides a synopsis of local demographics along with a snapshot of some of the health issues faced by Manchester which illustrate the unique challenge faced by partners in safeguarding our citizens. Local performance information has been provided in relation to the Manchester City Council (MCC) Safeguarding Adults Service showing that the number of concerns reported has risen over the last three years.

The [2015/18 MSAB Strategy](#) sets out the Board's vision, strategic objectives and priorities, having been agreed by partners. These in turn have informed the Board's business plan (included as [Appendix 4](#)). The Business Plan sets out the intended outcomes against the agreed objectives of the Board and the actions intended to achieve these.

Governance arrangements are clear and robust with partners providing monitoring information to the Quality Assurance and Performance Improvement (QAPI) subgroup. The Board has an effective, timely planning cycle, and the established governance structure with effective, appropriate subgroups, feeds into this process via regular reporting to the Executive Group. Risk and financial planning are set agenda items for the Executive Group alongside the reports from subgroups. A budget report is included here as [Appendix 2](#).

The Case Review Subgroup has oversight of the Safeguarding Adults Review (SAR) cases and process and the report details that there were four referrals within the reporting period. Two of these were screened and SARs commissioned, whilst the other two were to be screened in the following reporting period.

These governance arrangements are set within the Manchester multi-agency strategic landscape and the Board works closely with the Manchester Safeguarding Children Board (MSCB), Health and Wellbeing Board and Community Safety Partnership to ensure that there is a joined up, city-wide approach to safeguarding. Strategic developments in adult safeguarding across Greater Manchester and nationally are taken into account through senior management involvement in cross county steering groups and For a; and relevant research and guidance is shared and considered at board level.

The largest part of the report comprises submissions from partners under the headings of each of the six principles of safeguarding:

1. Empowerment – personalisation and the presumption of person led decisions and informed consent
2. Prevention – it is better to take action before harm occurs
3. Proportionality – proportionate and least intrusive response appropriate to the risk
4. Protection – support and representation for those in greatest need

5. Partnership – local solutions through services working with their local communities
6. Accountability – accountability and transparency in delivering safeguarding.

Member organisations were able to provide a wealth of information about their activity under each of the principles with excellent examples of good practice highlighted in all areas. Prevention and Protection were particularly strong and it is clear that partners have robust arrangements strategically which translate to strong frontline adult safeguarding procedures. Empowerment and Proportionality were identified by some organisations as areas requiring further development in the following year with strong objectives and actions described to address issues such as improvement in engagement with adults at risk and personalisation within services.

Analysis shows a number of emerging themes on which multiple partners provided detailed accounts of their work and progress throughout the section. Of particular note was safeguarding of victims of Domestic Violence and Abuse (DV&A) and there are numerous rich examples of clear policy and procedures from across the partnership.

Complex safeguarding has become an area of focus over the course of the year with a depth of understanding evident across the Prevent agenda, human trafficking and counter terrorism. This shows a strong response to the changing nature of safeguarding pressures and risks and there is evidence of effective multi-agency working.

Deprivation of Liberty Safeguards (DoLS), mental health and learning disability awareness are all covered extensively within the information provided and engagement of the community and voluntary sector is recognised as being central to this work.

All partners describe extensive training programmes across the whole of their organisations though there is an opportunity to improve learning and development through introduction of a multi-agency training programme led by the Board and facilitated by the Business Unit. There is evidence of strong monitoring and self-evaluation throughout.

The report concludes by detailing the priorities of the Board and identifies a number of challenges which have emerged through consideration of risks and the risk register and discussion points from the Board and Executive Group. Service User Engagement, Budget constraints, Transition and Making Safeguarding Personal are all cited and will be considered in the planning process and mitigating actions added to the business plan.

The report is positive and progressive, providing an insight into a forward thinking Safeguarding Adults Board (SAB) that is moving towards improved integrated working with the Manchester Safeguarding Children Board (MSCB). This will be achieved in part through integration of the business unit and some subgroups and will enable a whole family approach to safeguarding across Manchester and which will in turn realise the Board's vision of "ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect".

3. Local context– demographics and vulnerable groups

Local Perspective

Manchester is a major European and world city, and its achievements and profile are widely recognised. Like all major cities however, Manchester has significant safeguarding challenges and these are wide-ranging. Part of the Board's role is to ensure that the professionals (and volunteers) working with adults and families are sufficiently aware and alert to safeguarding concerns where they encounter them, and know what actions to take to keep adults safe, and when to involve specialist safeguarding.

Despite the economic and physical transformation of the city over the past 25 years and some tangible improvements in health outcomes, when it comes to the health inequalities Manchester still lags well behind the rest of the country. The recent publication of the Index of Multiple Deprivation 2015 highlights the challenges faced by Manchester. The relative overall rank of the City on the Index improved slightly from 4th in 2010 to 5th in 2015. However, of the seven domains that make up the Index, it was the “Health and Disability” domain that prevented Manchester from securing a lower ranking. There is a strong correlation between levels of deprivation and poor health outcomes, and health inequalities persist across the city.

The Manchester Joint Strategic Needs Assessment (JSNA) highlights a number of health related challenges, for example Manchester “has more hospital admissions for alcohol-related conditions than the England average” and “the estimated prevalence of opiate and/or crack users in Manchester in 2011/12 was 12.97 per 1,000 population compared to 8.40 nationally”.

The percentage of people with a Body Mass Index (BMI) suggesting they were obese was higher in Manchester than the North West and the rest of England, though levels of physical activity were higher on average than those of England and had improved since the previous year.

According to the JSNA “The [2011 Census](#) revealed that in Manchester, 17.8% of residents have a limiting long-term condition or disability that affects their ability to do their usual day-to-day activities” and with regard to learning disabilities and autism it states; “In 2014, there were around 8,843 adults aged 18-64 with a learning disability and around 3,641 adults aged 18-64 with autistic spectrum disorders (ASD) in Manchester”.

On Mental Health the assessment reports that “the rate of adults receiving a mental health service under the CPA in Manchester in 2013/14 was 9.9 per 1,000 population”.

Below is the headline section on Adult Social Care:

“The [Adult Social Care Outcomes Framework \(ASCOF\)](#) presents statistical information at local authority level relating to the provision of adult social care, for example one indicator on [the rate of permanent admissions to care homes for adults aged 18-64 years](#) shows that in Manchester in 2013/14, there were 12.2 admissions per 100,000 population aged 18-64 to care homes. This rate is lower than similar authorities (16.7 per 100,000), the North West and England (both 14.4 per 100,000).

In Manchester in 2013/14, 53% of people using community-based services receive self-directed support, such as a personal budget. Self-directed support gives people more choice over how their care and support works, with the intention that as many people as possible are given as much choice as possible. The percentage for Manchester is lower than similar authorities (61%), the North West (67.5%) and England (61.9%).

In Manchester in 2013/14, 24.1% people using community-based services received their self-directed support as a direct payment. Receiving payments directly lets recipients of care and their carers spend money on care and support in ways and at times that make sense to them, with the intention that as many people as possible are given as much choice as possible over the way this money is spent. The percentage for Manchester is higher than similar authorities (19.6%), the North West (18.8%) and England (19.1%).”

The analysis contained within the JSNA is further evidence of some of the issues which are particular to Manchester and which present challenges to the MSAB.

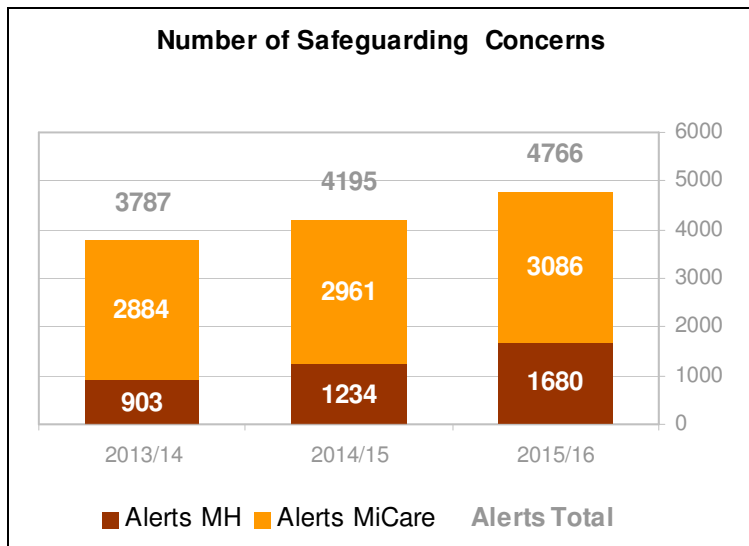
Local Performance

Manchester City Council Safeguarding Adults Service

Manchester City Council (Adult Social Care) is responsible for reporting on Safeguarding Adults activity in the following areas.

Concerns

In 2015/16 there has been an increase of 13.6% in the number of concerns from 4195 in 2014/15 to 4766 in 2015/16.

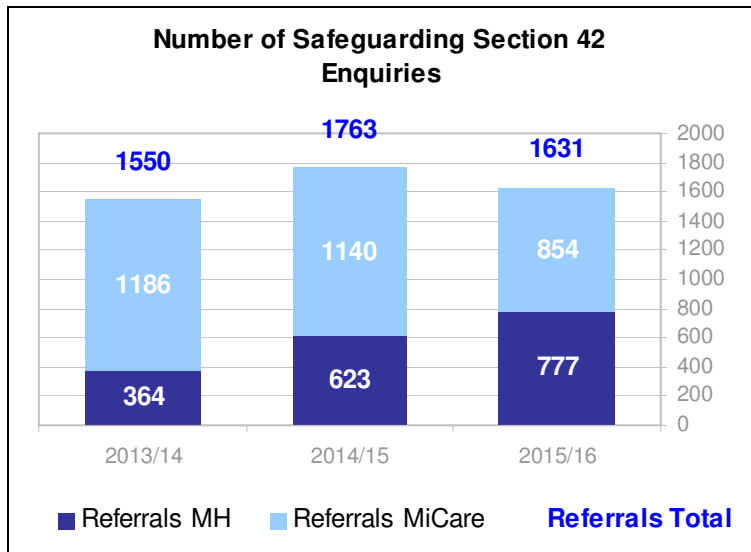


The volume of concerns recorded by Adult Social Care has increased by 4.2% (125) to 3086 in 2015/16.

The volume of concerns from Mental Health has increased by 36.4% (446) to 1680 in 2015/16.

Section 42 Enquiries (Safeguarding Adults Collection)

In 2015/16 there has been a decrease of 7.5% in the number of section 42 enquiries from 1763 in 2014/15 to 1631 in 2015/16.

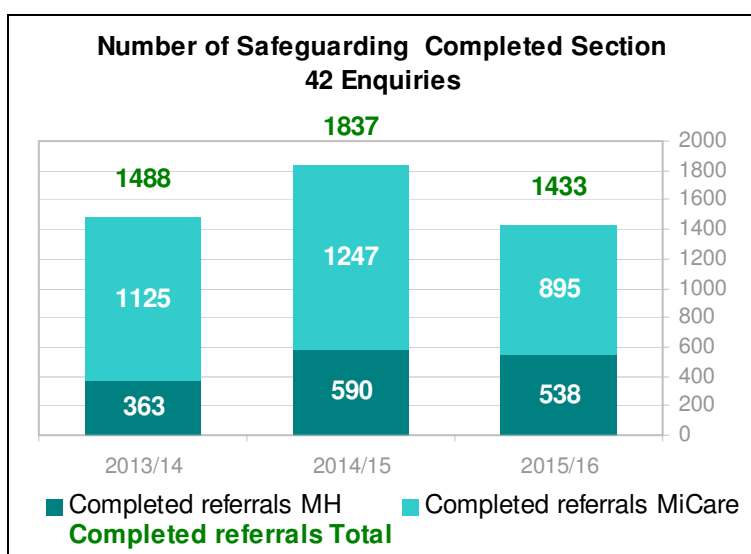


The volume of section 42 enquiries from Adult Social care has decreased by 25.1% (286) to 854 in 2015/16. This is equivalent to a 12.3 percentage decrease, to now proportionately account for 52.3% of the section 42 enquiries (from 64.7% in 2014/15, and 76.5% in 2013/14).

The volume of section 42 enquiries from Mental Health has increased by 24.7% (154) to 777 in 2015/16. This is equivalent to a 12.3 increase, to now proportionately account for 47.6% of the S42 enquiries (from 35.3% in 2014/15, and has doubled from the 23.5% recorded in 2013/14).

Completed Section 42 Enquiries (Safeguarding Adults Collection)

In 2015/16 there were 404 fewer completed section 42 enquiries than in the previous year; there was a decrease of 22% from 1837 in 2014/15 to 1433 in 2015/16.



In 2015/16 there has been a decrease of 21.9% in the number of completed referrals from 1837 in 2014/15 to 1433 in 2015/16.

The volume of referrals from Adult Social care has decreased by 28.2% (352) to 895 in 2015/16. This is equivalent to a 5.4 % decrease, to now proportionately account for 62.5% of the S42 enquiries (from 67.9% in 2014/15, and 75.6% in 2013/14)

The volume of referrals from Mental Health has also decreased by 8.8% (52) to 538 in 2015/16. This is equivalent to a 5.4% decrease, to now proportionately account for 37.5% of the S42 enquiries (from 32.1% in 2014/15, and 24.4% in 2013/14)

The Care Act advises that there are many ways to resolve Safeguarding Adults concerns. It is essential that the person with care and support needs is at the centre of this activity and consulted in regard to desired solutions.

4. MSAB Strategy and Business Plan

The MSAB Strategy 2015/18 sets out the overall general direction of the Manchester Safeguarding Adults Board (MSAB) for the three year period. The Strategy 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".***



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.

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.

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.

The details of how the Board will achieve this are included in the Business Plan. A "one page plan" synopsis of the full plan can be found in [Appendix 4](#).

The effectiveness of the Board's work each year will be reported and reviewed in the Annual Report.

5. Key developments and progress in 2015/16 against the six safeguarding principles

The Manchester Safeguarding Adults Board (MSAB) is committed to working within 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.

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.

Central Manchester Foundation Trust (CMFT)

Although CMFT has strong focus across the Trust on patient engagement and feedback to shape services, 2016/17 will see a greater focus on raising the profile of the voice of the Vulnerable adult across the Trust. This will incorporate learning from the implementation of the Learning Disability agenda around engagement with vulnerable service users.

The Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)

The Cheshire & Greater Manchester Community Rehabilitation Company, now owned by Purple Futures, an Interserve led partnership has been through a significant transformation programme during the last twelve months and will have implemented their new operating model by the end of Autumn 2016. The theory underpinning the "Interchange Model" is strengths based, with a focus on rehabilitation and the fundamental building blocks for this are: desistance theory, the good lives model, and personalisation. The Interchange model is built around the principles of the 'Skills for Effective Engagement and Development' (SEEDS) model which includes desistance based approaches. The desired high level outcomes for

service users from the Interchange Model are: Hope and motivation; Something to give; Healthy lifestyle; Place in society; Family and relationships; Positive identity.

Manchester Clinical Commissioning Groups (CCGs)

The Manchester CCGs have initiated a programme to embed the refreshed safeguarding assurance toolkit to reflect learning from Serious Case Reviews (SCRs)/ Domestic Homicide Reviews (DHRs), new strategic priorities and in particular to respond to the changes in legislation, statutory guidance, health service structures, partnership priorities, principles of the Framework and to support and develop our Primary care workforce across Manchester.

The vision for safeguarding within the CCG has been to maintain robust, resilient and effective safeguarding services and to strengthen arrangements for safeguarding adults and children across Manchester by working collaboratively with partner agencies. The Manchester CCGs have prioritised the safety and welfare of vulnerable adults across all commissioned and contracted services and continue to support and work to empower the health professionals across the health economy of Manchester.

To enable the CCG to fulfil its vision, the CCG Executive Lead for Safeguarding and the Head of Safeguarding are members of the MSAB Executive Committee and the MSAB Board, the Adult Designated Nurse is a member of the Board as the Professional Advisor.

Greater Manchester Fire and Rescue Service (GMFRS)

GMFRS has a number of Designated Safeguarding Officers (DSOs) who advise and provide guidance to staff regarding safeguarding concerns and support staff when needed if they have concerns about a child, young person or adult at risk. If required, DSOs will support staff to make referrals to appropriate local agencies regarding identified safeguarding issues. Borough Managers and/or Community Safety Managers are all DSOs and are closely linked to their Local Safeguarding Children Board (LSCB) and Local Safeguarding Adults Board (LSAB) procedures and attend meetings as appropriate. GMFRS is now a regular member of the Manchester Safeguarding Adults Board and meetings are attended by either the Borough Manager or Community Safety Manager.

GMFRS carries out refresher training for its Designated Safeguarding Officers (including the Community Safety Manager and Community Safety Team Leader – CSM/CSTL) under the “3 year” best practice guidance.

GMFRS has introduced a “Brigade wide” monitored Safeguarding e-learning package (this includes policy, principles, procedures, referral pathways, information exchange protocols and responsibilities. This empowers and supports staff to recognise and report abuse and take the necessary steps to protect an individual(s) from further harm.

GMFRS has continued to assimilate the key Care Act recommendations relating to Safeguarding into GMFRS training, procedures and practice. One of the key areas of most interest is the enhanced focus on “hoarding” and its inclusion in the Care Act definition of “self-neglect”. Hoarding can be a key contributory factor in serious dwelling fires. GMFRS have and continue to work closely with housing providers to raise the profile of hoarding as a mental illness rather than a lifestyle choice and to encourage partners to work with tenants to address issues rather than moving to automatic eviction.

Greater Manchester Police (GMP)

Domestic Violence Protection Notices (DVPN) 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 senior police officer will review all of the information and evidence, and may decide for the sake of a person's safety a Domestic Violence Protection Order (DVPO) should be applied for.

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).

A DVPO is an order applied for by the police and made by the Magistrates' Court. If an order is made, it will last for a minimum of 14 days and a maximum of 28 days. The aim of a DVPO is to provide protection for the victim by requiring the perpetrator to refrain from contact and excluding them from the victim's home.

This period of time allows the heat to be taken out of situations, offering victims the opportunity of vital respite and gives them time to consider their options.

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 safe from abuse and violence.

Greater Manchester Police (GMP) also has a website with a section on 'Advice', which provides specific advice and guidance on the roles and responsibilities of those who work in safeguarding vulnerable adults. This includes how to contact specialist officers and provides advice on subjects such as:

- Radicalisation
- Domestic abuse
- Forced Marriage
- Hate crime
- Lesbian, Gay, Bisexual and Transgender Communities
- Loan sharks
- Modern Slavery
- Rape and Sexual Crime
- Stalking and Harassment
- Victims and Witnesses.

STRIVE is a multi-agency initiative funded by the Home Office Innovation fund. It seeks to provide early intervention in Domestic Abuse matters to prevent issues escalating to violence.

Police Officers and Community Support Officers conduct secondary visits to victims of Domestic Abuse, providing help, advice and guidance about how to contact support agencies. This funding has provided training courses, literature and also a drop in centre in Wythenshawe, ensuring that help is available from the most available sources.

Healthwatch

Healthwatch Manchester is the local independent body set up to listen to and act upon the views, opinions and experiences of local people around statutory health and care services. Healthwatch Manchester is commissioned by Manchester local authority to provide the following functions:

- Information and Signposting to local statutory health and care services
- Representation of the views and opinions of local people regarding these services
- Review of these services through local investigation.

As the consumer champion for local people regarding health and care Healthwatch Manchester has a mandated place at the Health & Wellbeing Board and can influence commissioning intentions by reporting on local people's experiences of health and care and making relevant recommendations.

Manchester City Council Public Health

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- The organisation gives individuals accessible relevant information and support around recognising and reporting abuse and the choices available to them to ensure their own safety
- There are clear and accessible systems for individuals, users and carers voices/views to be heard and influence change
- All safeguarding activity is carried out with a focus on achieving the outcomes that the adult has identified
- The organisation ensures that the public are clear about the roles, responsibilities and ways to contact those who work in safeguarding vulnerable adults.

Manchester City Council Safeguarding Adults Service

It is of vital importance that Adults with care and support needs have their voice heard. We work with multi disciplinary agencies to promote the development of Safeguarding Adults policy and practice.

To ensure that the adult is listened to and for their wishes to be considered when responding to issues of abuse or neglect, everyone is asked about the outcomes they wish to achieve as a result of working with us. If the adult is not in a position to express their viewpoint we promote the use of advocacy.

Manchester City Council Strategic Housing

MCC's Strategic Housing continues to play a major role in influencing, enabling and supporting the Registered Providers (RPs) in the city with their organisations safeguarding responsibilities. Registered Providers across Manchester satisfy their "duty to cooperate" and above. Though the self-assurance statements that were returned by social housing providers since March, we have been able to build an even clearer picture of the safeguarding work that is going on within the Registered Providers in Manchester and Strategic Housing are currently in the process of capturing good practice examples to share across the city.

Strategic Housing has identified empowerment as an area for some development within general needs social housing stock. Strategic Housing will suggest to general needs Registered Providers that they should consider providing some information about safeguarding in their public areas - leaflets newsletters posters and websites.

Manchester Mental Health and Social Care Trust (MMHSCT)

During the reporting period MMHSCT made changes and added questions relating to Making Safeguarding Personal (MSP) to their Safeguarding Investigation/ Protection forms and also within their Quality Assurance Audit process and training packages.

MMHSCT plan for 2016/17:

- Build capabilities & empower others; create a learning and knowledge culture across the organisation and with our service users
- Build service-user participation into the monitoring, development & implementation of our training strategies
- Design a service user feedback survey/ questionnaire for adults who have been involved in a safeguarding s. 42 enquiry

National Probation Service (NPS)

Although adult safeguarding is a relatively new area for policy development for the NPS, itself a relatively new organisation having only come into existence in June 2014, there is a clear commitment, nationally, regionally & locally to ensuring this work is given a high priority.

All practice staff attended a briefing in relation to a communications assessment tool for use with those under supervision. The tool was developed in partnership with Calderstones NHS trust. Each month a list of cases where there are indications of communication difficulties, are sent to Offender Managers who carry out the enhanced assessment with a view to identifying those who require an adapted approach to their supervision. The hope is that this will improve compliance with orders/licences – thus reducing the inappropriate imprisonment of vulnerable persons, the effectiveness of offence-focussed work to reduce risk of harm and allow service users who have communication difficulties to express what their priorities are in relation to their sentence plan objectives (rather than just agreeing to those suggested by their Offender Managers).

North West Ambulance Service (NWAS)

The implementation of the Care Act 2014 with its focus on personal choice and empowerment for patients has resulted in an increase in requests to be involved in Adult Reviews and

Strategy Meetings. Senior Clinicians and Managers support staff with engagement in safeguarding processes and regularly represent the Trust at associated meetings.

Pennine Acute Hospitals Trust (PAHT)

Deprivation of Liberty Safeguards (DoLS)

The guidance from the Law Society further recommends that nursing and medical staff should ask themselves if the care plan for a patient means that staff need always broadly to know:

- where the individual is; and
- what they are doing at any one time.

If the answer to both questions is 'yes,' then the Law Society suggests this is a strong pointer that the individual is under continuous / complete supervision and control. This guidance prompted a revision of guidance to staff regarding DoLS; and in January 2016 new guidance was circulated.

University Hospital South Manchester (UHSM)

UHSM gives individuals accessible information and support around recognising and reporting abuse and the choices available to them to ensure their own safety and allow them to influence change. The examples below demonstrate the different ways that patients and their carers can access relevant information in both detail and easy read format:

- Website- the UHSM public facing website has comprehensive information for patients, relatives and carers on how to recognise and report safeguarding concerns, it also advises on the decision support process for those that require additional support. There is information available in an accessible easy read format to explain many of the medical conditions and treatment that patients may experience during their admission.
- Recruitment of specialist nurses – UHSM is currently recruiting a cohort of Band 5 nurses with a special interest in safeguarding. This will provide access to specialist teaching in safeguarding and introduce a network of safeguarding champions into the UHSM workforce.
- The Deprivation of Liberty Safeguards pack that is used for authorisation at UHSM has a step by step process built in; this includes a full capacity assessment template and an information sheet for the relevant person's representative

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.

Central Manchester Foundation Trust (CMFT)

The safeguarding teams are central to ensuring good standards of safeguarding practice across the Trust through support, advice, training and supervision. The team work closely with Divisional leads to ensure that clinical practice is safe and responsive to the needs of our most vulnerable patients.

The Cheshire and Greater Manchester Community Rehabilitation Company (CMG CRC)

Inevitably, safeguarding remains a priority for the CRC and the strengths based Interchange Model is an exciting opportunity for our service users to benefit from the rehabilitation process. In addition to extensive Induction and Training for staff to assist with the implementation of the new model, all CRC staff will benefit from a range of safeguarding training from autumn 2016 which will include Adult Safeguarding and Extremism Training. Furthermore, The Cheshire & Greater Manchester CRC remains one of the largest providers of domestic abuse interventions for perpetrators in the Country and during the course of the last 12 months we have provided interventions for hundreds of offenders across Cheshire and Greater Manchester as requested by the Courts.

Staff deliver effective risk assessment and management and ensure that any exploitation or abuse by or against the service users they supervise is brought to the attention of managers and action is taken to safeguard those at risk.

Manchester Clinical Commissioning Groups (CCGs)

A key challenge to the work of the MSCB and MSAB is the number of Domestic Homicide Reviews (DHRs), Serious Case Reviews (SCRs) and prevalence of Domestic Violence and Abuse for children subject to a Child Protection (CP) plan. Manchester CCGs have demonstrated their commitment to providing a preventative and early help offer for victims of Domestic Violence and Abuse and their children. Identification and Referral to Improve Safety (IRIS) is a general practice based Domestic Violence and Abuse (DV&A) training and a business case has been successfully progressed via the three Manchester CCG's to expand the current service to every GP practice in the City.

Manchester CCGs are fully compliant with Prevent requirements and are committed to offering GP practices the level three Workshop to Raise Awareness of Prevent (WRAP) training in the coming year to fulfil CCG statutory responsibilities to protect vulnerable people who may be susceptible to radicalisation by violent extremists or terrorists. This programme will be embedded into training, contractual monitoring and policy and procedure.

A substantial amount of activity has been underway for some time where Manchester CCGs and Manchester City Council have been working closely in monitoring serious incidents, safeguarding incidents, complaints, initiatives to drive quality and implement joint inspections and improvements when required.

The CCG Safeguarding team have commenced a supportive nursing framework with the following objectives:

- To carry out nursing Quality Assurance visits to the nursing homes.
- To reduce safeguarding incidents and apply a "preventative" approach to enhance quality of nursing care.
- To measure quality standards against the preventative framework with the homes.
- To work in partnership with the homes where additional support is needed to meet those standards.
- To ensure good linkage within Primary Care.
- To promote innovation, sharing of information and best practice, highlight local developments and networking opportunities for staff.

- To work with MCC in the development of an overall Quality framework that can be universally adapted for nursing homes, as well as care and residential homes.
- To develop joint policies and protocols (with MCC) in ensuring sustainability for the current nursing home stock in Manchester. An analysis of need and recommendations for a delivery model for nursing home quality support.

Greater Manchester Fire and Rescue Service (GMFRS)

GMFRS has introduced 'Safe and Well' visits to both build on the success of previous Home Safety Checks (HSC) and also to develop GMFRS's role as a health asset within the developing PSR and Devolution agenda. Visits are person focussed and encourage residents to make the necessary changes to their lifestyle and living environments to make them safer and healthier. Staff are trained to offer appropriate signposting and also to make referrals to partner agencies and services where appropriate.

GMFRS works with partners such as Independent Domestic Violence Advocate (IDVA) and receives regular referrals for Priority Safe and Well visits. A Priority Safe and Well visit will include the fitting of smoke alarms in all rooms with the exception of bathrooms and kitchens, fitting of letter box protection, and the giving of advice on how to reduce the risk of arson and accidental fires. GMFRS will aim to carry out priority Safe and Well visits within 24 hours of receiving the report of an actual threat of fire related crime, or violence, or an attempted attack or a threat to kill.

GMFRS staff interact with the public in a range of scenarios. This not only includes when called to attend emergency incidents, but also where we facilitate youth engagement programmes, run/attend Community events etc, or visit people in their homes on pre-arranged Safe and Well appointments. It is essential that all staff receive appropriate training and support so that they can raise public awareness of safeguarding whilst also being able to identify and report any concerns where applicable.

Key areas routinely identified and dealt with as part of Safe and Well visits include issues relating to mental health, Alzheimer's and dementia, falls and frailty, diet and lifestyle etc. Staff delivering these visits have also received training to recognise and report the signs and symptoms of more complex issues such as honour based violence, modern day slavery, domestic abuse, female genital mutilation and forced marriage. Operational crews have close working relationships with Community Safety Team staff and will often refer cases of increased complexity for more in-depth and specialist management to the team.

To ensure public safety all GMFRS staff roles including those filled by volunteers, as well as individuals, consultants and agencies contracted by GMFRS are covered by the GMFRS Safeguarding Policy and all roles are evaluated and where necessary, appropriate background and DBS checks, etc are carried out to ensure that individuals are suitable and safe to work with adults and children who may be vulnerable and at risk.

GMFRS has a full Public Interest Whistle blowing Procedure in place and this outlines the responsibilities and expectations placed on both employees and management and ensures that there is a proper mechanism for raising concerns about possible wrong doing and that all allegations are fully considered and investigated.

GMFRS recognise the importance of working closely with or alongside staff from partner agencies and services. Examples of this include where we have staff embedded in Operation Challenger and the North West Counter Terrorism Unit. GMFRS also has a cadre of National Incident Liaison Officers (NILO) who receive specialist training to bridge the inter-operability gap across the emergency services and other partners in extreme or emerging threat environments. Locally, the NILO officers provide a 24/7 point of advice on a range of issues and these can often include liaison and giving specialist advice relating to covert police operations. Most recently, GMFRS have provided a presence in the developing Early Help Hubs, giving input into cases and offering services to assist families and young people to stay safe in their homes.

Greater Manchester Police (GMP)

GMP works to objectives set by the Police and Crime Commissioner which work towards 'Protecting society and helping to keep people safe.' GMP will do this by:

- Continuing to drive down crime and Anti Social Behaviour (ASB)
- Keeping people safe
- Delivering a good service.

The Chief Constable has set a Policing philosophy that includes keeping people safe from harm and hatred.

The City of Manchester Division has a Vulnerability governance process built on daily, weekly and monthly scrutiny. This ensures that all potential for risk harm and threat is identified quickly and the most appropriate resource allocated and longer term problem solving intervention put in place. The weekly scrutiny to determine trends and necessary activity is governed by a Detective Chief Inspector at local Cluster level (North, South and Central) with monthly governance by the Superintendent lead being held pan-Manchester.

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 and was extended nationally in March 2014. The initiative, which is also known as Clare's Law, has been running since 6 September 2012. It gives victims of domestic abuse, their friends, families and authorities the opportunity to apply for information about the person they are in a relationship with – these are known as 'right to ask' and 'right to know' applications. This legislation allows the public to obtain information prior to entering into long term relationships and is known to prevent incidents of domestic abuse.

Working with partners under the 'STRIVE' project means the police visit repeat victims of '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.

Healthwatch

All staff and volunteers at Healthwatch Manchester are trained to a professional standard and have signed and dated written training records.

As a minimum, all relevant staff and volunteers:

- receive safeguarding children and vulnerable adults training and:
- are made aware of this policy and procedure and how it impacts on their practice
- are Disclosure and Barring Service (DBS) checked
- have provided adequate references to undertake their roles

All relevant Healthwatch Manchester training has been commissioned from a nationally recognised training organisation regulated by Ofsted.

Manchester City Council Public Health

The MCC public health team was restructured in 2015/16. During the course of the coming year, all public health team staff will be given the opportunity to update their understanding of adult safeguarding through team briefings and access to training.

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- Robust procedures are followed to ensure that all staff and volunteers are safely recruited so that unsuitable people are prevented from working with vulnerable adults
- Safeguarding Adults is integrated into all the organisation's contractual processes with clear expectations reporting requirements to prevent harm, neglect and abuse of vulnerable adults
- The organisation has performance management systems that record and indicate the effectiveness and potential for interventions to prevent harm, neglect and abuse
- The organisation has safeguarding adults procedures in place that staff understand and implement
- Safeguarding Awareness training delivered to all staff and volunteers and opportunities are available to develop enhanced skills for those with specific role/responsibilities
- The organisation promotes the take up of domestic abuse training (including sexual violence) for front line staff.

Manchester City Council Safeguarding Adults Service

The Service has a key responsibility to raise awareness that abuse and neglect is not acceptable. This is achieved by working in partnership with the community and multi disciplinary agencies. The aim is to ensure that people are aware of how to seek help and support.

This includes a team of Independent Domestic Violence Advisors who work to ensure that people at risk of Domestic Violence or Abuse are provided with information and support. The City of Manchester has developed an innovative approach to domestic abuse policy and practice.

Manchester City Council Strategic Housing

Strategic Housing has identified Domestic Abuse as a priority for the coming twelve months. Strategic Housing will work with the Registered Providers around this area which will tie in with "Delivering Differently", the Early Help Hubs and Multiagency Safeguarding Hubs. It will involve

understanding what policies, procedures and knowledge and understanding of Domestic Abuse, the RP's currently have. The aim will be to strengthen and improve upon any findings made.

Manchester Mental Health and Social Care Trust (MMHSCT)

Learning from Practice - Audits

A priority of the Trust is to learn from cases and situations that challenge us as a multi-agency partnership. Whenever a safeguarding incident arises, there is opportunity for learning to:

- Understand how well the incident was managed and whether the patient's outcomes were met.
- Use information to understand wider themes and trends and improve prevention.

MMHSCT audits encompass the safeguarding core elements:

- Prevention
- Responses
- Outcome and Learning
- Improved Standards and Outcomes.

In January 2016 the Local Authority and Trust Internal Auditors provided MMHSCT with Substantial Assurance in relation to the effectiveness of their Quality Assurance (QA) Process and the level at which it was embedded. Report headlines include:

- Were of the opinion MMHSCT had continued to improve and address any weaknesses identified in previous internal audit reviews.
- MMHSCT QA process had also taken into account broader factors for example "Think family approach and children safeguarding".
- Overall MMHSCT QA process had been well designed and was considered fit for purpose.

Domestic Abuse

MMHSCT has 14 Multi Agency Risk Assessment Conference (MARAC) Marshals dispersed in various teams and wards across the city. With a further ten planned for 2016. The MARAC Marshals received specialist training from the police. In turn they now play a crucial role within MMHSCT, providing vital domestic abuse advice to peers, which has greatly improved the way MMHSCT, responds to domestic abuse safeguarding enquiries.

MMHSCT have designed a Domestic Abuse leaflet, poster and training package for MARAC Marshals to deliver to their respective teams. They have redesigned their safeguarding forms, asking the specific question '*Do you consider this safeguarding concern to be related to domestic abuse?*' if yes, make an attempt to complete a Risk Indicator Checklist (RIC) and consider a referral to MARAC.

Again as a result of learning from audits and changing practice MMHSCT had a further 31.25% rise in referrals to MARAC during 2015-16 and domestic abuse training is also now mandatory within MMHSCT.

Prevent Strategy

Whilst prevention has been part of strategy and guidance for some years, Section 21 of the Counter-Terrorism and Security Act 2015 places a duty on specified authorities (including NHS

Trusts) to 'have due regard, in the exercise of its functions, to the need to prevent people from being drawn into terrorism'.

To meet this duty MMHSCT developed a Prevent steering group; this group is chaired by the Trust Local Security Management Specialist and reports to the Safeguarding Governance Group. Additional people across the Trust are being trained to deliver WRAP / PREVENT training.

Additional developments were achieved in 2015-16 and a specific question relating to Prevent was added to the Trust Adult Safeguarding Section 42 concern form '*Do you have concerns the adult is at risk of radicalisation?*' If yes, complete a Prevent referral and email the Trust Security Management Specialist, demonstrating an understanding of the fundamental need for joint working.

The Safeguarding Team has now set up a team nhs.net email account; the account has been designed to:

- Monitor and evaluate activity between partner agencies: Local Authority, Police, Channel/ Prevent, MARAC and Care Quality Commission (CQC).
- To improve the early identification and prevention of any safeguarding matters.
- To ensure cover between safeguarding team members when on leave or absent from work.
- Information shared is: safe, secure and lawful.

MMHSCT Prevent training cuts across their safeguarding agenda and overall compliance is 71%. Also within the mandatory Safeguarding training level 2 there is a 15 minute session included, regarding vulnerability and radicalisation with case study examples to increase staffs awareness of radicalisation and who to refer their concerns to.

National Probation Service (NPS)

In acknowledgement of the increasing emphasis of the importance of its work safeguarding adults at risk the National Probation Service has, this year, issued a number of nation-wide directions and regional policies in this area of its work. Key among these are the national policy on adult social care (April 16 updated from Nov15), Policy statement & Practice guidance on safeguarding adults at risk (Jan 16) & the NPS North-west Adult safeguarding Delivery Plan 16-17 (launched Feb 16) . An inaugural regional meeting for Adult safeguarding lead managers, chaired by the regional lead Assistant Chief Executive, Sandra Oluonye, took place in March 2016 with quarterly events planned through 16/17. All NPS practice staff will be undertaking new nationally commissioned Adult safeguarding classroom training throughout 2016/17. In addition all Offender Managers will undertake 2 days of Personality Disorder training in 2016/17. All practice staff have completed WRAP 3 training (addressing domestic extremism) this year.

North West Ambulance Service (NWAS)

Safeguarding activity has increased throughout the year which is reflected in the increase in the numbers of safeguarding concerns raised about adults at risk.

92% of all NWAS staff have now received WRAP 3 training which is the 'workshop to raise awareness of Prevent' and part of the Government's anti-terrorism strategy. Prevent is any

terror related activity that takes place in the pre-criminal space. WRAP is included within mandatory training for all staff and compliance with this national requirement has increased during 2015/16.

The Trust will be updating its mandatory training relating to Human Trafficking, Modern Slavery and Domestic Abuse in the Next Year. Training in these subjects is currently available within the Trust Learning Zone and is accessible to all staff.

Pennine Acute Hospitals Trust (PAHT)

Walkround activity has amounted to a total of 51 visits being undertaken throughout the year. 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 whistleblowing. The walkrounds provide assurance that there is:

- A gradual improvement in understanding regarding assessment of mental capacity and best interests.
- Consistent awareness and willingness to challenge inappropriate behaviour by staff or visitors.
- An improvement in the percentage of staff who recognise the legal age of a child.

Training activity

The percentage uptake of the combined Safeguarding Adults and Children Level 2 mandatory training remains constant at 94%. The Safeguarding Adult Level 3 mandatory training has risen by 6% since the same period last year. Following the publication of the new Intercollegiate Competency Framework for Safeguarding Adults in February 2016 the training is being reviewed and updated to ensure compliance with suggested content.

Prevent

Compliance remains good and on track to meet the requirements set out in the NHS England competency framework.

University Hospital South Manchester (UHSM)

- Updated admission documentation for all patients with risk assessment prompts
- Mortality review for all Learning Disability deaths with outcomes shared with CCG and Trust Directorates
- Training programmes to include volunteers at Level 1; all employed staff at Level 2; and senior staff programme at Level 3
- Sodexo ancillary staff training programme aligned with UHSM course content and Skills for Health Framework
- Disclosure and Barring Service (DBS) checks for all volunteers and employed staff.

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.

Central Manchester Foundation Trust (CMFT)

The main challenges for the teams in 2015/16 resulted from a period of vacancies within the safeguarding teams, and ensuring support to frontline staff dealing with safeguarding concerns in the context of activity pressures and workforce pressures across the Trust. The Safeguarding Teams have successfully achieved this along with supporting the Local Authority in its Improvement agenda following the Ofsted Inspection in 2014.

The Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)

CRC are developing more personalised approaches to how we protect individuals at risk from abuse. A senior and middle manager have completed multi-agency Making Safeguarding Personal training and the learning has been cascaded to staff delivering from the Salford Office.

Manchester Clinical Commissioning Groups (CCGs)

The safeguarding of adults is a high priority for Manchester CCGs and there is strong commitment to ensuring that structures and governance arrangements for safeguarding are robust. The Care Act (2014) has now placed Safeguarding Adults Boards on a statutory footing with new duties and responsibilities. Safeguards against poor practice, abuse, neglect and exploitation are an integral part in the delivery of care and support, as well as within regulation with commissioning and contract monitoring arrangements for the CCGs.

Greater Manchester Fire and Rescue Service (GMFRS)

The Designated Safeguarding Officers group (DSOG) meets quarterly and reviews all safeguarding incidents that happen either within GMFRS or under GMFRS jurisdiction within the community and ensures that standards are being met. These meetings also provide an opportunity for staff to discuss concerns as a group as well as providing input into policy and procedure changes. This group will also consider new legislation and help decide, along with colleagues from within the HR function, whether any changes are required to GMFRS policy and procedure, training etc.

A hierarchy of support is in place for staff to refer to in cases which are complex or sensitive. DSOG officers are available 24/7 and are on hand to give staff advice and support to resolve or report cases in a way that achieves the best possible outcome for the individual at actual or perceived risk.

Greater Manchester Police (GMP)

Command and Control, at an operational level is the responsibility of the duty Inspector who oversees all the incidents reported to the Police and determines 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 reducing the impact and trauma on the victim.

GMP promotes the National Decision Making Model (NDM) to everyone in policing to ensure that there is structured approach to decision making and clear rationale recorded for any

action taken or not. This ensures there is a balanced approach to all incidents with a clear documented understanding as to why action was taken.

In the recent Her Majesty's Inspectorate of Constabulary (HMIC) inspection GMP was praised for:

- identifying those who are vulnerable and assessing the risks that they face and what is needed to keep them safe.
- the identification and treatment of vulnerability with frontline staff aware of the immediate options available to them to protect victims and knowing where to go for specialist advice e.g. Child Sexual Exploitation (CSE), Honour Based Violence (HBV), Female Genital Mutilation (FGM) etc.
- identifying vulnerability at an early stage with good evidence of partnership referral to support those with particular needs which has resulted with investigations of a high standard with clear focus on the needs of the victim.

Manchester City Council Public Health

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- The organisation can demonstrate that consideration of mental capacity is part of the safeguarding adults process and where people lack capacity decisions are always made in their best interests
- The organisation has processes for quality assuring decisions relating to concerns and enquiries
- The organisation has effective processes to enable it to identify and respond to concerns or emerging risks relating to adults with care and support needs
- The organisation ensures Domestic Abuse Stalking and Harassment Risk Indicator Checklist (DASH) Risk Assessments are effective in identifying where there is a risk of honour based violence
- The organisation ensures where a MARAC case is identified individuals are offered the opportunity to have a face to face meeting with a domestic abuse specialist prior to the MARAC Meeting.

Manchester City Council Safeguarding Adults Service

The service seeks to support and promote positive risk taking with adults with care and support needs and to ensure that the solutions are appropriate to the situation. The service has recently developed a Quality Assurance and Improvement framework with Adult Social Care staff. The purpose of this is to promote best practice and effective decision making with the Adult at the centre of safeguarding activity.

Manchester City Council Strategic Housing

Not applicable to housing providers – they work in partnership with statutory agencies to support them in their work.

MACC

MACC is the local support organisation for the voluntary, community and social enterprise sector in Manchester. There are over 3,000 voluntary and community organisations, faith-

based groups and social enterprises in Manchester. A handful of these are familiar national charities: large organisations with multi-million pound budgets. The vast majority are small community groups two thirds of have an annual income below £10k.

MACC represents the sector on MSAB and during the year we continued to highlight the need for access to clear and simple information about good practice in safeguarding for local Voluntary, Community and Social Enterprise (VCSE) organisations in accordance with the principle of proportionality.

Manchester Mental Health and Social Care Trust (MMHSCT)

The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DoLS) provide important legal safeguards for people who need to be deprived of their liberty in their best interests, to protect them from harm.

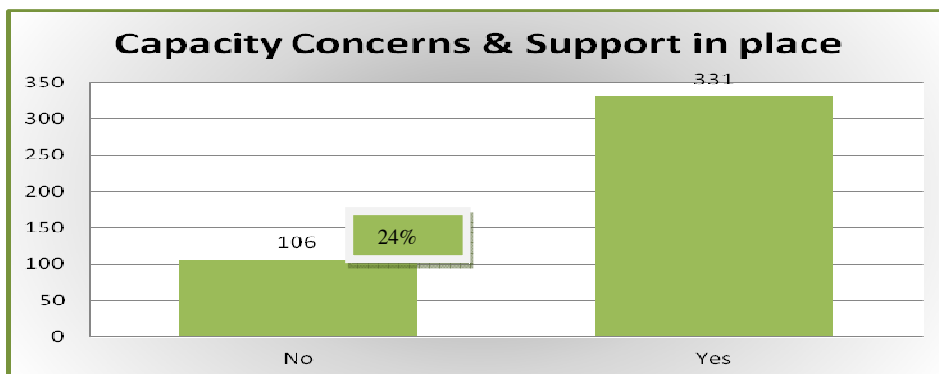
The safeguards ensure:

- the arrangements are in the person's best interests
- the person is appointed a representative
- the person has a right of appeal.

MMHSCT has worked to promote awareness and understanding of these safeguards particularly in relation to understanding issues of capacity when reviewing safeguarding referrals and safety planning within investigations.

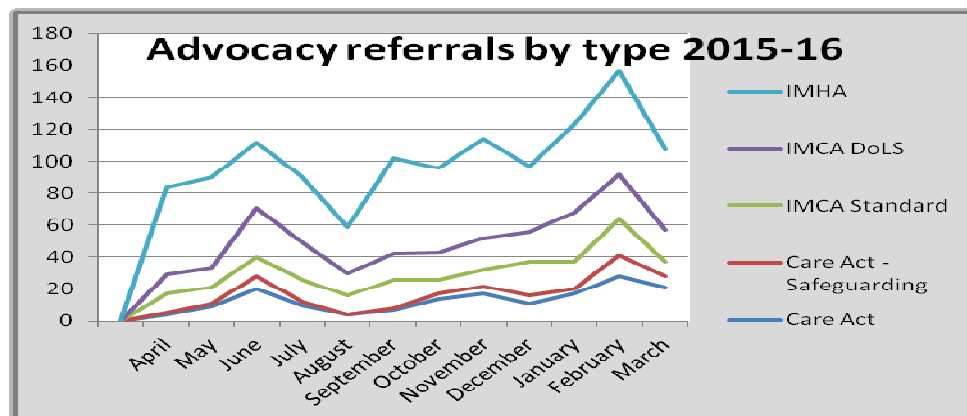
When a safeguarding Investigating Officer (IO) identifies capacity concerns and there is no support from family or friends the IO will make a referral to the Gaddum Centre for an Independent Mental Capacity Advocate (IMCA) to be allocated.

Graph 1: details the number of referrals received where issues with capacity have been identified



However, if the source of abuse was the support i.e. family, friend or partner, the IO would also consider making an application for an IMCA to be allocated.

Graph 2: details the number of Advocacy referrals to support adults through the safeguarding process



University Hospital South Manchester (UHSM)

The Safeguarding Adults Team receives a copy of all safeguarding incidents that happen either in the hospital or under UHSM care in the community. This provides an opportunity for staff to discuss concerns with the safeguarding team. UHSM has implemented a new heightened observation policy that promotes proportional response with meaningful activity in those vulnerable adults with confusion who require close supervision.

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.

Central Manchester Foundation Trust (CMFT)

Safeguarding is everyone’s business to ensure that we continue to work together as an organisation to safeguard and support the most vulnerable in our care.

The Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)

The CGM CRC are developing a comprehensive Directory of Services using Voluntary and Community Sector partner’s expertise to intervene with service users in accessing the support they require tailored to their individual needs. This is with a firm commitment to provide more innovative support packages to secure real and sustained change in their lives and hence change their behaviour and attitudes to crime.

Manchester Clinical Commissioning Groups (CCGs)

The Manchester CCGs Primary Care programme has been implemented across the three Manchester CCGs and has been recognised as an area of excellent and innovative practice. The programme is supported by the Named GP in post and Specialist Nurses who are leading the

primary care safeguarding programme to offer dedicated Nursing hours to GP practices in Manchester. This includes a comprehensive safeguarding training calendar of specific subject training at level 3.

The CCG Designated Nurses are members of the Greater Manchester Adult Safeguarding Network with an aim to achieve best practice and to identify risks and themes across the Greater Manchester economy.

Healthwatch

In the last financial year Healthwatch Manchester successfully dealt with over 500 enquiries from local people regarding health and care, either through the dedicated helpline or through enquiries to the Healthwatch Manchester office. Enquiries to our 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 we receive which include an element of safeguarding in its wider sense usually involve a citizen's request for us to act on their behalf to expedite a situation where they are meeting resistance and are too vulnerable or unaware of their rights.

HMP Manchester

All identified 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.

Greater Manchester Fire and Rescue Service (GMFRS)

GMFRS will continue to monitor staff completion of the mandatory "Brigade wide" Safeguarding e-learning package.

Refresher training will be carried out with all GMFRS' Designated Safeguarding Officers (including CSM/CSTL) under the "3 year" best practice guidance.

GMFRS will ensure increased effective and appropriate utilisation of its bespoke "in house" Safeguarding referral mailbox in conjunction with appropriate referrals being made directly to ASC/Safeguarding "partners" including "dip sample" based monitoring by DSO's.

GMFRS will continue to embed the principles of Making Safeguarding Personal (MSP) and Making Every Contact Count (MECC).

GMFRS will continue to ensure that a knowledge and understanding of safeguarding issues remains embedded within the delivery of our Safe and Well interventions.

GMFRS as an organisational will continue to promote recognition of the fundamental role of the DSO across all departments.

GMFRS will continue to ensure that the now statutory requirement to provide an attendance at all area Adult Safeguarding Boards is complied with.

Greater Manchester Police (GMP)

In response to any given incident, Police Officers conduct an assessment of the risk posed by the completion of the Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model (DASH).

The risk identification process remains dynamic. Events and circumstances may undergo rapid and frequent change. Where this is the case, the assessment must be kept under review. Risk identification is based on structured professional judgement. This model is most effective when undertaken by professionals who have been fully trained in its use.

In relation to the assessment of risk, officers complete a RARA 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 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.
- **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.

MARAC victims can be identified by any agency and GMP are a key partner agency within this process. In line with all partner agencies GMP completes the '*Greater Manchester MARAC referral form.*' if victims have been identified through the DASH process or through professional judgement.

Part I of the Mental Capacity Act (MCA) offers the framework by which to determine and defend actions taken on behalf of people who may lack capacity, whether through illness, injury or other kinds of vulnerability, including temporary or permanent impairments from intoxication.

GMP, working with the College of Policing have prepared specific guidance to officers because as a general rule, actions taken on behalf of vulnerable people are for determination by healthcare professionals, where available. Officers are advised to seek support from health professionals wherever possible in the support of people who they believe lack capacity.

Where officers must act without waiting for NHS support, the Act provides a framework to approach and to justify actions which interfere with a person's liberty if they lack capacity.

All officers work to the Five Principles of the MCA (s1):

- A person must be assumed to have capacity unless it is established that they lack capacity
- A person is not to be treated as unable to make a decision unless all practicable steps to help him / her to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because he / she makes an unwise decision.

- Act done or decision made under this act for, or on behalf of a person who lacks capacity, must be done or made in his / her best interests.
- Before the act is done or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

In their Police activity, officers work to The Least Restrictive Principle (s4) whereby if an officer decides to intervene in someone's best interests, whether or not because of a request by a health professional, the intervention must be done in the least restrictive way.

Manchester City Council Public Health

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- The vulnerable adult is at the centre of all responses to allegations or disclosures of harm and all activity is based on their preferred outcomes or best interests
- The organisation has an approach of positive risk taking and defensible decision making in which the adult can be fully involved
- The organisation seeks feedback from user groups about the experience of the safeguarding process.

Manchester City Council Safeguarding Adults Service

We respond to concerns of abuse or neglect to protect people and ensure their safety. Our response may be through a formal safeguarding enquiry or through offering a direct intervention to support the person.

We ensure that, when people lack capacity, their human rights are protected through the Deprivation of Liberty Safeguards. This involves an assessment to check that all arrangements for the person's care are in their best interests and are the least restrictive way of meeting their needs.

Manchester City Council Strategic Housing

Good examples are to be found in the Registered Providers such as the "If in doubt" campaign which promotes sharing safeguarding concerns via simple postcard system and also the use of "concern cards" as an internal systems for all visiting and front line staff to report concerns.

Manchester Mental Health and Social Care Trust (MMHSCT)

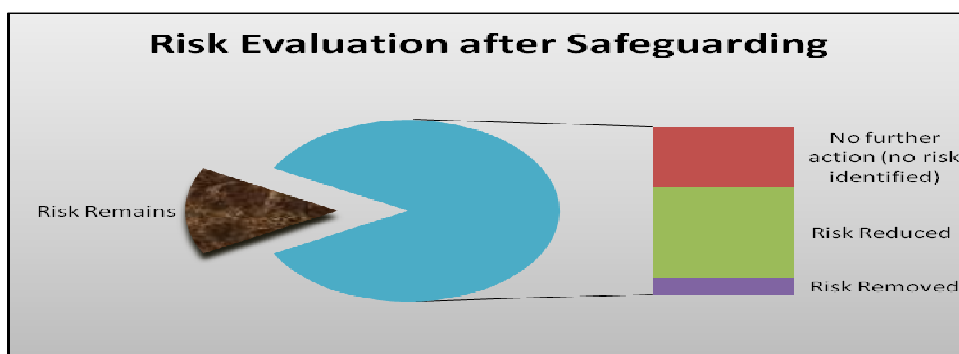
MMHSCT received 792 safeguarding alerts via Manchester City Council Contact Centre, 12% increase from the previous year. MMHSCT staff also generated 888 safeguarding alerts for adults who were open to their service and who were at suspected risk of abuse. A total of 1680 referrals were managed within MMHSCT; this is the highest number of referrals received to date within MMHSCT and represents a rise of 36% on the previous year.

This increased referral rate indicates that awareness of safeguarding adult's across MMHSCT continues to improve. It also suggests that increasingly people are aware of the need to safeguard adults and are aware of how to seek help.

In 71% of occasions safeguarding adults arrangements within MMHSCT have served to either completely remove the risk, or reduce the risk of further abuse and neglect. However, an adult who is able to make choices may make 'unwise' decisions that others disagree with. If the person does not want any safeguarding action to be taken, it may be reasonable not to intervene further, as long as:

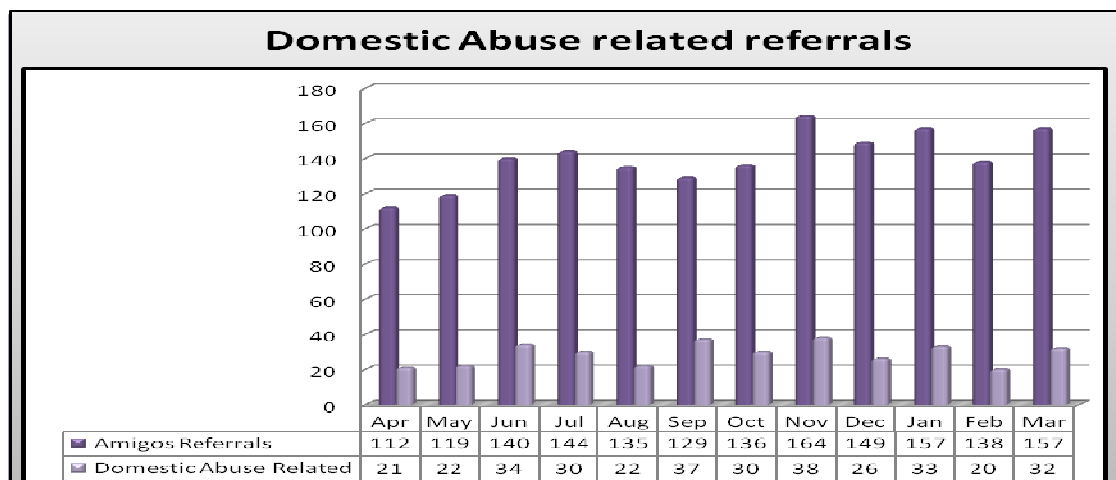
- no-one else is at risk
- no immediate risk of death or major harm
- all decisions are fully explained and recorded
- other agencies have been informed and involved as necessary
- risk and capacity assessments completed as appropriate.

Graph 3: details the evaluation of risk following a safeguarding



When a member of staff from MMHSCT identifies a safeguarding alert is related to domestic violence and abuse the investigating officer will make ALL efforts to complete a Risk Indicator Checklist (RIC) with the identified adult. The primary purpose of the form is to identify risk to the adult victim and to be able to offer appropriate resources/support in the form of the MARAC for the most serious cases.

Graph 4: details the number of referrals considered to be related to domestic abuse



National Probation Service (NPS)

The age profile of those supervised by the NPS in Manchester shows that roughly 4% of the cases are 60 or over. Although this is not a large number it is increasing. These cases can bring with them a number of complications – it is significant that of this group 70% are on the Sex Offender register making resettlement problematic. Added to this it is recognised that those serving prison sentences are likely to have significantly worse health outcomes for their age than the general population. The combination of high risk to others and vulnerability through ill-health (and if discovered their offence profile) means that the cases can take up a disproportionate amount of Offender Management time, particularly in relation to finding suitable accommodation on release from custody. It is recognised that the successful management of these cases will require multi-agency working beyond the NPS, police and prison service.

Pennine Acute Hospitals Trust (PAHT)

Learning Disability (LD) Services

The new post of LD Liaison nurse was appointed to in September 2015. The 45% increase in referrals shown in the table below is indicative of the growing awareness among professionals about the role of the LD Liaison Nurse and the need for expert advice to properly support patients with learning disabilities.

	Q3	Q4	Total
North Mcr General Hosp	17	21	38
The Royal Oldham Hosp	21	29	50
Fairfield General Hosp	12	27	39
Rochdale Infirmary	14	3	17
Other		13	
Total	64	93	157

The Trust has an electronic flagging system that is populated with data from the referrals received above and from information shared with partners in the community learning disability teams. When a patient who is ‘flagged’ attends PAHT, an automatic alert is generated and sent to the LD Liaison nurse who checks each attendance for factors such as multiple attendances to A&E, mental health/self harm and ‘behavioural’ attendances. The LD Liaison Nurse then makes contact with community learning disability teams to check if the person is known to them to ensure that information is shared and the correct support can be put in place for the individual. The numbers of alerts generated has seen an 86% increase in Quarter 4 (below):

Q3 alerts	Q4 alerts	Total
230	427	657

The LD Steering Group now benefits from carer and self-advocate representation. Work is focusing on improving communication documentation, ensuring quality assurance framework progress and monitoring/completing action plans arising from incidents where appropriate and audits. The group has started a children’s subgroup which now incorporates the work with Salford University focusing on improving the care and experience of children with learning disabilities. The Trust ‘Signalong’ project is a key feature of this work which aims to provide all Trust employees the opportunity to learn this powerful communication method, the use of which extends beyond children with learning disabilities. The ‘tutorials’ will be made available

on the Trust intranet and recording of the 40 plus signs with a wide variety of staff, patients and children is currently underway.

The need to continue to raise awareness about patients with learning disabilities and the Trust care pathway continues to be a key focus of work for the group and the safeguarding team.

Dementia

The Trust has developed a Dementia Strategy which will drive good practice and high quality initiatives to meet the following objectives:

- Delivery of person centred care throughout all levels of the organisation
- Enhancement of communication and information
- Collaboration with partnership agencies
- Development of a highly skilled workforce
- Recognition as a dementia friendly health and care setting
- Strengthening of organisational leadership and infrastructure
- Participation in audit and research.

Strengthening of organisational leadership and infrastructure was identified as a priority in line with the National dementia strategy (2009) and has been addressed through executive leadership provided by The Chief Nurse and Clinical leadership through the appointment of a Nurse consultant for Dementia and Medical Consultant who will have a Personal Assistant for Dementia. A reporting framework has been outlined from Board to ward and community and includes the Dementia Steering Group, Safeguarding Committee and Quality and Performance Committee.

A review of the environment has been undertaken using the Kings Fund Enhancing the Healing Environment assessment tool and previously presented to the committee. Wards have been provided with large clocks/calendars and orientation signs are to be provided to each ward/department. The white toilet seats are being replaced as part of the Well Organised Ward programme.

The National Dementia Commissioning for Quality and Innovation (CQUIN) goals have been achieved to date and there is clear evidence that the Trust are involved in the early identification of cognitive impairment, have delivered dementia training and have involved carers in feedback processes. As yet plans for 2016/17 have not been shared.

Actions taken to promote person centred care for people living with dementia include:

- Providing carers with a 'This Is Me' document to complete and for health care staff to use this information to inform care planning.
- A core cognitive Impairment care plan has been devised and is now available to wards and departments.
- Digital reminiscence equipment has been provided to a number of wards in order to provide activities based on individual preferences and the opportunity to develop a life story book' a report regarding the usage of the equipment was received in May 2016.

We currently have 43 Dementia Professional Leads in our workforce, who have signed a contract with their manager and committed to improving dementia care. In addition to these commitments is our pledge to support John's Campaign, which will be recognised nationally,

signing up to the Dementia Action Alliance Dementia Friendly Hospital Programme and the introduction of the Triangle of care. For more information see dementiapartnerships.com

Female Genital Mutilation

Practitioners report cases of FGM directly to the Safeguarding Team by the online information sharing system. This ensures compliance with the statutory duty for health professionals to report directly to the police anyone under the age of 18 who disclose they have been subject to FGM or it is seen by a practitioner that they have been subject to FGM. This change in law has been disseminated across the Trust and since November 2015 there has been one patient under the age of 18 years reported as having suffered FGM. Police and social care were informed.

University Hospital South Manchester (UHSM)

Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) template review; this is now more user friendly and accessible to staff. All safeguarding policies have been updated. All training programmes brought in line with the Core Skills Framework, making knowledge gained at UHSM more transferable across the City.

The development of an Executive Safeguarding Committee has improved our governance arrangements and provided leadership to drive the safeguarding agenda.

The safeguarding teams continue with commitment to multiagency engagement in domestic abuse to improve outcomes. An event with police and the charity Karma Nirvana to highlight topical issues with Honour Based Violence and Forced Marriage was coordinated in partnership with UHSM.

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.

Central Manchester Foundation Trust (CMFT)

The team embrace a partnership approach ranging from representation at strategic level to supporting frontline staff in escalating concerns to social care.

The Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)

Cheshire and Greater Manchester CRC are an active and committed partner to the work of the Safeguarding Adults Boards. In recognition of both the vulnerability of the offenders it manages and the safeguarding needs of some of the victims it supports. Staff ensure that their own practice does not exploit the power or authority they hold and that they act appropriately.

Cheshire and Greater Manchester CRC remain committed to working with local partners and alongside key criminal justice partners through Integrated Offender Management teams, Intensive Community Order Teams, Troubled Families work streams and the Greater Manchester Women's Alliance.

Manchester Clinical Commissioning Groups (CCGs)

Manchester CCGs are fully compliant with Prevent requirements and are committed to offering GP practices the level three WRAP training in the coming year.

Accountability in new statutory guidance for vulnerable adults, children and families and Prevent and a revised Accountability and Assurance Framework standards that were revised across Greater Manchester. Manchester CCGs have contributed to the revision of the assurance document.

The Manchester CCGs were selected to be one of the first to receive a National Health Service England (NHSE) assurance visit as part of a North of England Review and were found to be fully compliant with safeguarding standards and areas of excellent and innovative practice identified.

The CCG safeguarding team arrangements and partnership work

The Care Act (2014) sets out a clear legal framework for how local authorities and other statutory agencies should ensure the safety of adults with care and support needs, who are at risk of abuse or neglect. The Local Authority has a duty to make enquiries or facilitate the health input and oversight.

A programme of work has commenced to progress plans for the adult multi-agency safeguarding hub (MASH). Currently this will be a separate although co-located hub with the children's MASH. There is a strong recognition of overarching risks and issues such as Domestic Violence and Abuse, Mental Health and transition issues. The purpose of a MASH model is to promote multi-agency working in a central point, where professionals will be sharing information, decision making and agreeing the most appropriate intervention for adults in Manchester.

The Health and Wellbeing Board agreed three main strategic elements within the plan, one of which included the plan for health and social care to come together in an unprecedented way for increased joint (or integrated) working. Aligned with this, there has been on-going work that will see single, community-based teams of health, primary care and social care staff based in each of the 12 localities across the city. The Designated Adults safeguarding Nurses have been and continue to be involved in the safeguarding work stream that identifies how we ensure that the six Principles of effective safeguarding are not compromised in the transition and the delivery of these new arrangements. Work is on-going looking at a competency framework for Health and Social Care staff, this includes implementation of an outcomes based model of health input into the adult MASH, the input to the safeguarding adult review (SAR) subgroup and newly implemented subgroups of the MSAB.

HMP Manchester

HMP Manchester continues to work with Manchester City Council to identify and assess those in custody who may be vulnerable, ensuring they have any additional support they require. We have also engaged with the Safeguarding lead of our Healthcare provider, Manchester Mental Health and Social Care Trust (MMHSCT), to ensure a multi-agency approach to safeguarding.

Greater Manchester Fire and Rescue Service (GMFRS)

- GMFRS will ensure that safeguarding remains a fundamental focus as we move into further change in terms of both resources and service delivery.
- GMFRS will continue to monitor and manage the capacity/demand dynamic given GMFRS now deal with more individuals with increasingly complex, challenging and chaotic lifestyles and needs.
- We will develop our 'Safe and Well' service offer in conjunction with relevant partners and agencies.
- We will continue to support our existing partnership arrangements/agreements given the external pressures on our 'partners'.
- GMFRS will look for new opportunities to develop further beneficial partnerships.
- GMFRS will look for further opportunities to work within and influence the prevention agenda within the MSAB.
- GMFRS will develop appropriate processes to ensure full engagement with the Care Act requirements around 'transition' responsibilities as individuals progress from young person orientated interventions into fully supported adult engagement where required.

Greater Manchester Police (GMP)

GMP 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.

GMP are actively represented at Board, Executive and subgroups of the Safeguarding Adults Board; and are key partners in safeguarding and vulnerability.

Manchester City Council Public Health

The MCC public health team was restructured in 2015/16 and used this as an opportunity to review representation at the Manchester Adult Safeguarding Board and associated groups. The Director of Public Health continues to represent the public health team on the MSAB, supported by a public health team programme lead representative on the MSAB Operational Executive Group, who has responsibility for cascading information about the MSAB and adult safeguarding issues to the public health commissioning and programme teams. Members of the public health team also work actively in partnership with other relevant partnerships e.g. Community Safety Partnership.

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is

expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- Information is shared between organisations in a way that reflects its personal and sensitive nature. There are local information sharing agreements in place and staff understand and use them
- The organisation works with others in a 'one team' approach that places the welfare of adults above organisational boundaries
- The organisation's representatives on SAB are senior level, strategic officers and are decision makers within their organisation
- The organisation's representatives on the MSAB Executive are accountable for Safeguarding activity and for updating and sharing policy, procedures and information throughout the organisation
- The organisation can evidence the prioritising and attendance at safeguarding meetings where requested.

Manchester City Council Safeguarding Adults Service

We work closely with all our partners and share information where necessary to support people or develop safeguarding practice.

The Service is currently developing a multi-agency safeguarding hub (MASH) with partners to provide an effective method of assessing concerns raised about abuse or neglect. The benefit of a MASH is to provide a consistent, multi agency co-ordinated response.

MACC

With ever-increasing pressures on local organisations (rising demand and reduced funding), the need for access to simple cost-effective support around safeguarding has never been greater. MACC has regularly raised this with MSAB as a basic need while also emphasising the contribution of the Voluntary, Community and Social Enterprise (VCSE) sector to preventative approaches in safeguarding adults in all the communities of Manchester.

Manchester City Council Strategic Housing

The Project Officer with safeguarding responsibilities has a regular agenda item at the Connecting People work stream of the Manchester Housing Providers Partnership. Various topics have been covered in the last twelve months including learning from domestic homicide reviews, The Care Act, and the multi-agency domestic abuse toolkit. Several Registered Providers are 'Prevent Champions' and attend their regular network briefings.

Manchester Mental Health and Social Care Trust (MMHSCT)

MMHSCT recognises working to support those at risk of abuse and neglect often requires close partnership working, which challenges us to work in the most effective and seamless way for those at risk. Over the last 12 months MMHSCT has sought to do this by developing new partnership approaches that help us work effectively for the community.

MMHSCT have started to explore and develop more integrated working practices to enable them and the police to respond effectively to concerns as they are raised.

MMHSCT currently works in partnership with: member organisations of the Safeguarding Adults Board, including the police, Children's Services, Schools, Midwives, Independent Domestic Violence Advocates (IDVA), Victim Support, Manchester Women's Aid, Housing Providers, Drug & Alcohol Services, Probation Services, Big Life, Life Line, Zion Centre, Advocacy Services (Gaddum Centre) and Self Help Services and many more.

National Probation Service (NPS)

Multi-agency Connect 5 training – developing skills among Criminal Justice staff to manage those presenting with emotional distress – has been commissioned through the Police and Crime Commissioner's office. The NPS has been the largest participant in the training with all their allotted places quickly filled. Eventually all practice staff will be expected to attend two and a half day's training over the next couple of years. To this end the NPS has identified staff who will be trained to deliver the training themselves to those staff who could not get a place thus ensuring a sustainable model for the foreseeable future. The aim is that by improving knowledge & skills among NPS staff the emotional well-being of those we supervise will improve based on earlier interventions, thus reducing the call on scarce specialist NHS and emergency service resources.

The introduction of the adult Care Act with clarity on the responsibilities of prisons and Approved Premises in the identification of prisoners with additional needs has assisted the timely referral of complex cases into multi agency forum. At least two cases have been referred to Multi Agency Public Protection Arrangements (MAPPA) pre-release due to concerns that they would be exploited by others. Completion of Adult safeguarding training for all staff should lead to more systematic assessments by prisons who have ultimate responsibility for the (prompted by Offender Managers) .

North West Ambulance Service (NWAS)

Each month the NWAS safeguarding concerns rejected by Adult and Children's Social Care are scrutinised to understand the themes and either re-allocated to the correct service or to the patients' GP. Less than 6% of adult concerns are rejected. The rejections relate predominately to mental ill health for adults and the Trust is working towards developing referral pathways with partners to address the risks.

University Hospital South Manchester (UHSM)

The safeguarding team continues with commitment to multiagency engagement in domestic abuse to improve outcomes. An event with the police and the charity Karma Nirvana to highlight topical issues with Honour Based Violence and Forced Marriage was coordinated in partnership with UHSM.

UHSM actively participates at MARAC; SAR panel; multiagency strategy meetings; multiagency BI meetings.

Information regarding Citywide safeguarding activity, lessons learned from investigations and updated policy and process is cascaded to all staff in the organisation via internal safeguarding committees.

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 subgroups 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 Manchester City Council 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.

Central Manchester Foundation Trust (CMFT)

CMFT provide a variety of services for adults and continue to manage increasing complex safeguarding cases. All staff are accountable for their response and actions and are supported to escalate and act on concerns.

The Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)

- CGM CRC Domestic Abuse Policy was implemented in March 2015.
- A CGM CRC Young Adults Implementation Plan has been developed for implementation throughout 2016. We intend to further develop and embed services for young adults including care leavers in our service delivery including a focus on emotional maturation and effective transition management. Addressing a young adult's individual needs and safeguarding requirements will be integral to this.
- HM Government's Multi-Agency Statutory Guidance on female genital mutilation has been made available to all staff.

Greater Manchester Fire and Rescue Service (GMFRS)

- GMFRS will continue to reinforce the role and function of the GMFRS Safeguarding Policy Review Group.
- GMFRS will ensure that there is appropriate attendance and representation at the quarterly GMFRS Designated Safeguarding Officers forum meetings.
- GMFRS will continue to monitor completion of the e-learning package by existing and new staff.
- GMFRS will ensure that there is weekly monitoring of the designated Borough based Safeguarding mailbox through which referrals are channelled to partner agencies.
- GMFRS will monitor the completion and standards of written records on our PAIROF (Persons at Increased Risk of Fire) register.
- GMFRS will give and receive and record feedback from partner agencies regarding referrals made/received in regards to the manner in which they have been addressed.

Greater Manchester Police (GMP)

GMP is subject to governance and inspection by Her Majesty's Inspector of Constabularies (HMIC). That inspection regime brings about the requirement for an action plan to be completed.

HMIC undertook a national inspection of the police's response to domestic abuse in 2014. 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. In a more recent review in 2015 the HMIC stated that "GMP's response to victims of domestic abuse has improved over the last 12 months and can now be considered to be good."

To ensure that we hold ourselves to account in the wider sphere of safeguarding, the City of Manchester Division have a governance process that reviews and responds to safeguarding and vulnerability. The process has a daily meeting schedule to review the previous 24 hour activity that influences resource allocation and patrol planning. A monthly tasking and coordinating process ensures that we identify themes and trends and are able to respond effectively.

The Superintendent with the Strategic Lead for Vulnerability across the City of Manchester Division represents GMP at Board level. All Boards are attended by a GMP representative at an appropriate level. Additionally, GMP is represented at all Executive and subgroup meetings and where possible, the GMP representative for the MSAB subgroups will sit on the similar corresponding subgroups for the MSCB, to provide a consistent approach.

Healthwatch

The functions of Healthwatch Manchester include gathering people's views and making those views known to local partners and health and social care providers. Whilst undertaking its functions, Healthwatch Manchester may become aware of concerns, comments, compliments and complaints that may require escalation to agencies to which the service provider is accountable. Failure to escalate would be a failure to effectively carry out our function as Healthwatch Manchester.

Healthwatch Manchester is a public facing service; it is open to the public to comment and raise concerns about health and social services. The public can provide comments and concerns with anonymity, using many accessible routes.

One comment on its own may not indicate risk or the quality of a service, however many comments of the same nature or with regard to the same service would. The trend analysis process, which includes the use of external data and internal data, will support Healthwatch Manchester to determine the action required.

The escalation process is followed once the level of issue has been determined. As well as this, if upon investigating a local statutory service 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.

HMP Manchester

We have implemented all the mandatory requirements of Prison Service Instruction 2015/16 Safeguarding Adults in Prison and will regularly review our procedures and processes to ensure compliance.

Manchester City Council Public Health

The MCC public health team does not work directly with adults with care or support needs. Services commissioned by the public health team operate within MCC contracts that require

providers to adhere to MSAB Adult Safeguarding policies and procedures; as part of this it is expected that commissioned organisations work within MSAB principles and standards when working with adults with care and/or support needs, to ensure that:

- The roles, responsibilities and lines of accountability of the organisation are clear so that staff understand what is expected of them and others
- The organisation recognises and acts upon its responsibilities to the Board and partner agencies for safeguarding arrangements.

Manchester City Council Safeguarding Adults Service

We are a member of the Manchester Safeguarding Adults Board and are held accountable through the activity of the Board. We are also subject to scrutiny by the Elected Members of the Council and the Health and Well Being Board.

Manchester City Council Strategic Housing

Strategic Housing continues to provide on-going support and advice to the Registered Housing Providers (RP's) across Manchester in all matters safeguarding. The Project Officer with safeguarding responsibilities links into and conveys the messages that come from the Board, via Strategic Housing's Board members, to the network of social housing 'Safeguarding Champions'.

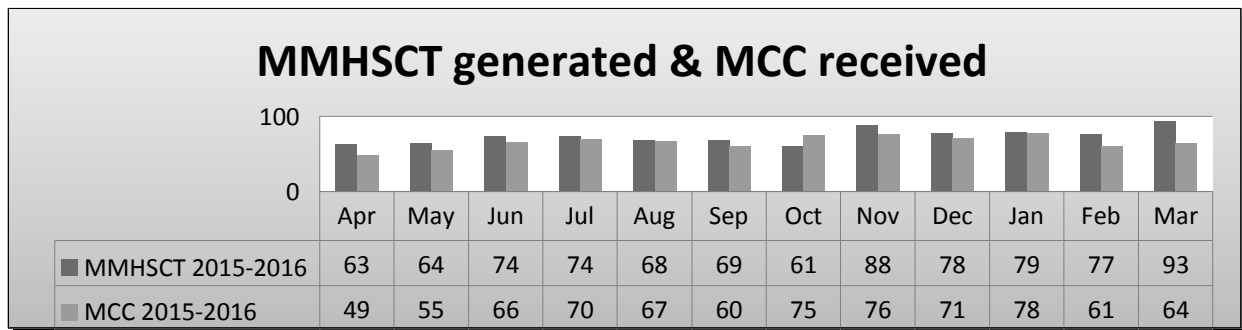
On the recommendation and guidance from Strategic Housing, many of the Registered Providers in the city have now had safeguarding audits completed in the last 18 months. This includes the largest providers and all have been graded to have "reasonable assurance" or above. This can therefore offer the Board a level of assurance about policies, procedures and commitment to safeguarding within their organisations. Strategic Housing will continue to support social housing with providing this level of assurance on a regular basis.

Manchester Mental Health and Social Care Trust (MMHSCT)

Under Section 75 of the NHS Act 2006, responsibilities for undertaking adult safeguarding enquiries and investigations for persons with mental health needs and ordinarily resident within the Manchester local authority boundaries has been delegated from Manchester City Council (MCC or the Local Authority) to MMHSCT.

The current Section 75 agreement with MCC states MMHSCT will make enquiries and investigate safeguarding allegations where a person is believed to be experiencing mental health problems. This encompasses a broad definition of mental health problems including significant psychological distress and is not related to diagnosis or having a "severe and enduring" condition.

Graph 5: details the number of referrals MMHSCT self-generated and referrals received under Section 75 Agreement from MCC



Safeguarding adults' arrangements work to protect adults with health and social care needs from abuse and neglect. When these procedures are followed, a Safeguarding Coordinator, usually a social worker or a psychiatric nurse, will work together with the adult (where appropriate carer/ advocate) to ensure there is a greater understanding of types of abuse, empowering them to make their own decisions and where possible support them to prevent abuse occurring.

MMHSCT Safeguarding Vision is to ensure every adult in Manchester is able to live in safety, free from abuse and neglect. Have a culture that doesn't tolerate abuse. Work together with the wider community to prevent abuse. Know what to do when abuse happens.

National Probation Service (NPS)

The management of the risks posed by service users is the core purpose of the NPS. All staff are aware that the protection of the public is their primary responsibility. All cases identified as presenting a high risk of serious harm have their assessments countersigned by a line manager. All cases falling within MAPPA (those sentenced to more than 12 months for violent offences and all Registered Sex Offenders) are screened by a manager. All high risk of serious harm cases (plus all child protection and indeterminate sentence prisoners) are reviewed at a minimum of every four months via the RAMA (Risk Administration Management Arrangements) process from a point six months prior to release from prison. All staff training incorporates risk assessment and management. All staff have regular supervision with a line manager.

Key areas for development and maintenance over the next year are

- Implementation of the NPS Adult safeguarding Practice Guidance via local workshops
- Completion of all relevant training (see above)
- Clear identification on case recording systems of
 - those offenders who are potentially adults at risk
 - potentially present a risk of harm to adults at risk
- monitoring of referrals to Local authority adult safeguarding teams
- Improving resettlement process for those leaving prison with vulnerabilities
- Consistent attendance at Adults Safeguarding Board and subgroups.

North West Ambulance Service (NWS)

Audits have been introduced to monitor the quality of safeguarding calls made by staff to the Trust Support Centre. This provides additional data relating to safeguarding knowledge and how the process has facilitated information sharing. Early indicators show that referral

information is of a high quality and is captured and documented by the Support Centre Advisors accurately. Areas for improvement are highlighted and raised with the staff concerned for their learning.

Pennine Acute Hospitals Trust (PAHT)

Serious Case Review/Domestic Homicide Review activity

During the year there have been five Serious Case Reviews commissioned relating to children and two relating to adults. Outcomes from the lessons learned have included:

- Increased awareness about the need to report inflicted knife wounds to the Police in the same manner as gunshot wounds are reported.
- Increased awareness about the risks associated with a combination of factors related to domestic abuse, mental illness and alcohol use – known as the toxic trio.

Audit Activity

Audit Title	Date	Action plan status
Record Keeping Audit	April 2015	Completed Results disseminated
Carers of People Living with Dementia Survey	September 2015	Complete Re-audit underway
FFT Patient Experience Thematic Analysis	September 2015	Completed and presented to Q&P
Compliance with LD care pathway: case file audit	September 2015	Completed and shared with commissioners
Toxic Trio and assessment of caring responsibilities	December 2015	Completed
Safeguarding Internal Audit	February 2016	Completed and presented to Q&P Action plan in progress.
Harms Internal Audit (falls and pressure ulcers)	February 2016	Completed and presented to Q&P Action plan in progress
Mental Capacity Act compliance Audit	March 2016	Completed Action plan in progress

University Hospital South Manchester (UHSM)

UHSM has established an Executive Safeguarding Committee to set and oversee strategic direction and ensure that the Trust has robust effective safeguarding arrangements in place by challenging and scrutinising safeguarding activity across the Trust. The Committee will also seek assurance that changes are being implemented as a result of recommendations from changing legislation and learning from safeguarding reviews.

6. Case Studies

The below three case studies are representations from some of the MSAB member organisations illustrating good practice in safeguarding adults during the report period.

Safeguarding Advocacy Case Study – The Gaddum Centre

J was referred for Care Act Advocacy in connection to a safeguarding alert relating to financial abuse by her son M. It was alleged M had taken thousands of pounds from J's account. J had been assessed as lacking capacity and the case was being considered by PPIU.

An advocate visited J in the residential care home and through discussions, it was apparent J's relationship with her son was important to her. The care home confirmed M saw J almost daily and was supportive in caring for J when she was distressed.

The advocate informed the initial strategy meeting of the importance of J's relationship with her son. It was identified there were issues with M's benefits which needed to be resolved. Any criminal case could only be considered from August 2015 the date from which J was deemed to lack capacity. The outcome was that a Best Interest meeting needed to determine J's best interest regarding the ongoing management of her finances and contact with her son.

The advocate explained to J the outcome of the meeting and the need for a Best Interest meeting. The advocate established J's views and wishes regarding her son managing her finances. J consistently stated that she didn't care whether her son had control of her money. She did make it clear the most important thing was that her son did not stop coming to see her.

The advocate attended the best interest meeting to relay J's views. The outcome was for Client Financial Services to take control of J's finances. The advocate raised concern that any action should be balanced with the risks of J losing contact with her son which would be significantly damaging to J. It was decided on balance, it was more proportionate to have J's finances managed by Client Financial Services rather than applying to the Court of Protection for a deputyship order as this may further jeopardise J and M's relationship.

The advocate attended a reconvened meeting, and advocated on J's behalf that pursuing criminal proceedings may jeopardise J's relationship with her son and J's view that she did not wish this to proceed. PPIU stated there were insufficient grounds for prosecution. The safeguarding was substantiated and the outcome of the strategy meeting was for Client Financial Services to take control of J's finances, with no criminal action to be taken.

The advocate visited J and explained that client financial services would be taking over control of her finances however the advocate was unsure whether J had fully understood. Once J's finances had been taken over by Client Financial Services the advocate received feedback from the care home that M was still visiting J regularly.

Central Manchester Foundation Trust Case Study

Name has been changed

Patient arrived in the UK approximately 12 months ago from one of our European neighbouring countries.

Background:

Mr Jones is a 62 year old gentleman he has been diagnosed with cancer the primary was unknown and he had advanced metastatic bone disease.

Mr Jones was admitted to the MRI and had limited English but appeared to settle well on the ward. During a late shift a few weeks into his stay at MRI, Mr Jones disclosed to a support worker who spoke the same language that he was unhappy with a family member and disclosed that his family member has taken his passport and that they have taken a loan out in his name in order to apply for a visa for his family member's spouse.

He reported that they were also aware that he had money back in his homeland and they are trying to take it from him. He also raised concerns that his family members have made threats to kill.

The safeguarding team were contacted for support and advice. It was established by the safeguarding team that there had been no issues identified regarding capacity therefore patient assumed to have capacity. The patient was spoken to and he gave his consent to share the information and reassurance was given that support can be offered.

An urgent referral was made to adult social care and the police. The police attended following day however could not proceed as an interpreter was required. An interpreter service offered by the Trust however declined by Police service as it is policy to provide their own for evidence. It was arranged that the police would speak to Mr Jones by phone using an interpreter. The family were still visiting the ward but the ward were supervising and monitoring this. Patient was happy on the ward and was happy that he was listened to and taken seriously. He wanted to return to his home country and asked for advice and support on this. Although Mr Jones is not yet medically fit for discharge, he has been assured that the Trust would assist with discharge planning and involve overseas administration for early intervention and assistance. The ward and safeguarding team communicated on a regular basis and continued to work together to facilitate on-going care and liaison with multiagency services in order to safeguard the patient and to continue to consider the vulnerability of the patient both as an inpatient and on discharge. This case has highlighted the effect that good communication and information sharing across agencies can achieve to both safeguard a patient and also ensure that the voice of the vulnerable is heard and supported.

Case Study – Deprivation of Liberty Standards

Name has been changed

Patricia is 89 years of age and currently resides in a Care Home. Patricia has advanced Dementia and has 24 hr support which means that staff are always aware of where she is and what she is doing at any time.

Patricia has lived in the care home for two years following the breakdown of a home care package. Her husband, Harold, was struggling to support her as she would frequently wake up during the night and try to leave the house. She used to forget who he was and become frightened believing there was an intruder in the house.

Harold has passed away recently, but Patricia cannot retain this information and regularly attempts to leave the Care Home to look for him. When the staff prevent Patricia from leaving, she can become agitated and present verbally and physically challenging behaviour.

Patricia has been assessed as lacking mental capacity to consent to her accommodation for care and treatment, and the Care Home believe that the number of restrictions placed on her: not being able to leave and staff continually observing her, mean that she is being deprived of her liberty. The Care Home applied to Manchester City Council (the Supervisory Body) for an assessment to see if Patricia was being deprived of her liberty, and, if so, was it in her best interests.

The Supervisory Body granted a DOLS Standard authorisation for a three month period. The assessments confirmed that Patricia did not have the capacity to reliably consent to her current accommodation and care arrangements. The Assessors also identified that the sedation which was regularly being used to calm Patricia's behaviours, had not been reviewed in over 12 months. The authorisation included conditions that required the Care Home to take steps to identify the triggers for Patricia's challenging behaviour, a review of Patricia's care package by the local authority and the appointment of an independent person to advocate on Patricia's behalf, as nobody had been doing this since the death of her husband.

The outcomes of the authorisation were that:

- a care plan was developed that was more effective at de-escalating Patricia's behaviour so reducing the use of sedation.

- Patricia's care package was reviewed by her social worker

- An independent advocate was appointed as Patricia's 'Relevant Person's Representative' to advocate on her behalf and ensure that she has a voice in decisions about her care and support needs.

The use of DOLS in this case highlights the positive nature of the legislation, and evidences the benefits of independent scrutiny in ensuring any restrictions imposed on the relevant person are necessary and proportionate. With ongoing timely reviews of the restrictions in place for Patricia, it ensures that any deprivation of her liberty, is the least restrictive possible.

7. Governance and Accountability

The local authority has a statutory duty to set up a Safeguarding Adults Board. The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The Act says:

“Local authorities have new safeguarding duties. They must:

- **lead a multi-agency local adult safeguarding system** that seeks to prevent abuse and neglect and stop it quickly when it happens
- **make enquiries, or request others to make them**, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- **establish Safeguarding Adults Boards**, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy
- **carry out Safeguarding Adults Reviews** 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
- **arrange for an independent advocate** to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.”

Effective governance for the work of the Board is achieved through its formal relationship with partners. Board members have agreed to take responsibility for the submission of annual reports to their organisation’s executive management body/group to ensure that adult safeguarding requirements are integrated into the organisation’s overall approach to service provision and service development.

The Manchester Safeguarding Adults Board (MSAB), Manchester Safeguarding Children Board (MSCB), Community Safety Partnership (CSP) and the Health and Wellbeing Board (HWBB) share information and updates on strategic direction and operational work where this is of mutual benefit.

The MSAB follows an annual reporting cycle consisting of the creation of a business plan setting out objectives and outcomes to deliver against a three year strategy which are then reported on at the end of the year. The implementation of the MSAB Strategy and Business Plan are an integral part of the work of the Executive and the subgroups which report to it.

The MSAB Executive and its subgroups provide the route for the Board to carry out its work, and consist of members from all the partner agencies. To ensure that subgroups are as effective as possible organisations are encouraged to provide subgroup members who are experts in the functions of that particular group.

There are regular meetings between the Independent Chair of the Boards and the Chief Executive of Manchester City Council.

MSAB Structure

The MSAB structure is shown in [Appendix 3](#).

MSAB Board

The Care Act 2014 specifies that a Safeguarding Adults Board should comprise of:

- the local authority which established it,
- a clinical commissioning group the whole or part of whose area is in the local authority's area,
- the chief officer of police for a police area the whole or part of which is in the local authority's area, and
- such persons, or persons of such description, as may be specified in regulations.

And "may also include such other persons as the local authority which established it, having consulted the other members..., considers appropriate."

Membership of the MSAB was extended in 2015/16 to consist of the following:

- Independent Chair
- Chief Executives and/or nominated lead Directors or equivalent representing:
 - Central Manchester Hospital Foundation Trust
 - Cheshire & Greater Manchester Community Rehabilitation Company
 - Greater Manchester Fire and Rescue Service
 - Greater Manchester Police
 - Healthwatch Manchester
 - Manchester Alliance for Community Care
 - Manchester City Council Adult Services
 - Manchester City Council Elected Member Portfolio Holder
 - Manchester City Council Strategic Housing
 - Manchester City Council Public Health
 - Manchester Clinical Commissioning Groups (North, Central & South)
 - Manchester Mental Health and Social Care Trust
 - National Probation Service
 - NHS England
 - North West Ambulance Service
 - Pennine Acute Hospital Trust
 - University Hospital South Manchester.

Throughout 2015/16 the MSAB met every three months. All members are expected to attend or arrange a suitable deputy. The Board receives reports from its sub groups to enable it to achieve its objectives.

Attendance at Board meetings has been good with five partners achieving 100% attendance and a further six achieving better than 70%.

MSAB Executive Group

The role of the Executive Group is to effectively manage the Board's business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes:

- Co-ordinating the development and implementation of objectives and priorities outlined in the strategy;
- Driving the development of good practice in safeguarding adults work;
- Establishing subgroups, task and finish groups and public engagement arrangements as appropriate;
- Providing direction and support to subgroups and task and finish groups;
- Monitoring and reviewing safeguarding adults performance in Manchester and providing an analysis of performance through quarterly reports to the MSAB;
- Promoting effective community engagement with safeguarding adults work and ensuring that the voice of the citizen is heard;
- Implementing lessons learned from Safeguarding Adults Reviews;
- Receiving minutes from the Board and undertaking actions arising from the minutes as required;
- Production of the MSAB Annual Report.

During 2015/16 the Executive Group met monthly and worked to a standard agenda which included stewardship of the Risk Register and Budget. A function of the Executive is also to review any reports that will be presented at Board meetings. Where appropriate this group also commissions policy or practice task and finish groups to examine specific cases or areas of practice more fully.

MSAB Case Review Subgroup

Activity includes:

- Commissioning and oversight of Safeguarding Adults Reviews (SARs);
- Reviewing learning from other Board's SARs, reflective reviews, Children's Serious Case Reviews and Domestic Homicide Reviews;
- Approving SAR action plans on behalf of the Board;
- Monitoring the implementation of SAR action plans and reviewing evidence that practice has changed and outcomes have improved as a result.

The work of this subgroup links to the other subgroups and the relevant subgroups of the Manchester Safeguarding Children Board (MSCB). The group began to meet in February 2016 and meets monthly.

MSAB Quality Assurance and Performance Improvement (QAPI) Subgroup

Activity includes:

- Measuring the board's effectiveness through the use of a performance management framework holding members to account;
- Considering an agreed dataset and identifying any improvements, trends and areas for development;

- Developing mechanisms to share and analyse data and intelligence;
- Undertake multi agency case audits as required.

This group started to meet in February 2016 and meets every six weeks.

Integrated Subgroups

It was agreed in February 2016 that integrated Learning & Development and Communications subgroups would be established to cover the work of both the MSCB and MSAB. An outline of these sub groups is as follows.

Integrated Learning & Development Subgroup

Activity includes:

- Identification of learning and development needs across the partnership;
- Monitoring the take up of learning and development opportunities;
- Oversight of multi-agency learning and workforce development;
- Sharing information with the QAPI subgroup to determine the effectiveness of learning and development.

Integrated Communications Subgroup

Activity includes:

- Oversight of the MSAB Communication Strategy;
- Advising the board on strategic issues emerging;
- Working with other key partners to actively promote awareness of abuse and agree preventative strategies;
- Seeking assurance about public awareness raising activities in respect of Adult Safeguarding.

Financial arrangements

All MSAB member organisations have an obligation to provide the MSAB with reliable resources (including finance) to enable it to be strong and effective. By the end of this reporting period, MSAB was moving towards sharing an Integrated Business Unit Manager with MSCB to support its work.

Some partners contributed to the MSAB budget and provided a range of additional in kind resources.

The Manchester Safeguarding Adults Board (MSAB) budget report detailing contributions and expenditure can be found in [Appendix 2](#).

8. Safeguarding Adult Reviews (SAR)

The Care Act specifies that “a Safeguarding Adults Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if there is reasonable cause for concern about how the SAB, members of it or other persons with relevant functions worked together to safeguard the adult, and

1. the adult has died and the SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died) or ...
2. the adult is still alive, and the SAB knows or suspects that the adult has experienced serious abuse or neglect.

The function of the MSAB Case Review subgroup is to screen referrals where a notification of a death or serious incident is received and there is a need for the board or its representatives to scrutinise whether this meets the criteria for undertaking a Safeguarding Adults Review (SAR); and if so, determine the scope of the SAR, the type of review methodology to be used and the agencies that need to be involved. Where it is felt that a case does not meet the criteria, there is capacity for the group to recommend a different type of review or report such as a Multi Agency Audit or Single Agency Learning Review.

Screening is carried out based on the criteria set out in [Section 44](#) of the Care Act (2014).¹

Four referrals were received in 2015/16; all of these were received within quarter four. Referral sources were:

- MCC Adult Social Care 2
- GMP 1
- GMFRS 1

Of these four referrals two were screened by the MSAB Case Review subgroup during 2015/16 and the other two were screened the following year. The membership made the recommendation to the MSAB Independent Chair that the criteria for a SAR was met in both of these cases. These recommendations were subsequently ratified by the MSAB Independent Chair; who made the decision that reviews should be carried out in relation to both referrals. Independent Chairs and Report writers have been commissioned for both of these reviews.

There was a recommendation that MSAB SAR procedures and a more effective means of capturing SARs be developed by the subgroup and this work is continuing during 2016/17.

¹ <http://www.legislation.gov.uk/ukpga/2014/23/section/44/enacted>

9. Challenges and future priorities

The priorities below are set out as part of the 2015/17 strategy and illustrate key areas on which the Board feel it is important to focus.

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 violence and 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.

These priorities will be reviewed during autumn 2016 as part of the planning cycle.

In addition to the above, the following challenges have been identified by the Board and its executive group by way of the risk register and performance monitoring processes.

Challenges:

- **Service user engagement** is cited in the risk register as an area which the Board needs to ensure partners improve. In order to mitigate the risk it is planned that the Integrated Communications Subgroup will address this as a work-stream.
- **Budget** - it has been identified as a risk that whilst some partners are now contributing financially to the running of the Board, the funds received during this reporting period covered "business as usual" only leaving no extra resource to cover additional activity such as commission research or funding a greater number of SARs. The Board's ability to ensure effectiveness and development is affected by the level of funds it receives. As at the end of this period the Board were pleased that the CCG had agreed to commit funding but were still waiting for decision from the PCC and other partners.
- **Transition** has been identified by MSAB and MSCB as a particular area of concern and is cited in the strategy alongside actions to ensure young people who have care and support needs supported throughout transition into adulthood. The integration of the Business Unit and some of the subgroups provides an opportunity to make progress in the delivery of strategies for safe transition.
- **Making safeguarding personal** - evidence from the Quality Assurance and Performance Improvement subgroup and from the analysis of partner submissions to this report and self assessments shows that partners find this objective challenging. Work is needed to ensure improved partner performance.

Both the priorities and challenges described above will be considered by the Board and actions to ensure partners provide appropriate responses to them will be written into the Business Plan.

Appendices

Appendix 1: MSAB membership 2015/16

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
GMFRS	Group/ Borough Manager
GMP	Chief Superintendent
Healthwatch Manchester	Chief Officer
HMP	Head of Offender Management & Public Protection
Independent	Chair of MSAB
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)
NWAS	Safeguarding Practice Manager
NPS	Assistant Chief Executive
PAHT	Lead Nurse
Public Health	Director of Public Health for Manchester
UHSM	Chief Nurse

Advisors to the Board 2015/16	
Organisation	Role
MCC Legal Group	<ul style="list-style-type: none"> ○ Head of Children & Families Legal Group ○ Solicitor, Children & Families Legal Group
MSAB / MSCB Integrated Business Unit	<ul style="list-style-type: none"> ○ Interim Integrated Adults & Children Safeguarding Boards Manager ○ Adult Safeguarding Board Coordinator ○ MSAB / MSCB Media & Communications Manager ○ Business Support Officers

Appendix 2: Manchester Safeguarding Adults Board Financial Report

The Manchester Safeguarding Adults Board (MSAB) had a budget of £202,100. The funding for that year was made up from Manchester City Council (£102,100) plus £100,000 from the Better Care Fund.

Following the appointment of the current Independent Chair, expenditure increased to £18,580. A credit of £4,507 for the previous Chair reduced this total to £14,073.

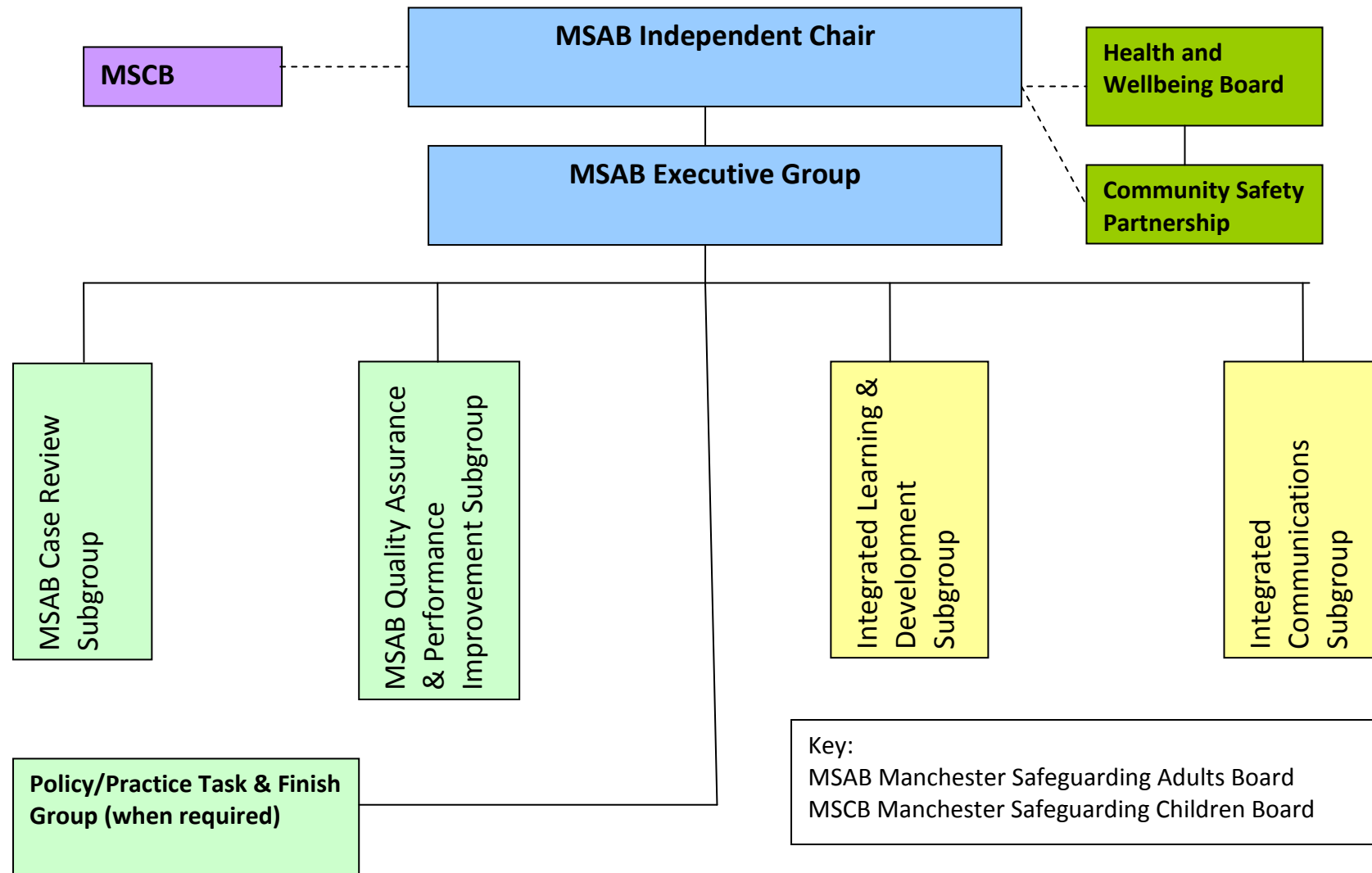
The costs were as follows:

- Independent Chair £18,000
- Hire of projector/ laptop from the Friends Meeting House £85
- Taxi expenses £10.

The revenue account for MSAB is summarised below.

Manchester Safeguarding Adults Board Financial Report 1 April 2015 to 31 March 2016			
Cost Elements	Annual Budget	Actual	Variance
Other Payments	18,000.00	18,000.00	
External Agency		(4,506.72)	(4,506.72)
Labour Charges	100,000.00		(100,000.00)
* Employees	118,000.00	13,493.28	(104,506.72)
Hire of Premises		275.00	275.00
* Premises		275.00	275.00
Taxi Expenses - Private		9.50	9.50
Rail Expenses	1,000.00		(1,000.00)
* Transport	1,000.00	9.50	(990.50)
Catering	100.00	210.00	110.00
Other Professional Fee	76,000.00	85.00	(75,915.00)
Subsistence and Conferences	6,000.00		(6,000.00)
* Supplies & Services	82,100.00	295.00	(81,805.00)
Corporate printing	1,000.00		(1,000.00)
* Internal Charges	1,000.00		(1,000.00)
** Revenue Expenditure	202,100.00	14,072.78	(188,027.22)
*** Debit	202,100.00	14,072.78	(188,027.22)
**** Over/Under absorption	202,100.00	14,072.78	(188,027.22)

Appendix 3: Manchester Safeguarding Adults Board Structure at March 2016



Appendix 4: MSAB Business plan 2015/18 "on a page"

Multi-Agency Objective	Outcome	Actions
To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults	The Board is assured that partners are working together to safeguard adults	<ul style="list-style-type: none"> • Review of structure, TOR and Membership • Ensure representation from service users on the MSAB • Specify the role and expectations of MSAB members • Take into account the JSNA • Reinforce new accountability arrangements • Publication of annual report • Embed learning from Safeguarding Adults Review • Receive regular reports from partner agencies
To listen to people who have experienced abuse or neglect and seek assurance that people are able to be supported in a way that they want, are empowered to make decisions, and can achieve the outcomes they want	The Board listens to people who have experienced abuse or neglect. The Board is assured people are supported, empowered and can achieve the outcomes that they want	<ul style="list-style-type: none"> • Agree communication strategy for the provision of information and advice to citizens • Ensure safeguarding process puts individuals in control of all aspects of safeguarding activity
To promote safeguarding adults among the general public by raising awareness and promoting well-being with the aim of preventing abuse and neglect	The general public's awareness of safeguarding adults and well-being increases; preventing abuse and neglect	<ul style="list-style-type: none"> • Develop and implement Manchester's Safeguarding Adults training strategy • Robust systems are in place sharing information between services • Ensure that safeguarding awareness is maintained within the voluntary, community and faith sectors • Raise public awareness through information campaigns
To be assured of the safety and well-being of anyone who have experienced abuse or neglect	The Board is assured that anyone who has experienced abuse or neglect is safeguarded	<ul style="list-style-type: none"> • Prevent radicalisation • Identify those at risk at an early stage, offer appropriate advice and support before a crisis develops. • Monitor efficiencies and quality of services through greater health and social care and devolution • Improve access to and understanding of safeguarding • Ensure that the welfare, safeguarding arrangements and vulnerabilities continue to be addressed during transition. • Work with MSCB and the CSP to tackle human trafficking, modern slavery and domestic violence and abuse
To identify and monitor the implementation of changes that help to prevent similar abuse or neglect happening to others	Changes are identified and monitored effectively preventing the similar abuse or neglect of others	<ul style="list-style-type: none"> • Build strong links between the MSAB and all relevant local, regional and national multiagency groups. • Safeguarding is embedded in the corporate and service strategies across all partners. • Policy and procedures are up to date and reviewed. • There are clear protocols in place that integrate different agency procedures. • Information sharing protocols are clear • Partners can demonstrate effective policies, practices and procedures which are understood and adhered to by staff.

Appendix 5: Glossary

GLOSSARY	
ASB	Anti Social Behaviour
BMI	Body Mass Index
CCG	Clinical Commissioning Group
CGM CRC	Cheshire & Greater Manchester Community Rehabilitation Company
CICT	Community Infection Control Team
CMHFT	Central Manchester Hospital Foundation Trust
CO	Community Order
CP	Child Protection
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
CSE	Child Sexual Exploitation
CTLP	Counter Terrorism Local Profile
DASH	Domestic Abuse and Harassment
DBS	Disclosure and Barring Service
DHR	Domestic Homicide Review
DoLS	Deprivation of Liberty Safeguarding
DV&A	Domestic Violence and Abuse
DVPN	Domestic Violence Prevention Notices
DVPO	Domestic Violence Prevention Order
FGM	Female Genital Mutilation
GMFRS	Greater Manchester Fire and Rescue Service
GMP	Greater Manchester Police
HBV	Honour Based Violence
HMIC	Her Majesty's Inspectorate of Constabulary
HMP	Her Majesty's Prison
IDVA	Independent Domestic Violence Advocate
IMCA	Independent Mental Capacity Advocate
IRIS	Identification and Referral to Improve Safety
JSNA	Joint Strategic Needs Assessment
LD	Learning Disability
LSAB	Local Safeguarding Adults Board
LSCB	Local Safeguarding Children Board
MACC	Manchester Alliance for Community Care
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
MCA	Mental Capacity Act (2005)
MCC	Manchester City Council
MMHSCT	Manchester Mental Health & Social Care Trust
MSAB	Manchester Safeguarding Adults Board
MSCB	Manchester Safeguarding Children Board
NHSE	National Health Service (NHS) England
NPS	National Probation Service
OPCC	Office of Police & Crime Commissioner
PAHT	Pennine Acute Hospital Trust
QA	Quality Assurance
QAPI	Quality Assurance and Performance Improvement
RAMA	Risk Administration Management Arrangements

GLOSSARY	
RARA	Remove, Avoid, Reduce, Accept
RIC	Risk Indicator Checklist
RP	Registered Provider
SAB	Safeguarding Adults Board
SAR	Safeguarding Adults Review
SCR	Serious Case Review
SSO	Suspended Sentence Order
UHSM	University Hospital South Manchester
VCSE	Voluntary, Community and Social Enterprise