



Health and Wellbeing Board

Date: Wednesday, 31 October 2018
Time: 10.00 am
Venue: Council Chamber, Level 2, Town Hall
Extension, Manchester

Access to the Council Chamber

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Membership of the Health and Wellbeing Board

Councillor Richard Leese, Leader of the Council (Chair)
Councillor Craig, Executive Member for Adults (MCC)
Councillor Sue Murphy, Executive Member for Public Service Reform (MCC)
Councillor Bridges, Executive Member for Children's Services (MCC)
Dr Ruth Bromley, GP Member, (South) Manchester Health and Care Commissioning
Dr Denis Colligan, GP Member (North) Manchester Health and Care Commissioning
Dr Raja Murugesan GP Member (Central) Manchester Health and Care Commissioning
Kathy Cowell, Chair, Manchester University NHS Foundation Trust
Jim Potter, Chair, Pennine Acute Hospital Trust
Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
Mike Wild, Voluntary and Community Sector representative
Vicky Szulist, Chair, Healthwatch
Dr Tracey Vell, Primary Care representative - Local Medical Committee
Paul Marshall, Strategic Director of Children's Services
David Regan, Director of Public Health
Dr Carolyn Kus, Strategic Director of Adult Social Services
Dr Angus Murray-Browne, South Manchester GP federation
Dr Vish Mehra, Central Primary Care Manchester
Dr Amjad Ahmed, Northern Health GP Provider Organisation

Agenda

- 1. Urgent Business**
To consider any items which the Chair has agreed to have submitted as urgent.
- 2. Appeals**
To consider any appeals from the public against refusal to allow inspection of background documents and/or the inclusion of items in the confidential part of the agenda.
- 3. Interests**
To allow Members an opportunity to [a] declare any personal, prejudicial or disclosable pecuniary interests they might have in any items which appear on this agenda; and [b] record any items from which they are precluded from voting as a result of Council Tax/Council rent arrears; [c] the existence and nature of party whipping arrangements in respect of any item to be considered at this meeting. Members with a personal interest should declare that at the start of the item under consideration. If Members also have a prejudicial or disclosable pecuniary interest they must withdraw from the meeting during the consideration of the item.
- 4. Minutes** 5 - 12
To approve as a correct record the minutes of the meeting held on 29 August 2018 (enclosed).
- 5. [10:00 – 10:20] Our Healthier Manchester Single Hospital Service Update** 13 - 20
The report of the Director of the Single Hospital Service Programme, Manchester University NHS Foundation Trust is enclosed. A video clip will also be played.
- 6. [10:20 – 10:50] Children and Adults Safeguarding Boards Annual Reports** 21 - 86
The report of the Independent Chair of the Manchester Guarding Boards is enclosed.
- 7. [10:50 – 11:20] Health and Housing**
The report of the Director of Population Health and Wellbeing is to follow. The item will include a presentation.
- 8. [11:00 - 11:25] Public Health Approach to Violent Crime** 87 - 90
The report of the Director of Population and Wellbeing is enclosed.
- 9. [11:25 – 11:30] Better Care Fund 2018/2019** 91 - 98
The report of the City Treasurer (Manchester City Council) and Chief Finance Officer (Manchester Health and Care Commissioning) is enclosed.

Information about the Board

The Health and Wellbeing Board brings together those who buy services across the NHS, public health, social care and children's services, elected representatives and representatives from HealthWatch to plan the health and social care services for Manchester. Its role includes:

- encouraging the organisations that arrange for the provision of any health or social care services in Manchester to work in an integrated manner;
- providing advice, assistance or other support in connection with the provision of health or social care services;
- encouraging organisations that arrange for the provision of any health related services to work closely with the Board; and
- encouraging those who arrange for the provision of any health or social care services or any health related services to work closely together.

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Joanne Roney OBE
Chief Executive
Level 3, Town Hall Extension, Albert Square
Manchester, M60 2LA

Further Information

For help, advice and information about this meeting please contact the Committee Officer:

Andrew Woods
Tel: 0161 234 3011
Email: a.woods@manchester.gov.uk

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Health and Wellbeing Board

Minutes of the meeting held on 29 August 2018

Present

Councillor Richard Leese, Leader of the Council (MCC) (Chair)
 Councillor Bev Craig, Executive Member for Adult Health and Wellbeing (MCC)
 Councillor Garry Bridges, Executive Member for Children's Services (MCC)
 Councillor Sue Murphy, Executive Member for Public Service Reform
 Jim Potter, Chair, Pennine Acute Hospital Trust
 Vicky Szulist, Chair, Healthwatch
 Kathy Cowell, Chair, Manchester University Hospitals Foundation Trust (MFT)
 Dr Manisha Kumar Clinical Director, Manchester Health and Care Commissioning
 Mike Wild, Voluntary and Community Sector representative
 David Regan, Director of Public Health

Also present

Dr Murugesan Raja, GP Board Member Manchester Health and Care Commissioning

Apologies

Paul Marshall, Strategic Director of Children's Services
 Rupert Nichols, Chair, Greater Manchester Mental Health NHS Foundation Trust
 Dr Tracey Vell, Primary Care representative – Local Medical Committee

HWB/18/21 Minutes

Decision

To agree the minutes of the meeting of the Health and Wellbeing Board held on 4 July 2018.

HWB/18/22 Manchester Family Poverty Strategy 2017-2022 Implementation Update

The Board received a report from the Head of Work and Skills, Strategic Development Directorate and the Strategic Lead – Policy and Strategy, People, Policy and Reform. The report provided an update on the progress that has been made towards the implementing the Manchester Family Poverty Strategy 2017-2022. The report summarised the rationale for the development of the Strategy and outlined the governance structure established to support the implementation of the strategy.

The Executive Member for Public Service Reform introduced the report and made reference to the purpose of the Strategy in addressing the negative impact of government welfare reforms on families, high levels of financial exclusion and rising levels of debt. Members were reminded of the importance of organisations working

together to help the people affected to move into sustainable work as a route out of poverty. The Board was also informed of the establishment of a Poverty Trust Commission which will consist of thirty representatives. Fifteen representatives will be people with lived experience and fifteen will be representatives from anchor institutions in the public and private sector. Board members were asked to seek support and involvement in the Commission from their organisations to promote this work.

The Chair invited members of the Board to ask questions.

A member referred to homelessness and the impact of fuel poverty on families and asked what work was being done with housing providers in the public and private sectors to help families build resilience and address the issue.

It was reported that fuel and food poverty would be included in the work programme of the Working Group 2 to focus on raising and protecting family incomes to help mitigate the impact on families living in poverty. Discussions had taken place with the National Energy Authority with the outcome that a Horizon 2020 bid for EU non-structural funds could be made.

The Chair referred to the accuracy of data used to indicate levels of poverty, in particular the figure that stated 28% of children (29,600) in Manchester were living in a low income family. The point was made that the figure may be higher due to the age of the data and changes in the population of the city and it was important to have a more accurate figure on the number of families living in poverty.

It was reported that the figures used were about three years old and the figures would probably be higher in view of changes in population and reductions to benefit payments to families. The Core Group had discussed the issue of measuring levels of family poverty and work was ongoing to determine a reasonable level of income.

Decisions

1. To note the report and the comments raised.
2. To endorse the comments of the Executive Member for Public Service Reform regarding the importance of anchor organisations working together to help the people affected to move into sustainable work as a route out of poverty.
3. To note the request made to Board members to seek support and involvement in the work of the Poverty Trust Commission from their organisations.

HWB/18/23 Health and Wellbeing Board Review

The Board received a report from the Director of Population Health and Wellbeing presenting the outcome of a review of the role of the Health and Wellbeing Board to reflect the changes in health and social care since 2016.

The review consisted of a number of interviews with all Board members and officers from related external organisations to seek views on how the Health and Wellbeing Board was functioning based on four themes. In addition to this a review session was held on 4 July 2018 where the feedback from the interviews to help inform the following themes:

- Theme 1: Purpose of the Health and Wellbeing Board
- Theme 2: Priorities, expectations and measuring success
- Theme 3: Composition of the Health and Wellbeing Board
- Theme 4: Governance, meetings and supporting structure
- Theme 5: Board reporting, associated papers and presentations

In response to the response to the review the following outcomes were attached to the report for consideration:

- A revised Work Programme and Forward Plan;
- A report from the Transformation Accountability Board on Locality plan Governance Arrangements used to inform the Review Session held on 4 July 2018;
- A refresh of the roles and responsibilities incorporating the requirement to inform and receive reports relating to Care Quality Commission inspections;
- Proposals to review the membership of the Health and Wellbeing Board.

Members commented on the review with reference to the importance of considering work and skills and social value within procurement processes to increase sustainable employment within groups, in particular the long term unemployed. Councillor Craig offered to bring forward to an earlier meeting of the Board, the consideration of the thematic focus on the wider determinants (Work and Skills) topic.

The Chair invited members to contact Councillor Craig or David Regan if there were any areas of interest they wanted to have included within the Work Programme for the Board.

Decisions

1. To note the report submitted and thank Board members for their contributions to the review process.
2. To receive the proposed Work Programme and Forward Plan 2018/2019 for the Health and Wellbeing Broad.
3. To agree the proposed changes to the membership of the Health and Wellbeing Board as detailed in paragraph 3.4, of the report submitted and to forward this to the Constitution and Nomination Committee for consideration.
4. To thank those members of the Health and Wellbeing Board who will be standing down as members as a result of the review of membership and to gratefully acknowledge the valuable contributions they have provided to the work of the Board.

HWB/18/24 Locality Plan Communications and Engagement

The Board received a report from the Director of Corporate Affairs, Manchester Health and Care Commissioning which provided a summary of the communication and engagement activity planned to raise the awareness and implementation of the Locality Plan. The Board also watched a video relating to the work of the NHS and the Our Healthier Manchester in supporting and promoting the health and wellbeing of the city's population.

The Board received a copy of the Our Healthier Manchester "How we can all create a healthier city" booklet and it was reported that 700 copies had been circulated throughout the city. It was reported that thirty three events had taken place across the city to help start conversations and provided feedback from residents, in particular how services and support were notified and accessed.

The "Our Healthier Manchester" sets out the overall plans for health and social care across the city for the next five years and provides details of service integration for better outcomes and approaches to help people lead healthier lives.

The Executive Member for Adult Health and Wellbeing referred to the ongoing and future work from the Locality Plan and invited Board members and their organisations to sign up to use the Our Manchester format and branding in their own approaches. It was reported that an Our Healthier Manchester communications and engagement toolkit is available to provide partners with materials to help promote and stimulate discussion about the vision and changes needed to promote a healthier future.

In commenting on the report the point was made that with regard to the 6 month period of communication and engagement there needed to be a long-term mechanism to include the input of interested user groups and individuals in the co-design of services. The accessibility and availability of the locality plan for hard to reach groups was also raised with emphasis on the need to consider the quality of the systems used by organisations that may not be open to other organisations. It was also noted that the passing of information through non-system means such as word of mouth should also be recognised. The comment was made that the targeting of particular age groups for screening and campaigns could be reconsidered to ensure that all age groups are targeted and made aware of the importance of healthy lifestyles, health checks and health screening. The point was also made that the engagement of targeted groups could be increased where individuals receive an invitation to attend a screening rather than being notified.

Decisions

1. To welcome and endorse the approach as outlined in the report submitted.
2. To welcome the use of the new communications materials within Board Member's organisations.
3. To agree to proactively support the engagement work proposed.

4. To agree to promote the outputs of the engagement work within Board Member's organisations so that services continue to develop to reflect the needs of local people.

HWB/18/25 Manchester Health Profile

The Board received a report from the Director of Population Health and Wellbeing which provided a summary of the headline messages from the Manchester Health Profile 2018 published by Public Health England on 3 July 2018. The report also provided detailed analysis of how Manchester is performing relative to other parts of England, as well as trends based on data received. The Profile report has confirmed that the health of the people of Manchester remains generally lower than the England average. The indicators used in the Health Profile are grouped into 7 domains, these are:

- Life expectancy and causes of death
- Injuries and ill health
- Behavioural risk factors
- Child Health
- Inequalities
- Wider determinants of health
- Health protection

The Chair noted the report and commented that there was some good progress made on the indicator relating to GCSE attainment within Manchester which has improved significantly and is now close to the national average.

Decision

To note the report submitted.

HWB/18/26 Smoke Free Manchester: Our Plan for Tobacco Control (2018-2021)

The Board received a report from the Director of Population Health and Wellbeing which provided an outline of how the new Tobacco Control Plan for Manchester which will help reduce smoking prevalence and in doing so reduce the huge burden of disease and health inequality caused through tobacco addiction and tobacco related harm. The Plan has been produced with the Manchester Tobacco Alliance which is a partnership of clinicians, cancer charities, voluntary and community sector organisations and City Council and NHS teams.

The report stated that there are estimated to be 91,500 smokers in Manchester with an adult prevalence rate of 21.7% with a target to reduce this to 15% by 2021. Manchester also has the highest premature mortality rate in England for the three major smoking related diseases (lung cancer heart disease and stroke).

The Smoke Free Manchester Plan is aligned with the Greater Manchester “Making Smoking History” programme under the GMPower acronym for the approach partners are taking across Greater Manchester and will be adopted for Manchester.

The Chair invited questions from the members of the Board.

In welcoming the report and the Plan, a member referred to the delivery plan and suggested that more detail was required, in particular a more proactive approach to the use of e-cigarettes as an alternative to smoking cigarettes and where other nicotine replacement approaches had not worked.

A member commented on the support to help smokers stop when they are a patient in hospital and the need to provide additional capacity and resources in the community to continue the support after discharge. The point was made that a change of culture was required to include smoking cessation as part of a consultation with a clinician rather than considering the support as a specialist service. The member also stated that the use of e-cigarettes should be considered as an alternative to smoking after other approaches to nicotine replacement had been tried.

The Chair referred to the implementation of the CURE pilot and asked if the shortfall in capacity and resources related to smoking cessation or in other services.

The Board were informed that as part of the CURE Pilot starting on 1 October 2018, all new patients admitted to Wythenshawe Hospital will be asked if they smoke and offered smoking cessation help accordingly as an inpatient and after discharge. The Pilot would include a zero smoking policy in and around the hospital. The implementation of community based pathway for outpatient support was ongoing and would use contact with local GPs as part of phase 1 of the pilot. Funding for the Greater Manchester “Making Smoking History” programme had been secured and this would enable the rollout of the plan across the rest of Manchester.

The Chair referred to zero smoking at all health premises and asked for an update on the proposal.

It was reported that no legislation currently existed for smoke free open spaces and implementation would require culture change for voluntary smoke free areas to be created. The Greater Manchester Tobacco Programme is initiating a piece of work to introduce local legislation for smoke free public spaces, however it is anticipated that the process will be difficult and will take time to complete.

The Board had a lengthy discussion on the issues surrounding the use of e-cigarettes, in particular, as a means of helping with smoking cessation as well as other issues such as an alternative for people who were likely to start smoking or as an alternative for smokers that did not want to stop smoking. Consideration was given to the health impact of e-cigarettes on users and through inhalation by non-smokers.

It was reported that the current guidance provided by Public Health England indicated that e-cigarettes are 95% safer than smoking cigarettes and provided an aid to help stop smoking. Issues arising from their use included the risk from use indoors

to non-smokers and the targeting of vaping products at those underage and the health implications of vaping on pregnant women.

Decisions

1. To approve the Smoke Free Manchester: Our Plan for Tobacco Control (2018-2021).
2. To request that further information is submitted to the Board to provide insight on the current evidence available on the safety of e-cigarettes and vaping
3. To request that further information is submitted to the Board on the effectiveness of vaping as an aid to smoking cessation.
4. To request that further information is submitted to the Board regarding the impact on the health of non-smokers from the passive inhalation of e-cigarette vapor.

HWB/18/27 Joint Strategic Needs Assessment Work Programme – 29 August 2018

The Board received a report from the Director of Public Health for Manchester which described the process of developing the Joint Strategic Needs Assessment (JSNA) Work Programme for the second half of 2018/19. The report provided an outline of proposed future topics and the new governance arrangements being introduced and the arrangements for evaluating the JSNA process and its impact on commissioning and decision making.

Decisions

1. To note the proposed list of topics for delivery by the end of December 2018 and the revised arrangements through the Health and Social Care Commissioning Group.
2. To agree to continue the use and promote the value of the Joint Strategic Needs Assessment and support the collection of evidence to demonstrate the use of the JSNA in commissioning decisions.
3. To agree to a formal evaluation of the JSNA to help maximise the opportunities provided by the integration of health and social care partners in order to optimise the JSNA process.

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Manchester Health and Wellbeing Board Report for Information

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Manchester Single Hospital Service – update on current position

Report of: Peter Blythin, Director SHS Programme - Manchester University NHS Foundation Trust

Summary

This report provides an update on the progress of the Manchester Single Hospital Service (SHS) Programme. In particular, it offers an outline of the work being undertaken following the creation of Manchester University NHS Foundation Trust (MFT) to establish the new trust and realise benefits for patients. It also refers to the arrangements in place for MFT to complete the proposed acquisition of North Manchester General Hospital (NMGH).

Recommendations

The Board is asked to note the current position with the Manchester Single Hospital Service Programme.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	A Single Hospital Service Programme will optimise the provision of healthcare services to young people across Manchester and so minimise any adverse effects.
Improving people's mental health and wellbeing.	
Bringing people into employment and ensuring good work for all	The proposed new Single Hospital Service organisation will aim to be an employer of choice, providing access to employment opportunities for local people and excellent training and career paths for a broad range of healthcare professionals.

Enabling people to keep well and live independently as they grow older	A Single Hospital Service will ensure effective standardisation of hospital services in Manchester so that residents are able to access the best and most appropriate healthcare, regardless of where they live.
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.	The Single Hospital Service will help to facilitate development and implementation of the most appropriate care provision.
Self-care	

Lead Board member(s):

Kathy Cowell – Chair, MFT
 Jim Potter – Chair, PAHT

Contact Officers:

Name: Peter Blythin
 Position: Director, Single Hospital Service Programme (MFT)
 Telephone: 0161 701 0190
 E-mail: Peter.Blythin@mft.nhs.uk

Background documents (available for public inspection):

None

1.0 Introduction

- 1.1 The purpose of this paper is to provide an update for the Health and Wellbeing Board on the City of Manchester Single Hospital Service (SHS) Programme. It includes work in place to ensure post-merger integration activities are happening as planned, and the current position in respect of the proposal for Manchester University NHS Foundation Trust (MFT) to acquire North Manchester General Hospital (NMGH).

2.0 Background

- 2.1 The proposal to establish a Single Hospital Service in Manchester forms an integral part of the Manchester Locality Plan. Building on the work of the independent Single Hospital Service Review, led by Sir Jonathan Michael, the SHS Programme has been operational since August 2016.
- 2.2 The Programme is being delivered through two linked projects. Project One, the creation of MFT through the merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM), was completed on 1st October 2017.
- 2.3 'Project Two' is the proposal for North Manchester General Hospital (NMGH) to transfer from Pennine Acute Hospital NHS Trust (PAHT) to MFT.

3.0 Progress to Date

3.1 Key Messages:

- 3.1.1 Following completion of the merger of CMFT and UHSM, MFT continues to focus on planning for, and delivery of, the integration of services and anticipated merger benefits. This work is being delivered through a structured Post-Transaction Integration Plan (PTIP) which is subject to on-going scrutiny by the MFT Board of Directors as well as internal and external audit.
- 3.1.2 As part of the planning for the establishment of MFT, and in preparation for the merger, the integration planning activities were focused on, and categorised in to, four groups; Pre-Day 1, Day 100, Year 1, and Year 2 and beyond.
- 3.1.3 MFT successfully reached the year one landmark on 1st October 2018. A number of key deliverables, including both patient and staff benefits, were delivered and plans for Year 2 and beyond programmes are now being progressed. Examples of key benefits and deliverables which have been realised are presented below (Section 3.2).
- 3.1.4 To acknowledge the first year of MFT, a year one report is currently being produced. The report will look back at the merger process and the first year of MFT and outline details of the benefits that the organisation has been able to deliver. It is anticipated that this report will be completed by December and details will be provided to the Health and Wellbeing Board in due course.

- 3.1.5 A small number of year one projects have been re-phased to deliver in year two as they have, through clinical engagement and the constructive post-merger environment, developed into larger, more complex work streams designed to introduce additional patient benefits beyond those first thought achievable. Year two integration plans continue to be developed in close connection with the development of the MFT clinical service strategy.
- 3.1.6 As part of this work MFT continues to collaborate with Manchester Health and Care Commissioning (MHCC), PAHT, Salford Royal NHS Foundation Trust (SRFT), NHS Improvement (NHS I) and colleagues at GM Health and Social Care Partnership (GMH&SCP) to ensure the two transactions associated with the dissolution of PAHT remain on track.
- 3.1.7 In particular, MFT is working with MHCC to explore the future role of NMGH within the MFT Group and as part of the local health and social care economy. This will inform the development of the MFT Strategic Case for the transfer of NMGH to MFT.

3.2 Completion of Year One Deliverables

- 3.2.1 Integration plans have been progressively and comprehensively updated to ensure that they continue to support the establishment of the new organisation and the assurance requirement of the MFT Board of Directors as well as those of external bodies.
- 3.2.2 As part of this, a number of corporate programmes have successfully concluded their integration projects, with many continuing as part of the post-merger “business as usual” work.
- 3.2.3 One such deliverable involved the provision of a Trust wide Employee Health and Wellbeing Service to provide comprehensive support for all MFT staff. Feedback from service users has been immensely positive indicating that the pre-merger decision to increase support for staff during a major period of change has proved worthwhile. Moreover, a staff opinion ‘pulse check survey’ at 90 days post-merger showed an improvement in the period immediately pre-merger which had shown a fall in staff satisfaction.
- 3.2.4 In the same vein, MFT has developed a Leadership and Culture Strategy with a significant focus on organisational development including a major work stream on vision and values. This is linked to the integration work required to bed in the new leadership structures across Hospitals and Managed Clinical Services. A video summary of the Trust’s Vision and Values is available here: <https://vimeo.com/289424367/99d0749724>.
- 3.2.5 Benefits have also begun to emerge for Research and Innovation. For example, collaboration between Saint Mary’s and Wythenshawe Hospitals, has led to a new post for a Research Midwife at Wythenshawe Hospital. This means more patients in Manchester now have the opportunity to take part in maternal and foetal health research studies, which will help drive innovation to

ultimately improve patient care. In addition, the Research and Innovation Team has been able to standardise project management practices and systems across the MFT Hospitals which means all research study information is securely stored on a central server which can be accessed across all sites. The centralisation of studies means that staff can work more efficiently from any site and encourages cross site collaboration.

- 3.2.6 A number of clinical services have also achieved impressive patient benefits through the delivery of specific integration programmes. Colleagues from MFT hospitals and the community are continuing to collaborate and harmonise patient pathways and services to provide improved patient experience and better clinical outcomes. Examples of clinical integration benefits include the following:

- **Urology:**

Teams from Wythenshawe Hospital and Manchester Royal Infirmary (MRI) have continued to work on improving services for patients with kidney stones through increased utilisation of the Lithotripter at Wythenshawe Hospital. The objective is to ensure that this service is available to MRI and Wythenshawe patients throughout the week, and that no patient waits more than a maximum of four weeks. In March 2018, on average, 60 patients were waiting longer than four weeks for their procedure. However, in July 2018, this was significantly reduced and no patients waited longer than four weeks for their treatment.

In September 2018, a non-elective pathway was implemented as well as increased elective throughput at Wythenshawe Hospital. Through September, there were 53 lithotripter treatments that took place at Wythenshawe Hospital.

There has been significant increase in patient choice for Lithotripsy as sessions have increased from once a fortnight to 3 days per week thereby providing a much improved service for patients as a direct consequence of the merger.

- **Orthopaedic services:**

Orthopaedic services are now running joint Multidisciplinary Teams (MDTs) across all MFT sites for key clinical groups including hip/knee, and shoulder/elbow. This workstream is currently exploring 'virtual MDTs' for shoulder/elbow and foot/ankle patients, where pooled waiting lists are operating across MFT. This has led to improved patient choice and access to services.

- **Urgent Gynaecology Surgery:**

Additional urgent gynaecology surgery lists across Wythenshawe and St Mary's Hospitals are in place which offer patients better choice for their procedures in terms of both time and location as well as a reduced time to treatment overall. The baseline figure for this metric was 4.1 days, and the

objective is to get this down to 2.5 days. In September 2018, the average wait for urgent gynaecology surgery was 2.31 days, indicating an improved service for women.

- **Acute Coronary Syndrome (ACS):**

A new shared pathway has been piloted and is now being implemented across MFT. This pathway provides patients with ACS access to the catheter laboratory within 24 hours compared to an average pre-merger wait of 3 days. This is a unified pathway across both of the MFT acute sites (MRI and Wythenshawe Hospital) with a view to extend to all patients with ACS across the Greater Manchester conurbation. This pathway standardises patient care and, in a pilot study, has already been shown to reduce the length stay thus freeing bed days and streamlining care.

3.3 Development of Year Two Integration Plans and Continued Governance Arrangements

- 3.3.1 A small number of year one projects have been re-phased to deliver in year two since clinical staff have realised that by increasing the project scope there is greater potential to increase patient benefits. For example, the Dental Laboratory consolidation project will seek to develop a wider project scope that considers the anticipated transfer of NMGH to MFT, and how the most efficient Dental Laboratory service can be introduced across MFT.
- 3.3.2 Year two integration plans are also being further developed with corporate, operational and clinical leads as teams work towards the implementation of complex programmes of work which will see harmonised care pathways and application of MFT-wide resources to reduce variability of treatment i.e. the same standard of care wherever a patient is treated in MFT.
- 3.3.3 For some of the larger areas of work, separate Programme Boards have been established to take responsibility for planning and delivering the major change programmes which cut across hospital sites and delivery units. These currently focus on:
 - Orthopaedics
 - Cardiac
 - Elderly Care
 - Respiratory
- 3.3.4 Each Programme Board is chaired by either a Group Executive Director or one of the Hospital Chief Executives and attended by the clinical leads and senior managers from the sites involved in the integration work. The Boards are responsible for ensuring that the potential patient benefits of the integration programmes are delivered.
- 3.3.5 The delivery of the Manchester Investment Agreement patient benefits is reported to MHCC on a quarterly basis. MFT is held to account by MHCC on

the delivery of specific, measurable patient benefits such as shorter wait times to surgery and improved clinical outcomes.

- 3.3.6 All of the above-mentioned integration work remains closely connected to the development of the MFT clinical service strategy. This includes a focus on implementation plans for improvements to clinical services. The work is clinically led and is generating a huge amount of clinical engagement across MFT.
- 3.3.7 Part of the post-merger integration plan includes tracking and monitoring delivery of all merger related benefits. To help ensure this activity continues to receive the attention it warrants a further iteration of the PTIP is being developed.

4.0 Proposed Transfer of North Manchester General Hospital (NMGH) – Project 2 of the Single Hospital Programme

- 4.0.1 NHS I set MFT to acquire out a proposal for NMGH as part of an overall plan to dissolve PAHT and transfer the remaining hospital sites to SRFT (two-lot proposal). The intention for MFT to acquire NMGH is consistent with the local plan to establish a Single Hospital Service within the City of Manchester and forms part of the Manchester Locality Plan.
- 4.0.2 The transaction process is being managed under the auspices of the national NHS I Transaction Guidance with oversight provided by a Transaction Board established at the end of November 2017. The Board is chaired by Jon Rouse, Chief Officer GMH&SCP. Associated sub-committees / groups have also been established and representatives from MFT and MHCC attend all relevant meetings.
- 4.0.3. One of the challenges in completing this work is the need to ensure that the strategic cases submitted by SRFT and MFT are complementary i.e. not contradictory or in any way inconsistent with the two-lot proposal. In this context, MFT continues to work collaboratively with MHCC, PAHT, SRFT, NHS I and colleagues at GM H&SCP to ensure the two transactions associated with the dissolution of PAHT remain on track.
- 4.0.4. In anticipation of the proposed transaction, MFT and MHCC continue to engage with colleagues at NMGH through a staff engagement programme. Colleagues are able to attend and provide updates to staff working on the NMGH site and answer any queries they may have with regards to the transaction. Additionally, MFT and NMGH have also undertaken a joint Consultant recruitment programme in the interest of addressing some of the medical recruitment challenges across the city of Manchester.
- 4.0.5. As part of the development of a credible strategic case, MFT is working with MHCC to explore the role of NMGH as part of the local health and social care economy. This work is being progressed by the North Manchester Strategy Board, led by MHCC.

5.0 Conclusions

- 5.1 Integration work within MFT is progressing well as the primary focus continues to be realising patient benefits and creating new efficiencies through the application of robust leadership and governance arrangements. This approach will help ensure MFT plays its full part in helping to realise the Manchester Locality Plan.
- 5.2 Progress with the proposed acquisition of NMGH is proving to be more complex than initially anticipated. Irrespective of this, MFT remains committed to the realisation of the plan to fully establish the Single Hospital Service for Manchester by transferring NMGH to MFT at the earliest practicable opportunity. On this basis, MFT will continue to engage with all key stakeholders and in particular, work with Greater Manchester Health and Social Care Partnership in its role to oversee the plan to dissolve Pennine Acute Hospitals NHS Trust.

6.0 Recommendation

- 6.1 The Health and Wellbeing Board is asked to note the content of the report.

Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Annual reports of Manchester Safeguarding Boards April 2017-March 2018

Report of: Julia Stephens-Row Independent Chair of Manchester Safeguarding Boards
Paul Marshall Strategic Director of Children's Services
Dr Carolyn Kus Executive Director Strategic Commissioning and Director of Adult Social Services

Summary

Attached to this report are the Annual reports of the Manchester Safeguarding Adults Board and the Manchester Safeguarding Children's Board covering the period from April 2017 to March 2018. There is a statutory requirement to produce these annual reports and to share them with Strategic leaders including the Leader and Chief Executive of Manchester City Council; the Police and Crime Commissioner and the Chief Constable; and the Health and Wellbeing Board. The reports were considered by Health and Children and Young Peoples Scrutiny committees on 9th October and will also be considered by Manchester Health and Care Commissioning Board at the end of November. These documents report on the work of the partnership.

Recommendations

The Board is asked to:

1. Note the two Safeguarding Annual Reports.
2. To identify how constituent members will disseminate these documents and hold to account their organisation with regard to delivering the priorities of both boards.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Ensuring children and young people are safeguarded supports this priority
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	Vulnerable young people in these families may need to be safeguarded and the work of the board offers assurance regarding this priority.
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

Lead board member: Councillor Craig: Executive Member for Adults

Contact Officers:

Name: Julia Stephens-Row
Position: Independent Chair of Manchester Safeguarding Boards
Telephone: 07449310295
E-mail: j.stephens-row@manchester.gov.uk

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/wp-content/uploads/2018/09/MSAB-annual-report-17.18-PUBLISHED.pdf>

<https://www.manchestersafeguardingboards.co.uk/wp-content/uploads/2018/09/MSCB-17.18-Annual-Report-PUBLISHED.pdf>

Introduction

- 1.1 The Safeguarding Boards annual reports cover the period from April 2017 - March 2018. These reports demonstrate the significant amount of work undertaken across a range of agencies and in partnership to safeguard children and young people and adults in Manchester.
- 1.2 These reports contain a variety of information detailing the work of the Boards, sub groups and the partners.

Background

- 2.1 Safeguarding Adults and Children's Boards are a statutory requirement and are in place across the country. Their role is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and to seek assurance. The Boards have a role in monitoring and evaluating the effectiveness of what is undertaken by the Board partners individually and collectively and advising them on ways to improve is an important function of the Safeguarding Boards. In addition to the various assurance activities carried out throughout the year, such as self-assessments and multi-agency case audits, each Board partner has provided an assurance statement setting out the work they have undertaken to meet the Board priorities and the safeguarding work that is ongoing in their agency.

2.2 Business priorities

Towards the end of the 2016/2017 period, the Boards began the process of planning their vision and priorities for the 2017/2018 year. As part of this preparation, the Board felt very strongly that the views of service users and stakeholder groups should be sought, this was undertaken through surveys, focus groups and face to face discussions with Board members. In early April, a joint Visioning and Priority Setting Event was held and partners came together to review what progress had been made during the year, hear the views of service users, identify emerging challenges including legislative, financial and others - that would have an impact in the forthcoming year.

It was agreed that the priorities for 2017/18 would be shared across the two Boards and would be:

- Engagement and Involvement – listening and learning; hearing the voice of children and adults and Making Safeguarding Personal.
- Complex Safeguarding – Domestic Violence and Abuse; Female Genital Mutilation; Sexual Exploitation; Radicalisation; Missing from Care, Home and Education; Organised Crime; Trafficking & Modern Slavery; So-called Honour Based Violence.
- Transitions – Moving from child to adulthood in a safe and positive way.
- Neglect – Ensuring the basic needs of every child are met.
- Neglect - Safeguarding and supporting adults at risk of wilful neglect, acts of omission and self-neglect.

These themes whilst shared across both Boards have specific pieces of work which are 'child' and 'adult' focussed although quite a significant amount is joint. Details of the work undertaken to work towards achieving these priorities is contained within the annual reports supported by some case studies.

We have regular updates at the Boards on the Domestic Violence and Abuse strategy and implementation, and delivered multi agency raising awareness events regarding modern slavery

We have contributed to the multi-agency transitions workshop and will maintain this focus going forward.

We have launched the MSCB Neglect Strategy with multi agency events and introduced a new assessment tool which will continue to be rolled out in 2018/19.

It has been agreed that these priority areas have been carried forward into 2018/19. The Boards have worked alongside the Children's Board, the Community Safety Partnership and the Health and Wellbeing Board to deliver these priorities.

There are ten sub groups which drive forward the work of both Boards, four of which are joint across the two Boards which demonstrates the overlap of many issues in particular with regard to Complex Safeguarding. I am extremely grateful to all of those who chair and sit on these groups.

2.3 Challenges and Improvement

The Boards have published two Safeguarding Adults Reviews and three Serious Case Reviews. Each of these have been supported by learning events for practitioners and managers with materials made available for the information from these reviews to be shared across the workforce. Some of the reviews identified the need for more awareness of specific issues or policies and we have been able to increase the learning and development resources available to promote the online learning that is available and respond to gaps identified.

The MSCB have ensured that child deaths are appropriately reviewed and lessons learnt shared. For example 65% of cases (41 of 62) were of babies under one year old a factor which has informed the Population Health infant mortality strategy.

The MSCB held a Professional Curiosity Confidence and Challenge Conference which gave the opportunity for practitioners to reflect on how they may improve their practice when working with parents and carers and families. Following from this a similar conference for staff working with adults was requested which had a focus on Making Safeguarding Personal which took place in June 2018.

Both Boards have relaunched the website and training website, introduced a monthly newsletter and developed a successful Trust your instincts campaign.

A new Working Together to Safeguard Children was published in July 2018 and Local Safeguarding Boards are to be replaced with new multi-agency safeguarding arrangements which have to be established by September 2019 at the latest. The three statutory partners of the Local Authority, Police and the Clinical Commissioning Group have until June 2019 to publish their plan. Until these new arrangements are in place the statutory requirements for the MSCB remain and it will be vital to ensure that the transition arrangements are robust to ensure that the safeguarding of children and young people remain at the heart of what is developed in the future. Early discussions are taking place in which both Boards are engaged as it is important to ensure that as changes take place that the close working of the two sets of Safeguarding arrangements are not negatively impacted

3.0 Scrutiny

Both reports were considered at the respective scrutiny committees on 9th October and common themes in relation to Complex Safeguarding including modern slavery and human trafficking; neglect and self-neglect; the increasing number of referrals for Safeguarding and the possible impact of the changes to the Children's Safeguarding arrangements were raised.

4.0 Conclusion

The work and reach of the MSCB and MSAB, as evidenced in these annual reports is considerable, however there is much more to do if as a partnership we are to achieve the vision of the MSCB - ***Every child and young person in Manchester should be able to grow up safe; free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.***

And that of the MSAB - ***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 importance of all partners represented on the Health and Wellbeing Board promoting the Safeguarding agenda cannot be underestimated.

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MANCHESTER SAFEGUARDING CHILDREN BOARD



2017/2018 Annual Report

“Every child and young person in Manchester should be able to grow up safe, free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential”

This Annual Report was endorsed by the Manchester Safeguarding Children Board on 6th September 2018.

The report is produced by Manchester Safeguarding Children Board (MSCB). It reports on matters relating to 2017/18.

The purpose of the Annual Report, as stated in Working Together to Safeguarding Children 2015, is to provide a rigorous and transparent assessment of the performance and effectiveness of local safeguarding arrangements for children. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action.

The report includes lessons from reviews undertaken within the reporting period.

In addition to being made available to the public, this report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the Boards work or wish to find out more you can contact MSCB: - Manchester Safeguarding Children Board on 0161 234 3330 or email: manchestersafeguardingboards@manchester.gov.uk

Large print, interpretations, text only and audio formats of this publication can be produced on request. Please call on 0161 234 3330



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1. Chair Foreword

Welcome to the Manchester Safeguarding Children's Board (MSCB) Annual Report for 2017/18. This annual report provides local people with an account of the MSCB's work over the past year to improve the safeguarding and wellbeing of children and young people across the city of Manchester.

The report reflects the activity of the MSCB and its sub groups against the agreed priorities for 2017/18. It is important to note that four of the subgroups are shared with the Manchester Safeguarding Adults Board which demonstrates the Think Family approach we take and the overlapping agendas of the two Boards. For the first time we were able to have a shared strategic plan across the two Boards with separate business plans ensuring that the focus on Children's Safeguarding or Adult Safeguarding is not diluted.

This report contains information on the Serious Case Reviews undertaken, strategies developed, training delivered and findings from audits. This year we had a particular emphasis on challenge and considering the impact of our activity and The Voice of the Child was a particular priority of the annual self-assessment carried out by each agency.

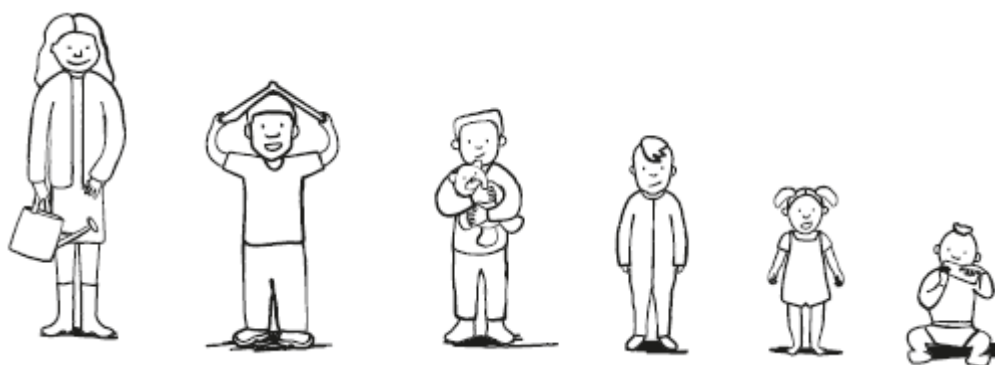
The vision of the Manchester Safeguarding Children Board was reviewed as part of the Annual planning process and was changed to 'Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this, we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action', to reflect the Our Manchester Strategy and is now consistent with the vision for the Children's Board. A focus for the Board has been to work more closely with the other key partnerships and the work of the MSCB contributed to the improvement journey for Children's services. It was pleasing to see the work of all the partnerships being recognised when Ofsted reported in December 2017.

Looking forward, legislation came into effect in July 2018 and Local Safeguarding Boards are to be replaced with new multi-agency safeguarding arrangements which have to be established by September 2019 at the latest. Until these new arrangements are in place the statutory requirements for the MSCB remain and it will be vital to ensure that the transition arrangements are robust to ensure that the safeguarding of children and young people remain at the heart of what is developed in the future. Early discussions are taking place in which the MSCB is actively engaged.

Finally, I would like to thank the many partner agencies for their hard work and dedication during a time of huge demand and whose commitment and motivation helps deliver our shared priorities.

J. B. Stephens-Row

Julia Stephens-Row
Independent Chair of Manchester Safeguarding Adults and Children Boards
August 2018



2. Executive Summary

The Board focuses on specific areas where children and young people are in need of help and protection.

This report details the progress we have made against our safeguarding priorities set early in 2017 in the 2017/18 Business Plan, along with the areas identified as future challenges relating to individual and multi-agency safeguarding arrangements and is put together along with contribution from partners and subgroups and includes information regarding the progress of the Board over the last year.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of children, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later within this report.

The 2017/18 priorities were set at a joint Board event (with the MSAB) in April 2017.

We chose four main priorities:

1. Engagement and Involvement
2. Complex Safeguarding
3. Transitions
4. Neglect

During the 2017/18 period, a number of statutory reports were received, including the annual report of the Child Death Overview panel, the annual Private Fostering report, which highlighted the Manchester Private Fostering Week, which took place in July 2017 ensuring that the Local Authority complied with the duty of care placed upon them to promote and raise awareness of children and young people who are privately fostered and an imminent targeted communications campaign aimed to do this. The report from the Local Authority Designated Officer (on the management of allegations against adults who work with children) was also considered, providing assurance of the safeguarding work ongoing. The report highlighted that during the reporting year there had been significant activity aimed at raising awareness about the management of allegations and increasing demands on the Designated Officer, with an increase in allegation referrals from 204 to 319. In addition the Designated Officer responded to advice and guidance contacts and providing information about adults who have worked in Manchester in the past as part of historic abuse enquiries.

The Board screened 12 Serious Case Reviews (SCR) during 2017/18, eight were found to meet SCR criteria and reviews are underway; one was found not to meet SCR criteria and a Learning Review was conducted and three were found not to meet SCR criteria and required no further action. These are summarised in Section 8.

The “*Trust Your Instinct*” Campaign was launched. This campaign is aimed at all members of society, from members of the public to safeguarding practitioners. Further details about the campaign can be found on our website at: www.manchestersafeguardingboards.co.uk/trust-your-instinct

Manchester Safeguarding Children Board partners worked together to develop a Neglect Strategy 2017/19 which was launched and introduced the Graded Care Profile 2 (GCP2) Neglect assessment tool. The primary purpose of this Strategy is to set out the strategic direction and priorities which outline how partners will work together to offer a coherent, effective and well-co-ordinated multi-agency response to cases where neglect is an issue.

The Voice of the Child was a specific focus of the 2017 Section 11 Safeguarding Self-Assessment, which incorporated an additional voice of the child section, requiring all partner agencies to assess how well their own agency takes account of the views and wishes of children and young people.

The Interboard Protocol was launched in July 2017. This protocol outlines the co-operative relationship between the Manchester Children’s Board, (MCB), the Manchester Community Safety Partnership (MCSP), the Manchester

Health and Wellbeing Board (MHWB), the Manchester Safeguarding Adults Board (MSAB) and the Manchester Safeguarding Children Board (MSCB) in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults in Manchester. The aim of this protocol is to ensure that there are core principles which underpin how the five Boards and other partnership forums operate.

3. About Manchester

Population statistics in Manchester were last collected in 2016 and showed a population of 541,000, with 22.2% of those being children and young people aged between 0-18 years and 28.5% being from an ethnic minority group. The estimated population for Manchester in 2020 is 563,000.

The percentage of school pupils from minority ethnic groups in Manchester in 2017 was 62.6% compared to the England average of 31% and the percentage of school children with social, emotional and mental health needs was 2.7% compared to the England average of 2.3%.

Child poverty is a concern in Manchester - the most commonly used definition of child poverty is a household with children under 16 where income is less than 60% of the UK median.

The latest figures show that, between 2007 and 2014, the overall proportion of children living in poverty in Manchester fell from 44.6% to 35.6%. However, Manchester still has one of the highest rates of child poverty by local authority area. Of those living in poverty, the vast majority (69.4%) are living in out-of-work poverty, whereas 13.6% are living in in-work poverty and 16.2% are classed as other poor. The 35.6% figure equates to 36,255 children under 16 living in poverty out of a total number of 101,845. It is predicted that the number of children living in poverty will rise sharply by 2020.

Manchester's State of the City report provides further data and statistics for Manchester: www.manchester.gov.uk/state_of_the_city_report_2017

There are more specific areas of concern where children and young people are in need of safeguarding support and protection and these are the areas where the MSCB focuses much of its work.

Population Health

The Manchester Population Health Plan is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents which will reduce safeguarding risks in the population. Much of 2017/18 was spent developing the plan and consulting with a wide range of stakeholders. The plan can be found here: www.manchester.gov.uk/health_and_wellbeing/public_health

The Plan, with five priority areas for action, has been developed in partnership with a wide range of stakeholders and is an integral component of the refreshed Locality Plan, "Our Healthier Manchester".

At Population Health we recognise that in addressing the safeguarding needs of children we need to address a complex range of factors throughout an individuals' lifetime such as parenting capacity, development/educational issues, housing, employment and income, social integration and support, drug and alcohol misuse, and issues related to service provision or uptake.

The decision to introduce compulsory relationships education in primary schools and relationships and sex education (RSE) in all secondary schools is a welcome move that we support locally. Comprehensive, high quality, age appropriate RSE is known to be a protective factor for children and young people, supporting them to keep themselves safe. 'Growing and Changing Together' and the 'I Matter' curricula developed by the Healthy Schools Team are already in use in many of the city's schools and extended delivery by schools to all their students will be a positive contribution both to preventative work and to improving public health outcomes. Population Health

will be working with a range of partners to ensure that schools, parents and children and young people are aware that this is now compulsory.

4. Statutory Framework and how we deliver

The Children's Act 2004 requires all Local Authority areas to establish a Local Safeguarding Children Board (LSCB). LSCBs are inter agency partnerships with statutory responsibility to coordinate local safeguarding arrangements which promote the welfare of children and make sure they are working effectively. Manchester Safeguarding Children Board includes representation from the Local Authority, Greater Manchester Police, Health Services, Housing, Probation and the Voluntary sector.

The functions of the LSCB are set out in Working Together to Safeguard Children 2015 (now revised to Working Together 2018) www.manchestersafeguardingboards.co.uk/working-together

Our statutory functions and objectives are to:

- coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area;
- ensure the effectiveness of what is done by each such person or body for those purposes
- develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority
- raise awareness within communities of the need to safeguard and promote the welfare of children, how this can best be done, and encourage them to do so;
- monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve
- participate in the planning of services for children in the area of the authority
- undertake Serious Case Reviews and advise the authority and their Board partners on lessons to be learned.

Manchester Safeguarding Children Board meets every two months and focuses on a range of activity including how we are implementing our Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for children. Board members are required to commit to 80% attendance at meetings over the year. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2018 can be found at [Appendix 1](#).

The Board has statutory responsibility for completing Serious Case Reviews (SCRs) by overseeing the screening, conduct and publication of SCRs and other learning reviews. This work is supported by the Serious Case Review Subgroup, Learning from Reviews Subgroup, Learning and Development Subgroup and Safeguarding Practice Development and Fora Subgroup.

Other subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSCB Leadership Group manages the Board's business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the risk register and the budget, and performance. The Group also, where necessary, commissions groups to look at specific pieces of work in greater depth.

The Governance Structure for Manchester Safeguarding Board can be found at [Appendix 2](#).

The Board is supported by the Manchester Safeguarding Boards Business Unit (MSB BU)

The Board support for the MSCB has been through significant change in the last year. There was one member of staff who was dedicated to supporting the MSCB and also leading on Serious Case Reviews. This has now been changed to having one member of staff supporting both Boards and one member of staff leading on Serious Case Reviews and Safeguarding Adult Reviews. The changes were brought about as each of the previous roles had a number of overlaps and the changes seem to be working well. It will be important to monitor the workload requirements of both roles. In addition, there is now a permanent MSB integrated Board Manager which has ensured greater continuity and consistency across the work of the board support team

Future challenges: -

The team are focusing on mapping the current systems in Manchester to ensure that they are appropriate. Moving forward, part of this system review will link in to the wider GM strategy and build a more collaborative working arrangements including the system of selecting and nominating reviewers for SCRs

It is also intended to recruit to a temporary project officer role who will support the implementation of the Neglect Strategy which is one of the board priorities and assist with the development of the web based services for practitioners thus supporting the embedding of learning in to practice.

It should be noted that as a result of the legislative changes introduced through the Children and Social Work Act 2017, the Government sent out consultation in October 2017 detailing revisions to the current Working Together Statutory Guidance. Following this, the Government proposes to update and replace the current statutory guidance as 'Working Together to Safeguard Children 2018.'

This signifies an interesting year ahead as the changes include replacing Safeguarding Children Boards with new safeguarding partnership arrangements.

5. Our Priorities for 2017/18

The 2017/18 MSB Business and Strategic Plan was set out by the Board in April 2017, detailing priorities and actions for the forthcoming year. The 2017/18 strategic plan can be found at [Appendix 3](#). We chose four main priority areas:

Engagement and Involvement - Listening & learning; hearing the voice of children

We will:

- listen to the views of children
- make sure their voices are heard and are at the centre of what we do
- put children in control of decisions about their care and support
- be proactive in making children aware of emerging issues and how we'll deal with them

What will change?

- we will know what children think and take account of it when we make plans
- we will know those views are taken account of when agencies set up and make changes to services.

We have:

- Undertaken Voice of the Child self-assessments within Section 11 audit
- Embedded the Voice of the Child in our multi-agency audits
- Developed our website to have an area for children
- Engaged children in the development of our board priorities

Complex Safeguarding - Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

We have:

- Supported the Integration of Protect and Integrated Gang Management Unit (IGMU) services in preparation for Complex Safeguarding Hub
- delivered a series of awareness multi-agency awareness raising events regarding modern slavery and trafficking and developed a Manchester Modern Slavery and Trafficking Strategy
- Heard from Community Safety Partners who provide the Complex Subgroup with thematic updates re Domestic Violence & Abuse, Female Genital Mutilation etc, raising any concerns to the Board.

What will change?

- We will be assured that children at risk are effectively and consistently protected from harm, or supported it if it does occur.

Transitions - moving from child to adulthood in a safe and positive way

We will:

- agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

We have:

- held a multi-agency transitions workshop with further actions to continue into 2018/19, seeking to highlight challenges faced by children in transition arrangements and consider what needs to happen to develop and improve multi-agency practice.

What will change?

- we will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

Neglect - ensuring the basic needs of every child are met

We will:

- ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- communicate and embed the neglect strategy across partner organisations
- seek assurance that early help is sought where there is a risk of abuse.

We have:

- Launched the Neglect Strategy and held neglect briefings across the City
- Contributed to work on a Greater Manchester Campaign aimed at raising awareness of neglect
- Launched Graded Care Profile2 – an evidence based neglect assessment toolkit that will assist professionals to identify the root cause of neglect and target those areas that will have the greatest impact.
- Started to develop a multi-agency dataset aimed at measuring impact.

What will change?

- we will be assured that children at risk of neglect will be safeguarded and protected.

6. What have we done?

Neglect Strategy

Manchester Safeguarding Children Board partners worked together to develop a Neglect Strategy 2017/19 that was accepted by the board in March 2017. Later in May 2017 the Graded Care Profile 2 (GCP2) was accepted as our chosen Neglect assessment tool.

The primary purpose of the Neglect Strategy is to set out the strategic direction and priorities and outlines how partners will work together to offer a coherent, effective and well-co-ordinated multi-agency response to cases where neglect is an issue.

This Neglect Strategy seeks to ensure our children and families workforce is able to identify and recognise neglect in families across universal and specialist services in order to ensure an effective multi-agency response is provided at the earliest opportunity to improve outcomes for children, young people and their families and reduce the impact of neglect and the risk of an escalation of concerns at the earliest opportunity. An integral part of the strategy is the importance of early identification and engagement of families including effective early help assessment and the development and delivery of a clear action plan.

GCP2 is an assessment tool that helps professionals to measure the quality of care being given to a child and helps them to spot anything that is putting that child at risk of harm. It is important we find children who are at risk of harm as early as possible so we can get them the right help and support at the right time and reduce the risk of escalation. The NSPCC have been engaged in supporting our implementation of GCP2 - we recognise this is at least a three year implementation programme.

The percentage of children subject to a Child Protection Plan under the category of neglect is the lowest it has been in three years. This year it has reduced from 54.8% in Quarter 1 to 45.7% in Quarter 4. It is below the national average of 47.8% which is positive, but still higher than core cities and statistical neighbours. The Graded Care Profile 2 is now being rolled out across Manchester and it is expected that there will be increase in referrals as this assessment tool is rolled out practitioners over the next 12 months.

The Neglect Strategy has not been fully embedded by all agencies and as a result, the Board intends to fund a temporary project officer to drive the project forward. This task will then be undertaken by resources within the Business Unit once the temporary officer position concludes. The embedding and implementation of this strategy and toolkit remains a priority for the Board as we move into 2018/19.

Voice of the Child

We are committed to listening to the voice of the child and improving engagement with children and young people in all aspects of our work. Considering the voice of the child was an integral part of our work during 2017/18.

All reports coming to the Board and subgroups continue to detail information as to how the work described will impact the lives of children and young people. The Board also has three lay members who attend at Board and other subgroups to provide a grass roots perspective to our work. Their attendance and contribution is highly valued.

The Section 11 Safeguarding Self-Assessment in 2017 incorporated an additional voice of the child section which required all partner agencies to assess how well their own agency takes account of the views and wishes of children and young people.

In the separate Voice of the Child self-assessment section, agencies were asked to give themselves a "RAG" (Red / Amber / Green) rating for the following five questions:

1. Developing a culture of listening supported by a strategy of participation
2. Providing inclusive structures for a range of children's voices to be heard
3. Participation by young people is acknowledged and rewarded
4. Develop staff skills in listening and responding to children
5. Measure & record the impact of participation

There were 21 self-assessments submitted in total. None of the agencies rated themselves as Red for Question 1. Two agencies rated themselves as Red for Question 2 and one agency rated themselves as Red for Questions 3, 4 and 5. The question where the most number of agencies (9) rated themselves as Green was Question 3. This was closely followed by Questions 1, 4 and 5 (8 agencies). However there were noticeably less Green scores overall in the separate Voice of the Child section than there were in the main Section 11 self-Assessment survey - for example the number of agencies rating themselves as Green in the first two sections of the Section 11 self-assessment which relate to 1) A Culture of Safeguarding and 2) A Safe Organisation was between 16 and 21. The highest score (21), which represents the total number of agencies that submitted a Section 11 self-assessment, was for the question that relates to safe recruitment procedures.

This shows that the MSCB as a whole is far more confident in matters that relate to policy and procedure than they are in matters that relate to taking account of the views and wishes of children and young people. The Voice of the Child audit in 2017 gave individual agencies the chance to benchmark how well they were performing and an opportunity to identify areas that can be improved on.

What are we doing about Child Sexual Exploitation (CSE)

Manchester Phoenix Protect Service is a co-located multi agency team consisting of social workers, police officers, early help, health and voluntary sector staff. The team work to safeguard young people who have been identified as being at risk of child sexual exploitation (CSE) and to disrupt and prosecute offenders of CSE. They work collectively and hold daily risk briefings as this facilitates information sharing, triage, joint working and decision making in respect of referrals, and new intelligence.

There were 174 referrals received for CSE in 2017/18; this is lower than in 2016/17 when referrals were 218. The lower figure reflects the screening and conversations undertaken by the team to identify the most vulnerable children and thus ensuring a key focus on those children who are suffering or likely to suffer significant harm through sexual exploitation. There was a peak in referrals in June 2017 reflecting a heightened focus following the commencement of Operation Diamond, a complex child sexual exploitation investigation which resulted in a number of referrals to both children and adult social care services.

A number of convictions were secured in 2017/18 including a female convicted of grooming and trafficking a 14 year old boy who was sentenced to 3.5 years in custody; two males were convicted of grooming and two offenders were convicted of fraud offences following complex safeguarding investigations. A male was convicted for breach of a sexual harm prevention order; this was imposed in relation to previous CSE offences.

Links between sexual exploitation and young people going missing as a key risk factor are well recognised. In 2017/18 it was agreed that the Protect social workers would complete the Independent Return Interviews (IRIs) where a young person had gone missing and is already receiving an intervention from Protect. This has been successful in increasing the completion of IRIs but more importantly ensuring that learning and the views of children and young people have informed care planning and trigger plans.

A Senior Specialist CSE Nurse has been co-located with the Protect multi-agency team for four years and the team are supported by a range of services and have a co-located Young People's worker from Barnardo's whose focus is therapeutic interventions. Other support is provided from key partners such as the Children's Society, Factory Youth Zone and Manchester Young Lives.

The dedicated Early Help Interventions Team co-located within Protect now work across all areas of exploitation, but have retained a specialism of working in a whole family way and focus on support and parenting interventions as well as direct work with children and young people. The team have supported 34 families and 68 children and young people and the average length of intervention is eight and a half months. The team have a strong retention rate; only seven families did not complete their intervention.

Complex Safeguarding

We know there are strong links between criminal exploitation and sexual exploitation and links between young people who go missing and being exploited. To improve our safeguarding response, it makes sense to reconfigure our partnership response in a more coherent and coordinated way and bring together a range of services including Voluntary and Community Services (VCS) partners who are responding to complex safeguarding and exploitation.

Throughout 2017/18 we have been developing our plans to implement a complex safeguarding hub, which is expected to be fully functioning by September 2018.

In preparation, the work of the Integrated Gang Management Unit (IGMU) was absorbed within the wider work of the Phoenix Protect team in October 2017. This has proved to be a successful approach, with workers having a mixed caseload of CSE and exploitation cases and has enabled the service to test out this approach as they work towards fully implementing the complex safeguarding hub. A team manager retains a thematic lead for organised crime and exploitation and has been instrumental in undertaking mapping with youth justice, social care and voluntary sector partners, to identify young people and their associates involved in both organised crime and the victims of criminal exploitation. From April 2017 to March 2018 a total of 49 referrals were made in relation to gangs and the emerging area of criminal exploitation.

Children missing from home and care

During 2017/18 there were 1515 children missing from home and 3505 missing from home incidents. There were 1173 missing from care incidents and 229 children missing from care. This number has reduced from the last period 2016/17 and it is noted that two individuals (4%) were missing on more than 12 occasions account for 39 (17%) incidents.

Due to a successful Missing From Home Panel, the number of Missing From Home episodes have significantly reduced for children in Local Authority Care.

The safe and well check process is now being delivered successfully across Manchester by Missing teams. Young people are engaging and able to share their views more easily.

7. Serious Case Reviews and Lessons Learned

Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 includes the requirement for LSCBs to undertake reviews of serious cases in specified circumstances. Regulation 5(1)(e) and (2) set out an LSCB's function in relation to serious case reviews, namely: 5(1)(e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned. (2) For the purposes of paragraph (1) (e) a serious case is one where: (a) abuse or neglect of a child is known or suspected; and (b) either — (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

Cases meeting SCR criteria		
SCRs conducted and concluded; reviews published in 2017/18	3 cases	SCR H1, SCR I1, SCR K1
SCRs screened in 2017/18 and found to meet SCR criteria; reviews are underway	8 cases	SCR N1, SCR O1, SCR P1, SCR Q1, SCR R1, SCR S1, SCR T1, SCR U1
SCRs concluded during 2017/18 which will not be published	2 cases	SCR E1, SCR J1
Out of Area SCR where MSCB has participated or contributed information	2 cases	Manchester has contributed to two SCRs being conducted in other areas: Trafford and Blackpool

Cases not meeting SCR criteria		
Learning Review undertaken	1 case	N/A
No review action required (case does not meet SCR criteria and no further action required)	3 cases	N/A

Published Reviews: Key Findings and Learning

SCR H1 (published December 2017) www.manchestersafeguardingboards.co.uk/serious-case-reviews	
<p>Key Themes: Physical Abuse, Neglect</p> <p>SCR H1 concerns a 14 year old who was the eldest of five siblings.</p> <p>During the time covered by this SCR, there were ongoing concerns about the emotional and physical wellbeing of the eldest child, neglect of all the children and worries about the involvement of an unknown male in family life. In July 2015, mother was admitted to hospital suffering from acute psychosis and was detained in hospital under Section 2 of the Mental Health Act. The children were left in the care of the presumed father (of the three youngest children). After a few days, the eldest child alleged to police that their stepfather had raped them and he was arrested.</p>	<p>Key Findings and Learning</p> <p>Overall the review has highlighted the complexity of working long-term with a mother and her five children, who had been voluntarily accommodated by the local authority and subject to child protection plans for neglect, stepped down, and then the cycle repeating itself. The review identified the need to improve the multi-agency response to working with children and families, in particular; with families who are perceived as 'difficult to engage' and where there is a long history of poor parenting and neglect.</p> <ul style="list-style-type: none"> ● safeguarding systems are too focused on the efficiency with which cases are progressed; this impacts particularly upon neglect cases which have over-prioritised practical support at the expense of gaining an understanding of root cause ● a combination of pressure to process cases through the system and limited available resource means that child protection plans in Manchester are being created with insufficient consideration of how well a service might meet individual needs ● when services are configured separately for adults and children there is a danger that the impact of risk within the family is not fully understood, which can potentially leave children and adults vulnerable ● beyond the superficial labels used for demographic data collection, when professionals feel uncomfortable asking about and further do not recognise the importance of a person's background, culture and belief system; children and families' needs may remain unmet ● local authority management systems are insufficiently challenging of the custom and practice of social workers not to seek or systematically record informed parental consent for s20 accommodation, potentially leaving the support needs of parent's unseen and making case-drift more likely ● over-concern about the risks rather than benefits of information sharing is resulting in professionals being unsighted as to safeguarding risks to children.
<p>Learning Activities</p> <p>A learning event for practitioners and professionals was held on 15.9.2017 to disseminate the findings and learning from this review.</p> <p>Learning Packs for practitioners include a Learning Report, 7 Minute Briefing and Power Point Presentation and are available on the MSB website.</p>	<p>All of the identified actions associated with the Child H1 SCR recommendations are complete. A well-attended multi-agency Professional Curiosity conference has been held where techniques for holding difficult conversations were discussed. The MSCB agreed to commission Graded Care Profile 2 as the assessment tool for Neglect. An implementation programme has been developed and a multi-agency / multi threshold Board established. Neglect Strategy and Levels of Need briefings have been held across the city.</p>

SCR I1 (published December 2017) www.manchestersafeguardingboards.co.uk/serious-case-reviews	
<p>Key Theme: Neglect</p> <p>Child I1 was the youngest of a sibling group of three. The children had specific health needs and were removed from poor living conditions after a deterioration in the home environment following Child in Need (CIN) and Child Protection Plan (CPP) interventions.</p> <p>Child I1 and siblings experienced significant harm through neglect over a long period:</p> <ul style="list-style-type: none"> the involvement of agencies during the period of time under review was in response to concerns about poor home conditions there was concern about parents not meeting the significant health needs of the children. 	<p>Key Findings and Learning</p> <p>Key findings from this review identified:</p> <ul style="list-style-type: none"> poor communication between agencies poor recording loss of focus on the voice of the child and their daily lived experience focus on task-completion rather than on on-going assessment of impact of the work being done lack of recognition of the importance of chronologies to show the context of previous history lack of challenge; and a lack of healthy scepticism amongst the professionals working on the case. <p>The voice of the child – professionals must focus on the daily lived experience of the child; consider specific disabilities and complex needs; and avoid emphasis on parents' perspective.</p> <p>Assessments - interventions in neglect cases must be informed by multi-agency assessment based on clear understanding of history, with a combined multi-agency chronology as an essential tool.</p> <p>Multi-agency working – agencies must work closely together to share information, especially where there is concern about disguised compliance. Multi-agency groups need to provide appropriate challenge.</p>
<p>Learning Activities</p> <p>A Learning Event for practitioners and professionals was held on 28.11.2017 to disseminate the findings and learning from this review.</p> <p>Learning Packs for practitioners include a Learning Report, 7 Minute Briefing and Power Point Presentation and are available on the MSB website.</p>	<p>With regard to the recommendations from this report, the MSCB has agreed to commission Graded Care Profile 2 as the assessment tool for Neglect. Implementation programme has been developed. Neglect Strategy and Levels of Need briefings have been held across the city. Multi-agency Neglect audits are now part of the annual audit programmes. All multi-agency neglect audits consider how well chronologies are being used and the impact they are having on assessment and planning.</p>

SCR K1 (published December 2017) www.manchestersafeguardingboards.co.uk/serious-case-reviews	
<p>Key Theme: Neglect</p> <p>Child K1 was three years old when they died following an asthma attack in June 2016. At the time, Child K1 had been diagnosed with brittle asthma and was on a Child Protection plan for neglect. Various services raised concerns & provided support in relation to Child K1's presentation & home environment - professionals had provided care in line with guidance but did not adequately take into account the safeguarding concerns (i.e. the impact of smoking and poor home environment) and the need to further escalate the case.</p>	<p>Key Findings and Learning</p> <p>The findings listed below deal with the impact on the management of Child K1's care:</p> <ul style="list-style-type: none"> professionals provided care in line with nationally agreed guidance, however this did not adequately take into account the safeguarding concerns (i.e. the impact of smoking and poor home environment) and the need to further escalate the case. health professionals have a lead role to play in ensuring that professionals working with a specific family have a better understanding around the concept of when care is/is not good enough for a child who has a chronic illness or disability and how this should inform case planning neglect is a recognised category of abuse, however in this case the professional understanding was not sufficiently sophisticated as to the kind of behaviours that constitute neglect and their impact on children with chronic health conditions. <p>Further, the review concluded that:</p> <p>the incidence of childhood asthma in Manchester is the highest in the country, an unsurprising statistic when one considers the social and economic deprivation and the high incidence of smoking. It is therefore important to consider the impact of this on both families and the services providing support when caring for children with asthma and concerns in relation to possible neglect.</p>
<p>Learning Activities</p> <p>A Learning Event for practitioners and professionals was held on 16.3.2018 to disseminate the findings and learning from this review.</p> <p>Learning Packs for practitioners include a Learning Report, 7 Minute Briefing and Power Point Presentation and are available on the MSB website.</p>	<p>The learning from this review regarding the impact of environmental tobacco smoke and the link to safeguarding has been passed to the National Institute for Health and Care Excellence (NICE) to be incorporated in future revisions of their Asthma Guidance. Work is currently underway to improve communication links between GP surgeries and the Safeguarding Improvement Unit in respect of Child Protection Conferences.</p>

Learning Reviews

In addition to the statutory reviews that have been published or are underway, the MSCB also conducted a multi-agency learning review as outlined in the North West Learning and Improvement Framework, greatermanchesterscb.proceduresonline.com/nw_learn_imp_framework.html and conducted by the MCC Lead for Children's Safeguarding. The review concentrated on 'Fabricated and Induced Illness' which the NHS defines as: 'Fabricated or induced illness (FII) is a rare form of child abuse. It occurs when a parent or carer, usually the child's biological mother, exaggerates or deliberately causes symptoms of illness in the child.'

The review considered a range of key practice episodes with the involvement of a range of agencies and was able to identify what had worked well and what were areas of improvement. The review recommended a range of actions including:

- a review of multi-agency training regarding fabricated and induced illness
- access to a central contact point for professionals to discuss concerns about FII
- easier access to full health chronologies when there is a concern

- a review of school nursing to ensure safeguarding needs are met
- improvement to Early Help meetings, minuting and action plans
- dissemination of learning around FII to school safeguarding leads.

8. Progress against our Business Priorities

We asked our subgroups to provide updates as to how they have contributed to these priorities, what has worked well and any future challenges. The subgroups discussed these and responded accordingly.

Extracts from the Subgroups responses are detailed below and full responses are can be found on the MSB website here: www.manchestersafeguardingboards.co.uk/mscb

Child Death Overview Panel (CDOP)

Purpose of the group - To review the deaths of all children aged 0 – 17 years (excluding stillbirths and legal terminations of pregnancy) normally resident in the City of Manchester to identify lessons learnt or issues of concern and make recommendations on effective inter-agency working to safeguard and promote the welfare of children. This multidisciplinary panel conducts a comprehensive review, with the aim to better understand how and why children in Manchester die and use the findings to recommend actions to prevent deaths and improve the health and safety of our children.

There was a total of 60 child deaths notifications reported to CDOP in 2017/2018, the CDOP discussed and closed a total of 62 cases. 25 (40%) infants were neonatal deaths (babies who died under 28 days of life). A further 16 (25%) died before their first birthday (28 - 364 days), highlighting infants under the age of 1 as the most vulnerable age group, accounting for 66% of the cases closed. The CDOP identified a number of modifiable factors which may have contributed to vulnerability, ill-health or death of the child in 21 (34%) cases. The largest number of deaths were categorised as a 'perinatal/neonatal event' (20, 32%) and 'chromosomal, genetic and congenital anomalies' (19, 30%). A further 6 (10%) deaths were categorised as 'sudden unexpected, unexplained death' where the pathological cause of death remains unascertained. An overview of the emerging themes, trends and modifiable factors are documented in the 2017/2018 CDOP Annual Report which is published each Autumn on the MSB website - www.manchestersafeguardingboards.co.uk/child-death-overview-panel-information-practitioners

Areas of future development: the CDOP aims to raise awareness of the emerging themes in child deaths and contributing risk factors as part of an MSB training event for frontline practitioners. The purpose of the event will be to disseminate learning and raise awareness of organisations that practitioners can signpost families to for additional support. The aim will be to provide frontline practitioners with information and advice to build professional knowledge and confidence when having difficult conversations regarding subjects such as bereavement, safe sleeping arrangements, smoking or obesity.

Practice Example - Neglect:

The CDOP requests information from partner agencies regarding the child, family and other household members to identify any issues in parenting capacity, such as poor parenting/supervision and child abuse/neglect. The panel analyses relevant family and environment factors which may have contributed to vulnerability, ill-health or death of the child. A number of these cases are also subject to Coronal investigations, criminal proceedings and Serious Case Reviews which the panel consider to assess how neglect contributed to the death and document recommendations to prevent future death.

Serious Case Review (SCR) Subgroup

The primary purpose of the SCR subgroup is to screen incoming referrals to assess whether they meet SCR criteria or not, and to recommend to the Independent Chair whether a SCR should be conducted. If SCR criteria is not met, the SCR subgroup can also recommend another type of learning review or activity, including single agency reviews. The SCR subgroup also monitors the progress of SCRs and considers first drafts of completed reviews, providing feedback to the independent reviewer prior to the review being considered by Board.

Once reviews are completed and signed off by the Board, Learning & Development subgroup are charged with conducting case specific learning events and publication of learning materials, and Learning from Reviews subgroup are charged with monitoring any actions agreed as a result of the review findings.

Areas of Future Development - the SCR subgroup recognise that Board members need to nominate appropriate representatives to review panels who can provide strategic analysis of historic and current policies and procedures and enact change in their agencies where required. Panel members need to identify appropriate SMART actions for their agencies in response to learning coming out of reviews for the Board to consider when the Review is concluded; and be able to cascade learning within agencies as it emerges through the review process. It is intended that some work around role profiles for review panel members will help to address this, and there has also been some trial work on identifying a partner representative on the panel as acting in a Lead Professional role.

- the volume of referrals and SCRs/other type reviews (where referrals do not meet criteria) remains high which is a challenge for the subgroup, for agencies and for the Business Unit
- the subgroup would like to have a greater understanding of Coroner's timescales for cause of death, and in particular, toxicology results.

Practice Example - Engagement and Involvement:

In screening and monitoring the conducting of SCRs, the voice of the child has been identified as a key learning theme emerging from a number of reviews and this has been reflected and highlighted in completed reviews. Specific areas where this has been noted includes: help seeking behaviour in children – where a child has taken action to seek help, such as making and attending a GP appointment, and this has not been adequately recognised as a need for greater intervention or has not been adequately responded to; the need for training to support staff to manage 'difficult conversations' with family members, sometimes compounded by reluctance to talk to a parent who is seen as 'challenging'; the importance of hearing the voice of the child – not only hearing but listening and responding; the need for development of awareness of non-verbal communication and ensuring there is confirmed parent/carer consent around Section 20 voluntary care orders, and that the parent/carer giving consent has full capability to give consent, and the importance of recording such consent.

Safeguarding Practice Development Group (SPDG and Fora)

The purpose of this group is to support the strategic priorities of the Board by gathering practice evidence, information and articulating practice challenges.

Areas of future development:

- Children with Disabilities team (CWD) to be invited to join Fora and share information ensure
- new arrangements for Leaving Care Service to be shared as they unfold
- adult safeguarding members recruited to shape transitions services
- continue to grow membership generally
- consider how communication in between meetings can be improved

Practice Example - What has worked well?

- good multi-agency learning arena which includes information and experience sharing
- opportunities to share learning from reviews
- having three Fora Chairs for each area who manage the discussions
- having an action plan and core agenda has benefited the arrangements.

Quality Assurance and Performance Improvement Subgroup (QAPI)

This subgroup has responsibility for the quality assurance of multi-agency safeguarding arrangements via the multi-agency case file audit programme, the multi-agency performance dataset; the annual Section 11 Safeguarding Self-Assessment and single agency audit reports.

Four themed multi-agency safeguarding case file audits have been undertaken in this period - Domestic Violence & Abuse, Looked After Children, Neglect and Pre Birth Assessments - which has resulted in the close scrutiny of approximately 100 agency records in total and the findings together with recommendations for improved multi-agency working have been reported back to the Board.

A Section 11 Peer Challenge Event based on the Section 11 Self Assessments that had been submitted by Board members was held in September 2017. This event was well-attended by partners and provided a forum for challenge between partners as well as sharing good practice and identifying opportunities for working better together to improve outcomes for children and young people.

Areas of future development: continue to strengthen and evidence the impact for children of the work of the QAPI subgroup and get more direct involvement from children & young people. Review the content of the quarterly multi-agency dataset to focus more clearly on Board objectives. Implementation of a practitioner survey to give us a view as to how well the frontline staff understand the requirements of Section 11, the Board priorities and how well learning from audit and reviews is being implemented.

Practice Example - Neglect: the QAPI subgroup has undertaken a multi-agency case file audit on the theme of neglect and the findings have been reported to the Board. One of the key themes arising from this audit was the importance of all agencies maintaining an up to date chronology on the child's record which can evidence the impact of living with neglect over a period of time.

The QAPI subgroup is developing a multi-agency dataset to support the implementation of the Neglect Strategy. This has proved to be more challenging than anticipated in terms of sourcing relevant useful data from across all agencies that is not linked to statutory safeguarding procedures.

Learning from Reviews Subgroup (LfR)

This subgroup has the responsibility for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and also specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).

Areas of future development: this is a new subgroup that was formed in September 2017 and it has taken several months to set the parameters of how the group will operate. For example: as the group evolved it became clear that membership needed to be extended to include Adult Social Care, Probation and a representative for Domestic Violence & Abuse. The Terms of Reference had to be amended and agreed and a permanent Chair and Deputy needed to be secured. There have been issues with the quality of action plans arising from reviews which makes it difficult to monitor the implementation of actions, this has been fed back to the Board and plans are in place to address the problem of actions not being SMART. The subgroup is still in development in terms of being

able to evidence changes in practice arising from learning from Serious Case Reviews (SCR). As the subgroup becomes embedded there will be an opportunity for future development in terms of thematic analysis of learning that will inform the Boards' Business Plan.

Communication and Engagement Subgroup

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

This subgroup was formed to:

- maximise communication and engagement opportunities between MSB partners and external stakeholders
- provide a forum to share communication and engagement expertise.

The subgroup will:

- act in a consultative capacity for the MSCB on communication and engagement activities
- allocate or respond to the work of other MSB subgroups
- offer support and advice to the planning and development of communication and engagement activities
- develop the MSB Communications and Engagement Strategy on behalf of the Boards

Areas of future development:

- development of 7 minute briefings has been ongoing
- campaign outputs to be developed
- planning for future campaigns
- measuring impact of communications work

In keeping with revised MSB Business Plan the long term priorities will be:

1. (Child) Neglect Strategy – MSCB
2. Modern Slavery Strategy – MSAB & MSCB

Practice example – what has worked well?

- the MSCB website was replaced by a new MSB website www.manchestersafeguardingboards.co.uk in January 2017; the website was then remodelled and all content refreshed in June / July 2017. Website analytics for 1.4.17 to 31.3.18 show the website had 31,602 users.
- marketing and communications activity for 2017/18 focused on MSB materials such as Trust Your Instinct and the national campaigns such as the DfE Child Abuse campaign.
- in June 2017 the MSB Twitter feed @McrSafeguarding was launched to support the integrated MSB website.

Learning and Development Subgroup (L&D)

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted multi-agency training programme that incorporates learning from SCRs and other reviews.

MSB Training website - the updated training website was launched in Summer 2017 and is proving popular and easier to access (mobile device friendly). The Impact Evaluation Questionnaire has been embedded into the training website alongside an improved reporting tool and automated back office features.

Impact Evaluation (IE) Reports (Face to Face Training) – two IE reports for 2016/17 (Neglect and Parental Mental Health and Safeguarding Children) are completed, report and recommendations are pending L&D Subgroup approval. Two IE reports for 2017/18 have been completed, pending L&D Subgroup approval (Awareness of Domestic Violence and Abuse); one using data collected via a telephone survey and one using the online Impact Evaluation Questionnaire. These reports will be compared and considered by the L&D Subgroup for future reporting purposes.

Impact Evaluation of Online Training – a total of 434 module feedback was provided which represents 8.7% of completed course modules; this is a slight decrease from last year when 10% provided feedback. When asked if participation in the e-learning supported them to make measurable improvements to their work practice 78% agreed. Over 86% assessed their confidence in applying the learning to their practice had improved since completing the training.

Engagement and Involvement: the MSB L&D subgroup arranged and facilitated a half day conference titled Professional Curiosity - Confidence and Challenge – this event focused on the children's workforce and included a keynote presentation from Professor Harry Ferguson (social work academic), group workshops and question and answer session. The event was well received and 165 professionals attended from across partner agencies.

A revised and improved learning from reviews procedure was agreed during 2017/18, in total six SCR events were delivered with 192 professionals attending. In 2015/16 there were no SCR learning events. These events were delivered by members of the relevant panels, with the presentations being developed by the independent chairs of the reviews. This ensured that the key themes from each event were identified and learning shared with those in attendance.

Complex Safeguarding: the learning and development programme delivered by the MSB includes a classroom based training programme incorporating courses on Awareness of Domestic Violence and Abuse, Forced Marriage and Honour Based Violence, Child Sexual Exploitation and Missing From Home or Care.

In addition to the classroom based sessions, online training is available through our contract with Virtual College and include courses on Understanding Pathways to Extremism and the Prevent Programme, Introduction to Female Genital Mutilation, Forced Marriage, Spirit Possession and Honour Based Violence, Basic Awareness of Child and Adult Sexual Exploitation and Trafficking, Exploitation and Modern Slavery. The MSB facilitated a CSE Champions training course in August 2017.

Neglect: during 2017/18, the Learning and Development subgroup have supported the implementation of the MSB Children's Neglect Strategy by arranging and facilitating three Neglect Strategy and Multi-Agency Levels of Need and Response Framework events. The events were well received and in total 174 professionals from across the partnership attended.

The Graded Care Profile 2 (Neglect Tool) training commenced with the initial focus being on the staff that support children and families within the pilot area of North Manchester. The Learning and Development Co-ordinators arranged and supported the facilitation of two NSPCC train the trainer sessions which were attended by 35 professionals.

Areas of Future Development:

Training delivery - the training pool that has delivered many different training sessions has reduced in number during the year due to professionals changing job roles. This will be a focus for development during 2018/19.

Training programme development – the following are areas that have been identified that require further training course development:

- safeguarding children with a disability
- children and young persons development
- young people transitioning into adulthood themed courses
- Neglect training (children and family focus).

Complex Safeguarding Subgroup

The purpose of this Subgroup is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the seven strands of complex safeguarding: Child Sexual Exploitation (CSE); Missing from home, care & education; Radicalisation & extremism; Vulnerability and Organised Crime; Modern Slavery and Violence; and Domestic Violence and Abuse, including Female Genital Mutilation (FGM), Honour based abuse and Forced Marriage. A work plan focussing on actions for all 7 strands of Complex Safeguarding was set for 17/18 - through this, actions and activities were tracked and supported. The work plan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

What has worked well?

Sexual Exploitation – there has been increased joined up working, with the ‘Think Family’ approach being better utilised, with better agency involvement and intelligence sharing from all areas.

Protect (Manchester CSE Team) has developed into a multi-agency HUB with a future challenge for this as it becomes part of the Complex Safeguarding Hub, there is also better recognition that ‘CSE’ doesn’t stop at 17 and recognition of the connection with Adult Sexual Exploitation – vulnerability surrounds both.

Training is commissioned by independent providers and there has been improved work at schools, although there is still more to do to help young people recognise their own vulnerabilities.

Missing from Home – there has been a successful Missing From Home Panel and the number of Missing From Home episodes have significantly reduced for children in Local Authority Care. Frequency of missing episodes is reducing and Independent Return Interviews (IRI) quality is improving. The timeliness of IRIs is improving, with approximately 80% being completed within 72 hours. Links are now being made between Missing From Home and Criminal Exploitation. There is good youth engagement via Unity Radio Project.

Radicalisation and Extremism – A Prevent self-assessment of compliance against the statutory duty was undertaken during this year and action plan for areas of development established e.g. Prevent training and our Channel Panel arrangements. The Home Office will now deliver its national Prevent Peer Review process in Manchester between 11-13 September 2018 to:

- assess compliance against the statutory Prevent duty through an evidence based approach to delivery (not an inspection)
- identify practical actions to improve outcomes and productivity of Prevent across the partnership
- enable good practice and learning to be shared across all areas in the country

Radicalisation and Extremism - Manchester's Channel Cases Peer Review was delivered in March 2017 and from this an action plan for improvement developed. The action plan set out a number of actions to strengthen the process for making referrals and the multi-agency support offered to vulnerable people. The action plan has been

delivered but will now need to be reviewed in light of the changes proposed through the Home Office's GM Dovetail pilot, which aims to go live in Oct 2018 and will see the transfer of Channel functions from the police to local authorities.

Vulnerability and Organised Crime – with regards to Criminal Exploitation, we have finalised a Manchester definition, policy statement, formulated a multi-agency response and commissioned a piece of analytical work.

There are crossovers between Organised Crime and Vulnerability and will certainly be a future challenge in terms of risk and demand.

Modern Slavery and Violence – A Modern Day Slavery and Trafficking subgroup has been setup to work towards a Manchester Modern Day Slavery and Trafficking Strategy, utilising workshops and frontline practitioners. Three awareness days were held by Stop The Traffik and the Strategy was launched in April 2018 alongside workshops and a train the trainer training schedule.

The Independent Child Trafficking Advocate (ICTA) scheme was launched, with Manchester having some of the highest referral figures to the service.

Domestic Violence and Abuse, including Female Genital Mutilation and 'so called Honour Based Violence'

FGM – during this period we commissioned voluntary sector groups to develop health and peer mentors in the community and deliver a Zero tolerance event and held a GM event for faith leaders to sign anti FGM pledge.

HBV - 7 minute briefing developed to raise awareness across the partnership. We extended opening hours to the community language domestic abuse helpline and commissioned Independent Choices to deliver community events and drop in sessions for awareness and support

DVA - MSB DVA policy reviewed. There has been a successful implementation of Safe and Together and a commitment for DVA specialist to be involved in all SAR/SCR's as part of the panels. Continued funding has been secured for 18/19 for Midwifery support service and IRIS funding secured to expand the programme. Funding for an LGBT IDVA post was also secured on a GM level for 2 years.

There has also been good partnership working and commitment across the DVA sector and other partner agencies.

Areas of Future Development:

Sexual Exploitation – there needs to be ongoing awareness raising in communities. We need to ensure the implementation of Making Safeguarding Personal for children. More work needs to go into having difficult conversations, identifying the risks of social media, understanding perpetrators and interventions and recognising the transition impact of CSE on adults.

Missing From Care – there is more to do in exploring the correlation between Missing From Education (MFE) and Missing From Home (MFH) – Children MFH and Care are not always seen within 72 hours and this could improve. We need a better focus on hot spot areas and outreach and intervention. A further challenge is transitions for young people going into independent living and we need to review our response to our out of area Local Authority children in care and those placed in the city from outside.

Domestic Violence & Abuse – The roll out of Safe & Together across Children's Social Care will be a priority moving forward, this will also include partner agencies. We also plan to develop an MSB FGM training offer and implement learning from DHR's.

Modern Slavery and Trafficking – A future challenge will be the launch and implementation of Manchester Modern Day Slavery and Trafficking Strategy by agencies across Manchester. We also need to ensure that Duty to notify and National Referral Mechanism (NRM) referrals are maintained. Any potential changes to the Independent Child Trafficking Advocate (ICTA) scheme may present challenges as it may move to focussing only on children trafficked into UK rather than within the UK also. We will continue to work with AFRUCA to support

Community Champions work raising awareness of Modern Day Slavery and Exploitation, including referral pathways and how to get help. This is expected to run between July 18 – July 19.

Radicalisation and Extremism - Social media and the internet – fake news and propaganda, radicalisation, effective and credible counter narratives continues to be a challenge. Some areas / agencies have lower Channel referrals and we need to understand why. We need to continue work to remove the stigma and fear of making referrals and develop confidence in people to make Channel referrals, some of this is through the refreshed training and local case studies. We will continue to support people to hold difficult conversations to develop critical thinking and resilience and improve information sharing between agencies to better understand risk as well as vulnerabilities. The roll out of GM Dovetail pilot will present challenges, along with the proposed pilot Multi Agency Centres.

9. What our partners say:

We also asked our partner agencies what they have done to support our priorities and asked them what has worked well and what their future challenges are. Extracts regarding the priorities are detailed here. Full responses are can be found here on the MSB website: www.manchestersafeguardingboards.co.uk/mscb

Engagement and Involvement – Practice Examples

Manchester City Council Children’s Services - The service has hosted bi-monthly staff engagement sessions and bi monthly management sessions. These fora provide an opportunity for the service to come together to discuss key aspects of development of services to protect children. Sessions always contain a briefing on service development. This is an opportunity to connect staff with the work of the Board and of the service. The Children’s and Education services Directorate has seven priorities one of which is to use the voice of children more systematically in influencing service. Our audits suggest we are improving in relation to capturing the voice of the child and listening to their wishes and feelings, but work here is inconsistent, in the coming year we will improve our consistency. Building on our Signs of Safety model we aim to improve our understanding and commitment to the wishes and feelings of children whilst balancing our role in protecting children and promoting their development. We have some examples of Our children influencing service design particularly in the leaving care service. Our children frequently manage the agenda of the Corporate Parenting panel, providing an opportunity for influence with senior officers and elected members of the Council. We are committed to doing more of this work. We have re commissioned our children’s rights service and now have an opt out advocacy service for children attending child protection conferences. We continue to support the change group which is made up of a number of our children (care leavers) who aim to influence the work of the Council in supporting our children.

Youth Justice Service - A key priority for the Youth Justice Service is to strengthen levels of engagement with those young people referred by the police and courts. Research into the effectiveness of Manchester Youth Justice Service shows that when we do engage a young person successfully and they complete their court ordered supervision, they are 7 times less likely to come back again. All children and young people are asked to complete self-assessments at the outset and to give their views on the service throughout their contact with us. There are ‘Participation Champions’ in each team who have been trained by Manchester Metropolitan University and they are leading the development of interactive sessions with groups of young people who will advise on changes and improvements needed within the Service and design new information leaflets for those coming into the service.

Manchester Health Care and Commissioning (MHCC) - MHCC have continued to demonstrate our commitment to safeguarding in 2017/2018. The Designated Doctor, Nurse and Head of Safeguarding are active members of all Manchester SCR's and learning reviews. The Designated Team strive to ensure the voice of the child and "think family" approach are considered in all reviews and learning's. The recommendations about the Voice of the Child and Think Family have been noted as strong themes in many of the SCR's findings. The CCG Safeguarding Team promotes and delivers the learning from SCR's in various formats across the health economy. This forms part of the CCG assurance process and ensures that lessons learnt are embedded within training.

Throughout 2017/2018 the Designated Team have continued to provide highly specialised clinical advice and expert knowledge to peers, other professionals; advanced level practitioners and agencies within the geographical area on all safeguarding concerns. The team operate a robust supervision model for all Named professionals across the Manchester health economy and ensure that the child is always central in all practice and ensure their daily lived practice and voice is paramount.

Pennine Acute Hospital Trust (PAHT) - Through involvement into care planning and risk assessments 'Voice of the Child' and evidencing this in the child's notes. This process is on the safeguarding team's audit to plan to ensure Divisions are compliant and are engaging and involving children in their care.

CASE STUDY – Youth Justice Service - When 'David' first came to the Youth Justice Service he had many difficulties in different areas of his life - his difficulty in forming and maintaining positive relationships, his lack of educational progress, one year out of education. He was described as 'highly oppositional' and at times 'controlling'. When angry, he was unable to express what was wrong and would remain in this state for several hours or go missing from home. His parents were not available to care for him so David had been placed in care over 10 years previously. His carers described how 'persistent lying' made it difficult for others to relate to him and he rarely smiled and had periods of self-harming. David was convicted of a serious, imprisonable offence and was placed by the court on a Youth Referral Order. Shortly after this, both his care and school placements broke down. He refused to engage with CAMHs and the Clinical Psychologist stated "knowing this child's history, it is hard to expect an alternative trajectory other than forensic services"(Prison).

David was viewed by his school as high risk and the Youth Justice Service assessed him as low risk. His Youth Justice Officer recognised the challenge of engaging in any meaningful way with him so discussed his details with the Drama Therapist that has been commissioned to work in Youth Justice with those children who are the most disengaged.

The Drama Therapists use high quality interventions including art, music, dance and drama with a focus on providing a safe environment for the child to relax and build a trusting relationship. For those young people who have faced trauma in their early lives, this has proved to be a more effective way to get to know them rather than conventional approaches.

In David's case, there was a direct correlation between his increased emotional well-being through the therapy and his ability to engage in positive relationships with others, and eventually, in learning activities in the classroom. His academic achievements exceeded all expectations and included 100% Attendance over two terms, good engagement in school lessons, identified creative skills helped him to engage in school curriculum, with his music teacher, is currently making a rap album with a social skills focus, in English and Maths, completed levels 1 and 2 in two terms and his aspirations have changed and he is now seeking a college placement.

Complex Safeguarding – Practice Examples

Greater Manchester Police - The City of Manchester Division is committed to establishing a new integrated partnership operating model to reduce the risk of harm and to improve the protection and safeguarding of children, young people and adults with complex safeguarding needs at risk of exploitation. This will be achieved through effective information sharing, joint working, integrated interventions and support and protective practices. The Complex Safeguarding Hub will be based at Greenheys Police Station and will focus on the following strands of exploitation: Sexual Exploitation, Modern Slavery, Criminal Exploitation, Organised Crime Groups / Serious Youth Violence

Education - Implementation of the Prevent Duty and Counter Extremism continues to be a major focus. Schools have strongly supported the approach to Prevent in Manchester which sits very firmly within mainstream safeguarding arrangements, with a range of programmes for staff, children and for parents. This is reflected by the MCC Model Safeguarding Policy for schools (annually updated) and the section 175 Safeguarding Self Evaluation Framework. The Prevent Duty is part of, and embedded within, the policy and the SEF. Tracking of schools' responses from the Prevent SEF (Sept 15) and the Safeguarding SEF (March 16 and 17) shows impact in a rise in confidence in the delivery of the Prevent Duty particularly in relation to building resilience of young people.

Education is represented on the Domestic Abuse Forum and has worked to raise awareness of partners of training and resources that are available including 'Safe and Together' and Adverse Childhood Experiences (ACEs). A number of schools are involved in the pilot project for the latter. Others have volunteered to take a lead on 'Safe and Together'.

A key development over the past year has been to improve information sharing between the police and schools/Early Years settings, through school representation on the district MARACs and the roll out Operation Encompass from September 2017. This has supported awareness of schools and Early Years settings of children who have suffered from domestic abuse and improved the offer of Early Help and appropriate interventions.

Manchester Foundation Trust - Key messages regarding priority areas have been shared across all divisions which includes Complex Safeguarding. Key priority areas established in 2017/18 are CSE (Child Sexual Exploitation), DV&A (Domestic Violence and Abuse), FGM (Female Genital Mutilation), Early Help.

Domestic Abuse, Female Genital Mutilation and Child Sexual Exploitation sub-groups are well established within MFT which link with Manchester and Greater Manchester and national policy and strategy.

Priority for 18/19 is to embed the Complex Safeguarding agenda across MFT.

Safeguarding workplans for all hospitals/MCS/MLCO include the child wishes and views in all safeguarding decisions.

Safeguarding Children champions are in place across all frontline areas.

Greater Manchester Mental Health - GMMH continues to improve awareness and understanding of complex safeguarding issues that are impacting on children: Child Sexual Exploitation (CSE), Serious and Organised Crimes and Gangs, Modern Slavery, sham marriages, Female Genital Mutilation (FGM) and Radicalisation and Extremism by providing staff with a whole range of resources.

We are committed to having arrangements in place to ensure effective training of its entire staff, which includes complex safeguarding themes within its Safeguarding Training packages.

A key focus for GGMH is to continue to promote an awareness and understanding of the safeguards in relation to Domestic Violence and Abuse (DVA) and we recognise the important role of training in working towards the elimination of domestic abuse. Both can improve service provision to women and children experiencing domestic

abuse and impact on the prevention of abuse through conveying strong and unequivocal messages about its unacceptability.

Transitions – Practice Examples

The Christie - Teenage and Young adult cancer services, key workers continue to support during the transition from children to adult services providing continuity and consistency, empowering young people to take control of their care.

Strategic Housing - Strategic Housing work in partnership with Barnardos Leaving Care Service and Manchester Move in managing a Band 1 for social housing panel. 15 young people have been housed into social tenancies via this panel since last June. Registered Providers are aware of, and use, the Escalation Policy where they feel other agencies are not responding appropriately.

National Probation Service (NPS) - The NPS second two probation officers to Manchester Youth Justice Service (YJS), who have dedicated responsibilities in coordinating transitions of young offenders supervised by Manchester YJS to the NPS and the Community Rehabilitation Company (CRC). The NPS has developed a 18-24 hub for offenders released on licences and increased the use of Intensive Community Orders for this cohort of offenders to ensure services and interventions are tailored to meet young offenders needs and designed to improve compliance and reduce re-offending. The NPS has focused on improving practitioners understanding of their responsibilities with regard to care leavers in response to recent changes to government guidelines. At a local level, a care leaver protocols are being developed to ensure that care leavers are appropriately identified when they come into contact with the Criminal Justice System or transitioning to the NPS and are offered the appropriate support as a care leaver.

PAT - Policy on management of 17 to 18 year olds is in place and the children and young people are given a choice in regards to where they want to be admitted e.g. children's or adult ward. There is a flow chart on adult and children's wards in regards to managing transitions. However, with Safeguarding Boards support more work needs to be done in regards to managing transitions from child to adult around CSE/Trafficking/County Lines/Modern Slavery/Prevent (Complex Safeguarding) and the organisation support this through safeguarding level 3 i.e. raise awareness of complex safeguarding.

CASE STUDY – Manchester Health Care and Commissioning (MHCC) - the Designated Team provides strategic support and advice for staff working across the health economy when management of individual cases is causing concern. One example of this is the case of a young person aged 17 who has autism, severe learning difficulties and is non-verbal. The work around this young person is multi-faceted and has required oversight at a strategic level to ensure the right engagement and services are in place. The benefit of the MHCC safeguarding team is the “think family” approach which has facilitated a whole age approach to care. The team is supporting staff to escalate concerns to ensure that the young person's wishes and feelings are represented and that there is a safe and smooth transition to adult services.

Neglect – Practice Examples

Education - Schools play a major part in the identification of children who may be suffering from Neglect and are the main initiators of Early Help Assessments. The MSCB multi-agency audits evidence a positive contribution and highlight good practice from an Education perspective in terms of picking up on Neglect and DVA, as well as wider safeguarding concerns.

There are examples of schools providing timely and appropriate support to the child and family in the audits, as well as being noted in Child Protection Strategy meetings and conferences. Excellent partnership working and Early Help provided by schools is also highlighted in a number of Ofsted reports published over the past year eg free access to Breakfast Clubs and linking families into Housing and Benefits.

Officers from Education teams and school staff are amongst the NSPCC Graded Care Profile 2 champions and have supported the delivery of multi-agency training sessions.

GMFRS - Both through Safe and Well delivery and also post- fire reassurance work, GMFRS staff have identified and reported many cases of neglect to local social services staff. All front line staff are equipped with the necessary knowledge and skills and access to the resources required to make appropriate referrals and to ensure the immediate safety of the individual(s) concerned.

CASE STUDY - Strategic Housing - Example of a case study from Wythenshawe Community Housing Group:

Mother, 1 adult son and 1 child under 10

Neglect – Child

WCHG were notified by GMP over the Police communications radio that there was a kitchen fire in a first floor cottage flat. When GMP arrived at the property the fire had been put out by GMFRS and had been caused by burning food. The handle had fallen off the kitchen door and trapped them in the living room and unable to turn off the oven. The property was found to be in a very poor condition, there was evidence of hoarding, animal waste all over the floor and no obvious signs of a clean living space or clear beds for the family to sleep in.

Both GMFRS and GMP were concerned for the family remaining in the property in that condition and asked WCHG if we could relocate the family temporarily whilst it was cleaned but the mother did not want to leave the property. GMP took the child into custody and placed him/her in the care of another relative and told the mother that he/she would not be returned until the property had been cleaned up. The mother had been caring for an elderly relative who had just recently passed away, was working full-time whilst looking after a child and everything had got too much for her.

An 'if in doubt shout' referral was done and the Safeguarding team contacted the assigned social worker and arranged a meeting with them and the tenant. We offered to support the tenant in clearing the property, help her to get back on her feet and the tenant agreed. Our teams arranged for a contractor to clean the bathroom and for a skip to be delivered so that the family could start clearing the rubbish out of the property. Once cleared a new kitchen and bathroom was installed and repairs were made to walls and internal doors. The Social Worker also arranged for replacement furniture. We arranged for the tenant's benefits to be reviewed and a HB claim was completed. The adult son was encouraged to make a claim for Job Seekers Allowance, his confidence was boosted and he attended a number of courses. The family now have a clean and safe home and feel grateful for the support that they received.

10. Budget

The Manchester Safeguarding Adults and Childrens Board budget was combined for 17/18. The total budget during that period was: £ **707,019.74**

A full breakdown of the budget can be found at [Appendix 4](#).

11. Future Challenges and Priorities

The MSCB reviewed its objectives and priorities from March to June 2017 and for the first time developed a shared strategic plan along with the MSAB. Each of the Boards have their own vision and objectives however the overarching strategic priority to be assured that safeguarding is effective across Manchester is shared, as are the thematic priorities, key functions and the four specific priorities of engagement and involvement, complex safeguarding, transitions and neglect.

It has been agreed that because work on this shared plan and specific priorities only really started in September 2017 that these would be carried forward into the financial year April 2018 - March 2019. The details are set out in the plan on a page which can be found at [Appendix 5](#).

After careful consideration it was decided that the previous thematic priorities of mental health, learning disabilities and substance abuse, which are much wider than safeguarding, are more appropriately addressed through other arrangements for example the Health and Wellbeing Board. It remains important however for the Board to ensure that safeguarding issues in relation to these areas are appropriately considered.

The Board has a detailed business plan to which each of the subgroups contribute to ensure that work is progressed. Other groups are established as necessary for example a locality group has been established in the North to oversee the implementation of the neglect strategy. Similar groups will be established as the roll out continues in 2018/19.

This report has demonstrated the progress made thus far on the priorities, however as indicated a number of challenges still remain. These include neglect and complex safeguarding. In order to mitigate the risk around neglect, a neglect strategy and toolkit has been developed and communication and engagement across the partnership is supported by briefings, events and workshops. There is still much work to do to raise the profile of neglect and for agencies to embed this.

In order to mitigate the risk around complex safeguarding, information on new initiatives is shared via the MSB website - including key messages, new policies and seven minute briefings on new research etc. The Board also works to ensure the focus of the impact of Domestic Violence & Abuse (DV&A) on Children and Young People is enhanced and is in line with the DV&A Strategy, with emphasis on understanding and responding to underlying causes.

The number and complexity of Serious Case Reviews presents both a challenge in terms of resources required to complete these very complex pieces of work; and also in terms of ensuring the learning across such a large number of agencies is shared and embedded changes in practice are made and sustained.

Improvements still need to be made regarding attendance at strategy meetings and engagement in child protection planning.

A system wide challenge is the number of children and young people and families who are needing support and contact from a range of services thereby supporting an Early Help approach not provided by all agencies and there are many referrals received by social care that require no further action. A piece of work is planned which is looking at the 'front door', which will focus on timely interventions being provided that are focussed on the most vulnerable children and families and reducing the number of children looked after.

An area for future consideration is the changes being made to move from Safeguarding Children's Boards to Multi-Agency Safeguarding Partnership arrangements. Whilst these do not have to be established until September 2019 at the latest, joint planning has started to take place to ensure that the close working between the two current Boards remains whilst ensuring that the future arrangements are fit for purpose. Working Together July 2018 is very clear that a child centred approach is fundamental to safeguarding and promoting the welfare of every child. It seeks to emphasise that effective safeguarding is achieved by every individual and agency playing their full part.



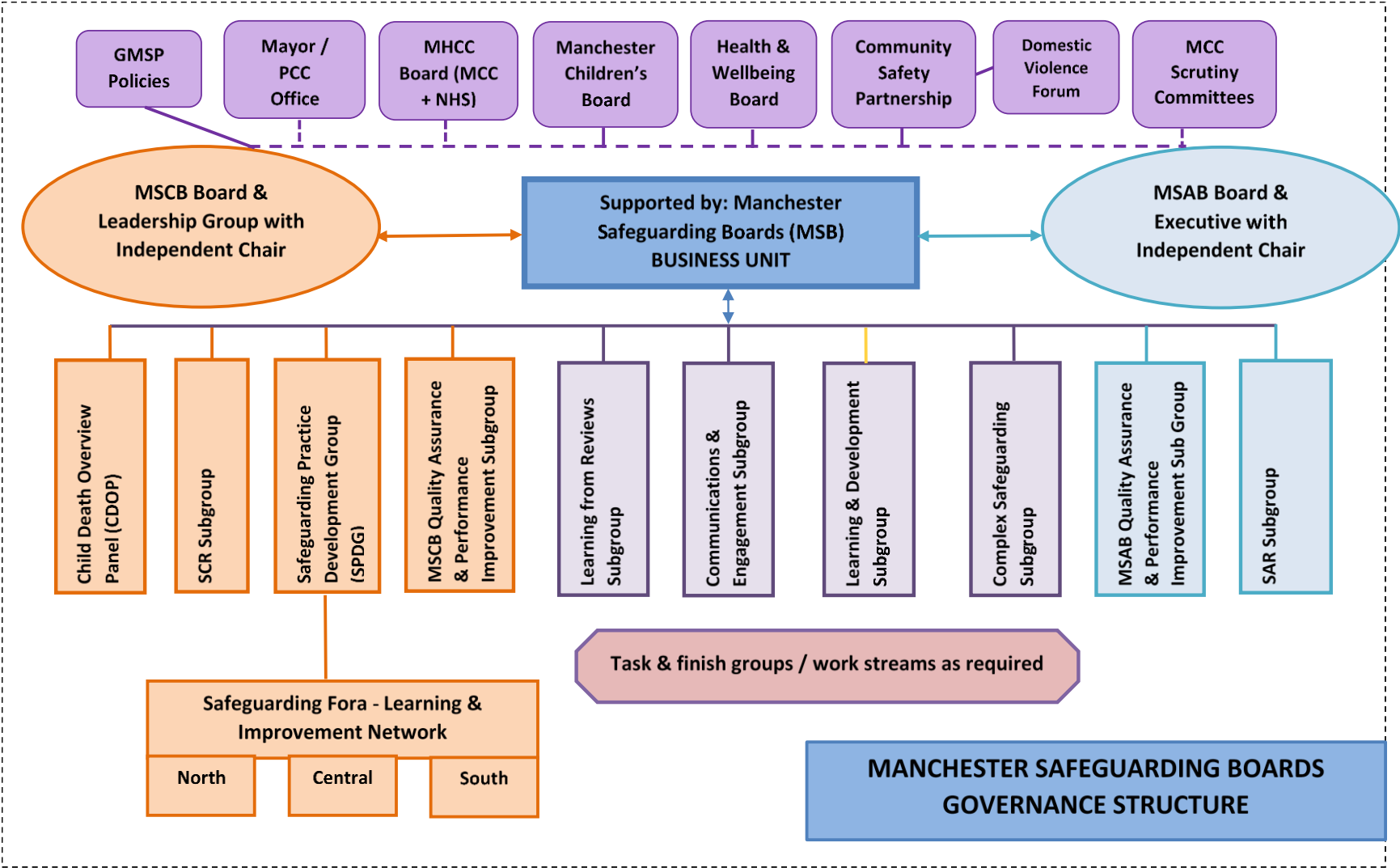
12. Glossary

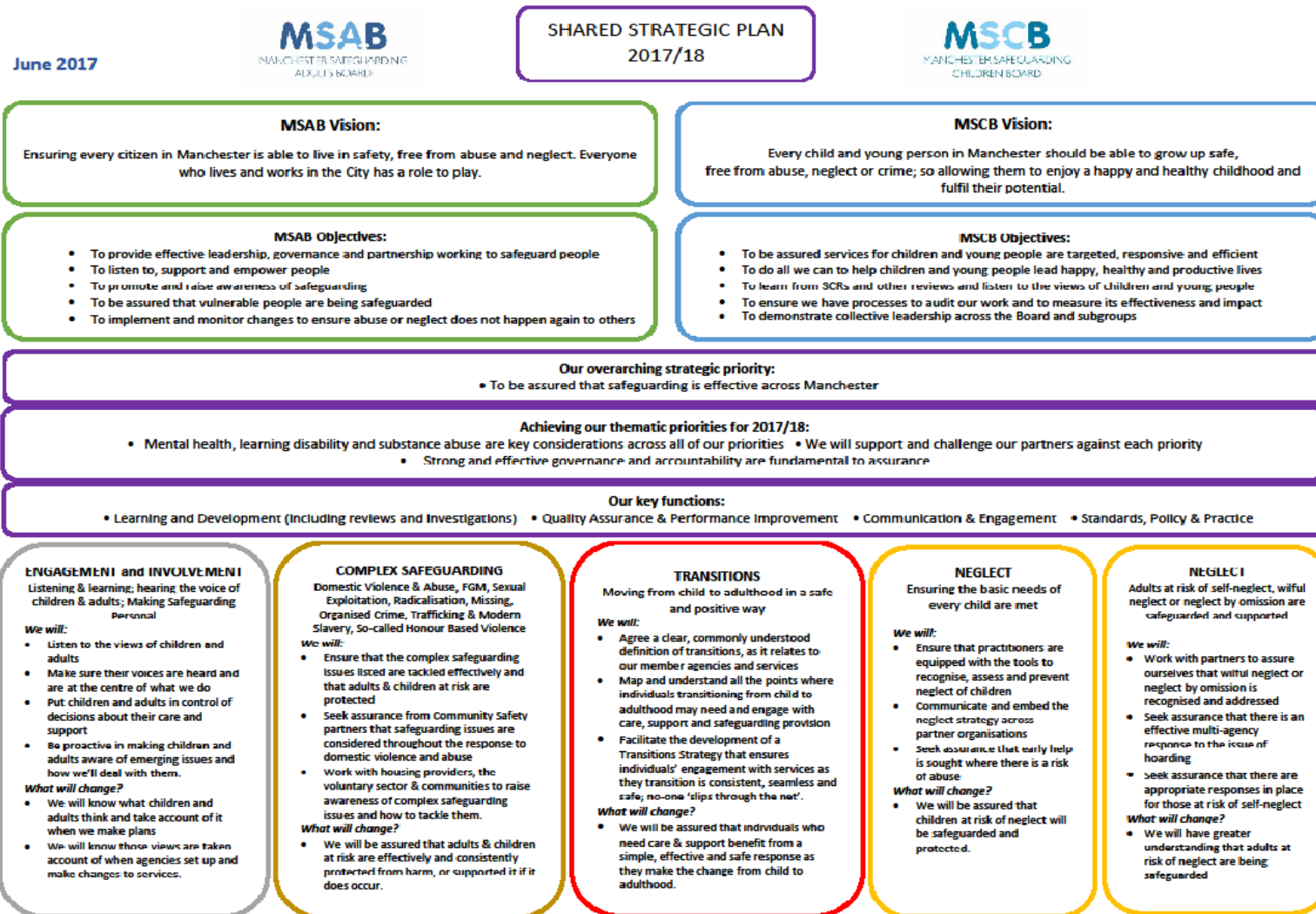
GLOSSARY			
CAFCASS	Children and Family Court Advisory and Support Service	DfE	Department for Education
CAMHS	Child and Adolescent Mental Health Service	DoH	Department of Health
CCGs	Clinical Commissioning Groups	EHA	Early Help Assessment
CDOP	Child Death Overview Panel	FGM	Female Genital Mutilation
CMFT	Central Manchester Foundation Trust	GMFRS	GM Fire and Rescue Service
CQC	Care Quality Commission	GMP	Greater Manchester Police
CRC	Community Rehabilitation Company	GP	General Practitioner
CSC	Children's Social Care	HWBB	Health & Wellbeing Board
CSE	Child Sexual Exploitation	IDVA	Independent Domestic Violence Advisor
CSP	Community Safety Partnership	IRIS	Identification and Referral to Improve Safety
LAC	Looked After Children	MFH	Missing From Home
LADO	Local Authority Designated Officer	MSAB	Manchester Safeguarding Adults Board
LSCB	Local Safeguarding Children Board	MSCB	Manchester Safeguarding Children Board
MACC	Manchester Alliance Community Care	PRU	Pupil Referral Unit
MASH	Multi-Agency Safeguarding Hub	SCR	Serious Case Review
MCC	Manchester City Council		

13. Appendices

Appendix 1

MSCB MEMBERSHIP LIST 2017/18 AS AT MARCH 2018	
Barnardos	Manchester City Council Education
Children and Family Court Advisory and Support Service (CAFCASS)	Manchester City Council Population Health and Wellbeing Team
Career Connect	Manchester Communications Academy (MCA)
Central Manchester Foundation Trust (CMFT) (Joined with University Hospital of South Manchester (UHSM) to become Manchester Foundation Trust (MFT) on 01/10/17.)	Manchester Grammar School
Clinical Commissioning Group (CCG)	National Probation Service (NPS)
Community Rehabilitation Company (CRC)	NHS England
Greater Manchester Fire and Rescue Service (GMFRS)	North West Ambulance Service (NWAS)
Greater Manchester Mental Health NHS Foundation Trust (GMMH)	Pennine Acute NHS Trust (PAHT)
Greater Manchester Police (GMP)	The Christie NHS Foundation Trust
Manchester Alliance for Community Care (MACC)	University Hospital of South Manchester (UHSM) (Joined with Central Manchester Foundation Trust (CMFT) to become Manchester Foundation Trust (MFT) on 01/10/17.)
Manchester City Council Childrens Services (MCC)	Youth Justice





Appendix 4

Manchester Safeguarding Boards For the 12 Months ending 31.03.2018			
Cost Elements	Annual Budget	Actual YTD	Var.YTD
PAY Costs			
Total Pay Costs	441,470.00	442,189.63	719.63
Non-Pay			
* Premises	7,000.00	1,659.20	-5,340.80
* Transport	2,300.00	2,615.94	315.94
* Supplies & Services	148,849.74	179,310.47	30,460.73
* Third Party Payments	101,000.00	0.00	-101,000.00
* Internal Charges	6,400.00	13,613.92	7,213.92
* Onwards Internal Trading	0.00	1,138.58	1,138.58
Non-Pay Expenditure Childrens	265,549.74	198,338.11	-67,211.63
TOTAL EXPENDITURE Board	707,019.74	640,527.74	-66,492.00
INCOME			
Miscellaneous Income	0.00	-50.00	-50.00
MCC Education	-71,000.00	-71,000.00	0.00
MCC Housing	-9,450.00	-9,450.00	0.00
MCC Other	94,500.00	0.00	-94,500.00
Total Contribution from MCC	-174,950.00	-80,450.00	94,500.00
National Probaton Service		-4,381.86	-4,381.86
NHS	-52,400.00	-52,400.00	0.00
Cafcass	-550.00	0.00	550.00
GMCA(GM Police)	-38,800.00	-64,282.00	-25,482.00
External Income	-91,750.00	-121,063.86	-29,313.86
Interest	0.00	96.31	96.31
Contribution from MCC General Fund	-440,319.74	-440,319.74	0.00
Total Revenue Income	-707,019.74	-641,787.29	65,232.45
Over/Underspend	0.00	-1,259.55	-1,259.55

April 2018



SHARED STRATEGIC PLAN 2018/19



MSAB Vision:

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

MSCB Vision:

Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCR's and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our priorities for 2018/19:

- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Ensure the views of children and adults are listened to
- Ensure their voices are heard and are at the centre of the decisions we make
- Ensure children and adults are in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will take the views of children and adults into account when the Board makes decisions.
- We will see greater involvement of children and adults in decisions about their future.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Ensure partners are aware of the agreed transitions definition, as it relates to our member agencies and services.
- Ensure support is provided at all the points where individuals transitioning from child to adulthood may need care and support and provide any safeguarding requirements.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

CHILD NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

ADULT NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will be assured that adults at risk of neglect are being safeguarded.

MANCHESTER SAFEGUARDING ADULTS BOARD



2017/2018 Annual Report

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

This Annual Report was endorsed by Manchester Safeguarding Adults Board on 6th September 2018.

The report is produced by Manchester Safeguarding Adults Board (MSAB)

It reports on matters relating to the preceding to 2017/18.

The report includes lessons from reviews undertaken within the reporting period.

In addition to being made available to the public, this report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the Boards work or wish to find out more you can contact MSAB: - Manchester Safeguarding Adults Board on 0161 234 3330 or email: manchestersafeguardingboards@manchester.gov.uk

Large print, interpretations, text only and audio formats of this publication can be produced on request. Please call on 0161 234 3330



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1. Chair Foreword

Welcome to the annual report of Manchester Safeguarding Adults Board (MSAB) which covers the period April 2017 to March 2018.

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

The format for this year's report has changed to focus on the progress being made by the Board, Sub groups and partners towards the Board priorities. There are six sub groups of the Board, four of which are joint with the Manchester Childrens Safeguarding Board (MSCB) clearly demonstrating the areas of overlap particularly with regard to the many areas of Complex Safeguarding. I am grateful to all those who chair and sit on these groups. This year we also developed a shared strategic plan with the MSCB.

The report also details findings from two safeguarding adult reviews, performance information and identifies joint approaches taken to issues of concern.

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." Our Trust Your Instinct campaign was one example of how we have been working with professionals to raise awareness.

Whilst there is much more to do the detail in this report signifies that we are establishing a firm foundation and raising awareness of the importance of Safeguarding in the city.

J. B. Stephens-Row

Julia Stephens-Row

Independent Chair of Manchester Safeguarding Adults and Children Boards

August 2018



2. Executive Summary

This report details the progress we have made around all of our priorities set at the start of 2017 in the 2017/18 Business Plan, along with the areas identified as future challenges relating to individual and multi-agency safeguarding arrangements. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of adults, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later within this report.

The 2017/18 priorities were set at a joint Board event (with the MSCB) in April 2017.

We chose four main priorities:

- Engagement and Involvement
- Complex Safeguarding
- Transitions
- Neglect

During the 2017/18 period, MSAB published two Safeguarding Adult Reviews: SAR AA and SAR CA which are summarised at section 7. The Board screened five cases during 2017/18, two of which were found to meet SAR criteria and for which reviews are underway, two of which were found not to meet SAR criteria and for which Learning Reviews are underway and one of which was found not to meet SAR criteria and requiring no further action.

A Making Safeguarding Personal (MSP) desktop audit was undertaken by the Board between October to November 2017. The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit. The action plan then formed part of the MSAB Business Plan to ensure continued focus.

The “*Trust Your Instinct*” Campaign was launched. This campaign is aimed at all members of society, from members of the public to safeguarding practitioners.

In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs, known as the PoT Policy.

The Interboard Protocol was launched in July 2017. This protocol outlines the co-operative relationship between the Manchester Children’s Board, (MCB), the Manchester Community Safety Partnership (MCSP), the Manchester Health and Wellbeing Board (MHWB), the Manchester Safeguarding Adults Board (MSAB) and the Manchester Safeguarding Children Board (MSCB) in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults in Manchester. The aim of this protocol is to ensure that the core principles underpin how the five Boards and other partnership forums operate and work together.

3. About Manchester

The latest population statistics for Manchester, taken in mid-2017, show that 70.5% of the Manchester population is aged between 16 – 64 years of age and 9.3% aged 64 and over. This is a large section of the population and gives rise to significant and wide ranging safeguarding challenges.

Section 42 and safeguarding enquiries - SOURCE: Manchester City Council Safeguarding Adults Collection (SAC) 2017/18):

Section 42 enquiries - these are defined as where a concern (alert) results in a full safeguarding investigation.

Completed section 42 enquiries – these are defined as where an investigation has been concluded and outcomes agreed.

Safeguarding Concerns – defined as a concern for the safety of an individual.

During 2017/18 there were:

- 7693 safeguarding adult concerns raised, 1513 of which progressed to enquiry.
- 2976 DoLs (Deprivation of Liberty Safeguards) were requested, 1040 of those were granted.
- increase of 35.9% in the number of concerns from 5,969 in 2016/17, to 8,110 in 2017/18. (This is the 4th consecutive year of increase in the number of reported concerns as a total).
- increase of 36.5% (435) in the number of enquiries from 1,189 in 2016/17, to 1,624 in 2017/18.

This increase in activity is likely to be the result of the new adult MASH team.

Adult safeguarding completed enquiries:

- 315 - physical abuse
- 93 for sexual abuse
- 261 for psychological abuse
- 370 for financial or material abuse
- 8 for discriminatory abuse
- 39 for organisational abuse
- 506 for neglect and acts of omission
- 49 for domestic abuse
- 12 for sexual exploitation.

Population Health

The Manchester Population Health Plan is the City's overarching plan for reducing health inequalities and improving health outcomes for our residents which will reduce safeguarding risks in the population. Much of 2017/18 was spent developing the plan and consulting with a wide range of stakeholders. The plan can be found here:

www.manchester.gov.uk//health_and_wellbeing/public_health

The Plan, with five priority areas for action, has been developed in partnership with a wide range of stakeholders and is an integral component of the refreshed Locality Plan, "Our Healthier Manchester".

The five priorities

1. Improving outcomes in the first 1,000 days of a child's life
2. Strengthening the positive impact of work on health
3. Supporting people, households, and communities to be socially connected and make changes that matter to them
4. Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
5. Taking action on preventable early deaths

reflect the wider determinants of health that underpin social and economic wellbeing to support safe and connected communities. In addressing the safeguarding needs of vulnerable adults we need to address a complex range of factors throughout an individuals' lifetime such as parenting capacity, development/educational issues, housing, employment and income, social integration and support, drug and alcohol misuse, and issues related to service provision or uptake.

4. Statutory Framework and how we deliver

This annual report is compiled in line with the Care Act 2014 and details achievements and progress made and considers forward planning to address emerging themes and any developing risks and challenges.

Manchester Safeguarding Adults Board meets every two months and focuses on how we are implementing the Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for our adults.

Board members are required to commit to 80% attendance at meetings over the year period. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2018 can be found at [Appendix 1](#).

The Board has statutory responsibility for completing Safeguarding Adults Reviews (SARs) by overseeing the screening, conduct and publication of SARs and other learning reviews. This work is supported by the Safeguarding Adult Review Subgroup, Learning from Reviews Subgroup and the Learning and Development Subgroup.

Other Subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSAB Executive Group manages the Board's business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the Risk Register and the budget, along with any reports that will be presented to the Board. The group also, where necessary, commissions policy or practice task and finish groups to examine specific cases or areas of practice more fully.

The Governance Structure for Manchester Safeguarding Board can be found at [Appendix 2](#).

The Board and Subgroups are supported by the Manchester Safeguarding Board Business Unit.

The Board support for the MSAB has been through significant change in the last year. There was one member of staff who was dedicated to supporting the MSAB and also leading on Safeguarding Adult Reviews. This has now been changed to having one member of staff supporting both Boards and one member of staff leading on Safeguarding Adult reviews and Serious Case Reviews (children). The changes were brought about as each of the previous roles had a number of overlaps and the changes seem to be working well. It will be important to monitor the workload requirements of both roles.

There is now a permanent MSB integrated board manager, and a new part time role focussing on learning and development for the adult workforce which has been much needed.

Future challenges:-

The team are focusing on mapping the current systems in Manchester to ensure that they are appropriate. Moving forward, part of this system review will link in to the wider GM strategy and build a more collaborative working arrangements including the system of selecting and nominating reviewers for SARs.

It should be noted that as a result of the legislative changes introduced through the Children and Social Work Act 2017, the Government sent out consultation in October 2017 detailing revisions to the current Working Together Statutory Guidance. Following this, the Government proposes to update and replace the current statutory guidance as 'Working Together to Safeguard Children 2018.'

This signifies an interesting year ahead as the changes include replacing Safeguarding Children's Boards with new partnership arrangements. It will be important to ensure that any changes do not adversely impact on the work of the MSAB and continue to build on the joint working achieved thus far.

5. Our Priorities for 2017/18

The 2017/18 MSAB Business and Strategic Plan was set out by the Board early in 2017, detailing priorities and actions for the forthcoming year. The 2017/18 strategic plan can be found at [Appendix 3](#).

We chose four main priority areas:

Engagement and Involvement - Listening & learning; hearing the voice of adults; Making Safeguarding Personal

We will:

- Listen to the views of adults
- Make sure their voices are heard and are at the centre of what we do
- Put adults in control of decisions about their care and support
- Be proactive in making adults aware of emerging issues and how we'll deal with them

We have:

- Undertaken a Desktop audit – Making Safeguarding Personal
- ensured that Making Safeguarding Personal has been given greater focus in 2018/19
- Engaged with a range of service users in helping set priorities and actions in the business plan

What will change?

- We will know what adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

Complex Safeguarding - Domestic Violence & Abuse (DV&A), Female Genital Mutilation (FGM), Sexual Exploitation, Radicalisation, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

We have:

- Held a series of awareness multi agency awareness raising events on modern slavery and trafficking and developed a Manchester Modern Slavery and Trafficking Strategy
- Requested that the Community Safety Partners provide the Complex Subgroup with thematic updates on all of the complex work streams and the Board received six monthly updates on issues of concern.

What will change?

- We will be assured that adults at risk are effectively and consistently protected from harm, or supported if it does occur.

Transitions - Moving from child to adulthood in a safe and positive way

We will:

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

We have:

- held a multi-agency transitions workshop with further actions to continue into 2018/19

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

Neglect - Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

We have:

- promoted the finding of a Safeguarding Adult Review which had an element of self-neglect
- agreed a Task and Finish group to start work on Manchester's Self Neglect Strategy, including hoarding

What will change?

- We will have greater understanding that adults at risk of neglect are being safeguarded

6. What have we done?

Trust Your Instinct Campaign

The "*Trust Your Instinct*" Campaign was launched - this campaign is aimed at all members of society, from members of the public to safeguarding practitioners. Further details about the campaign can be found on our website at: <https://www.manchestersafeguardingboards.co.uk/resource/trust-your-instinct>

Adult MASH (Multi Agency Safeguarding Hub) - In April 2017 the Adult MASH was implemented to respond to adult safeguarding concerns. The MASH undertakes the initial assessment of new/closed/review Safeguarding Adults Concerns. This involves working with the citizen where possible, to respond to and prevent harm or abuse from occurring and ensuring appropriate recommendations are made for follow up by the respective agencies in the community.

Positions of Trust Policy – In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs (PoT). The Policy is a multi-agency policy and is based upon the North West Policy which was developed and based upon the West Midlands Adult Position of Trust Framework: A Framework and Process for responding to allegations and concerns against people working with adults with care and support needs, which was ratified by the North West ADASS Regional Safeguarding Group.

The policy can be found here: www.manchestersafeguardingboards.co.uk/msab-pipot-policy

High Risk Protocol - The protocol provides a framework for working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. This was published by the MSAB in March 2018.

The protocol can be found in this section of our website:

www.manchestersafeguardingboards.co.uk/msab-multi-agency-policy-procedures

Making Safeguarding Personal - A desktop audit was undertaken by the Board between October to November 2017 regarding Making Safeguarding Personal (MSP). The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit.

Some strengths were identified - At Manchester City Council, MSP is undertaken in a manner that reflects the individual need with consideration being given to an appropriate method of communication, language, relative/carers etc with access to interpreters, equipment and advocates, to enable the individual to participate fully in the process. Within the Greater Manchester Mental Health NHS Foundation Trust (GMMH), audits are completed on a monthly basis and feedback given to both practitioner and manager regarding MSP elements. Capacity, best interest, and advocacy prompts have been incorporated onto systems. Within Greater Manchester Police, specialist officers understand the role of appointed representatives and mental capacity advocates under the Mental Capacity Act 2005, they understand and refer to Independent Domestic Violence Advisor (IDVA), and have processes in place to make appropriate referrals.

An area which appears to be fully understood across the partnership is the need to elicit customer feedback. There are a number of methods used and a variety of ways that the information is used.

Some recommendations were made that:

The partnership should consider the implications of MSP for their organisation in terms of culture change and learning needs.

All agencies should work in collaboration with other partners to safeguard vulnerable adults placing the wishes of the person at the forefront of any decisions

Learning and development around MSP can be delivered using a range of methods, including staff briefings, practice forums, case discussions, identifying champions, peer and group supervision, practice and feedback, and promotion of reflective practice.

Policies, procedures, and training programmes are in place for Safeguarding Adults, Deprivation of Liberty Safeguards (DoLS), referrals to Independent Mental Capacity Advocate (IMCA). Best Interest decisions include a relative, friend, or advocate. Where this work has not yet been completed, there are plans to do so.

Clear metrics by which to measure the impact of MSP within each agency must be established, which will help refine recording systems.

Work is ongoing in all of these areas and will move into 2018/19 as a priority, with a Task and Finish group being set up to fully consider this area.

7. Safeguarding Adults Reviews and Lessons Learned

The Care Act 2014 requires that a Safeguarding Adult Review (SAR) is carried out when the following criteria are met:

There is reasonable cause for concern about how MSAB members or other agencies providing services, worked together to safeguard an adult;
and the adult has died, and the MSAB 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, the adult is still alive, and the MSAB knows or suspects that the adult has experienced serious abuse or neglect.

Cases Meeting SAR Criteria		
SARs that have been conducted and have concluded, and Reviews have been published in 2017/2018	2 cases	SAR AA and SAR CA
SARs that have been screened in 2017/2018 and found to meet SAR criteria and reviews are currently underway	2 cases	
SARS that were screened prior to 2017/2018 and placed on hold due to parallel court proceedings and which have resumed during 2017/2018	1 case	

Cases not meeting SAR criteria		
Learning Review concluded 2017/2018	1 case	
Learning Review underway 2017/2018	2 cases	
No review action required (case does not meet SAR criteria and no further action required)	1 case	

Published Reviews

SAR AA (published December 2017 - www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews)	
<p>Key Themes: Neglect</p> <p>Adult AA was found in a state of extreme ill health and neglect in their parents' home suffering from sepsis, acute malnutrition, acute renal failure and other health issues. It is alleged that Adult AA lost all contact with the outside world in 1995, prior to which they had had minimal contact with their GP and no contact had been recorded after 1984. Adult AA spent 12 months in hospital before being determined as medically fit and is now making positive progress.</p>	<p>Key Findings and Learning</p> <p>Overall the review determined that this was a highly unusual set of circumstances in which there was no clear opportunity to safeguard Adult AA. There are no statutory health screening systems in place for adults and no requirement for GPs to assertively follow up non-attenders. It is possible for an adult post-18 to become invisible within society without professional knowledge. The window of opportunity for intervention is around the ages 15-18.</p> <ul style="list-style-type: none"> The period when Adult AA lost contact with the outside world is historic and current working practices relating to young people aged 15 – 18 now provide clear safety nets around children missing from education.

	<ul style="list-style-type: none"> • The MSAB ensures that community Awareness safeguarding campaigns continue and give due regard to 'invisible people'; • Adult AA's case is to be used as a case study to test Manchester's current Transitions processes and the findings of the Review to be shared across Adult's and Children's services.
Learning Activities A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as A1) to disseminate the findings and learning from this review.	Actions All the actions associated with the recommendations for SAR AA have been signed off as complete by the Learning From Reviews subgroup. These include - the "Trust Your Instincts" campaign with booklets and posters raising awareness about safeguarding children and vulnerable adults has been launched. The Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. Policies and procedures relating to children missing education have been strengthened to protect vulnerable children who stop going to school.

SAR CA (published March 2018) – www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews

Key Themes: Mental Health, DVA Adult CA was aged 22 year old and had been known to mental health services since the age of 16; they had a history of anxiety, self-harm, alcohol and substance misuse. Adult CA was under the care of adult psychiatry outpatients. Adult CA had been impacted by domestic abuse in her life, by experience as an adult and by witnessing it as a child. In 2016 Adult CA was taken to hospital after self-harm and an overdose. Later in 2016, after having been out celebrating their birthday CA died as a result of suicide.	Key Findings and Learning The review concluded that: <ul style="list-style-type: none"> • Improved communication and greater coordination of the agencies working with Adult CA, including the identification of a lead agency would have been beneficial; • A safeguarding referral could have been made by the agencies who had contact with CA when they initially made threats to kill themselves; • There was no central point of contact, no identified lead agency, and on occasion an absence of effective and timely information sharing • The waiting list for psychological therapy was significant and is of concern • Adult CAs acts of self-harm were not always perceived as high risk. Recommendations included: <ul style="list-style-type: none"> • MSAB should issue a multi-agency referral pathway & guidance that stipulates the responsible agency for making referrals; • CA's case is tested by the Adult MASH to determine how they would be responded to today; • Assurance is sought regarding waiting list management of psychological therapy referrals; • Domestic abuse services should consider a 'think family' approach, and where there are concerns that a perpetrator has experienced DA, these should feature in MARAC discussions and support or safety measures put in place.
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<p>Learning Activities</p> <p>A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews</p> <p>A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as C1) to disseminate the findings and learning from this review.</p>	<p>Actions</p> <p>Most of the actions relating to SAR CA have been signed off as complete by the Learning From Reviews subgroup. These include - the Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. The MARAC Review includes recommendations and actions related to perpetrators and this has been presented at Domestic Abuse Strategic Group. Manchester Health and Care Commissioning (MHCC) confirms that a significant amount of additional resource has been agreed for Improving Access to Psychological Therapies (IAPT) as part of the three year investment framework.</p>
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Learning Reviews

In addition to the statutory reviews that have been published or are underway, MSAB has also conducted three learning reviews during 2017/18, one of which has been concluded. The subject of this learning review was the mother of a child who had been the subject of a SCR. The SCR process had highlighted concerns about whether effective safeguarding of a vulnerable adult with mental health concerns had been carried out effectively, in the period leading up to and during a mental health crisis.

Learning from the review included:

- MSAB and MSCB should maximise the opportunities offered by holding joint reviews in cases where there are adult and child safeguarding issues requiring deeper analysis;
- The importance of a person centred approach rather than a system only approach, especially where there are issues of non-compliance
- It should always be possible to retrieve historical data about services involved in the provision of care to vulnerable adults;
- Professionals providing services should understand the issues of equality and diversity and should provide learning opportunities to increase awareness of the impacts of Post-Traumatic Stress Disorder (PTSD) on adults and families with refugee status when working with adults with refugee status. Adjustments should be made in recognition.
- When statutory child protection intervention involves children of parents with vulnerabilities it is crucial that an advocate is identified to support the adult/parent during the process.

8. Progress against our Business Priorities

We asked our Subgroups to provide updates as to how they have contributed to these priorities, by sending out a proforma detailing our priorities and asking what has worked well and any future challenges. The subgroups discussed these and responded accordingly. Extracts from the responses are detailed below. The full responses can be found on our website here: www.manchestersafeguardingboards.co.uk/msab-annual-reports

Learning from Reviews (LfRSG)

This subgroup has the responsibility for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and also specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).

Areas of Future Development - this is a new subgroup that was formed in September 2017 and it has taken several months to set the parameters of how the group will operate. For example: as the group evolved it became clear that membership needed to be extended to include Adult Social Care, Probation and a representative for Domestic Violence & Abuse. The Terms of Reference had to be amended and agreed and a permanent Chair and Deputy needed to be secured. There have been issues with the quality of action plans arising from reviews which makes it difficult to monitor the implementation of actions, this has been fed back to the strategic Board and plans are in place to address the problem of actions not being SMART. The subgroup is still in development in terms of being able to evidence changes in practice arising from learning from Safeguarding Adult Reviews (SAR). As the subgroup becomes embedded there will be an opportunity for future development in terms of thematic analysis of learning that will inform the Boards' Business Plan.

Communication and Engagement

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

This subgroup was formed to:

- maximise communication and engagement opportunities between MSB partners and external stakeholders
- provide a forum to share communication & engagement expertise

The subgroup will:

- act in a consultative capacity for the MSAB on communication and engagement activities
- allocate or respond to the work of other MSB subgroups
- offer support and advice to the planning and development of communication & engagement activities
- develop the MSB Communications & Engagement Strategy on behalf of the Boards
- offer expert advice and support to the MSB Communications Manager.

In keeping with revised MSB Business Plan the long term priorities will be:

1. Modern Slavery Strategy – MSAB & MSCB
2. MSP Service User Groups – MSAB.

Practice example – what has worked well?

- the MSCB website was replaced by a new MSB website www.manchestersafeguardingboards.co.uk in January 2017; the website was then remodelled and all content refreshed in June / July 2017. Website analytics for 1.4.17 to 31.3.18 show the website had 31,602 users.
- marketing and communications activity for 2017/18 focused on MSB materials such as Trust Your Instinct and national campaigns.
- in June 2017 the MSB Twitter feed @McrSafeguarding was launched to support the integrated MSB website.

Learning and Development (L&D)

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted Multi Agency Training programme that incorporates learning from SAR.

Engagement and Involvement:

1 SAR event which covered two SAR's was delivered with 38 professionals attending. This event and presentations were delivered and developed by the independent chair of the two reviews. This ensured that the key themes were identified and learning shared with those in attendance.

Complex Safeguarding: The learning and development programme delivered by the MSB includes a classroom based training programme incorporating courses on Awareness of Domestic Violence and Abuse, Forced Marriage and Honour Based Violence. In addition to the classroom based sessions; online training is available through our contract with Virtual College and include courses on Understanding Pathways to Extremism and the Prevent Programme, Introduction to Female Genital Mutilation, Forced Marriage, Spirit Possession and Honour Based Violence, Basic Awareness of Adult Sexual Exploitation and Trafficking, Exploitation and Modern Slavery.

What has worked well?

L&D Safeguarding Training Coordinator (Adults) – Successful recruitment occurred early in quarter 4 to the part time (17.5 hrs) post of Safeguarding Training Coordinator week commencing 12th February. Initial work commenced on:

- Planning Adult Safeguarding conference focussed on Making Safeguarding Personal (delivered in June 2018)
- Research for the adult safeguarding training offer
- Review of SAR commissioning process

Face to Face Training - A total of 1612 professionals attended learning events or training courses for adults and children in 2017/18 which is a 9.5% increase on the previous year. The numbers of non-attendees has decreased to 15.2% (compared to 16.6% last year). MSB L&D Website - The updated training website was launched in Summer 2017 and is proving popular and easier to access (mobile device friendly). The Impact Evaluation Questionnaire has been embedded into the training website alongside an improved reporting tool and automated back office features.

New Training Courses – Money Management for homeless young people (2 courses delivered as part of a national one off project) and Introduction to Loss Grief and Bereavement which is delivered by Bereavement UK at no cost and has been included into the training programme.

Online Training – MSB has a contract with Virtual College and provides access to over 50 adult and children safeguarding training courses. A total of 5475 courses were accessed and 4924 courses were completed in 2017/18 this is an increase of 22% from last year and a 178% increase in 2014/15 (when 1,765 courses completed) and self-registration was first introduced. The course completion rate was 90% which has improved from a 76% pass rate last year. This is a significant improvement on last year and reflects the pro-active work in promoting online learning (3000 posters were printed and distributed) and the linking of the training and online learning websites.

Online Training Feedback – All learners who complete a module (training course) have to provide feedback to obtain the training certificate. 95% of learners found the modules easy to access and navigate and 97% would recommend the course to other colleagues.

Impact Evaluation (IE) Reports (Face to Face Training) – Two IE reports for 2016/17 (Neglect and Parental Mental Health and Safeguarding Children) are completed, report and recommendations are pending L&D Sub Group approval. Two IE reports for 2017/18 have been completed, pending L&D Sub Group approval (Awareness of Domestic Violence and Abuse) one using data collected via a telephone survey and one using the online Impact Evaluation Questionnaire and these reports will be compared and considered by the L&D Sub Group for future reporting purposes.

Impact Evaluation of Online Training – A total of 434 module feedback was provided which represents 8.7% of completed course modules this is a slight decrease from last year when 10% provided feedback. When asked if participation in the e-learning supported them to make measurable improvements to their work practice 78% agreed. Over 86% assessed their confidence in applying the learning to their practice had improved since completing the training.

Areas of Future Development:

Training delivery - The training pool that has delivered many different training sessions has reduced in number during the year due to professionals changing job roles. This will be a focus for development during 2018/19.

Training programme development – The following are areas that have been identified that require further training course development:

- Young people transitioning into adulthood themed courses
- Neglect Training (children and family focus)
- Safeguarding Adult basic awareness

Training Non-attendance - Although non-attendance has decreased overall (15.2%) the largest non-attenders are MCC Children and Families who have a 43% non-attendance rate which has increased from 24.5% last year. These statistics are based on adults and children.

Impact Evaluation Reports: The MSB L&D team aim to undertake impact evaluation reports 3 months following course delivery. Due to limited resources in the business unit, completion of the telephone surveys has been a challenge. Online Impact Evaluation for face to face training was piloted and will be used for future courses.

Trainee online Feedback for face to face Training Courses: Due to limited business support post course online feedback to trainers has been inconsistent.

There is currently a vacant Business Support post and once filled, these areas will be addressed.

Complex Safeguarding

The purpose of this group is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the seven strands of complex safeguarding: Child Sexual Exploitation (CSE) and Sexual Exploitation (SE); Missing from home, care & education; Gangs & violence; Modern Slavery & Trafficking; Radicalisation & extremism; Female Genital Mutilation (FGM); and Honour Based Violence (including Forced Marriage)

A workplan focussing on actions for all 7 strands of Complex Safeguarding was set for 17/18 - through this, actions and activities were tracked and supported. The workplan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

What has worked well?

The group has met regularly and shared updates with all boards. Progress has been made against all actions, with clear plans set for future working and productivity. Recognising the impact of the work we undertake is a priority moving forward.

There has also been good partnership working and commitment across all key sectors and other partner agencies.

Sexual Exploitation – there has been increased joined up working, with the 'Think Family' approach being better utilised, with better agency involvement and intelligence sharing from all areas.

Protect (Manchester CSE Team) has developed into a multi-agency HUB with a future challenge for this as it becomes part of the Complex Safeguarding Hub, there is also better recognition that 'CSE' doesn't stop at 17 and recognition of the connection with Adult Sexual Exploitation – vulnerability surrounds both.

Training is commissioned by independent providers and there has been improved work at schools, although there is still more to do to help young people recognise their own vulnerabilities.

Radicalisation and Extremism – Manchester's Channel Cases Peer Review was also delivered in March 2017 and from this an action plan for improvement developed. The action plan set out a number of actions to strengthen the process for making referrals and the multi-agency support offered to vulnerable people. The action plan has been delivered but will now need to be reviewed in light of the changes proposed through the Home Office's GM Dovetail pilot, which aims to go live in October 2018 and will see the transfer of Channel functions from the police to local authorities.

Channel referrals have improved. It is recognised that some of this is due to the impact of the Manchester Arena attack and subsequent investigations but also because more people are aware of the referrals process and who they can speak to for advice. The referring agencies have also become more diverse and we are moving away from just police based referrals. Health, schools, colleges and the Local Authority (LA) are also referring.

Manchester is committed to engaging with communities on sensitive and challenging issues relating to extremism, radicalisation and terrorism. The city's RADEQUAL campaign is the city's response to building community resilience to prejudice, hate and extremism. It is about empowering and enabling organisations and communities to come together to challenge prejudice, hate and extremism. The campaign has been successful in establishing a community network which comes together regularly to critically think about the difficult issues and come up with community solutions.

Vulnerability and Organised Crime – with regards to Criminal Exploitation, we have finalised a Manchester definition, policy statement, formulated a multi-agency response and commissioned a piece of analytical work.

There are crossovers between Organised Crime and Vulnerability and will certainly be a future challenge in terms of risk and demand.

Modern Slavery and Violence – A Modern Day Slavery and Trafficking subgroup has been set up to work towards a Manchester Modern Day Slavery and Trafficking Strategy, utilising workshops and frontline practitioners. Three awareness days were held by Stop The Traffik and the Strategy was launched in April 2018 alongside workshops and a train the trainer training schedule.

Domestic Violence and Abuse, including Female Genital Mutilation and 'so called Honour Based Violence'

FGM – during this period we commissioned voluntary sector groups to develop health and peer mentors in the community and deliver a Zero tolerance event and held a GM event for faith leaders to sign anti FGM pledge.

HBV - 7 minute briefing developed to raise awareness across the partnership. We extended opening hours to the community language domestic abuse helpline and commissioned Independent Choices to deliver community events and drop in sessions for awareness and support

DVA - MSB DVA policy reviewed. There has been a successful implementation of Safe & Together and a commitment for DVA specialist to be involved in all SAR/SCR's as part of the panels. Continued funding has been secured for 18/19 for Midwifery support service and IRIS funding secured to expand the programme. Funding for an LGBT IDVA post was also secured on a GM level for 2 years.

There has also been good partnership working and commitment across the DVA sector and other partner agencies.

Areas of Future Development:

Sexual Exploitation – there needs to be ongoing awareness raising in communities. More work needs to go into having difficult conversations, identifying the risks of social media, understanding perpetrators and interventions and recognising the transition impact of CSE on adults.

DV&A – The roll out of Safe & Together will be a priority moving forward, to include partner agencies. We also plan to develop an MSB FGM training offer and implement learning from DHR's.

Modern Slavery and Trafficking – A future challenge will be the launch and implementation of Manchester Modern Day Slavery and Trafficking Strategy by agencies across Manchester. We also need to ensure that Duty to Notify and

National Referral Mechanism (NRM) referrals are maintained. We will continue to work with AFRUCA to support Community Champions work raising awareness of Modern Day Slavery and Exploitation, including referral pathways and how to get help. This is expected to run between July 18 – July 19.

Radicalisation and Extremism - Social media and the internet – fake news and propaganda, radicalisation, effective and credible counter narratives continues to be a challenge. Some areas / agencies have lower Channel referrals and we need to understand why. We need to continue work to remove the stigma and fear of making referrals and develop confidence in people to make Channel referrals, some of this is through the refreshed training and local case studies. We will continue to support people to hold difficult conversations to develop critical thinking and resilience and improve information sharing between agencies to better understand risk as well as vulnerabilities. The roll out of GM Dovetail pilot will present challenges, along with the proposed pilot Multi Agency Centres.

Quality Assurance Performance Information (QAPI)

The priority for MSB QAPI over the last 12 months has been to develop the data set of information compiled from various agencies into a usable and effective suite of measures. This has been mostly achieved now following contributions from a range of agencies as part of the QAPI group. The data has assisted the group in being able address questions of accountability as well as prevention learning and improvement.

There is now a comprehensive multi-agency dataset in place. The dataset now has enabled the review and collation of two full years of data from 2016-2018 from a range of agencies including Social Care, GMP, Manchester Health & Care Commissioning, and Manchester Foundation Trust. This has included really positive information on the GP IRIS (Identification & Referral to Improve Safety) programme which is a success story in as much that 100% of GPs are now trained in IRIS and the number of referrals to support services made by all GPs in one year has increased from 6 to 785.

A joint MSCB / MSAB multi-agency case file audit on the theme of DVA was completed in April 2017 and multi-agency recommendations were accepted for further work and improvement by both of the Boards.

The Annual MSAB Assurance statements was sent out to all MSAB partners and a corresponding peer challenge event was held in January 2018 which led to agencies identifying opportunities to work more closely together and share good practice. Some agencies have worked more closely to review and improve their assurance statements, set more challenging goals and improve partnership working since.

It is also intended to undertake a practitioner survey to assess the effectiveness of learning from both audit and case review findings, and the group are working on opportunities to proactively seek the views of service users to better understand how we make safeguarding more personal.

Practice Example - Complex Safeguarding:

The multi-agency dataset now incorporates quarterly data reports on Domestic Abuse, Vulnerable Adults, Honour Based Violence, FGM, Missing from Home and Modern Slavery.

A joint MSCB / MSAB multi-agency case file audit on the theme of Domestic Abuse was completed in April 2017 and a range multi-agency recommendations were agreed by both Boards.

Safeguarding Adults Review Subgroup

The primary purpose of the SAR Sub Group is to screen incoming referrals to assess whether they meet SAR criteria or not, and to recommend to the Independent Chair whether a SAR should be conducted. If SAR criteria is not met, SARSG can also recommend another type of learning review or activity, including single agency reviews. SARSG also

monitors the progress of SARs that are underway and considers first drafts of completed reviews, providing feedback to the independent reviewer prior to the Reviews being considered by Board.

Once reviews are completed and signed off by Board, Learning & Development Sub Group (L&D SG) are charged with conducting case specific Learning events and publication of learning materials (including a Learning Summary, Slides and a 7 Minute Briefing), Learning from Reviews Sub group (LfRSG) are charged with monitoring of any actions agreed as a result of the review findings. Lessons learned from reviews help to improve safeguarding practice and reduce risk.

Areas of future development - SARSG recognise that Board members need to nominate appropriate representatives to Review Panels who can provide strategic analysis of historic and current policies and procedures and enact change in their agencies where required. Panel members need to identify appropriate and SMART actions for their agencies in response to learning coming out of reviews for the Board to consider when the Review is concluded; and be able to cascade learning within agencies as it emerges through the review process.

Practice Example - Transitions:

The importance of effective transition was highlighted in SAR AA in which a young person with a mild learning disability and epilepsy left school in the 1980s (possibly removed by parents) and henceforth disappeared from the world, not having any engagement with the usual universal agencies (GPs, hospitals, employment, tax or benefit agencies) until being found aged in their forties living in a severely neglected and near-death state in their parents home. The period when the AA left school and disappeared are historical circumstances and current practices relating to young people aged 15-18 provide clear safety nets for young people aged 15-18 going missing from education, however the case will be used as a case study to test Manchester's current Transition processes to explore how a young person with moderate needs is supported into adulthood.

9. What our partners say:

We also asked our partner agencies what they have done to support our priorities and asked them what has worked well and what their future challenges are. Extracts regarding priorities are recorded here. Full responses can be found here on the MSB website: www.manchestersafeguardingboards.co.uk/msab-annual-reports

Engagement and Involvement – Practice Examples

Manchester Health Care and Commissioning (MHCC) - The Safeguarding Team continues to ensure that empowerment is a consistent theme in their work, ensuring that the voice of the adult is heard and embedded in all safeguarding activity. Where necessary professional challenge is made to ensure this principle of safeguarding is upheld. IRIS is commissioned by the Clinical Commissioning Group (CCG) and each year consults with survivors on their experience of the IRIS process and uses a Making Safeguarding Personal approach to client care planning.

We continue to embed Making Safeguarding Personal through our provision of Safeguarding Supervision to Named Nurses, Continuing Healthcare Nurses and the MASH Nurses. We also apply this routinely when we review serious incidents through the NHS Serious Incident Framework and on our walk around visits to providers.

Greater Manchester Fire and Rescue Service (GMFRS) - GMFRS are currently working alongside homelessness groups such as Justlife, Nightstop, Riverside, Street Support, Shelter, Manchester City Council etc to address the issues and help remove the barriers faced by Manchester's homeless as they transition from homelessness into temporary unsupported accommodation. GMFRS are a partner in the provision of rolling night shelters, offering the use of our community room at Manchester Central fire station for this purpose. We use this offer to engage and educate homeless people in fire safety and survival training.

GMFRS front line and community safety staff and volunteers take an active part in a number of community cohesion initiatives, high profile events and targeted campaigns both as a fire and rescue service and with partners. Staff are engaging more closely with hard to reach groups, recognising the diversity of the community we serve and also reaching out to the various faith groups within the GM area. We are doing this to raise awareness of fire safety and the help and support that is available through GMFRS.

Greater Manchester Mental Health (GMMH) - The Trust is committed to providing the best possible service to patients, their friends, relatives and carers. By seeking their opinions, we are able to better understand and tailor our services specifically to them. We recognise power relations obscure ways of understanding and making sense of a person's own perspective. We have a personalised approach to safeguarding practice, which is person led and not service led. GMMH aims to involve service users in all aspects of the Trust's operation and development from the Trust Board to individual teams and projects. Service users and carers register their interest in a variety of activities, from helping to interview staff, taking part in mental health research, carrying-out Patient Environment Action Team (PEAT) inspections with clinical staff to ensure basic standards of cleanliness and upkeep are being met and joining unique service user groups.

The Trust Creative Wellbeing staff and service users worked with Manchester Art Gallery over 4 sessions to co-curate an exhibition exploring the relationship between art and mindfulness highlighting the importance of supporting wellbeing through the arts.

Complex Safeguarding – Practice Examples

Greater Manchester Police - The City of Manchester Division is committed to establishing a new integrated partnership operating model to reduce the risk of harm and to improve the protection and safeguarding of children, young people and adults with complex safeguarding needs at risk of exploitation. This will be achieved through effective information sharing, joint working, integrated interventions and support and protective practices. The Complex Safeguarding Hub will be based at Greenheys Police Station and will focus on the following strands of exploitation: Sexual Exploitation / Modern Slavery / Criminal Exploitation and Organised Crime Groups.

Strategic Housing - All information received via the Board has been shared with Registered Provider (RP's) Safeguarding Champions. e.g human trafficking. RP's attend multi agency meetings (when invited). RP's need to be included in any future work around the Complex Safeguarding Hub.

National Probation Service (NPS) - During the course of the last business year the National Probation Service has continued to work in close collaboration with key agencies to reduce the impact Serious and Organised Crime has on the communities of Manchester. Specifically, the NPS has been actively involved in the development of the 'complex safeguarding hub' providing advice and support to the steering group and across a range of thematic projects including vulnerable adults.

Greater Manchester Fire and Rescue Service (GMFRS) - GMFRS support those who are suffering from high level domestic violence/abuse and provide a safe room facility for use by GMP. Officers in our Protection section work with GMP and identify potential cases of modern day slavery and support partner agencies and services in this work. Staff have received training in how to identify and report concerns regarding potential radicalisation, human trafficking and modern day slavery.

CASE STUDY – Manchester Foundation Trust - Following significant domestic abuse training to a variety of staff across MFT by the adult safeguarding team, our adult safeguarding matron received the following feedback regarding one of our senior specialist nurses -

'Although safeguarding issues are, thankfully, rare in Radiology, an elective patient made a disclosure to us last week. I would just like to commend your department / one of your nurses for the professional and useful help and guidance we were offered. She was immediately available at the end of the phone for our queries and was able to give valuable advice to us and enabling us to support the patient. She also followed up on the incident with the relevant ward, once the patient was admitted to her overnight bed'.

This is an excellent example of a situation where training supported the member of staff to ask the appropriate questions, the safeguarding nurse was on hand to support the member of staff to do the right thing. The patient was followed up and her safety was addressed as part of her care plan.

Transitions – Practice Examples

Manchester City Council Adult Social Care - We recognise that a successful transition experience for children into adulthood is vital. This includes ensuring that a pathway is available to provide information/guidance/support to contribute to the wellbeing of the person concerned and tackling issues which could occur where neglect or abuse may occur. A work stream is currently being progressed for Children/Adults/key partners to refresh this area of responsibility. The Safeguarding Adult Service is contributing to this discussion and the related development work.

The Christie - Teenage and Young adult cancer services, key workers continue to support during the transition from children to adult services providing continuity and consistency, empowering young people to take control of their care.

Pennine Acute Hospital Trust (PAHT) - Pennine Acute Hospitals NHS Trust have policies e.g. Management of 17 to 18 year olds which supports management of children and young people who are transitioning into adulthood to get the support they require in an environment of their choice e.g. some young people do not want to be nursed on a children's ward vice versa.

Where more work needs to be done in partnership with e.g. Local Authority is how to deal with children and young people who may suffer CSE and this does not go away when they are 18 years old, therefore staff need to understand processes for support.

Neglect – Practice Examples

Manchester Health Care and Commissioning (MHCC) - Our assurance processes are used by the CCG Safeguarding Team to ensure that wilful neglect or acts of omission are recognised, reported, learnt from and prevented. As a commissioning service we are not directly involved in operational practice. Learning from Safeguarding Adult Reviews have been recognised the need for a more robust response to self-neglect, this has been taken forward by health who are leading a task and finish group the development to design and implement the Adult Neglect Strategy.

Manchester Foundation Trust (MFT) - In 2017/18 MFT agreed to lead on the development of the adult self-neglect strategy for Manchester. In 2017/18 MFT has seen increased numbers of adult neglect cases attending A/E departments a significant number with issues of self-neglect. Training delivered to frontline staff, supports staff to

recognise and respond to situations when a patient has been neglected for whatever reason. Ongoing work on Making Safeguarding Personal and giving patients who experience neglect a voice, will continue in 2018/19 with a dedicated Trust sub-group focussing on Early Help and Neglect with representation from across The Trust.

Greater Manchester Fire and Rescue Service (GMFRS) - Both through Safe and Well delivery and also post-fire reassurance work, GMFRS staff have identified and reported many cases of neglect to local social services staff. This included the raising of a SAR in relation to one individual who it was perceived had been potentially failed by support services. All front line staff are equipped with the necessary knowledge and skills and access to the resources required to make appropriate referrals and to ensure the immediate safety of the individual(s) concerned. GMFRS actively engage with known hoarders and work with clients and also partners such as social services, mental health services and housing association staff to improve the conditions and outcomes for people with this condition.

10. Budget

The Manchester Safeguarding Adults and Childrens Board budget was combined for 17/18. The total budget during that period was: £ **707,019.74**. A full breakdown of the budget can be found at [Appendix 4](#).

11. Future Challenges and Priorities

The MSAB reviewed its objectives and priorities from March to June 2017 and for the first time developed a shared strategic plan along with the MSCB. Each of the Boards have their own vision and objectives however the overarching strategic priority to be assured that safeguarding is effective across Manchester is shared, as are the thematic priorities, key functions and the four specific priorities of engagement and involvement, complex safeguarding, transitions and neglect. However the MSAB focus with regard to neglect is on self-neglect, wilful neglect and neglect by omission.

It has been agreed that because work on this shared plan and specific priorities only really started in September 2017 that these would be carried forward into the financial year April 2018 - March 2019. The details are set out in the plan on a page which can be found at [Appendix 5](#).

After much discussion it was agreed that the thematic priorities of mental health, learning disabilities and substance abuse which are much wider than safeguarding; are more appropriately addressed through other arrangements for example the Health and Wellbeing Board. It remains important however for the Board to ensure that safeguarding issues in relation to these areas are considered as necessary.

The Board has a detailed business plan to which each of the subgroups contribute to ensure that work is progressed. For example a task and finish group has been established to develop a self-neglect strategy; and an audit was undertaken in November 2017 to identify how partners were addressing Making Safeguarding Personal. This has now led to a more detailed action plan being developed as the audit demonstrated this was an area of challenge and there remained a lack of consistency with regard to implementation.

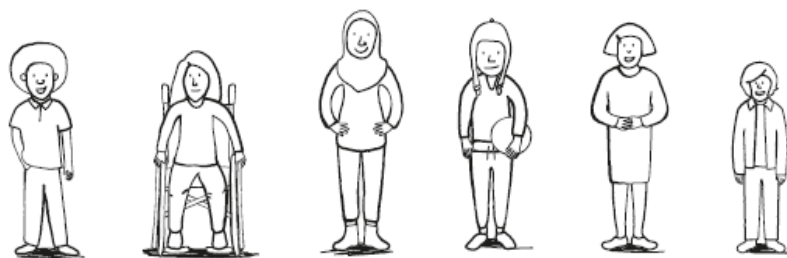
This report has demonstrated the progress made thus far on the priorities, however as indicated a number of challenges still remain. These include the need for the Board to effectively seek assurance that adults are engaged as key partners and that their voices are at the centre of the Boards work; and that Making Safeguarding Personal is embedded in our work.

In order to address these challenges, Making Safeguarding Personal has been added to the Business Plan with its own heading to ensure it is maintained as a Board priority and a task and finish group has been set up to action how this will be embedded. The Communications and Engagement Subgroup have also set up a 'Service User Engagement' task and finish group in order to identify which groups could be utilised to support the Board.

A further challenge is that as the understanding of neglect is raised across the workforce, so have the number of referrals for Safeguarding Adults Reviews. The process of reviews quite rightly takes time and resources from across the partnership. Critical to this process is to ensure that learning is shared across the partners and with such a large number of agencies it is vital that changes in practice are made and embedded. We are in the process of developing a neglect strategy which will improve awareness and give practitioners the skills to start to address this very complex area.

At a time of changes within the structure and delivery of health and care with the formation of Manchester Foundation Trust and Manchester Local Care Organisation it is vital to ensure that safeguarding remains a high priority. This is facilitated by the Board receiving regular updates on the new arrangements.

An area for future consideration is the changes being made to move from Safeguarding Children's Boards to Safeguarding Children's Partnership. Whilst these do not have to be established until September 2019 at the latest, joint planning has started to take place. This is to ensure that the close working between the two current boards where there are a number of overlapping agendas and priorities, joint subgroups, integrated business unit continues; whilst ensuring that the emphasis on Adult Safeguarding remains a high priority.



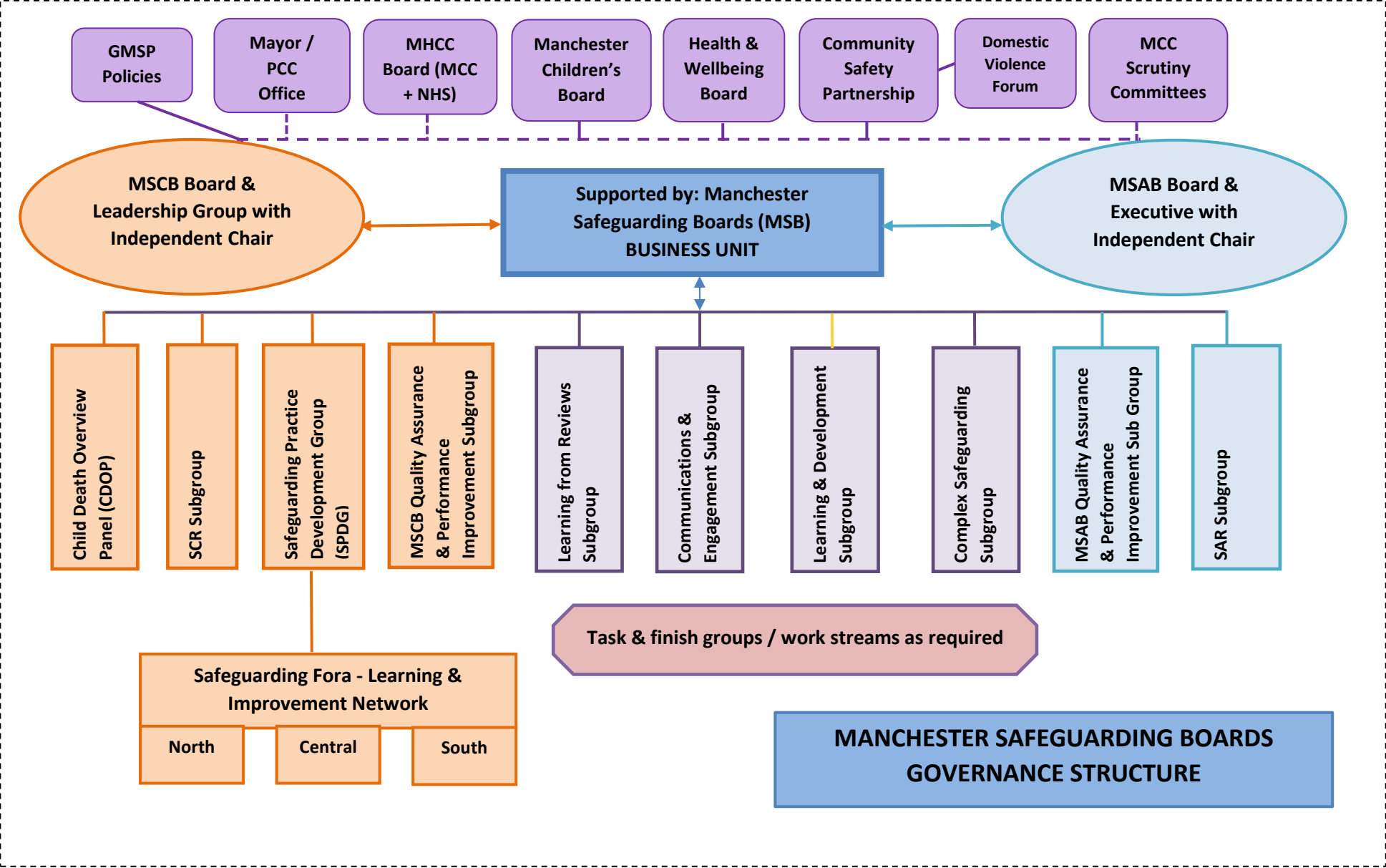
12. Glossary

GLOSSARY			
CCG	Clinical Commissioning Group	HBV	Honour Based Violence
CGM CRC	Cheshire & Greater Manchester Community Rehabilitation Company	HMIC	Her Majesty's Inspectorate of Constabulary
CMHFT	Central Manchester Hospital Foundation Trust	HMP	Her Majesty's Prison
CP	Child Protection	IDVA	Independent Domestic Violence Advocate
CQC	Care Quality Commission	IRIS	Identification and Referral to Improve Safety
CQUIN	Commissioning for Quality & Innovation	JSNA	Joint Strategic Needs Assessment
CSE	Child Sexual Exploitation	LD	Learning Disability
DASH	Domestic Abuse and Harassment	LSAB	Local Safeguarding Adults Board
DBS	Disclosure and Barring Service	LSCB	Local Safeguarding Children Board
DHR	Domestic Homicide Review	MAPP	Multi Agency Public Protection Arrangements
DoLS	Deprivation of Liberty Safeguarding	MARAC	Multi Agency Risk Assessment Conference
DV&A	Domestic Violence and Abuse	MCA	Mental Capacity Act (2005)
DVPN	Domestic Violence Prevention Notices	MCC	Manchester City Council
DVPO	Domestic Violence Prevention Order	MHCC	Manchester Health and Care Commissioning
FGM	Female Genital Mutilation	MSAB	Manchester Safeguarding Adults Board
GMFRS	Greater Manchester Fire and Rescue Service	MSCB	Manchester Safeguarding Children Board
GMMH	Greater Manchester Mental Health NHS Trust	NHSE	National Health Service (NHS) England
GMP	Greater Manchester Police	NICE	National Institute for Health & Care Excellence
RP	Registered Provider	NPS	National Probation Service
SAB	Safeguarding Adults Board	PAHT	Pennine Acute Hospital Trust
SAR	Safeguarding Adults Review	QA	Quality Assurance
SCR	Serious Case Review	QAPI	Quality Assurance and Performance Improvement
VCSE	Voluntary, Community and Social Enterprise		

13. Appendices

Appendix 1

MSAB MEMBERSHIP LIST 2017/18	
Care Quality Commission (CQC)	Manchester City Council Housing
Cheshire and Greater Manchester Community Rehabilitation Company (CRC)	Manchester City Council Population Health and Wellbeing Team
Central Manchester Foundation Trust (CMFT) (joined with University Hospital of South Manchester (UHSM) to become Manchester Foundation Trust (MFT) on 01/10/17.)	Manchester City Council Elected Member Portfolio Holder
Greater Manchester Fire and Rescue Service (GMFRS)	Manchester Health and Care Commissioning (MHCC)
Greater Manchester Police (GMP)	National Probation Service (NPS)
Greater Manchester Mental Health (GMMH)	NHS England
Healthwatch Manchester	North West Ambulance Service (NWAS)
Her Majesty's Prison Service (HMPS)	Pennine Acute Hospital Trust (PAHT)
Manchester Alliance for Community Care (MACC)	The Christie NHS Foundation Trust
Manchester City Council Adult Services (MCC)	University Hospital of South Manchester (UHSM) (joined with Central Manchester Foundation Trust (CMFT) to become Manchester Foundation Trust (MFT) on 01/10/17.)



June 2017

MSAB Vision:

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

MSCB Vision:

Every child and young person in Manchester should be able to grow up safe, free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that vulnerable people are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCR and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our thematic priorities for 2017/18:

- Mental health, learning disability and substance abuse are key considerations across all of our priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Listen to the views of children and adults
- Make sure their voices are heard and are at the centre of what we do
- Put children and adults in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will know what children and adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals' engagement with services as they transition is consistent, seamless and safe; no-one 'slips through the net'.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will have greater understanding that adults at risk of neglect are being safeguarded

Appendix 4

Manchester Safeguarding Boards For the 12 Months ending 31.03.2018			
Cost Elements	Annual Budget	Actual YTD	Var.YTD
PAY Costs			
Total Pay Costs	441,470.00	442,189.63	719.63
Non-Pay			
* Premises	7,000.00	1,659.20	-5,340.80
* Transport	2,300.00	2,615.94	315.94
* Supplies & Services	148,849.74	179,310.47	30,460.73
* Third Party Payments	101,000.00	0.00	-101,000.00
* Internal Charges	6,400.00	13,613.92	7,213.92
* Onwards Internal Trading	0.00	1,138.58	1,138.58
Non-Pay Expenditure Childrens	265,549.74	198,338.11	-67,211.63
TOTAL EXPENDITURE Board	707,019.74	640,527.74	-66,492.00
INCOME			
Miscellaneous Income	0.00	-50.00	-50.00
MCC Education	-71,000.00	-71,000.00	0.00
MCC Housing	-9,450.00	-9,450.00	0.00
MCC Other	94,500.00	0.00	-94,500.00
Total Contribution from MCC	-174,950.00	-80,450.00	94,500.00
National Probaton Service		-4,381.86	-4,381.86
NHS	-52,400.00	-52,400.00	0.00
Cafcass	-550.00	0.00	550.00
GMCA(GM Police)	-38,800.00	-64,282.00	-25,482.00
External Income	-91,750.00	-121,063.86	-29,313.86
Interest	0.00	96.31	96.31
Contribution from MCC General Fund	-440,319.74	-440,319.74	0.00
Total Revenue Income	-707,019.74	-641,787.29	65,232.45
Over/Underspend	0.00	-1,259.55	-1,259.55

April 2018

MSAB Vision:

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

MSAB Objectives:

- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Vision:

Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will: Be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

MSCB Objectives:

- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:

- To be assured that safeguarding is effective across Manchester

Achieving our priorities for 2018/19:

- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:

- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT

Listening & learning; hearing the voice of children & adults; Making Safeguarding Personal

We will:

- Ensure the views of children and adults are listened to
- Ensure their voices are heard and are at the centre of the decisions we make
- Ensure children and adults are in control of decisions about their care and support
- Be proactive in making children and adults aware of emerging issues and how we'll deal with them.

What will change?

- We will take the views of children and adults into account when the Board makes decisions.
- We will see greater involvement of children and adults in decisions about their future.

COMPLEX SAFEGUARDING

Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:

- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?

- We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur.

TRANSITIONS

Moving from child to adulthood in a safe and positive way

We will:

- Ensure partners are aware of the agreed transitions definition, as it relates to our member agencies and services.
- Ensure support is provided at all the points where individuals transitioning from child to adulthood may need care and support and provide any safeguarding requirements.

What will change?

- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

CHILD NEGLECT

Ensuring the basic needs of every child are met

We will:

- Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
- Communicate and embed the neglect strategy across partner organisations
- Seek assurance that early help is sought where there is a risk of abuse

What will change?

- We will be assured that children at risk of neglect will be safeguarded and protected.

ADULT NEGLECT

Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:

- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?

- We will be assured that adults at risk of neglect are being safeguarded.

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Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Public Health approach to violent crime

Report of: Director of Population Health and Wellbeing

Summary

A number of reports have highlighted the success of adopting a public health approach to tackling violent crime. The work undertaken in Glasgow over the past decade is probably the best example of achieving positive outcomes as evidenced by a significant reduction in homicides involving a knife.

Partners in Manchester are keen to explore whether such an approach could be developed for the city and it is proposed that this work is taken forward under the auspices of both the Health and Wellbeing Board and Manchester Community Safety Partnership.

Recommendations

The Board is asked to:

1. Support the development of proposals to adopt a public health approach to violent crime.
2. Ensure that key personnel from the organisations represented on the Board input to the proposals.

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	The work could have significant positive benefits for the health of children and young people in the city
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	

Enabling people to keep well and live independently as they grow older	
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	

Contact Officers:

Name: David Regan
 Position: Director of Population Health and Wellbeing
 Telephone: 0161 234 5595
 E-mail: d.regan@manchester.gov.uk

Name: Samantha Stabler
 Position: Community Safety Lead, Manchester City Council
 Telephone: 0161 234 1284
 E-mail: s.stabler@manchester.gov.uk

Name: Louise Marshall
 Position: Programme Lead
 Telephone: 0161 234 4736
 E-mail: louise.marshall@manchester.gov.uk

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.

1. Introduction

- 1.1 The World health Organisation's World report on Violence and Health (2002) led to the establishment of the Scottish Violence Reduction Unit (SVRU) in 2006 and the adoption of a Public Health approach to violence.
- 1.2 The SVRU brings together police, local authority, education, health providers and VCSE organisations to identify and pioneer new approaches to prevention.
- 1.3 Following the adoption of this approach Glasgow saw a big reduction in deaths from knife crime. Between April 2006 and April 2011, 15 children and teenagers were killed with knives in Glasgow. Between April 2011 and April 2016, none were.
- 1.4 A Scottish report 'Violence Prevention: Public Health Priority' (2014), sets out the Public Health approach as having four key elements:
 1. Strong partnership working
 2. Improving health intelligence and data collection across partner agencies
 3. Leadership in a multi-disciplinary setting
 4. Building in evaluation from the outset of the programme
- 1.5 The Ending Gang and Youth Violence programme established by the Government in 2012 has helped, both nationally and locally, in developing a better understanding of the issues in relation to gang and youth violence, a clearer picture of the challenges and of how to tackle them.

2. The Manchester context

- 2.1 Some aspects of a public health approach are already being taken forward through the Manchester Community Safety Partnership and the Serious and Organised Crime Executive Group (SOCEG) chaired by Chief Superintendent Wasim Chaudhry.
- 2.2 There is also good collaborative work between the Manchester Health and Care Commissioning (MHCC) Population Health Intelligence Team and the Community Safety Data and Information Manager in relation to trauma and injury data.
- 2.3 However, there is a recognition that more could be done by learning from the best practice elsewhere, not only in Glasgow but also some of the hospital based schemes in London such as RedThread, the provision of specialist youth support to young victims of violence in the four Major Trauma Centres.

Next steps

- 2.1 It is proposed to establish a working group under the Health and Wellbeing Board and Community Safety Partnership to develop a set of proposals that relate specifically to Manchester. The challenging budget context is recognised so initially the work will focus on what can be done from existing resources. To ensure the work involves the appropriate people with the expertise the input of the following will be required:

- MHCC Population Health and Wellbeing Team
- NHS Hospital Trust Emergency Department Consultants and Senior Nurses
- Greater Manchester Mental Health Trust Leads
- GP Neighbourhood Leads
- Community Safety Partnership Team
- Greater Manchester Police
- Youth Justice Lead
- Probation Service
- MCC Education and Social Work Leads
- VCSE Organisations

3. Recommendations

The Board is asked to:

1. Support the development of proposals to adopt a public health approach to violent crime.
2. Ensure that key personnel from the organisations represented on the Board input to the proposals.

Manchester Health and Wellbeing Board Report for Resolution

Report to: Manchester Health and Wellbeing Board – 31 October 2018

Subject: Better Care Fund 2018/2019

Report of: City Treasurer, Manchester City Council
Chief Finance Officer, Manchester Health and Care
Commissioning

Summary

The Better Care Fund (BCF) has been established by Government to provide funds to local areas to support the integration of health and social care. Section 75 of the National Health Service 2006 Act gives powers to local authorities and health bodies to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed National Health Service (NHS) functions.

The purpose of this report is to provide the Health and Wellbeing Board with an overview of the plan submitted for Better Care Fund 2018/19 and update on changes from the guidance released in July 2018.

Recommendations

The Board is asked to note the changes to the Delayed Transfers of Care monitoring and confirm the spending plan for 2018/19.

Board Priority(s) Addressed:

Health and Wellbeing Strategy Priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	<p>The Better Care Fund supports the integration of health and social care.</p> <ul style="list-style-type: none"> • To improve the health and wellbeing of people in Manchester • To ensure services are safe, equitable and of a high standard with less variation • To enable people and communities to be active partners in their health and wellbeing • To achieve a sustainable system
Improving people's mental health and wellbeing	
Bringing people into employment and ensuring good work for all	

Enabling people to keep well and live independently as they grow older	
Turning round the lives of troubled families	
One health and care system – right care, right place, right time	
Self-care	

Contact Officers:

Name: Carol Culley
 Position: City Treasurer
 Telephone: 0161 234 3406
 Email: carol.culley@manchester.gov.uk

Name: Claire Yarwood
 Position: Chief Financial Officer (Manchester Health & Care Commissioning)
 Telephone: 0161 765 4008
 Email: claire.yarwood2@nhs.net

Name: Karen Riley
 Position: Head of Group Finance (PSR)
 Telephone: 0161 234 3668
 Email: k.riley@manchester.gov.uk

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.

- Integrated and Better Care Fund Operating Guidance for 2017-19 (July 2018) - Department of Health and Social care and Ministry of Housing, Communities and Local Government
- Report Better Care Fund and Improved Better Care Fund Submission 2017-19 – Health and Wellbeing Board 30 August 2017
- Integration and Better Care Fund planning requirements for 2017-19 (July 2017) - Department of Health and the Department for Communities and Local Government

- 2017-19 Integration and Better Care Fund: Policy Framework (March 2017) - Department of Health and the Department for Communities and Local Government
- GM UEC Planning Guidance 2018/19 – Letter to Manchester from Greater Manchester Combined Authority
- DTOC Targets 2018/2019 Apportionment - Manchester & Trafford Emergency Care Strategic Board (MHCC)

1. Introduction and Background

- 1.1 Health and Wellbeing Board (HWB) received a previous paper on the 30th August 2017 detailing the guidance published by NHS England which describes the planning requirements for the 'Integration and Better Care Fund for 2017-19'. The HWB was advised of the national conditions for the receipt of funding, including the required metrics and timetables.
- 1.2 The Health and Wellbeing Board was asked to:
 - Support and approve the 2017-19 Better Care Fund Plan and Improved Better Care Fund Plan,
 - To confirm the national requirement that the proposed plan has been jointly agreed and
 - To delegate responsibility of the plan submission to the City Treasurer through the reform Board.
- 1.3 A refreshed operational guidance for approved BCF plans for 2017-19 was published in July 2018, re-confirming the framework for the ongoing requirements of the BCF as plans are implemented for 2017-19.
- 1.4 Areas are not required to revise BCF plans for 2018-19, other than in relation to metrics for Delayed Transfers of Care (DToC) as set out in Section 3.
- 1.5 In light of the refreshed guidance the Health and Wellbeing Board is asked to:
 - Note and endorse the changes made in relation to DToCs
 - Confirm the expenditure plan for 2018-19, as per the previous report of 30th August 2017
- 1.6 Greater Manchester has applied for graduation from BCF on behalf of the ten localities. Graduation would remove the requirements for formal planning submissions and reduced reporting to NHS England. Instead a process of self-certification would be undertaken.
- 1.7 The Previous Health Secretary announced that the design of the BCF in future would be reviewed and announced alongside the NHS Long Term Plan. This review will consider more fundamental changes from 2020, but is also considering the approach to 2019-20. As it stands there isn't a decision on how to approach graduation 2019-20 and therefore there has been no progress with regards to the Greater Manchester application.
- 1.8 A further report will be provided to the Board in the summer of 2019 outlining a reflective assessment of the impact of the 2017/19 Better Care Fund in Manchester.

2. Better Care Fund (BCF) Plan 2017-19

- 2.1 The financial values for the 2017-19 plans match those seen by Health and Wellbeing Board in August 2017, plus the additional Disabled Facilities Grant

(DFG) announced in the autumn statement 2017. The below table shows the submitted expenditure plans for 2017–19 for the BCF:

Service Description	CCG 2017/18 £'000	Council 2017/18 £'000	TOTAL 2017/18 £'000	CCG 2018/19 £'000	Council 2018/19 £'000	TOTAL 2018/19 £'000
Adult Community Services	41,309	6,457	47,766	41,722	6,457	48,179
Care Act	1,560	-	1,560	1,590	-	1,590
Protection of Social Care	12,652	-	12,652	12,893	-	12,893
Integrated Community Teams	702	-	702	709	-	709
Non Elective Reserves	-	-	-	-	-	-
Reablement	13,920	2,419	16,339	14,059	2,419	16,478
Sub Total	70,143	8,876	79,019	70,973	8,876	79,849
Care Act	-1,560	1,560	-	-1,590	1,590	-
Protection of Social Care	-12,652	12,652	-	-12,893	12,893	-
Adult Social Care Grant	-	12,917	12,917	-	7,644	7,644
Improved Better Care Fund	-	3,265	3,265	-	14,762	14,762
Disabled Facilities Grant	-	7,008	7,008	-	6,928	6,928
TOTAL	55,931	46,278	102,209	56,490	52,693	109,183

2.2 The below table shows the Improved BCF funding available to the locality over the planning period (2017-19) and the proposed investments to be made:

Funding Source	Budgets	Budgets
	2017/18 £'000	2018/19 £'000
Adult Social Care Grant	12,917	7,644
Improved Better Care Fund*	3,265	14,762
Total	16,182	22,406

*Confirmed as part of ASC baseline before announcement of ASC grant

3. Delayed Transfers of Care (DToC)

- 3.1. The Government's mandate to the NHS for 2018-19 has set an overall ambition for reducing delays to around 4,000 hospital beds occupied by patients delayed without discharge by September 2018.
- 3.2. The 2018-19 NHS planning guidance to CCGs and NHS Trusts also set an expectation that local health and social care commissioners will work together to reduce delays to the equivalent of around 4,000 daily delays.
- 3.3. Based on this national ambition, The GM Better Care Fund expectations for 2018-19 have been published and provide ambitions for September 2018 for DToC bed days, on a GM aggregate basis.
- 3.4. The baseline for Q3 2017/2018 is reported as, on average, 286 beds occupied per day across the Greater Manchester Health and Wellbeing Board footprint.

- 3.5. The stated ambition is to reduce the average daily DToC beds to 211.5 across GM but there is further ambition to achieve a reduction to 200 bed day delays by December 2018.
- 3.6. This target ambition of 200 bed day delays has been apportioned and allocated to individual HWB by GM Partnership, based upon mid 2017 ONS populations. For Manchester this equates to 41 beds per day.
- 3.7. BCF plans will support delivery of this reduction through the continuing focus on delivery of the local DToC expectations and through the implementation of national condition four – the High Impact Change Model (HICM). Particular focus in relation to length of stay should be given to the implementation of the HICM in relation to systems to monitor patient flow, seven day services and trusted assessors.
- 3.8. Additionally, we are expecting that a revised guide on counting DTOC will be published in the coming months for implementation in October 2018. Organisations are to be aware that this may have a potential impact on the reported position across all sites.

4. BCF 'Graduation'

- 4.1 The GMH&SCP has applied for graduation from BCF on behalf of the 10 localities. GM locality plans seek to progress a wider and deeper integration of services than BCF plans alone would require and pooling budgets beyond the scope of the BCF as part of their health and social care integration plans.
- 4.2 Graduation would remove the requirements for formal planning submissions to the BCF team, and reduced reporting. Instead a process of self-certification would be undertaken. The GM Partnership is still awaiting an outcome regarding the application.
- 4.3 NHS England hopes that a first wave of shortlisted areas eligible for graduation from the Better Care Fund will be confirmed in 2018-19. National partners would then work with shortlisted areas to test readiness for full graduation and co-produce what a meaningful graduation model would look like, including agreement of a memorandum of understanding with graduate areas, setting out the BCF requirements that will be removed or relaxed and any expectations of graduate areas, including:
 - Participation in learning events
 - Commitment to work with BCF national partners to develop models of integration, informing development of Integrated Care Systems and the health and care integration agenda.
 - Areas for improvement – for instance on specific metrics
 - Expectations for light touch self-certification process.

5. Recommendations

- 5.1 A further report will be provided to the Board in the summer of 2019 outlining a reflective assessment of the impact of the 2017/19 Better Care Fund in Manchester.
- 5.2 The Health and Wellbeing Board are asked to:
- Note and endorse the changes made in relation to DToCs
 - Confirm the spending plan for 2018-19, as per the previous report of 30th August 2017

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