

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

**Report to:** Manchester Health and Wellbeing Board – 1 November 2017

**Subject:** Annual Report of Manchester Safeguarding Adults Board April 2016 – March 2017

**Report of:** Dr Carolyn Kus Executive for Strategic Commissioning and Director of Adult Social Services  
Julia Stephens-Row Independent Chair of Manchester Safeguarding Adults Board

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**Summary**

This is a covering report providing an overview of Manchester Safeguarding Adults Board Annual Report covering the period from April 2016 to March 2017. This document reports on the work of the partnership

**Recommendations**

The Board is asked to:

- a) Note the publication of the Manchester Safeguarding Adults Board (MSAB) annual report 2016/2017
- b) To promote the importance of adult safeguarding across all the Health and Wellbeing Board partners and in the services they commission ensuring that safeguarding is at the heart of redesigned services going forward.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	
Improving people's mental health and wellbeing	Ensuring Adults are safeguarded supports this priority
Bringing people into employment and ensuring good work for all	
Enabling people to keep well and live independently as they grow older	Safeguarding and empowerment and personalisation are key to the success of this priority
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	
One health and care system – right care, right place, right time	
Self-care	Safeguarding to ensure that there is awareness of the issue of self-neglect

	supports this priority
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**Lead board member:**

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

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

<https://www.manchestersafeguardingboards.co.uk/resource/msab-annual-reports/>

## **1.0 Introduction**

**1.1** The Manchester Safeguarding Adults Board (MSAB) annual report covers the period from April 2016 - March 2017. This report demonstrates the significant amount of work undertaken across a range of agencies and partnerships to safeguard adults in Manchester.

**1.2** 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.

**1.3** This year's report captures the work of the MSAB and the partnership as a whole. The Appendix 1 reports on activity and achievement of the partnership using the principles outlined in the Care Act 2014 as headings these are:

- Empowerment
- Prevention
- Proportionality
- Protection
- Partnership
- Accountability.

It demonstrates that over the last year a firm foundation is being built upon and how much more safeguarding is becoming everyone's business.

## **2.0 Background**

**2.1** The Care Act 2014 placed Adult Safeguarding Boards on a statutory footing with new duties and responsibilities. This provided the MSAB with an opportunity to review the purpose, membership and shape of the Board and its supporting structures. The Board had a development event in June 2015 where the vision and principles of the Board were debated and this shaped the strategy for 2015/18. The Board also used this event to identify its priorities which are reviewed annually.

**2.2** For 2016/17 the Board confirmed its priorities would be as follows:

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

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

**2.3** The Board has worked alongside the Manchester Safeguarding Children Board and other bodies including the Community Safety Partnership to deliver these priorities.

**2.4** One important piece of work that took place this year was for each partner to complete an assurance statement by way of a self-assessment which followed a standardised format and supporting evidence was submitted. This enabled them to demonstrate the progress they were making to deliver on embedding the Care Act principles. Each of these returns were assessed by the Quality Assurance Performance and Improvement (QAPI) subgroup.

I then had the opportunity to undertake follow up visits to each of the partners to discuss their returns and to explore in more detail the areas where they were doing well and identified areas for improvement. These visits were considered to be really valuable and partners responded positively to this approach. This self-assessment process has now been repeated a year on which has enabled partners to demonstrate the progress they are making in this regard.

**2.5** There are four subgroups which are driving forward the work of the board and I am grateful to all those who chair and sit on these groups. Over the last year, whilst we have not had any Safeguarding Adult Reviews reaching the point of publication, there have been a number of cases where there have been individual agency learning reviews concerning which are helping to change practice.

**2.6** In March 2017, following a visioning event which for the first time included service users and their representatives, it was agreed that the following would be priorities for 2017/18:

- Engagement and Involvement – listening and learning, hearing the voice of adults, Making Safeguarding Personal
- Complex Safeguarding – Domestic Violence and Abuse, Forced Marriage, Female Genital Mutilation (FGM), so-called Honour Based Violence, Trafficking and Modern Slavery, Preventing Radicalisation, Vulnerability and Organised Crime, Missing from Home
- Transitions – moving from childhood to adulthood in a positive way
- Neglect – safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

These themes whilst shared with the MSCB have 'adult' specific pieces of work which will need to be delivered.

### **3.0 Conclusion**

The vision of the Manchester Safeguarding Adults Board is "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. This report provides information and examples of the work thus far; however there is much more to do. The role of the community in supporting this work should not be underestimated and the "Our Manchester" ambition of "a place where residents from all backgrounds feel safe, can aspire, succeed and live well" underpins the safeguarding agenda.



# **Manchester Safeguarding Adults Board**

## **Annual Report April 2016-March 2017**

*“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”.*

**Published: September 2017**



*MSAB Annual Report 2016/17*

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The full published MSAB Business Plan can be found on our website  
[www.manchestersafeguardingboards.co.uk](http://www.manchestersafeguardingboards.co.uk)

Or contact the MSB Business Unit:

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## MSAB Annual Report 2016/17

### 1. Foreword and Introduction

In writing this introduction to the Manchester Safeguarding Adults Board (MSAB) annual report, which covers the period from April 2016 to March 2017, it is important for me to draw your attention to the work that has been undertaken across the partnership to safeguard adults in Manchester.

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

This report captures the work of the Board, and the partnership as a whole. It builds on a firm foundation and shows how safeguarding is much more becoming everyone's business.

The Board has worked closely during the past year with the Manchester Safeguarding Children Board (MSCB) and the Manchester Community Safety Partnership, particularly on learning from Domestic Homicide Reviews and on all the elements of the Complex Safeguarding agenda. 2016/17 also saw greater integration of the MSAB and MSCB, with a single Business Unit providing dedicated resource for integrated Complex Safeguarding, Learning and Development and Communication and Engagement subgroups, as well as for the MSAB's Executive, Safeguarding Adult Review and Quality Assurance & Performance groups. Each of these subgroups contribute to driving forward the work of the Board and I am grateful to all those who chair and sit on these groups.

During the year 2016/17, whilst no Safeguarding Adult Reviews reached the point of publication, there have been a number of individual agency reviews, the learning from which is helping to change processes and practice.

In March 2017, the Board took the opportunity to review its priorities and, for the first time, we were joined by service users and representative groups who were clear that one of their priorities was for organisations to 'always understand my needs'. This has helped shape our priorities in relation to communications and engagement, in particular focusing on 'Making Safeguarding Personal' and ensuring that individuals are empowered during the safeguarding process.

The vision of the Board is "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". This report provides information and examples of the work thus far, though we know that there is much more to do. The role of the community in supporting this work should not be underestimated and the 'Our Manchester' ambition of "a place where residents from all backgrounds feel safe, can aspire, succeed and live well" underpins the safeguarding agenda.

*J. B. Stephens-Raw*

**Independent Chair of Manchester Safeguarding Adults and Children Boards**



## 2. Executive Summary

This Annual Report has been compiled in line with the requirements of the Care Act 2014 and provides a platform for reflection on achievements and progress made, and for forward planning to address emerging and developing issues and challenges.

During the reporting period (April 2016 to March 2017) the Board and its member agencies tackled a range of issues and made progress on a number of fronts. Some examples include:

- The hosting of a joint learning event with the MSCB (Nov 2016) to consider the outcomes and recommendations of recently completed Domestic Homicide reviews
- Launch of a Domestic Violence and Abuse Strategy (June 2016)
- Launch of local guidelines for responding to Female Genital Mutilation issues
- Hosting of a visioning event (March 2017) inviting service users and representatives to participate in shaping the Boards priorities
- Review and update of the Manchester Safeguarding Board (MSB) joint Communications and Engagement Strategy
- Development of the Manchester Safeguarding Boards (MSB) joint website.

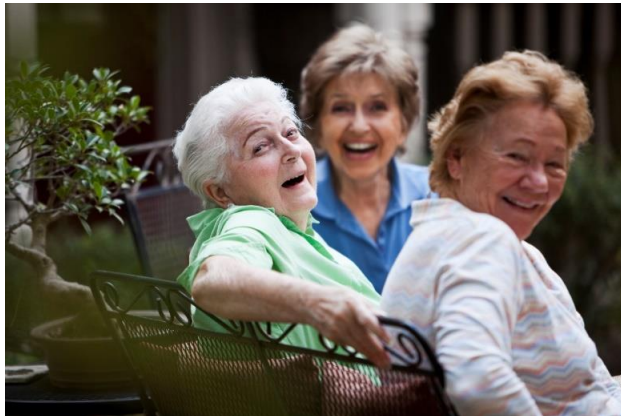
The [2015/18 MSAB Strategy](#) sets out the Board's vision, strategic objectives and priorities that have been agreed by partners and increasingly informed by service users and representative groups. These priorities have in turn have shaped the Board's business plan (see **Section 4**). The Business Plan sets out the intended outcomes against the agreed objectives of the Board and the actions intended to achieve these.

The Board has clear and robust governance arrangements that are described in detail in **Section 4**. There continues to be an effective, timely planning cycle, with a range of appropriate subgroups (including those integrated with the MSCB) feeding into this process via regular reporting through the operational Executive Group. Risk management and financial planning for the Board are set agenda items for the Executive Group. The Board's financial arrangements are described in more detail in **Section 5**, with a budget report being included as Appendix 5.

The Board has a statutory responsibility with regard to completing Safeguarding Adults Reviews (SAR) by overseeing the screening, conduct and publication of SARs and other learning reviews. A total of eight referrals were submitted within the reporting period, seven of which were screened and, and in two cases, SARs commissioned. The remaining referral was screened early in the following reporting period. This work is described in more detail in **Section 6**.

Strategic developments in adult safeguarding across Greater Manchester (GM) and nationally are taken into account through the Chair and other key board members involvement in GM-wide and North West regional steering groups and fora, with relevant research, policy and guidance being shared and considered at Board level, and disseminated across Board partner agencies.

This report, and the submissions of partners, highlight a number of emerging themes that partners are addressing and responding to, either as single agencies or in a collaborative manner, working together to reduce risk and improve responses to concerns.



The Complex Safeguarding agenda is a particular example. Integration of the Complex Safeguarding Subgroup in early 2017 has provided for the opportunity to broaden its membership and knowledge base, and to develop a work plan that comprehensively addresses all the aspects of each of its seven constituent work streams, which include Domestic Violence & Abuse (including FGM and so-called Honour Based Violence), Modern Slavery, Sexual Exploitation, Vulnerability

and Organised Crime, Radicalisation and Extremism and Missing from home, school or education.

The report concludes in **Section 7** by highlighting the priorities of the Board moving into 2017/18; and some of the key challenges to be addressed by the Board and its partner agencies arising from consideration of risks and the risk register and discussion points from the Board and Executive Group. These priorities will be the basis of the Business Plan for 2017/18, the format of which has been revised to reflect the increasingly cross-cutting nature of the work of the MSAB and MSCB, and the themes and issues their member agencies are tackling day-to-day.

[Appendix 1](#) of the report comprises the reports from our partners summarising their achievements and developments in safeguarding. These are ordered under the each of the headings of the six principles of safeguarding, which are:

- 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.

Some of the highlights from those partner submissions include:

**Empowerment:**

- Central Manchester Foundation Trust (CMFT) have introduced ‘What Matters to Me’, an approach to enabling patients and staff engagement, providing a safe environment for patients to speak with clinical staff and each other about their care and any areas for improvement.
- The Clinical Commissioning Group (CCG) funded a survivor of domestic abuse consultation programme with older women carried out by Manchester Women’s Aid; the findings will be available during 2017/18.
- Greater Manchester Mental Health (GMMH) Foundation Trust is actively promoting ‘Making Safeguarding Personal’ through advice, support and information on its website and via leaflets and posters.



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- The National Probation Service (NPS) has been working in partnership with Calderstones NHS Trust on a range of measures designed to improve outcomes for service users with a range of learning disabilities.

### **Prevention**

- CMFT undertook a multi-faceted programme of work to ensure domestic abuse is effectively addressed across the Trust, including a training needs analysis and subsequent content updating process, and specific training on Domestic Abuse and Harassment (DASH) risk assessment and Multi Agency Risk Assessment Conference (MARAC) for staff identified as priority groups in National Institute for Health & Care Excellence (NICE) guidance.
- Manchester Health and Care Commissioning (MHCC) have developed a Health team to be part of the newly established Adult Multi Agency Safeguarding Hub (MASH), enabling accurate assessment of risk and more informed decision making, aided by health intelligence.
- Greater Manchester Fire & Rescue Service (GMFRS) has continued to develop its 'Safe and Well' visit programme, and staff have received signs and recognition and reporting training on a range of more complex issues their staff may encounter.
- Manchester City Council (MCC) Strategic Housing held a 'Safeguarding for Housing Providers' event for each provider's Safeguarding Champion, with the theme for the day being domestic abuse.
- In GMMH, 89.3% of staff received Safeguarding Awareness training, in line with the Trust target.

### **Proportionality**

- Greater Manchester Police (GMP) locally promotes use of the National Decision-making Model (NDM), to ensure there is a structured and balanced approach to decision making and a clear rationale for any action taken (or not). In the recent Her Majesty's Inspectorate of Constabulary (HMIC) inspection, GMP was praised for identifying vulnerability at an early stage, assessing the risks they face and making appropriate partnership referrals.
- At the Christie NHS Foundation Trust (The Christie) care is patient led, allowing for the least intrusive response and now includes a 'Christie at Home' service, allowing patients to receive treatment in their own homes.
- Pennine Acute Hospital Trust (PAHT) ensures that treatment interventions are proportionate and in the service user's best interests, and in doing so encourages service users and their families to participate in 'best interests' decision making, care planning, completion of hospital passport, reasonable adjustments and 'This is Me' documentation.

### **Protection**

- Cheshire & Greater Manchester Community Rehabilitation Company (CGM CRC) have three Partner Link workers, who provide support and advice to the partners of domestic abuse perpetrators who are undertaking the Building Better Relationships or Improving Relationships, Supporting Change programmes.
- CMFT updated their Mental Capacity and Deprivation of Liberty Safeguarding (DoLS) policies during 2016/17 and combined them into a Restrictive Practices and Deprivation of Liberty Policy.



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- In Greater Manchester Mental Health Trust (GMMHT) learning from audits and changing practice contributed to a 45% increase in MARAC referrals made by the Trust in 2016/17. Twenty domestic violence and abuse advisors provide advice and support to the rest of the workforce.
- In the University Hospital South Manchester (UHSM) the impact of work across the organisation to raise awareness of safeguarding and the Mental Capacity Act has been evidenced through increasing numbers of contacts with the safeguarding team and increasing numbers of DoLS authorisations.
- Over 620 North West Ambulance Service (NWAS) staff who may provide safeguarding advice or guidance have undertaken Level 3 training, with all other Trust colleagues completing Level 2 training.

#### Partnership

- Four of the city's largest housing providers and GMMH have signed up to be virtual members of the Adult MASH, while several providers are now 'Prevent Champions' and attend regular network briefings.
- The Board Chair attended the Connecting People work stream meeting of Manchester Housing Provider Partnership to talk about the role of the Boards and expectations of social housing providers.
- UHSM's Head of Nursing (Safeguarding), appointed during 2016/17, and has assumed the role of chair of the integrated Learning & Development Subgroup.

#### Accountability

- At The Christie, Safeguarding is a standing item on the weekly Executive meeting agenda and a weekly report is produced and tabled by the Named Nurse.
- In UHSM, an Operational Safeguarding Sub-committee was established during 2016/17, merging two previously separate adults and children's sub-committees. This groups provides the Trust's Executive Safeguarding Committee with assurance regarding practice and learning from reviews.
- MCC Strategic Housing have been working with registered providers to develop an internal safeguarding audit process, aimed at providing assurance about policy, procedure and commitment to safeguarding in the organisation.
- Healthwatch's Board meetings are held in public and their minutes and yearly plan of activity are similarly available to the public for scrutiny. Enter and View representatives are trained to the required national standard.

Case Study – Partnership	Greater Manchester Fire & Rescue Service
<p>On arrival at the incident crews discovered a fire involving a pan of food on a cooker which had burnt dry. Smoke from the unattended cooking had caused the smoke detector to activate and it was this that had alerted the family. One male self-rescued prior to the arrival of the fire service by lowering himself from an upstairs window. One female was rescued by firefighters by forcing the door open. Major safeguarding issues were evident throughout the property. These included extremely poor conditions, hoarding and animal/human waste throughout the property. Police took care of a 10 year old boy (the occupier's son) and he was taken to live temporarily with a relative while clean-up operations were completed. The condition of the property meant that Manchester City Council Housing Officers had to arrange for alternative accommodation for the adult occupiers. Crews sent their own Safeguarding referral to Social Services and informed the Manchester Community Safety</p>	

Team and Community Safety Manager via email to highlight their concerns. GMP and NWAS initiated their own respective safeguarding procedures.

The Safeguarding referrals were subsequently picked up by Manchester Social Services and they worked together with Wythenshawe Community Housing Group. WCHG made arrangements to support the occupier by clearing and cleaning the property and by supplying new beds and furniture. They also fitted a new kitchen and bathroom and completing outstanding repairs to the property.

A Safe and Well visit was arranged for shortly after the incident and this took the form of a joint visit conducted by a Community Safety Advisor (CSA) from Manchester Borough and a Housing Officer from WCHG. The Housing Officer informed the Fire Service that they had been trying to gain access to the property for several months without success and were at the point of initiating legal proceedings to obtain an injunction when the fire occurred. The Safe and Well visit was completed by the CSA and supplementary smoke detection was fitted. As the CSA was satisfied that all other family issues were being addressed, it only remained for her to give the occupiers appropriate fire safety and survival advice. As an additional measure, the CSA signposted the family to the Cats Protection League for advice on how to access help with the cost of neutering their two cats.

The latest update on this case is that most of the clutter that was evident throughout the property has now been cleared by the occupier and conditions are vastly improved. WCHG supplied a skip to assist with the clear out and have given us assurances that they will provide on-going tenancy support to ensure that the positive outcomes for this family are maintained.

### 3. Local context– Demographics and Vulnerable Groups

Manchester is a major European and world city of over 548,000 residents (Manchester City Council Forecasting Model data for 2016, published June 2017) and its achievements and profile are widely recognised. Like all major cities however, Manchester has significant and wide-ranging safeguarding challenges. Part of the Board's role is to ensure that professionals (and volunteers) working with adults and families are sufficiently aware of, and alert to, safeguarding concerns where they encounter them; and that they 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 health equalities 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 4<sup>th</sup> in 2010 to 5<sup>th</sup> 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. For example, according to the Joint Strategic Needs Assessment (JSNA), life expectancy in the most deprived fifth of areas of Manchester is 72.7 years (male) and 78.0 years (female), compared with 80.3 years (male) and 83.1 years in the least deprived fifth.

The Local Alcohol Profiles 2015 update recorded that, amongst a number of health related challenges for the city, 1,102 hospital admission episodes per 100,000 population for alcohol-specific conditions, higher than the England average. Drug misuse remains a concern across the city, in particular the emerging issue of 'new psychoactive substances' such as SPICE; however, though latest National Drug Treatment Monitoring System (NDTMS) figures to April 2016 indicate that drug treatment completion rates (8.1%) are higher than the national average of 6.9%, reflecting the good work of local agencies in this area.

Levels of physical activity amongst the city's population during November 2015 to November 2016 were lower than the England average. 25% of respondents to the Active Lives Survey reported that they were inactive (i.e. doing less than 30 minutes activity per week), compared with a national average of 22%.

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".



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On Mental Health, the 2016 Joint Health and Wellbeing Strategy reports that an average of 16.3% of patients across the city report either moderate or extreme anxiety or depression, higher than the national average of 12%. Further, an average of 7.1% of patients across the city report a long term mental health problem, compared with a national average of 4.5%. It is estimated that between one in eight and one in ten Manchester adults are prescribed anti-depressant medication.



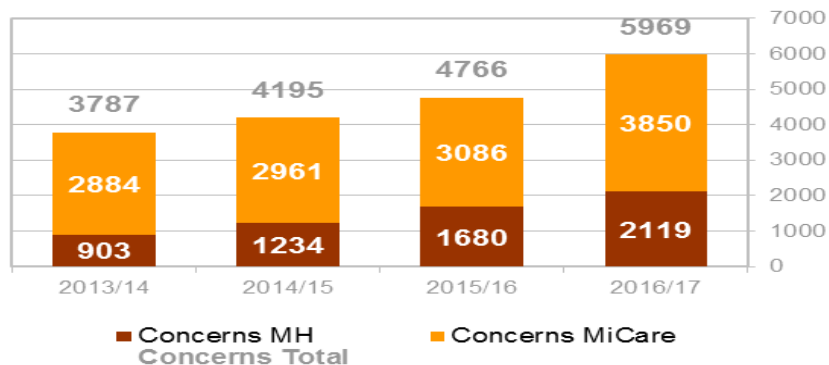
The [Adult Social Care Outcomes Framework \(ASCOF\)](#) presents statistical information at local authority level relating to the provision of adult social care, for example one indicator on [the rate of permanent admissions to care homes for adults aged 18-64 years](#) shows that in Manchester in 2013/14, 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%)."

## Safeguarding data

### Safeguarding concerns

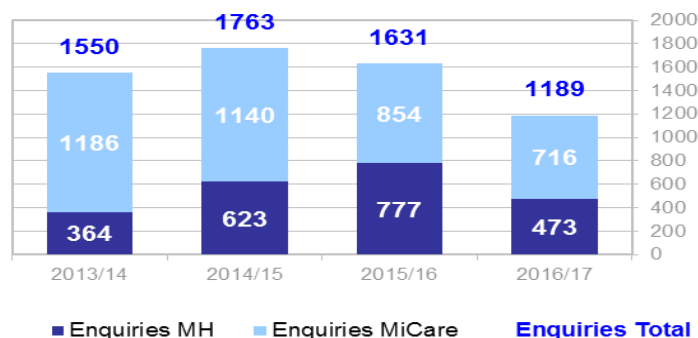


In 2016/17 there was an increase of 25.2% in the number of reported concerns from 4,766 in 2015/16 to 5,969 in 2016/17. This is the third consecutive year of increase in the number of

reported concerns as a total; and separately in the Mental Health Trust activity and those reported to Adult Social Care. The increase from 2013/14 to 2014/15 was 10.8%; the following year the increase was 13.6%. The volume of concerns reported to MCC Adult Social Care has increased by 24.7% (764) to 3,850 in 2016/17. The volume of concerns from Mental Health has increased by 26.1% (439) to 2,119 in 2016/17. There are a number of potential reasons for the increase in referrals however it is likely that this is due to greater awareness of safeguarding adults across the city in relation to professionals and the live public.

### Section 42 Enquiries (Safeguarding Adults Collection)

Improvements in the recording system has made it possible to report on Enquiries that result in a formal process under Section 42 of the Care Act and those that require a less formal response, (reported as Other Safeguarding Enquiries). In 2015/16 all Enquiries were reported as Section 42 Enquiries. All Mental Health activity is recorded as Section 42 Enquiries.



In 2016/17 there has been a decrease of 27.1% (442) in the number of enquiries that trigger action under s42 of the Care Act from 1,631 in 2015/16 to 1,189 in 2016/17.

The volume of enquiries has decreased by 16.2% (138) to 716 (543 Section 42 Enquiries and 173 Other Safeguarding Response) in 2016/17.

Adult Social Care enquiries account for 60.2% of the overall number of enquiries, 7.9 percentage points (PP) increase from the previous year (51.3% in 2015/16).





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The volume of enquiries from Mental Health has decreased by 39.2% (304) to 473 in 2016/17.

Mental Health enquiries account for 39.8% of the overall number of enquiries, 7.9 percentage points (PP) decrease from the previous year (47.7% in 2015/16).

This marked decrease can be explained in part by a change in the reporting parameters; in previous years any concerns flagged as Investigation to proceed were counted as an enquiry. This year we have only counted enquiries that have started in the year.

### **Case Study – ‘Walter’: a ‘One Team’ approach to safeguarding**

Walter lives in sheltered accommodation and has a care package. His physical health needs are identified by his social care team. The team discuss and Walter is seen by a district nurse who works with him to address his physical health needs. During a visit Walter tells his district nurse that his neighbour has been taking his money and food. The district nurse recognises that this may be financial abuse and asks Walter if she can share this information. He agrees, and the district nurse speaks to Walter’s social worker and a referral for safeguarding is made.

The social worker works with Walter to discuss his options and to make enquiries into the claims of abuse. The district nurse is part of the enquiry team, Walter knows and trusts her and is central to the process. He feels included in all decisions made about him. The safeguarding enquiry includes his whole care team, and Walter is able to share sensitive information with a team he knows and trusts. Adult Social Care maintain a lead but the whole team take an active role in working with Walter to keep him safe. He is central to all decisions made about him.

*Impact for Walter* – quick response, from those best placed to help, not too many questions, he is at the centre of all decisions, he gets the right service, provided by people he knows.

*Impact for the service* – respect, ownership, access to the right information, openness, understanding each other’s pressures, co-ordinated tasks.

#### 4. The Board's Vision, Strategy and Business Plan

Manchester Safeguarding Adults Board (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 Strategy 2015/18 sets out the overall general direction of the Board for a three year period. The Strategy reflects the Boards' vision, which is:

***"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.

#### Making Safeguarding Personal



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

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.



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The MSAB has identified the following strategic objectives to be achieved over three years following consultation with partners and service users:

- 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 has, working alongside the MSCB and other bodies such as the Health and Wellbeing Board and Community Safety Partnership, prioritised the following areas of work during 2016/17 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.

To assist with identifying progress against some of these strategic objectives, one important piece of work that took place this year was for each partner to complete an assurance statement by way of a self-assessment which followed a standardised format and supporting evidence was submitted. Each of these returns were assessed by the Quality Assurance Performance Improvement (QAPI) subgroup. The Independent Chair then had the opportunity to undertake follow up visits to each of the partners to discuss their returns and to explore in more detail the areas where they were doing well and identified areas for improvement. These visits were considered to be really valuable and partners responded positively to this approach. This self-assessment process has now been repeated a year on which has enabled partners to demonstrate the progress they are making in this regard.

These priorities have been updated during 2017, for the year 2017/18, following a series of visioning events involving service users and representative bodies.

The MSAB MSCB Shared Strategic objectives are summarised in a "one page plan" format as shown in [Appendix 2](#) or on [our website](#).

## MSAB Business plan 2015/18

Multi-Agency Objective	Outcome	Actions
<b>To seek assurance from partner agencies that there is effective leadership, partnership working and governance for safeguarding adults</b>	The Board is assured that partners are working together to safeguard adults	<ul style="list-style-type: none"> <li>• Review of structure, TOR and Membership</li> <li>• Ensure representation from service users on the MSAB</li> <li>• Specify the role and expectations of MSAB members</li> <li>• Work more closely with MSCB, develop policies and procedures on cross-cutting issues</li> <li>• Publish the annual report</li> <li>• Disseminate and embed learning from Safeguarding Adults Reviews</li> <li>• Receive regular reports from partner agencies</li> </ul>
<b>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</b>	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"> <li>• Agree communication strategy for the provision of information and advice to citizens</li> <li>• Ensure safeguarding process puts individuals in control of all aspects of safeguarding activity</li> </ul>
<b>To promote safeguarding adults among the general public by raising awareness and promoting well-being with the aim of preventing abuse and neglect</b>	The general public's awareness of safeguarding adults and well-being increases; preventing abuse and neglect	<ul style="list-style-type: none"> <li>• Develop and implement Manchester's Safeguarding Adults training strategy</li> <li>• Robust systems are in place sharing information between services</li> <li>• Ensure that safeguarding awareness is maintained within the voluntary, community and faith sectors</li> <li>• Raise public awareness through information campaigns</li> </ul>
<b>To be assured of the safety and well-being of anyone who have experienced abuse or neglect</b>	The Board is assured that anyone who has experienced abuse or neglect is safeguarded	<ul style="list-style-type: none"> <li>• Prevent radicalisation</li> <li>• Identify those at risk at an early stage, offer appropriate advice and support before a crisis develops.</li> <li>• Monitor efficiencies and quality of services through greater health and social care and devolution</li> </ul>



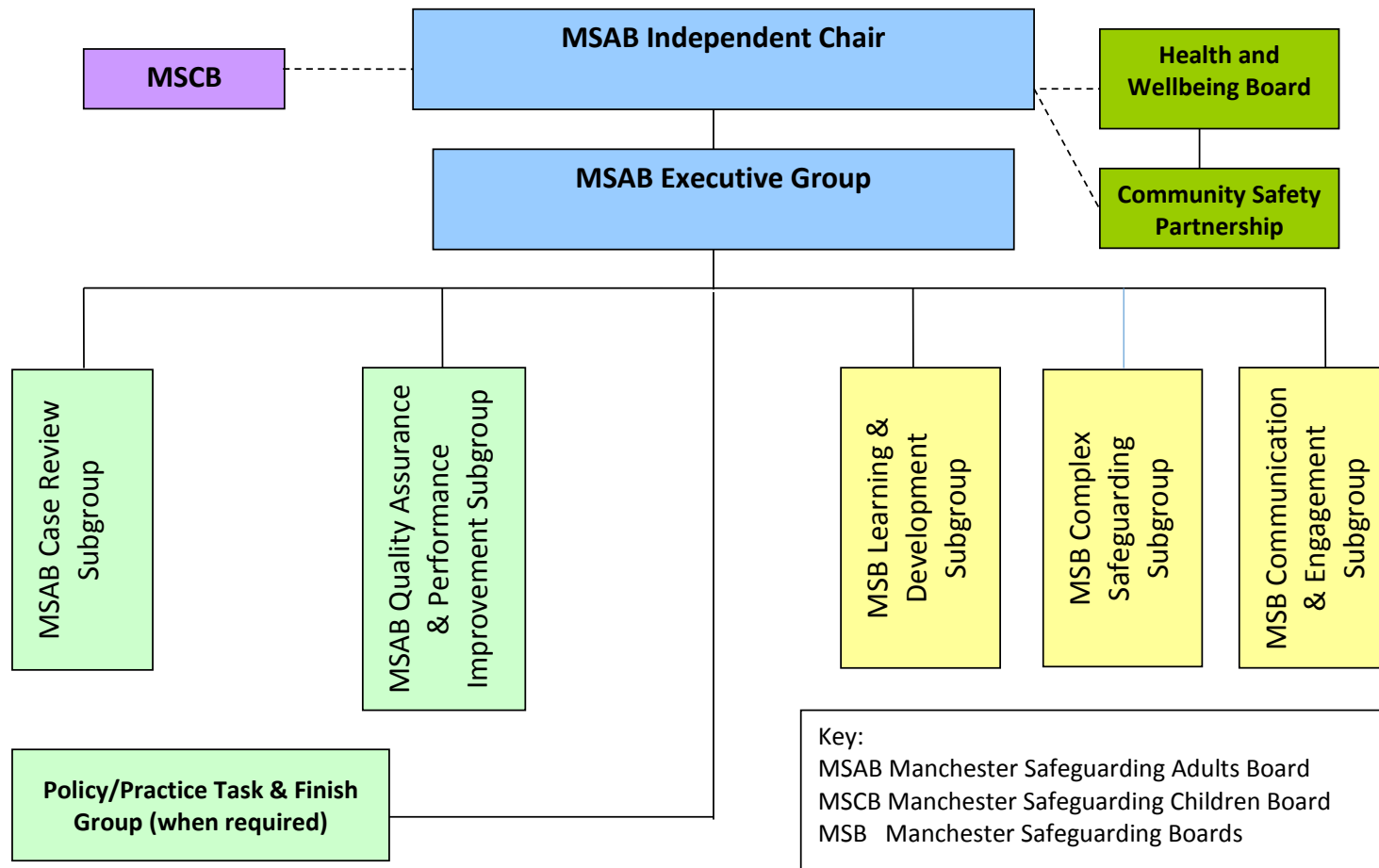
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Multi-Agency Objective	Outcome	Actions
		<ul style="list-style-type: none"> <li>• Improve access to and understanding of safeguarding</li> <li>• Ensure that the welfare, safeguarding arrangements and vulnerabilities continue to be addressed during transition.</li> <li>• Work with MSCB and the CSP to tackle human trafficking, modern slavery and domestic violence and abuse</li> </ul>
<p><b>To identify and monitor the implementation of changes that help to prevent similar abuse or neglect happening to others</b></p>	<p>Changes are identified and monitored effectively preventing the similar abuse or neglect of others</p>	<ul style="list-style-type: none"> <li>• Build strong links between the MSAB and all relevant local, regional and national multiagency groups.</li> <li>• Safeguarding is embedded in the corporate and service strategies across all partners.</li> <li>• Policy and procedures are up to date and reviewed.</li> <li>• There are clear protocols in place that integrate different agency procedures.</li> <li>• Information sharing protocols are clear</li> <li>• Partners can demonstrate effective policies, practices and procedures which are understood and adhered to by staff.</li> </ul>



**5. Governance and Accountability**

**Manchester Safeguarding Adults Board (MSAB) Structure**





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### **MSAB Board**

Legislated by the Care Act 2014, membership of 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.

The Board has three statutory functions, to:

- develop and publish a Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute
- publish an Annual Report detailing how effective their work has been
- commission safeguarding adults reviews (SARs) for any cases which meet the criteria for these.

Membership of the MSAB is set out in the table at Appendix 4.

During the latter part of 2016/17, the Board moved to a bi-monthly meeting schedule. All members are expected to attend or arrange a suitable deputy. The Board receives reports from subgroups to appraise it of the work being undertaken to meet its objectives. Attendance at Board meetings has been good, with six partners achieving 100% attendance and a further six achieving 75% over the four meetings held in 2016/17.

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) have developed and agreed an Inter Board Protocol, which provides a sound framework for sharing information and updates on strategic direction and operational work where this is of mutual benefit. In November 2016, it was agreed that strategic leadership and governance on the issue of domestic violence and abuse would sit with the Community Safety Partnership.



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### **MSAB Executive**

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

During 2016/17 the Executive 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.

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 also regular meetings between the Independent Chair of the Board; the Executive Member for Adults, Health and Wellbeing; the Chief Executive of Manchester City Council; and the Strategic Director of Commissioning and Adult Services.

### **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. The MSAB shares a number of posts, including that of Integrated Safeguarding Board Manager, with the MSCB to support its work.

A number of the Board's partners contributed to the MSAB budget for 2016/17 and provided a range of additional in-kind resources. The budget report detailing contributions and expenditure can be found in [Appendix 5](#).



## 6. Safeguarding Adults Reviews (SAR)

The Care Act specifies that a Safeguarding Adults Board (SAB) must arrange for 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).<sup>1</sup>

Eight referrals were received during 2016/17; with the referral sources being as follows:

- MCC Adult Social Care 1
- GMP 6
- Serious Case Review 1

Seven of the eight referrals were the subject of screening by the MSAB Case Review subgroup at meetings held during 2016/17; with one being heard at the first meeting of 2017/18. The recommendation was made to the MSAB Independent Chair that the criteria for a SAR was met in two of the eight 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 Lead Reviewers have been commissioned for both of these reviews.

In three of the six cases where the criteria for conducting a SAR was not met, it was agreed that another form of learning review would be appropriate and such reviews have been commissioned. In one of the six, it was agreed with colleagues in a neighbouring borough that they would be best placed to consider and commission any review deemed appropriate. In a further case, a complaint was made regarding the decision not to carry out a SAR and a response provided by the Chair of the MSAB Case Review Subgroup.

The two Safeguarding Adult Reviews were completed shortly after the end of this reporting period and considered by the Board on 13<sup>th</sup> June 2017. Further details regarding implementation

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



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of recommendations and learning arising from these reviews will be included in the 2017/18 annual report.

There was a recommendation that MSAB SAR procedures and a more effective means of capturing SARs be developed by the MSAB Case Review Subgroup and this work is continuing during 2017/18.

## 7. Challenges and Future Priorities



Our overarching Strategic Priority is:

**To be assured that safeguarding is effective across Manchester**

The priorities below are an updated version of those originally set out in the 2015/17 MSAB Strategy, following the outcomes of visioning and priority setting events held in March and June 2017. They illustrate key areas of focus for the Board for 2017/18 and reflect the increasingly cross-cutting nature of the agendas being addressed by both Safeguarding Boards.

### **Thematic Priorities for 2017/18:**

- Engagement and Involvement – listening and learning, hearing the voice of adults, Making Safeguarding Personal
- Complex Safeguarding – Domestic Violence and Abuse, Forced Marriage, Female Genital Mutilation (FGM), so-called Honour Based Violence, Trafficking and Modern Slavery, Preventing Radicalisation, Vulnerability and Organised Crime, Missing from Home
- Transitions – moving from childhood to adulthood in a positive way
- Neglect – safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

Mental health, learning disability and substance abuse will remain key considerations across all of these priorities.

The Board will support and challenge its partners against each Priority. Three of last year's identified areas of challenge, Service user engagement, Making Safeguarding Personal and Transitions, have been adopted as thematic priority issues for 2017/18 and are being addressed by way of actions in the 2017/18 Business Plan.

Some challenges remain for the Board and the following have been identified through the risk register and performance monitoring processes.

- **Budget** – while the contributions of partners to the running of the Board are now relatively well established, this continues to be sufficient mainly for 'business as usual'. The significant, and increasing, number of SARs and other reviews the Board is required



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to commission and conduct are a potential pressure on funds that is difficult to mitigate against.

- **Embedding Making Safeguarding Personal** – while MSP has been adopted as a thematic priority, understanding the extent to which it is embedded across the Board’s partner agencies remains a particular challenge. A specific piece of audit work is to be conducted in this regard in late 2017, in conjunction with NW ADASS.
- **Learning from Reviews** – a number of SARs and other learning reviews have reached conclusion during the first half of 2017/18 and the challenge for the Board is to ensure that the learning from such reviews is promptly and effectively disseminated; and that there are effective processes for monitoring the impact of such learning on practice and delivery. A new, comprehensive process for disseminating learning from SARs, SCRs and relevant DHRs has been approved by the Executive and will be implemented from autumn 2017, in conjunction with the MSCB and CSP. A new integrated subgroup, also to be established from autumn 2017, will be responsible for monitoring of the impact of learning.

## Appendices

### Appendix 1: Partner reports on activity and achievement 2016/17

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

##### Central Manchester Foundation Trust (CMFT)

CMFT works in a way that considers how to achieve the outcomes that people have identified and how to ensure that people make their own decisions about their own lives which is vital in empowering people to keep themselves safer in the future.

Examples of ways in which CMFT empower patients and service users are as follows:

- General information in easy read formats both online, in leaflet form and in different languages.
- Information is given to patients and their families when a DoLS application is made including explanations, rationale, process and the patient and families rights.
- Verbal and written information is given to patients when domestic abuse is disclosed including signposting to other services and referrals to MARAC. CMFT also use the barcode system for victims who do not want literature in case it inflames a situation.
- Additional policies and procedures are in place to support staff to keep patients safe and these are reviewed regularly. Policies provide links to MSAB and partner agencies that can help and support vulnerable adults and information is given to patients on an individual needs basis.
- On-going work is in place to look at written information for patients who are vulnerable as part of Making Safeguarding Personal which is a priority across all divisions and is included in the Trust and Divisional Safeguarding work plans.
- The Patient Advice and Liaison Services (PALS), is available to all patients and relatives to give comments, compliments and lodge complaints supported by Trust policy.



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- PALS have also launched 'Tell us Today' - a call line for patients and their representatives to use to raise concerns about their inpatient care in real time. Calls go directly to the Senior Nurse who sees the person within an hour of the call in an attempt to resolve the concern.
- Patients and members of the public are involved in shaping CMFT services as Foundation Trust members.
- The Patient Experience Team (PET) engage with patients and carers in different ways to gather direct feedback about our services.
- Patient stories are regularly used to provide the Board and all staff with how it feels to be a patient in the Trust and positive and negative experiences are shared.
- Patient forums are established across the Trust and contribute to service design and delivery.
- Listening events are held with a focus on specific areas for improvement.
- On-going patient experience surveys and Quality of Care rounds are undertaken.
- **What Matters to me** - has been rolled out across the Trust in 2016/17 to enable patients and staff to voice 'What Matters' to them. It was established that this approach was having a positive impact on the quality of patient care as it provides a safe environment for patients to speak with clinical staff and each other about their care and any areas for improvement.

The underpinning principle of CMFT remains that every person regardless of age, ability, gender or ethnicity has the right to live a life free from abuse and neglect. This means putting service users at the heart of our services to ensure we listen to their concerns, we believe what they are telling us and we act to keep them safe and protected.

All safeguarding decisions are in collaboration with the patient and what they would like to happen. This is supported by policy, procedures, training and access to the Safeguarding Team. The principle is also embedded into Safeguarding work plans across all Divisions within the Trust and CMFT's Safeguarding Divisional Assurance meetings.

### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

The CRC is contractually obliged by the Ministry of Justice to undertake service user feedback surveys every six months. We have also developed a service user council group to enhance our understanding of service user issues. In addition we are working towards implementing a 'User Voice Forum' in Manchester which will mirror our service design in Liverpool.

We have service user leads amongst our operational teams as a specific point of contact for staff. Whilst there are no specific safeguarding issues involved in this, it does emphasise our culture of listening to all service users.

#### Feedback from Service Users:

- Women service users hate coming into the office as they feel intimidated/uncomfortable.
- Service users have reported that the reception area is unwelcoming and sterile.
- There is no information available about local resources and support.
- Service users sometimes feel uncomfortable/embarrassed to ask personal questions i.e. where can I go for a shower?

#### Action taken:

- Removal of all broken furniture from interview rooms, tidied up and removed rubbish.
- We have an array of white pieces of paper with information on in the reception area; removed all unnecessary sheets and currently updating the necessary information sheets.



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- In the pink interview room, comfortable chairs have been put in there. Would like to get a low coffee table so we can have tissues etc. on it.
- Sharps boxes in all toilets.
- Female toilet to have information in them e.g. 'Silent Solution,' condoms.
- A suggestion box.
- An information platform; we have come up with an idea which has a local focus, is responsive to needs and learning styles and gives SU's something to look at to pass the time whilst waiting in the reception area - to install 1 or 2 stand-alone TV's with DVD capacity. We have generated a PowerPoint/ slide show of information with photos of the buildings, details, times, contact people, services available. We have these DVD's on loops so they are constantly playing. Awaiting sign off by MD.

Additionally, our service operates on four late nights per week to enable greater flexibility for service users to meet their personal responsibilities; such as, employment and caring responsibilities. As part of our work we routinely engage with service users and safeguarding and vulnerability issues are discussed and interventions offered.

### **Manchester Health & Care Commissioning (MHCC)**

The vision for safeguarding within Manchester CCG has been to maintain, robust resilient and effective safeguarding services across the health economy. The Citywide Safeguarding Team's ethos being to lead change and improve safeguarding across commissioned services.

Manchester CCG's plans are constantly evolving to keep up with current trends and legislation with our continued aim to make significant strides towards achieving the best outcomes for vulnerable adults and children.

The CCG Safeguarding Team continues to ensure that empowerment is a consistent theme in their work, identifying that the voice of the adult is heard and embedded in all safeguarding activity. Where necessary professional challenge will be made to ensure this principle of safeguarding is upheld. The CCG gave monies to Manchester Women's Aid in 2016/17 to complete survivor consultation with older women via the University of Salford; this research will be available during the 2017/18 financial year. IRIS is commissioned by the CCG and will incur full evaluation including survivor consultation.

The Citywide Safeguarding Team has also been a key partner in the development and participation of learning and practitioner events. The aim of these events is to share learning but also to empower colleagues and enhance knowledge and processes around Safeguarding Adult Reviews and referrals to the relevant MSAB subgroup.

### **Greater Manchester Fire and Rescue Service (GMFRS)**

It was acknowledged in Q4 2016/17 that there was no specific information publicly available on the external facing GMFRS website relating to safeguarding and this has been flagged as a priority action for the Prevention and Protection Service Delivery Manager and is being rectified with urgency – completion deadline is the end of Q2 2017/18. Whilst this work is being carried out our Consultation and Engagement Manager is looking to place an interim solution for customer access to policies/procedures/raise a safeguarding issue etc. on the external website.





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All GMFRS staff receive annual, mandatory safeguarding awareness training and would be able to recognise and report the signs of abuse and then advise and assist a member of the public to make contact with those who work to support vulnerable adults and children.

### **Greater Manchester Police (GMP)**

Much emphasis has been placed on all investigations being 'victim focussed' and identifying victims wishes, in terms of outcomes.

Evidence of this practice is recorded within crime action boards / public protection investigation logs, within police systems.

In dealing with every incident officers will listen to those reporting concerns. Their view will be used to shape any subsequent investigation. GMP actively encourages feedback from victims and witnesses alike around the level of service provided.

### **Healthwatch**

Healthwatch Manchester is an independent not-for-profit organisation driven by national government policy, mandated by its local membership and supported by local authority.

All Healthwatch Manchester work is person-centred. We are there to collect the views opinions of local people as they encounter health and social care pathways and to monitor and review their experiences.

Where safeguarding is an issue we are acknowledged by the CQC as part of the 'early warning system' and our activity provides a local 'ear to the ground' scrutiny which is unique to Manchester. Our independent status as a local provider of scrutiny and critical friend to the NHS and social services enables the public trust required to meet this role.

### **HMP Manchester**

Empowerment is limited in the establishment, although individuals are included in outcomes and have the ability to identify vulnerabilities the tools and decisions are taken by staff and others although this is with consent from the individual when appropriate.

### **Manchester City Council (MCC) Adult Safeguarding Service**

The service seeks to promote the message in the City of Manchester that 'People are supported to make their own decisions with informed consent'. Where this may not be possible we encourage the use of Advocacy services for Adults with care and support needs who lack capacity and representation.

We are also active members of the North West Regional Safeguarding Group. This involves working collaboratively to develop standards of practice for Local Authorities/Boards/Agencies which are reflective of Making Safeguarding Personal and the Care Act.

### **Manchester City Council (MCC) 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:





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- 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 Strategic Housing**

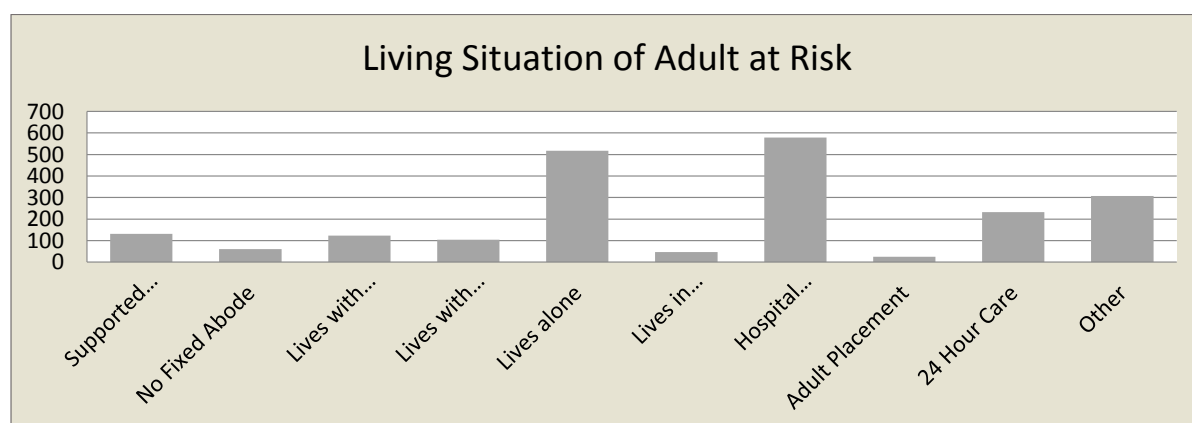
The MSAB Assurance Reports received from Registered Providers (RP’s) this year suggest that there is an increased activity around Empowerment for general needs landlords with some now reporting that they provide access to leaflets, newsletters, posters and websites about safeguarding to help, advise and empower their tenants.

**Greater Manchester Mental Health Trust (GMMH)**

Safeguarding is not just a shared responsibility for all organisations. It is increasingly important that members of the local community have an understanding of how to go about reporting abuse. People cannot make decisions about their lives unless they know what their options are, what the implications of those options may be and have had the chance to really consider them.

The provision of advice also helps to ensure the person knows where to go when they do decide to seek support or wish to change their circumstances. To support the promotion of Making Safeguarding Personal (MSP) the Trust provides advice, support and information on its internet website, leaflets and posters.

All safeguarding activity is carried out with a focus on achieving the outcomes that the adult has identified and MSP is a key line of enquiry throughout all safeguarding enquiries within the Trust. The Adult at risk or their representative is asked their views, their desired outcomes and if they were achieved.



The information is also asked for in the MSP leaflet guide for Adults e.g. your feedback is important to us so that we know whether we are getting it right and if we are not we will endeavour to make changes to improve our practice.



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Questions:	Yes	No	Partly
Did you feel listened to?			
Did we focus on what you wanted to achieve?			
Did you feel in control?			
Do you feel our support has made a difference?			
Comments:			

Of the referrals audited during the reporting period, in 67% of the cases discussions with the Adults or their representatives took place, their outcomes were discussed, identified and met. However, in 33% of the cases their outcomes were not met for a number of reasons e.g. a crime had been committed, the alleged perpetrator worked in regulated activities or there were other vulnerable adults who were at risk and therefore, their wishes had to be overridden.

**National Probation Service (NPS)**

The NPS is working in partnership with Calderstones NHS Foundation Trust to improve outcomes for service users with a range of learning disabilities. This will include better screening and assessment, overcoming communication barriers and some adapted intervention tools. Recent research/inspections suggest the following prevalence:

- **2-3% within general population.** It is generally accepted that learning disability affects between 2 and 3% of the general population.
- **30% of those in Custody (Prison Reform Trust).** Whilst the evidence on prevalence in the Criminal Justice System is still at an early stage of maturity, the Prison Reform Trust has conducted some highly respected work with young people, indicating that as many as a third of offenders in Young Offender Institutions may have a hidden disability. It is highly likely that many of these end up in the adult prison system.
- **21% of deaths in custody (NOMS).** The percentage of people who died in custody over the last three years who had a learning disability.
- **50% learning disability.** If we add those offenders who may have a learning difficulty into the equation, then the figure will be closer to 50%.

**North West Ambulance Service (NWAS)**

Prior to any safeguarding concern being raised staff should be seeking consent from the Adult where it is safe to do so and the sharing of information is not going to put the adult at more risk. NWAS has a robust Mental Capacity Act assessment which NWAS staff should utilise prior to consent being sought to raise a safeguarding concern. The safeguarding concern should contain information personal to the service user and include any disclosures of abuse.

**Pennine Acute Hospitals Trust (PAHT)**

Patient care within Pennine Acute is encouraged and promoted to be 'patient centred from admission assessments, risk assessments and care planning. Therefore patients are engaged in decision making process for their care right from the beginning. This ideology is also pushed through the following:

- Making Safeguarding Personal is discussed in Level 3 Safeguarding Adult Training within PAT with emphasis being on the person at the centre of safeguarding arrangements and principles.
- The Safeguarding Team liaise closely with local authorities and other partner agencies to support safeguarding enquiries in order to provide a suitable outcome for the person based on their needs and wants.
- Staff are encouraged to ensure, wherever possible, patient and carer participation in the Best Interest process.
- Consent is sought, wherever possible, for referrals to be made so that service users and families where appropriate, are involved in the process from the outset of the safeguarding process.
- Service users and families are encouraged to participate in best interest decisions; care planning, including advanced care planning; completion of hospital passport, reasonable adjustments and 'This is Me' documents.

For the purposes of monitoring and assurance, the safeguarding team carry out record keeping audits regularly. Notes audits are undertaken to assess documentation in relation to MCA & DoLS and findings fed back at ward level.

#### **The Christie NHS Foundation Trust**

Staff and patients work in partnership, patients are supported by Macmillan nurses and clinical nurse specialists providing expert advice and support. Home visits are made and patients are fully informed and involved in their care. There are patient focus groups directing decision making and a patient experience committee. Patients have clinic appointments regularly once treatment has started to discuss reactions offering the option to stop treatment or to change treatment.

#### **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.

Across the website members of the public can access comprehensive information on how to recognise and report safeguarding concerns. In addition to the public website all staff can access relevant safeguarding related information 24 hours per day.

During induction week all new starters at the trust receive update training on both consent to treatment and the Mental Capacity Act. This supports staff to empower patients during decision making process and aids person centred decision making.

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

#### **Central Manchester Foundation Trust (CMFT)**

The Safeguarding Team is central in 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.

There are policies and procedures in place to ensure patients are safeguarded and to identify and prevent harm occurring for example:



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- Safer Recruitment Policy which includes guidance on pre-employment checks, references and disclosure and barring (DBS) requirements.
- All Divisions ask a safeguarding question at interview to check an individual's response and attitude to safeguarding.
- Managing Allegations training has been rolled out across all Divisions supported by a Managing Allegations Policy.

As part of contractual and statutory requirements CMFT are required to have systems and processes in place to prevent harm and this is outlined in CQC Regulation 13 which we are required to provide assurance on compliance against the standard.

CMFT have a robust risk management and reporting culture and escalate risk and harm both internally and externally. Under Duty of Candour, CMFT have a legal duty to inform and apologise to patients if there has been mistakes in their care that has led to significant harm this ensures that patients receive accurate, truthful information. As CMFT is registered with the Care Quality Commission (CQC) we have a statutory duty to comply with this.

A weekly overview of all safeguarding incidents is sent to the Safeguarding Team and the Director of Nursing, which allows themes and learning to be extracted and reported to the wider Trust.

Safeguarding audits across the Trust highlight areas where there are gaps in practice around safeguarding and provides a benchmark for improvement and assurance.

The Trust Safeguarding Policy and procedures aligned to the MSAB and statutory requirements.

All staff starting with the Trust regardless of role and responsibility receives a half hour introduction to safeguarding on face to face induction:

- Level 1 – Mandatory for all staff across the Trust and is an eLearning package
- Level 2 – Mandatory for all clinical staff across the Trust.
- Level 3 – This is face to face training for staff who work predominantly with adults and who manage safeguarding adult cases.

Additional bespoke safeguarding training is provided to volunteers, interpreters and overseas nurses.

Additional training is also available in the following:

- Domestic Abuse
- Female Genital Mutilation (FGM)
- Mental Capacity Act (MCA) and DoLS
- Forced Marriage and Honour Based Violence (HBV)
- Managing Allegations.

In 2016/17 the CMFT Domestic Abuse Subgroup undertook the following work streams to ensure Domestic Abuse requirements are well embedded across the Trust:

- Domestic Abuse Training Needs analysis completed across divisions
- Training updated
- Training on Risk Identification Checklist (RIC) and Domestic abuse, stalking and honour based violence (DASH) and Multi-Agency Risk Assessment Conference (MARAC)



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- Policy updated to align with Manchester Domestic Abuse Strategy and Delivering Differently agenda.

Training has been successfully delivered to key staff groups which were highlighted as priority groups in the NICE Domestic Abuse Guidance (2014) such as:

- Emergency Department,
- Sexual Health Services
- Children's Community Services.

### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

The protection of the public is of paramount importance for CGM CRC.

With regard to safeguarding adults Purple Futures CRCs contribute to Local Adult Safeguarding Boards (LSABs) at an operational and strategic level to ensure contribution to local practice and policy implementation, this is outlined within the Care Act 2014 which sets out a clear legal framework for the responsibility of agencies to protect adults at risk of abuse or neglect.

A large percentage of our service users have their own vulnerabilities but also have the potential to pose risk and harm to others. Our processes reflect this position and our assessments support direct work with individuals as described in one to ones.

All organisations delivering services on behalf of CGM CRC are managed by the contracts team. Prior to any contract being given, the organisation goes through the CRC's due diligence process, which requires copies of policies in relation to safeguarding children, vulnerable adults and whistleblowing.

### **Manchester Health and Care Commissioning (MHCC)**

#### ***Adult MASH***

A business case was successfully put forward by the Citywide Safeguarding Team for the development of the Health Team in the Adult Multi-agency Safeguarding Hub (MASH). Previous work in the scoping and planning for the Adult MASH highlighted that information held by health was vital to robust safeguarding decisions.

Recruitment of health staff will ensure accurate assessment of risk and that safeguarding decisions are based on a coordinated, sufficient, accurate and timely intelligence with health intelligence being a key component in this process. Job descriptions and recruitment began in the previous financial year and health partners will be in place within the 2017/18 financial year.

#### ***Care Home Quality Initiative***

The CCG Safeguarding Team has provided input into this initiative which leads on from the Nursing Home Scoping Programme completed in 2016. The initiative will consider redesign and the support required to 24 hour care provision across the city with multi-agency partners across the coming year.

#### ***Domestic Homicide Review / Safeguarding Adult Reviews***

The Citywide Safeguarding Team have continued to contribute and take a lead role in the health component for commissioned DHRs and SARs. In addition, the Team have contributed to the important task of addressing lessons learnt and embedding learning via the MSB Learning & Development Subgroup, supporting multi-agency recommendations and action plan development.

### **Greater Manchester Fire and Rescue Service (GMFRS)**

Having introduced 'Safe and Well' visits in 2015, GMFRS continues to both build on the success of previous Home Safety Checks (HSC) and also to further 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 IDVA and receives regular referrals for Priority Safe and Well visits. A Priority Safe and Well visit can include the fitting of additional smoke alarms and 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 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 checks, DBS 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 Whistleblowing 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



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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
- 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 safeguarding of vulnerable adults is an integral part of the objectives and philosophy of GMP.

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**

Healthwatch methods of data collection include email, phone calls, web chatrooms, field research and most notably our online feedback centre. Rapid analysis and reporting on this data enables a responsive and preventive element to our work and supports our aim in curtailing poor practice before safeguarding might apply. Our power to 'Enter and View' a premises is used as part of our response.

### **HMP Manchester**

Prevention and identification run together; there are numerous methods for an establishment to screen and identify those considered at risk. The channels for self-reporting are in place and effective. If individuals are missed or not reported the environment can be austere to any person who has vulnerabilities; however this would be actioned and picked up after an incident.





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### **Manchester City Council Public Health**

The public health team staff are 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**

It is vital that people are aware of how to seek help and support. The City Council employs a dynamic team of Independent Domestic Violence Advisors (IDVA) who work with 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**

There is an expectation on Registered Housing Providers (RPs) from Strategic Housing that policies, procedures and training opportunities around safeguarding should be robust and available to all. We are satisfied from the MSAB assurance reports that this is the case. Earlier this year, Strategic Housing held a Safeguarding for Housing Providers session for the safeguarding champions and the main theme of the session was Domestic Abuse (DA). The event kept the Safeguarding Champions up-to-date with the latest policies, procedures and developments in this area. Good Practice around Domestic Abuse that is already taking place in some RP's was shared. This included the suggestion that RP's should consider mandatory DA training for all their front line staff.

### **Greater Manchester Mental Health Trust (GMMH)**

The Trust is constantly seeking to improve the life and care of its service users, carer's and families and an important element is to promote good practice.

To guard against bad practice the Trust has strict registration, inspection, internal monitoring, and quality assurance systems in place:

- Volunteering Policy & Procedure
- Recruitment & Selection Policy and Procedure
- Policy for the Management of Celebrities, VIPs and other Official Visitors



- Disclosure and Barring Service (DBS) Eligibility Flowchart
- Policy and Procedure for DBS Checking
- Policy Statement on the Recruitment of Ex-Offenders
- Policy & Procedure for the Verification of Professional Registration.

Safeguarding Adults is integrated in all Trust contractual processes with clear expectations of reporting requirements to prevent harm, neglect and abuse of vulnerable adults:

- Public Interest Disclosure Act Policy (Whistleblowing)
- Policy on Learning & Embedding Lessons Arising from Incidents, Claims & Complaints
- Safeguarding Adults at Risk Policy
- Safeguarding Procedure and Practice Guidance
- Complies with NHS England standard contract for healthcare services.

Safeguarding encompasses the following core elements:



The Trust has performance management systems that record and indicate the effectiveness and potential for interventions to prevent harm, neglect and abuse:

- Improving Performance Policy
- Standard Operating Procedure (SOP) on Improving Performance
- Quality Improvement Strategy 2015/18
- Improvement Clinical Audit Policy
- Safeguarding audit tool.

The Trust completes monthly thematic audits. Feedback from these audits is sent to team managers and their assistants and then discussed with the individual practitioner in their supervision.

Safeguarding Adults and Children is a fixed supervision agenda item. Emphasis is placed on quality of care and good clinical practice, which include:

- Risk assessments
- Care planning
- Early Intervention
- Support and guidance on how to escalate concerns



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- Commitment to multi-disciplinary and multi-agency working.

Safeguarding Awareness training is delivered to all staff and volunteers and opportunities are available to develop enhanced skills for those with specific roles and responsibilities. The Trust Safeguarding training target is 90%.

Month	No. of staff trained as specified within the Safeguarding Audit Toolkit
April 16	90%
May 16	90%
June 16	89%
July 16	89%
August 16	89%
September 16	89%
October 16	87%
November 16	88%
December 16	86%
January 17	85%
February 17	84%
March 17	87%
YTD	89.3%

The Trust designated Safeguarding Workforce Development Lead ensures the delivery and evaluation of safeguarding training is to a high standard.

The Trust has in place:

- Matrix safeguarding training strategy
- Training policy
- Included within the Trust training packages is learning from:
  - A complaint e.g. an adults experience as a child being parented by her mother who had mental health difficulties
  - Serious Case Reviews (SCR)
  - Safeguarding Adult Reviews (SAR)
  - Domestic Homicide Reviews (DHR)
  - Single Agency Reviews e.g. Serious Incidents.

**National Probation Service (NPS)**

The role and responsibility of Probation staff in identifying and responding to concerns regarding prevention of terrorism and extremism is detailed in the NPS North West Division guidance on 'The management of Terrorist and Extremist Offenders and Safeguarding of those who are Vulnerable to engagements with Extremism' (December 2014). There is a strong emphasis on integrated assessment/interventions based on partnership work and the use of specialist support from the Probation Counter Terrorist leads, the Counter Terrorism Unit and the Channel Programme.

The NPS continues to be committed to reducing the harm caused by Domestic Abuse Perpetrators and reducing the likelihood of this type of offending. Within Manchester City, the NPS is currently managing **389** domestic violence cases (21% of the total caseload). Depending on the type and level of their offending, domestic violence perpetrators are referred to either the Building Better



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Relationships (BBR) group work programme or the Improving Relationships and Supporting Change (IR-SC) group work programme as part of their Community Order or Licence Conditions.

### **North West Ambulance Service (NWAS)**

The Trust has information sharing protocols with a number of agencies including police and is a member of the safeguarding boards. Information governance, confidentiality and information sharing is included within mandatory training for all staff.

### **Pennine Acute Hospitals Trust (PAHT)**

The Trust aims to respect the autonomy of adults taking into account their illness. Therefore, the safeguarding teams are currently working with Divisions to raise awareness and understanding of safeguarding of adults with care and support needs from improper treatment. This includes a zero tolerance approach to abuse, unlawful discrimination and inappropriate restraint. To achieve this the Trust uses the following:

- Level 3 Safeguarding Adult Training within PAT includes the principles of safeguarding and there is discussion about what abuse is, how to recognise signs of abuse and how to seek help and support, including making a safeguarding referral.
- Staff have information available to them on the intranet for guidance and support.
- Ward packs have been distributed which include safeguarding team contact details.
- Walk rounds are undertaken on all sites making the safeguarding team visible to wards and departments and accessible to staff and service users.
- Notes audits are undertaken to assess documentation in relation to MCA & DoLS and findings fed back at ward level.
- There have been contributions from the team and involvement in events for Falls Awareness Week; Dementia Awareness week; implementing John's campaign; Alcohol awareness week.
- Victims of domestic abuse are offered referral to Victim Support and offered advice line telephone numbers/contact details.
- Alcohol and drug users are offered signposting to drug and alcohol services

### **The Christie NHS Foundation Trust**

Safeguarding adult training delivered face to face is mandatory for all registered professionals. Holistic needs assessment is completed on initial assessment and lifestyle questionnaires completed, providing opportunity for disclosure. Patients are routinely seen alone at least once during treatment. Specialist support, consultation and advice is available from the safeguarding team

### **University Hospital South Manchester (UHSM)**

During the year the electronic patient record has been developed and roll out commenced across adult inpatient services. This process has enabled a full review of documentation including risk assessment process completed by staff at admission.

UHSM have rolled out the mortality review process for all patients who have a diagnosis of LD. Any learning identified is used to support the development of new training packages to support the proactive approach taken by the safeguarding adult team.

All staff across the organisation are required to complete mandatory safeguarding adult training on a three yearly basis.

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

#### **Central Manchester Foundation Trust (CMFT)**

The Safeguarding Team supports practitioners to apply a balanced approach between providing support and intruding and taking over people's lives. This ensures that people can make important decisions and choices about their own safety, while ensuring that the minimum level of involvement does not leave people at risk of harm when they leave our care.

Examples of how proportionality is applied across the Trust:

Many of our vulnerable patients have a learning disability (LD) or are elderly frail with dementia. In addition to the Community LD team, the Trust has invested in a LD nurse in acute to support the needs of LD patients and also a Dementia pathway in place to ensure the needs of these patients are met. This ensures the unique needs of these patients are recognised and understood with individualised care involving families and carers in place. A flagging system is in place on ward boards which identify patients with additional needs and can be seen by all staff.

All staff are trained to understand the 'bigger picture' in vulnerability and are encouraged to liaise with community, multi-agency colleagues, families and carers before decisions are made. Best interest meetings are held with patient and family involvement when important decisions need to be made.

However if a patient has suffered harm or is at risk, then safeguarding procedures are instigated immediately.

CMFT take into account the patient's wishes and feelings when a decision needs to be made regarding a patient's safety. This takes into account a number of factors including:

- Whether or not the patient has capacity
- If the patient has suffered or is at further risk of harm
- If a crime has been committed
- Duty of care for wider patient and public safety.

This is underpinned by Trust policies and training.

The Safeguarding Adults policy, practice and training advocate involving the adult in decision making as much as is practicably possible and taking additional measures to ensure a patient understands and is involved where a patient has additional needs.

#### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

The CGM CRC has a supervision and appraisal policy in place. Safeguarding is an integral part of the supervision and appraisal processes. In addition to regular staff supervision, the CRC also holds Risk Management Reviews for those cases assessed as high risk, where there are child protection concerns or when there are any significant safeguarding issues. These meetings are chaired by the Interchange Manager. Particularly complex or high risk cases are allocated and supervised by Senior Case Managers only, who hold relevant professional qualifications and have greater experience of managing complex cases.



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### **Manchester Health & Care Commissioning (MHCC)**

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 Manchester Clinical Commissioning Group.

The Citywide Safeguarding Team has ensured that any advice given is proportionate and incorporates the safeguarding principals. Support and guidance is given in an open, professional and transparent way. The voice of the adult is heard and remains central to any safeguarding activity. Team members act as a critical friend and where necessary challenge practices across health and multi-agency partners to ensure these principals are maintained.

### **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. GMFRS regularly seeks feedback on how well we have dealt with individual cases and will adapt or improve our own practices where possible, based on feedback received.

### **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 (NDM) Model 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 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. CSE, HBV, 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.



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### **HMP Manchester**

Actions and decisions are proportionate, the various methods and avenues used to deal with risk and potential risk are appropriate to the differing needs of the individual.

### **Manchester City Council Public Health**

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 so-called honour based violence
- The organisation ensures where a multi-agency risk assessment conference (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 has further embedded the Quality Assurance and Improvement framework within Adult Social Care. The aim to further develop our approach to Safeguarding Adults. This has led to the recognition of good practice and the implementation of Learning and development opportunities for staff members, policies and of communication /feedback methods with citizens. To ensure the work we undertake with citizens in the City of Manchester is reflective of their desired outcomes. The aim where possible prevent harm or further risk of abuse.

### **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 majority are small community groups, two thirds of which 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.



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### **Greater Manchester Mental Health Trust (GMMH)**

The 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. Practitioners involved in safeguarding enquiries will discuss with the Adult, and where appropriate their representative, and partner agencies the proportionality of possible responses to develop positive approaches to manage risk and support decision making.

Trust arrangements support the use of professional judgement and the management of risk. The Clinical Risk Assessment training for staff continues and the course content sustains a strong safeguarding component. The purpose of this is to ensure that staffs are clear about their safeguarding responsibilities when undertaking clinical risk assessments.

The Trust has an approach of positive risk taking and defensible decision making in which the adult is fully involved within the safeguarding investigation and the practitioner leading the investigation will seek feedback from the Adult about their experience of the safeguarding process. Individual's experiences are reflected on and lessons are learnt and embedded within the Trust safeguarding training packages.

The Trust:

- Includes a carer's complaint and the learning from the complaint within its safeguarding training
- Is part of MSB Learning & Development Subgroup (vice chair)
- Are active partners on multiple MSAB Subgroups e.g. QAPI, SARs
- Serious Safeguarding Incidents are reported on the NHS electronic DATIX system, of which CCG have oversight
- Service Users/ Carers have been involved in the safeguarding training packages
- A member of the Corporate Safeguarding Team attends periodic Service User/ Carer Fora
- A member of the Trust Corporate Safeguarding Team delivers Safeguarding Awareness Training to service users and carers.

### **North West Ambulance Service (NWAS)**

NWAS staff complete a safeguarding concern and this notification is sent to the relevant Children's or Adults Social Care service. Due to the regional geography and emergency care remit of the Trust individual organisations' paperwork assessments are not completed but information is shared with social care via the web based system 'ERISS'.

### **Pennine Acute Hospitals Trust (PAHT)**

Pennine Acute like any other Trust comes across adults who may be challenging due to their cognitive impairment and may require 'clinical holds' or restraint (chemically and or physically). The Trust has policies and procedures around how any treatment intervention has to be proportionate to the need of the patient to ensure it's in their best interest and this is also covered in:

- Level 3 Safeguarding Adult Training as part of making safeguarding personal and finding out what the service users want as part of the safeguarding process.
- Service users and families are encouraged to participate in best interest decisions; care planning, including advanced care planning; completion of hospital passport, reasonable adjustments and 'This is Me' documentation.



#### **The Christie NHS Foundation Trust**

Care is patient led allowing for the least intrusive response. Following on from patient requests a Christie at home service has been initiated allowing patients to receive treatment in their own homes. There is a hotline which patients access to specialist advice 24 hours a day and supportive care drop in clinics twice weekly to allow problems to be identified at an early stage preventing admission.

#### **University Hospital South Manchester (UHSM)**

UHSM has adopted a proportionate approach to safeguarding adults at risk of abuse across the organisation. The safeguarding adult team advocate that all decision making needs to be in partnership with individuals who have capacity to make autonomous decision. For those individuals deemed to lack capacity to make some decisions, the safeguarding team will support and advocate to ensure a proportionate response is taken. We cannot and do not wrap people up in cotton wool and respect decisions that may be deemed to be unwise.

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

#### **Central Manchester Foundation Trust (CMFT)**

Within 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.

In 2016/17 the Mental Capacity and DoLS Policies were updated and combined into a Restrictive Practice and Deprivation of Liberty Policy 2016. This includes both MCA and DoLS requirements for frontline staff. Work has been undertaken through training, practical support and briefings to ensure frontline staff are aware of the need to complete MCA assessments and make DoLS applications as appropriate.

When complaints or concerns are raised, the Trust has a responsibility to acknowledge these and put things right as quickly as possible, learn lessons and prevent a recurrence. This ensures that patients have a voice and any complaints and concerns are taken seriously in order to protect the patient and also future patients. All complaints are investigated and responded to in an unbiased, non-judgmental, appropriate and timely way. All complaints and concerns are signed off by the Chief Nurse/Director of Nursing and the Chief Executive Officer.

The Complaints policy takes account of the principals of 'My Expectations for Raising Concerns and Complaints' (2014) published jointly by the Local Government Ombudsman, Healthwatch and the Parliamentary and Health Service Ombudsman.

Staff are trained to recognise and respond to abuse and this is across a range of services and departments. Staff know how to escalate any safeguarding concerns to social care or police as appropriate with advice and support from the safeguarding team. Clinical risk assessments are undertaken for all patients and include risk level relating to pressure ulcers, nutrition and falls and frailty.

Where domestic abuse is identified or disclosed, RIC and DASH are well embedded and used in key areas across the Trust. Training on the use of the DASH is incorporated into the Domestic Abuse training and also information is available in the Domestic Abuse Policy.





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### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

Domestic Violence Guidance supports our service delivery to service users who are perpetrators or victims of Domestic Violence. The Allocation and Banding tool used to allocate cases will prioritise and give additional resource to those cases that are identified as domestic violence. This will be supported by an identifier in the case management system to assist in line management oversight and audit where appropriate.

We have a recently established FGM and Honour Based Violence policy/procedure.

A high proportion of our caseloads are domestic abuse perpetrators, however we do not have access to victim information in order to complete DASH. We do however have a number of staff DASH trained within our programmes division who will be responsive to Honour Based Violence (HBV) issues when providing interventions to perpetrators.

We also have three Partner Link Workers who provide support to partners of domestic abuse perpetrators, who receive Building Better Relationship and IR-SC domestic abuse programmes.

These staff provide support and advice to victims and partners of men attending these group work interventions. All staff are DASH trained and are responsive to HBV.

### **Manchester Health & Care Commissioning (MHCC)**

#### ***Primary Care Programme***

The Primary Care Programme has been delivered to all GP's across the city informing them of updates in safeguarding, referral pathways and how to raise concerns. An audit and evaluation of the programme is near completion.

#### ***IRIS Commissioning Meetings***

Commissioning meetings have been held on a quarterly basis to ensure the development of the IRIS service across the city. The meetings enabled open discussion around service provision, future development and addressing any engagement issues.

#### ***Influencing organisational change and the safeguarding agenda***

The Citywide Safeguarding team's ethos continues to focus on the whole family approach.

Incorporated into this are strategic projects and work streams which encompass both the adult and child safeguarding agenda: Complex safeguarding, transition, perplexing illness, neglect, transition and interface with children and adult sexual exploitation.

### **Healthwatch**

One of our key functions is to inform and signpost people to health and social care services. To ensure people in crisis are supported in this way we have developed a printed resource which contains all local crisis service information such as counselling. Healthwatch Manchester has distributed over 10,000 of these to date.

Our community champions are volunteers based in service outlets for the most vulnerable members of our society in Manchester such as drop in centres for learning disabled people. We regularly review their experiences through face to face interviews on a one to one or group basis.



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### **HMP Manchester**

Support and representation is good for those at risk; as mentioned in empowerment the individual does not always sit inside the decision and reasoning for protection against identified risk but the processes and policies within the prison do manage and limit risk from others and the risk posed to others.

### **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 (DSO) (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 DSOs
- 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 organisation will continue to promote recognition of the fundamental role of the DSO across all departments
- GMFRS will continue to ensure that the statutory requirement to attend the Local Safeguarding Adult Board 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 the victim, or placement in a shelter in a location unknown to the perpetrator.
- **Reduce** the risk: by joint intervention - victim safety planning, target hardening and use of protective legislation.
- **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.



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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.' Victims are identified through the DASH process or through professional judgement.

### **Manchester City Council Public Health**

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 ensure that when people lack capacity their human rights are protected through the Deprivation of Liberty Safeguards. This involves work undertaken by the Deprivation of Liberty Safeguards Team which 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.

### **Greater Manchester Mental Health Trust (GMMH)**

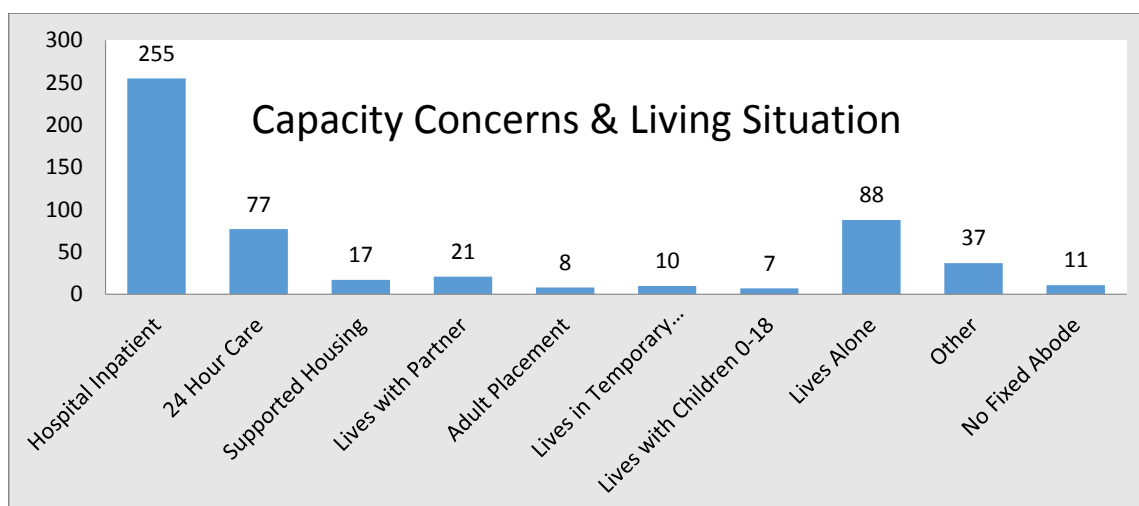
The Deprivation of Liberty Safeguards, introduced as an amendment to the Mental Capacity Act 2005, took effect on 1st April 2009. The Safeguards provide for the lawful deprivation of liberty of people who lack capacity to consent to arrangements for their care or treatment in either hospitals or care homes, but who need to be deprived of liberty in their best interests, to protect them from harm.

The Safeguards apply to people in England and Wales who are 18 years or older. A large number of such individuals will be those suffering significant learning disabilities, or people with dementias, but may also include people with neurological conditions, for example, as the result of a brain injury and where the criteria for detention under the Mental Health Act 1983 are not met at the time the care and treatment is proposed.

The Deprivation of Liberty Safeguards (DoLS) have been introduced in response to the judgment of the European Court on Human Rights (ECHR), most notably in the case of *H.L. v United Kingdom* [2004] (commonly referred to as the 'Bournewood' judgment) but also as a result of relevant judgments made in the English and European Courts before and since the 'Bournewood' judgment, in particular the 2014 Supreme Court Judgment in *P –v- Cheshire West*.

<b>DoLS referrals made by the Trust to the Supervisory Body during 2016/17:</b>				
<b>Quarter</b>	<b>Applications to Supervisory Body</b>	<b>No. approved</b>	<b>No. not approved</b>	<b>No. not required</b>
1	7	4	1	2
2	8	1	4	3
3	7	1	6	0
4	4	1	3	3

A key focus for the Trust is to continue to promote awareness and understanding of safeguards in particularly in relation to understanding issues of capacity. Of the 2128 safeguarding concerns received at the Trust, it was identified in 531 cases that the practitioner had concerns around matters of capacity. In such cases the practitioner involved will make a judgement as to whether the Adult has substantial difficulty being involved in the safeguarding and if there isn't an appropriate individual to support them, the practitioner will arrange for an independent advocate to be appointed.



A Deprivation of Liberty Screening Tool has been developed by the Manchester Deprivation of Liberty Joint Working Group, which the Trust is a member of, for use in identifying whether an authorisation for a deprivation of liberty is likely to be required. It will be used by the Trust whenever a care team is proposing admission to a hospital or care home or reviewing the care of a patient already admitted to hospital, as part of good practice in care planning.

A copy of the completed screening tool will form part of the patient record and will act as a prompt for the care team to consider whether a deprivation of liberty can be avoided. The Screening Tool incorporates the principles of the Mental Capacity Act 2005 and so ensures that a formal assessment of capacity precedes the point at which a judgment is made about the potential for a deprivation of liberty (although a separate, independent assessment of capacity and best interests would be carried out in the event that a request for authorisation of a deprivation of liberty proves necessary).

The Trust also has processes for quality assuring decisions relating to concerns and enquiries:

- All safeguarding concerns/ enquiries have managerial oversight to evidence appropriate level of scrutiny and approval, providing support for the practitioner so decisions are not made in isolation

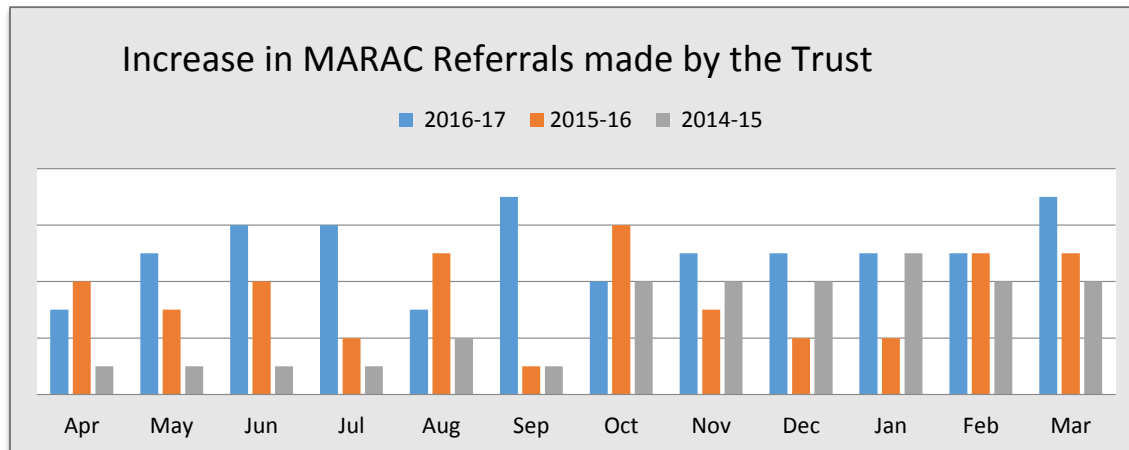
- The Trust continues to use the QA process implemented in 2015 which was provided with Substantial Assurance over compliance with the safeguarding systems and processes it has in place by both Manchester City Council Internal Audit and Mersey Internal Audit Agency.

The Trust has effective processes in place to enable it to identify and respond to concerns or emerging risks relating to adults with care and support needs:

- The Trust quality assurance (QA) process takes in to account broader factors for example 'think child, think parent, think family safeguarding'
- The Trust also chooses a selection of safeguarding referrals for the QA process includes both random selections as well as based on teams or thematic reviews e.g. DV&A, Adult lives with children 0-18, targeted areas based on poor performance or trends to note
- A full copy of the audit is provided as part of the feedback to the investigating officer/practitioner and their senior management team, which is then discussed in supervision and where appropriate team meetings.

As a result of themed monthly safeguarding audits the Trust recruited 20 DV&A advisors who not only provide advice and support to the rest of the Trust workforce. They also represent the Trust at all three Multi-agency Risk Assessment Conference (MARAC) operating in the South, Central and North of the city, led by Greater Manchester Police.

Learning from audits and changing practice saw a 45% increase in DV&A referrals by the Trust being made to MARAC during 2016/17, which also suggests the internal monitoring, and quality assurance systems the Trust has in place are effective and protecting the service users and their families.



In 2011 the government published the Prevent Strategy as part of its overall counter-terrorism strategy with the aim to stop people in the UK becoming terrorists or supporting terrorism. Whilst prevention has been part of the 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'.

HM Government designed a 'Workshop to raise awareness of Prevent' (WRAP) specialist workshop to give professionals an introduction to the Prevent Strategy. In order to deliver this across the whole of the organisation a number of staff received specialist training. As WRAP facilitators they were then able to deliver the workshop across the entire organisation. The course structure includes



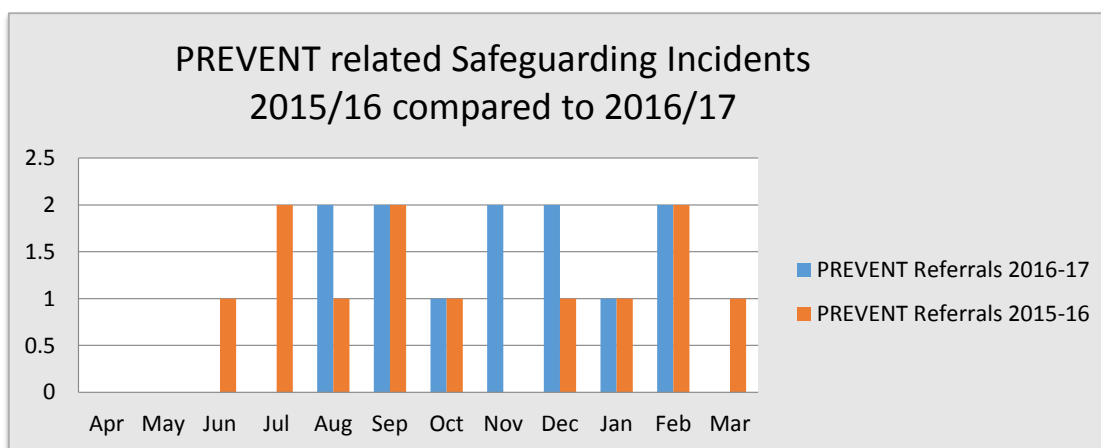
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presentations, videos, discussions and interactive chat, both as a whole class and in break out groups. Staff are encouraged to share their experiences and examples of best practice with the group. Below is the number of staff who received the training during the reporting period.

Month	No: staff trained in Basic Prevent Awareness	No: staff trained in WRAP
April 16	72%	21%
May 16	75%	31%
June 16	78%	41%
July 16	81%	47%
August 16	83%	52%
September 16	85%	59%
October 16	87%	65%
November 16	88%	70%
December 16	87%	68%
January 17	90%	75%
February 17	90%	75%
March 17	91%	78%
YTD	84%	57%

In 2015 to meet this duty the Trust became involved in the Prevent Steering Group, which is attended by the Trust Local Security Management Specialist and reports to the Joint Safeguarding Governance Group. Additional people across the Trust are being trained to deliver WRAP / Prevent training.

Further developments were achieved in 2015/16 and a specific question relating to Prevent was added to the Trust Adult Safeguarding s42 Enquiry Form "Do you have concerns the vulnerable adult is at risk of radicalisation? If yes, complete a Prevent referral and email Trust Security Management Specialist" - demonstrating an understanding of the fundamental need for joint working.



**National Probation Service (NPS)**

Some adults who have care and support needs will become victims of hate crime. There are examples of where adults with a learning disability have been bullied due to that learning disability. Offender Managers will seek to identify whether an offender they are working with is, or has previously been,



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the victim or perpetrator of such crime. For such cases the Risk Management and Sentence Plans will always include objectives to reduce these risks.

### **North West Ambulance Service (NWAS)**

NWAS staff have safeguarding training delivered annually, with additional bulletins being issued when necessary. NWAS has a robust referral pathway in place, which staff have access to twenty four hours a day, every day.

### **Pennine Acute Hospitals Trust (PAHT)**

The Trust is involved in internal and external processes to protect adults with care and support needs and may be at risk of suffering abuse and or neglect. There are processes for identifying and assessing the risks that service users face by completion of, for example, risk assessments for falls, pressure ulcers, MUST screening, AMTS and Dementia Screening. Enhanced patient observation and completion of safeguarding referrals involve, wherever possible, consent from the service user and input from families to support the individual (e.g. John's Campaign, hospital passports and reasonable adjustment care plans).

### **The Christie NHS Foundation Trust**

A Named Nurse and Named Doctor for safeguarding adults are employed full time to provide support for those in greatest need. Safeguarding Champions who have received additional training and receive updates are present in all Trust divisions. Safeguarding supervision is implemented for adult caseload holders

### **University Hospital South Manchester (UHSM)**

During the last year the safeguarding team have worked across the organisation to raise awareness of both safeguarding adults at risk of abuse and the Mental Capacity Act 2005. The greatest impact of safeguarding protection is evidenced through the increased number of contacts with the safeguarding team and the increased number of Deprivation of Liberty Safeguards Urgent Authorisations/Standard Applications.

In addition to the work of the safeguarding team, the Executive Safeguarding Committee has further developed to enable closer monitoring of key themes relating to safeguarding, this has continued to support and drive the safeguarding agenda forward.

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

### **Central Manchester Foundation Trust (CMFT)**

CMFT work with partner agencies and with our patients to support and empower them to keep themselves safe. All of the partners work together, to recognise report, respond and learn from safeguarding concerns.

The Trust has strong links across Manchester with statutory, voluntary and third sector agencies and is well represented at all levels, including membership of the Local Safeguarding Adults Board and associated subgroups.





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Safeguarding provision in CMFT is accountable internally to the Board of Directors and externally to the Local Safeguarding Adults Board. There are also strong links and partnership working with other Health providers and commissioners across Manchester and beyond.

CMFT work streams align with the MSAB priorities and evidence of this will be available when the CMFT Annual Report is published. CMFT is represented on the MSAB by the Deputy Director of Nursing and on the MSAB Executive by the Head of Safeguarding. Both are senior nurses in the Trust who, through their roles and responsibility, have strategic links with the Board of Directors.

The Head of Safeguarding (HoS) represents CMFT on the MSAB Executive; this role has strategic and operational responsibility across CMFT for all safeguarding activity and has management responsibility for all the safeguarding teams, functions and work streams. The HoS is accountable to the Director of Nursing and the Medical Director who is the Board lead for safeguarding.

CMFT are also actively represented on subgroups of the MSAB and actively participate in and contribute to multi-agency work streams.

All MSAB and Executive meetings are prioritised and in exceptional circumstances where attendance is not possible a senior deputy is fully briefed and sent to the meeting.

CMFT contribute to Safeguarding Adult Reviews and ensure lessons are learnt and embedded into practice following these reviews.

Participation in partnership working allows mutual understanding of roles and organisations and healthy challenge across the partnership.

### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

CRCs and HQ share information with a variety of stakeholders to achieve specific goals. We share information with private and charity providers that assist Service users with housing and accommodation needs. HQ shares information with researchers for a number of purposes e.g. to understand through research how re-offending can be reduced.

Public Protection and safeguarding practice is established within front line staff thinking and their practice. Where any person is deemed to be at risk through our own assessment or from information from others, action is taken to secure public safety.

Our work in partnership with Integrated Offender management, Intensive Community Orders and MASH, hub activity demonstrates our commitment to a one team approach and to support the wider public sector reform activity.

We have several Practice Instructions pertaining to working as 'One Team'.

### **Manchester Health & Care Commissioning (MHCC)**

#### ***Greater Manchester Safeguarding Collaborative and Greater Manchester Designated Nurses Network***

The Citywide Safeguarding Team continued their regular attendance at both meetings. This enabled partnership working across the safeguarding health economy with input to regional and national clinical networks and national safeguarding subgroups.





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### ***MSAB Subgroups***

The Citywide Safeguarding Team provides attendance at MSAB subgroups and the affiliated DVA Forum. In addition team members have now taken on the role of chairing identified subgroups to promote and embed partnership working.

### ***Voluntary and Third Sector Partners***

The Citywide Safeguarding Team worked closely with voluntary and third sector partners, meeting regularly with Manchester Carers Forum, Manchester Rape Crisis and the Domestic Violence and Abuse (DVA) Sector to ensure that we continue to improve services.

### ***Care Quality Monitoring***

The overall purpose of this bi monthly meeting is to ensure that CQC and commissioners are working collaboratively to reduce risk of harm and improve the quality of care provided to people by registered providers.

Care Quality monitoring meetings discussed local providers and services across the city. A priority for 2017/18 will be to further develop the assurance process ensuring that it is proportionate and appropriate for the services being commissioned and to focus on the safeguarding arrangements within care homes with nursing.

### ***MCC Safeguarding Leads and Designated Nurse Meetings***

Meetings were held on a monthly basis to discuss safeguarding across the city. This enables discussion around working in partnership on strategic projects and ways in which to progress the agenda where partnership working requires reviewing.

### ***HMP Manchester***

Partnership working and collaboration are supported and encouraged internally and externally; the identification and information sharing is good, as is the methods of identification and raising with other functions to ensure there is a whole prison approach to risks to individual.

### ***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.
- continue to support our existing partnership arrangements/agreements given the external pressures on our partners
- look for new opportunities to develop further beneficial partnerships
- look for further opportunities to work within and influence the 'prevention' agenda within the MSAB
- develop appropriate processes to ensure full engagement with the Care Act requirements around transition responsibilities as individuals progress from child/young person, with orientated interventions developing into fully supported adult engagement where required.



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### **Greater Manchester Police (GMP)**

GMP pride themselves on their relationships in a fully integrated 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 on the Board, Executive and subgroups of the Manchester Safeguarding Adults Board and are key stakeholders in safeguarding and vulnerability.

### **Manchester City Council Public Health**

The Director of Public Health continued to represent the public health team on the MSAB, supported by a senior public health team 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.

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 MSAB 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**

It is of vital importance that we work with partners to provide a consistent approach to Safeguarding Adults. This has led to the development and implementation of Multi Agency Safeguarding Hub which involves staff co-located from the Local Authority (including the Children's MASH), Greater Manchester Police, Clinical funded staff, a Mental Health practitioner, an Independent Domestic Violence Advisor and other partner agencies.

### **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



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covered in the last twelve months including the Adult MASH. The Independent Chair of both Boards attended the Connecting People work stream (in April) to talk about the role of the Boards and expectations of social housing organisations. The Chair's presentation was well received and generated some discussion about Registered Social Housing Providers and their day to day role in safeguarding adults at risk. The Chair's contribution helped to raise the profile of safeguarding further within the Housing Sector.

Several Registered Providers are 'Prevent Champions' and attend regular network briefings.

Four of the City's largest Housing Providers (Southway Housing, Northwards, One Manchester and Wythenshawe Community Housing Group) have become virtual member of the Adult's Multi-agency Safeguarding Hub (MASH) since May.

### **Greater Manchester Mental Health Trust (GMMH)**

The Trust fosters a 'one team' approach that places the welfare of individuals above organisational boundaries.

The Trust recognises that partners who work better together will be more effective in supporting those at risk of abuse and neglect and having effective local information sharing and multi-agency partnership arrangements in place is the key.

The Trust has Information Governance & Information Sharing policies, procedure and guidance and complies with:

- Information Governance Alliance (IGA): The Health and Social Care (Safety and Quality) Act 2015: Duty to share information
- MARAC Information Sharing Agreement
- the Care Act 2014 Section 45: Supply of information
- MSAB Multi Agency Policy and Procedures in respect of:
  - Record keeping
  - Confidentiality & information sharing
  - Duty of Candour.

The newly formed Trust is in the process of harmonising all relevant safeguarding policies and procedures in line with safeguarding developments and statutory requirements.

The Trust were heavily involved and valued members of both Manchester's Adult MASH Design and Steering Groups and is now in the process of piloting the 12 month secondment of a safeguarding adult practitioner post into the Adult MASH Service, which is co-located with the Children's MASH based at the Town Hall in Manchester. The Trust is a key partner and regularly attends:

- Manchester Prevent Steering Group meetings
- Greater Manchester Safety Partnership meetings
- Channel Strategic Monitoring Group meetings
- Greater Manchester CHANNEL Peer Review meetings
- DV&A Strategy meetings
- Panel members on SARs.



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Representatives on the Manchester Safeguarding Adults Board (MSAB) are of a senior level, strategic officers and are decision makers within the Trust; responsibility is taken seriously and attendance at the following meetings is high:

- MSAB Board Meetings
- MSAB Executive
- MSAB subgroups
  - SAR
  - QAPI
  - Learning & Development.

Attendees at MSAB (when MMHSCT) were:

- Chief Nurse & Chief Operating Officer
- Deputy Chief Nurse
- Acting Head of Safeguarding (deputy)
- Professional Head of Social Work (deputy).

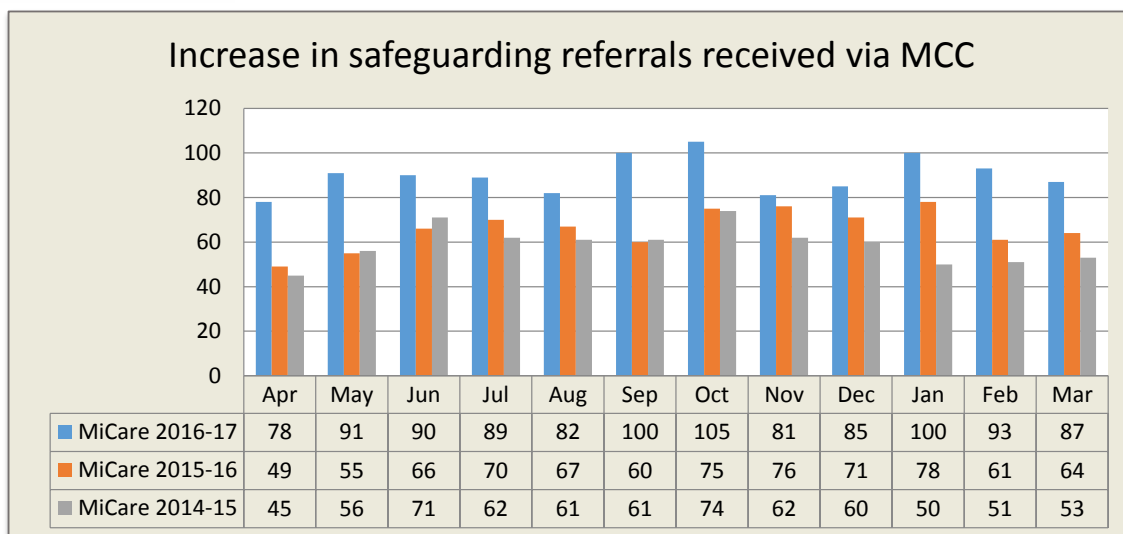
The Acting Head of Safeguarding represents the Trust at MSAB Executive meetings and:

- supports the Deputy Director of Nursing and Quality in the development and implementation of strategies, plans, policies, procedures, relevant to safeguarding adults within the Trust; ensuring these take account of national and local Safeguarding Adults Board guidance
- takes a strategic and professional lead on all aspects of Trust contribution to safeguarding adults across all business streams within the organisation
- works in partnership with Health Commissioners and Providers, Local Authorities and other statutory agencies, Voluntary Bodies and families to ensure that arrangements are in place to meet the Trusts safeguarding duties and obligations.

The newly formed Trust is in the process of identifying who within the new organisation re-structure will represent the Trust at the MSAB.

The current Section 75 agreement with Manchester City Council states that the Trust 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.

During the reporting period the Trust received 1081 safeguarding alerts via Manchester City Council Contact Centre; a 36% increase from the previous year. Trust staff has also generated 1047 safeguarding alerts for Adults who were open to our service and who were suspected of being at risk of abuse, which brings the total for this period to a total of 2128 referrals being managed within the Trust.



### **National Probation Service (NPS)**

Although the Care Act 2014 clarifies which local authorities will be responsible for assessing and meeting the eligible social care and support needs of adult prisoners detained in prisons and residents of Approved Premises, the NPS will work in partnership to identify pathways that ensures this small but important subgroup of prisoners are housed safely (both for themselves and the general public) on discharge from prison and/or moving on from Approved Premises.

### **North West Ambulance Service (NWAS)**

NWAS are committed to working with partner agencies, information is shared with Social Care every time a safeguarding concern is raised.

There are robust single / multi-agency protocols and agreements in place for information sharing in line with national and local guidance.

The Trust has information sharing protocols with a number of agencies including police and is a member of the safeguarding boards.

NWAS is fully engaged in the DHR, SCR and SAR review processes. Staff attend CDOP meetings and reviews when requested. Advanced and Senior Paramedics attend learning reviews in their areas and feedback to the Safeguarding Team. Sometimes the Practitioners accompany staff when required. Support is always provided to staff attending reviews and feedback sought as soon as possible to enable learning to be captured and to follow up any outstanding actions.

NWAS staff working in different geographical areas are aware of services available to patients who may require services other than the emergency department.

### **Pennine Acute Hospitals Trust (PAHT)**

Pennine Acute Trust covers three Care Organisations, which means has to engage with partners in Bury and Rochdale; Oldham; and North Manchester. Therefore, effective management can be challenging due to capacity issues as the Trust covers eight Safeguarding Boards (four adults and four children's). However, the safeguarding teams are working with Clinical areas within Trust Divisions to support some of this.



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- Partnership working is undertaken with attendance at the Safeguarding Adult Boards and subgroups, MARAC (Multi Agency Risk Assessment Conference) and various working groups. Some of these have service users in the groups.
- There is a service user representative on the Alcohol and Learning Disability Steering Groups and patient stories have been shared in relation to falls, alcohol liaison and learning disabilities.
- The Trust participates in safeguarding adult enquiries, safeguarding adult reviews, domestic homicide reviews, strategy meetings and case conferences. User views and experiences are integral to these processes and any lessons learned to improve future practice is shared with the appropriate clinical teams

### **The Christie NHS Foundation Trust**

Holistic needs assessments are completed on initial appointments, these are joint assessments which are shared with consent with Macmillan nurses who are community based. Referrals are made to local organisations for support. Information is shared with GP and community based staff.

### **University Hospital South Manchester (UHSM)**

UHSM has continued to be an active partner on the Manchester Safeguarding Adults Board and the associated subgroups. Following the introduction of the Head of Nursing for Safeguarding role early in quarter 2, the post holder has improved links to the Board representing the view and perspective from the Trust at all Board meetings.

Late in the reporting period, the Head of Nursing for Safeguarding was asked to take over as chair of the integrated MSB Learning and Development subgroup. This evidences the commitment of UHSM to wider partnership working.

In addition to our work with the Board, UHSM is an active partner of MARAC, city wide SAR panels and ensures attendance at safeguarding strategy meetings and multi-agency best interest meetings.

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

### **Central Manchester Foundation Trust (CMFT)**

Trust staff are accountable to the Board of Directors and the organisation is accountable to the MSAB to ensure robust Safeguarding Governance arrangements are in place to ensure safe systems are embedded for all staff across the Trust to enable vulnerable patients to be safeguarded.

CMFT have a safeguarding structure that covers Acute, Community and Maternity services. Each of these safeguarding services are led by a Named Nurse and are operationally and strategically managed by the Head of Safeguarding. The Director of Nursing has professional responsibility for safeguarding across the Trust. The Board Executive Lead for safeguarding is the Medical Director. The Board also has a Non-Executive Director lead for Safeguarding.

There is a robust safeguarding governance structure across the Trust, with Board assurance sought via the Safeguarding Effectiveness Committee (SEC). The Trust Safeguarding Group (TSG) reports directly to the SEC and disseminates information via Divisional Safeguarding Groups to front line staff. The Trust SEC is chaired by the Board Lead for Safeguarding and holds Divisions to account with regard to their safeguarding responsibilities in line with CQC Regulation 13 requirements.



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The Trust intranet, monthly Safeguarding Newsletters and the Wednesday weekly news ensure that safeguarding messages are disseminated across the Trust. The Trust has a published safeguarding commitment as part of NHS requirements.

There are links in all our work streams to MSAB safeguarding requirements and also links on our safeguarding page on the Trust intranet to the MSAB policies and procedures and website.

A Safeguarding Annual Report is presented to the Board and safeguarding also forms part of the Trust Quality Account publication. Contribution is also made to the MSAB annual report. CMFT's annual report, once completed and signed off by the Board of Directors is submitted to the MSAB.

CMFT play an active role in all MSAB activity and ensure MSAB messages are shared at the Trust Safeguarding Group and the Safeguarding Effectiveness Committee and across all Divisions. This is supported by information on the Trust intranet and the safeguarding pages on the intranet. Evidence is in the meeting minutes.

All requested quality and performance information is provided to the MSAB as required.

### **Cheshire and Greater Manchester Community Rehabilitation Company (CGM CRC)**

The protection of the public is of paramount importance for CGM CRC and as such the CRC has a clear and understood staff profile and operational design structure that is embedded into teams. It includes clear roles and responsibilities and accountability structures through clearly communicated and transparent job descriptions.

The designated Community Director and associated designated theme lead managers are fully clear and engaged with the MSAB and associated subgroup activities. Where we are required to respond we do so in a timely manner as we recognise fully the importance of safeguarding work and our responsibilities to delivering safe public protection and support services to our service user group.

### **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
- continue to monitor completion of the e-learning package by existing and new staff
- ensure that there is weekly monitoring of the designated Borough based Safeguarding "mailbox" through which referrals are channelled to partner agencies (CSM/CSTL)
- monitor the completion and standards of written records on our PAIROF (Persons at Increased Risk of fire) register
- give, receive and record feedback from "partner" agencies regarding referrals made or received in regards to the manner in which they have been addressed.





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### **Greater Manchester Police (GMP)**

The Divisional Superintendent is the Strategic Lead for Vulnerability across the City of Manchester division; he 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. The current GMP representative is the DCI (Vulnerability) who sits on the corresponding subgroups for the MSCB and integrated subgroups to provide a consistent approach.

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.

### **Healthwatch**

All our staff and volunteers are DBS checked and provide references. Our Enter & View representatives are trained to the required national standard. Our policies and protocols which are agreed to and signed off by our board through a transparent system of governance support all our work with local people. They include named staff members where duty of care applies such as data control. Our board meetings are in public and minutes and our yearly plan of activity are available to the public.

### **HMP Manchester**

Manchester is transparent at delivering safeguarding to individuals, however a concern remains that although we are good at identifying risk, some of the targets and performance indicators attached to regimes and other elements of the daily running of the establishment do not necessarily lend itself to making sure we are able to personalize treatment and support for those in most need.

### **Manchester City Council Public Health**

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, Manchester Safeguarding Children 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 continue to provide on-going support and advice to the Registered Housing Providers (RPs) across Manchester on all matters safeguarding. The Project Officer with safeguarding





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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 annual or biannual safeguarding internal audits completed. 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.

### **Greater Manchester Mental Health Trust (GMMH)**

As a Trust we continue to reinforce the need to safeguard and promote the needs of children, young people and vulnerable adults and we are committed to raising awareness of best practice. The Trust ensures that the workforce is trained to recognise early signs of need and that the Trust has effective mechanisms in place to respond to safeguarding adults issues in a timely manner.

The Trust accepts collective responsibility for safeguarding arrangements and provides resources to help staff members across its services understand what is expected of them and how they can put safeguarding arrangements in to practice in their day-to-day work. To help improve patient safety the Trust uses a Datix system to help improve safety for healthcare workers, visitors, service users, carers and their families.

Currently within the Trust there are two separate systems that staff are accessing to record incidents, risks, claims and complaints. One system is integrated with the clinical patient care records (PARIS) and maintained within IM&T, whilst the other is a standalone system, which is not integrated with the patients' clinical record with limited technical support. Therefore, the Datix system used by the former GMW NHS FT will be expanded to provide access to all members of the Trust to report and manage incidents and PALS records (depending on their role).

The Manchester Service of GMMHT referred two members of its staff to the DBS during the reporting period. The Trust now has a new system in place to assist with effective safeguarding interventions involving staff:

- CQC reporting form
- Information Governance advice & support
- Safeguarding referral pathway
- DBS Checklist and referral form.

The Trust recognises and acts upon its responsibilities to the Board and partner agencies for safeguarding arrangements; safeguarding issues and serious incidents are reported through the board process.

### **North West Ambulance Service (NWAS)**

A lot of work undertaken during the year has resulted in the development of the updated Training Needs Analysis which is included in the Safeguarding Vulnerable Persons Policy. Level 3 training has been supported within the Trust and staff providing safeguarding guidance or advice are now trained to level 3. To date 625 staff have undertaken this training which is a yearly two hour programme.

All other staff working for the Trust receive level 2 training either face to face or via e-learning.



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### **Pennine Acute Hospitals Trust (PAHT)**

The Trust is accountable to four Safeguarding Adults Boards and four Safeguarding Children Boards to cover localities stated above. Pennine Acute is also accountable to its patients/service users and the communities it serves, NHS Improvement and CQC as a regulatory bodies, CCGs as contractors, the public and its internal Board.

Therefore, Pennine Acute welcomes and participates in inspection processes and has links with Healthwatch, CQC, and other bodies responsible for monitoring services.

The Trust has audit programmes to assess practices including monitoring of falls and falls safe bundles, pressure ulcer risk assessment, mental capacity assessment and DoLS which all require participation of the service user and/or families.

Service users are encouraged to participate in their care and may be signposted to services and voluntary organisations for support, with consent.

The trust responds to requests for information to support safeguarding enquires and responses to concerns raised and also has a robust incident reporting system and policies to ensure investigations are undertaken appropriately and complaints are handled in a timely manner.

Staff have appraisals regularly and are encouraged to reflect on practice as part of the revalidation process in order to improve practice.

### **The Christie NHS Foundation Trust**

Each area of The Trust is represented at safeguarding committee by a senior manager with responsibility to ensure lessons from serious case reviews are disseminated across the organisation. The Executive Director of Nursing and Quality is the Board lead for safeguarding; she chairs the safeguarding committee and reports to the Board of Directors on safeguarding matters.

Safeguarding is a standing item on the weekly executive meeting and weekly report is submitted by the Named Nurse.

### **University Hospital South Manchester (UHSM)**

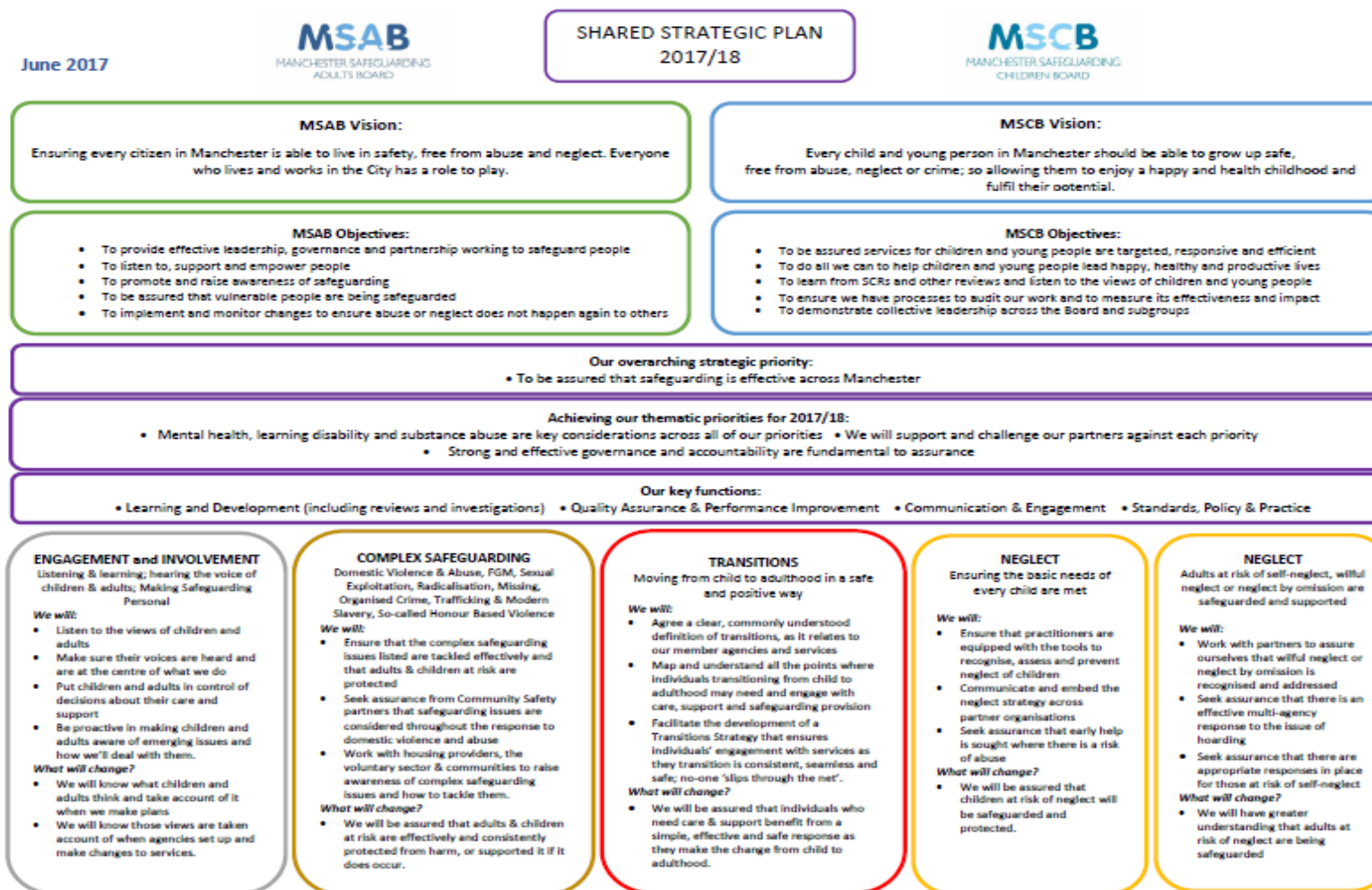
The Chief Nurse maintains executive safeguarding responsibility for UHSM and is the chair of the Executive Safeguarding Committee. This meeting sets the strategic direction for safeguarding across the Trust and receives quarterly and annual reports which provide an overview of the full safeguarding agenda.

In addition to the Executive Safeguarding Committee, the Operational Safeguarding Sub Committee was developed during 2016/17 which brought together the operational safeguarding adult committee and the operational safeguarding children committee meetings.

Throughout the year the Executive Safeguarding Committee has been provided with assurance that appropriate change is occurring in practice as a result of recommendations from safeguarding reviews, internal Route Cause Analysis reports and any changes in legislation.



**Appendix 2: MSAB MSCB Shared Strategic Plan 2017/18**



### **Appendix 3: Subgroup reports on activity 2016/17**

#### **MSAB Case Review Subgroup**

Activity during 2016/17 has included:

- 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 has been in operation since February 2016 and continues to meet monthly.

#### **Quality Assurance and Performance Improvement (QAPI) Subgroup**

This subgroup's activity during 2016/17 has included:

- 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 began meeting in February 2016 and meets every six weeks.

#### **Integrated Subgroups**

It was agreed in February 2016 that the following subgroups would be established to cover the work of both the MSCB and MSAB. An outline of these subgroups is as follows. The Complex Safeguarding Subgroup followed suit in early 2017 and now also operates as an integrated subgroup with a work plan that reflects the cross-cutting nature of the agenda.

#### **MSB Learning & Development Subgroup**

The activity and functions of this group, which meets quarterly include:

- 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.

#### **MSB Communication & Engagement Subgroup**

This group, which meets quarterly, has a range of activities that include:

- Oversight of the MSB Communication and Engagement Strategy;
- Advising the boards on strategic communication issues emerging;
- Working with key partners to actively promote awareness of safeguarding;
- Seeking assurance about public awareness raising activities in respect of Adult Safeguarding.



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**MSB Complex Safeguarding Subgroup**

Activity includes:

- Considering thematic strategies/plans, developments (statutory/practice) and providing a challenge and support role within the context of operational delivery in the following work streams:
  - Child Sexual Exploitation /Missing from home, care and education (combined strategy)
  - Vulnerability and Organised Crime
  - Modern Slavery and Trafficking
  - Radicalisation and extremism
  - Female Genital Mutilation/ Honour based violence (combined Domestic Abuse strategy).
- Facilitating improved communication and information sharing between professionals including understanding of key terms, definitions and thresholds for actions, acting as a forum for developing effective multi-agency working practice and relationships.
- Providing reassurance to both Children and Adults Boards ensuring that services are delivered in ways that safeguard and promotes the welfare of children, young people and vulnerable adults.
- Considering and addressing relevant serious case review recommendations.
- Supporting the development of information/education programmes for children, young people and vulnerable adults; parents and carers; and the wider community; for use in by all agencies.
- Supporting engagement with local communities to raise awareness of key issues; how they affect individuals and the wider community; and how to report concerns.

The group meets quarterly and has a broad representation from partners involved in this agenda. During its first year of operation, the subgroup has established a comprehensive action plan that addresses all of the above-mentioned work streams.



## Appendix 4: MSAB membership 2016/17

Organisation	Role
Central Manchester Foundation Trust	Deputy Director of Nursing
Cheshire & Greater Manchester CRC	Assistant Chief Executive (Manchester, Salford and Trafford)
The Christie NHS Foundation Trust	Deputy Director of Nursing
Greater Manchester Fire & Rescue Service	Group/ Borough Manager
Greater Manchester Police	Chief Superintendent
Greater Manchester Mental Health Foundation Trust	Exec Lead, Safeguarding adults and children
Healthwatch Manchester	Chief Officer
HMP Manchester	Head of Offender Management & Public Protection
<b>Independent</b>	<b>Chair of MSAB</b>
MACC	Chief Executive
Manchester City Council	Interim Head of Adult Social Care
Manchester City Council	Executive Member for Adults, Health & Wellbeing
Manchester City Council	Strategic Director Families, Health & Wellbeing
Manchester City Council	Director of Housing
Manchester City Council	Interim Head of Adult Safeguarding & Quality Assurance - Adults
Manchester Health & Care Commissioning	Executive Nurse & Director of City Wide Commissioning, Quality & Safeguarding
NHS England	Assistant Director Nursing (Patients Experience)
NPS	Assistant Chief Executive
NWAS	Safeguarding Practice Manager
Pennine Acute Hospitals Trust	Lead Nurse
Public Health	Director of Public Health for Manchester
University Hospital South Manchester	Chief Nurse

Advisors to the Board 2016/17	
Organisation	Role
MCC Legal Group	<ul style="list-style-type: none"> <li>○ Head of Children &amp; Families Legal Group</li> <li>○ City Solicitor, Children &amp; Families Legal Group</li> </ul>
MSB Business Unit	<ul style="list-style-type: none"> <li>○ Integrated Adults &amp; Children Safeguarding Boards Manager</li> <li>○ Adult Safeguarding Board Coordinator</li> <li>○ MSB Communications Manager</li> <li>○ MSB QAPI Officer</li> <li>○ MSB Learning &amp; Development Co-ordinator</li> <li>○ MSB Business Support Officers</li> </ul>



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**Appendix 5: Manchester Safeguarding Adults Board Financial Report**

The Manchester Safeguarding Adults Board (MSAB) had a total budget of £202,100 during 2016/17.

Employee costs remained stable this year. Those for transport were under budget. Costs under the supplies and services heading rose slightly though remained relatively modest, given an increasing number of meetings, conferences and events that were staged during the year.

The revenue account for MSAB is summarised below.

<b>Manchester Safeguarding Adults Board Financial Report 1 April 2016 to 31 March 2017</b>			
<b>Cost Elements</b>	<b>Annual Budget</b>	<b>Actual</b>	<b>Variance</b>
Other Payments	18,000.00	18,000.00	Nil
External Agency		Nil	Nil
Labour Charges		Nil	Nil
<b>* Employees</b>	<b>18,000.00</b>	<b>18,000.00</b>	<b>Nil</b>
Hire of Premises		Nil	Nil
<b>* Premises</b>		<b>Nil</b>	<b>Nil</b>
Taxi Expenses - Private		476.43	476.43
Rail Expenses	1,000.00		(1,000.00)
<b>* Transport</b>	<b>1,000.00</b>	<b>476.43</b>	<b>(523.57)</b>
Catering	100.00	889.75	789.25
Stationery		57.59	57.59
Other Professional Fee	76,000.00	Nil	(76,000.00)
Mobile phone charges		269.74	269.74
Subsistence and Conferences	6,000.00	353.33	(5,646.67)
<b>* Supplies &amp; Services</b>	<b>82,100.00</b>	<b>1,569.91</b>	<b>(80,530.09)</b>
Corporate printing	1,000.00		(1,000.00)
<b>* Internal Charges</b>	<b>1,000.00</b>	<b>181,405.00</b>	<b>(180,405.00)</b>
<b>** Revenue Expenditure</b>	<b>202,100.00</b>	<b>202,099.87</b>	<b>(0.13)</b>
<b>*** Debit</b>	<b>202,100.00</b>	<b>18,000.00</b>	<b>(184,100.00)</b>
<b>**** Over/Under absorption</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>



## Appendix 6: Glossary

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





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<b>GLOSSARY</b>	
<b>QA</b>	Quality Assurance
<b>QAPI</b>	Quality Assurance and Performance Improvement
<b>RAMA</b>	Risk Administration Management Arrangements
<b>RARA</b>	Remove, Avoid, Reduce, Accept
<b>RIC</b>	Risk Indicator Checklist
<b>RP</b>	Registered Provider
<b>SAB</b>	Safeguarding Adults Board
<b>SAR</b>	Safeguarding Adults Review
<b>SCR</b>	Serious Case Review
<b>SSO</b>	Suspended Sentence Order
<b>UHSM</b>	University Hospital South Manchester
<b>VCSE</b>	Voluntary, Community and Social Enterprise