Our Ref JG
Your Ref HSC/JG
Date 6 November 2017
Please ask for Julie Gallagher
Direct Line 0161 2536640
Direct Fax
E-mail julie.gallagher@bury.gov.uk

Legal & Democratic Services Division

Jayne Hammond LLB (Hons)
Solicitor
Assistant Director of Legal & Democratic Services

TO: All Members of Health Scrutiny Committee

Councillors : P Adams, N Bayley, M D'Albert, J Grimshaw, S Haroon, K Hussain, Kerrison (Chair), O Kersh, J Mallon, A McKay, Susan Southworth 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:-

Date:	Tuesday, 14 November 2017
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	7.00 pm
Briefing Facilities:	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
Notes:	

AGENDA

1 **APOLOGIES FOR ABSENCE**

2 **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.

3 **PUBLIC QUESTION TIME**

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

4 **MINUTES** (Pages 1 - 6)

Minutes of the meeting held on the 12th September are attached.

5 **DELAYED DISCHARGE** (Pages 7 - 18)

Representatives from the Council and NHS will report at the meeting. A presentation is attached.

6 **NORTH WEST AMBULANCE SERVICE CARE HOME WORK** (Pages 19 - 30)

Mike Hynes, Bury Sector Manager and Amanda Fisher, Urgent Care Development Manager, North West Ambulance Service will be in attendance report and tool kit attached.

7 **ADULT'S SAFEGUARDING ANNUAL REPORT** (Pages 31 - 74)

Amanda Symes Safeguarding Adults Manager will report at the meeting. Report and Presentation attached.

8 **UPDATE FROM THE PENNINE ACUTE AND PENNINE CARE JHOSC**

A verbal update will be considered at the meeting.

9 **URGENT BUSINESS**

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

Agenda Item 4

Minutes of: **HEALTH SCRUTINY COMMITTEE**

Date of Meeting: 12th September 2017

Present: Councillor S Kerrison (in the Chair)
Councillors P Adams, N Bayley, J Grimshaw, M D'Albert, S Haroon, K Hussain, O Kersh, J Mallon, Susan Southworth and R Walker

Also in attendance: Councillor Andrea Simpson, Cabinet Member Health and Wellbeing
Julie Gonda, Interim Executive Director Communities and Wellbeing
Dave Boulger, Programme Director (Devolution)
Heather Crozier, Policy Lead and Head of Social Engagement
Julie Gallagher, Principal Democratic Services Officer

Public Attendance: 1 member of the public was present at the meeting.

Apologies for Absence: Councillor A McKay

HSC. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

HSC. PUBLIC QUESTION TIME

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

HSC. MINUTES

The Principal Democratic Services Officer confirmed that a meeting of the Suicide Action Plan Task and Finish Group had taken place and the Chair of the Group will an update at a future meeting.

It was agreed:

That the minutes of the meeting held on 16th March 2017 be approved as a correct record.

HSC. DELAYED DISCHARGE

Julie Gonda, Interim Executive Director, Communities and Wellbeing attended the meeting to provide members with an update in respect of delayed discharge within the Borough. The Presentation contained the following information:

Delayed discharge is a high profile issue and key measure for the Greater Manchester Health and Social Care Strategic Partnership Board, the number of patients that's discharge is delayed is reported weekly.

There has been a steady increase in delayed discharge patients, from a low in May 2017. Quarter four 4 reporting in 2016.17 showed Bury had nearly 1600 patients who experienced a delay in being discharged from Pennine Acute NHS Trust.

The Interim Executive Director reported that trajectories are being developed for this year to assure the GM team that they can be achieved. Delayed transfer of care targets have been established which would hopefully see the reduction in numbers by half by quarter 4, 2018/19. The GM Hospital Discharge Standards will underpin the operations of how these targets can be achieved. GM HSCP have agreed 3 Hospital Discharge Standards that all 10 areas are expected to implement, Discharge to Assess, Patient Choice, Trusted Assessment.

The Interim Executive Director reported that the following schemes have been put in place to reduce the number of delayed discharges;

- Integrated discharge teams at FGH and NMGH
- Additional re-ablement capacity is in place, focussed on the south of Bury to support issues at NMGH
- Implementation of the Care at Home tender on a neighbourhood basis
- In discussion with agencies re D2A beds for social care assessments
- D2A beds have been put in place for Continuing Health Care Assessments

Members discussed concerns in respect of patient choice and problems this causes with regards to delayed discharge. The Interim Director reported that it costs over £1000 per night to keep a patient in a hospital bed, not only is this not the most effective use of resources, it is not the most appropriate place for a patient who is ready to be discharged. Together with partners, the Council are looking to provide some interim beds to ease the pressure on the acute hospital.

In response to a Member's question in respect of new targets for reducing the numbers of delayed discharges, the Interim Executive Director reported that the reduction targets were not achieved in 2016.17 and the targets will continue to be difficult to achieve going forward.

The Interim Executive Director reported that she would expect discharge planning to begin from the date of admission. The discharge must be appropriate to the patient, the support received needs to be standardised and of a high quality. Social workers are now employed in the Trust seven days a week and will assess patients from neighbouring Boroughs to assist the discharge process.

In response to a Member's question, the Interim Director reported that NMGH does see patients with more complex long term conditions than

FGH, NMGH serves an area of high deprivation this combined can make discharge planning more problematic.

In response to a question from the Chair, the Interim Director reported that delays in discharge for children operate under different guidance, problems in delayed discharge are few and usually occur when children have complex medical conditions.

With regards to more beds and services provided in the community, the Interim Executive Director reported that monies from the Transformation Fund will enable the development of services in the Community. The direction of travel across all of Greater Manchester is to smaller hospitals with more services provided in a non-acute setting.
The Interim Director reported that providers will only be contracted to provide work in the community if they have been assessed at good or above by the Care Quality Commission.

In response to a Member's question, the Interim Executive Director of Resource and Regulation reported that a new tender process for the provision of adult social care is being devised, the revised tender will see a move away from a task focused service to a more person centred focused approach.

It was agreed:

That a further update in respect of delayed discharge will be considered at the next meeting of the Health Overview and Scrutiny Committee scheduled to take place on the 14th November 2017.

HSC. TRANSFORMATION UPDATE

David Boulger, Programme Director, Devolution, attended the meeting to provide members with an update in respect of the Transformation agenda. The presentation contained information on the following; GM Transformation Fund, Financial Sustainability, Governance, Risk Management and Pooled Budgets.

The Programme Director reported that the following investment of £19.23 million from the Greater Manchester Transformation Fund has been agreed:
2016/17 .995 million
2017/18 7.031 million
2018/19 6.311 million
2019/20 4.893 million

The Programme Director reported that in regards to financial sustainability the transformation plans should result in a shift from a projected £75.6million financial gap by 2020/21, to a £4.6million projected surplus in 2020/21, increasing to a projected surplus of £5.6million in 2021/22. This will achieved via cost improvement plans, productivity savings, provider divestment and the impact of GM wide savings.

The Transformation Programme Board will oversee the transformation work and would report into the Council's Health and Wellbeing Board.

The Programme Director reported that there are a number of key risks associated with the project which include:
- Lack of system capacity to mobilise proposed changes;
- Inability to recruit staff into required roles;
- Inability to mobilise required IMT requirements;
- Cuts to existing services undermine transformation
- Level of provider restructuring/ reconfiguration required
- Risk share agreements non-existent or are insufficient

The Programme Director reported that key measures of success will include financial and clinical sustainability, improved health outcomes for local people, reduced health inequalities as well as local people actively involved in their own health and wellbeing.

In respect of the pooled budget arrangements the Programme Director reported that a one commissioning plan is being developed, budget mapping and due diligence is under way, provider pooled budget – Early adopter approaches as well as risk share agreements are under development across providers.

Those present were invited to ask questions and the following issues were raised.

Members of the Committee expressed concern that there is a great deal of risk associated with the transformation project.
In response to a Member's question with regards to risk management, the Programme Director reported that work has been undertaken to mitigate the risk. A comprehensive programme management framework is being mobilised and due diligence is being undertaken in respect of pooled budgets.

With regards to auditing of the Transformation monies received from Greater Manchester this is primarily undertaken by the Greater Manchester Health and Social Care Partnership Board. If the outcomes aren't achieved GM can withhold funding. The Health Overview and Scrutiny Committee have a role to play in scrutinising how the transformation monies are being spent and whether the Council are achieving its measures of success and mitigating the risks identified.

The Director of Public Health responding to a Member's question confirmed that it is essential that work undertaken as part of the Locality Plan, Health and Wellbeing Strategy, Starting Well Partnership and Public Service Reform all link together and is not done in isolation.

With regards to the workforce, the Cabinet Member Health and Wellbeing reported that tackling the workforce and persuading the public to self-care are the two key factors in enabling the delivery of the Locality Plan. A workforce workshop has been arranged to discuss the implications of the

proposals the challenge is services will be delivered differently and the workforce is needed to mobilise the change.

It was agreed:

1. The Chair of the Health Overview and Scrutiny Committee would be invited to the workforce workshop.
2. Dave Boulger, Programme Director be thanked for his attendance and the Chair wished him well in his new role within Greater Manchester Devolution.

HSC. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Cabinet Member for Health and Wellbeing and the Policy Lead and Head of Social Engagement presented the Health and Wellbeing Annual Report for approval. The report contains an overview of the Health and Wellbeing Board from the period April 2016 to March 2017 and reflects the key achievements, challenges and activities.

Those present were invited to ask questions and the following issues were raised.

With regards to the data, the Policy Lead and Head of Social Engagement reported that together with the information provided in the Joint Strategic Needs Assessment, the Board will look at the performance information and ascertain what the issues are and look at what the Council, CCG and wider partners are doing to tackle the problem and what more could be done.

In response to a Member's question, the Social Development Manager reported that the work of the Health and Wellbeing Board should not been seen in isolation. A single outcomes framework is being developed for use by all partners.

The Board membership and the governance structure is currently being reviewed to ensure that it is fit for purpose.

HSC. WORK PROGRAMME UPDATE

Julie Gallagher, Principal Democratic Services Officer, submitted a report setting out the terms of reference for the Committee along with a Work Programme Prioritisation Protocol to assist members in the development of a Work Programme for 2017/2018.

It was agreed:

That the work programme be agreed allowing additional items to be considered by the Committee as and when required.

HSC. URGENT BUSINESS

There was no urgent business reported.

Councillor S Kerrison
In the Chair

(Note: The meeting started at 7pm and ended at 8.50pm)

Bury Reporting
Delayed Transfers of Care (DToCs)
Health Overview and Scrutiny

14th November 2017

What will we cover?

1. Update on progress re the flow improvement journey

2. Performance Reporting re DToCs

3. Bury implementation of the GM Standards

4. Questions

Update on progress to date

- Integrated Discharge Team development:

Progress has been ongoing to develop standardised job descriptions, skills and operational processes. Training is ongoing on the different IT systems.

- Leadership of IDTs

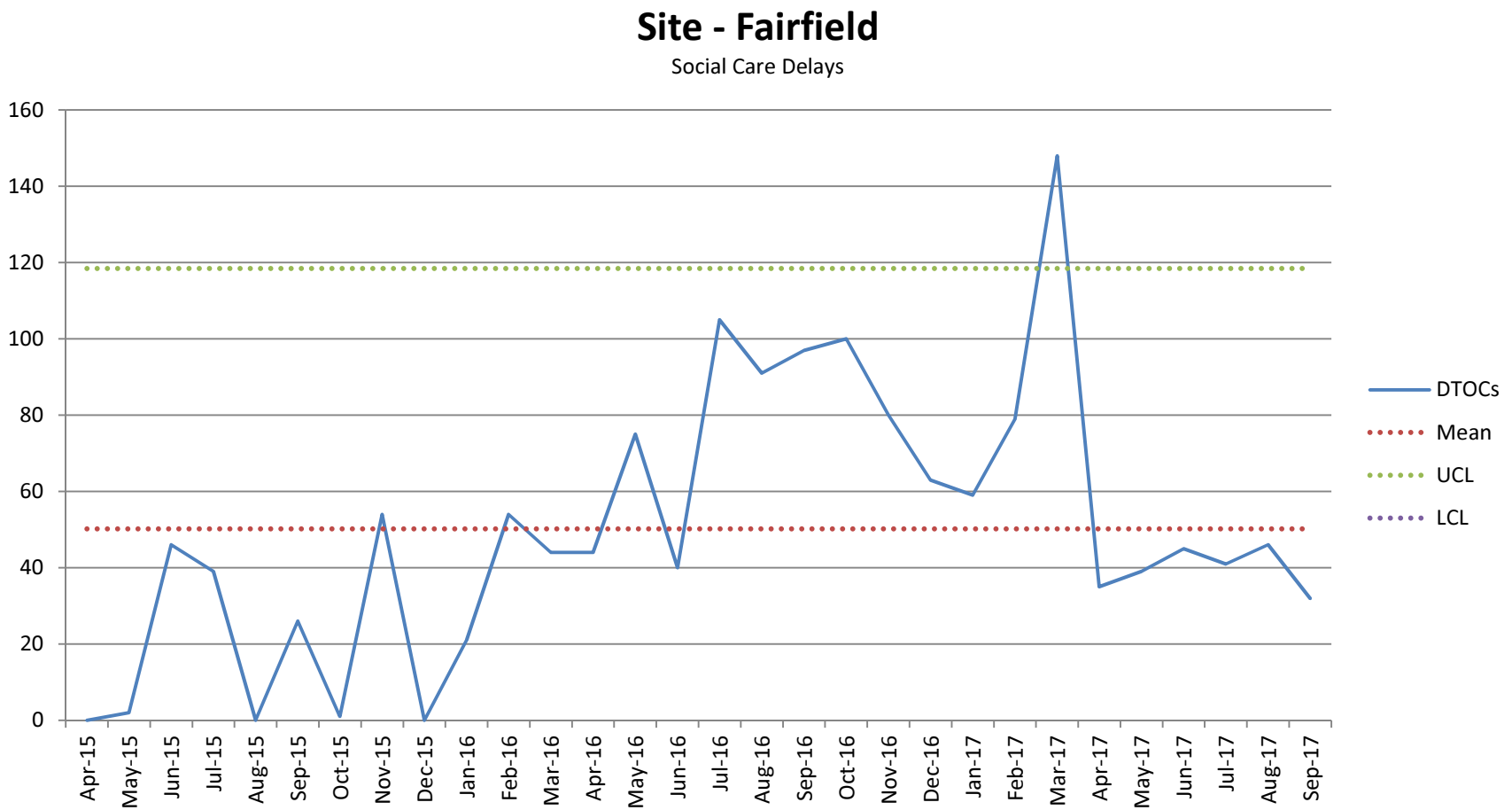
A strong leadership team and culture is developing within the IDT and partnership working with the acute site teams is robust

- Engagement in QI programmes

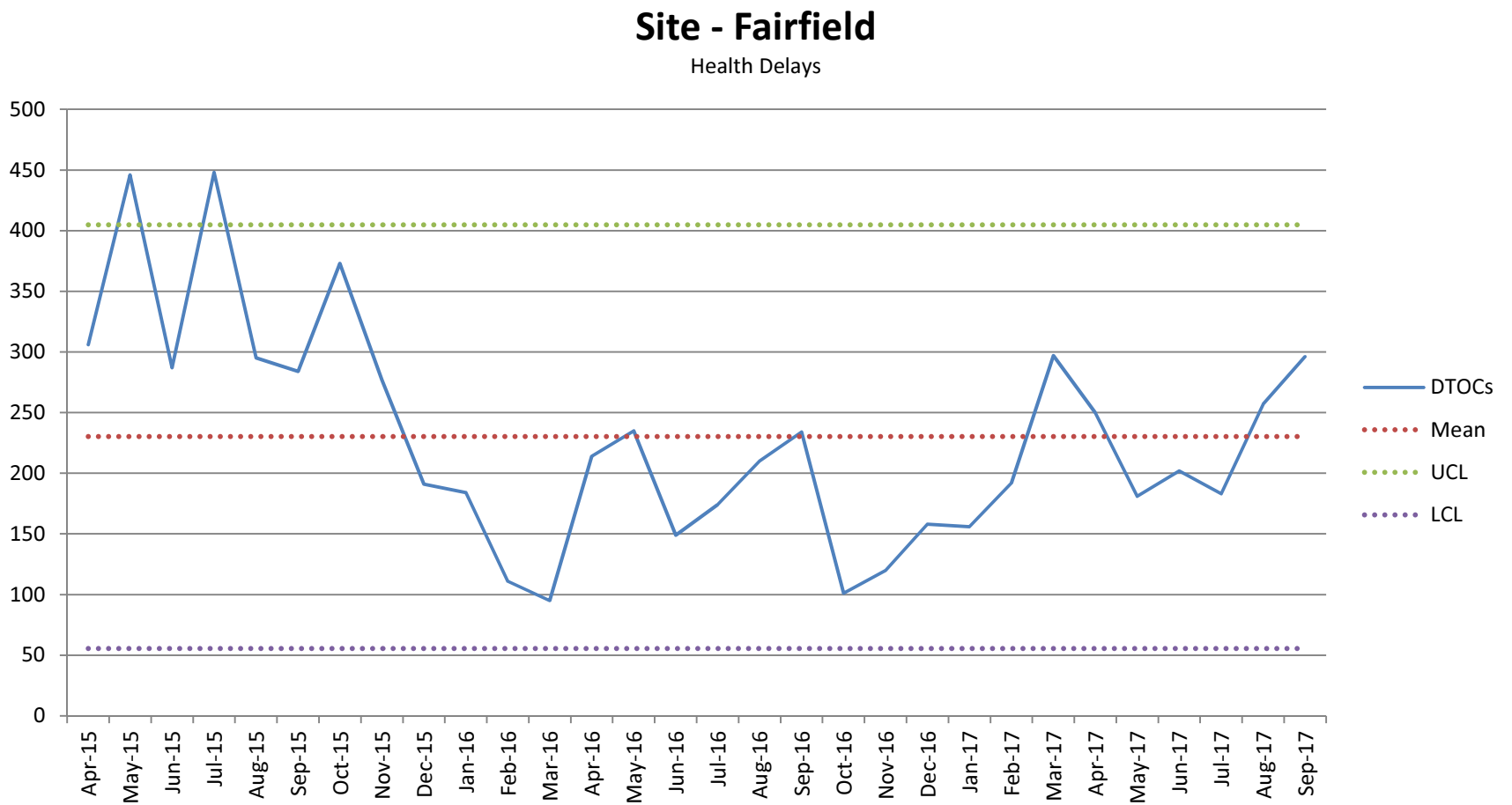
The IDT teams continue to be actively involved in the acute site QI initiatives and are committed to support flow improvements

Performance Reporting

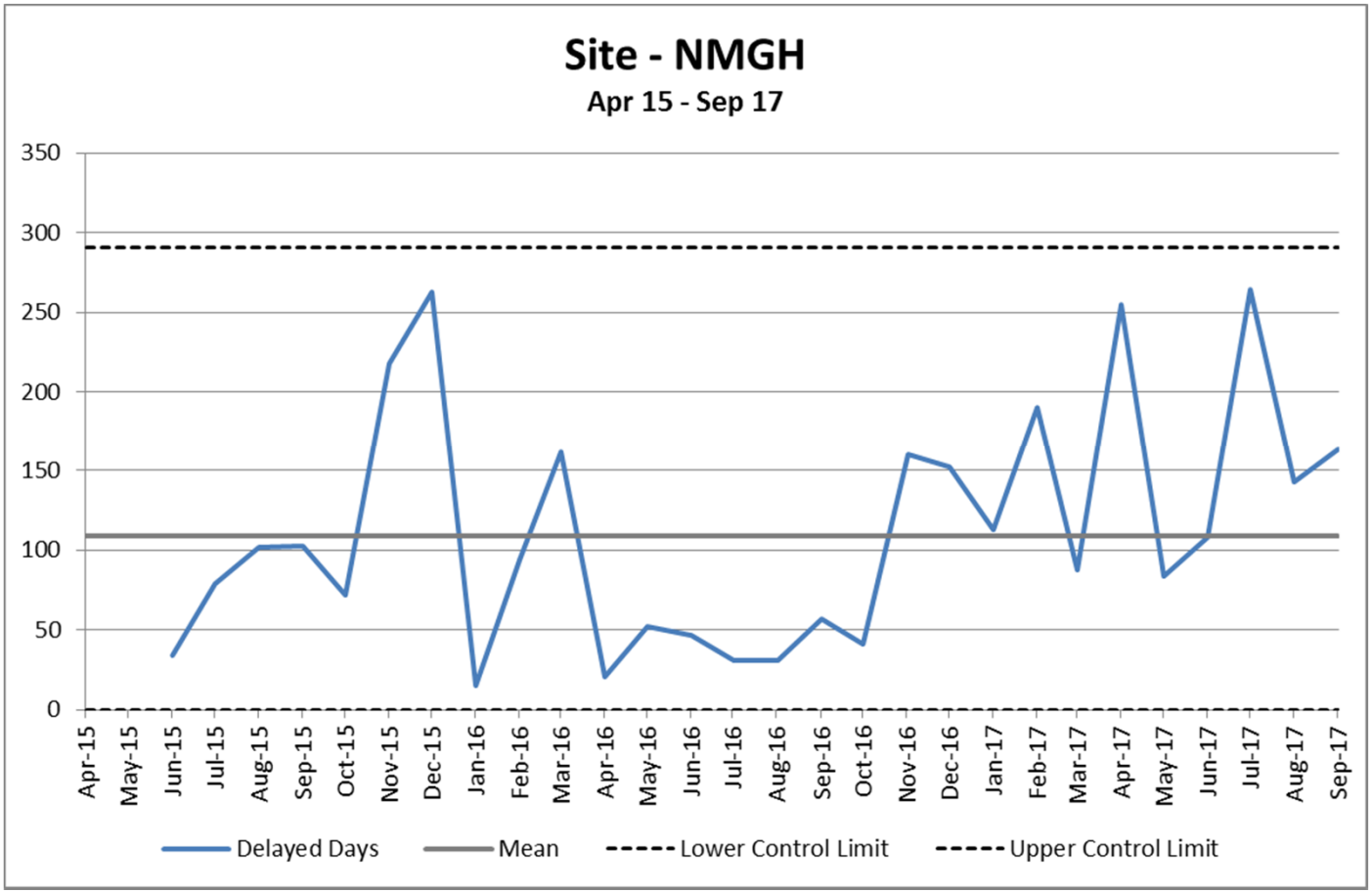
Social Care DTOCs at FGH



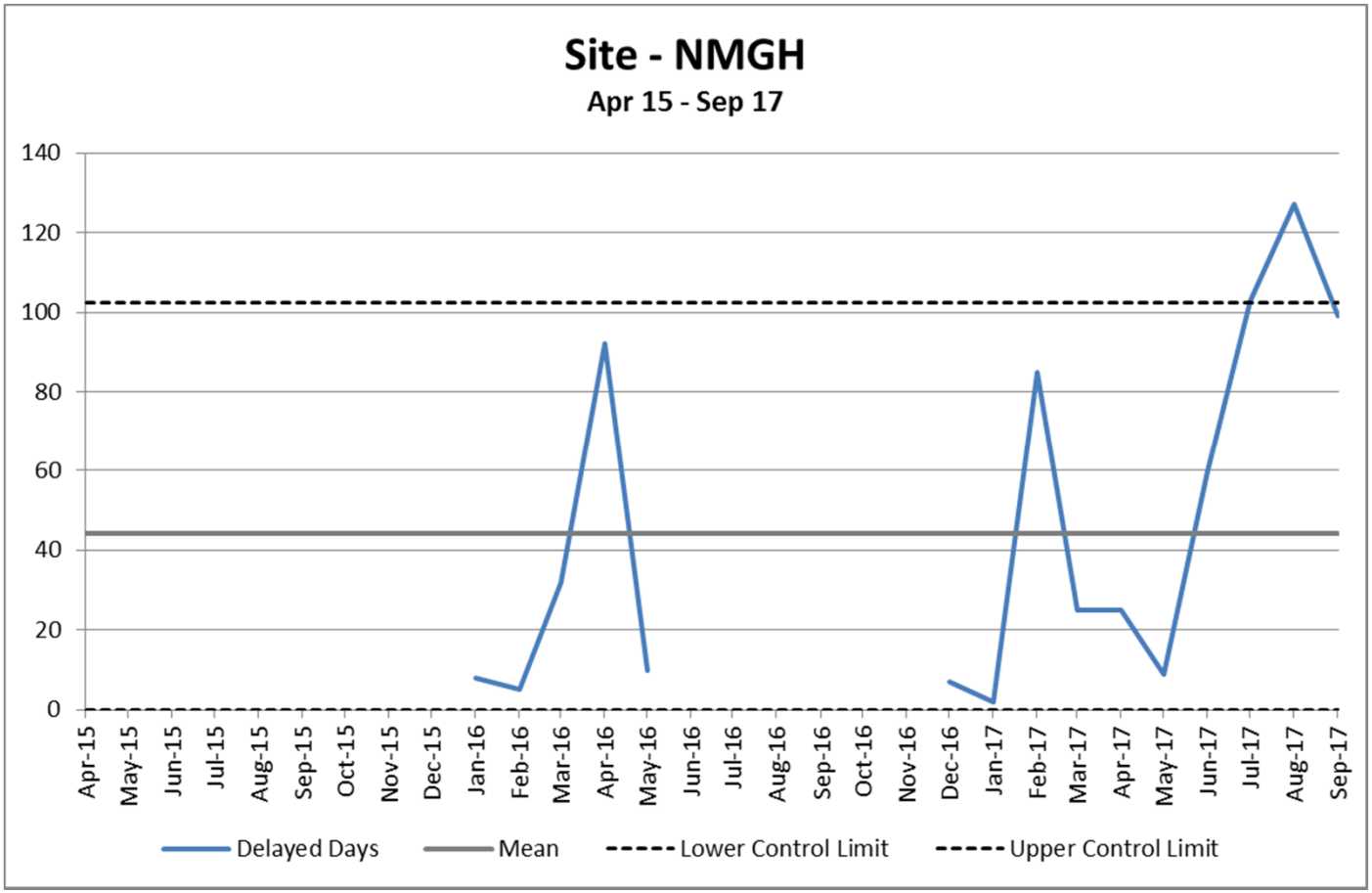
Health DTOCs at FGH



Social Care DTOCs at NMGH



Health DTOCs at NMGH



What are the next steps on our improvement journey

Areas for focus:

-Implementation of a true and effective Discharge 2 Assess pathway for patients going home and into temporary 24 hour care with an aim for only essential assessments taking place in the acute setting

-The development of a 7 day IDT function on the FGH site

-To further develop formal agreements with IDTs on other acute sites to support the discharge of Bury patients

-To work with community providers to develop a truly responsive community pathway which supports flow from secondary care and operates a ‘Home First’ principle.

Questions

Agenda Item 6

REPORT TO HEALTH SCRUTINY COMMITTEE

TITLE:	**North West Ambulance Service NHS Trust (NWAS) – Care Home Responses**
DATE OF MEETING:	**Health Scrutiny Committee – 14 November 2017**
REPORT FROM:	**North West Ambulance Service NHS Trust**
CONTACT OFFICER:	**Maddy Edgar, Senior Communications Manager, North West Ambulance Service.**

1. PURPOSE AND SUMMARY

1.1 To provide Bury Health Scrutiny Committee with an update of work being undertaken by North West Ambulance Service NHS Trust (NWAS) in relation to local care homes.

2. INTRODUCTION

2.1 Bury Council requested information from NWAS on what work is being undertaken to reduce the number of 999 calls being received from care homes.

3. BACKGROUND

3.1 Care homes have always been one of the highest callers of 999 and this is understandable considering the profile of the residents. However, there is acknowledgement that some 999 calls are for minor conditions or incidents which do not require an emergency ambulance and a way of managing these for the benefit of the patient and the Service needs to be established.

3.2 Figures for 999 calls from Bury care homes are as follows:

3.3

Year	No. of 999 calls
2014/15	1,947
2015/16	1,949
2016/17	1,746

3.4 The Trust has received CQUIN (commissioning for quality and innovation) funding to establish an internal working group whose aim is to; 'reduce the number of calls originating from nursing and residential care homes through training and education of care home staff, and to ensure those needing a response are managed with a resource that is commensurate with their presenting needs. This outcome will be delivered by working in partnership with local commissioners to facilitate NWAS clinicians visiting nursing homes and providing education and training to their staff – in a similar vein to the HCP education programme'

3.5 The initial pilot conducted over the Christmas period (late last year/early this year) was for 50 care homes region wide and this resulted in a 50 per cent reduction of calls from those homes trained with ongoing support. The pilot used the Nursing and Residential Home Triage (NaRT) tool, attached to this report.

3.6 Four care homes within Bury have been identified and are taking part in the initiative. They are:

Home	**Managed by**
Killelea House	Bury Council
Nazareth House	Nazareth Care Charitable Trust
Abbeycliffe Care Home	Abbeycliffe Ltd
The Heathlands	Federation of Jewish Services

4.0 Project Objectives

4.1

- Develop and implement a plan to deliver the proposed education programme to 230 identified high intensity users within the first year
- Identify the appropriate team and resource requirements to deliver the proposed education programme using existing resources where possible
- Explore the development of other Frail Elderly and Long Term Conditions management building upon the work of the Community Care Plan and Community Specialist Paramedic workstreams
- Work within the proposed NWAS Governance Framework, liaising with providers and commissioners to ensure pathways of care are in place to provide a robust and sustainable suite of referral options following application of Pathfinder/MTS
- To reduce the number of 999 calls from users of 25 per cent

- Prevent unnecessary conveyance to hospital for frail and older adults and consider the use of community based specialist teams

4. Conclusion

- As work only began using the NaRT tool in Septemnber of this year, it is too early as yet to report on its progress, however indications from the pilot are positive

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List of Background Papers:- **Nursing and Residential Home Triage document**

Contact Details:- Maddy Edgar, Senior Communications Manager, North West Ambulance Service, madeline.edgar@nwas.nhs.uk

2014/15	**1947**
2014 - April	143
2014 - May	144
2014 - June	166
2014 - July	176
2014 - August	162
2014 - September	138
2014 - October	167
2014 - November	156
2014 - December	204
2015 - January	163
2015 - February	138
2015 - March	190
2015/16	**1949**
2015 - April	146
2015 - May	145
2015 - June	143
2015 - July	155
2015 - August	165
2015 - September	172
2015 - October	190
2015 - November	191
2015 - December	156
2016 - January	167
2016 - February	142
2016 - March	177
2016/17	**1746**
2016 - April	127
2016 - May	168
2016 - June	179
2016 - July	162
2016 - August	168
2016 - September	120
2016 - October	122
2016 - November	143
2016 - December	156
2017 - January	156
2017 - February	126
2017 - March	119
Grand Total	**5642**

NHS
North West
Ambulance Service
NHS Trust

Nursing and Residential Home Triage (NaRT) Tool

Version 2: August 2017

The challenge

Supporting high intensity 999 users to provide improved patient care

One in seven people aged 85 years of age and above, reside in a nursing home or residential care home. Unfortunately, evidence suggests that many are not receiving the best and most appropriate care for their ongoing needs. There can be a lack of understanding around assessment and management resulting in unplanned and unnecessary admissions to hospital.

More appropriate care can often be provided within the patients normal surroundings and by health professionals known to them. Throughout England, there are currently six Enhanced Health in Care Homes (EHCH) vanguards working to improve the quality of life, healthcare and care planning for people living in care homes, nursing homes and residential care homes.

The barriers to more effective care planning and management of residents include the following:

* Lack of integrated care planning that focuses on prevention and pro-active care
* Variable access for care home residents to NHS services locally
* Lack of continuity of care due to high turnover of care home staff
* Lack of initiatives supporting preventative care, within the care home environment across health and social care providers
* Recruitment and retention (including training) within the care sector
* Nursing and Residential Home staff can sometimes struggle to access GP services

NATIONAL PICTURE

* More than half a million people aged 65 and over were admitted as an emergency to hospital with potentially avoidable conditions. Average length of admission for over 65yrs = 11.9 days.
* Among people living in care homes, emergency hospital admissions for avoidable conditions were 30% higher.
* People with a variety of conditions, are admitted to hospital often when it is not in their best interests.
* People who have dementia continue to have poorer outcomes in hospital compared with those without dementia, with a 33% higher mortality rate.

Avoiding inappropriate conveyance for the frail or elderly

Enabling patients to experience improved outcomes

It is widely acknowledged the admittance to hospital for frail and older adult patients can cause additional healthcare issues to arise i.e. increased BP at rest, loss of muscle mass, UT infections etc. Bed rest, or acute inactivity associated with hospitalisa on or disease state, poses a potent threat to muscle tissue and functional capacity.

In older adults, physical inactivity during hospitaliza on is almost an accepted part of the inpatient experience, yet clearly contributes to a host of negative outcomes, including a reduction in the ability to perform activities of daily living, increased incidence of readmission and institutionalisation.

While reduced or limited physical inac vity may be indicated in many patient populations, the practice of subjec ng pa ents to con nuous bed rest without a clear medical indication is a regrettable default position. Conveyance to hospital for the frail or older adult is not always the most appropriate course of action and can cause significant distress to the patient and their loved ones. In many cases, patients with pre-existing co-morbidities can be managed by community based specialist teams rather than acute hospital admission.

By providing a system of partnership working and informa on sharing with key stakeholders, such as Care Homes, Nursing Homes and Residential Care Homes, the Nursing and Residential Triage (NaRT) Tool aims to:

* Reduce the number of high intensity users being admitted to inpatient care
* Support Nursing and Residential Home staff to make the correct decision if calling for clinical assistance
* Increase the numbers of patients accessing care away from emergency departments
* Enhance quality of care for patients with non time-critical presentations
* Reduce the amount of inappropriate 999 calls; whilst supporting appropriate utilisation of emergency services.

Designed for the experts in older adult care

The Nursing and Residential Home Triage Tool (NaRT) is based on the Manchester Triage Group's Manchester Triage System (MTS). MTS is an internationally used system for triaging patients, based on patient presentation NOT diagnosis; the system is reductive to ensure the safety of patients and is reliable and consistent. Developed by two Paramedics in collaboration with Manchester Triage Group and Advanced Life Support Group, the NaRT:

* Is person-centred in its approach to the provision of care within a Care Home, Nursing Home or Residential Home setting.
* Is an example of multi-disciplinary team working between NHS and social care sector
* Is a checklist of presenting symptoms, developed to assist in the assessment of residents by care home staff to support access to the most appropriate healthcare provision
* Enables staff on scene to make an informed decision as to the timeframe required for a clinical assessment to take place and supports improved quality of care and outcomes
* Supports experts in older adult care; Care Home, Nursing Home and Residential Care home staff, who know their clients best and have an informed knowledge of their care needs
* Enables the development and implementation of shared care aims for the benefit of the individual
* Is supported by an e-learning package, with additional training available from ALSG
* Is not a replacement for the use of rou ne GP appointments for residents

END OF LIFE AND CARE PLANS

NB: Should the patient have an End of Life or Care Plan in place, relevant documentation should be consulted prior to calling 999, even in the presence of a red discriminator.

End of life and Community Care Pathways should take precedence over the Triage Tool outcome as long as they are signed and within date.

Preventing deconditioning

Prolonged hospital stays can lead to substantial loss of muscle strength **and physical ability.**

Older people who are admitted to hospital are at more risk of:

Reduced bone mass and muscle strength, approx. 2-5% per day

Reduced mobility

Confusion due to changes in normal routine and environment

Collectively this is known as deconditioning which results in:

* increased confusion or disorientation
* potential risk of falls due to muscle weakness
* loss of appetite and poor digestion
* Increase risk of swallowing issues, leading to pneumonia
* incontinence and constipation.

According to recent statistics, the average length of stay in hospital following admission is 11.9 days. 10 days in hospital equates to 10 years of ageing, for an older person.

Appropriate alternatives to taking an older person to hospital should always be considered in line with the patients immediate and ongoing care needs.

PILOT PHASE

During the pilot phase of the NaRT, the triage tool was proven to reduce inappropriate conveyance of patients and potential admission to hospital by over 50%, with no adverse incidents reported.

For more informa on on the pilot phase and associated statistics, please contact the Urgent Care Development Team by emailing urgentcare.development@nwas.nhs.uk

Nursing and Residential Triage

Date:_____ Time:_____ Completed by:_____

Patient Name:_____ DOB:_____ NHS No (if known):_____

Name of GP Practice or referral pathway:_____

Injury

Does the patient have an EoL or CCP in place? ☐

- Airway Compromise ☐
- Shortness of breath ☐
- Shock ☐
- Stroke symptoms ☐
- FAS Test positive ☐
- Chest pain ☐
- Currently fitting ☐
- Major haemorrhage ☐
- Vascular compromise ☐
- Significant mechanism of injury ☐
- Altered conscious level ☐
- Chemical injury to the eye ☐
- Open fracture ☐
- Severe pain ☐

- Minor Haemorrhage ☐
- Smoke exposure ☐
- Direct trauma to the back or neck ☐
- Deformity ☐
- Unable to use limb ☐
- Has been unconscious ☐
- Recent head injury ☐
- Dizziness prior to a fall ☐
- Facial swelling ☐
- Worrying wound ☐
- Moderate pain ☐

Refer to End of Life or Community Care Pathway prior to calling 999, ensuring it is signed and in date. If in any doubt - call 999

999 Emergency Vehicle Response

Ambulance to be requested via 999 immediately*

*You will still be required to provide all details to the 999 call taker who will prioritise the call based on the information provided

999 ☐ Other ☐

Further Clinical Assessment required

Contact Urgent or Primary Care for clinical assessment

999 ☐ 111 ☐

Single Point of Access ☐ Urgent/ Primary Care ☐

Illness

Does the patient have an EoL or CCP in place? ☐

- Airway compromise ☐
- Shortness of breath ☐
- Shock ☐
- FAS Test positive ☐
- Stroke symptoms ☐
- Chest pain ☐
- Hypoglycaemia ☐
- Currently fitting ☐
- New abnormal pulse ☐
- Altered conscious level ☐
- Oedema to the face and/or tongue ☐
- Vomiting blood ☐
- Passing fresh or altered blood PR ☐
- Signs of meningism ☐
- Non blanching rash ☐
- Abdominal pain and back pain ☐
- Very hot ☐
- Severe pain ☐

- Headache ☐
- Unable to use limb ☐
- New Confusion ☐
- Hot ☐
- Hyperglycaemia ☐
- Dizziness prior to a fall ☐
- Has been unconscious ☐
- Recent head injury ☐
- Persistent vomiting ☐
- Widespread rash or blistering ☐
- Moderate pain ☐

Injury ☐ Contact patients own GP, local AVS scheme, District Nurse if available or Local Primary Care Team Illness ☐

If the patient has fallen and none of the above discriminators are present, assist patient from the floor using correct lifting aids and manual handling techniques or contact local falls/lifting service for assistance.

Patient outcome: ED ☐ GP ☐ District Nurse ☐ SPA/Telehealth ☐ Advice only following further clinical assessment ☐ Other ☐

Audit Correct chart ☐ Correct discriminator ☐ Correct outcome ☐

Manchester Triage System

Nursing and Residential Home Triage Tool
S. Allmark/ M.Wenman V2 Draft

Discriminator Dictionary

Abdominal pain and back pain - pain in the abdomen that radiates to the back or pain from the back radiating to the abdomen
Airway compromise - An airway may be compromised either because it cannot be kept open or because the airway protective reflexes (that stop inhalation) have been lost. Failure to keep the airway open will manifest itself as snoring or bubbling sounds during breathing.
Altered conscious level - Not fully alert; either responding to voice or pain only or unresponsive.
Chemical Injury to the eye - Any substance splashed or placed into the eye within the last 12 hours that caused stinging, burning or reduced vision should be assumed to have caused a chemical injury.
Chest pain - Any pain or discomfort around the chest, may also present as neck, jaw or arm pain.
Currently fitting - Patients who are having a grand mal convulsion and patients currently experiencing partial fits fulfil this criterion.
Deformity - This will always be subjective. Abnormal angulation or rotation is implied.
Direct trauma to the back or neck - This may be top to bottom (loading) for instance when people fall and land on their feet, bending (forward, backwards or to the side) or twisting or distracting such as in hanging.
Dizziness prior to a fall - if the patient reported feeling dizzy or unwell prior to a fall they may have in fact collapsed rather than falling.
Facial swelling - Localised swelling to the face.
FAS Test positive - Facial drooping, any new weakness to limbs or changes in speech.
Has been unconscious - A reliable witness who can state the patient was unconscious or if the patient is unable to remember the incident they are assumed to have been unconscious.
Headache - Any pain around the head that is not related to a particular anatomical structure. Facial pain Is not included.
Hot - If the skin feels hot the patient is said to be hot. A temperature of over 38.5˚C is said to be hot.
Hyperglycaemia - Glucose greater than 17mmol/l.
Hypoglycaemia - Glucose less than 3mmol/l.
Major haemorrhage - A haemorrhage that Is not rapidly controlled by the application of sustained direct pressure and in which blood continues to flow heavily or soak through large dressings quickly.
Minor haemorrhage - A haemorrhage that Is not rapidly controlled by the application of sustained direct pressure and in which blood continues to flow slightly or ooze.
Moderate pain - Pain that is bearable but intense.
New abnormal pulse - Heart rate of over 100 beats/min or less than 60 beats/min in adults or an irregular rhythm.
new confusion - PAtients with new onset confusion.
Non blanching rash - A rash that does not disappear when pressure is applied (tumbler test).
Oedema to the face and/or tongue - Generalised swelling around the face usually involving the lips or swelling of the tongue of any degree.
Open fracture - All wounds in the vicinity of a fracture should be regarded with suspicion. If the wound appears to be over a fracture site and looks to be deep enough for the bone to have reached the skin, then the fracture should be assumed to be open.
Passing fresh or altered blood PR - In active massive GI bleeding, dark red blood will be passed PR. As GI transit time increases thes becomes darker, eventually becoming melaena.
Persistent Vomiting - Vomiting that is continuous.
Recent head injury - A history of a recent physically traumatic event involving the head. Usually this will be reported by the patient but if the patient has been unconscious this should be sought from a reliable witness.
Severe pain - Pain that is unbearable; often described as the worst ever.
Shock - Patient may have signs of sweating, pallor, increased heart rate, hypotension and reduced conscious level.
Shortness of breath - Shortness of breath that comes on suddenly, or a sudden worsening of chronic shortness of breath.
Significant mechanism of injury -has the patient fallen from any height or down stairs? Consider location of injury and frailty of the patient.
Signs of meningism - Classically a stiff neck together with headache and photophobia.
Smoke Exposure - Smoke inhalation should be assumed if the patient has been confined in a smoke filled space. Physical signs such as oral or nasal soot are less reliable but significant if present.
Special risk of infection - a patient with an illness or on treatment which lowers the immune system for example on chemotherapy.
Stroke symptoms - any new weakness to limbs, facial drooping or changes in speech.
Unable to use limb - This could be due to pain, injury or neurological deficit.
Vascular compromise - There will be a combination of pallor, coldness, altered sensation and pain to the injured limb.
Very Hot - Temperature of 41 or above.
Vomiting or passing blood - May be fresh (bright or dark red) or coffee ground in appearance.
Widespread rash or blistering - Any rash or blistering eruption covering more than 10% of the body surface area.
Worrying Wound - A wound that may require cleaning or closure; contaminated wounds; wounds involving glass; puncture wounds especially from animal or human bites (consider wounds to the hand caused by a persons teeth following a punch injury), as these may require antibiotics; any wound over a possible fracture site which may indicate an open fracture.

For further information on the NaRT, please contact:

Julie Butterworth

Regional Area Manager—Urgent Care Development

North West Ambulance Service NHS Trust

Email: urgentcare.development@nwas.nhs.uk

Trust Headquarters:

Ladybridge Hall

Chorley New Road

Bolton

BL1 5DD

Putting a STOP to Adult Abuse

Bury Safeguarding Adults Board Report 2016-2017

Contents

Please click on the blue hyperlink in the content list below to go straight to the section you wish to look at.

Welcome and Introduction

"Hearing our customer voice"

As Deputy Chair of the Bury Safeguarding Adults Board, I am very pleased to introduce our annual report for 2016-2017.

As you will see the achievements of the Bury Board have been significant and reflect the strength of commitment across the partnership to deliver a strong response to prevent abuse and protect the most vulnerable adults in our community.

There are many factors which determine the success of a Board. For example, committed and productive Board members, a willingness to innovate and think creatively and, open and transparent services. However, the fundamental element that will determine the success of this Board is knowing what our customers/clients want and then providing an appropriate response. Therefore, this year I will be concentrating efforts on ensuring that we continue to respond proactively to our "customer voices" and use their feedback to positively develop and direct the business of the Board.

This is my first report as Deputy Chair and I am looking forward to the challenges and opportunities that working in Bury will bring over the next year.

I would like to close with thanks to all those who have contributed to the work of the Board over the last year and who have contributed to the production of this report. May the hard work continue!

Stuart Richardson
Deputy Chair Bury Safeguarding Adults Board

Who Does Adult Safeguarding Apply To?

People's wellbeing is at the heart of the Care Act 2014, and prevention of adult abuse and neglect is one of the elements identified as making up a person's feeling of "wellbeing".

Adult safeguarding means protecting an adult's (age 18 or over) right to live in safety, free from abuse and neglect. It is about making people, or their carers/representatives, aware of their rights, protecting them and preventing or stopping abuse.

When a concern of abuse or neglect is reported, Bury Council has a legal duty under the Care Act to ensure that enquiries are made where the adult concerned:

- Has care and support needs and
- Is experiencing, or is at risk of, abuse or neglect and
- Is unable to protect themselves because of their care and support needs.

Additionally local authorities now have safeguarding responsibilities for carers.

Adult safeguarding duties apply in whatever setting people live, with the exception of prisons and approved premises such as bail hostels. They apply regardless of whether or not someone has the ability to make specific decisions for themselves at specific times.

Abuse is an act whether intentional or unintentional which harms an adult. Abuse can happen anywhere and be carried out by anyone and it can take many different forms. See the next page which explains a bit more about abuse categories and their possible indicators.

Defining Abuse

Please note the descriptors and indicators below are not a definitive list but are to give you an idea of how to potentially recognise abuse:

Type of Abuse	Description and examples	Possible indicators
Physical abuse	Hitting, slapping, misuse of medication or restraint, involuntary isolation of confinement.	Unexplained injury, subdued behaviour, failure to seek medical assistance.
Sexual abuse	For example rape or sexual assault, inappropriate touching, sexual activity where the person lacks the capacity to consent, sexual teasing.	Bruising to thighs, buttocks, upper arms. Reluctance to be alone with a particular person, bleeding from genital area.
Psychological or emotional abuse	Could include enforced social isolation, removing mobility or communication aids, not meeting cultural or religious needs, failure to respect privacy.	Wariness toward particular person, low self-esteem, change in appetite, uncooperative/aggressive behaviour.
Financial or material abuse	Theft, fraud, pressure around property or inheritance, misuse of power of attorney.	Missing possessions, unexplained lack of money, failure to account for spent money, disparity between persons living conditions and resources.
Discriminatory abuse	Racist, sexist behaviour or abuse because of someone's disability.	Person withdrawn and isolated, expressions of anger/fear, support does not take into account persons individual needs.
Organisational or institutional abuse	Incidents of abuse that derive from an organisation's practice, culture, policies and/or procedures.	Neglect, poor care, culture of poor professional practice.
Neglect or acts of omission	Ignoring medical/physical care needs, failure to ensure privacy and dignity, lack of personal choice.	Pressure ulcers, unexplained weight loss, inappropriate clothing, poor environment, untreated injuries.
Domestic violence or abuse	Psychological, physical, sexual, financial, emotional. Domestic violence or abuse includes any incident of coercive, threatening or violent behaviour between people aged 16yrs and over who have been intimate partners or family members.	Low self esteem, physical evidence i.e. cuts/bruises, isolation from friends and family, limited access to money.
Sexual Exploitation	Involves exploitative situations and relationships where people receive 'something' (e.g. accommodation, alcohol, affection, money) as a result of them performing, or others performing on them, sexual activities.	Signs of physical or emotional abuse, disengagement from existing relationships, low self-image, volatile or secretive behaviour.
Modern slavery	Human trafficking, forced labour, domestic servitude, sexual exploitation.	Signs of physical or emotional abuse, unkempt/withdrawn, isolation, poor living conditions, lack or personal effects.
Self-neglect	Lack of self care, poor personal hygiene, self harm, failure to access services.	Unkempt appearance, lack of essential food/clothing/shelter, hoarding, malnutrition, living in unsanitary conditions.

Who Can I Contact If I See or Suspect Abuse?

Concern for an Adult

If you are concerned for yourself or another adult, contact Bury Council social care services Connect And Direct Hub on :

0161 253 5151 during office hours (8.45am to 5.00pm Monday to Friday) or

adultcareservices@bury.gov.uk .

If you need to make contact outside of office hours use **0161 253 6606** or again use the email address as above.

Concern for a Child

If you have a concern or query about a child or young person (under 18), please contact children's services on 0161 253 5678 during office hours or 0161 253 6606 outside normal office hours or email childwellbeing@bury.gcsx.gov.uk

Whether for an adult or a child if your call is urgent please contact the emergency services on 999.

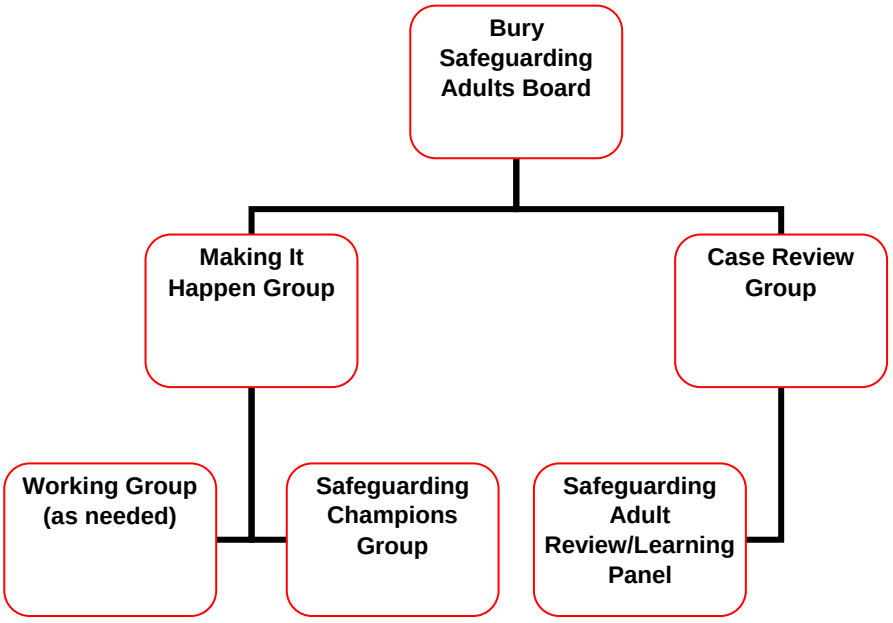
Bury Safeguarding Adults Board(BSAB) Activity Report 2016-2017

The main function of the BSAB is to help and safeguard adults with care and support needs by:

- Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- Assuring itself that safeguarding practice is person-centred and focused on the outcomes of the adult;
- Working collaboratively to prevent abuse and neglect where possible;
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- Assuring itself that safeguarding practice is continuously improving and enhancing the needs of adults in the Bury area.

The BSAB meets four times a year and consists of a group of representatives from a number of local and regional services. The BSAB is also supported by a number of other subgroups as illustrated by the diagram below:

Structure and Subgroups



Bury Safeguarding Adults Board The strategic steering group with statutory responsibility for adult safeguarding activity in Bury.

Making It Happen Group
The operational arm of the BSAB with the responsibility for progressing the action plans underpinning the BSAB strategic plan.

Safeguarding Champions Group
This is a Group of practitioners who act as Champions within their own organisation to improve safeguarding practice.

Working Group
These groups are established for specific task and finish pieces of work which are too big to be managed as part of the Making It Happen Group's normal business.

Case Review Group
This group is responsible for disseminating learning from adult safeguarding cases and scoping/monitoring any **Safeguarding Adult Reviews/Learning Reviews.**

The next section explains a bit more about the BSAB and its activities during 2016-2017 and its plans for 2017-2018. The first section outlines the BSAB collective achievements followed by updates from each individual BSAB member organisation.

2016-2017 BSAB Achievement Update

Our Achievements

In line with the strategic plan, which runs from 2016 to 2019, the BSAB agreed to concentrate on 10 key work areas. Below is the progress against these areas.

Work Area 1 – Data Collection and, development of a comprehensive risk register.

Aim - It was initially agreed that core BSAB organisations would amalgamate safeguarding data in order to provide a picture of who is most at risk in Bury. However, following an initial scoping exercise it was found that there are not currently the resources or the systems to facilitate this. Therefore, alternative arrangements have been made.

Position

- ½ yearly data reports are supplied via the Bury Council's Performance Intelligence Team.
- Benchmarking data will be brought in via the North West Performance Group.
- Data from the national Safeguarding Adults Collection and the Adult Social Care Outcomes Framework will also provide information around performance targets set in the Strategic Plan.
- Risk assessment model designed and content agreed.

Work Area 2 – Develop organisational self assessment framework.

Aim

This workstream aimed to ensure that the organisations represented at the BSAB have a well developed, clear response to adult abuse and reporting.

Position

- Assurance framework has been developed and agreed.
- 2 officers trained as peer assessors.
- Bury Police service undertook the first self-assessment. The results were shared with the BSAB.
- Agreement made that that peer assessments would be conducted by BSAB organisations where no other adult safeguarding assurance processes were in place/inspections conducted (i.e. CQC and Ofsted)

Work Area 3 – Develop and deliver an effective engagement and communication plan.

Aim

To develop a robust communication and public engagement plan to ensure that there is a wide awareness that adult safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.

Position

- Safeguarding leaflet/banners developed and disseminated.
- Customer questionnaire developed and disseminated – to be used at public events to gauge knowledge and understanding of Adult Safeguarding, and promote "safeguarding is everyone's business".
- BSAB website page developed and is now live on the Bury Directory.

Work Area 4 - Develop and deliver an effective collaborative learning and development plan.

Aim

To support organisations to have a well developed and clear response to adult abuse and reporting.

Position

- Safeguarding Champions Group set up.
- Representatives from each BSAB organisation identified and invited to attend the Safeguarding Champions Group.
- Standards of learning and knowledge agreed in accordance with organisational roles and responsibilities.
- Gaps re: training and knowledge identified.

Work Area 5 - Create an effective forum for all safeguarding managers (officers to work collaboratively)

Aim

To work to ensure that there is a wide awareness that safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.
(please note this links with the above work area)

Position

- Safeguarding Champions group was approach to scope the possibility of altering their membership to include a wider cohort of organisations. This resulted in a new Terms of reference for the Group and additional members were added.
- Regular meetings are now in place.

Work Area 6 - Take forward "Making Safeguarding Personal Agenda" and roll out Eyes Wide Open approach for all services.

Aim

To ensure that we listen to people who have been affected by abuse, learn from them and share the learning.
To ensure that we listen to what people are telling us about the risks they face, working with them to reduce the risk.

Position

This work area only been partially developed this year due to commitment needed in other work areas. Work will continue in 2017-2018.

Work Area 7 – Production of Annual Report

Aim

To produce annual report in line with Care Act guidelines.

Position

Mechanisms have been put in place to ensure the report is produce and ready for dissemination in July each year.

Work Area 8 - Use data to benchmark ourselves against other Safeguarding Boards and ensure that we are collecting data for key measures of success

This workstream area was absorbed into work area 1.

Work Area 9 - Review of the Bury adult safeguarding policies and protocols

Aim

To produce Care Act compliant Inter-Agency Policy and procedures which will support organisations to have a well developed and clear response to adult abuse and reporting. To build in regular review of the policy and procedures and commission additional supporting documentation as required.

Position

- Policy and procedure developed and agreed by the BSAB.
- Documentation disseminated to key agencies.
- Inter Agency Risk Management protocol (IARM) (complex case protocol) produced and 1st testing completed.

Work Area 10 – Develop Case Review Group.

Aim

To develop a group to manage Safeguarding Adult Review's (SAR's), learning reviews and general organisational learning in order to develop a greater capacity to learn and share learning.

Position

- Group has been established and meets regularly.
- Terms of reference completed.
- SAR procedure produced.
- 1st learning review completed.

Safeguarding Adult Review (SAR)

Safeguarding Adult Reviews or SAR's take place when an adult at risk of abuse dies or has experienced serious neglect or abuse and, there is concern that agencies could have worked more effectively to protect them.

The purpose of a SAR is to learn lessons about how professionals and organisations work together, and to consider how the learning can be used to improve practice for others in the future.

There were no SAR's in Bury during 2016-2017.

Two cases were considered however, neither met the SAR criteria.

2017-2018 BSAB Forward Plan

Below please find the table highlighting the work areas for the Strategic Plan for 2017-2018.

Goal	What is our aim?	Key Actions 2017/18
Prevent	**To prevent the abuse of adults at risk**	• Develop a greater understanding of who is most at risk and manage those risks effectively. • Seek to empower adults at risk of abuse to recognise risks and to safeguard themselves through effective risk management and personal prevention plans. • Support communities to become the eyes and ears of safeguarding. • Listen to people who have been affected, learn from them and share the learning. • Explore linkages and relationship of Board with place based working.
Protect	**To protect adults at risk from being victims of abuse.**	• Empower people to protect themselves by offering sound and timely advice • Listen to what people are telling us about the risks they face, working with them to reduce that risk. • Support organisations to have a well developed clear response to adult abuse and reporting. • Develop a greater understanding of what is already in place to ensure adult safety and that it is effective.
Communicate	**To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.**	• Develop a robust communication and public engagement plan. • Work to ensure that there is a wide awareness that Safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.
Assure	**To be assured that in Bury Adults are safe from abuse**.	• Embed the assurance framework and delivery plan. • Use available information and data to evidence that we are making a positive difference. • Ensure that we learn from and share our mistakes and our successes especially in relation to case reviews. • Annually review the current multi-agency Policy and Procedure ensure that they are fit for purpose. • Further explore the linkages and relationships with other related local Boards around wider abuse agendas such as domestic violence, FGM and Channel. • Develop accountability framework for the Board.

Bury Clinical Commissioning Group (CCG)

NHS
Bury Clinical Commissioning Group

Cathy Fines

Clinical Director Bury Clinical Commissioning Group & Deputy Chair of Case Review Group

NHS
Bury Clinical Commissioning Group

Maxine Lomax

Head of Safeguarding NHS Bury Clinical Commissioning Group

Our Achievements

During the last year, we have successfully built on the work of previous years. We continue to assure the providers who we commission to ensure that they provide good quality, safe services for the residents of Bury. This work includes working with large providers, such as Pennine Care Foundation Trust and Pennine Acute Trust, but, we also work with nursing and residential homes where Bury residents live. The Quality and Safeguarding forum for nursing homes meets every two months and promotes the sharing of ideas, good practice and a place to share challenges. The last 12 months has seen us facilitate group clinical supervision for registered nurses working in nursing homes. As far as we know, we are the first CCG to facilitate this type of initiative.

The CCG safeguarding team provide clinical supervision and safeguarding supervision to a number of local providers who deliver care to vulnerable patients; this includes the team working with Military Veterans and senior staff working at Bury Hospice, Cygnet Hospital and the Priory.

Another new initiative these last few months has been the development of a process for GP's and practice nurses to be provided rapid access to support for victims of domestic abuse. The CCG, working with the community safety officer from the LA and with the support of the Domestic Violence Steering Group, have launched a pathway which will enable victims of domestic abuse to contact support services and be seen in safe place on the same day if required.

The CCG safeguarding team nurses support the work of the Adult Safeguarding Board by leading on safeguarding investigations where the CCG directly fund the care of the adult at risk and by providing advice and clinical expertise where the funding is led by the Local Authority. The Designated Nurse for Adult Safeguarding is a member of the *Making It Happen* and the CCG Head of Safeguarding is a member of case review group. Both Head of Safeguarding and Designated Nurse for Adult Safeguarding are members of a number of NHS England regional forums; which influence and challenge the work streams within NHS England Safeguarding.

The Executive Lead for Safeguarding is a member of the Strategic Board and co-chairs the case review group.

Alongside our rolling training programme to Primary Care and other parts of the health economy we have delivered recognition and response to adult abuse and child protection. Additionally, we have delivered a range of training on a variety of topics, such as, Female Genital Mutilation (FGM), Child Sexual Exploitation, domestic violence, Prevent (preventing radicalisation of vulnerable people) and the emerging concerns around modern slavery.

Our Plans for 2017-2018

The CCG will continue to work with the Local Authority and the wider partners in Bury to reduce the risk of abuse to vulnerable adults. We will achieve this by undertaking assurance visits to a wide range of health providers, delivering training on existing and newly emerging safeguarding topics and bringing new learning and understanding into Bury from our work across Greater Manchester, and, from the north region. (see page 35 for React to Red campaign)

Bury Council

Julie Gonda
Acting Executive Director Communities and Wellbeing.

Chair of the Case Review Group

Tracy Minshull

Acting Assistant Director of Strategy, Procurement & Finance.

Our Achievements
We are pleased to report that we have delivered on all the plans we set out for 2016-2017. To update:

Our Adult Safeguarding Operations Group, established in April 2016 and, consisting of officers from various teams within Bury Council, has taken the lead for developing our adult safeguarding response this year. This Group have:

- Commissioned and delivered Care Act, Making Safeguarding Personal and Organisational Abuse training to all our social care staff.
- Developed a customer “outcome” recording system within our electronic case management system.
- Improved data recording systems to ensure that the information collected about safeguarding concerns and enquiries is robust.
- Further developed our safeguarding audit process which has allowed us to better identify issues/gaps, good practice and learning.
- Developed a range of guidance documentation for our staff covering Adult Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards ensure that changes brought about by the Care Act are reflected.
- Improved communication with our social care staff by launching a new dedicated intranet site and regular staff bulletin.
- Employed additional safeguarding support staff and developed a comprehensive set of standards which have improved the administrative function that sits behind safeguarding enquiries.
- Begun working with colleagues in Children’s Safeguarding in order to deliver joint training packages which are common to staff working in both child and adult services.

In addition to this we have:
- Devised and delivered Mental Capacity Act training by up-skilling staff from within Bury Council.
- Provided training to councillors and care providers.
- Devised and launched the Adult Safeguarding Board webpage on the Bury Directory.

Challenges:
As reported last year one of the biggest challenges we have faced is the increase in the number of Deprivation of Liberty (DoL) cases.

This continues to be a challenge for us although our small team continue to work extremely hard and have, this year, processed over 1100 applications (compared to 835 last year and 224 in 2014-2015). This team have also supported other local authorities by sharing their knowledge and experience by organising and leading the North West "DolS" forum, visiting other local authority teams and visiting care and residential homes to provide on-site support and training.

In order to further drive forward quality we have also set up assessor forums which provide peer support and guidance for assessors working within the DoLS field.

Our Plans for 2017-2018
Next year promises to again be a busy with our Safeguarding Operations Group leading the charge. In line with the goals of the BSAB strategic plan we will:

- Look to develop links with placed based working teams.
- Explore further ways of incorporating "the customer voice" into practice in order to improve the experience for people going through the adult safeguarding process.
- Re-design our internal safeguarding learning review process so that we can improve experiences for not only our customers but also for involved professionals.
- Drive forward learning and understanding of the Making Safeguarding personal agenda.
- Review and revise our practice with regard to Mental Capacity and Best Interest decision making – in order to improve outcomes for our customers.
- Re-design our safeguarding information reports so that we are better equipped to quickly spot trends and issues.
- Work with partners to drive up the quality of safeguarding information coming into our front door.
- Develop, with our Greater Manchester peers, practice guidance for staff around how to support people who self-neglect.
- Explore further integration of electronic case management systems between departments to enhancet quick and accurate information sharing.

Community Rehabilitation Company (CRC)

Gail Churchill
Community Director

We are pleased to welcome Gail Churchill BSAB as a new member this year. Gail represents the Community Rehabilitation Company (CRC) and is the Community Director for Wigan, Bolton and Bury.

The CRC provide supervision and support of low and medium risk offenders with overarching aims to protect the public, reduce re-offending and victims and to rehabilitate and integrate services users positively in their local communities

Our Achievements
Cheshire and Greater Manchester CRC have supported 12,608 services users throughout the 2 regions.

In February 2017 we were commended by Her Majesty's Inspectorate of Probation in relation to areas of:

- Effective policies, procedures and senior leadership
- Services for women offenders
- Commitment to Integrated Offender Management.

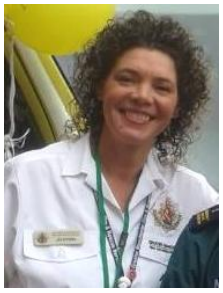
We also continued to delivered a number of Accredited Programmes during the course of this year which include:

- **Building Better Relationships** - aimed at male perpetrators of domestic abuse. 29 sessions were delivered which address patterns of abusive behaviours within intimate partner relationships
- **Resolve** – targets male offenders of violent offences by exploring lifestyle, peer influence and challenges core beliefs supporting violence during 26 sessions
- **Drink Impaired Drivers Programme** – works with individuals convicted of drink driving offences. 15 sessions focus on the offence, coping with disqualification and planning for the future

Our Plans for 2017-2018

1. Deliver high quality services that protect the public and enable our service users, our communities and other Stakeholders to achieve rehabilitation outcomes that reduce re-offending.
2. Operate an agile workforce.
3. Build on our reputation as an innovative market leader to efficiently deliver rehabilitation.
4. Embed Core Values of Everyone Has a Voice; Taking Pride in What We Do; Bringing Better to Life; Doing The Right Thing to enable our staff, service users and delivery partners to achieve positive outcomes.
5. Integrate our sustainabilities strategy to deliver a positive impact on communities beyond our contractual commitments.
6. Achieve long- term rehabilitation outcomes through local leadership to develop a supply chain, partner and stakeholder networks that create organisational and sector resilience.
7. The CRC is also due to launch a new Accredited Programmes that focus on substance use called Breaking Free in September 2017. This is a new and innovative programme that utilise technology to address drug and alcohol misuse.

Greater Manchester Fire and Rescue Service (GMFRS)



Jax Effiong
Community Safety Manager, Greater Manchester and Rescue Service

Covering Bury, Rochdale and Oldham

Our Achievements

- **Safe and Well Scheme** – reducing the risk of fire for vulnerable people.

— 118 Priority Safe & Well Visits. (Completed within 24 hours)
— 660 Safe & Well Visits in total
— 415 Vulnerable people supported with fire interventions or referred into other organisations.
— 422 Defective alarms replaced
— 21 Firesmart interventions with young fire setters
— 1796 targeted letters posted promoting Safe & Well visits in areas affected by fire incidents, or harder to reach.

- **Winter Warmth project**
  Working successfully in partnership with Six Town Housing and our Fuel Poverty partners in Bury saw an increase in the number Safe & Well visits to people over 65 who have specific vulnerabilities linked to the cold weather.

  A Winter Warmth Pack was included in our visits. (Thermal socks, gloves, fleece blanket, hot water bottle and thermal cup).

- **Safeguarding Training**
  The Prevention Team in Bury continue to update their Safeguarding training, through the support of GMFRS online training modules and Local Authority Safeguarding training.
  — Trafficking and Modern Slavery
  — Referrals, Case Conferences & Core groups for Multi Agency Child.
  — Child Sexual exploitation
  — Prevent
  — Toxic Trio
  — Neglect
  — The Care Act
  — Making safeguarding Personal

- **Placed Based Working**
  As part of our commitment to the Public Sector Reform agenda the Bury Prevention Team are working very closely with the Radcliffe and Bury East multi-agency hubs. Early indications show joint working is having a positive impact in the area, with an increase in Safe & Well visits by the preventions team.

This year also saw our involvement in a number of local events and campaigns.

- Collabor8 Cohesion event at Bury College
- Fire Safeguarding In The Home Talk, Greenmount Village Community Centre
- Dementia Care x 2 Fire Safety Presentations
- Fire Safety In The Home Talk Jewish Federation at Moorview
- Bury Walking Rainbow event
- Partnership Event with Bury Carers
- One Recover Bury open day for one recovery month
- Openshaw park community consultation event
- Bolton Rd Park community consultation event
- Black History Month event.

- **New Training and Safety Site, Bury**

And lastly on the 24th March 2017 an immersive safety centre and cutting-edge emergency service training facility was officially opened. The centre offers visitors a unique immersive experience, featuring various accidents and emergencies that have been built around a real-size terraced street in the facility. Visitors can explore a car crash scene where expert guides offer road safety advice as well as a hazard-filled terraced house that has been destroyed by fire.
The safety centre is a unique facility that will be used by school children and families from across Greater Manchester and beyond, with all welcome to visit and learn about the dangers of fire and much more.

Our Plans for 2017-2018

We will continue to support the work of the BSAB.

- Ensuring staff are regularly updated, attending events and campaigns to increase awareness and help reduce risk across Bury.
- Continually identifying opportunities to co-design partnerships.
- Listening to the people of Bury, ensuring they are at the heart of the services we provide across Bury neighbourhoods.

Greater Manchester Police – Bury Division

Rick Jackson
Superintendent
Bury Police.

Jo Marshall-Bell
Chief Inspector,
Bury Police

Our Achievements

2016-17 has been a busy year for Bury Police in terms of developing our staff in the understanding and application of safeguarding procedures. The Public Protection Investigation Unit (PPIU) is a team of detectives with specialist training in this area of expertise. Detective Inspector Natalie Dalby and her team investigate serious offences where vulnerable adults are the victims. Offences range from physical abuse to coercive control and financial abuse. GMP have been training staff on supporining vulnerable adults so that they are equipped to deal with the complexities of such cases.

DI Dalby chairs Bury Multi Agency Risk Assessment Conference (MARAC - domestic abuse and violence cases) and is working hard to improve the standards of risk assessment around domestic violence and abuse. Two training days were hosted by Bury Police this year with over 60 representatives from external partners received inputs around the domestic violence risk assessment process and MARAC. This generated a positive response in terms of improved information sharing and more effective risk management.

Bury PPIU also led a joint initiative with the Samaritans called ‘Operation Lifesaver’ – where training was given to officers around the emerging issue of suicide. Officers are now more proactive when they meet with adults experiencing personal crisis and actively refer them to the Samaritans rather than simply verbally sign-post them to the service. Bury Police also sit on the Suicide Prevention Group; the aim being to review the current picture around suicides in Bury, review service provision and identify and address any gaps in services via an action plan.

DI Dalby works closely with the CCG and the CQC during her investigations, particularly when deaths in care home settings require a multi-agency approach. She also contributes to Serious Case Reviews and local reviews whereby adult safeguarding cases are identified for review and lessons learned.

Our Plans for 2017-2018

- We will continue to work with partners within placed based working teams to ensure our vulnerable community members have the help they need and have ‘’a voice” in being able to self-care and live better safer lives.
- We will, through place based working, look at how we improve the experience of those needing support and assistance from services and how we revise or redesign practise in line with the learning
- We will continue to raise the profile of adult safeguarding within GMP and within the community to ensure we are better able to tackle those at risk of crime through vulnerability
- We will continue to work with partners on the most complex cases.

National Probation Service (NPS)

Nisha Bakshi
Assistant Chief Officer, National probation Service

We are pleased also to welcome Nisha Bakshi this year. Nisha covers Bury, Rochdale and Oldham and is also the strategic senior lead manager for Safeguarding Children across the North West division.

Nisha also has responsibility for the MAPPA Support Unit and the Insight Personality Disorder Team.

Our priorities are to protect the public and reduce re-offending and we do this through working with partners to ensure robust risk assessment, risk management and the provision of opportunities for rehabilitation.

Our Achievements
The NPS is committed to protecting an adult's right to live in safety, free from abuse and neglect. The following two NPS Documents place emphasis on a multi agency approach that reflects best practice principles in the safeguarding of vulnerable adults:

- Safeguarding Adults at Risk: *National Probation Service Policy Statement.*
- Safeguarding Adults at Risk: *Offenders in the Community with Care and Support Needs – National Probation Service Practice Guidance.*

The practice guidance, policy and partnership framework developed by the NPS outlines our commitment to the six key principles. All operational staff within the organisation have been issued with guidance which outlines their duties in managing vulnerable adults including those at risk of hate crime, exploitation and domestic abuse. Domestic abuse training is part of the mandatory training package and NPS staff in Bury contribute to the Multi Agency Safeguarding Hub (MASH), Multi Agency Risk Assessment Conference (MARAC), Prevent Steering Group and Channel Panel.

There are also a number of practitioners trained to deliver WRAP 3 training (preventing radicalisation of vulnerable people), which has also been delivered to all staff. All NPS staff in Bury have also received briefings in relation to the revised Bury Safeguarding Adults Policy and Procedures. In addition, the Offender Communication Tool developed by Calderstones and initially implemented as a pilot, is now embedded within offender management practice in working with service users with autism or learning disability.

To ensure the safety of vulnerable adults, the NPS as a partner agency under the Multi Agency Public Protection Arrangements (MAPPA) process has signed up to the MAPPA Strategic Management Boards protocol for Safeguarding Adults. Learning from a Serious Case Review has also been implemented and the template for conducting MAPPA meetings has been amended in Greater Manchester to ensure that the safeguarding needs of an individual subject to the MAPPA process, are appropriately considered.

A mandatory e-learning module on Safeguarding Vulnerable Adults has been rolled out to all staff across the North West and face to face training is also mandatory for practitioners and managers in order to ensure staff fully understand their duties to safeguard adults who are at risk.

Court Officers work with partners to ensure vulnerable victims are supported through the Court process and following sentence , the NPS Victim Contact Service is offered to victims as part of the Victim Information Service. The NPS also work collaboratively with Police colleagues and other stakeholders to ensure the victims are fully protected from their perpetrators through the imposition of Licence conditions and ensuring the views of the victim are taken into account in our management of perpetrators.

Our plans for 2017/2018

As part of the NPS NW Business plan 2017/2018, 2 key objectives have been identified in relation to adult safeguarding;

- Improvement of the health and wellbeing of vulnerable adults as an organisational objective, with at least 70% of staff expected to undertake a range of training relating to mental health including Personality Disorder training, and all staff with Greater Manchester undertaking the Connect 5 Multi agency training.

- Improving service provisions for those with care needs, in particular elderly offenders, as well as those with mental health problems including personality disorders.

The Personality Disorder Team Insight, which is a partnership with Greater Manchester West, are delivering a consultation and formulation service across the 6 Approved Premises and 10 Local Delivery units in Greater Manchester. All our Approved Premises are working to achieve Enabling Environment status and Bradshaw House, the Approved Premises based in Bury is now a Psychologically Informed Planned Environment (PIPE). Our commitment is to train all Approved Premises staff in the Knowledge and Understanding Framework (KUF) and an extensive training programme relating to working with personality disorders is planned for practitioners and managers.

The Adult Safeguarding Audit Tool is currently being developed nationally and will be used to quality assure our work in safeguarding adults.

Plans for 17/18 include implementation of the NPS National Suicide Prevention Plan and there will be greater NPS engagement with each local authority suicide prevention panel. The North West are leading on a project and contributing to national developments in the area of recalls to custody. This is particularly relevant to the Suicide Prevention Strategy due to the disproportionate representation of recalled prisoners who take their own lives following a return to custody.

Pennine Acute Hospital NHS Trust

The Pennine Acute Hospitals NHS Trust

Tyrone Roberts
Director of Nursing Pennine Acute Hospital Trust
(covering Bury and Rochdale)

A warm welcome to Tyrone in his first year with the BSAB. Tyrone undertook his nursing training in the West Midlands before working in the Wirral, Stockport and then joining the Bury and Rochdale management team.

Our Achievements

2016-2017 has again been a busy year for the trust. We have carried out a total of 54 “walkrounds” across our 4 hospital sites. This walkround activity is a fundamental learning tool and as a result we have identified the following:

Areas that require an emphasis on training:

- Policies and guidance around restraint/therapeutic holding.
- The application of Deprivation of Liberties Safeguards (DoLS).
- The importance of documentation of assessments of mental capacity.
- The legal age of a child (up to the age of 18years).

Some areas show improved understanding:

- Knowledge of the Mental Capacity Act.
- The need to make reasonable adjustments for people with learning disabilities.

In last year’s report we identified the need to improve our links with partner agencies, particularly around safeguarding. I am pleased to report that we have shown a consistent increase in the number of information sharing/referral forms generated at Fairfield General Hospital and increase of 44% from 2015-2016 to this year.

Deprivation of Liberty applications have again had a significant impact on the Trust with a 96% increase in the number of applications compared with last year.

Last year we also reported that the Trust had developed our Dementia Strategy. This Strategy was aimed at driving best practice and high quality initiatives for people living with dementia. I am pleased to report that at the Fairfield General Hospital site 615 (91%) staff have attended dementia training and we have received 59 referrals.

In addition to this, a new dementia video has been launched and is shown to staff as part of their induction process staff are also issued with pocket guides highlighting the key points of the Dementia Strategy.

Improving knowledge and understanding around learning disabilities has been a key priority for a number of years. In 2015 we introduced the post of “Learning Disability Liaison Nurse”. The primary aim of this role was to support professionals by providing expert advice so that patients with learning disabilities are effectively supported. When a patient who is ‘flagged’ attends hospital, an automatic alert is generated and sent to the Learning Disability Liaison Nurse who checks each attendance for factors such as multiple attendances to A&E, mental health/self harm and ‘behavioural’ attendances. The LD Liaison Nurse than makes contact with community learning disability teams to check if the person is known to them to ensure that information is shared and the correct support can be put in place for the individual. This scheme is working well; over our 4 sites we have received 1800 referrals.

Our Plans for 2017-2018

- **Carers as Equal Partners:** Discussions will be taking place with carers organisation TIDE (Together in Dementia Everyday) to collaborate in a research study funded by Big Lottery Funding looking at the involvement of carers in the management of people with Dementia and in how to develop them to become experts through experience.
- **Information Sharing:** From April 2017 all episodes of information sharing, not just information shared around patients with a Learning Disability will be collected by the Learning Disability Liaison Nurse. This will enable us to pull together a better understanding of how we work with partner organisations to support our patients.

- **Development of the Substance Misuse Bereavement Group**.
  This group aims to provide bereavement support for families, carer’s and friends of individuals who have died from Substance Misuse. This Group will run monthly beginning on the 14th April 2017 and will be held at Bury Fire Station.

Pennine Care NHS Foundation Trust, Bury

Pennine Care NHS
NHS Foundation Trust

Stuart Richardson –
Service Director Bury Community Services, Pennine Care & Deputy Chair Bury Adult Safeguarding Strategic Board

Our Achievements

Over the last year there have been a number of developments within Bury's Pennine Care NHS Foundation Trust [PCNFT] Safeguarding Team. There has been a continued shift towards adopting a 'whole family approach' ensuring practitioners are working in partnership to support families in their entirety. The team has welcomed a new Specialist Practitioner Safeguarding Families, Rebecca Woods (meet her on page 33). In addition, the team has moved from their previous location at Townside Primary Care Centre to their new location at Humphrey House.

Developments:

- Continuing to raise awareness of adult safeguarding within the organisation.
- Safeguarding Adults Level 3 training package has been developed and is being delivered face to face on a monthly basis, Trust wide.
- On-going evaluation of all training.
- Continued to establish effective working relationships with other agencies.
- Development of bespoke Mental Capacity Act/Deprivation of Liberty Safeguard workshops.
- Safeguarding 'message of the month' disseminated to PCNFT staff, including information on domestic violence & abuse, child sexual exploitation, organised crime, perinatal mental health for dads, respectful challenge.
- Development of a Safeguarding Strategy.

Plans for 2017-18:

- Continue to raise the profile of adult safeguarding within PCNFT and local community.
- Continue to support the Safeguarding Adults Board.
- Implementation of the PCNFT training strategy.
- Development of safeguarding supervision which supports the 'whole family' model.
- Further safeguarding 'Message of the Month' publications including information on mental capacity & Deprivation of Liberty Safeguards and self-neglect.
- Appointment of 'Safeguarding Champions' throughout the PCNFT services in Bury, with regular forums for sharing information.
- Working closely with PCNFT staff around making safeguarding referrals and sharing relevant information.
- Continued support to front-line practitioners with complex cases.
- Contributions to 'Case Review Subgroup'.
- Attendance at 'Making it Happen' subgroup.
- Learning events from critical case reviews.
- Completion of audits on quality of referrals and scrutiny of internal processes.

Six Town Housing

Sharon McCambridge –
Chief Executive Six Town Housing,
Chair of the Adult Safeguarding
Making it Happen Group

Our Achievements

This year we invested in and improved our focus on the empowerment and prevention by expanding our Tenancy Sustainment Team. The team now risk assess all new tenants to establish their level of need and support to enable them to live independently.

We have maintained important support protecting tenants through our Sanctuary Project, offering victims of domestic violence a combination of physical security works to the home, safety plans and support, delivering security measures to 52 Six Town Housing homes in 2016-17.

Our continued involvement with our partners at the relevant multi agency hubs ensures that all referrals are discussed with a range of agencies, helping to improve the safety of vulnerable adults and we participate in the Board's Case Review Group to ensure we incorporate any learning into our procedures and training.

Customer facing staff have all had training on safeguarding to recognise signs of abuse and vulnerability, including signs of human trafficking and domestic abuse. Our 'Eyes Wide Open' initiative makes it easy for all our employees, including our repair operatives, to report concerns for safety and wellbeing of tenants, these concerns are passed to our Dedicated Safeguarding Officer and Neighbourhood Teams to follow up, we investigated 70 reports last year.

Our moves towards more integrated neighbourhood working now means that internally teams work more closely to provide help and advice, for example matching those needing sheltered or extra care facilities to suitable properties; organising void or improvement works to include adaptations where possible and understanding the Central Access Point and adaptation referral process for identifying and referring adults to the appropriate Council Team.

Our Community Development Team support adults with specific needs as part of our Steps to Success training and employment programme, providing training to improve life skills, change behaviours and increase independence, linking with Probation and community domestic violence programmes. The team engaged with 877 adults during 2016-17.

Our Plans for 2017-18

-We are developing a learning package incorporating all adult safeguarding elements for employees, complemented by regular briefings and awareness raising sessions, ensuring safeguarding remains high on everyone's agenda.

-Our Safeguarding procedures are to be updated to meet new legislation and ensure recording and monitoring is robust and reported through the performance framework. We will continue to raise awareness of Eyes Wide Open with staff; tenants and partners and aim to further develop monitoring arrangements for safeguarding actions.

-We want to ensure that partnership working remains key and plan to:

- Lead the way in raising awareness of Adult Safeguarding issues through the Making it Happen Group;
- Further develop links for age appropriate support services for those with disabilities and/or mental health issues;
- Further develop data sharing protocols and joint initiatives with partners for the benefit of customers;
- Ensure resources continue to be available to attend relevant panels and case reviews;
- Develop staff awareness of the supporting roles of other agencies and how to access this.

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Facts and Figures for 2016-2017

Adult Safeguarding Concerns and Enquiries

Each Local or County Council has the responsibility for collecting data relating to adult abuse in its area and submitting this data annually to NHS Digital. This data collection process is called the "Safeguarding Adults Collection or "SAC". Bury Council collect this data for all safeguarding cases within Bury Borough.

Bury Council also collects additional data around adult safeguarding enquires regarding what people want to happen as a result of a safeguarding enquiry and how they feel after an enquiry has finished.

The information below lays out some of the key data collected and also the progress against the "Key Measures of Success" identified by the Adult Safeguarding Board.

Please note in order to produce this report in a timely manner, data for 2016-2017 has been provided via Bury Council internal data recording systems and not via NHS Digital who, are the national data controller. Therefore data contained in this section may differ slightly when compared with national reports.

Data Definitions

Safeguarding Concern	A sign of suspected abuse or neglect that is reported to the council or identified by the council.
Safeguarding Enquiries	The action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action.
Section 42 Safeguarding Enquiries	The enquiries where an adult meets ALL of the Section 42 criteria. The criteria are: (a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs) and; (b) The adult is experiencing, or is at risk of, abuse or neglect and; (c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

In 2016-2017 **1744** safeguarding concerns were raised.

Of the above concerns raised **460** cases were taken forward as a safeguarding enquiry or a S42 safeguarding enquiry i.e. further enquires were made/investigations took place.

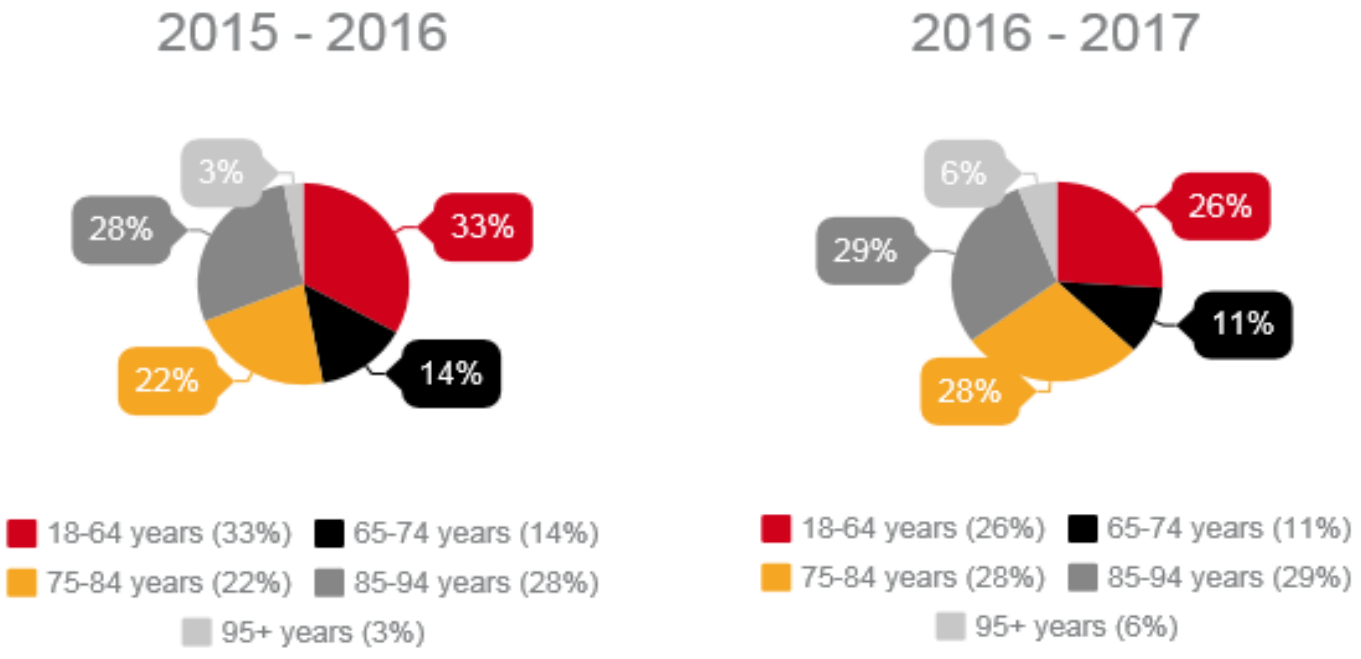
This is an increase of 66% in concerns reported from 2015-2016 where **1050** safeguarding concerns were raised and **422** were taken forward as a safeguarding enquiry.

The increase in the number of cases was expected this year as the Board have promoted the "safeguarding is everyone's business" message throughout the Borough. Therefore we can reasonably conclude that the promotion is working. .

However, one of the downsides of the promotion is that although we have seen a considerable increase in contacts (which is a positive) - the conversion rate from concern to enquiry has dropped from 40% in 2015-2016 to 26% in 2016-2017. This could suggest that there has been an increase in "incorrect/inappropriate" concerns raised. Therefore further work needs to be done in 2017-2018 to more fully understand why concerns raised are not then translating into safeguarding enquiries.

Safeguarding Enquiries – Age Split

Out of the cases which went forward to a safeguarding enquiry, the age split of these cases is as follows:



When comparing the diagrams on the previous page the age split is fairly similar, with the majority of people subject of a safeguarding enquiry (show by the segments other than red) being over the age of 65 in each year. The one noticeable change however is that the segment showing people over the age of 95 has doubled – this is most likely to be indicative of our aging population.

The data below will now concentrate on safeguarding enquiries which were completed in 2016-2017.

Type of Risk

There can be more than 1 risk type reported per person. For example a person can suffer both physical and financial abuse – both these types of abuse are recorded to ensure that people are properly supported when protection plans are put in place.
You will note from the table below that in 2016-2017 4 new "abuse types" were introduced – collection of this data is currently voluntary but will be collected from herein in order to get a more rounded picture; this data has been included for information only at this stage as it cannot be benchmarked against previous years.

Disability	2015-2016	2016-2017
Physical	18%	27%
Sexual	7%	4%
Psychological	18%	15%
Financial or Material	22%	20%
Discriminatory	0.5%	1%
Organisational	2.5%	2%
Neglect & Acts of Omission	32%	31%
Domestic Abuse	Not collected	6 cases reported
Sexual Exploitation	Not collected	2 cases reported
Modern Slavery	Not collected	0 cases reported
Self Neglect	Not collected	21 cases reported

As you can see from the above table, figures around risk type are fairly similar with no more than 10% difference year on year. There has however been an increase in physical abuse reporting this year. It was noted last year that however that the % of cases recorded as having an element of physical abuse were considerably lower than previous years (average of 34% over a 10 year period) this low figure was thought to be a slight anomaly caused by the change in the way risk type was recorded. Meaning that the 27% for 2016-2017 is more along the lines of an average figure for Bury.

Board – Key Measures of success
In order to measure the success of the adult safeguarding strategy for the Borough, the Bury Safeguarding Adults Board identified 3 "key measures for success".
The results against these measures are as below:

Key Measure 1 "The number of adults being abused is reducing"

The below data has been taken from the Safeguarding Adults Collection return for 2015-2016 and 2016-2017, table SG2c, and shows the safeguarding enquiries concluded during each respective year. The table below shows the number of cases where a risk was identified where risk means *"The adult is experiencing, or is at risk of, abuse or neglect".*

From the data below you can see that the identification of risks or potential risks have reduced by 8%.

	2015-2016	2016-2017
Risk Identified	226	149
Risk Inconclusive	-	61
Total	226	210
	% change	-8%

Key Measure 2 "The number of repeat incidents is reducing"

The table below shows the number of individuals who have had 2 or more safeguarding enquiries within the previous 12 month period from the last day of the month shown. This is rolling 12 month figure and as such cannot be averaged or summed.

From the data below it can be summarised that the repeat incidents have not reduced but have remained fairly static.

Number of people	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
	9	12	12	12	14	14	14	14	13	12	13	14

Key Measure 3 “The % of those adults who have been supported via the safeguarding process who feel safer”.

Data relating to this measure has only been collected locally since July 2016, therefore comparisons with previous years cannot be made at this stage. The results are as follows:

Feeling Safer	Percentage
They feel that they are a lot safer now	45%
They feel that they are quite a bit safer now	45%
They feel that they are not much safer now	9%
They feel that they are not at all safer now	1%

Initial reporting is encouraging. As you can see from the results above the majority of people (90%) reported that the safeguarding process has had a positive effect on them in relation to their safety. However 10% reported that the safeguarding process had not made them feel any safer.

Deprivation of Liberty Safeguards

What are the Deprivation of Liberty Safeguards?
Sometimes care homes and hospitals have to limit people’s freedom to keep them safe.

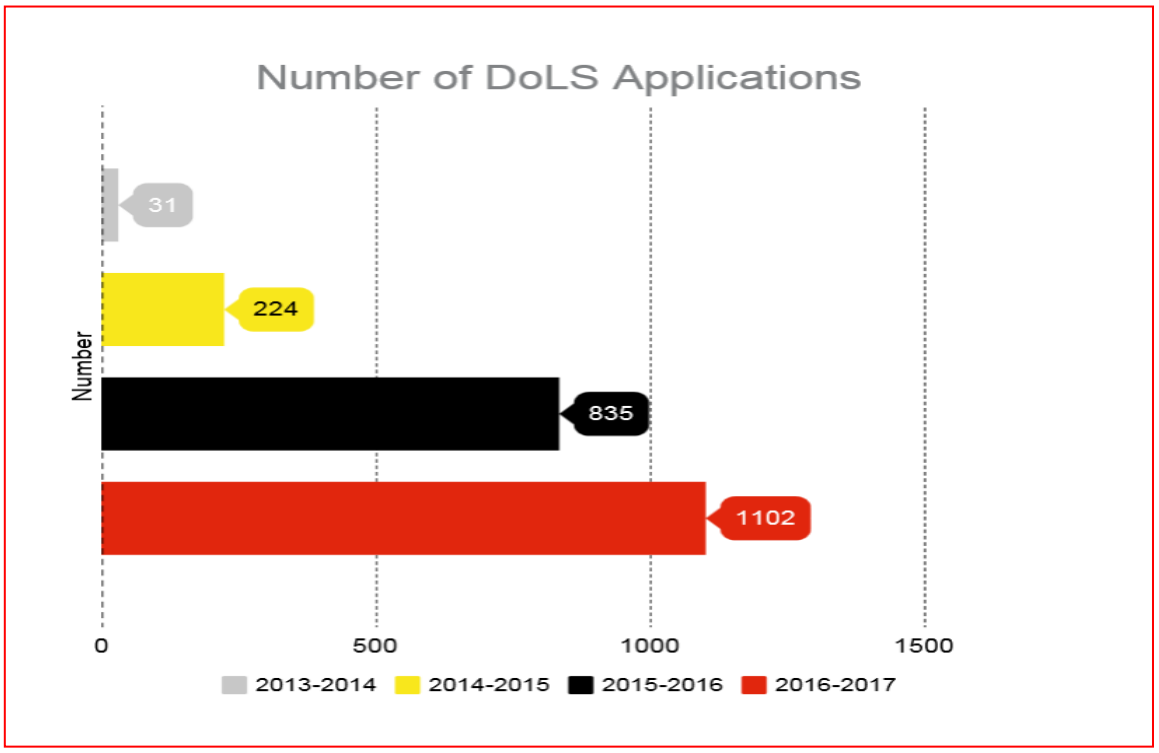
The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person’s human rights are protected.

The DoLS are part of the Mental Capacity Act 2005. They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests. Supporting someone in this way should always be done with their best interests at heart, but it does break a fundamental Human Right – Article 5 – the right to liberty and security.

The Deprivation of Liberty Safeguards (DoLS) is an assessment process managed by Bury Council which provides a legal framework that helps to ensure the Article 5 rights of a person accommodated in a care home or hospital are protected by introducing a right to challenge.

The following pages illustrates the Deprivation of Liberty application data for 2016-2017 compared with previous years.

Number of DoLS applications to 2016-2017
As illustrated in the diagram below the number of applications has risen considerably since 2013-2014. This increase is due to a Supreme Court ruling which lowered the threshold for when a DoLS should be considered.



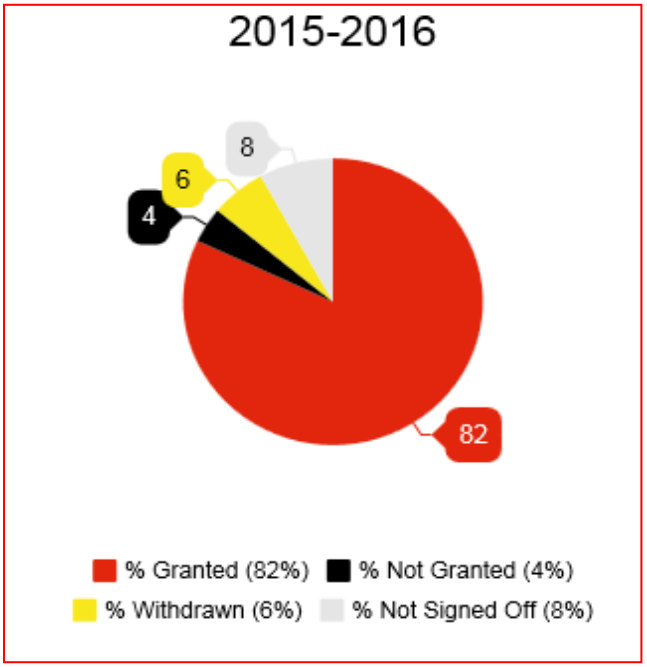
Breakdown by Disability
As reported last year what is immediately noticeable regarding the "disability figures" is that applications for people with dementia have increased considerably over the last 3 years.

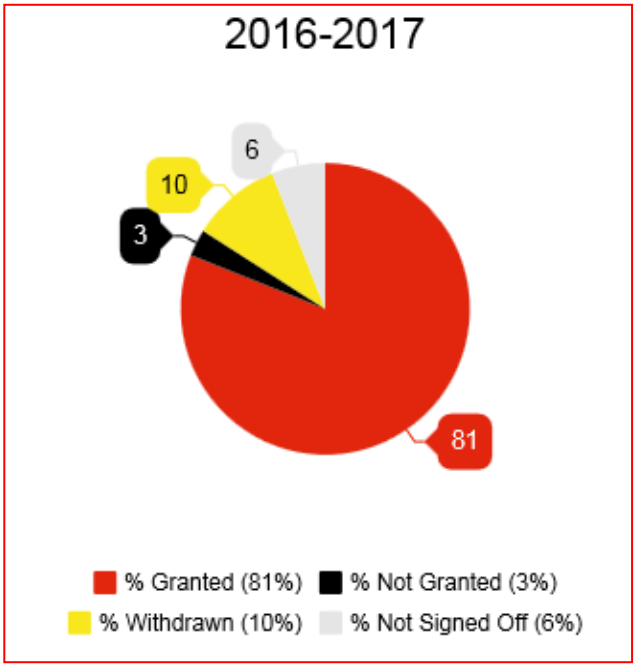
This can be directly attributed to the Supreme Court ruling (as mentioned above) which has affected, in the main, care and nursing home residents therefore this increase was not unexpected.

Disability	2014-2015	2015-2016	2016-2017
Visual Impairment	0%	2%	1%
Dual Sensory Loss	0%	0%	Below 1%
Other Physical Disability	9%	3%	3%
Dementia	59%	78%	80%
Other Mental Health Needs	13%	6%	4%
Learning Disability	16%	7%	7%
Other Disability	3%	3%	3%
No disability	0%	2%	1%

Application Status

When a DoLS application is assessed not all of the applications are passed or "authorised". Applications can be discontinued for many reasons. The following graphs shows the percentage split in application status at the end of the financial year for 2015-16 & 2016-2017.





The percentage of "granted" applications has remained fairly steady over the last 2 years. When an authorisation is granted this means that a person has been assessed and meets the criteria for a DoL. Bury nationally does show a higher percentage number of granted applications than other areas.

However applications in the main are completed on time and therefore are not withdrawn. Whereas other areas do have a significant backlog of cases meaning that a higher percentage of cases are withdrawn rather than granted.

Key

- Granted – Authorisation Given
- Not Granted – Did not meet DoL criteria
- Withdrawn – Person moved/died before application could be assessed.
- Not Signed Off – Pending a decision at the time figures were collected.

Who and What's New

This year we have a number of new recruits to Bury that we would like to welcome to the Bury family and introduce you to.

Tahira Zulfikar, Community Safety Officer, Bury Council

In August 2016 I joined the Community Safety Team as the new Domestic Abuse Lead Officer having previously been employed in a background of working in children's centres and having an in depth knowledge of the development of children within the Early Years.

My role is to act as the main point of contact with regards to domestic abuse within Bury, supporting both staff and organisations as required. I provide training to support staff and services to improve their practice, I also take part in the development of domestic abuse initiatives. I work in partnership with a range of partners across Bury such as the police, health, 3rd sector and community groups.

Rebecca Woods, Specialist Practitioner Safeguarding Families, Pennine Care Foundation Trust

In January 2017 I joined the Bury Safeguarding Team for Pennine Care NHS Foundation Trust [PCNFT] as Safeguarding Specialist Practitioner. I am a qualified Social Worker and was previously employed for 12 years by Manchester City Council, latterly in the role of Adult Safeguarding Coordinator and Best Interests Assessor. I have worked in a variety of adult-focussed settings, including physical disability, older age and learning disability teams and also as a part of a specialist multi-disciplinary neuro-rehab team for Central Manchester Foundation Trust.

My role within Pennine Care NHS Foundation Trust is to support colleagues and the Named Nurse [Sarah Davidson] to provide assurances to the Board and support the development of knowledge and skills relating to adult safeguarding within the Bury's PCNFT workforce. This includes a variety of activities such as safeguarding consultations and supervision, collection & analysis of evidence to support safeguarding enquiries and delivery of Adult Safeguarding Level 3 Training.

Jeanette Meadowcroft and Julie Wan-Sai-Cheong, Named Nurses for Safeguarding Adults,

Pennine Acute Hospitals NHS Trust

Jeanette Meadowcroft

I began my NHS career in 1991, initially working for Greater Manchester Ambulance Service before undertaking traditional nurse training at the West Pennine College of Health Studies, Westhulme, at the Royal Oldham Hospital. I worked as a staff nurse and then nurse team leader in intensive care for 12 years before moving into community services in Stockport as infection prevention nurse. As a result of transforming community services, I took on the role of risk lead at Community Health Stockport and following the merger of community services with Stepping Hill Hospital in 2012 I was later appointed Deputy Head of Risk and Customer Services. After 12 months in the role I had the opportunity to join the safeguarding team and after 2 years as a specialist nurse for adult safeguarding at Stockport NHS Foundation Trust, I joined Pennine Acute Hospitals NHS Trust as Named Nurse for Safeguarding Adults in January 2017.

I live in High Crompton with my paramedic husband of 35 years. We have seen many changes in the NHS over the years but still feel privileged to work with such dedicated people across the NHS.

Julie Wan-Sai-Cheong

I have been working as the Named Nurse Adult Safeguarding since October 2016. I qualified as a nurse in 1989 and specialised in Intensive Care Nursing. During my career I have worked at a variety of NHS Trusts over the years and prior to commencing my post at Pennine Acute Trust I worked for a Clinical Commissioning Group as a Named Nurse for adult safeguarding. I have also worked to train and support staff in patient safety and have been a nurse advisor in clinical negligence cases.

I currently live in West Yorkshire with my husband, 1 dog, 4 cats and 2 chickens and spend my free time baking cakes and volunteering for a local animal rescue.

React to Red

(provided by Bury Clinical Commissioning Group)

REACT TO RED

Pressure ulcers are not just a modern day problem and historically were referred to as bed sores, pressure sores and decubitus ulcers. The elderly in care homes are a particularly vulnerable group, often suffering with age associated illnesses, co-morbidities and poor mobility. All of which vastly increase their risk of developing pressure ulcers.The estimated cost to the NHS is enormous and it is cited at being between £1.4 billion and £2.1 billion a year[1]

Many of the guidelines and literature state that early identification is vital in pressure ulcer prevention.

React to Red is a teaching package designed to support pressure ulcer prevention awareness for carers who work in all social care and healthcare settings. By completing the training and using the information pack as a resource, staff should feel more equipped to implement prevention measures and know what to do if they find any pressure damage.

Pressure ulcers are monitored by the National Health Service Executive (NHSE) and classed as harm which, in some circumstances, will be investigated.
The harm caused by pressure is in the main preventable and care providers have a duty of care to recognise this and then assess and implement measures to prevent it.

It is the responsibility of provider managers to ensure that staff are educated and to monitor their development and skills. React to Red aims to support this process and starts by explaining the facts and risk factors and how pressure ulcers can develop, the impact of pressure ulcers on residents and staff, how to risk assess and prevent damage occurring.

The Bury CCG approach has been to launch the initiative with support from partners at Primary Care Foundation Trust and Bury Council. To capture all residential and domiciliary care providers an ongoing training strategy has commenced in March 2017 with first cohort of 13 providers completing the training.

[1] Large, 2011; NICE, 2005.

Inner Strength Programme, Bury

Greater Manchester Police, Bury Council and Forensic Psychological Solutions are working together to provide the Inner Strength Programme for Bury.

The Programme has been designed to support and assist Perpetrators of Domestic Abuse to develop new skills that can be life changing and extremely beneficial. Forensic Psychological Solutions team will work with your people on a one to one basis, and in groups to a new range of positive techniques to better manage and change negative behaviours.

The programme is delivered over 12, two-hour sessions, this includes one extra session at the start which is two hour risk assessment screening .

Who do I contact for more information on the referral process?
All referrals will be coordinated through the Operation STRIVE team.

Contact Tahira Zulfikar Community Safety Officer.
Tel: 0161-253-5564 or Email: T.Zulfikar@Bury.gov.uk

And that is the end of our 2016-2017 BSAB Annual Report!

We hope that you have found it interesting and informative.

However if you have any comments or queries about the report or its content please contact a.symes@bury.gov.uk or phone Bury Council's Safeguarding Strategic Team on 0161 253 7365

Bury Safeguarding Adults Board Report 2016-2017

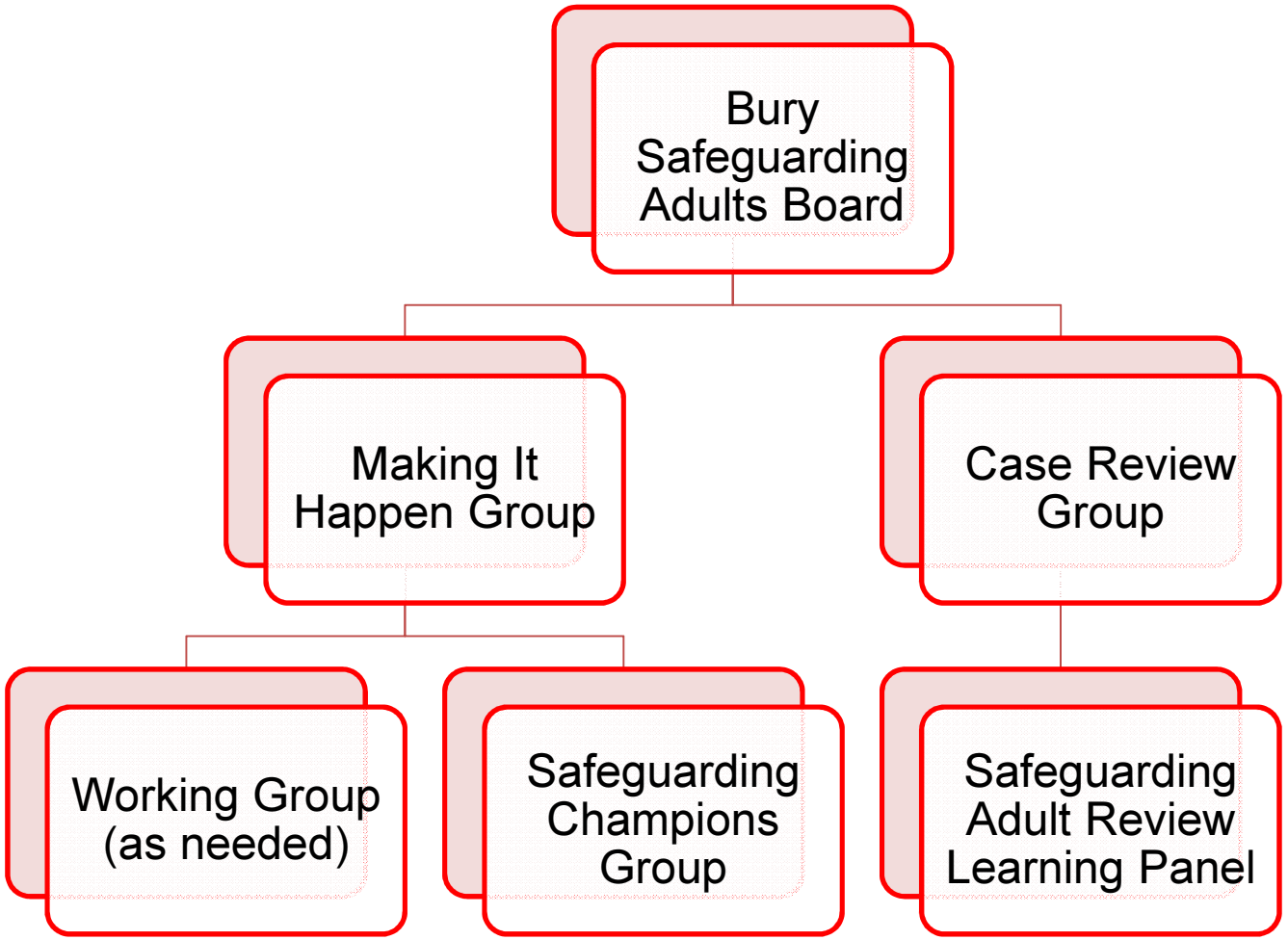
Presented by

Tracy Minshull – Safeguarding Adult Board Member &
Amanda Symes – Safeguarding Strategic Manager

Governance, Decision Making and Monitoring

The Bury Safeguarding Adults Board (BSAB) is an independent board and does not formally report to any other body, however they are responsible for ensuring structures are in place to deliver effective adult safeguarding. This includes building relationships with other closely related local forums.

Adult Safeguarding Board Structure



Board Function and Annual Report Background

Board Function:

The main function of the Bury Safeguarding Adults Board is to help and safeguard adults with care and support needs by:

Assuring itself that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;

Assuring itself that safeguarding practice is person-centred and focused on the outcomes of the adult;

Working collaboratively to prevent abuse and neglect where possible;

Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and

Assuring itself that safeguarding practice is continuously improving and enhancing the needs of adults in the Bury area.

The Care Act also requires Safeguarding Adults Boards to publish and annual report. This report must:

State what members have done over the year to carry out and deliver the Board's Strategic Plan.

Report on any Safeguarding Adult Reviews (serious case reviews).

Set out how progress is being monitored.

Be written in a way that can be read and understood by anyone.

Highlights from 2016-2017

- New Inter-Agency Policy and Procedure developed.
- Case Review Group established.
- Development of an assurance framework.
- Communication:
  - Customer questionnaire developed
  - Website page established
  - New leaflet and banners
- Safeguarding Champions Group established.

Key Strategic Risks

- Insufficient funding available to meet objectives.
- Links with other partnerships are not effective.
- Inability to meet statutory requirements re: Deprivation of Liberty cases.
- Awareness raising will put significant additional pressure on front line services.

Key Plans for 2017-2018

- Explore linkages with other Boards.
- Explore linkages with place based working.
- Further develop and test our assurance framework.
- Work with our North West colleagues to develop a safeguarding competency framework.
- Embed lessons learnt from our first joint learning review.
- Develop robust communication strategy.

- Any Questions?