

# Public Document Pack

**Mike Kelly FCIOB MCIM**  
**Chief Executive**

*Our Ref* AJT  
*Your Ref* HSC/AJT  
*Date* 14 October 2013  
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**TO: All Members of Health Scrutiny Committee**

**Councillors :** A Audin, D Bailey, P Bury (Chair), L Fitzwalter, S Haroon, T Holt, K Hussain, D O'Hanlon, N Parnell, A Simpson, S Smith and R Walker

Dear Member/Colleague

## Health Scrutiny Committee

You are invited to attend a meeting of the Health Scrutiny Committee which will be held as follows:-

<b>Date:</b>	Tuesday, 22 October 2013
<b>Place:</b>	Peel Room, Town Hall, Bury
<b>Time:</b>	7.00 pm
<b>Briefing Facilities:</b>	A Briefing Meeting for Committee Members will be held directly prior to the Meeting at 6.00pm in the Lancashire Fusiliers' Room.
<b>Notes:</b>	

## AGENDA

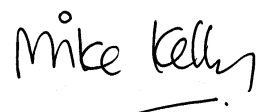
The Agenda for the meeting is attached.

Reports are enclosed only for those attending the meeting and for those without access to the Council's Intranet or Website.

The Agenda and Reports are available on the Council's Intranet for Councillors and Officers and also on the Council's Website at [www.bury.gov.uk](http://www.bury.gov.uk) – click on **Agendas, Minutes and Forward Plan**.

Copies of printed reports can also be obtained on request by contacting the Democratic Services Officer named above.

**Yours sincerely**

A handwritten signature in black ink that reads "Mike Kelly". The signature is written in a cursive style with a horizontal line underneath the name.

**Chief Executive**

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 MINUTES OF THE LAST MEETING** (Pages 1 - 6)

The Minutes of the Meeting held on 28 August 2013 are attached.

### **3 DECLARATIONS OF INTEREST**

Members of Health Scrutiny Committee are asked to consider whether they have an interest in any of the matters on the agenda and if so, to formally declare that interest.

### **4 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which this Committee is responsible.

### **5 ADULT AUTISM STRATEGY AND ADULT MENTAL HEALTH STRATEGY - ACTION PLAN UPDATE** (Pages 7 - 32)

Councillor Shori, Executive Member, Adult Care, Health and Housing will report at the Meeting.

### **6 SAFEGUARDING ADULTS - ANNUAL REPORT 2012/2013** (Pages 33 - 44)

The Annual report is attached (This is in a Newsletter format).

### **7 HEALTHIER TOGETHER UPDATE**

An update will be given at the Meeting

### **8 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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**Minutes of: HEALTH SCRUTINY COMMITTEE**

**Date of Meeting:** 28 August 2013

**Present:** Councillor P Bury (in the Chair)  
Councillors D Bailey, L Fitzwalter, S Haroon, K Hussain,  
D O'Hanlon, N Parnell, A Simpson, S Smith and R Walker

**Also in attendance:** Sheila Blackman, Cury Carers Centre  
Heather Crozier, Adult Care Services  
Tracey Minshull, Adult Care Services  
Councillor R Shori, Cabinet Member, Adult Care, Health and Housing.

**Public Attendance:** No members of the public were present at the meeting.

**Apologies for Absence:** Councillor A Audin and Councillor T Holt

## **HSC.291 MINUTES OF THE LAST MEETING**

### **It was agreed:**

That the Minutes of the last meeting of the Health Scrutiny Committee held on 12 July 2013 be approved as a correct record and signed by the Chair.

## **HSC.292 DECLARATIONS OF INTEREST**

Councillor D Bailey declared a personal interest as she was employed by BARDOC.

Councillor N Parnell declared a personal interest as his wife was employed by the NHS in Manchester.

Councillor A Simpson declared a personal interest as she was employed by the NHS in Salford.

## **HSC.293 PUBLIC QUESTION TIME**

There were no members of the public present at the meeting to ask questions.

## **HSC.294 CARERS STRATEGY FOR BURY 2013 - 2018 - CARING FOR CARERS**

Councillor Rishi Shori, Cabinet Member, Adult Care, Health and Housing and Tracey Minshull presented the Committee with the Carers Strategy for Bury for 2013 to 2018.

It was explained that the number of unpaid carers is increasing steadily throughout the UK. In Bury there are 3320 known adult carers but it was acknowledged that there were many more that have not been identified and therefore receive any support to undertake their caring role.

The Carers Strategy had been written by the Council and the Clinical Commissioning Group as well as using the expertise of carers and service providers.

The aims of the strategy were aligned with the four national priorities:

1. Identification and recognition;
2. Realising and realising potential;
3. A life outside caring, and;
4. Supporting carers to stay healthy.

The definition of a carer was explained as 'someone of any age who provides unpaid support to family or friends who could not manage without the help. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems'.

It was explained that the Carers Strategy 'Caring for Carers' replaces the 2008 – 2012 Strategy 'Caring Together: The Carers Strategy' and would build on the achievements already made which included:

- The funding of a Carers Services Team which provides strategic and operational support to carers, carers groups and local providers. The team also commissions services for carers to support them to maintain their caring role.
- Bury Council and the CCG continue to fund the Gaddum Centre to provide a Carers Centre on its behalf. The centre has been open since 2011 and offers information and support.
- 567 people are in receipt of a Carers Personal Budget which allows the flexibility to choose their own support services.
- All 33 GP practices have an identified lead for carers.
- Bury Council has held a range of workshops with local care providers, day centres and residential care homes to ensure closer partnership working.

Within the strategy was a breakdown of carers by ward and it was also explained how different groups were recognised to have specific needs and how these were dealt with.

The joint priorities were set out within the strategy and were categorised as;

- Identification and recognition
- Realising and releasing potential
- A life outside of caring
- Supporting carers to stay healthy

It was explained that the strategy sets out to ensure that the existing funding was used efficiently and effectively to support carers and details of how the Council and the CCG spent its carers budget for 2012 – 2013 was set out within the strategy.

Members of the Committee were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Haroon referred to the consultation carried out with different groups and stated that the strategy only mentioned the Asian Womens' Centre. Councillor Haroon asked what more was being done to engage with ethnic communities.

Councillor Shori stated that other ways of reaching different groups should be considered and visiting more community centres and religious buildings should be carried out more.

- Councillor Fitzwalter stated that GPs records should be as up to date as possible and they should be the first point of contact.

Councillor Shori explained that GPs were included in the strategy and had been involved in its production. All practices had identified a lead for carers. It was also explained that the CCG had someone in post that would be overseeing the strategy.

- Councillor Simpson stated that some people may not be aware that they are carers and if asked may not confirm this. Councillor Simpson explained that the way a person was asked about their responsibilities may change how they answer.

Tracey Minshull explained that a number of initiatives had been rolled out to promote recognition and identify as many carers as possible. Stalls had been set out in libraries and supermarkets as well as town centres.

- Councillor Simpson also suggested utilising GPs mailshots to include leaflets and information to promote services available for carers.

Tracey explained that all GPs had been consulted and new initiatives discussed and trialled where possible.

- Councillor O'Hanlon referred to the ease in which the report read and congratulated those that had produced it as he felt it was a good, worthwhile document.
- Councillor O'Hanlon also asked that other links be considered in public venues such as pubs, clubs and places of worship and the possibility of working jointly with neighbouring authorities is considered.
- Councillor Parnell asked whether the service had seen any impact since the changes to benefits particularly moving people off DLA and onto PIPs.

Tracey explained that as much information as possible was available to the different groups and that many different organisations and partners were involved in the carers strategy including Job Centre Plus, the Carers Centre

and Citizens Advice Bureau. It was also explained that the Carers Centre will be working in communities to try to reach more people.

- Councillor Walker asked about the work of the Carers Centre and how many staff were employed.

Sheila Blackman, Manager at the Carers Centre explained that there were five members of staff at the Carers Centre:– a manager and two support workers and two part time receptionists. It was also explained that the Centre was based in Silver Street and was managed by Gaddam. The centre had over 3000 carers registered and offered support, advice and respite and also provided outreach work at both Fairfield General Hospital and NMGH. It was also explained that the Centre received referrals from libraries, GPs and others.

- Councillor Walker referred to respite care and how this was vital for carers. Councillor Walker asked whether any conversations had taken place with Bury Hospice about the possibility of offering respite care to residents.

Stuart North explained that the Clinical Commissioning Group had met with Bury Hospice and invited their input into the integrated care development work.

Councillor Shori explained that the upgraded services at Elmhurst would provide respite facilities and it was hoped that when the service was opened in the near future it would be the premier respite centre in the North West.

- Councillor Walker asked what the take-up was of personal budgets.

It was explained that personal budgets were recognised as not being suitable for everybody but those that were on them had stated, in a recent questionnaire that they were happier with their personal budgets now that they were previously.

#### **It was agreed:**

1. That the Health Scrutiny Committee support the implementation of the Carers Strategy.
2. That a progress update report be brought to the Health Scrutiny Committee at its meeting in September 2014.

### **HSC.295 ANNUAL COMPLAINTS REPORT**

Heather Crozier, Head of Customer Services in Adult Social Care Services attended the meeting to present Members with the Annual Complaints Report.

The report covers the period 1 April 2012 to 31 March 2013.

It was explained that a complaint is generally defined as an 'expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response'.

Complaints principally concern service issues, including the perceived standard of services and their delivery by service providers.

Heather explained that it was not easy for a lot of customers to make a complaint therefore the process was designed to ensure that all complaints are treated seriously, in confidence, investigated and given due attention.

The procedure is not designed to deal with allegations of serious misconduct by staff as this is covered under separate disciplinary procedures of the Council.

The total number of complaints received during 2012/2013 was 84 which was a reduction of 5 from the previous year.

The Assessment and Re-integration Team had received 21 (reduced from 32), Vulnerable Adults received 19, Commissioning and Procurement Team received 10. The number of complaints against other teams were relatively small.

77% of complaints were responded to within 30 working days of receipt.

The number of concerns raised by MPs and local Councillors had reduced by 50% but the number of Ombudsman enquiries had increased by 5 or 50%.

It was explained that the total number of complaints equated to 1.3% of customers as the Department provided services to 6,200 individuals.

It was also reported that the Department had received 473 compliments about the work carried out.

Members of the Committee were given the opportunity to ask questions and make comments and the following points were raised:-

- Councillor Simpson asked what the timescales were when receiving a complaint.

Heather explained that there were no official timescales that they had to adhere to but the department worked to a twenty working days timescale.

- Councillor Simpson also asked whether verbal complaints were recorded.

Heather reported that all types of complaints and compliments were recorded and had been included within the report statistics.

- Councillor O'Hanlon referred to the fact that there were 6200 Adult Care Services customers and asked what percentage of these had been contacted.

Heather explained that all of the customers were active.

- Councillor Walker asked whether it would be beneficial to set up a sub group to review the types of complaints.
- Councillor Smith asked whether complaints to private providers that were employed through Adult Care Services were also recorded.

Heather explained that all agencies that provided services to customers through Adult Care were required to undertake training regarding complaints. It was also explained that the procurement team would work closely with the agencies when agreeing contracts and what was required in terms of the contracts.

**It was agreed:**

That the contents of the report be noted.

**COUNCILLOR P BURY**  
**Chair**

**(Note: The meeting started at 7.00 pm and ended at 8.25 pm)**



<b>Report to Health Scrutiny Committee</b>	
<b>Author:</b>	Cllr Rishi Shori, Executive Member Adult Care Health and Housing
<b>Date:</b>	22 October 2013
<b>Title:</b>	Bury Adult Autism Strategy 2013-2016 - Update on Action Plan
<b>Summary:</b>	<p>This report is to give an update on the progress of the Bury Adult Autism Strategy 2013-2016.</p> <p>The strategy is owned jointly by the local authority and NHS Bury.</p> <p>The strategy was been written in response to the National Autism Strategy "<i>Fulfilling and Rewarding Lives</i>" in 2010. This strategy has 5 key areas prioritised by Government and comes with statutory requirements for local authorities in providing and developing services for people with autism.</p>
<b>Equality and Diversity Implications:</b>	<p>The community (both current and future customers) will benefit from an increased awareness of autism. Through training and awareness raising, staff in ACS and health along with other partners will have a greater understanding of autism and how to communicate in an appropriate manner with people with autism.</p> <p>It was raised in the consultation that there is a lack of understanding and recognition of autism within BME communities. With increased awareness raising initiatives, people should have a greater understanding.</p> <p>The strategy looks to enable people with autism to live more independently and safely within their community and offer more opportunities for work and social activity.</p> <p>The strategy aims to create opportunities for creating robust partnerships with existing groups and services to help develop support networks for carers of people with autism.</p> <p>The strategy aims to enable people to become "part of their community" through awareness raising to dispell misunderstanding amongst the general public.</p>

## Background

The strategy was been written in response to the National Autism Strategy "*Fulfilling and Rewarding Lives*" in 2010. This strategy has 5 key areas prioritised by Government and comes with statutory requirements for local authorities in providing and developing services for people with autism.

The objectives of the strategy are:

1. Increasing awareness and understanding of autism.
2. Developing a clear and consistent pathway for diagnosis of autism.
3. Improving access for adults with autism to the services and support they need to live independently within the community.
4. Helping adults with autism into work
5. Enabling local partners to develop relevant services for adults with autism to meet identified needs and priorities. This will be done through joint working and increasing the use of area-based services.

## Consultation

The Strategy was developed following an extensive 12 week consultation with a wide range of stakeholders across Bury including customers, carers, providers, health professionals, youth service, voluntary agencies, community groups and education. The consultation commenced on 5 March 2012 and ended on 26 May 2012. This involved a large event and a series of "drop in sessions" as well as a questionnaire. The results of this consultation shaped the Bury Adult Autism Strategy.

The strategy action plan will be delivered and monitored by the Bury Autism Services Development Group and progress will be reported to the Mental Health Steering Group, Learning Disability Partnership Board, SMT and CCG.

## 1.0 AIMS OF THE STRATEGY AND ACTIONS TO DATE:

The Bury Adult Autism Strategy focuses on five core areas of activity as outlined in the National Strategy:

### 1. Increasing awareness and understanding of autism among frontline professionals.

Actions taken to date:

- Basic online awareness training for all Adult Care Services employees is now mandatory. This is monitored via employee reviews and the training department. A series of drop in sessions will take place to ensure those employees who do not have access to a computer can complete this training.
- A more intensive training course for employees who undertake assessments will be piloted in November 2013. This is based on a Greater Manchester wide training model. It will be delivered by a specialist social worker from Bury ACS, a representative from the National Autistic Society and a carer of a person with autism. The first session will have representatives from all the teams who

undertake assessments within ACS such as social work teams, mental health and LD teams, financial assessment team etc. The aim is to develop a network of Autism Champions to roll out the training and also be a point of contact for information, advice and guidance for anyone wishing to have more information. Work is underway to ensure this training has a robust programme for roll out to all assessment staff.

Future actions:

- A more detailed training package will be commissioned if necessary for specialist workers. This will depend on the evaluation of the training currently in place.
- The basic training package will be opened up to all Council staff and partners. Work is being undertaken to action this within the CCG and early discussions have already taken place with First Buses, Probation, The Police and Bury Council Departments.

**2. Developing a clear, consistent pathway for diagnosis in every area, which is followed by the offer of a personalised needs assessment.**

Actions to date:

- In the past, Bury have not had a local diagnostic pathway for Adults, people who needed an assessment had to go to Sheffield to undertake this. However, whilst a full services is put into place, Bury now have an interim local autism diagnosis assessment service which serves the North East Sector of Greater Manchester but is based in Bury.
- A service specification for the new diagnostic pathway has now been produced. It consists of a more comprehensive multi-disciplinary service which will focus on assessment, diagnosis and referral on to the appropriate services in an integrated manner. Part of the specification is to provide training and we have an established mental health education group that meets approximately every 6 weeks. We hope to source alternative training vehicles as well, such as e-learning. GPs are trained to provide holistic mental health assessments and provide management for common conditions such as depression. When felt appropriate they can refer to a range of mental health services provided by Pennine Care Foundation Trust, including counselling, other talking therapies, psychology and psychiatry. These services are happy to see patients with co-morbidities such as ASD and depression.
- The new diagnostic pathway which will include training and post diagnostic support should be in place by March 2014.

**3. Improving access to the services and support which adults with autism need to live independently within the community.**

Actions to date:

- During the consultation for the strategy, a number of respondents stated that it was hard to access any kind of support due to a lack of understanding of autism amongst services and the community. Therefore, a series of autism awareness raising events are in the planning stages and will take place across Bury in order to raise awareness across Bury. This will be done within Libraries

and the Colleges and will involve a manned information desk and an information sessions hosted by a member from the National Autistic Society.

- The training element of the action plan will be imperative in relation to ensuring that universal services are open and welcoming to adults with autism.

Future actions:

- A sub group of the Autism Services Development Group has been set up to continue to develop methods of awareness raising and work with stakeholders and partners to raise awareness of autism and how to make reasonable adjustments so people with autism can access services.
- The sub group will also look at how to dispel negative perceptions of services by carers of people with autism and the general public.
- Work will continue to feed the needs of people with autism into the Vulnerable Adults Housing Strategy agenda.

#### **4. Helping adults with autism into work.**

Actions to date:

- The Autism Services Development Group and partners are planning a large employer's event. This will be a breakfast event and last only a few hours and will be an awareness raising session and offer information on the benefits of employing people with autism and how to make reasonable adjustments. This has been successful in neighbouring authorities and we will use this model in Bury.

Future actions:

- The Autism Services Development Group will continue to engage with employers, employment support agencies, Job Centre + and other stakeholders to try to help people with autism gain employment and employment opportunities.

#### **5. Enabling local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities**

Actions to date:

- It is difficult to plan and commission services for people with autism without any robust data on the numbers of people and what services they need. However, a new data management system will be in place from the end of 2013 and it will be mandatory for both health and Adult Care to record the numbers of people with both high functioning autism and classic autism. This will enable us to effectively plan for future services.
- A Market Positioning Statement and a Commissioning/development Intentions statement is being produced by Adult Care Services. This will be looked at on an annual basis.
- The Autism Services Development Group will endeavour to engage with all our partners across Bury to raise awareness of autism and help them understand why this is relevant and the implications to their organisation and dispel any negative perceptions they may have.

#### **Next steps**

The Autism Services Development Group will continue to monitor the Strategy and Action Plan and raise any issues with appropriate bodies.

## Supporting Documents

Bury Adult Autism Strategy 2013-16  
Action Plan (Appendix 4)  
Appendices (1, 2, 3A, 3B)  
Equality Analysis



FINAL STRATEGY  
APPROVED BY CABIN



APPENDIX 2 - action  
plan 2013-14.docx



APPENDIX 1A.docx



APPENDIX 1B.docx



EA - Bury Adult  
Autism Strategy - Apr

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**REPORT TO : Health Scrutiny Committee**

<b>Author:</b>	Cllr R Shori, Executive Member, Adult Care, Health and Housing
<b>Date:</b>	Tuesday, 22 October 2013
<b>Title:</b>	Mental Health Action Plan 2013 – 2018
<b>Summary:</b>	<p>To seek approval for the draft Mental Health Action Plan.</p> <p>The Action Plan has been developed to implement the aims of the Bury Mental Health Strategy 2013 – 2018.</p> <p>The Action Plan is owned jointly by the local authority and NHS Bury Clinical Commissioning Group.</p>
<b>Equality / Diversity implications:</b>	The Action Plan aims to take specific steps to improve mental health services and support for all residents in Bury, with a particular focus on those at a greater risk of having a mental health condition and those at higher risk of not having their condition detected, including those with protected equality characteristics.

**1.0 BACKGROUND**

- 1.1 The Government published the national mental health strategy “No Health Without Mental Health” in February 2011.
- 1.2 Health Scrutiny Committee will recall that, in response to this, the Council and NHS Bury Clinical Commissioning Group developed the joint Bury Mental Health Strategy 2013 - 2018.
- 1.3 The Strategy is structured around six main aims (which were taken directly from the national strategy) : -
  - (i) More people will have good mental health - this is about prevention and ensuring people can reach their full potential throughout all stages of life.
  - (ii) More people with mental health problems will recover - the focus is on ensuring people recover well and effectively their manage condition. This includes a focus on early intervention and taking a broader view of the factors that affect mental health, such as housing and social networks.
  - (iii) More people with mental health problems will have good physical health - this is about improving the physical health of people with mental health problems and vice versa.
  - (iv) More people will have a positive experience of care and support - the focus is on providing good quality services which give individuals as much control as possible over their own care.
  - (v) Fewer people will suffer avoidable harm - the focus is on reducing self-harm, reducing harm mental health patients cause to others, and reducing avoidable

harm.

- (vi) Fewer people will experience stigma and discrimination - this is about tackling the stigma and discrimination which can have a serious impact on the life chances of people with mental health problems.

1.4 The Bury Mental Health Strategy was approved by Health Scrutiny Committee in March 2013 and Cabinet in April 2013.

1.5 A joint Action Plan has now been developed to underpin the delivery of the action plan.

## 2.0 PROCESS

2.1 The Action Plan was developed in two stages. An event was held with key stakeholders to identify key themes.

2.2 Following this, meetings or other contact was made with organisations from across the public and voluntary sectors to develop the key themes into actions: -

- (i) Partners: Greater Manchester Police Bury Division, Bury College, Greater Manchester Probation Trust Bury Division, Job Centre Plus, Greater Manchester Fire and Rescue.
- (ii) Providers: Pennine Care Foundation Trust
- (iii) Internal Council teams: Sports and leisure, Parks and Countryside, Children's Services, Libraries and Adult Learning, Communities Section, Public Health, Strategic Housing, Drug and Alcohol Action Team, Employment Support and Training, Choices, Community Mental Health Team (working age adults), Older People's Mental Health Team (adults 65 plus).
- (iv) Voluntary sector and others: BCIL, B3SDA, Samaritans Bury Branch, Bury Involvement Group (BIG); Creative Living Centre, Rethink Bury Carers' Group, Rochdale and District MIND, Jewish Federation, Streetwise, ADAB (Asian Development Association), Richmond Fellowship and Bury Asian Women's Centre.

## 3.0 CONTENT

3.1 The Action Plan covers working age and older adults in relation to:

- (i) Preventative services;
- (ii) Services for individuals with mild to moderate conditions; and
- (iii) Services for those with severe and enduring conditions.

3.2 Each action has a named lead officer, responsible organisation and timescale (either short, medium or long term to be achieved over 1, 3 and 5 years respectively).

3.3 It should be noted that the Action Plan will be delivered within existing resources and, given the current financial climate; this has made it more challenging for organisations / teams to be able to contribute particularly in the voluntary and third sectors.

3.4 However, it should also be highlighted that many of the actions in the Plan can be achieved using officer time rather than financial expenditure.

3.5 This is a five year Action Plan (2013- 2018). It is anticipated that during this time it will be

regularly refreshed and organisations will be able to add to it.

#### **4.0 FUTURE CHALLENGES**

- 4.1 A focus of work for Bury Council and Bury CCG is to improve the understanding of the performance of the mental health services we commission and the value for money they provide. This will provide the basis for future work as it will demonstrate how effective current mental health services are and provide the evidence base for change or maintaining the status quo.
- 4.2 Over time, the regular reporting of performance and outcomes indicators will provide a robust evidence base upon which to make more informed commissioning decisions.
- 4.3 In order to support the above, an exercise has already been undertaken to map the mental health services and support currently available in Bury (it demonstrates the interdependencies between services and how customers / patients move through services). This will provide a structure on which to develop the performance reporting framework, which in turn, will develop our understanding of the effectiveness of the current service structure.

#### **5.0 NEXT STEPS**

- 5.1 A joint Mental Health Steering Group will take ownership of the Mental Health Strategy and the implementation of the supporting Action Plan.
- 5.2 The role and membership of the Steering Group is currently being developed. It will be jointly led by the Council and NHS Bury CCG.

#### **6.0 DECISIONS**

- 6.1 Health Scrutiny Committee is recommended to approve the draft Joint Mental Health Action Plan 2013- 2018.

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**\* Definition of timescales:**

Short term: to be achieved in year one (by end 2013)  
 Medium term: to be achieved between years one to three (by end 2016)  
 Long term: to be achieved by year five (by end 2018)

## Bury Mental Health Action Plan 2013 - 2018 (DRAFT AS OF 25.09.13)

Short term actions (Year One)							
No.	Action	Outcome	Links to aims in the Strategy	Lead organisation	Lead Officer	Timescale* (short / medium / long term)	Evidence
<b>Support in the community (including prevention and early intervention)</b>							
<b>Exercise and physical activity</b>							
1	Awareness of benefits of sporting activities promoted to all Bury College students	More young people participating in physical activity	Aims 1, 2, 3 and 4	Bury College	College Sport Maker	Short	Monitored through Bury College Sport Maker Project reports
<b>Housing and independent living</b>							
2	Map current housing stock for customers with mental health conditions (e.g.. supported accommodation)	Greater understanding of distribution and availability of current resources, and so where future provision should be targeted. People supported to remain independent	Aims 2, 4	Council	Head of Performance and Housing Strategy	Short (subject to information being available on location of this housing)	
<b>Awareness of mental health</b>							
<b>Schools and employers</b>							
3	Bury College students to receive awareness raising tutorial activities on mental health issues	Raise awareness of mental health and tackle stigma	Aims 1, 2,4 and 5	Bury College	Executive Director, Learners and Staff	Short	Monitored by Bury College Pastoral Self Assessment Report

Staff training						
4	GMP Bury Division will raise staff awareness of mental ill health via an on-line training programme.	Numbers of staff trained with improved outcomes for patients	Aims 4, 5 and 6	GMP	Superintendent Territorial Policing, Bury Division	Short
5	Increasing awareness amongst Primary Care and Secondary Care staff of employment services available to patients.	Increase understanding and awareness of how to signpost patients.	Aim 2	CCG	Joint Commissioning Manager	Short
Public campaigns and awareness raising						
6	Co-ordinate publicity for events and activities taking place on World Mental Health Day	Increase awareness and reduce stigma	Aim 6	Bury Council CCG	Strategic Planning and Policy Officer / Project Officer - Customer Advice and Liaison / Joint Commissioning Manager	Short
7	Bury College Performing Arts students to design and deliver a 'Theatre in Education' performance on mental health. They will tour this production in local high schools.	Raise awareness of mental health and tackle stigma	Aims 1, 4 and 6	Bury College	Executive Director, Learners and Staff	Short
Monitored by Bury College Curriculum Self Assessment Report						
Mental health services						
Pathways						
8	Clarify the pathway to raise and investigate safeguarding concerns across all mental health services	Staff respond more effectively to safeguarding concerns	Aims 1, 4, 5	Bury Council <b>** Discussion to take place re: CCG involvement</b>	Safeguarding Manager, Operations / Joint Commissioning Manager	Short
9	To fully implement referral activation within Bury IAPTS with view to promote engagement with the service	To maximise engagement with the IAPT service for individuals referred for IAPT interventions	Aims 2, 4	Pennine Care	Service Manager, Primary Care Bury IAPTS / GP Lead for Mental Health	Short
					Complete	Referral activation is now operational

Information about mental health services						
10	Bury College to publicise information on mental health supplied them to the student population	Prevention, raising awareness and tackling stigma	Aims 1, 2, 4 and 5	Bury College	Executive Director, Learners and Staff	Short
11	Promote the Bury Guide to Mental Health Services provided by Pennine Care to GP's and Bury Adult care Services Staff	Professionals better informed about services available, referral pathways and mental health conditions	Aims 4 and 6	Pennine Care	Service Development and Contracts Manager	Short
Safeguarding						
Safeguarding training						
12	All Bury College staff continue to attend safeguarding training	Increase staff awareness and understanding	Aims 1, 2 and 4	Bury College	Executive Director, Learners and Staff	Short Monitored via Bury College Safeguarding Group
13	Safeguarding awareness raising amongst secondary care mental health practitioners	Recognising risks and following safeguarding processes to manage risk	Aim 5	Bury Council Bury CCG ** Discussion to take place re: CCG involvement	Safeguarding Manager, Operations / Joint Commissioning Manager	Short
Efficient Services						
Data						
14	Develop a mental health pathway (to illustrate the support and services available)	Improve understanding of current service provision	Aim 4	Council	Strategic Planning and Policy Officer	Short  Q:\Performance & Information Team\S
15	Obtain regular mental health data from Bury GP registers	Improve understanding of performance.	Aim 4	CCG	GP Lead for Mental Health	
16	Develop an evidence base which will support the prevention agenda and interventions.	Evidence base will inform commissioning intentions	Aim 1, 2 and 4	Council - Public Health	Public Health Consultant	Short term (Nov 2013)  Q:\Performance & Information Team\S
17	Provision of comprehensive information regarding the evaluation of the RAID service	Evidence base will inform commissioning intentions	Aim 5	Pennine Care	Acute Service Line Manager, North Division	Short

## Medium term actions (Year Three)

No.	Action	Outcome	Links to aims in the Strategy	Lead organisation	Lead officer	Timescale* (short / medium / long term)	Status	RAG rating	Evidence
<b>Support in the community (including prevention and early intervention)</b>									
<b>Exercise and physical activity</b>									
1	Adult Learning Service Brighter Futures Project to work with Leisure Services to encourage and support take-up of exercise and physical activities for adults with mental health needs	More people participating in physical activity	Aims 1, 3	Council	Asst Head Libraries and Adult Learning	Medium term	Monitored through Brighter Futures Project		
2	Continue to work through Township Forums to encourage them to promote and support projects which encourage people to become physically active and improve access to fresh food (e.g. incredible edible).	Awareness raising of opportunities to become physically active	Aim 3	Council (Township Forums)	Communities Manager	Medium term	Monitored via Township Plans - see: <a href="http://www.bury.gov.uk/index.aspx?articleid=1763">http://www.bury.gov.uk/index.aspx?articleid=1763</a>		
3	Promotion of an assessment and exercise strategy in Primary Care using standardised assessment tools (GPAQQ).	More people participating in physical activity	Aims 1, 3	CCG Public Health - waiting for engagement from Public Health to confirm this action.	Joint Commissioning Manager	Medium			
4	Improving physical health and wellbeing in patients with enduring mental illness.	More people participating in physical activity	Aims 1, 3	CCG Pennine Care	Joint Commissioning Manager	Medium			
<b>Employment and volunteering</b>									
5	Local employers, organisations and job seekers to be made aware of in-work employment schemes (eg. "Access to Work"). These schemes are funded by DWP and provide time-limited practical solutions which remove barriers to employment (eg. assisted travel)	Employers made aware of support available to employ people recovering from mental health conditions	Aim 2	Jobcentre Plus	Partnership Manager	Medium			

6	Local employers, organisations and job seekers to be made aware of the "Wage Incentive" scheme. This is funded by DWP and provides financial incentives for organisations to employ disabled people - including mental health.	Employers made aware of financial support available to employ disabled people	Aim 2	Jobcentre Plus	Partnership Manager	Medium		
7	Support people with mental health needs to gain volunteering experience	More people gain employment skills and / or experience working with others	Aim 2	Council	Asst Head Libraries and Adult Learning	Medium term	Monitored through Brighter Futures Project	
<b>Learning and training</b>								
8	Support 60 people with mental health needs to access learning and training opportunities	Better access to learning and training	Aim 2	Council	Asst Head Libraries and Adult Learning	Medium term	Monitored through Brighter Futures Project	
<b>Environment</b>								
9	Township Plans are developed and agreed through local councillors, community groups and public meetings (for each of the borough's six township areas). Each plan contains local priorities to help improve community wellbeing for all.	Improved outcomes for the social, health, economic and environmental wellbeing of local people.	Aims 1, 2 and 3	Council	Communities Manager	Medium-term	Monitored via Township Plans <a href="http://www.bury.gov.uk/index.aspx?articleid=1763">http://www.bury.gov.uk/index.aspx?articleid=1763</a>	
<b>Voluntary groups and peer support</b>								
10	Support for adult students and younger students who are carers at Bury College	Provision of advice and support	Aims 1, 2 and 4	Bury College	Executive Director, Learners and Staff	Medium	Monitored by Bury College Self Assessment Report	
11	Local voluntary group funded to provide regular peer support sessions and a range of awareness raising activities	Reduce isolation via provision of peer support, raise awareness, tackle stigma	Aim 2	Council	Programme Support Manager	Medium		

12	Improve third sector engagement with GP practices across Bury, with a focus on Dementia, including carer support, within BME communities	Bridging the dementia gap and identify hidden carers amongst BME communities	Aims 1, 4	CCG	Joint Commissioning Manager	Medium			
13	Support the on-going development of peer support opportunities available for mental health service users to develop self sustaining support networks	Empower mental health service users to develop self sustaining support networks	Aims 2,4,6	Pennine Care	Community Service Manager, CMHT	Medium			
<b>Housing and independent living</b>									
14	Deliver courses that develop independent living skills (including cookery, budgeting, confidence building and living in a supported environment)	People better equipped to live independently and manage their own budget	Aim 1, 2	Council	Asst Head Libraries and Adult Learning	Medium term	Monitored through	Brighter Futures Project	
15	Develop and embed a contingency arrangement within care and support contracts, whereby when a provider reduces the level of support, this reduction can be quickly accessed should a relapse occur.	More people supported to live independently, ensuring needs are appropriately met, resources used appropriately	Aim 2	Council	Senior Contracts and Procurement Officer	Medium term			
16	Review current placements for mental health service users within residential care to identify if client needs are continuing to be met. The results of the review should inform housing needs.	Ensuring needs are appropriately met and resources used effectively	Aim 4	Council and Pennine Care	Service Manager, CMHT / Older People's Service Manager	Medium Term			

Service user voice						
Engagement						
17	Further engage people with mental health needs in Adult Learning Services to determine learning needs and gather feedback on provision to ensure it is appropriate and relevant.	Better developed service to meet needs	Aim 4	Council	Asst Head Libraries and Adult Learning	Monitored through Brighter Futures Project
18	Work with general practices and Bury CCG Patient Cabinet to develop patient experience questionnaires for Primary Care.	Better developed service to meet needs	Aims 1, 4	CCG	Joint Commissioning Manager	Medium
19	Establish mechanisms for members of the NHS Bury CCG Patient Cabinet to review and input into mental health commissioning plans.	Ensure that commissioning plans are informed by patient and public perspectives and experience	Aim 4	CCG	Operations and Engagement Manager	Medium
Personal budgets						
20	Ensure that all mental health service users who are eligible to access personal budgets are encouraged to do so.	All service users who are eligible to access personal budgets are encouraged to do so.	Aims 2 and 4	Pennine Care	Service Manager, CMHT / Older People's Service Manager	Medium term
Awareness of mental health						
Schools and employers						
21	Review CAMHS and IAPTS to ensure health promotion and prevention become a core part of their service.	Raise awareness of mental health and tackle stigma	Aims 1, 2, 4 and 5	CCG	Joint Commissioning Manager	Medium
22	Contracts with all CCG providers showing evidence of mandatory training in Mental Health, ASD and Dementia.	Increase understanding of mental health and how to support people	Aims 1, 2, 4 and 5	CCG	Joint Commissioning Manager	Medium


<b>Staff training</b>							
23	Develop a mental health training package for Bury Council and CCG frontline staff.	Increase understanding of mental health, how to support and signpost customers	Aims 4 and 6	Bury Council CCG	Strategic Planning and Policy Officer / Joint Commissioning Manager	Medium	
24	GMP will host multi-service table top exercises to raise staff awareness of issues surrounding mental ill health.	Numbers of staff trained with improved outcomes for patients	Aims 4, 5 and 6	GMP	Superintendent Territorial Policing, Bury Division	Medium	
25	Frontline staff in Jobcentre Plus to receive basic mental health awareness training	Frontline Jobcentre Plus staff to have better understanding of how to support jobseekers recovering from mental health conditions	Aim 2	Jobcentre Plus	Partnership Manager	Medium	
26	Identify a mental health/dementia champion within each practice.	Named contact within each practice acting as an advocate for mental health	Aims 1, 6	CCG	Joint Commissioning Manager	Medium	
27	Develop multi-disciplinary team networks of clinicians and other professionals to discuss clinical cases, which include significant mental health elements, at a sector level.	Sharing of learning and best practice to improve outcomes for patients	Aims 4 and 6	CCG	Joint Commissioning Manager	Medium	
<b>Public campaigns and awareness raising</b>							
28	Raising awareness of the '5 Ways to Wellbeing' agenda through Primary Care, Secondary Care, Public Organisations, Voluntary Sector and Private Organisations	Prevention and increased awareness	Aims 1, 3, 6	Bury Council Waiting for engagement from Public Health to agree an appropriate action	Joint Commissioning Manager		

29	Support wider awareness of mental health issues within local communities and promote social inclusion for individuals with mental health needs within their local communities through the community mental health services transformation project.	Increase awareness, reduce stigma and improve social inclusion opportunities	Aims 1,2,4 and 6	Pennine Care	Service Manager, CMHT / Community Service Manager, CMHT	Medium		
Mental health services								
GPs to provide more services close to home								
30	Define the current service delivered by all providers and develop a CCG library of service specifications. Specs to be reviewed in relation to the strategy and mapped against service need and local needs assessments.	Provide a baseline on which to make changes for the future	Aim 4	CCG	Joint Commissioning Manager	Medium		
31	Administration of Anti-psychotic Depots for stable patients in general practices	Reduce re-admission and improve compliance	Aim 2	CCG	Joint Commissioning Manager	Medium		
32	Every general practice to have an existing Primary Care mental health worker embedded within the practice.	Early identification and prevention of mental health issues	Aim 1	CCG	Joint Commissioning Manager	Medium		
Pathways								
33	Substance Misuse and mental health services (Access and Crisis, Single Point of Entry, primary care psychological services, CMHT, Fairfield Hospital Mental Health Wards) to jointly develop or update pathways into and out of services. This will ensure that service users receive seamless provision where appropriate.	Improve transition for service users and improve joint working between services.	Aims 4	Pennine Care	Service Manager, Bury Community Drug and Alcohol Team	Medium		
34	Improving transition pathways between children's and adult mental health services.	Improve transition for service users and improve joint working between services.	Aim 4	CCG Pennine Care	Joint Commissioning Manager	Medium		
35	Develop mental health services that also support people with physical illness e.g. MUPs and condition specific assessments.	Integrated Care to improve health and wellbeing	Aim 3	CCG	Joint Commissioning Manager	Medium		

36	Ensure rapid access into appropriate services for patients who suffer a relapse and understand why patients are re-admitted.	Improved outcomes for patients through early intervention	Aim 2	CCG	Joint Commissioning Manager	Medium	
37	Development and implementation of the Bury IAPS Emotional Wellbeing Strategy.	Improving access to psychological services and promoting recovery	Aims 1, 2	Pennine Care CCG	Service Manager, Primary Care Bury IAPTs / Joint Commissioning Manager	Medium	
38	Promote access to psychological therapies for people with long term conditions.	More people accessing psychological therapies to manage their health and stay well for longer	Aim 1	CCG	Joint Commissioning Manager	Medium	
39	Evaluation of self-harming in A&E and the method of follow up.	Identification of people requiring mental health intervention	Aim 5	CCG	Joint Commissioning Manager	Medium	
40	Review of CAMHS: <ul style="list-style-type: none"> <li>Ensuring referral of correct patient cohorts</li> <li>Ensuring patient is seen by the most appropriate service in the most appropriate place.</li> <li>Single point of access</li> <li>Use of third sector/voluntary services</li> <li>Training and development of Primary Care staff</li> </ul>	Improved outcomes for patients through early intervention	Aims 2, 3, 4, 5, 6	CCG	Joint Commissioning Manager	Medium	
41	Development of new ASD/ADHD service for adult patients and review of transition to adult services.	Improved outcomes for patients and transition	Aims 2, 4	CCG	Joint Commissioning Manager	Medium	

42	Improve advice available to individuals diagnosed with Dementia through collaborative working with the Dementia Advisor Service provided by the Alzheimer's Society	Individuals with dementia and their carers are provided with advice, information and signposting in a timely manner. Improve joint working between services	Aims 1, 4	Pennine Care	Older People's Service Manager	Medium	
43	Extend the implementation of social prescribing for individuals with mild to moderate mental health needs across the borough	Increase availability of low level social interventions to improve the wellbeing of individuals with mild to moderate mental health needs	Aims 1, 2 and 4	Pennine Care	Service Manager, Primary Care Bury IAPTs	Medium	
44	Support the integration and neighbourhood agenda through aligning community mental health services with borough locality health and social care teams to improve joint working and provision of effective health and social care interventions to meet the holistic needs of mental health service users within the areas that they live	Development of an effective fully integrated pathway to meet the assessed health and social needs of mental health service users	Aims 1, 2, 4 and 6	Pennine Care	Service Manager, CMHT / Community Service Manager, CMHT / Older People's Service Manager	Medium	
45	Improving access to mental health services for people with mental ill health being released from prison.	Improved outcomes for patients	Aim 1, 2	CCG	Joint Commissioning Manager	Medium	
<b>Information about mental health services</b>							
46	Develop an information resource detailing how to access services and support available in Bury.	Patients, public and professionals better informed about services and support available.	Aim 1, 2 and 4	Bury Council CCG	Assistant Director of Business Re-design & Development / Joint Commissioning Manager	Medium	

47	Ensure the provision of mental health information that is culturally sensitive for hard to reach groups, e.g. BME communities, via general practice and mental health care providers. Record and monitor distribution.	Patients, public and professionals better informed about services and support available	Aim 1, 3	CCG	Joint Commissioning Manager	Medium		
Screening and holistic assessment								
48	Improve quality of screening for people with mental ill health taken into police custody as part of the criminal justice process	Improve rate of diagnosis	Aims 4, 5 and 6	CCG	Joint Commissioning Manager	Medium		
49	Improve routine physical health screening for individuals diagnosed with a severe and enduring psychotic illness	Individuals with severe and enduring psychotic illness will have better health outcomes	Aim 3	Pennine Care	Service Manager, CMHT / Community Service Manager, CMHT	Medium		
Discharge								
50	Improve the quality of information sharing between Primary Care & Secondary Care and Primary Care & Social Care.	Improved outcomes for patients	Aim 4	CCG	Joint Commissioning Manager	Medium		
51	Develop the process by which individual placements from hospital take place and ensure contracts reflect positive patient outcomes, including independent living skills.	Increasing people's independence in the community	Aim 2, 4	CCG	Service Manager Continuing Health Care	Medium		
52	Develop additional shared care protocols to facilitate discharge from mental health services to primary care and GP led services for individuals who no longer require support from specialist mental health services.	To support individuals to recover from their mental health problems and access the right level of support to meet their needs. To improve transition between health services.	Aims 2, 4	Pennine Care CCG	Service Development and Contracts Manager / GP Lead for Mental Health	Medium		

Safeguarding							
Safeguarding							
53	Ensure suitable support is in place for people detained under Section 136 of the Mental Health Act and minimise the use of police cells.	Ensuring needs are appropriately met and resources used effectively	Aims 4, 5 and 6	CCG/GMP	Superintendent Territorial Policing, Bury Division	Medium	
54	Improve identification of socially isolated people in the community at increased risk of fire through the development of a partnership approach (using GMFRS Partnership Agreement model). Deliver person centred interventions to individuals identified.	Prevention and reducing risk of fire	Aim 1, 5	GMFRS	Community Safety Manager; Bury, Oldham and Rochdale	Medium	
55	Ensure that the Bury Safeguarding Adult pathway is integrated into the Pennine Care electronic clinical record system to improve accurate reporting of safeguarding concerns identified by mental health services and monitoring of outcomes of safeguarding investigations	Effective and accurate reporting and monitoring of safeguarding incidents and investigation outcomes	Aim 5	Pennine Care	Service Manager, CMHT	Medium term	
Safeguarding training							
56	Rolling programme of adult safeguarding training for GP's and GP practice staff. CCG staff to complete basic awareness training as part of the three year mandatory training.	Raising awareness and reducing the risk of avoidable harm	Aim 5	CCG	Designated Nurse for Safeguarding (Children and Adults)	Medium	
Efficient Services							
Data							
57	Develop a performance reporting framework for all mental health services commissioned by Council and CCG	Improve understanding of performance.	Aim 4	Council CCG	Strategic Planning and Policy Officer / Joint Commissioning Manager	Medium	 Q:\Performance & Information Team\S
58	Obtain data from GMP and NWAS in relation to calls about people presenting with mental ill health difficulties	Improve understanding of use of resources.	Aim 4	GMP / NWAS	Superintendent Territorial Policing, Bury Division	Medium	

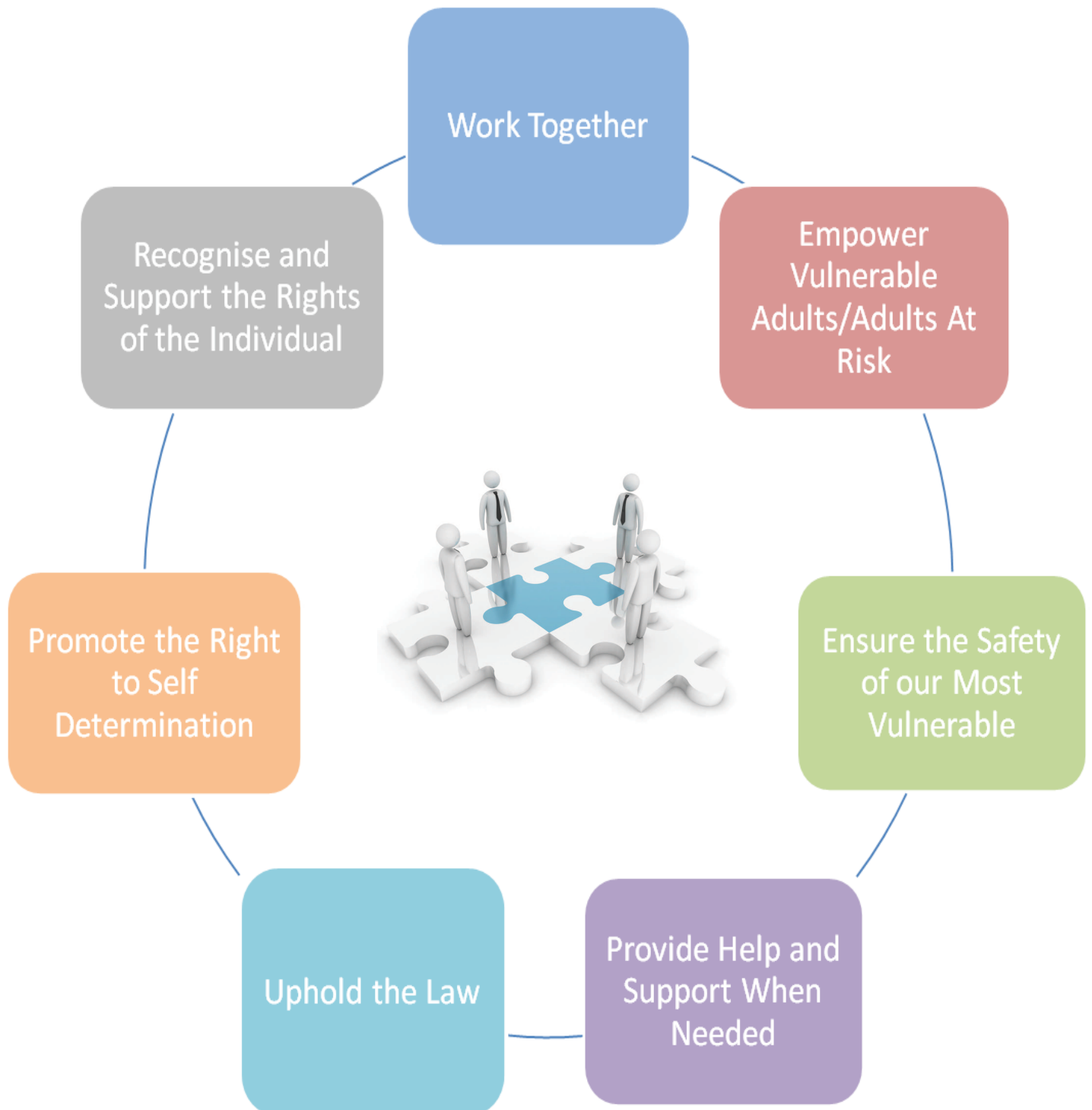
59	Providers of substance misuse interventions to capture information and regularly update care plans regarding service user mental health status. Information to be reported to the DAAT on a quarterly basis.	Improve understanding of performance.	Aim 4	Council Pennine Care	Senior Partnership Implementation Officer, DAAT / Service Manager, Bury Community Drug and Alcohol Team	Medium	
<b>Outcomes</b>							
60	Develop outcomes indicators for all mental health services commissioned by Council and CCG	Improve understanding of outcomes	Aim 4	Council CCG	Strategic Planning and Policy Officer / Joint Commissioning Manager	Medium	
61	Review of Crisis Response Service to ensure patients with physical and mental comorbidities can have a combined community response.	More holistic person centred approach to health and wellbeing	Aim 3	CCG	Interim Project Manager	Medium	
<b>Finance</b>							
62	Development of a toolkit which helps to identify and monitor the cost-benefit of services and interventions (will enable third sector to demonstrate value of provision).	Improve understanding of effectiveness of current spend	Aim 4	Council CCG	Strategic Planning and Policy Officer / Joint Commissioning Manager	Medium	
63	Review the proportion of spend on all aspects of mental health care (prevention / community, primary, secondary care).	Improve understanding of effectiveness of current spend	Aim 4	Council CCG	Assistant Director of Commissioning and Procurement / GP Lead for Mental Health	Medium	
<b>Future priorities to address</b>							
64	Deliver Public Health improvement initiatives aimed at preventing mental health and improving emotional wellbeing	Prevention and promoting recovery	Aims 1, 2, 3 and 6	Council	Interim Director of Public Health	Medium	
65	Further sports / physical activity programmes or schemes to assist with prevention, promote recovery and emotional wellbeing	More people participating in physical activity	Aims 1, 2 and 3	Council	Assistant Director of Operations, Communities and Neighbourhoods	Medium	

## Long term actions (Year Five)

No.	Action	Outcome	Links to aims in the Strategy	Lead organisation	Lead officer	Timescale* (short / medium / long term)	Status	RAG rating	Evidence
<b>Support in the community (including prevention and early intervention)</b>									
<b>Housing and independent living</b>									
1	Engage with customers with mental health conditions to identify what housing is required and to liaise with partner organisations to seek opportunities for service provision.	Ensure maximisation of and most appropriate and effective use of resources.	Aims 2, 4	Council Pennine Care	Head of Performance and Housing Strategy / Service Manager, CMHT / Older People's Service Manager / Community Service Manager, CMHT	Long			
<b>Awareness of mental health</b>									
<b>Schools and employers</b>									
2	Develop shared values and a sense of belonging within communities across Bury, through work to challenge discrimination, prejudice and isolation (measured through Community Voice Survey)	Raise awareness of mental health and tackle stigma	Aim 6	Council	Community Cohesion Officer	Long			
3	Maintain annual mental health and emotional wellbeing education sessions for year 9 pupils in Bury high schools	Raise awareness of mental health and tackle stigma	Aim 1, 5, 6	Bury Samaritans	Director	Long			
<b>Staff training</b>									
4	Bury Samaritan volunteers to continue to be informed by mental health professionals and people with mental health conditions	Increase understanding of mental health and how to support people	Aims 1, 4, 6	Bury Samaritans	Director	Long			

Public campaigns and awareness raising						
5	Provide information at public events to raise awareness of mental health and understanding of the types of support Samaritans offer	Prevention, raise awareness of mental health and tackle stigma	Aims 1, 2, 4, 5, 6	Bury Samaritans	Director	Long
6	Advertise new text support service provided by Samaritans	Prevention, raise awareness of support available and tackle stigma	Aims 1, 2, 4, 5, 6	Bury Samaritans	Director	Long
Safeguarding						
Suicide prevention						
7	Ensure that mental health services are available to provide a timely response to individuals presenting with a mental health crisis 24 hours a day through the on-going development and provision of an emergency response service.	Provision of an effective and supportive response to individuals experiencing a mental health crisis	Aims 4 and 5	Penhine Care Bury/CCG	Acute Service Line Manager, North Division / GP Lead for Mental Health	Long
Efficient Services						
Outcomes						
8	Integrated commissioning and provision of physical and mental health services and social care services to deliver person centred care in the community that addresses both physical and mental health.	Sector based models wrapped around GPs	Aim 1, 3	CCG	Interim Project Manager Integration	Long

# Safeguarding Adults Annual Report 2012-2013



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What's New?

- Bury Council Triage Team
- Specialist Nurse for Safeguarding



My name is David Hanley and I am the Independent Chair for Bury Adult Safeguarding Board. On behalf of the Board I would like to welcome you to the 2012-2013 Bury Safeguarding Adults Annual Report. I hope you will find it both informative and interesting.

This is now my 2nd year as Chair and what a busy year its been!

In Bury we have seen an increase in awareness around adult abuse thanks to local training sessions and national campaigns. This has culminated, as you will see in our facts and figures section, to a rise in the number of cases reported to us.

We have also unfortunately seen some very high profile cases of adult abuse reported in the national press of which we will look at in more detail further on in this report.

Disturbing as these cases may be it is my job to work with, through the Adult Safeguarding Board, organisations directly responsible for caring for our at risk adults to prevent such abuse happening to the people we look after in Bury. Indeed ensuring all the proper checks and measures are in place and learning from such cases is a priority for the forthcoming year.

Thank you once again to all of those who have contributed to supporting and protecting our most at risk adults, but be warned as ever, there is still much more to be done!

*David*

## Adult Safeguarding Event

Bury Coalition for Independent Living and Bury Adult Safeguarding Board will be hosting a safeguarding event later this year.

The event aims to raise awareness about adult abuse and the help and support available in Bury.

Flyers about the event will soon be sent out and details will be posted on Bury Council's website —watch this space!

## Document Pack Page 35 What is Safeguarding Adults About?

Most people are vulnerable and at risk at some stage in their lives. It is crucial therefore that our services and communities are vigilant, understand, are aware and acknowledge that adult abuse occurs.

Adult abuse will not be tolerated in Bury. Bury Adult Safeguarding Board and its associated partners are committed to protecting adults at risk from abuse. This absolute commitment is based on the following, fundamental principles that all adults have a right to: -

1. Live free from violence, fear and abuse and neglect.
2. Be safeguarded from harm and exploitation.
3. Have independence and choice, which may involve a degree of risk.

Although some organisations have a direct responsibility to protect at risk adults, it is everyone's responsibility:

- To work towards preventing the abuse of adults at risk;
- To act promptly to report their suspicions; and
- To support the individual when they believe abuse is taking place.

To report adult abuse please contact Bury Adult Care Services Contact Centre on  
**0161 253 5151**

### Definition of Adult at Risk or Vulnerable Adult

The term 'adult at risk' has been used to replace 'vulnerable adult'. Although people do still commonly use the term vulnerable adult. The definition of an adult at risk is:

**A person aged 18 or over and who:**

- (1) Is eligible for or receives any adult social care service (including carers' services) provided or arranged by a local authority; or
- (2) Receives direct payments in lieu of adult social care services; or

- (3) Funds their own care and has social care needs; or
- (4) Otherwise has social care needs that are low, moderate, substantial or critical; or
- (5) Falls within any other categories prescribed by the Secretary of State; and
- (6) Is at risk of significant harm, where harm is defined as ill treatment or the impairment of health or development or unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft and fraud).

### Defining Abuse

Abuse is defined as:

**... a violation of an individual's human and civil rights by any other person or persons which results in significant harm. (Department of Health, 2000)**

Abuse may be:

- A single act or repeated acts
- An act of neglect or a failure to act

Types of abuse can be broken down into a number of categories:

#### Physical

e.g. as hitting, slapping, misuse of medication or restraint.

#### Sexual

e.g. rape or sexual assault.

#### Psychological

e.g. threats of harm or abandonment.

#### Financial

e.g. theft, fraud, pressure around property or inheritance.

#### Neglect

e.g. ignoring medical/physical care needs.

#### Institutional

A systematic failure of an organisation to provide appropriate care.

#### Discriminatory

e.g. racist, sexist behaviour or abuse because of someone's disability.

## My Story

In order to understand the types cases that are raised and how they are dealt with we have put together some scenarios which are typically of reports received. Please note that these cases are not actual cases.

### George's Story

George struggles with his mobility and since the death of his wife he decided to move into a care home.

One day George was using his new Zimmer frame to walk down the corridor when another resident, Trevor walked past him. Trevor, who suffers from vascular dementia lashed out and hit George causing cuts to George's lip and the inside of his mouth. The attack on George was totally unprovoked, in fact he and Trevor had always gotten on.

Staff immediately moved George and Trevor away from each other and tended to George's injuries; there was also query as to whether George's teeth had been damaged. George was very shaken and upset by the incident and staff stayed with him until he felt better. Staff also called for a dentist to look at George's teeth but no other injuries apart from some small cuts and swelling were found.

Trevor however was closely watched to see whether there were any triggers for this behaviour and it was discovered that he struggled to cope with small spaces. Therefore staff put in plans to ensure Trevor would be supported to walk down corridors free from any obstructions.

The home ensured that care plans and risk assessments for both George and Trevor were also updated.

When the incident happened the care home immediately contacted Adult Care Services to advise what had happened and what they planned to do to prevent any further incidents happening. The case was not taken through to a safeguarding investigation at it was felt that the home had dealt with the case appropriately, nothing like this had ever happened before and the home had ensured that measures were in place to support both George and Trevor to prevent the incident from happening again.

### Mary's Story

Bury Police's Public Protection Unit received notice that Mary had been assaulted by her son who was living with her at the time.

The Police immediately made sure that Mary was safe and then invoked the Safeguarding Adults Procedures.

It was quickly established that Mary was not known to social care staff and therefore an assessment was conducted which found that Mary had a number of disabilities arising out of a long-term health condition.

Through working with and supporting Mary it was found that she had been regularly physically and financially abused by her son who was her only carer.

Again supported by both the police and social care staff Mary agreed to give evidence of the abuse, the outcome of which was her son was charged and given a prison sentence for number of physical assaults and financial abuse on Mary.

Plans have been put in place to ensure Mary's safety and provide for her care needs.

Mary remains safe and is helped by a domiciliary care agency to remain living within her own home.

## My Story

### **Matthew's Story**

Matthew is a 38 year-old man with Asperger's syndrome. An elderly neighbour disclosed to her district nurse that she was concerned for Matthew as he appeared to be being exploited by a group of young girls in the community who looked to be using his home for parties, and also appeared to be extracting money from Matthew. The district nurse and the neighbour spoke to Matthew about the situation. Whilst Matthew clearly had the capacity to make decisions for himself he advised that he had gotten himself into a situation which he didn't know how to get out of.

The district nurse invoked the adult safeguarding procedures with Matthew's consent.

Matthew was fully involved in the strategy meeting and subsequent discussions and worked with the support of his mum, his social worker and the police to stop the girls coming round to his house and asking for money. However, he did advise that he missed "the company" therefore Matthew was also supported in accessing local social groups and networks.

### **Pat Jones-Greenhalgh Executive Director Bury Adult Care Services**

One of Bury Adult Care Services primary responsibilities is to safeguard our customers from abuse. This is not only a priority of the Adult Care Services Directorate but it is also a priority for the wider Bury Council, underpinned by one of the Council's main commitments which is to "Support our most vulnerable residents".

Adult Care Services have worked hard this year to raise awareness of Adult Abuse by delivering training /information sessions and developing services to meet the challenges this brings i.e. expanding our Triage Team and extending the Best Interest Assessor services. This coordinated work has increased the number of abuse referrals reported into Adult Care Services by over 35% from 2010. Due to this increase in reporting it is vital that we continue to work closely with our partner organisations to ensure that we offer the best possible appropriate support and protection to our most vulnerable residents.

### **Maxine Lomax, Designated Nurse for Safeguarding, NHS Bury Clinical Commissioning Group**

The CCG is committed to working to safeguard the well being of adults in Bury and works with all local health partners, the Local Authority, the police and the Adult Safeguarding Board to achieve this aim.

The CCG has an Executive Lead for Safeguarding, and designated safeguarding professionals who are members of various safeguarding Boards and working groups. The CCG additionally has a role in monitoring provider training and levels of safeguarding activity via an annual audit of safeguarding standards.

In recognition of the importance of adult safeguarding the CCG has also recently appointed a nurse with responsibility solely for safeguarding and quality.



In May 2011 the BBC programme Panorama aired a programme showing the appalling abuse of patients at the Winterbourne View Hospital in South Gloucestershire. The patients at Winterbourne View featured in the programme were people with varying degrees of learning disability. The airing of the programme met, quite rightly, with wide spread disgust and condemnation, but also a determination that such a situation could never be permitted to happen again.

As a result of the programme the Department of Health carried out a complete review of the service, which ultimately resulted in the Court sentencing 11 individuals who formally worked at the Hospital .

The main ethos throughout the report was that “only local action can guarantee good practice, stop abuse and transform local services” and to do this local health care and care services must take action to:-

- 1) Develop a person-centred approach to commission placements, taking into account views of people with learning disabilities and their families
- 2) Ensure there are flexible community-based services
- 3) Focus on early detection, prevention and long-term support to prevent people reaching crisis levels and having to go into hospital.
- 4) Deliver care for the individual so that we can understand factors which might distress people and make behaviours more challenging.
- 5) Make reasonable adjustments for people with learning disabilities who have mental health needs so that they can make use of local generic mental health facilities.
- 6) Ensure services are carefully planned to care for children who are transitioning into adulthood and adult services in order to avoid crisis.

In Bury steps have already been taken to ensure that we are fulfilling the above criteria, such as a review of learning disability customer care, with more reviews planned particularly around mental health. A great deal of work has also been undertaken to ensure future strategies are geared to protect from the issues found at Winterbourne. However there is still much more to do and Bury Safeguarding Adults Board will continue to work throughout 2013-2014 towards ensuring preventative measures and practice are in place.

**Mark Granby, Superintendent Territorial Policing, Bury Division**

As local lead for Greater Manchester Police's priority— “Keeping people safe” I am responsible for ensuring Bury Police Division does all it can to protect and support our most vulnerable adults.

However, such support and protection cannot be achieved by one agency alone. Indeed, in the next year I will be working closely with the Bury Adult Safeguarding Board and its associated partners to further develop the Adult Safeguarding Prevention Plan which ultimately aims to stop abuse before it begins. I look forward to this next year and challenges ahead.

**Martin Barber, Greater Manchester Fire Service, Community Safety Manager (Bury, Rochdale and Oldham)**

Greater Manchester Fire and Rescue Service (GMFRS) acknowledges that protecting vulnerable adults from abuse and neglect is “everybody's business” and, as such, is committed to playing an active role in safeguarding them.

In Bury, we continue to develop and deliver more collaborative working arrangements under the auspices of the GMFRS “Partnership Model and Referral Pathway for People at Increased Risk of Fire” which include reciprocal training, clear referral pathways and the development of bespoke interventions which provide support for vulnerable adults.

Furthermore, our updated Safeguarding Policy aims to support those people in our community who are at an increased risk of domestic fire.

## Francis Report

The Francis Inquiry, which is formally known as the "Mid Staffordshire NHS Foundation Trust Public Inquiry", was set up in June 2010 in response to growing concerns around mortality rates and care standards within the Mid Staffordshire Trust's services.

The Francis Report is a sizeable document which spans over 3 volumes.

However, in 2010 the first section of the enquiry was reported on and highlighted issues such as:

- A corporate focus on process at the expense of outcomes
- A failure to listen to those who have received care
- Staff who were disengaged from the process of management
- Insufficient attention to the maintenance of professional standards
- Lack of support for staff
- A weak professional voice in management decisions
- A failure to meet the care needs of the elderly.
- Lack of transparency

In response to the above findings Pennine Acute Hospitals Trust (PAHT), who serve the communities of North Manchester, Bury, Rochdale and Oldham put together an action plan based on the initial 18 recommendations of the first Francis report. This action plan was completed and signed off by the Strategic Health Authority in August 2011.

In March 2013 the final Francis report was published. The report contained 290 recommendations which focused on:

- Governance and Trust Boards
- Monitoring and the authorisation of the NHS Foundation Trusts
- Enhanced standards of quality
- Duty of candour around complaints and clinical risk
- Enhancements to provision of information around inspection and monitoring
- Workforce issues
- Commissioning for Quality
- Role for the regulators.

In addition to the action already taken and in response to the 2013 recommendations the PAHT have undertaken further action which include:

- Executive summary of the Report has been disseminated to all staff.
- The key findings have been brought to mandatory training session for managers.
- Presentation and discussion was held at the local Trust Board
- Agreed assurance monitoring method with the Clinical Commissioning Group (CCG) has been put in place.

However the work for PAHT does not stop there. Rather than just taking the Francis recommendations in isolation PAHT is building the learning from the findings into its Quality and Governance Framework and Aspiration to Clinical Improvement Strategy. All of which will be supported by continual dialogue with both patients and staff and will underpin the development of patient-centred services.

### **Mandy Fieldhouse Pennine Care NHS Foundation Trust, Adult Safeguarding Operational Lead.**

As the organisation grows Pennine Care recognises the need for clear communication channels and staff awareness. Each Borough within Pennine Care now has its own identified safeguarding representative for the areas of Mental Health, Learning Disability and Community Care Services. We will also be working hard this next year to further increase the understanding of adult safeguarding with our staff by rolling out a programme of training which will include Adult Safeguarding Level 2, training around Mental Capacity, Deprivation of Liberty and violent extremism.

## Facts and Figures

Bury Council's Adult Care Services has the responsibility of collecting information about adult abuse within the Borough of Bury.

When a case of abuse is reported it is logged as a "safeguarding alert". It is then passed through a triage system which looks at whether:

- 1) The person is a vulnerable adult
- 2) The person has come to harm as a result of some form of abuse.

If the above criteria are met, the case is then passed through to a team of professionals who look at the case in more detail and decide what action to take. That action can be to conduct a full adult safeguarding investigation, in which case the alert is now called a "safeguarding referral", or to take the case through a different route such as a review of the customers care plan or an assessment referral.

In previous years data, irrespective of whether the case had been referred through to investigation, was required. From April 2013 however requirements on annual statutory data returns only require information around those cases which are investigated.

As you will see in the following pages a high percentage of "safeguarding alerts" don't go through to a safeguarding investigation. This is not because we don't take these cases seriously. It is because a number of cases which are reported to us are not where someone has been abused, but where there is for example a concern about someone not coping at home or where there has been an accident that needs to be reported. Although these cases are not taken through to investigation they are still recorded and sent over for action to various other services.

But **if in doubt always report** to the Adult Care Services Contact Centre on 0161 253 5151.

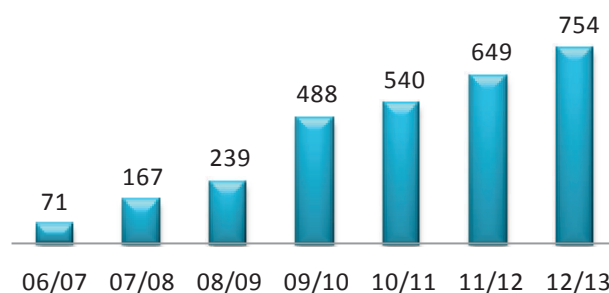
**Make "no decision about me without me."**

Department of Health 2012

## Overall Figures for 2012-2013

The number of cases received has risen again this year.

**Number of Safeguarding Reports Received**



As you can see from the chart above over the last 7 years there has been a significant increase in the number of safeguarding reports received.

This rise in reports not necessarily negative. It means that the awareness around adult abuse has increases considerably since cases started to be recorded in 2006/2007.

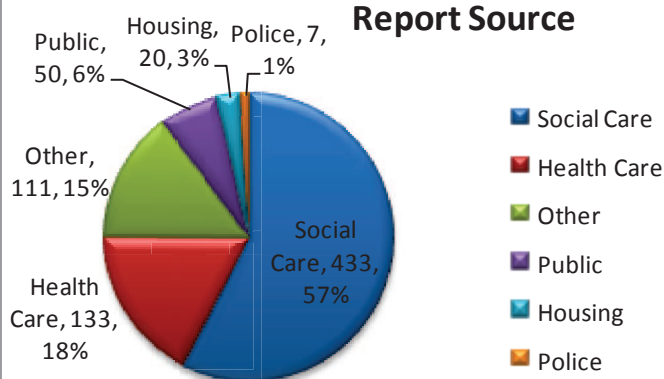
High profile media cases have also raised public awareness of how to recognise and report abuse.

Not all of the above reports when triaged went through to be investigated as abuse cases. A significant majority of the cases were either reporting incidents or accidents where abuse had not occurred or concerns for someone's welfare. However, this is still very important information and in these cases referrals were made through different routes within our social care or health organisations/ prevention measures put in place to stop i.e. any similar accidents.

Out of the 754 cases reported 113 (15%) went forward as safeguarding referrals.



### Report Source



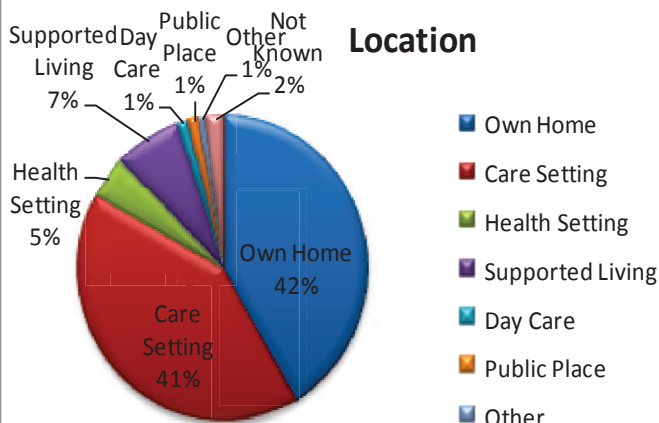
The majority of reports came from "Social Care Staff" (57%). This is because staff within a social care setting generally have responsibility for looking after vulnerable adults and are trained in how to recognise and report abuse. The same again applies to staff working within Health Care.

On a positive note there are signs that training and awareness raising is working, in that there have been increases in the number of reports from the public which has risen from 5% (in 2011-12) to 6% (in 2012-2013), and from the "Other" category which includes organisations such as workplaces, education facilities and the Care Quality Commission where reports have risen from 7% (in 2011-2012) to 15% in (2012-2013).

### Where was the vulnerable adult?

The reports noted that the most common location was a persons "own home" (42% of reports) followed by a "care setting" (41%).

### Location



With more and more people being empowered to stay within their own homes it is essential that friends, family, neighbours and visiting support staff are aware of who to call should they have a concern. It is still believed that there is considerable under reporting when it comes to adult abuse\*. Which is why Bury Adult Safeguarding Board will be concentrating on not only preventing abuse but also raising awareness within our Bury communities.

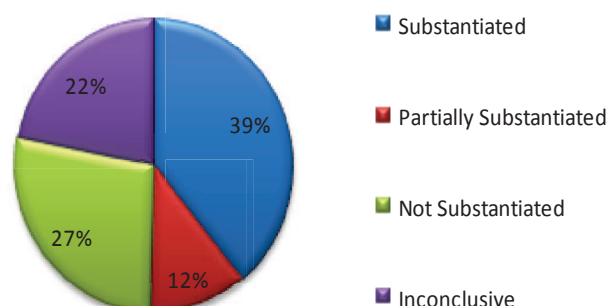
\*(The prevalence of Elder abuse, Cooper/Selwood/Livingstone)

### What happens when abuse is reported?

Reacting quickly to reports of abuse is essential in order to prevent further harm from occurring, and there are strict timeframes services have to adhere to when a report of abuse is made to them. (see page 10 for more info).

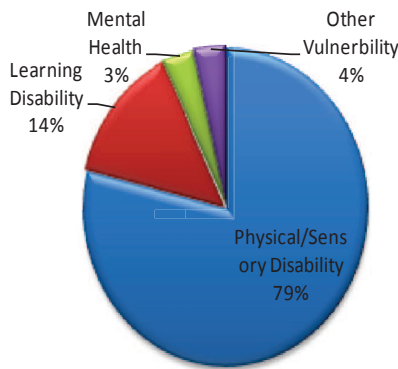
When a report of abuse is received immediate action is taken to ensure that persons safety. Where consent is given or where a person is assessed of needing support as they do not have the ability to consent, a safeguarding investigation is carried out Below and following are the results and demographics of the 113 investigations carried out in Bury for 2012-2013.

### Investigation Outcome



Out of the 113 investigations carried out just over 1/2, 51%, either substantiated or partially substantiated that abuse had occurred. While in 27% of cases it was found that there was no evidence to suggest abuse had occurred or was "not substantiated". In all these situations action is taken to provide help and support to the individual.

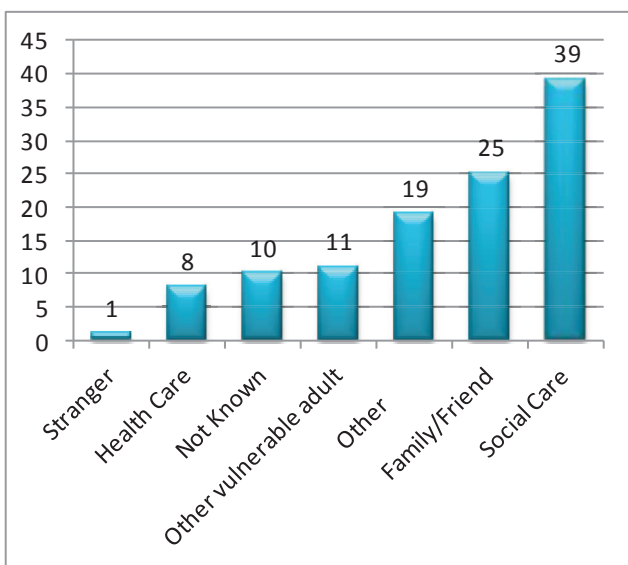
## Who needed help and support?



In 79% of the 113 cases taken through to investigation the adult needing support had a physical/sensory disability or were classed as frail.

The high percentage could be due to the fact that this cohort of people are the ones who generally need or are receiving care from either social care providers or health providers meaning that any issues or problems can be picked up quickly. The Board recognises that this cohort of people are vulnerable and will be working hard to identify new ways of preventing abuse.

## Who was responsible for the abuse?



Care staff from various agencies accounted for 39 (or 34%) of the abuse cases reported, followed by 25 cases (or 22%) where family/friends or neighbours were reported as causing the abuse. Cases such as Winterbourne and the

Francis report continue to highlight issues regarding vulnerable people who are cared for within our care homes and hospitals. The Board is currently working to identify the learning and recommendations learnt from these cases in order to improve services in Bury and protect people from harm.

## Safeguarding Process

Below is the basic process that is followed when abuse is reported.



For more information on the safeguarding multi-agency processes and policies please visit the Bury Council website at [www.bury.gov.uk](http://www.bury.gov.uk)—search for and follow links for "safeguarding adults".

Alternatively please contact Bury Council's Safeguarding Strategic Team on 0161 253 7365.

**Bury Council—Adult Care Services Triage Team**

The Triage Team currently works out of the Whittaker Street building in Radcliffe.

The main aim of the team is to offer advice, signpost customer to other services where appropriate and to prioritise, risk manage and allocate for action the requests for assistance which come into Adult Care Services.

The team consists of a dedicated group of 6 people which include experienced social workers, social care officers and administrators.

Days in the Triage Team are nothing but varied and busy. In any one day the team will take calls and deal with cases relating to: -

- Police, Fire and Ambulance service referrals about vulnerable adults;
- Calls for concern from members of the public who are worried about a family member, friend or neighbour (these calls are often anonymous);
- Disability assessment
- Social care referrals and
- Carers referrals.

However, one of the most challenging areas of work is dealing with the reports of adult abuse. The Triage Team use their collective experience to work with the

callers who are raising the concerns to firstly ensure the safety of the individual at risk, and secondly to ensure that the case is picked up by the most appropriate social work or health team.

In the year April 2012 to March 2013 the team triaged nearly 800 safeguarding cases, no mean feat for this small team!

2013-2014 is set to be another busy year as the team continues to develop so that the most vulnerable Adults in Bury are safeguarded in a timely and appropriate way.

**Welcome!**

A big welcome to Clare Holder who has taken up the role of Specialist Nurse for Adult Safeguarding and Quality within Bury's Clinical Commissioning Group (CCG).

Although Clare is new to the role she is certainly not new to health services.

Clare began her career with the National Health Service in 1984 working in a variety of hospital and community nursing settings including working in the Infectious Diseases Department at Monsall Hospital and as the District Nurse Team Leader in Bury. Clare left Bury to take up the role as lead Nurse for out of hours nursing in Salford but returned to Bury as a manager within Bury's community nursing services and from there progressed to work within Bury's Continuing Health Care Service as a Nurse Assessor.

In her new role as Specialist Nurse for Adult Safeguarding and Quality, Clare is responsible for providing expertise, professional leadership, advice and support around adult safeguarding, adult protection, domestic abuse and the mental health/mental capacity agendas to health organisations such as NHS and independent hospitals, residential and nursing care homes, GP's and community health services.

Clare will also be working closely with Bury Councils Adult Care Services again around the adult safeguarding and protection agenda.



