

AGENDA FOR

HEALTH AND WELLBEING BOARD

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To: All Members of Corporate Joint Consultative Committee

Members: J Gonda, L Jones, B Barlow, Councillor R Walker, Councillor S Briggs, Councillor R Shori, J Aspinall, S Taylor, Councillor A Simpson (Chair), S Hashmi, Dr J Schryer, M Russell, D Lythgoe, K Dolton and G Little

Dear Member/Colleague

Health and Wellbeing Board

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

Date:	Tuesday, 27 November 2018
Place:	Meeting Rooms A&B, Bury Town Hall
Time:	6.00 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 the Health and Wellbeing Board 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 MINUTES OF PREVIOUS MEETING *(Pages 1 - 8)*

The minutes of the meeting held on the 27th September 2018 are attached.

4 MATTERS ARISING

- Update on the loneliness task and finish group
- A&E Triage arrangements

5 PUBLIC QUESTION TIME

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

Approximately 30 minutes will be set aside for Public Question Time, if required.

6 GREATER MANCHESTER UPDATE *(Pages 9 - 20)*

Warren Heppolette Executive Lead, Strategy & System Development, Greater Manchester Health & Social Care Partnership will be in attendance. A presentation is attached.

7 TRANSFORMATION PROGRAMME UPDATE - TRANSFORMING URGENT CARE *(Pages 21 - 36)*

Kath Wynne-Jones and Keeley Gibbons will report at the meeting. Reports and presentation attached.

8 TRANSFORMATION PROGRAMME BOARD - CHAIR'S REPORT *(Pages 37 - 40)*

Dr Jeff Schryer, Joint Chair, will report at the meeting. Report attached.

9 COMBINED BCF AND IBCF REPORT *(Pages 41 - 52)*

The Interim Executive Director Communities and Wellbeing will report at the meeting. Presentation attached.

10 SAFEGUARDING CHILDREN'S AND ADULTS ANNUAL REPORT *(Pages 53 - 144)*

Amanda Symes Interim Strategic Lead, Strategy and Development and Kathy Batt, Independent Chair will report at the meeting. Report attached.

11 URGENT BUSINESS

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

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Minutes of: HEALTH AND WELLBEING BOARD

Date of Meeting: Thursday 27th September 2018

Present: Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Representing the voluntary sector Sajid Hashmi; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Dr Shona McCallum, Medical Director, Bury & Rochdale Care Organisation, Leader of the Council, Councillor Rishi Shori; Interim Executive Director Communities and Wellbeing, Julie Gonda

Also in attendance:

Paul Cooke, Strategic Lead, Schools, Colleges and Academies representing Interim Director of Children, Young People and Culture.
Julie Parker, Infection Control Nurse
Jon Hobday – Public Health Consultant
Phil Thomas – Programme Director (Devolution)
Vicki Devonport, Executive Director, Groundwork
Julie Bentley, Project Officer, Groundwork
Chris Woodhouse – Improvement Advisor
Julie Gallagher – Democratic Services

Apologies:

Stuart North; Chief Operating Officer, Bury Clinical Commissioning Group
Steve Taylor; Pennine Acute NHS Trust
Chair Bury Clinical Commissioning Group, Dr Jeff Schryer
Interim Director of Children, Young People and Culture, Karen Dolton
Cabinet Member for Children and Families, Councillor Sharon Briggs
Dan Lythgoe, Pennine Care NHS Trust

Public attendance: There were no members of the public present.

HWB.180 DECLARATIONS OF INTEREST

Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith assistant at the Greater Manchester Health and Social Care Partnership Board. Councillor Simpson is also employed by the NHS.

Councillor R Shori declared a personal interest in respect of all items to be considered due to his appointment to the GM Children's Board and his partner works for the NHS.

HWB. 181 MINUTES OF PREVIOUS MEETING

It was agreed:

The minutes of the meeting held on the 13th June 2018 be approved as a correct record.

HWB.182 MATTERS ARISING

Responding to a question from Councillor Roy Walker with regards to the recent IT failure at the Trust; Dr Shouna McCallum, Medical Director, reported that there was an initial localised incident at Fairfield Hospital. A second fault was then detected at North Manchester hospital as a result the Trust lost all its IT capability. Some operations were postponed and the Trust relied on paper records; patient safety was not compromised during this time. IT infrastructure is number one on the Trust's risk register, the business continuity plans will also be reviewed.

HWB. 183 PUBLIC QUESTION TIME

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

HWB. 184 TRANSFORMATION UPDATE

Philip Thomas, Programme Director (Devolution) attended the meeting to provide members with an update in respect of work being undertaken to transform health and social care in the Borough.

The presentation provided member's with an overview of the Locality Plan, the Locality Care Alliance, the One Commissioning Organisation and each of the transformation programmes, including:

- Enabling local people
- Giving every child the best start in life
- Keeping Bury well
- Transforming mental health
- Transforming emergency care
- Transforming primary, community and social care

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

Paul Cooke, Strategic Lead, Schools, Colleges and Academies responding to a members question reported that work is underway to reduce the numbers of Looked after Children. The Strategic Lead informed the meeting that early intervention and early identification support would be provided to address issues as they emerge. Encouraging greater intelligence sharing and investing in lower cost preventive measures will assist in the delivery of this priority.

Members discussed the role of pharmacies within the Borough in delivering the Transformation agenda. The Director of Public Health reported that more investment is needed to create additional capacity. Some work is already underway via the development of Healthy Living Pharmacies.

Dr Shona McCallum, Medical Director, responding to a question from the Chair with regards to the triage arrangements at Fairfield General Hospital reported that additional capacity is provided to triage patients at A&E at Fairfield General Hospital by GPs.

It was agreed:

1. The Transformation Programme Board will oversee the implementation of the Locality Plan, the Transformation Programme Board will be accountable to the Health and Wellbeing Board.
2. A Transformation Programme Board Chairs' report will be a standing agenda item.
3. The Board's forward plan will be amended to include a focus at each meeting on a transformation programme; transforming emergency care will be considered at the next meeting due to be held on the 22nd November.
4. Dr Shona McCallum, Medical Director, would provide further information at the next Board meeting with regards to the A&E triage arrangements including performance data and readmission rates.

Further to the published agenda the Chair agreed that the agenda would be re-arranged and the Greater Manchester Health Population Plan would be considered next.

HWB.185 GREATER MANCHESTER HEALTH POPULATION PLAN

Lesley Jones, Director of Public Health provided members with an update with regards to activities being undertaken at Greater Manchester in respect of the priorities set out in the Greater Manchester Population Health Plan. The population health plan sets out the collective ambition for delivering a radical upgrade in population health. Particular areas of interest for Bury include:

- The implementation of the early years delivery model and the 8 stage new delivery assessment pathway
- NHS mandatory health checks
- Food, nutrition and healthy weight

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

Members expressed concerns with regards to the raising rates of obesity within the Borough and in particular amongst younger children. The Director of Public Health reported that there are some good small scale schemes however greater investment is needed to "scale up" this support. Behaviour change as well as changes to the food environment is needed to reduce the rising levels of obesity.

It was agreed:

The Director of Public Health be thanked for her update; quarterly updates in respect of work being undertaken locally in delivering the GM Health population plan will be considered at future meetings.

HWB.186 SEASONAL FLU UPDATE

Julie Parker, Lead Health Protection Nurse attended the meeting to provide members with a Seasonal Flu 2017/18 uptake. The presentation contained the following information:

A vaccine against seasonal influenza is available to people in Bury in certain at risk groups: -

- children aged 2 to 11 years old (nasal spray)
- people aged 6 months to 65 years with certain medical conditions including diabetes, respiratory disease and morbidly obese;
- pregnant women;
- those aged 65 years or over;
- residents of long-stay care homes or other long-stay care facilities;
- carers;
- In addition vaccination is now recommended for frontline health and social care workers

The Lead Health Protection Nurse reported despite not reaching targets for some cohorts in 2017/18 flu season, 60,395 vaccinations were delivered in Bury

- 40,511 administered in a GP surgery,
- 16,599 nasal vaccines given by Intrahealth schools programme
- 2942 provided in a pharmacy
- 343 given in another healthcare setting

The Lead Health Protection Nurse asked that Board members raise awareness of the need to increase the number of carers who are registered with GP's. The Lead Health Protection nurse made members aware that there may be uptake issues arising from the phased supply of the adjuvanted vaccine for the over 65's.

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

Responding to a member's query in respect of vaccinations take up rates for pregnant women, the Lead Health Protection Nurse reported that this is a new programme, all new programmes take time to embed. The Director of Public Health reported that work is underway with midwives to encourage and embed the programme.

It was agreed:

- That Board members would consider the contents of the report with respect to their own organisation's possible contribution to improving the uptake of Flu vaccination in the following cohorts: 2-3 years olds, pregnant women, 6 months to 65 years old at risk. Encourage Health and Social care workers across all organisations in the Bury area to have the vaccination
- Encourage partnership working between GPs and their local pharmacies to ensure that their patients are vaccinated in a timely manner

HWB.187 INFECTION, PREVENTION CONTROL POLICY (IPC)

The Infection Prevention and Control Policy has been reviewed and updated from the last version published in 2012, in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The policy aims to provide information about the principles of IPC and to describe good IPC practice for staff in adult care services, primarily those working in Care Homes or Domiciliary Care. The policy also aims to provide guidance on meeting the 10 criteria from Part 2 of The Health and Social Care Act (HSCA) 2008: code of practice on the prevention and control of infections and related guidance (updated 2015), and support adult social care providers to meet the requirements.

It was agreed:

Health and Wellbeing Board notes the content of the policy and endorses its publication.

(Lesley Jones, Director of Public Health left the meeting)

HWB.188 GROUNDWORK AMBITION FOR AGEING UPDATE (AfA)

Vicki Devonport, Executive Director, Groundwork and Julie Bentley, Project Officer, Groundwork attended the meeting to provide an update on the Groundwork Ambition for Ageing project (AfA).

The AfA Programme in Bury helps to ensure older people play an active role within their community, tackling the impact of social isolation while reducing the likelihood of people experiencing a crisis and if and when they do. As well as reducing the impact of this through the AfA Bury investments and attracting additional funding into Bury.

In addition, Groundwork has been successful in its application to deliver the Bury Social Eating Programme which will run from September 2018 - March 2020.

- **Combatting loneliness in Bury**

Following on from the work being undertaken as part of the AfA project, the Chair informed the meeting of the development of the loneliness strategy and action plan.

It was agreed:

1. Vicki Devonport, Executive Director, Groundwork and Julie Bentley, Project Officer, Groundwork be thanked for their attendance and commended for the work undertaken on behalf of Groundwork
2. The Board endorses the Loneliness Strategy and Action Plan
3. The Board supports the formation of a task and finish group and make recommendations for membership.
4. The Board to endorse, support and help promote the workshop planned for November 2018.
5. The Board to identify potential funding streams that may be used to support this work.

(Councillor Rishi Shori left the meeting)

HWB. 189 SUBSTANCE MISUSE POSITION PAPER

Job Hobday, Public Health Consultant provided members with a substance misuse update. An accompanying report had been circulated to members in advance of the meeting and provided details of the most recent contract negotiations.

In 2013 Bury council went out to tender for the local adult substance misuse service. One Recovery Bury won the contract through a competitive tendering process. As a result they were awarded a 3 +1 year contract that commenced in February 2014. The contract entered into the first plus 1 on 05/02/17 and was extended for 12 months on 05/02/18.

In 2014 Bury council went out to tender for a young peoples and families substance misuse service. This tender was won by Early Break who provide the service for young people up to the age of 18 years. This was originally a 2 year contract which commenced on 1st October 2014 and finished 30th September 2016. The contract has since been extended twice and most recently extending until 31st March 2019 (to bring it in line with the adult substance misuse service).

In March 2017 a position statement was produced for the young people's and families substance misuse in Bury. This provided an overview of the usage of the young people's substance misuse service during 2014/2015 and 2015/2016 and highlighted factors that may impact future demand.

The commissioning of the new drug and alcohol service provides an opportunity to align the national and GM strategy and the all age approach. This should in turn help to provide a clear strategic focus across both children and adults.

It was agreed:

That the Board would endorse and support the decision to commission an all age service (option 1) and an appropriate and effective service specification will be developed to ensure all elements of the life course approach are addressed appropriately.

HWB. 190 COMBINED BCF AND IBCF MONITORING REPORT

Phil Thomas, Programme Director (Devolution) attended the meeting to provide members with updated performance information for the better care fund and improved better care fund. The presentation provided information in respect of the BCF metrics which include:

- Non-elective admissions - reduction in non-elective admissions
- Permanent admissions - rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement - proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) - delayed transfers of care (delayed days) from hospital

As well as the IBCF the local metrics related to areas of spend

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

Responding to a question from the Chair with regards to the future sustainability of the Better Care Fund and Improved Better Care Fund, the Programme Director (Devolution) reported that there is no guarantee that the money will continue beyond March 2019.

It was agreed:

The Health and Wellbeing Board will continue to receive quarterly Better Care Fund and Improved Better Care Fund performance updates.

HWB. 191 GREATER MANCHESTER CARERS CHARTER

Councillor Simpson Chair of the Health and Wellbeing Board reported that following the development of a carer's charter for Greater Manchester, the Board are asked to ratify the charter.

The Board are also to be made aware of the GM Exemplar Framework & Good Practice Models document.

It was agreed:

- a) The Board to endorse and agree to sign up to the GM Carers Charter
- b) The Board to help promote the carers consultation
- c) The Board to acknowledge awareness of the Exemplar Framework & Good Practice document

HWB. 192 NOTE OF THANKS

On behalf of the Committee, the Chair thanked Stuart North, Chief Operating Officer for his contribution and wished him well for the future.

**Councillor Andrea Simpson
Chair**

(Note: The meeting started at 6pm and finished at 8.20pm)

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**Greater
Manchester**
Health and
Social Care
Partnership

Bury Health & Wellbeing Board
Warren Heppolette
November 27th

Taking Charge in Context



The infographic is set against a yellow background and lists ten goals for Greater Manchester, each with a corresponding icon and number:

- 1. Children starting school ready to learn (Icon: school bag)
- 2. Young people equipped for life (Icon: graduation cap)
- 3. Good jobs for people to progress and develop (Icon: ladder and books)
- 4. A thriving economy in Greater Manchester (Icon: bar chart)
- 5. World-class connectivity (Icon: train and Wi-Fi symbol)
- 6. Safe, decent and affordable housing (Icon: houses)
- 7. A green city for all (Icon: bicycle)
- 8. Healthy lives and quality care (Icon: apple and medical cross)
- 9. Safe and strong communities (Icon: houses and people)
- 10. An age-friendly Greater Manchester (Icon: coffee cups and smartphone)

The central text reads: **Let's make Greater Manchester one of the best places in the world**

Our Aims – by 2021

- **More babies being born a healthy weight** (over 2,500g) which makes a huge difference to their long term health
- **More children** reaching a good level of social and emotional development - **ready for school**
- **Fewer people dying** from cancer, heart and lung disease
- Supporting people **to stay well and live at home** for as long as possible.



Value Proposition - Building on Real Progress

Early evidence is that devolved system is working

- Generated system surpluses over last 2 years, and on track at least to balance again this year
- Primary care extended access achieved
- Emergency bed days stabilised and now starting to turn downwards; delayed discharge rate almost halved
- Cancer survival rates improved almost to national average, best rated acute stroke services in country, positive elective waiting time performance
- Population health model is unique in country. Smoking rates currently reducing by 4x rate of average for country, school readiness improving, health & employment programme outperforming DWP national work programme, dementia diagnosis rates amongst highest in country
- Social care under-funded and started from very poor place but in 2 years we have increased number of care homes CQC rate good and outstanding from 55% to 74%
- Mental health – We are investing £134m. We met the national CYP and adult access standards last year with something to spare, we already have a schools programme and next month will become first place in country to publish CYP MH waiting times.
- Governance model means we can get the tough stuff done. Merger of UHSM and MFT took one year start to finish; through Salford Royal and Improvement Board took on Pennine Acute and eliminated all 13 'inadequate' services in 15 months.

Where are we now?

If we refresh the picture today we can see how our starting position can be shown to have shifted.

Financial Management

We have generated system surpluses over last 2 years, and on track to at least balance again this year

Hospital Bed Days

Emergency bed days in GM have been held broadly stable in GM in early days of devo with signs of a more recent downturn

Mental Health Access

We have met the 19/20 CYP access target a year ahead of schedule rising from 11.1% baseline to 33.3% in June '18

A&E Attendance

We have tracked below the national growth level since devolution

Cancer Survival

We have improved cancer survival rates to almost national average

Percentage of children achieving a good level of development

We have narrowed the gap to England year on year since the 2014 Devolution Agreement from 4.8% to 3.5%

Delayed Transfers of Care

We have reduced delayed beds by 1.7% since devolution, compared to a growth seen nationally

Smoking Reduction

We are reducing smoking rates currently by 4x rate of average for country

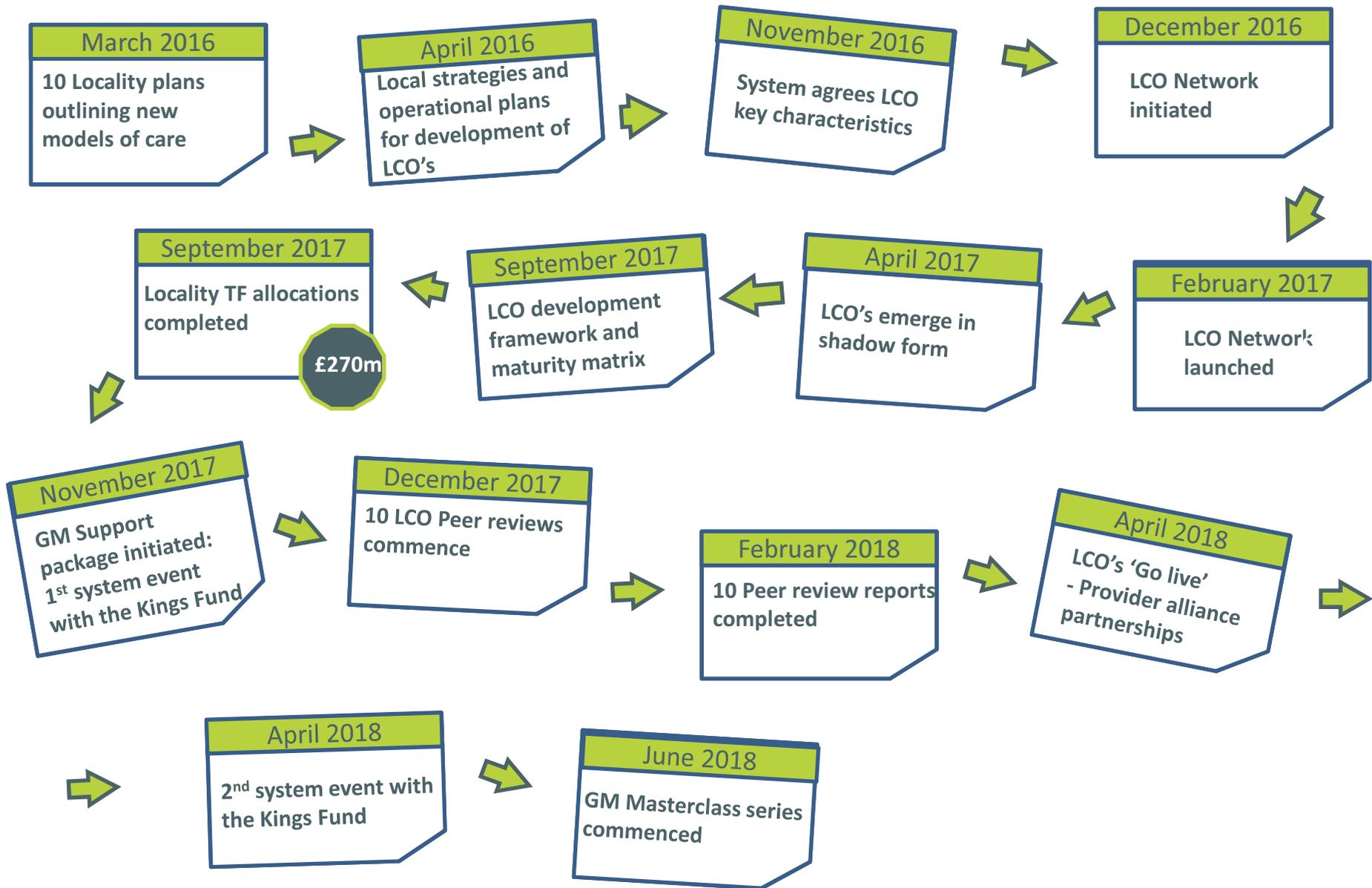
Reducing Worklessness

Over 3,200 long-term unemployed people have found work through Working Well, with the full programme already having paid for itself

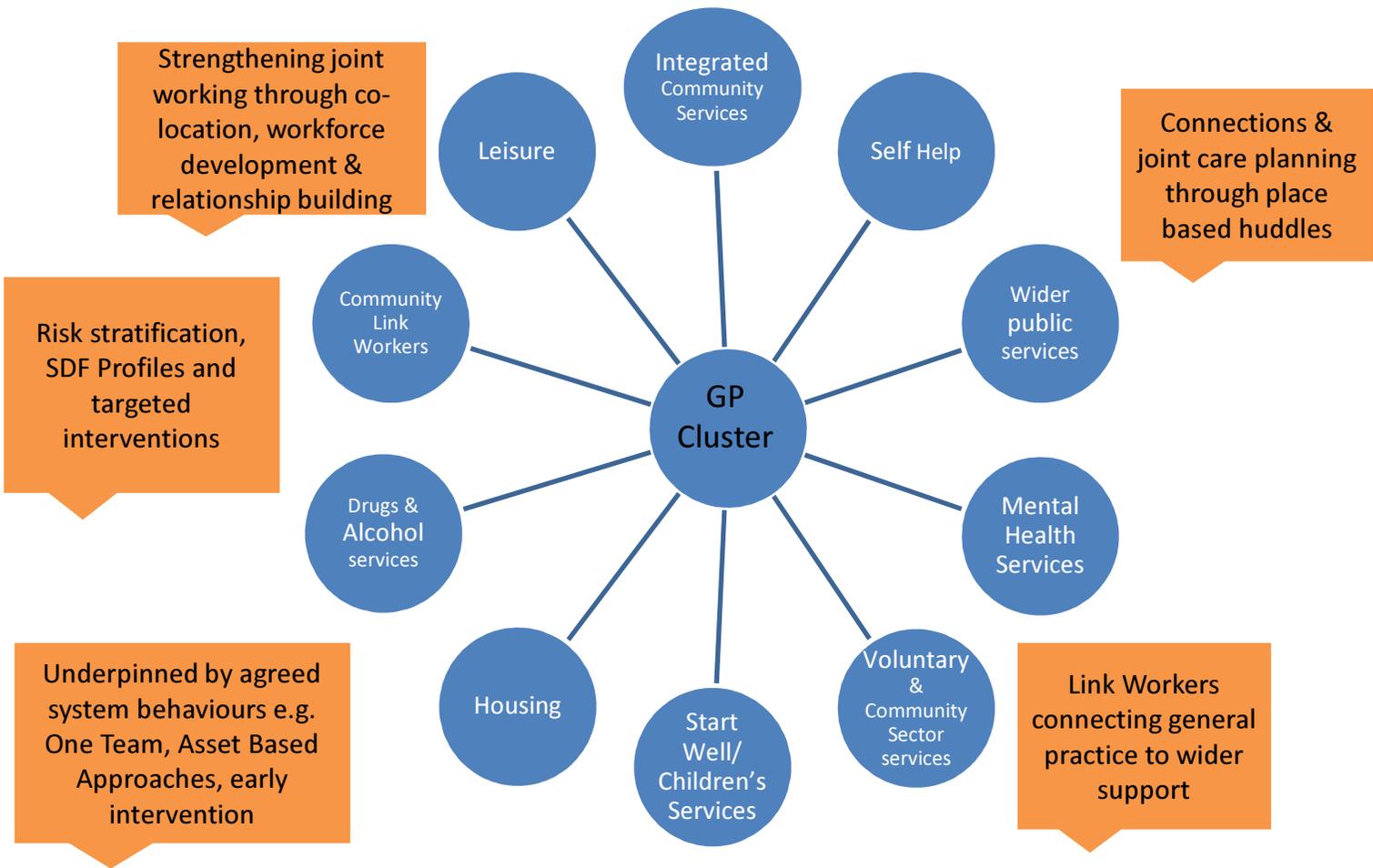
The building blocks of transformation

- Local care organisations coordinate delivery of integrated care in each borough
- Boroughs are made up of smaller neighbourhoods - GP practices working with other health and care professionals
- Standardisation across hospital sites and more care in the community, closer to home
- A single local commissioning function in each borough plus a GM Commissioning Hub

LCO Route Map – summary to date



Working in Neighbourhoods



- 30-50,000 population
- Co-terminus GP Clusters
- Neighbourhood Managers & dedicated capacity
- Schools
- Neighbourhood data profiles
- Community Assets mapped
- Estates Strategy
- multi-agency huddles
- Sub-neighbourhood teams in areas of greatest demand

Bury's Successes so far

- Integrated Neighbourhood Teams in 2 localities
- 1 neighbourhood focusing on design and mobilisation of care home support model
- 1 neighbourhood focusing on the the design and mobilisation of the single point of rapid response
- Green Car
- Bury Directory and One Community offering a greater range of opportunities for citizens
- Integrated Virtual Clinical Hub
- Urgent Treatment Centre due to go live on the 5th Nov

Expected developments in Bury by April

- Integrated Neighbourhood Teams
- Integrated Intermediate Tier
- Single point of rapid response for the Borough
- The early help offer
- Integrated End of Life provision
- Health trainers in place delivering the integrated wellness service
- Workplace health team expanded
- Falls pathway in place
- Support offer to care homes
- New deal for carers and social prescribers tendered

What's coming next?

- Greater Manchester is considering our next stage of improvement in light of local progress and national developments
- We will work across the whole public service as part of a vision of a 21st century NHS as part of a new model of public service within the city-region.
- The Greater Manchester reforms have been described as 'equally as bold as the creation of the NHS' and could be the country's first population health system
- Greater Manchester continues to update on progress in delivering Taking Charge as part of our Annual Reports and Business Plan
- In the New Year we will consider and plan for the implications of the NHS Long Term Plan to update our plans
- We will connect all of these changes to our opportunities to unlock our economic potential as part of our local industrial strategy.



For further detail go to:

www.gmhsc.org.uk

@GM_HSC

Bury Health and Wellbeing Board

Title of the Report	LCA Transformation Update
Date	27 November 2018
Contact Officer	Helen Smith Head of Assurance, LCA
HWB Lead in this area	

1. Executive Summary

Is this report for?	Information ✓	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	For an update on the transformation programmes being delivered by the LCA with a focus on Urgent Care		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page			
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	<p>Note the latest developments with regards to delivery of transformation programmes.</p> <p>Note the particular detail around the mobilisation of Urgent Care projects.</p> <p>Note current progress made and future key milestones with regards to 1 April.</p>		
What requirement is there for internal or external communication around this area?	None		
Assurance and tracking process – Has the report been considered at any other	No		

committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	
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2. Introduction / Background

- 2.1 Bury's Locality Plan: Transforming Health and Social Care, sets out the borough's ambitious programme to transform health, adult social care, children's and public health services by 2021, securing a sustainable health and care system whilst improving health and wellbeing, ensuring that all people have a good start and enjoy a healthy, safe and fulfilling life.
- 2.2 This report updates the Health and Wellbeing Board on progress made by the LCA to deliver transformation programmes within that plan.

3. key issues for the Board to Consider

- 3.1 This report details a set of key priorities for the LCA to deliver. In the short term this involves supporting system resilience over the winter period, in the longer term this involves the delivery of 5 integrated neighbourhood teams, supported by an integrated intermediate tier of services with a single point and offer of rapid response for the workforce for patients they are concerned about.
- 3.2 Therefore from 1 April 2019 it is expected that the system will be working in a different way to support the ambitious programme described in the Locality Plan (as per 2.1).
- 3.3 A range of successes regarding transformation delivery can already be articulated; a particular focus on the successes of the Urgent Care programme is described in the attached slides.

4. Recommendations for action

4.1 Health and Wellbeing Board is recommended to:

- i. Note progress made to further mobilise the transformation programmes and in particular the successes of the Urgent Care programmes..
- ii. Acknowledge the important changes to the health and social care system which will be in place from 1 April 2019.

5. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

CONTACT DETAILS:

Contact Officer: Helen Smit

Telephone number: 0161 2537952

E-mail address: helen.smith113@nhs.net

Date: 14 November 2018

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LCA Transformation Update

including Urgent Care

Kath Wynne-Jones
Interim LCA Executive

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LCA key priorities

- Full mobilisation of key priorities for April 2019
 - 5 Integrated Neighbourhood Teams
 - An integrated intermediate tier of services
 - A single point and offer of rapid response for the workforce for patients they are concerned about
- Working differently across the workforce for 'in scope services' from April 19 – LCA Management Team will be responsible for delivery in an integrated way
- Long term strategic and financial planning supported by:
 - Detailed delivery plans for the next 3 years
 - New approach to contracting and outcomes for in scope services
- Supporting resilience over winter
 - D2A provision decided in view of longer term transformation intent and including the principles of transformation for an integrated community facility
- Focus on elective during 19/20 which will likely have biggest impact during 20/21
- Working with OCO to ensure GM deliverables are on track for implementation

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Successes so far

- Integrated Neighbourhood Teams in 2 localities
- 1 neighbourhood focusing on design and mobilisation of care home support model
- 1 neighbourhood focusing on the the design and mobilisation of the single point of rapid response
- Green Car
- Bury Directory and One Community offering a greater range of opportunities for citizens
- Integrated Virtual Clinical Hub
- Urgent Treatment Centre due to go live on the 5th Nov

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What will be different on the 1st April 2019

- Integrated Neighbourhood Teams (P6)
- Integrated Intermediate Tier (P6)
- Single point of rapid response for the Borough (P6)
- The early help offer (P2)
- Integrated End of Life provision (P6)
- Health trainers in place delivering the integrated wellness service (P3)
- Workplace health team expanded (P3)
- Falls pathway in place (P3)
- Support offer to care homes (P6)
- New deal for carers and social prescribers tendered (P1)

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Principles of Neighbourhood working

Neighbourhood teams that consist of GP's, social care, community care and VCFA staff at their core, will be operational by April 19. The teams will have :

1. Single line management by 5 INT leaders, reporting to a single post in the LCA management team
2. Co-located community health, adult social work and VCFA staff in neighbourhoods supporting the delivery of high quality primary care
3. Joint access to case management systems and access to relevant care records
4. Risk stratified identification of cohorts, from the beginning of INTs going live
5. Mental health services fully integrated into the teams at an operational level
6. Attendance at MDT meetings by AHP's, the End of Life Team and clinical staff from the NCA who reside in Borough wide / hospital wide services
7. Connectivity to PSR hubs where these are in place
8. Easy access to rapid response and step-up facilities

The model and blueprint will build upon the learning from current MDT working

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Focus for April 19: Home first priorities

- Managing high risk patients through the neighbourhood teams
- Effective step up/down facility to support patients in the community
- Single point of rapid response for the workforce
- Integrated end of life service

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Gearing up for 19/20

- Milestones, financial profile and benefits / system management matrix being updated for the MBA to be complete by December
- Integrated approach to planning and contract negotiations
- Alignment of LCO plans for in scope services, CCG QIPP and provider CIP's
- Detailed financial and benefit plans in place for programmes 1-5 with P6 being completed by mid-December
- Forecasts are being finalised for 18-19 and indicate a £4m outturn spend
- Completion of the internal Bury Investment agreement will identify financial plans over future years including the £4m local contribution (currently estimated at £7m per annum 19/20-20/21).

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Urgent Care: What has changed so far?

Bury Transformation Plan Theme 5: Transforming Urgent & Emergency Care

Developing and Integrated Urgent Care System in Bury

What was the problem?

The challenges in Bury echo that in most other health systems with rising demand for urgent care services marked by increasing numbers of 999 calls, A&E attendance and non-elective admissions. The urgent care system has multiple entry points and it can be confusing to patients with a tendency to default to A&E.

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Urgent Care: What has changed so far?

What was the solution?

Bury Locality Care Alliance providers have been working with commissioners to develop a more integrated urgent care system for Bury. This is a long term programme but three projects were identified as priorities:

- 1) **A paramedic Green Car** – NWS is the provider and the aim of the Green Car is to provide an expanded local see, treat and connect response to lower acuity 999 calls. The service operates 7 days a week 12 hours a day.
- 2) **An Integrated Virtual Clinical Hub [IVCH]** – to provide local telephone based clinical assessment and where required direct booked access to GP and OOH appointments. The provider is BARDOC and the service operates 7 days a week during the out of hours period.
- 3) The development of an **Urgent Treatment Centre** at Fairfield General Hospital. The UTC operates as a minor injury and illness unit and is a partnership between Northern Care Alliance, BARDOC and Bury GP Federation. It operates 7 days a week, 12 hours a day.

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Urgent Care: What has changed so far?

What were the results?

1) Green Car: This was successfully mobilised with 12 hours a day 7 days a week operation in September 2018. In October the Green Car attended over 170 incidents and 77% of these resulted in a see and treat response [compared with about 27% for a conventional paramedic crew]. This means the Green Car scheme is enabling significantly more people to be treated and looked after at home.

2) IVCH: This was successfully mobilised in September 2018 with a higher than expected call volume over the first two months of operation. In October the IVCH received over 1300 calls from Bury residents with over 93% receiving self-care advice or a primary care appointment or visit.

3) Urgent Treatment Centre: The UTC opened on 5th November 2018 with mobilisation of the full operating model being phased over the first 3 weeks of November. In the first 5 days of operation 115 patients were streamed from A&E to the UTC – c15% of A&E attendances.

MAKING
CHANGES
FOR A
BETTER
BURY

Urgent Care: What has changed so far?

What were the learning points?

Relationships are the key – The Green Car's success in enabling a high proportion of patients to be safely treated and cared for at home is down to the work put in by the paramedics in developing positive relationships with GP practices and community health and social care providers. In contrast some of the challenges in developing the UTC have resulted from the limited time and opportunities for engagement with and the development of relationships between the UTC and A&E clinical teams.

Be pragmatic – Develop the ultimate vision but be clear about what can be realistically delivered within the timeframe.

Develop early clarity about organisational roles and responsibilities – This is especially important in a complex project with multiple partners.

Develop a core project team – having a consistent, committed membership is essential to delivery.

MAKING
CHANGES
FOR A
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BURY

Urgent Care: What has changed so far?



Green Car

"Big thumbs up, excellent service. No negatives".

"I think that this is the way forward to preventing unnecessary hospital admissions by providing accurate and effective and safe care to the patient. I would like to see this service extended to my main practice area".

"All positives no negatives".

"I had a very satisfactory consultation with the car paramedic who effectively was able to prevent a hospital admission, and assessed the patient very thoroughly and phoned me from the patient's house and we were able to formulate an effective plan for this patient's care".

"..... the GP was more than satisfied with the management plan instigated for the patient and the avoidance of a hospital A&E admission. We would definitely use the service again".

"the green car scheme had prevented an ambulance attendance".

**CHANGES
FOR A
BETTER
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Bury Health and Wellbeing Board

Title of the Report	Transformation Programme Board Key Issues
Date	27 November 2018
Contact Officer	Margaret O'Dwyer Director of Commissioning and Business Delivery
HWB Lead in this area	Councillor R Shori, Leader of the Council Dr Jeff Schryer, Chair of the Clinical Commissioning Group

1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion x	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To advise the Board of key issues discussed and agreements made at Bury's Health and Social Care Transformation programme Board		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page			
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	The Health and Wellbeing Board is asked to review the work of the Transformation Programme Board in line with the Board's accountability for the Locality Plan		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	None		

2. Introduction / Background

- 2.1 Bury's Health and Care Transformation Programme Board (TPB) is accountable to the Health and Wellbeing Board (HWB) for the successful delivery of Bury's Locality Plan: Transforming Health and Social Care.
- 2.2 This report advises HWB of the key TPB discussions and agreements at its September 2018 meeting in support of this accountability.

3. Transformation Programme Board Highlights – September 2018

3.1 Locality Care Alliance (LCA) Update

- 3.1.1 The Board agreed a proposal to focus on 3 streams of work to accelerate the delivery of the LCA, namely:
 - i) Programme / LCA governance – establishing hosting and governance arrangements that enable safe, high quality and sustainable integrated service delivery;
 - ii) System target operating model – providing clarity, a common understanding and agreement on what would be in place by 1 April 2019, facilitated through a number of workshops to be held during October;
 - iii) Development of the neighbourhood model – describing how integrated health and care will be delivered at neighbourhood level, supporting improved health wellbeing and experience for local people.
- 3.1.2 The Board considered the close connection between transformation and operational performance agendas, recognising the requirement to ensure the health and care system was performing effectively whilst transformation plans were being implemented. It was agreed that £160k of transformation funding be utilised alongside system resilience money to support system performance during winter.

3.2 Locality Plan Investment Agreement

- 3.2.1 The Board was advised that a revised set of hospital activity measures had been submitted to Greater Manchester Health and Care Partnership (GMH&SCP) as part of a refresh of the investment agreement between Bury and GMH&SCP. The investment agreement is a document that sets out key locality plan milestones, the anticipated impacts and transformation fund spending plans and is a key aspect of the agreement and assurance processes between Bury and GMH&SCP.

3.3 Transformation Performance and Finance Reporting

3.3.1 The Board received an update on progress to develop and performance and finance framework. Once finalised the framework will provide the Board with summary information on locality plan implementation, impacts, spend, issues and risks to enable the Board to be assured of the success of the locality plan and address issues as they arise.

3.4 One Commissioning Organisation (OCO) Update

3.4.1 The Board was advised of the intention to appointment Geoff Little to the post of Accountable Officer of the CCG, subject to approval by NHS England Chief Executive and the Council's Cabinet.

3.4.2 The OCO also advised on its business plan, including implementation of joint financial reporting as part of its journey towards establishing an integrated approach to management of commissioner finances.

3.5 Devolution Difference

3.5.1 The Board was advised of plans for Bury's Devo Difference Roadshow, scheduled for 5th October 2018. Aimed at local people, health and care staff and wider stakeholders, and comprising a market place and formal programme of presentations, the event would focus on health and social care transformation plans in Bury and the wider Manchester city-region.

4. Recommendations for action

4.1 Health and Wellbeing Board is recommended to note the work of the Health and Care Transformation programme Board.

CONTACT DETAILS:

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Telephone number: 0161 7621637

E-mail address: margaret.o'dwyer@nhs.net

Date: November 2018

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Better Care Fund & Improved Better Care Fund

Health and Wellbeing Board

November

2018

Background

Better Care Fund

- To drive transformation and integration of health and social care
- 5 national conditions, e.g. jointly agree BCF plans, to pool the BCF via a section 75 agreement, all of which have been met.
- Plan signed-off and monitored via the local Health and Wellbeing Board
- Targets set and performance monitored against a number of metrics
- Implement the 'High Impact Change Model – Managing transfers of care between hospital and home'

Improved Better Care Fund

- Paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.
- can be spent on:
 - Meeting adult social care needs
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
 - Ensuring that the local social care provider market is supported

Localities are required to provide quarterly BCF updates, signed off by the Health and Wellbeing Board (to meet national reporting timescales this is via Cllr Simpson's delegated powers)

2018/19 BCF plan

Developed and submitted as part of BCF 2017-2019 plan

Key areas of spend	2018/19 planned expenditure
CCG Non-elective admissions contingency	£1.67m
Community health services	£0.27m
Mental health	£0.84m
Primary care (inc. extended access (£1.24m))	£1.72m
Adult social care (Inc. Killelea (£1.14m), Reablement (£2.3m) and Protecting social care (£2.52m))	£7.37m
Meeting Care Act requirements	£0.63m
Disabled facilities grant	£1.70m

BCF metrics

- Non-elective admissions - reduction in non-elective admissions
- Permanent admissions - rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement - proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) - delayed transfers of care (delayed days) from hospital

Non-elective admissions

Non-Elective Admissions (NEA)	Q4 17/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
BCF submission planned activity	4,854	4,786	4,744	4,744	4,732
Actual activity level	5,516	5625	5321	-	-
Revised BCF NEA targets	N/A	5,479	5,359	5,662	5,602

Performance:
 Q1 2018/19 – not on track
 Q2 2018/19 – not on track

Review – target revised to align to CCG operating plan

Rationale – as per BCF operating guidance

Remedial actions:

- Planned activity levels remodelled as part of CCG 2018/19 operating plan refresh
- Admission avoidance through step-up use of intermediate care capacity
- MDT care planning for high risk cohort - 2 early adopter sites live
- Integrated Virtual Clinical Hub (IVCH) mobilised (go live date of 1st September 2018)
- Review of appropriateness of patients transferred to ambulatory care underway

Permanent admissions



Performance:
 Q1 2018/19 – on track
 Q2 2018/19 – on track

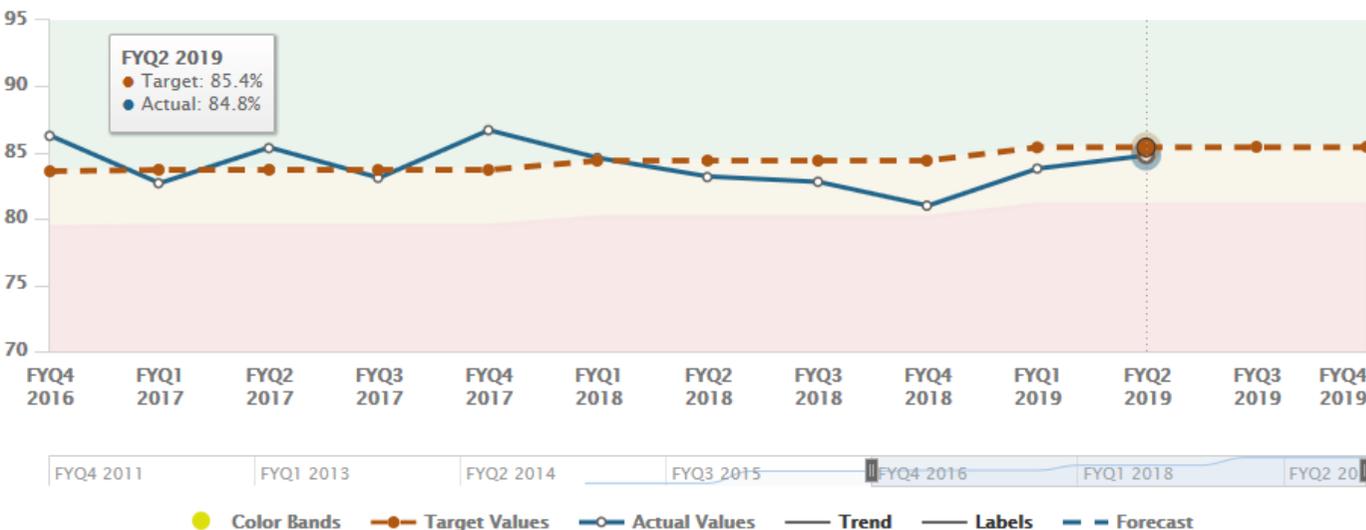
Review – retain level of ambition in 2017/19 plan submission

Rationale – it is anticipated that the target will be met during 2018/19 (20% reduction in rolling 12m admissions figure)

Remedial actions:

- Positive impact of initiatives (new intermediate care model, D2A beds, zonal homecare model etc.) continue.
- Residential admissions target expected to be met during Q3 of 2018/19

Effectiveness of Reablement



Performance:
 Q1 2018/19 – not on track
 Q2 2018/19 – on track

Review – retain level of ambition in 2017/19 plan submission

Rationale – Target has been met for this quarter, although it was not met for previous 3 quarters (N.B. 2 months were within 1 percentage point of target) historically the target has been met.

Remedial actions:

- Service experiencing significant increase in levels of complexity
- Balancing screening referrals to ensure suitability for service vs enabling discharge
- Review of reporting - less complex reablement cases supported by Home in a Day service
- New service / staff still being embedded – improvements being observed
- Recruiting to vacant posts and managing sickness absence

ClearImpact.com

Delayed transfers of care (DToC)



Review – revised to 12 delays per day (June actuals: 21.93)

Rationale – Bury’s proportion of GM-wide DToC target

Remedial actions:

- Improved data quality / recording, improving understanding of delays and targeting interventions

Delayed transfers of care (DToC)

Remedial actions (cont.):

- Strengthened performance management – DToC owned by integrated discharge team; daily discharge meetings; weekly review of 7+ days delays
- Weekly Gold and regular system flow meetings to support immediate operational and longer term decisions to reduce DToC
- Targeted interventions:
 - MH DToC – multi-agency working (inc.. social housing, commissioning etc), pathway review; active performance and delay management; attendance at bed meetings
 - Bed base review – developing options to reconfigure capacity, ensuring adequacy of discharge to assess; intermediate care; residential and nursing with dementia etc beds
 - Exploring community ‘in-reach’ model – to plan and support discharge
 - Flexible deployment of resource – e.g. reablement into Home in a Day service

High Impact Change Model

- A successful **High Impact Change Model (HICM)** will assist in managing transfers of care
- Programme management approach introduced to delivery increasing levels of maturity to local arrangements
- Oversight provided by System Flow Group
- Status:

	Early discharge planning	Systems to monitor patient flow	Multi-disciplinary/multi-agency discharge teams	Home first/discharge to assess	Seven-day service	Trusted assessors	Focus on choice	Enhancing health in care homes	Red Bag scheme
Q1 18/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Plans in place
Q2 18/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Plans in place

iBCF plan

2017/18 projects	Q4 / year-end summary
Care at home	New home care model procured and implemented.
Residential care	Discharge to assess capacity in place. Improved market stability, securing sufficiency of supply, working with providers on national living wage and other cost pressures
Supported living services	Improved market stability, supporting provider cost pressures through fee increases for supported living services for people with a learning difficulty
Reablement	Killelea capital programme complete. New bed based and community reablement models established.

2018/19 additional allocation funded projects	Notes / narrative
Meeting adult social care needs, inc.: <ul style="list-style-type: none"> • Community care – care at home • Community care – residential • ASC staff capacity 	<ul style="list-style-type: none"> • Maintenance of previous levels of provision • Maintenance of previous levels of provision • Leadership, safeguarding / protection

iBCF Performance Metrics

Requirement to identify up to 5 key metrics to assess impact of iBCF spend

Local metrics, related to areas of spend:

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

Bury Health and Wellbeing Board

Title of the Report	Adult Safeguarding Board and Children's Safeguarding Board 2017-2018 reports
Date	27/11/2017
Contact Officer	Independent Chair Kathy Batt will present both documents with the support from Bury Council officer Amanda Symes in regard to the Adult Safeguarding Report.
HWB Lead in this area	Julie Gonda

1. Executive Summary

Is this report for?	Information <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To ensure that the HWB is appraised of the activity of the Adult and Child Safeguarding Boards – as per Care Act and Working Together statutory guidelines.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) www.theburydirectory.co.uk/healthandwellbeingboard	Priority 1 – Starting Well Priority 2 – Living Well Priority 4 – Ageing Well		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page	Health and Wellbeing		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	For information only		
What requirement is there for internal or external communication around this area?	None – communication is managed through both Boards		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The documents are the property of the Adult Safeguarding Board and Local Children's Safeguarding Board respectively and have been agreed and ratified by both Boards.		

2. Introduction / Background

The Bury Safeguarding Adults Board (BSAB) Annual Report has been produced as per the statutory requirements set out in the Care Act 2014.

The report provides an opportunity to look back on the achievements of the previous year and plan for the challenges of the forthcoming year.

The Local Children's Safeguarding Board (LSCB) Annual Report has been produced as per statutory requirements set out in Working Together.

3. key issues for the Board to Consider

The report is for information only.

4. Recommendations for action

For the Board to note and acknowledge receipt.

5. Financial and legal implications (if any)

If necessary please seek advice from the Acting Council Monitoring Officer Janet Witkowski, (J.Witkowski@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

No Financial implications

6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

No equality and diversity implications

CONTACT DETAILS:

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Date: 19/10/2018



Annual Report on the Effectiveness of Safeguarding Children in Bury 2017/18

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1. Foreword

I was appointed as the Independent Chair for both the Bury Local Safeguarding Children Board and the Adult Safeguarding Board in January 2018.

Prior to this in the preceding year there had been many changes in the executive and senior management posts of the Local Authority and partner agencies and the LSCB had been without a Chair for nearly 8 months. Despite this, work had continued to ensure the effectiveness of interagency safeguarding arrangements and evidence of this can be found in this report. However, the changes in leadership and strategic management within statutory agencies have had an impact on the continuity of work, especially in relation to justifying the aims of the BSCB as set out in last year's report. There has also been an impact on the attendance of some partner agencies at key strategic meetings.

The BSCB annual report was a requirement of Working Together 2015 and it must contain a thorough assessment of the performance and effectiveness of local services. The report gives details of the activity of the Board, which is comprised of the Strategic Board which meets quarterly, the Business Group which meets every six weeks and the sub groups which meet quarterly or as necessary. The report also provides information from single agencies about their contributions to safeguarding children and young people in Bury as well as providing details of how the Board promotes effective partnership working.

Apart from the challenges of 2017/18 the BSCB had to prepare for the implementation of the Children and Social Care Act 2017. Under this legislation LSCBs will be replaced and there will be three safeguarding partners which are the Local Authorities, Chief Officers of the Police and Clinical Commissioning Group. The Safeguarding Partners must make arrangements to work together with relevant agencies to safeguard and promote the welfare of children in the area. The new safeguarding arrangement must be in place by

September 2019. In addition, the new legislation has implication for the Child Death Overview Panels which will operate under a different framework from the LCSB.

Therefore throughout most of 2017/18 the BSCB was preparing for transition and the implementation of the new Working Together which came out in July 2018. In recognition of this some of the content in this report straddles the 2017/18 and 2018/19 year to reflect the fluid changes which are taking place. The terms of reference for the Business Group were updated and approved in March 2018 as they include drawing up a timetable for the effective implementation of the new safeguarding partnerships in Bury and to help generate the plan for submission to the Department of Education.

In June 2018 the LSCB held a development session to review future structures, with particular reference to ensuring closer co-operation with the adult board, a cooperation facilitated by commissioning a single Independent Chair and plans to combine business management and support.

While planning for the future, the BSCB must continue to carry out all of its statutory functions until the new safeguarding arrangements begin to operate. Notwithstanding the changes in leadership and the challenges, staff and managers of all partner agencies have continued to focus on the wellbeing of the children and young people of Bury. The information contained in this report is a testament to their commitment and hard work.

The role of the BSCB is to ensure its final year is characterised by continuing improvement in all safeguarding services to ensure a solid foundation on which the new Safeguarding Partnerships can be established.

Kathy Batt, Independent Chair - August 2018

2. The role of the LSCB

Bury Safeguarding Children Board (BSCB) is a statutory body established under the Children Act 2004. It is independently chaired and consists of senior representatives of all the statutory partners working together to safeguard children and young people in Bury. Its statutory responsibilities are to:

- Co-ordinate local work to safeguard and promote the welfare of children and young people
- To ensure the effectiveness of that work

The remit of this Annual Report

This report sets out progress made by Bury LSCB in 2017/18 with its partners, and analyses the effectiveness of

- Safeguarding arrangements in Bury.
- The BSCB in supporting and coordinating safeguarding arrangements and in monitoring and challenging those who provide them.

The report has been circulated to BSCB Business Group members and to BSCB members for comment and finalised

during September 2018. It will be submitted to the Bury Council Chief Executive and Lead member. It will be presented to the Bury Health and Well-Being Board on 21 November 2018. It will be submitted to the Greater Manchester Mayor together with a combined Greater Manchester LSCBs Annual Report.

The BSCB structure can be found on page 8.

The BSCB has a rolling programme for audits and reviews so that any weaknesses in interagency working can be identified and remedied as soon as possible.

The annual BSCB Business Plan sets out objectives and tasks within the BSCB's strategic priorities, identifying which sub groups will lead and timescales for completion.

The BSCB engages with other strategic bodies in Bury.



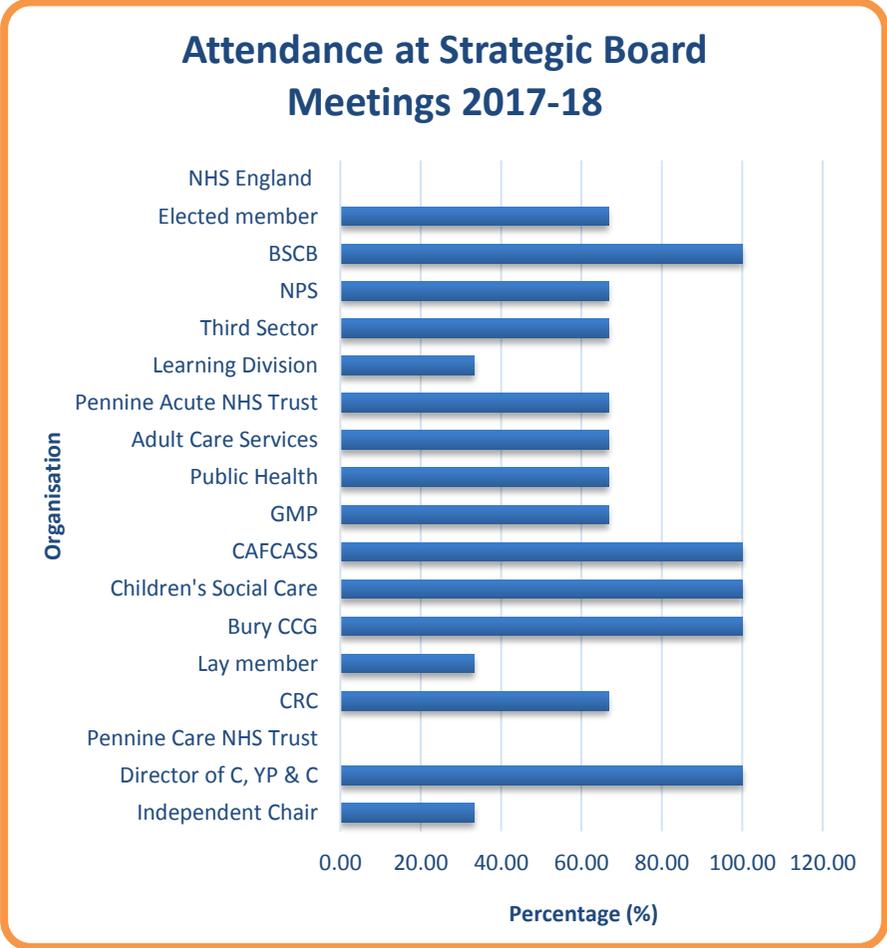
3. LSCB partners

BSCB partners continue to demonstrate their commitment to safeguarding by their attendance and by providing the resources that are needed to ensure an effective LSCB. There has been some difficulties with attendance due to capacity in certain agencies and the Board has challenged this whilst recognising the pressures inherent in all statutory agencies. Continuing financial restrictions on the public sector did result in reduced contributions in 2016/17 from both the Community Rehabilitation Company and the National Probation Service.

BSCB Budget

Local Authority Children’s Services	£72,145.00
Bury CCG	£37,142.00
Greater Manchester Police	£11,850.00
CAFCASS	£550.00
National Probation Service	£896.40
Community Rehabilitation Company	£2,080.80
Direct Schools Grant	£40,000.00
Total	£164,664.20

A summary of projected income and expenditure can be found in [appendix 1](#).



4. How the BSCB undertakes its work

BSCB meets quarterly with Business Group meetings taking place six weekly in the intervening months.

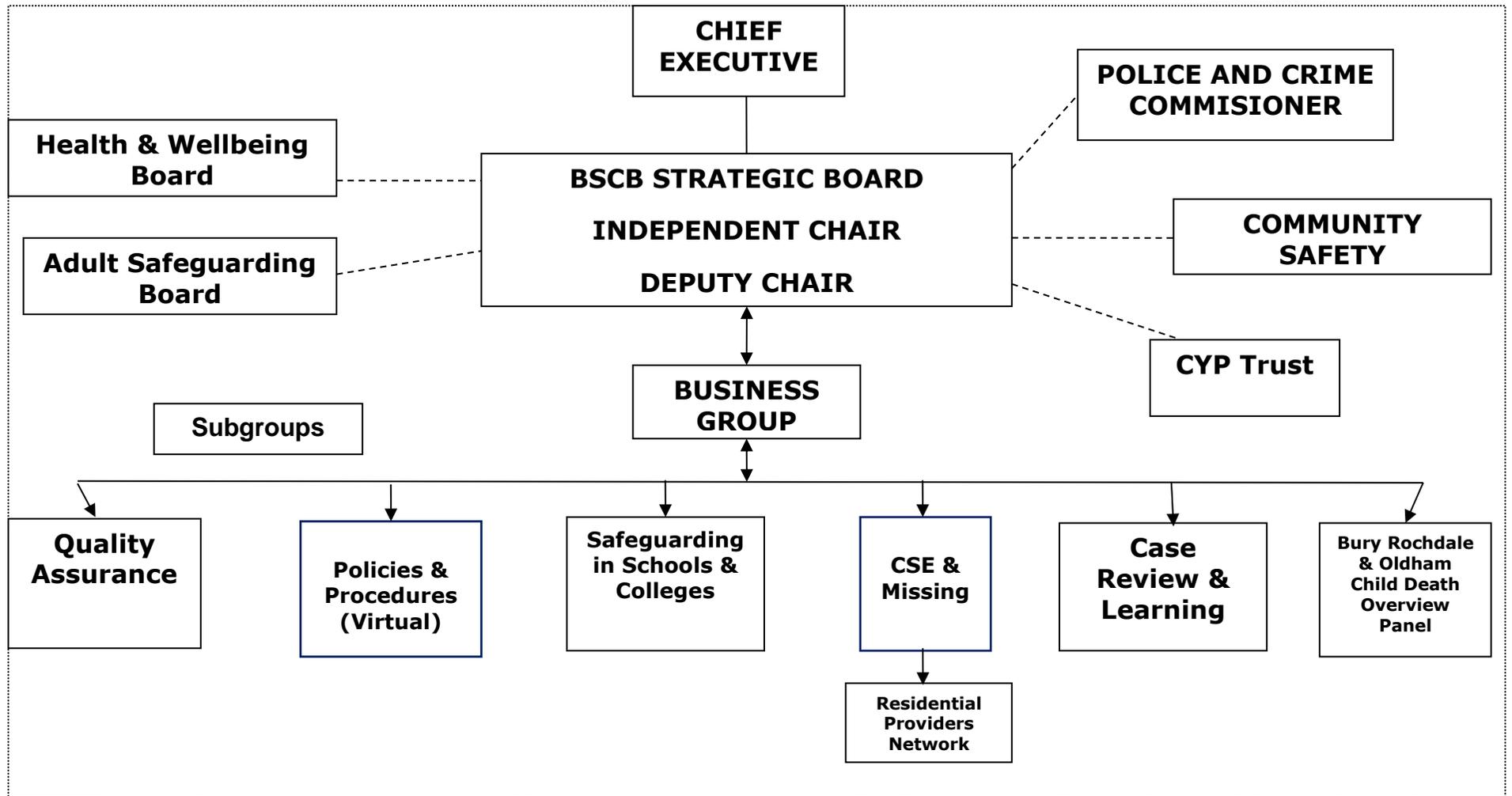
The work of the BSCB is undertaken through its sub groups (see structure on page 8) and is reliant on input from staff from partner agencies supported by the BSCB Team. This year we experienced some instability following the departure of the LSCB Independent Chair in August 2017. In January 2018 we welcomed Kathy Batt as the new joint Independent Chair of both the Local Safeguarding Children and Adults Boards.

In response to the Children and Social Work Act 2017 and the draft statutory guidance Working Together 2018 the Independent Chair commissioned a Development Day which was held in June 2018 and was facilitated by a neighbouring LSCB Independent Chair. Our partners discussed '**future safeguarding partnership arrangements**' and models for the future.

During the year sub groups continued to report to the Business Groups which then informed the full strategic Board as to the progress and effectiveness of safeguarding in Bury.



BSCB Structure Chart (as of 2018)



5. Challenges the BSCB has set for itself for 2017/18

The BSCB identified four priority areas for action for the forthcoming year (2017/18). During the year the BSCB focused on monitoring and responding to:

1. **Children and young people impacted by domestic violence.**
2. **Safeguarding in the context of technology and social media.**
3. **Mental/health/emotional well-being needs.**
4. **Complex safeguarding issues, including CSE, FGM & radicalisation.**

The Board was not able to make sufficient progress in all these areas but the single agency reports do contain detailed information about how services were provided in accordance with these themes. The lack of progress made could be attributed to the issues of capacity and leadership already noted in this report. One area where there have been major developments is in complex safeguarding.

The Complex Safeguarding Team developed during 2017/18 with the establishment of a seconded Team Manager having oversight for CSE, Missing, vulnerable adolescents and exploitation including county lines, modern day slavery and high level domestic abuse. The team has expanded and is co-located with organised crime officers in Bury Police Station. Through the Strategic Lead, the team is linked into GMP initiatives of Operation Phoenix and Challenger. The Team have also been involved in a

specific targeted Police Operation "Burgos" looking at CSE within specific geographical areas.

A new Domestic Abuse Project was planned throughout 2017 and will be operational in September 2018. All posts have been successfully recruited to. This will focus on direct work with children and non-abusive parents to empower survivors of domestic abuse and will address the cycle of abusive relationships that impact on multiple families and services.

Criminal investigations are all carried out jointly with Phoenix officers and going forward social workers within the team will be trained in 'Achieving Best Evidence'. This is in response to some young people expressing a preference for a social worker to undertake the interview.

The team do not close young people automatically at the age of 18 recognising that some young people retain high levels of vulnerability as they transition into adulthood.



6. Promoting effective partnership working



Widening partnerships on a regional basis has been a priority for the BSCB over the last twelve months.

The GMSP consists of representatives from all Local Safeguarding Children Boards and key agencies across Greater Manchester and coordinates collaborative projects and promotes consistency.

Historically the BSCB has collaborated on a Greater Manchester basis with other Greater Manchester Local Safeguarding Children Boards and with the Greater Manchester Safeguarding Partnership (GMSP). The GMSP has been in place for many years and has supported the work of the ten Local Safeguarding Children's Boards in Greater Manchester with many joint areas of work, including the establishment of one set of safeguarding procedures which are managed and updated through a contract with Tri-x and support from a dedicated group of colleagues. Over the last two years as devolution has become increasingly established in Greater Manchester, the work of the partnership has become overtaken by a range of priorities and partnership arrangements at a combined authority level (GMCA). After eighteen months of seeking additional funding from government to support priority work around children and young people, £7.43m funding has now been agreed, with a key priority being that Greater Manchester will establish a Standards Board and increase their collective focus on safeguarding and the

local authority. In light of these developments a recommendation was accepted to disband the partnership in its current form with effect from April 2018.

Recent examples of BSCB collaboration include the development of a Greater Manchester wide neglect strategy. We continue to collaborate on a GM wide basis with our neighbouring LSCBs to produce and revise the Greater Manchester multi-agency Safeguarding Procedures. In 2016/17 two successful updates of the procedures were completed ensuring that procedures are comprehensive and reflect local and national priorities.

This year the BSCB also participated with neighbouring LSCBs and with our colleagues from the Adult Safeguarding Board in the Greater Manchester wide strategic approach to complex safeguarding including Human Trafficking, Modern Slavery and a coordinated strategic response to children who are 'missing'. Recent practice developments include the 'Footsteps' project funded by the Police & Crime Commissioner that provides an enhanced service to a cohort of children who go missing between 2 to 5 times. We will be scrutinising the impact of this service on children from Bury.

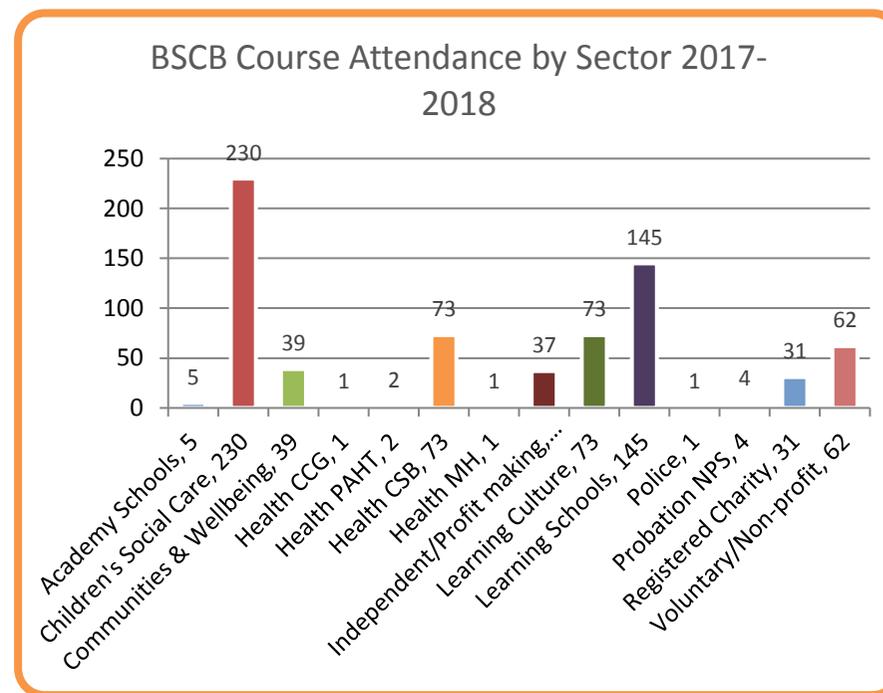
7. Communicating and raising awareness

A key function of the BSCB is to ensure that key safeguarding messages and emerging lessons from its activity are disseminated quickly and effectively across the partnership.

Learning and improvement is undertaken in Bury in a number of ways, including reviews of practice, auditing, quality assurance and external learning.

The BSCB Case Review & Learning Sub Group is responsible for coordinating serious case reviews and learning reviews and for monitoring the implementation of all of the review action plans on behalf of the BSCB. The sub group is chaired by the Head of Safeguarding Bury CCG.

All case review learning is incorporated into the BSCB [multi-agency training programme](#). In February 2018 we said goodbye to our Learning & Development Officer. Last year the BSCB delivered a total of 34 courses to 704 participants. The sub group now has responsibility for the quality assurance of multi-agency training and for the evaluation of their impact on practice.



The sub group also leads on the delivery of a BSCB Practitioners' Forum that is usually held quarterly and enables further exploration of the learning.

In 2017/18 we continue to use social media to raise awareness of our work. In April 2016 we began to use

twitter  [twitter @BuryLSCB](#) to raise awareness of BSCB activity, promote safeguarding messages and participate in local and national campaigns. Today we have over 570 followers and aim to raise this number in the next twelve months.

8. Holding partners to account

The BSCB's understanding of and scrutiny of safeguarding practice is informed by the work of the BSCB Quality Assurance sub group. The sub group is chaired by the Strategic Lead for Quality Assurance Children's Social Care. The sub group undertakes its quality assurance functions by two key processes: a programme of multi-agency audits and the monitoring and reporting to the BSCB of a multi-agency data set.

1. Auditing

The BSCB employs a range of methodologies to carry out multi-agency audits. These include audits of case records by partners, feedback from parents/carers to the BSCB Quality Assurance & Performance Officer, feedback from professionals involved, external peer review and direct observations of practice. All learning from audits is followed by an action plan/tracker that is monitored by the most appropriate BSCB sub group. Audits have considered the following practice areas:

- Team around the Family
- CSE Peer Review (Project Phoenix)
- Sexual abuse

We have asked our partners to provide evidence and outcomes in terms of their own single agency audits. Areas for improvement from both our multi-agency and single agency audits have included:

- Non-attendance by partner agencies at meetings
- Action plans not being produced or monitored to improve upon recommendations
- Voice of the child and the participation of children and young people

2. BSCB multi-agency data set

Through the recruitment of a permanent Quality Assurance & Performance Officer we have produced a comprehensive multi-agency data set and exception report for the financial year 2017/18. Concerns have been escalated throughout the year to BSCB partners for response and clarification. Concerns have also been reviewed by partners via the BSCB risk register.

Challenges have included:

- The numbers of PACE and Secure beds requested by GM Police and provided by the Emergency Duty Team (EDT) was queried by the BSCB QA sub-group. There were a number of complex issues including the time of day that the beds are requested and the availability of a secure placement. This issue has

been highlighted and will continue to be monitored by the group.

- Due to the increase in allegations of inappropriate handling of children by school staff, the LADO arranged and delivered a number of sessions along with GM Police colleagues to Bury schools about the use of "Reasonable Force" by school staff.
- The BSCB QA sub-group queried the process for restraining young people in custody, as although the numbers are low, it is still a concern. The group were provided with a detailed response from the Youth Offending Service and Wetherby Prison.
- The midwifery staffing figures for Pennine Acute Health Trust was showing a reduction in the numbers of midwives available for Bury patients. When this was queried a discrepancy was identified in the figures and the method of recording this figure has changed. It now shows the numbers of community midwives available to Bury patients, which is more accurate and no longer a concern.
- The numbers of Looked After Children has shown an increase during 2017/18. A new Looked After Children Strategy is being written to ensure the 'right' children are looked after for the 'right' length of time.
- A general lack of commentary being provided by partner agencies with quarterly data continues to be an issue and will be monitored on a quarterly basis.



9. The effectiveness of safeguarding in Bury

To evaluate the effectiveness of the safeguarding arrangements in Bury evidence is drawn from a range of sources to form an evaluation of the whole system. This includes:

- Learning from both internal and external reviews and inspections
- Section 11, Section 175 & Section 157 audits
- The Child Death Overview Panel
- Performance management and quality assurance
- Young people, parents and carers
- Audit activity



Ofsted Inspection of Schools

Bury's SEND report

SEND inspection – the OFSTED and CQC carried out a joint local area on 12th and 16th June 2017 to judge the effectiveness of the area and implementing the special educational needs report as set out in the Children and Families Act 2014.

Inspectors spoke with children and young people who have special educational needs/ and/or disabilities, parents and carers, local authority and National Health Services (NHS) officers. They visited a range of providers and spoke to leaders, staff and governors about how they were implementing the special educational needs reforms. Inspectors looked at a range of information about the performance of the local area, including the local areas self-evaluation. Inspectors met with leaders from the local area for health, social care and education. They reviewed performance data and evidence about the local offer and joint commissioning.

Although some strengths were identified for example all EHC plan assessments had taken place within the 20 week period, the plans were very well written with clear outcomes, the inspectors also found some serious weaknesses and gaps with particular reference to the coordination of services to children with disabilities and their families. Therefore the inspectors determined that a Written Statement of Action was required and that both the Local Authority and the CCG were jointly responsible in writing a written statement to OFSTED.

The Written Statement of Action had to explain how the local area will tackle the following areas of significant weakness :-

- The absence of strategic leadership and vision to drive the reforms
- The lack of understanding and practice of co-production at the heart of all strategic considerations
- The failure to ensure joined-up working so that all agencies and services are working together for children and young people who have special educational needs and/or disabilities
- The poor sharing of important information from health services both between different health disciplines and other external agencies
- The widespread unawareness and misunderstanding of the local offer
- The inaccurate and inconsistent identification of special educational needs and/ or disabilities at school level
- The ignorance of children and young people's EHC plans by some key health practitioners
- The defective arrangements for joint commissioning.

The BSCB was reassured by the Written Statement of Action which was completed by 22 October 2017 which addressed all the areas of weaknesses identified by Ofsted and the CQC. The development of these actions has been led by Bury Council and Bury Clinical Commissioning Group with the involvement of a wide range of stakeholders through a series of focus groups. Parents and young people have been spoken to in the Bury area to ensure that children and young people and their families are involved in all aspects of the SEND delivery, and that every child has the opportunity to develop to their full potential.

At the BSC Strategic Board meeting on 14 March 2018 the interim director of Children's Services was able to report that following a 2nd monitoring visit Ofsted found that swift progress had been made and the inspectors highlighted that partners are working well with parents.



Learning from Serious Incidents and Serious Case Reviews.

This year the Case Review and Learning sub group has considered the circumstances of 4 children/ young people. Two of those cases have been screened by an extraordinary panel to determine if the criteria was met for a Serious Case Review. The first case involved concerns regarding online sexual exploitation. A review is underway by the National Probation Service in another area outside Greater Manchester. In the second case a recommendation was made that the criteria was met. A Serious Case Review was commenced in April 2018 and the learning is expected to be published in the autumn of 2018.

In the autumn of 2017 the BSCB completed a joint Learning Review in partnership with the Local Safeguarding Adults Board. In this case although the panel felt that the SCR criteria was not met panel members were of the view that there was wider learning to be gained from the case. This review was conducted by SCIE (Social Care Institute for Excellence) and was commissioned jointly by the Local Safeguarding Children Board and the Local Safeguarding Adult Boards. The review was concerned about the effectiveness of joint working between children's and adults' services when working with pregnant women. In this case the mother was pregnant with her third child with older children having been removed from her care. The mother was also a vulnerable adult due to her dual diagnoses of substance misuse and poor mental health. Despite considerable professional activity and intervention the mother did not access any ante-natal or post-natal care and the birth was concealed with the baby being born at home and found in a poorly condition.

Key lessons identified included:

- **There is no joint working culture across adult and child services when mothers are known to have significant mental illnesses, meaning that those with responsibility for care co-ordination only co-ordinate within their own service area.**
- **Staff across all but specialist agencies have a poor understanding of bi-polar, risking an uninformed approach to pregnant women known to have this diagnosis if specialists are not part of assessments and decision-making.**
- **There is limited consideration of the use of advocates in Bury which makes it less likely that mothers with significant mental illness will have the opportunity to contribute to their own plans.**
- **Is there sufficient recognition within all agencies in Bury of the importance of safeguarding supervision and reflective practice, such that practitioners feel supported and the quality of individual and joint working is effectively and consistently tested?**
- **The report findings were accepted at an extraordinary meeting of the BSCB and an action plan has been developed.**

An action plan has been developed by both Bury Safeguarding Children and Bury Safeguarding Adult Board reminding practitioners to 'Think Family'.

All staff need to remember that people rarely live in complete isolation and therefore we need to assess the needs of the wider family when we're working with a child or parent. To

'Think Family' means services putting this into practice and coordinating their work together.

[Working Together to Safeguard Children](#) 2018 states:
'Everyone who works with children or with adults who have children in the family has a responsibility to keep them safe and to share information in a timely way.'

The [Care Act 2014](#) includes provision for where adults pose a risk to children in their care, due to their own needs for support or care. Services working with children should work together with those supporting adults to ensure that care planning and support addresses the need to parent children safely. These adults include parents of children at risk of harm, but also other adults in a household.

What should practitioners do?

When working with a child or an adult, practitioners should: be aware of the individuals in the household; assess any needs those household members may have; consider potential impact of any identified needs on the child or adult; and respond to needs appropriately. A lessons learnt bulletin was formulated by both the Adult and Children Board and was circulated to all agencies. To view the bulletin, follow the link to the BSCB website:- [Lessons learnt bulletin](#)

10. Reviewing Child Deaths

Statute requires that every LSCB establish a Child Death Overview Panel (CDOP). In April 2008 Bury, Rochdale and Oldham joined to form a tripartite arrangement following the recommendation made by the Department for Education (DfE) that CDOPs require a total population of 500,000 or higher. The joint working of the three local authorities provides a wider dataset to conduct analysis and investigate emerging trends. As CDOP is a sub group of each of the LSCBs, the CDOP reports information and themes back to each of the LSCBs via a Greater Manchester and sector annual report and on an ad hoc basis if required. The administrative function for CDOP is now managed by Rochdale LSCB and this arrangement began in January 2018.

In Bury, Oldham and Rochdale (BRO) in 2016/17, a total of 69 child deaths were notified and 71 cases were closed. This is a 39% increase of the total number of cases closed in 2016/17. 46% of cases closed included modifiable factors. The number of cases closed is not reflective of the date of death. Cases cannot be closed to CDOP until all other investigations e.g. Coronial/Serious Case Reviews are concluded. Trends are explored further through the Greater Manchester Annual Report and the local report which will be available on the LSCB websites once available.

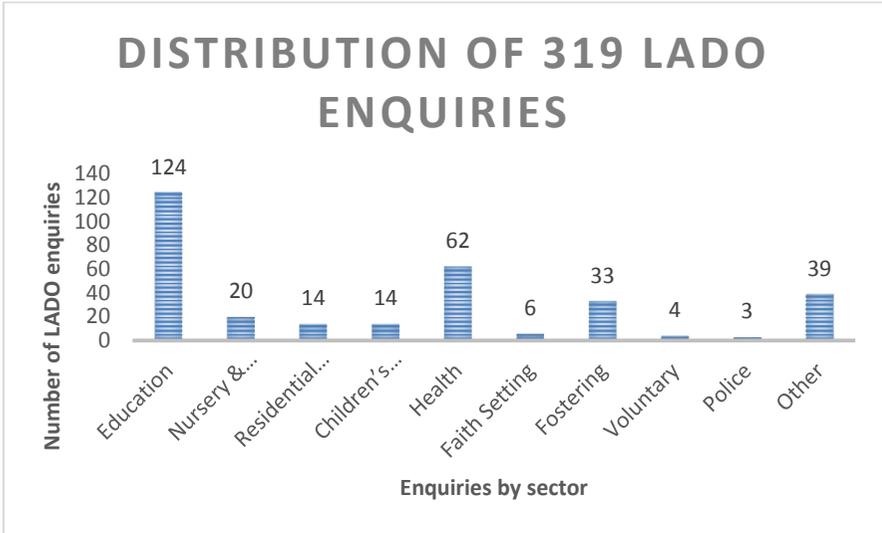


11. Managing allegations against professionals

Allegations management is undertaken in Bury by a part-time Local Authority Designated Officer (LADO) employed by Children’s Social Care. Processes in Bury are embedded with a high level of awareness of the role by professionals across the partnership demonstrated by increasing enquiries.

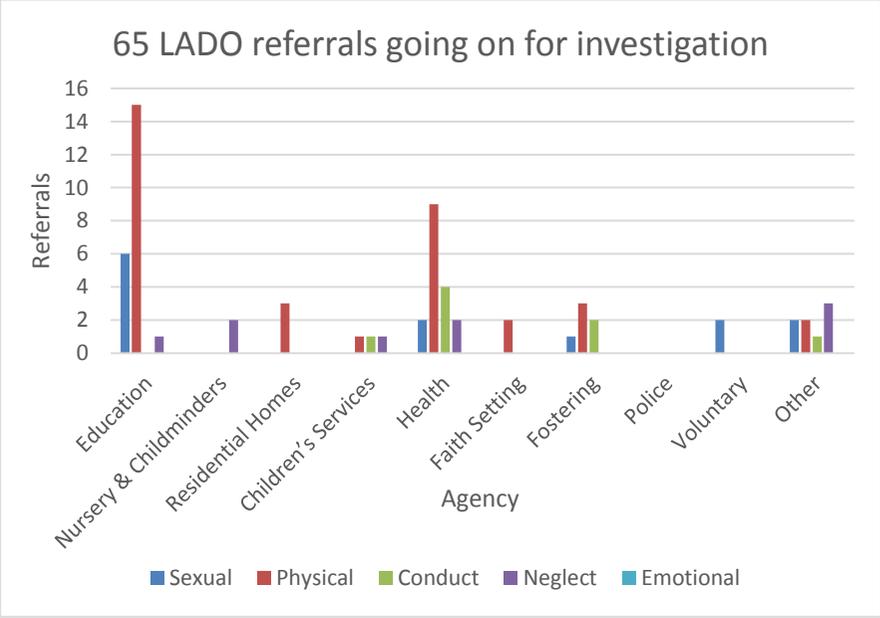
Total number of LADO related enquiries were 319 between 1st April 2017 and 31st March 2018, down 6 from 325 last year.

The below table shows the distribution of the LADO enquiries by sector.



Of the 319 LADO related enquiries, 65 reached the LADO threshold to referral.

going to investigation by each sector.



Training/Development activity

In keeping with the July 2018 changes to DfE Guidance in Keeping Children Safe in Education, Working Together and the Greater Manchester Tri-X Procedures, the LADO continues to deal with cases around the monitoring and removal of persons of possible risk to children from the children’s workforce.

The LADO delivered LADO/Managing Allegations single agency to the Senior Management Team of the Bury Local Authority and as part of the BSCB’s regular commitment to providing managing allegations training to Local Authority staff and other multi agency managers whether part of Bury Local Authority or not.

The LADO currently:-

- Chairs the Residential Providers Network (meets every 6 months)
- Sits on the Northwest Regional LADO Group (23 LADOs) of which he chairs the Performance and Audit sub-group.
- Represents the Northwest Regional LADO Group on the National LADO Network (NLN) which meets every 3 months. Through this group strong links have now been made between NLN and the DfE, Ofsted, Police and NCTL on a national level to hopefully be included in inputting into future safeguarding guidance issued by those agencies.
- Represented the GM LADOs on the Anglican Church Manchester Diocesan Safeguarding Panel, which met every 3 months.

As a result of cases of school staff in Bury engaging in inappropriate interaction with pupils on personal social media/mobile technology and inappropriate behaviour on the internet, the LADO is to resume an offer of delivering an updated presentation on social networking and mobile phone awareness for school staff to Bury High Schools/ Colleges, whether independent or Bury Local Authority.

As a result of an increase in the number of school staff who inappropriately physically handle children in schools, LADO developed with Bury PPIU a presentation taking into account the DfE Guidance on the "Use of Reasonable Force" and delivered presentations to 187 Bury school/ college safeguarding leads as well as Northwest LADOs and other safeguarding leads from other agencies (Health, Early Years and employment agencies) in 2 sessions at the Elizabethan Suite. These are to be continued with the LADO delivering short presentations to high school/ college

staff in the new school year to try and reduce the number of inappropriate physical handling allegations made.

Delivery of training sessions by Bury LADO	Training Sessions
Managing Allegations for BSCB	3
Safer Recruitment for BSCB	2
E-safety Training Day to Professionals	1
E-safety Training delivery for BSCB	2
E-safety Awareness to School Governors	1
Social Networking Awareness to schools/colleges (staff)	3
Managing Allegations to Mental Health Hospital staff	1
Managing Allegations to Bury SMT	1
Managing Allegations to Bury Counsellors	1
Managing Allegations to Bury Foster Carers	1
Use of Reasonable Force Training to Bury School Heads and safeguarding leads from other agencies	2
Use of Reasonable Force Training to PVI Network	1
Total sessions	19

12. Partner compliance with statutory safeguarding requirements

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. Section 11 forms the basis of regular self-auditing of compliance.

BSCB partners undertake a section 11 audit every two years. The audit is a multi-agency process consisting of two steps, a self-assessment process and challenge sessions.

- 1. Self-assessment process – each organisation has completed an online assessment tool under three headings:**
- 2.**
 - a. A culture of safeguarding children in the organisation
 - b. A safe organisation
 - c. Voice of the child, staff and community

These three headings are further broken down into 11 sections. Each organisation has provided an explanation of the services or arrangements in place under the 11 sections and evidence to prove they fulfil each requirement. A self-assessed grading was given for each section of red (not met), amber (partially met), green (fully met) or grey (not applicable). Agencies used the sections that were not met or partially met to create an action plan using the online tool to demonstrate how they intended to achieve these criteria's.

The next Section 11 Audit will be completed during 2018/19.

Section 175/157 of the Education Act outlines the safeguarding governance that must be in place within all schools. The BSCB undertakes a section 175/157 audit every two years.

A Section 175 Audit commenced in April 2017. A total of 77 schools (1 nursery school, 59 primary schools, 12 secondary schools and 5 special schools) in Bury were contacted and asked to complete the online self-assessment tool.

They were asked to complete 14 sections, which had been highlighted by NSPCC and Keeping Children Safe in Education.

These were:

1. Details of school
2. Child Protection Policy
3. Designated safeguarding lead
4. Safe recruitment
5. Staff checks
6. Incidents, allegations and complaints
7. Managing allegations against staff
8. Safeguarding and child protection issues off-site
9. Safeguarding and child protection issues on-site
10. Work experience
11. Recording and storing information about child protection
12. Anti-bullying
13. Specific safeguarding issues
 - a. E-safety
 - b. Prevent (Radicalisation and Extremism)
 - c. Early Help

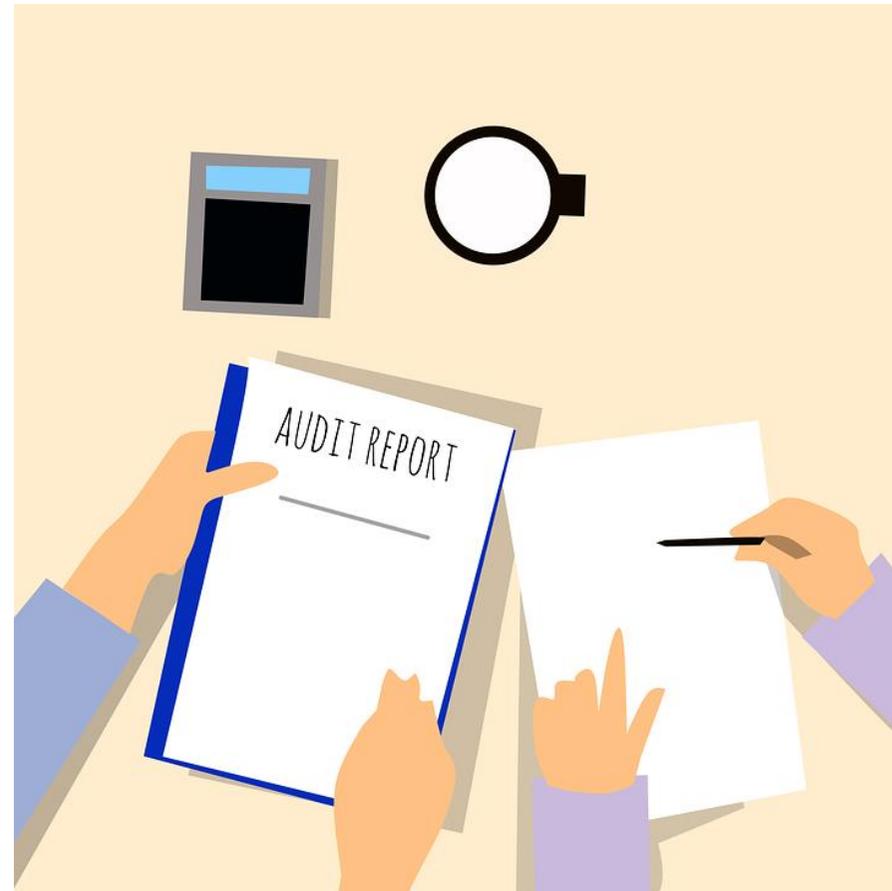
- d. Peer on Peer
 - e. Female Genital Mutilation (FGM)
 - f. Forced Marriage
 - g. Practices linked to culture, faith and beliefs
14. Safeguarding training

Of the 77 schools contacted, 49 (64%) completed assessments were returned.

The results show that the main issues for schools were:

FGM	47%
Practices linked to culture, faith and beliefs	41%
Forced Marriage	28.5%
Work Experience	22.5%
Child Protection Policy	20.5%

Any issues that arose from this audit were fed back to the Lead Safeguarding Officer for Schools for further inspection.



13. Evaluating the child’s journey

Early Help activity cannot be easily captured as much is undertaken within single agency settings. The emphasis in Bury has however been in ensuring that ‘**Children and young people will have access to early help: right help, right time, right person**’ Priority 1 Bury Children and Young people’s Plan.

Bury’s Starting Well Partnership Board provides strategic overview of progress and development of Bury’s vision for ‘starting well’. It focuses primarily on the Early Years agenda (antenatal to school age but also takes consideration of the wider children and young people health improvement agenda (up to age 19 years).

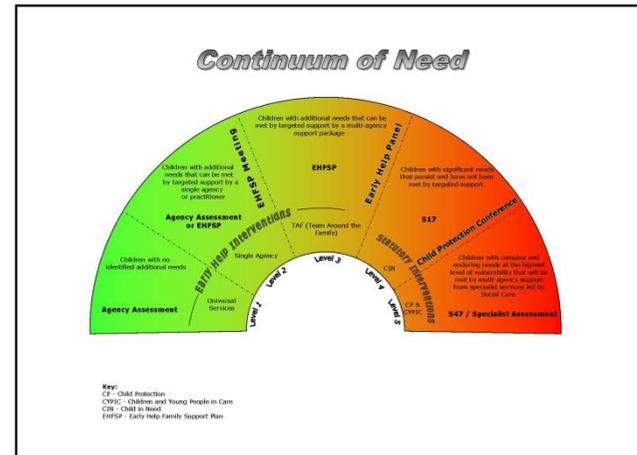
The Board has developed a Children and Young Peoples Outcomes Framework aligned with Bury’s Single Outcomes Framework.

The Framework has a focus on 4 key areas:

- Improving Parental and Child Health
- Improving Education for all Children
- Promoting the economic prospects of families
- Effective early intervention in Safeguarding

A primary focus of the Early Years agenda is the implementation of the Early Years Delivery Model in Bury. A self-assessment of our delivery against the model has been completed and the Greater Manchester team have undertaken an analysis of all Local Authority areas. A gap analysis has been completed and the Partnership Board are working towards the delivery of the full model as part of the Early Years Implementation Plan.

Working Together to Safeguard Children (2018) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need. The Bury Continuum of Need guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time.



Team Oasis was established in October 2013 and is a part of the Children’s Social Care early help offer in Bury. The main principle of Team Oasis is to prevent children, young people and their families from needing more specialist intervention and to support and empower families in accessing universal provision.

Team Oasis coordinates the provision of Bury’s Early Help offer through an integrated coordinated approach. This approach ensures that there is a robust “Team around the Family” (TAF) plan in place with specific, measurable, attainable, realistic and timely goals and Oasis Social

Workers coordinate services identified through assessment to ensure that families receive appropriate, targeted interventions.

Early Help Family Support Plans

Wider early help provision in Bury is identified via an assessment of need that is called the Early Help Family support plan. Prior to April 2016, the early help assessment was called the CAF.

The Early Help Consultants within Team Oasis have a role in supporting practitioners in the provision of early help. However, in October 2017 they became involved in a pilot between Team Oasis and MASH whereby any Green rag rated contacts received by MASH are sent directly to Team Oasis for screening with a greater emphasis on provision of early help support to these families. During the pilot, that was initially for 3 months the Early Help Panel ceased to sit and decisions around early help provisions are made during the screening of the contacts. Due to the success of the pilot, the process is now embedded in practice. The change in role for the Early Help Consultants has resulted in their core responsibilities in supporting practitioners being diluted; this has left some vulnerability in supporting agencies given that we are promoting early help through the Greens contacts.

Investigation into the poor completion rates of Early Help Family Support plans last year has resulted in feedback being provided from Education that the assessment document (EHFSP) is a barrier to early help mainly due to the length. This has been taken into consideration and a new draft template has been developed that captures the needs of the family without being a lengthy document for professionals and families to complete. The Safeguarding

Lead Officer for schools is taking this draft document to the next designated lead officers meeting for consultation.

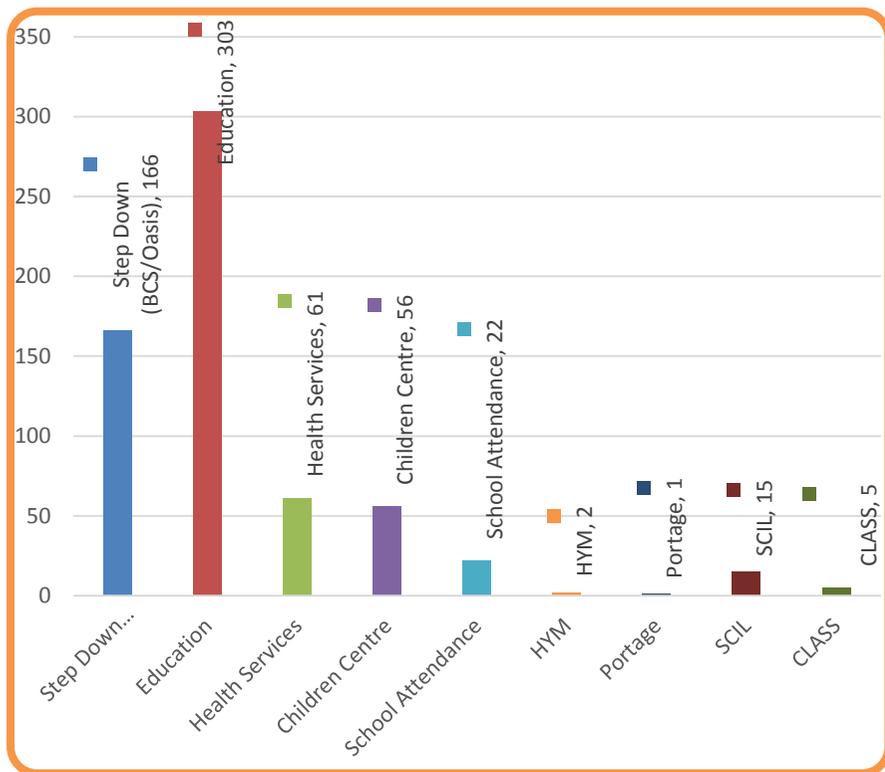
Early Help Family Support Plans; Performance and Activity

Between April 2017 and March 2018 there have been recommendations made for 803 Early Help Family Support plans to be completed which act as the vehicle for understanding circumstances and to provide early support to families. However there have only been 631 of these registered as having been completed. In the last 2 quarters of the year there has been a considerable rise in the recommendations, this coincides with the Greens Pilot commencing where there has been more emphasis and promotion of early help. However the Early Help Consultants who would ordinarily support the early help processes with partners have not been able to fully dedicate time to this due to them being involved in the Greens pilot which has resulted in a poor return on plans. This is a vulnerability that we are aware of and work is underway with schools and other partners to understand what effective early help support is currently being provided and what additional support can be put in place to empower the workforce and strengthen the early help offer.

Agencies completing Early Help Support Plans

Education remains the largest contributor of EHFSPs with the next highest being step down from Children’s Social Care following an assessment that didn’t require further statutory social care intervention.

A comprehensive Early Help report detailing early help domestic abuse initiatives such the Strive Team can be found in the single agency report section of this report.

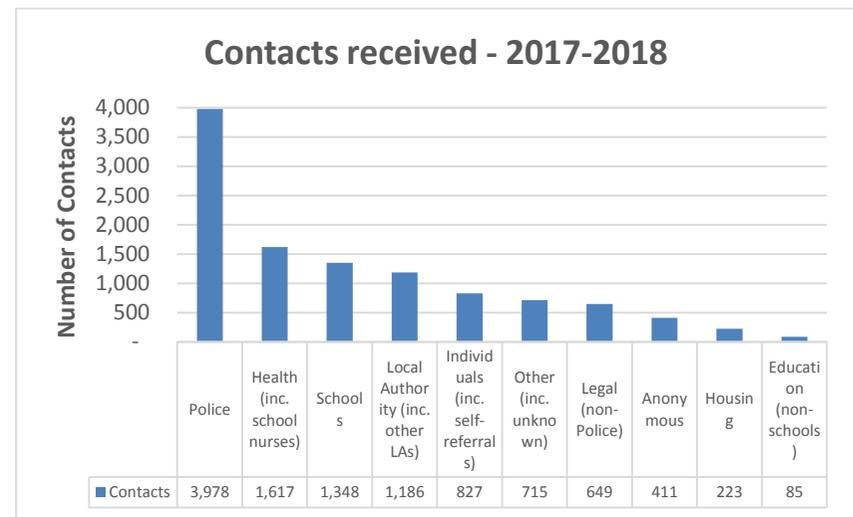


Multi-Agency Safeguarding Hub (MASH)

The Multi Agency Safeguarding Hub (MASH) receives contact and referrals from partner agencies and progresses these according to the BSCB threshold criteria. A total of 11,039 contacts were received during 2017/18 which is higher than the previous year.

Contacts received in the year

A breakdown of contacts per agency is shown below:



Where it is deemed that the threshold criteria is met, a “contact” is progressed to a “referral” to Children’s Social Care. Of the 11,039 contacts received during 2017/18, 2361 (21.4%) were converted to a referral. This is slightly less than the previous year.

	2016-2017	2017-2018
Number of Contacts	10,227	11,039
Number of Referrals	2,273	2,361
Conversion Rate	22.2%	21.4%

Most agencies increased the number of contacts they made to the MASH during the year.

Agency	Number of contacts 2016-17	Number of contacts 2017-18	Rate of increase/decrease in volume
Anonymous	319	411	28.8%
Housing	189	223	18.0%
Schools	1,166	1,348	15.6%
Health (inc. school nurses)	1,456	1,617	11.1%
Individuals (inc. self-referrals)	750	827	10.3%
Local Authority (inc. other LAs)	1,099	1,186	7.9%
Police	3,710	3,978	7.2%
Other (inc. unknown)	721	715	-0.8%
Legal (non-Police)	678	649	-4.3%
Education (non-schools)	139	85	-38.8%
Total	10,227	11,039	7.9%

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Assessments authorised (completed) within the year**

	Within 45 days	Over 45 days	Total	% within 45 days
Apr	163	17	180	90.6
May	226	15	241	93.8
Jun	215	27	242	88.8
Jul	200	43	243	82.3
Aug	165	48	213	77.5
Sep	151	46	197	76.6
Oct	192	29	221	86.9
Nov	244	24	268	91
Dec	182	23	205	88.8
Jan	233	36	269	86.6
Feb	233	18	251	92.8
Mar	184	19	203	90.6
Total	2388	345	2733	87.4

During 2017/18 we have continued to improve performance in completing Child and Family (C&F) assessments within the expected timescale of 45 days. This has been achieved through close monitoring by Team Managers who also ensure that the quality of the assessments are good.

Child Protection

The numbers of children who were subject to Child Protection planning increased during the year from 157 in April to 199 at the end of March 2018. This may be as a result of a change in practice taking place at the Safeguarding Unit. Previously the decision to hold an Initial Child Protection Conference (ICPC) lay with the Child Protection Chairs however this has changed so that if partners recommend that a case is taken to ICPC during the strategy discussion the ICPC goes ahead.

The below table shows how many children are on C.P plans at the end of each month:-

	Child Protection Plans at the end of the month	Rate per 10,000 children
Apr	157	36.6
May	166	38.7
Jun	176	41
Jul	174	40.6
Aug	181	42.2
Sep	174	40.6
Oct	177	41.3
Nov	202	47.1
Dec	192	44.8
Jan	187	43.6
Feb	197	45.9
Mar	199	46.4

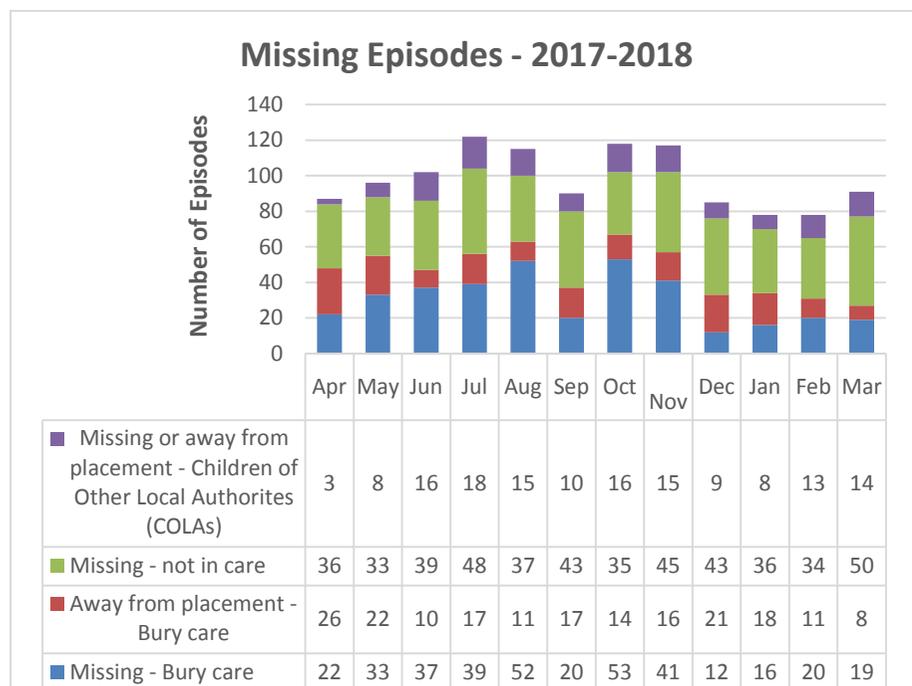
Looked After Children

The numbers of children looked after by the Local Authority has steadily decreased during the year as a result of the introduction of a LAC Strategy. In November 2017 a resource panel was set up to scrutinise requests by Social Workers for children to be brought into Local Authority care. Alongside this there has been a focus on discharging care orders where children are living within their birth families and the Local Authority believes that it is no longer necessary to share parental responsibility with the children's carers. This work will continue through 2018.

The below table shows how many children are in care at the end of each month:-

	Children in Care at end of month	Rate per 10,000 children
Apr	352	82.1
May	357	83.3
Jun	351	81.9
Jul	349	81.4
Aug	349	81.4
Sep	349	81.4
Oct	337	78.6
Nov	342	79.8
Dec	348	81.2
Jan	341	79.5
Feb	338	78.8
Mar	333	77.7

Missing Children and Child Sexual Exploitation (CSE)



The chart shows that a high number of children who are reported missing are not in Local Authority care. Where children are in Local Authority care they are sometimes reported as missing when in fact they are not missing, but have left their placement without permission. This group are identified in the chart above.

All children who are reported missing are offered a return home interview when they go home. Looked After Children are visited by the Children's Rights service as soon as they return home and they are encouraged to talk about the missing episode so that information can be collected for future use and risk assessments undertaken.

Child Sexual Exploitation (CSE)

	Children with CSE episodes at end of month
Apr	33
May	36
Jun	28
Jul	34
Aug	28
Sep	26
Oct	27
Nov	27
Dec	30
Jan	27
Feb	35
Mar	71

A CSE episode is any contact that has been screened by the CSE Team as requiring further enquiries or assessment is opened as a CSE episode. The number of CSE background factors recorded has noticeably increased lately and at the end of March, we had more than double the number of CSE episodes open than as at the end of February. This may be due to an increased awareness of CSE amongst staff.

A new strategy for 2018-2021 "Tackling Child Sexual Exploitation in Bury" has been introduced which sets out the strategic aims of the Local Authority and its partners in tackling CSE. The strategy is overseen by the BSCB. The Local Authority has recently increased the numbers of Social Workers based on the specialist CSE team "Phoenix".

A comprehensive report from the Bury Phoenix Team can be requested from the Bury Safeguarding Children Board.

14. Single Agency Reports

Greater Manchester Police

Assistant Chief Constable, Debbie Ford is the named strategic lead for safeguarding in GMP. She owns the portfolio for several areas of public protection including child abuse, domestic abuse, adult mental health, human trafficking and sexual exploitation within GMP.

Each Division across GM has a Senior Leadership Team (SLT) and within that team there is a designated officer who sits on the LSCB. The Public Protection Division has a separate SLT structure for central governance. Each division has a Public Protection Investigation Unit with a Detective Inspector leading the team.

In 2017 Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services inspected GMP for effectiveness and published their report in March 2018.

The report stated that GMP is effective in the way it identifies vulnerable people.

The report highlighted areas of good practice, such as evidence that GMP worked effectively with partners and makes effective use of the legal powers available to it. Areas for improvement included a recommendation that the Force should improve its ability to respond to calls for service and improve the initial investigative response. Previous inspections have highlighted the need to increase the capacity of the High Tech Crime Unit (HTCU). The

HTCU are currently expanding considerably in 2018 to meet the increased demand for device analysis.

GMP is undergoing an Investigative Safeguarding Review (ISR) looking at how the Force structures its response to vulnerability and public protection investigation. A pilot at Rochdale has been reviewed and the Chief Officer Group (COG) has approved the rollout of the new model, District by District, across the Force. This involves the gradual upskilling of all Divisional Detectives to deal with the full spectrum of serious and complex crime including offences against children. Public protection investigative capacity should eventually be available from the full cohort of GMP Detectives rather than just in specialised Public Protection Investigation Units (PPIUs).

The Bury Picture

Bury is part of a cluster of Districts, with Bolton and Wigan. That cluster has a DCI dedicated to vulnerability issues. The Bury Multi Agency Safeguarding Hub (MASH) has been based at Bury Police Station since October 2013. It has been established by co-locating a range of professional and administrative staff from agencies with responsibility for safeguarding children in one building. The Bury MASH is recognised as an example of good practice. Bury is currently developing a Public Sector Reform (PSR) Hub which aims to bring decision makers from a range of partners together at the Police Station. The exact structure and role of this unit is subject to an ongoing project. It will be known as the 'Engine Room.'

There are two Place Based Initiatives (one at Bury East and the other at Radcliffe East) renegotiating the partnership approach to Threat Harm and Risk. This is an area that is also being reviewed as good practice and under the Public Sector Reform to increase its capacity to cover each borough.

The Bury Police CSE team is co-located at the Police Station with the wider Local Authority CSE social workers and family support workers. Its work is overseen by a Detective Inspector.

The Bury Phoenix Social Worker and Family Support Workers deliver direct one to one interventions following assessment. Professionals in education, social care, children's centres, connexions, youth services, police, and voluntary and community sector organisations are encouraged to be alert to sexual exploitation. The team work with these agencies to develop individual awareness packages to ensure that professionals are able to identify the signs and be alert to sexual exploitation and are then equipped to know what action to take in line with our local procedures.

Safeguarding of children is a priority for GMP and we still face many challenges around raising awareness amongst our communities and partners. We have seen many successes since the Phoenix team has been set up in Bury, we have had a significant increase in the number of referrals for and a significant increase in intelligence surrounding CSE. Operation Burgos is an extensive ongoing investigation into CSE in and around some of the

borough's parks and hotels. It is still within the Phoenix CSE team and has been initiated to tackle a specific issue around CSE.

NHS Bury CCG

As commissioners of health services the CCG has a statutory obligation to ensure that the providers we commission are mindful of their requirements to safeguarding children.

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 and 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.

All contracts with providers include a set of Greater Manchester safeguarding standards and the CCG via an assurance process works with a range of providers to establish the level of adherence to them. NHS Bury CCG is the lead commissioner for Pennine Acute Trust.

As commissioners we do not provide direct services and therefore all our safeguarding is via our contracted services.

NHS Bury CCG is required to provide assurance to NHS England via the safeguarding standards. In March 2018, the CCG were on Green for all standards.

The CCG achieved the target of 80% of staff being trained at Level 1, as required by the NHS Bury CCG training strategy, in safeguarding at the end of March 2018 but this remains a challenge with new starters and staff “timing out” on the 3 year cycle of training. The CCG submit a quarterly assurance to the Greater Manchester Health & Social Care Partnership and met with Head of Nursing from NHS England; no concerns were identified in the meeting.

In 2016-2017 became Primary Care Commissioners and now have an obligation to ensure that Primary Care are sighted on the LSCB objectives. We have completed this via an ongoing programme of training to practices.

The training sessions are well attended and provide a forum for discussion and borough wide learning. Bi-annually, the CCG safeguarding team hosts a practice safeguarding lead masterclass where good practice is shared and emerging safeguarding hot topics are discussed.

During 2017/18 Safeguarding assurance visits were arranged with each of the 30 GP practices within Bury over a period of six months commencing in March 2017. The visits were completed by the Head of Safeguarding, the Designated Nurse for Adult Safeguarding and the Named GP. Visits were undertaken in a supportive manner and the key aims were to identify good practice which could be shared, identify gaps that required practice level support and gaps that may require a CCG response. The assurance visit to all the practices in Bury provides, along with the CQC ratings, a high level of assurance of engagement with

the safeguarding agenda for both adults and children. All the practices welcomed the visits and took the opportunity to explore wider issues than the assurance tool. Occasionally, there were case discussions. The visits were also an opportunity to update on new initiatives, such as, the newly launched pathway for victims of domestic abuse and expand the knowledge of the practice staff.

The following topics are covered in the core training delivered to practice staff and additionally a workshop was held on FGM and there are bi-annual sessions on Prevent that are open to all practice staff. The uptake by CCG staff currently sits at 89%.

- Safeguarding in the context of technology & social media
- Young people in transition
- Safeguarding from abusive relationships
- Complex safeguarding issues including CSE, FGM & radicalisation

The executive lead for safeguarding within the CCG, is also the Chair of the Healthy Young Minds Local Transformation Plan steering group where the focus is on the Bury plan to improve the provision for mental health and emotional well-being needs services. This includes a focus on YP transitioning from and between services. Activity for this financial year includes increasing the availability of evidence based therapies to meet the national target. The Autistic Spectrum Disorder, Sensory Assessment and

Attention Deficient and Hyperactive Attention Disorder pathways are part of the work stream.

During this period of change, safeguarding continues to be a standing item on all Governing Body agendas and the members of the GB had an update on their responsibilities as corporate safeguarding leads.

Education - Schools and Colleges

Safeguarding continues as a priority for Bury's Primary and Secondary Schools and Post 16 providers. This work continues to be well supported by the Safeguarding in Schools and Colleges sub-group and by work of teams such as the Children and Young People in Care Education team, the School Attendance Team and the Integrated Youth Support Service. School Attendance Team support on the Multi-Agency Safeguarding Hub (MASH) and for the Project Phoenix team dealing with CSE has continued. The Head of the Integrated Youth Support Service also chairs the Early Help Panel which allocates referrals from the MASH to Early Help providers.

Since September 2015, 33 Bury schools (including primary, secondary, special and PRUs) have received a full (Section 5) inspection by Ofsted; 70% of these were judged to be good or outstanding in respect of the personal development, behaviour and welfare of pupils. Four primary schools have been judged outstanding for this aspect (St. John with St. Mark CE, St. Marie's RC, St. Mary's RC Radcliffe and Unsworth).

In the body of inspection reports Ofsted gives a grade for personal development & welfare and a separate grade for behaviour. The ARK (primary PRU) was judged inadequate for personal development & welfare due to safeguarding whilst Broad Oak Sports College was judged inadequate for behaviour due to attendance, punctuality to lessons and lack of engagement in lessons.

Overall absence rates at Bury schools are above national average based on the latest set of national data for the academic year 2016/17. The authority continues to support schools in improving the attendance of those who are defined as persistent absentees though it should be noted that fewer schools are now buying back support from the School Attendance and Education Welfare Team. The level of permanent exclusions from secondary schools has reduced in 2017/18 but remains a key area of activity for the newly developed Secondary SEMH Partnerships. Other developments include the launch of a new Alternative Provision Framework, plans to appoint two Inclusion Leads to support both partnerships, implementation of new In Year Fair Access arrangements, to ensure earlier admittance to schools, and changes to the offer made by Spring Lane School with an increased focus on Key Stage 3 intervention. Exclusions at primary level whilst uncommon are being systematically challenged through the new Multi-Disciplinary Team approach which has resulted in 5 potential exclusions being rescinded or withdrawn. It is envisaged that this role will be taken on by the 4 Primary SEMH Partnership Groups during 2018/19 who will also be supported by the appointment of Inclusion Leads. No

looked after child has been excluded from secondary or primary schools in 2017/18.

Contributions for the BSCB annual report were received from:-

- Pennine Care Foundation Trust
- Adult Care Services
- Child Sexual Exploitation
- Private Fostering
- National Probation Service
- CRC
- Team Oasis
- LADO

For further information about these reports please contact BSCB Administrative Officer on 0161 253 6153.

15. The effectiveness of Bury Safeguarding Children Board

Findings and lessons from the broad range of work undertaken by the LSCB and partners are effectively disseminated across the partnership using a range of methods such as:

- Training and development programmes of work for staff across Bury
- Learning from Learning Reviews SCRs and audit activity shared across the partnership
- Bulletins and website

Monitoring actions that are being undertaken to improve services such as:

- Section 11, 175/157
- External Inspections
- Risk register
- Challenge log
- The monitoring of action plans
- The impact on practice, multi-agency working and outcomes for children and young people

Multi-agency policies and procedures that continue to underpin practice and multi-agency working. This significantly helps to consolidate and improve the functioning of the children's safeguarding system in order to better support vulnerable children and young people.



16. Conclusion

The information given in this report highlights the commitment and dedication of all agencies in working together to ensure the safety and wellbeing of children and young people in Bury. They have accomplished this in an environment which has endured major changes and leadership and which faces further change as well as opportunities for improvement. In developing new structures the Board is determined that, in this final year of its existence under the current structure, interagency safeguarding will be consolidated and improved and there will be rigorous scrutiny once again.



Appendix 1

Projected Income & Expenditure 2018-19

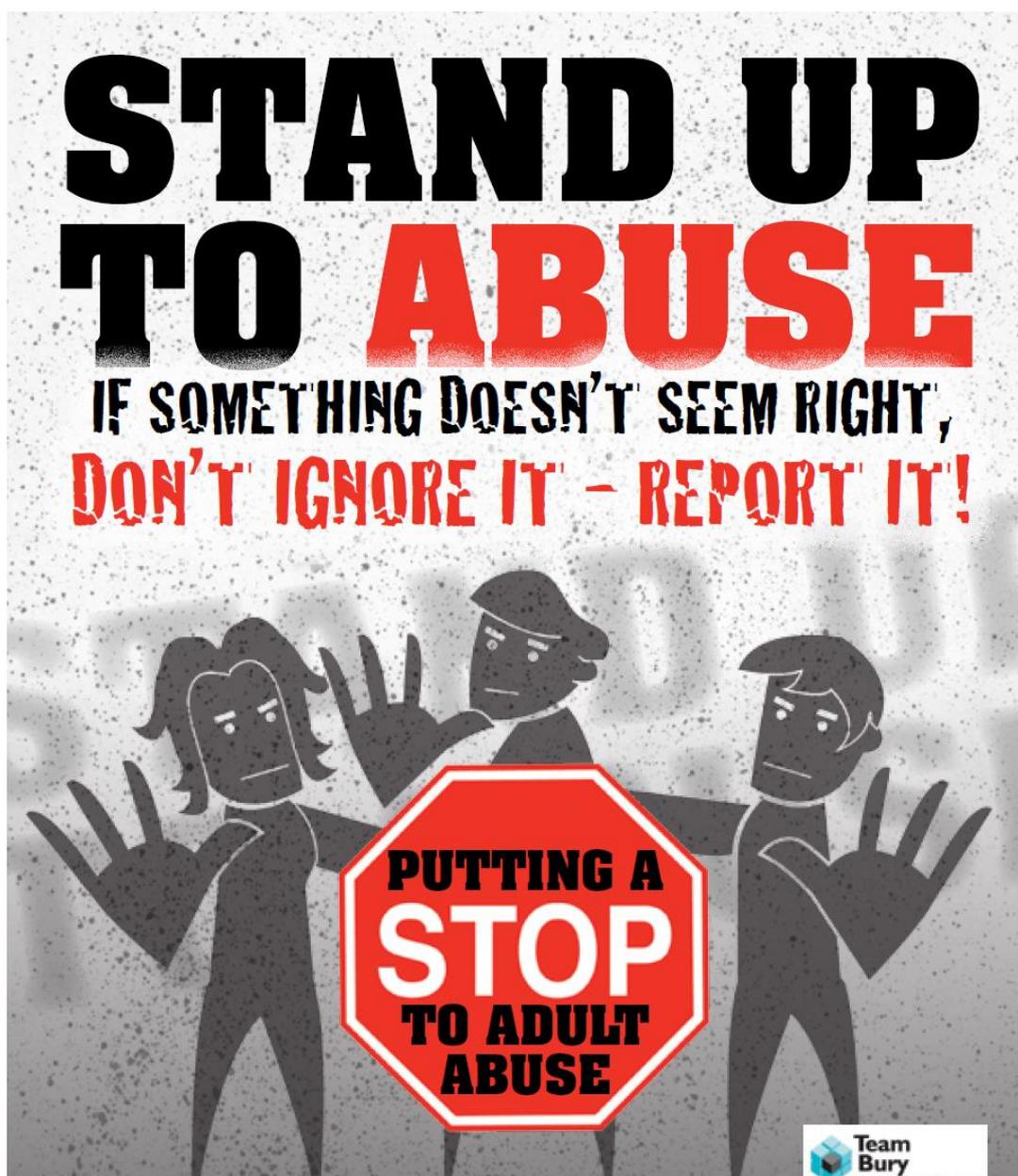
Contributions/Income	£
Children's Services	72,181.00
Prior Year Underspend Brought Forward	23,800.00
Bury CCG	37,142.00
Greater Manchester Police	11,850.00
CAFCASS	550.00
National Probation Service	896.00
Community Rehabilitation Company	2,081.00
Training Income	7,500.00
DSG Contribution	40,000.00
TOTAL INCOME	196,000.00

Expenditure	£
Employee Costs	158,400.00
Multi-Agency Training Costs	14,100.00
Serious/Critical Case Reviews	6,000.00
Independent Chair of BSCB	12,000.00
Travel & Subsistence	1,400.00
Advertising - Staff	0.00
Postage	400.00
Telephone	1,000.00
Office Overheads incl Equipment, Tools & Materials	8,100.00
Printing & Stationery	1,600.00
Central Recharges (Admin Buildings etc)	13,000.00
Staff Training	0.00
Contribution to CDOP Centralised Budget (Oldham MBC)	10,600.00
Miscellaneous	0.00
Employers Liability & 3rd Party Insurance	600.00
TOTAL EXPENDITURE	227,200.00

Total Net Budget 2016/17		31,200.00
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Bury Safeguarding Adults Board Report 2017-2018



Content

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7-12	What we have done in 2017-2018 <ul style="list-style-type: none"> • Achievements • Plans for 2018-2019
13-25	Facts and Figures 2018-2019 <ul style="list-style-type: none"> • Key Board Measures • Making Safeguarding Personal • Safeguarding Concerns and Enquiries • Deprivation of Liberty Applications
26-28	Who Does Adult Safeguarding Apply to? Defining Abuse How to Report Abuse
29-53	Appendix A – Board Member Organisations Annual Statements <ul style="list-style-type: none"> • Bury Clinical Commissioning Group • Bury Council • Community Rehabilitation Company • National Probation Service • Greater Manchester Fire and Rescue Service • Greater Manchester Police • Pennine Acute NHS Hospital Trust • Six Town Housing • Pennine Care NHS Foundation Trust

Welcome and Foreword from the Independent Chair

I was delighted and proud to be appointed as the Independent Chair for both the Adult and Children's Board for Bury and I took up the role in January 2018. Since then I have been very impressed at the depth and extent of the work undertaken by all the relevant agencies in Bury with the aim of keeping vulnerable adults safe from risk and to reduce the risk of harm in the future.



When you read the report you will see how the demands on all the agencies are increasing as the community in general becomes more aware of the potential for abuse and exploitation and therefore new ways have to be created to ensure that all concerns are met with an effective and speedy response. The task of assisting the statutory and voluntary agencies as they rise to the challenge of ever increasing need amidst limited resources will be a major preoccupation for the Board in the coming year.

The Bury Adult Safeguarding Board is operating amid a period of great change. Its sister Board for Children has approximately twelve months left as a legal body before the new safeguarding partnerships come into force in the autumn of 2019 and it is imperative that the "THINK FAMILY" approach which has been adopted by both boards in the past year is not lost. There are also significant changes going on with the Public Service Reform, reorganisation in the Police, Clinical Commissioning Groups, adult social care and the devolution agenda across Greater Manchester.

The Board conducted a brief development session in March 2018 to review its structure and reflect on how greater co-operation with the structures governing services for adults at risk could ensure an improved response to all members of the community, especially for those with mental health needs. At the time of writing this report that review has yet to be implemented but what is not in doubt is the commitment and resilience of all of those working in Bury, whether their role is senior, strategic or on the front line, to ensure that the very best services are available to the communities living in Bury. I would like to take this opportunity to thank them on behalf of the Board

A handwritten signature in black ink that reads "K. Batt".

Kathy Batt Independent Chair Bury Adult and Children's Safeguarding Board.

Introduction

This Annual Report relates to the period between 1st April 2017 and the 31st March 2018 and is produced as part of the Bury Safeguarding Adults Board (BSAB) statutory duty under the Care Act 2014. The production of this report is one of three core statutory duties placed on Adult Safeguarding Boards by the Act.

This report details what BSAB has done during the year to achieve its main objectives and strategic plan, and what each member organisation has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews (SAR's) and subsequent action.

As per guidance laid out in the Care Act 2014 this report will be submitted to:

- The Chief Executive of Bury Council
- The Leader of Bury Council
- The Chair of Bury's Health and Wellbeing Board
- The Chief Superintendent for Bury Police service
- The Chief Officer of Healthwatch Bury

Information regarding BSAB, including this report, can be found on the Bury Directory website www.theburydirectory.co.uk

Information about the statutory role and function of safeguarding adults boards can be found using the following link:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

About Bury Safeguarding Adults Board (BSAB)

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 has three core duties as defined by the Care Act 2014:

- 1) Developing and publishing an annual strategic plan setting out how we will meet our objectives.
- 2) Publishing an annual report which sets out what we have achieved; and
- 3) Commissioning Safeguarding Adult Reviews where serious abuse or death has occurred and learning can take place.

The BSAB is also supported by two sub-groups:

Making it Happen Group – this is the operational arm of the BSAB and has the responsibility for progressing the action plans underpinning the main strategic plan.

Care Review Group – this group is responsible for disseminating learning from adults safeguarding cases and scoping/monitoring any Safeguarding Adult Reviews/learning reviews.

The work of the BSAB is underpinned by six principles which have been taken from the Department of Health “Statement of Government Policy on Adult Safeguarding” 2011:

Key Principles	Description	What this means to people who live in Bury?
Empowerment	People are supported and encouraged to make their own decisions and informed consent.	<i>“I am asked what I want to happen and my views inform what happens”</i>
Prevention	It is better to take action before harm occurs.	<i>“I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”</i>
Proportionality	The least intrusive response appropriate to the risk presented.	<i>“I am sure people are working in my best interests, as I see them and will only get involved as much as needed” “I understand the role of everyone involved in my life”</i>
Protection	Support and representation for those in greatest need.	<i>“I get help and support to report abuse. I get help to take part in the safeguarding process to the extent that I want and to which I am able.”</i>
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	<i>“I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me.”</i>
Accountability	Accountability and transparency in delivering safeguarding.	<i>“I understand the role of everyone involved in my life”</i>

The next section of this report explains more about the BSAB and its activities during 2017-2018 and its plans for 2018-2019.

What we have done in 2017-2018

The BSAB met 4 times during the course of the year including 1 extended meeting which involved a development session. Meeting the majority objectives within our strategic plan however was delegated to our two subgroups, the Making it Happen Group and the Case Review Group. Their achievements this year are detailed below:

Achievements 2017-2018

Making It Happen Group

- Refreshed and updated the strategic plan
- Reviewed the adult safeguarding policies and procedures.
- Updated and refreshed the BSAB webpage on the Bury Directory.
- Developed customer questionnaire around adult safeguarding and tested during the summer roadshows.
- Commissioned Manchester University to deliver self-neglect and hoarding training. Practice guidance for professionals will be developed during the course of 2018/2019.

Case Review Group

- Supported the commission and undertaking of a joint review between Adult and Children's Board.
- Oversaw and monitored progress against commissioned learning review.
- Reviewed and refreshed Safeguarding Adults Review protocol.
- Further developed complex case learning process.
- Reviewed and refreshed Group terms of reference.
- Considered two Safeguarding Adult Review referrals (see below)

Safeguarding Adult Reviews and Learning Reviews

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 a concern that agencies could have worked more effectively to protect them.

The purpose of such a review is to learn lessons about how professionals and organisations work together, and to consider how the learning can be used to improve outcomes for our customers/patients.

In December 2017 two referrals for the SAR process were made. When a referral is made the person it relates to is given a reference number, this is to ensure anonymity throughout the process : -

Referral 1 - Adult B2 (including Child C16)

This referral concerned a parent who had a diagnosed mental health condition and a child born, due to their parent’s mental health state at the time of their birth, without medical support.

Following the initial screening of the referral it was found that the criteria for a SAR were not met, however following scrutiny it was felt that lessons could be learnt from taking a more in-depth look at what happened. Therefore it was agreed the Safeguarding Adults and Children’s Board would join together to commission an organisation called the “Social Care Institute for Excellence” or SCIE to conduct an independent review of the circumstances surrounding Adult B2 and Child C16. The review concluded in February 2018 and number of recommendations and actions were agreed. These actions are tabled as below- both the Adult and Children’s Boards have taken the joint responsibility of ensuring that all actions are completed, outcomes will be measured during 2018-2019.:

Key Work Areas	Key Actions	Key Outcome
There is no joint working culture across adult and child services when mothers are known to have significant mental illnesses, meaning that those with responsibility for care co-ordination only co-ordinate within their own service area.	<ul style="list-style-type: none"> • Dissemination and promotion of pre-birth procedure • Think Family Approach to be promoted throughout the partnerships • Strengthen joint working of Adult and Children’s Safeguarding Board approach to safeguarding • Task & Finish Group established by Pennine Care NHS Foundation Trust regarding improving the approach around peri-natal mental illness’. 	Improved multi-agency working leading to effective decision making, assessment and plans

Key Work Areas	Key Actions	Key Outcome
Staff across all but specialist agencies have a poor understanding of bi-polar, risking an uninformed approach to pregnant women known to have this diagnosis if specialists are not part of assessment and decision-making.	Promote the role of specialist midwife via a learning brief and practitioner team meetings.	Improved quality of assessment and plans leading to improved outcomes for vulnerable adults and children.
There is limited consideration of the use of advocates in Bury which makes it less likely that mothers with significant mental illness will have the opportunity to contribute to their own plans.	Promote the service to front line practitioners and teams-ensure requests are sign posted to other services	Improved service user engagement-leading to improved outcomes
Is there sufficient recognition within all agencies in Bury of the importance of safeguarding supervision and reflective practice, such that practitioners feel supported and the quality of individual and joint working is effectively and consistently tested?	<ul style="list-style-type: none"> • Partners to be requested to provide reassurances • To request Oldham Children's Board to share multi-agency supervision model. 	Practitioners are supported through effective supervision

Referral 2 - Adult C

This referral was also made in December 2017 and was accepted as a potential SAR. However, due to additional circumstances relating to Adult C, who has the ability to fully contribute to circumstances concerning their referral, the SAR process has been put on hold until Adult C is able to be involved. This approach will enable those involved in the Review to work sensitively with Adult C and learn fully from Adult C's experiences.

Plans for 2018-2019

Goal	What is our aim?	Key Actions 2017/18	Progress
<p>Prevent</p>	<p>To prevent the abuse of adults at risk</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Performance reports have been altered to include more detailed information. • Bury Directory page created outlining information about the Board, the new customer information leaflet and how to report abuse. • Roadshows have been used as a vehicle to disseminate information and increase understanding. • Public Sector Reform hubs are being developed and will initiate awareness within the wider community. • Social workers work with customer who have suffered abuse via protection planning to increase resilience to abuse. • The local Advocacy Service have been actively promoted over the last 2 years with customer and also with practitioners. • Through Making Safeguarding Personal customers are more actively involved in being able to express their desired outcomes. • Neighbourhood working is progressing however further work is needed to understand how to promote awareness through these avenues.
<p>Protect</p>	<p>To protect adults at risk from being victims of abuse.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • All key Board organisations have and continue to support safeguarding training – which allows accurate and timely advice to be passed onto customers. See above also in relation to the offer via the Bury Directory. • Bury Council and Bury CCG ensure a contract condition for provider organisations is in place requiring relevant staff to have safeguarding training. • Multi-agency policy and procedures are readily available. • Bury Council employ a Safeguarding Strategic Manager

			and Safeguarding Practice consultant who work with agencies on request to improve policy and practice.
Communicate	To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Bury Adult Safeguarding "brand" has been created. • Customer leaflets were re-designed and are readily available. • A communication plan has been drafted, further work is required to operationalise the plan.
Assure	To be assured that in Bury Adults are safe from abuse.	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Assurance framework has been agreed. • Standard performance report has been agreed although some of the measures need to be reviewed. • Safeguarding Adults Review (SAR's) protocol his in place. • Case Review Group has been established and looks learning from SAR's and complex cases. • The Policy and Procedure are reviewed annually. • There is now a joint chair of the Adult and Children's Board, Regular meetings have been arrange with the Chair of the Health and Wellbeing Board, representatives from the Community Safety Partnership also sit on the Adult Safeguarding Board.

In addition to the above and following a development session the BSAB have also agreed to:

- Revisit the form and function of each sub-group.
- Develop the local approach regarding dealing with allegations against People in a Position of Trust.
- Explore the potential of the Health and Wellbeing Board supporting the BSAB by providing external scrutiny.
- Review and clarify the function of the Board.
- Join the Children's and Adults "backroom" support.
- Each member organisation to report on the additional resources that can be offered to support the BSAB business delivery.

Each year BSAB member organisations set out how they have contributed to the work of the BSAB over the year and the ongoing improvement of local adult safeguarding arrangements. Details of how each organisation has contributed can be found in **Appendix A**.

Facts and Figures 2017-2018

Each Local Authority is responsible for collecting data relating to adult abuse in its area. This data collection process is called the “Safeguarding Adults Collection or “SAC”. Bury Council collect this data for all safeguarding cases within the Bury borough.

Bury Council also collects additional data around adult safeguarding enquires with regard to 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 2017-2018 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: <ul style="list-style-type: none">(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.

The data below is taken from Bury Council’s adult social care customer database. Data shown below has been submitted as part of the statutory return to NHS Digital - the Safeguarding Adults Collection (SAC).

Key Board Measures

Three key measures were chosen by the Safeguarding Adults Board in order to monitor progress and development. These measures are as below:

1. The number of adults being abused is reducing

This measure, shows whether there is evidence that a risk has been identified or is "inconclusive" (meaning that no direct evidence has been found however there is uncertainty as to if a risk is present). 2017/18 data can be seen below with a comparison to 2016/17.

Table 1= Risk identified

Risk Identified	2016/17	2017/18
Yes	157	413
Inconclusive	64	101

As you can see by the table above the numbers have increased rather than decreased. Of note 2017/18 has seen a substantial increase in the number of safeguarding concerns and enquiries this is explored further on in the report. Therefore the increase in the risk identified does fall in line with this increase.

2 The number of repeat incidents is reducing

Of the 711 adults that had a safeguarding enquiry in 2017/18, 116 also had a SG enquiry within the previous 12 months prior. Compared to 37 in 2016/17.

Table 2 = Repeat enquiries

Date period	Number of adults	Number of Enquiries		
		<3	3-4	5+
2016/17	37	32 (86%)	4 (11%)	1 (3%)
2017/18	116	83 (71%)	32 (28%)	1 (<1%)

Overall the number of adults who have suffered repeat abuse has increased, again however this is in line with the considerable increase in reporting.

In order to give a more comparative view the above table also illustrates the percentage comparison and shows that percentage of repeat enquiries have reduced for the <3 and +5 categories however have risen for the 3-4 enquiry category.

Further analysis of these cases has shown that:

- a. The majority of the repeat cases relate to individuals who have been found on the floor with/without injury – these incidents have tended to happen in quick succession where people have become poorly or are new to an environment.
- b. The second most common occurrence of repeat incidents was where a resident of a care home has lashed out at another resident, sadly this can be a common event in care homes, particularly where people are suffering from dementia.

Of note none of the customer files viewed suggested that inaction had led to repeat incidents.

3 The number of people who feel safer

The question with regard to whether people felt safer due to the intervention following a safeguarding enquiry was introduced during 2016/17 it is a local measure and is not part of not part of the statutory return. Following a data quality check it was found that that information in this field was not robust therefore it has been removed as a reporting mechanism until the issues can be resolved or another reporting measure can be found.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is about having conversations with people regarding how to respond in safeguarding situations in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. The Care Act advocates a person-centred rather than a process driven approach.

Table below 3 = MSP for 2017/18

Were they asked about their desired outcomes	2016-2017	2017-2018
Don't Know/Not Recorded	49%)	129 (18%)
No, they weren't asked	113 (31%)	367 (51%)
Yes they were asked and no outcomes were expressed	15 (4%)	60 (8%)
Yes they were asked and outcomes were expressed	60 (16%)	166 (23%)
	370	722

The number of positive responses has increased this year to 31% compared with 20% in 2016-2017. This is encouraging as it shows that staff are more actively considering desired outcomes particularly at a time where resources are stretched due to an increase in the number of concerns/enquiries received. Bury Council safeguarding operations group has worked this year to increase awareness around

the importance of the MSP ethic and understanding people’s views and wishes and has committed resources for 2018-2019 to further training and support in this area.

A more in-depth look at these figures has shown that in a significant number of cases where the results showed “Don’t know /Not Recorded” or “No, they weren’t asked” were due to reasons such as lack of mental capacity, the person died or was too ill for their views to be sought or the case was not progressing through to a safeguarding enquiry therefore views were not obtained.

Customer Surveys

During the summer of 2017 Six Town Housing held 6 Roadshows. The Roadshows were held in large open public spaces/parks which allowed engagement with a good cross section of the community. The total number of attendees was 1165. Adult attendees were requested to complete the surveys with staff on hand to answer any questions. In total 79 people completed the survey.

The headline results are as follows:

Question	Results
Do you know what Safeguarding Adults is?	92% replied YES
What type of abuse do you think happens to adults?	15% replied physical; 2.5% replied emotional; 77.22% replied all of the above. There was a general lack of understanding of Female Genital Mutilation (FGM).
Who could be protected by Adult safeguarding procedures?	92% replied everyone; 4% replied elderly; 4% stated those with care and support needs
Who can abuse?	3.8% anyone in a position of power 3.8% family members 91% anyone
Where would you report abuse?	65% stated they would report abuse to the Police 21% to hospital staff.

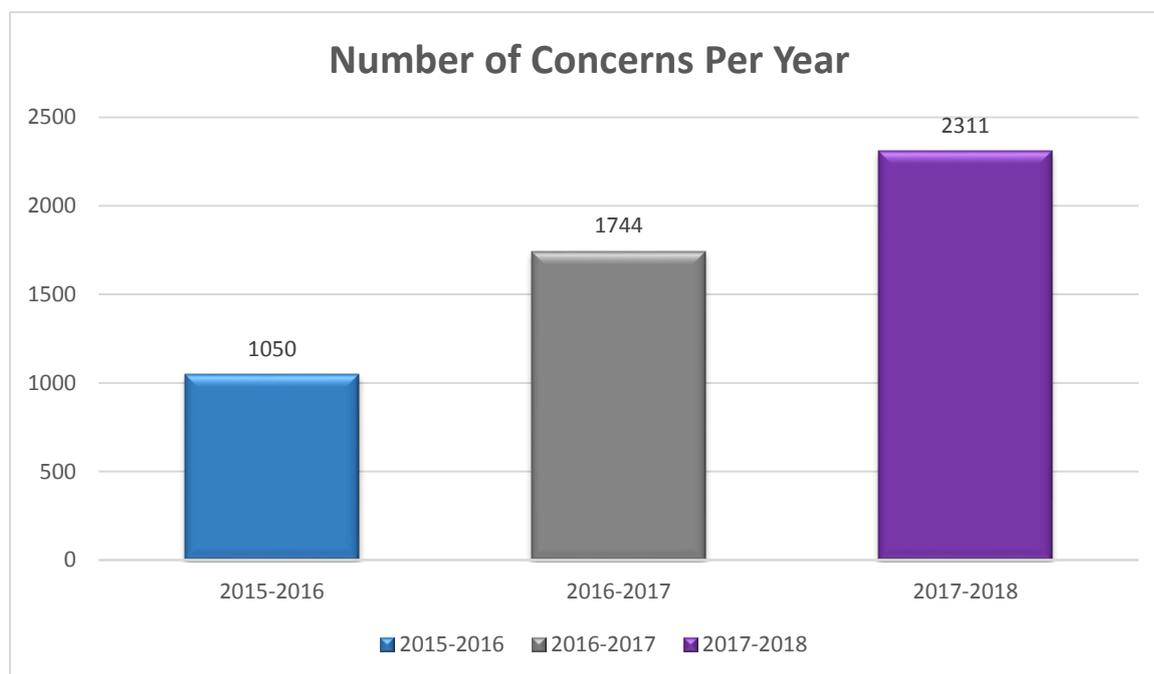
<p>What would stop you from reporting adult abuse</p>	<p>Fear of being named 38%; Nothing would change 22% Fear of retribution 20%; past poor experiences (police/social care) 14%; Not wanting to get someone in trouble 6%;</p>
<p>Other info</p>	<p>52% stated they would interested in learning more about safeguarding adults and 85.97% would like the training to take place in a community setting.</p>

Safeguarding Concerns and Enquires

All data in these tables count **individuals** that were involved in safeguarding concerns and enquiries that were raised during 2017/18. There is **one count** per person.

1. Safeguarding Concerns

Graph 1= Number of concerns raised each financial year (i.e. 1st April to following 31st March)



There were **2311** concerns raised regarding **1639** individuals in 2017/18.

2. Safeguarding Enquires

An enquiry could range from a conversation with the adult to a more formal multi-agency plan or course of action. A safeguarding enquiry is concluded when all the necessary information gathering is complete and all of the necessary actions have been agreed. A safeguarding enquiry is a section 42 enquiry when where an adult meets ALL of the Section 42 criteria.

- Does the Adult have care and support needs?
- Is the adult experiencing, or is at risk of, abuse or neglect?
- Are they able to protect themselves from the risk or abuse or neglect?

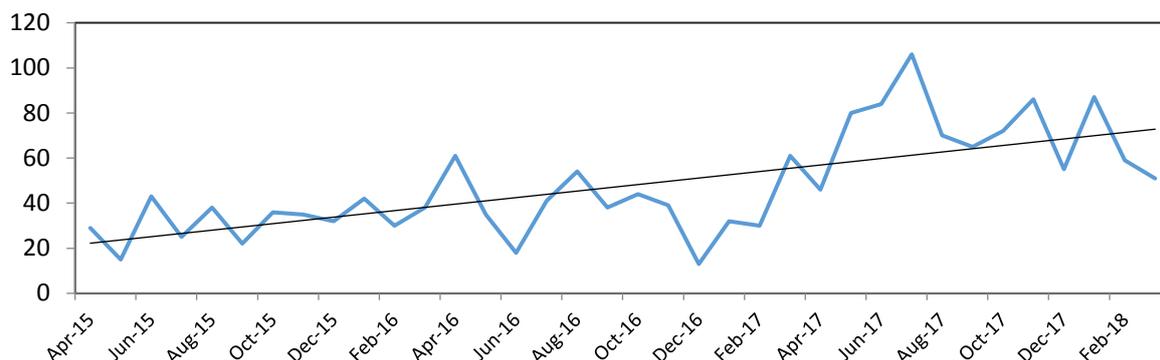
This report includes data on totals of section 42 enquiries and other safeguarding enquiries where a safeguarding concern that does not meet the Section 42 criteria can proceed to an Other Safeguarding Enquiry if deemed appropriate.

869 of the 2311 concerns raised during 2017/18 proceeded to either a Section 42 safeguarding enquiry or an Other Safeguarding Enquiry. This equates to 38% of all concerns proceeding through to enquiry. In 2016-2017 the conversion rate stood at 26% and in 2015-2016 the conversion rate stood at 40%.

In 2017/18, **676** individuals met Section 42 criteria and **35** Other safeguarding enquiries.

Data on enquiries is only available from 2015/16 onwards due to a change in reporting requirements.

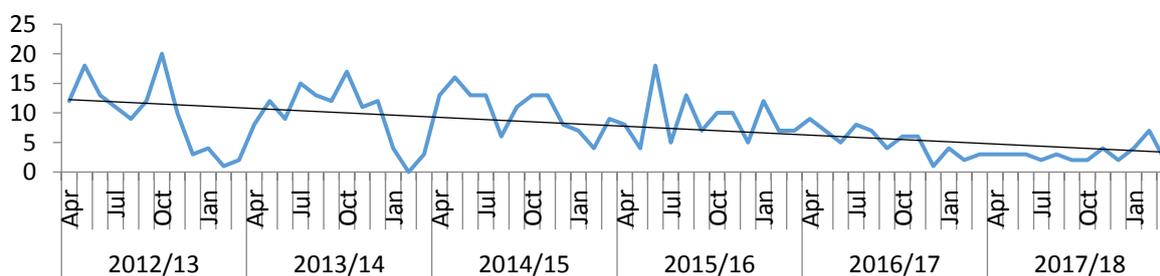
Graph 2 = Enquiries between 2015/16 and 2017/18



3. Safeguarding Enquires that have proceeded to Investigation

Graph 3 below shows the number of concerns that met the threshold and proceeded to a safeguarding investigation over the last five years. From this it can be seen that whilst there is an upward trend with enquiries, those that proceed to investigation is falling.

Graph 3 = Safeguarding that proceeded to investigation between 2012/13 and 2017/18 (with trend line)



Year	2013/14	2014/15	2015/16	2016/17	2017/18 (up to Q3)
Investigations	116	125	106	62	37
% change	+1%	+9%	-16%	-42%	-40%

4. Source of Referral

In order to further understand why the conversion rate from concern to enquiry was so low, a piece of analysis was conducted in order to ascertain 1) where the majority of concerns were coming from i.e. the source of referral and 2) what the conversion rate to enquiry was from the for the source of referral categories. The rationale was therefore to understand whether certain organisations or departments were incorrectly or inappropriately raising safeguarding referrals. The findings are as follows:

The data shown in the table below is taken from the period of 1st April 2017 to 31st March 2018 and shows the top 5 sources of referral.

Source of Safeguarding Referral	Total number of Safeguarding concerns received	Number / percentage of concerns which converted to a S42 or other Safeguarding enquiry
Ambulance Service	532	43 or 8%
Care Provider	503	263 or 52%
Health Services	362	53 or 15%
Other	233	76 or 33%
Probation/Police	214.	21 or 10%

In 2018 – 2019 the BSAB further explore the data behind these figures to understand why so many of the concerns submitted are not going through to a safeguarding enquiry. This will hopefully ultimately improve outcomes for customers and reduce the number of unnecessary referrals.

Deprivation of Liberty Applications 2017-2018

Sometimes care homes and hospitals have to limit people's freedom to keep them safe.

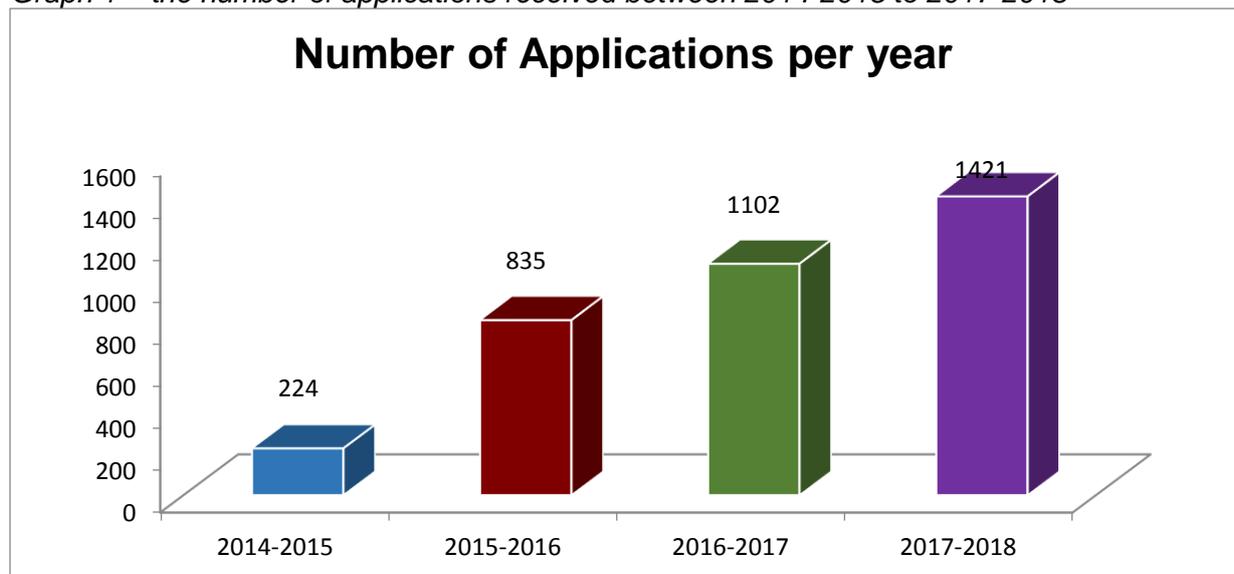
The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

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.

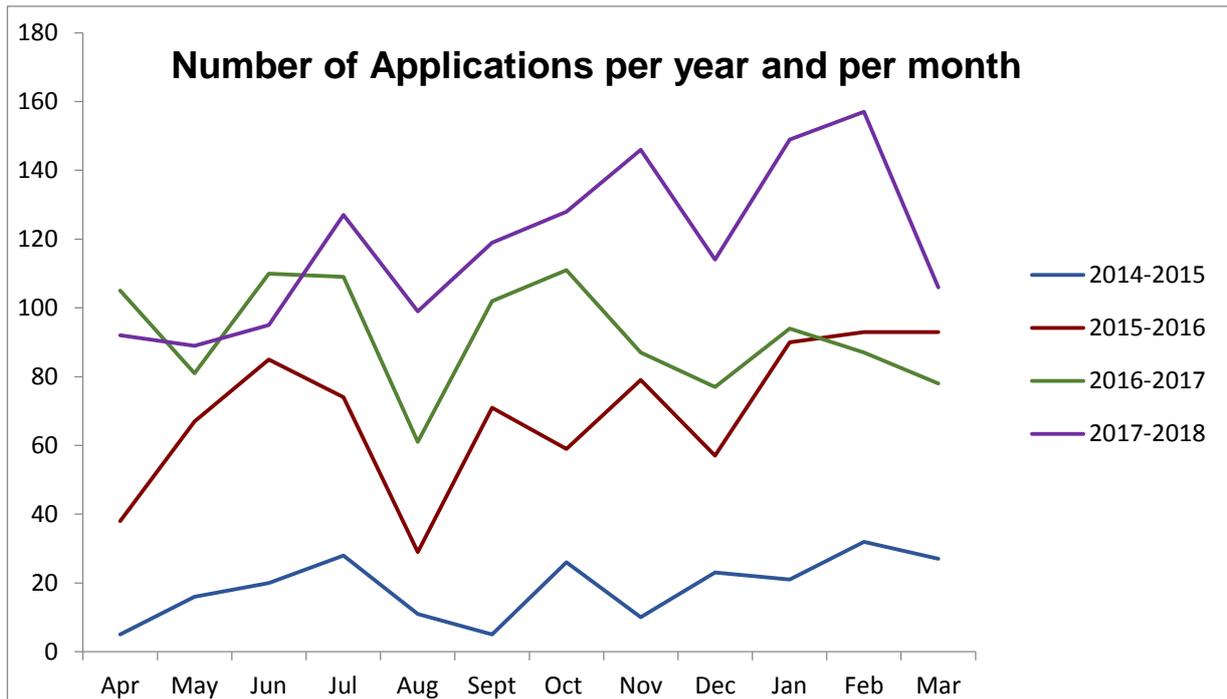
The Deprivation of Liberty Safeguards (DoLS) is an assessment process managed by Bury Council which provides a legal framework that helps to ensure the Article 5 rights of a person accommodated in a care home or hospital are protected by introducing a right to challenge.

Number of applications

Graph 1 = the number of applications received between 2014-2015 to 2017-2018



Graph 2 = the number of applications received between 2014-2015 to 2017-2018 by month



Graph 1 illustrates the considerable increase in applications since a change in legislation in 2014. Graph 2 illustrates that although the numbers may have increased over the years the peak months in which applications are received does tend to follow a similar pattern.

Applications by Disability

Graph 3 = the number of applications received from 2014-2015 to 2017-2018 by disability

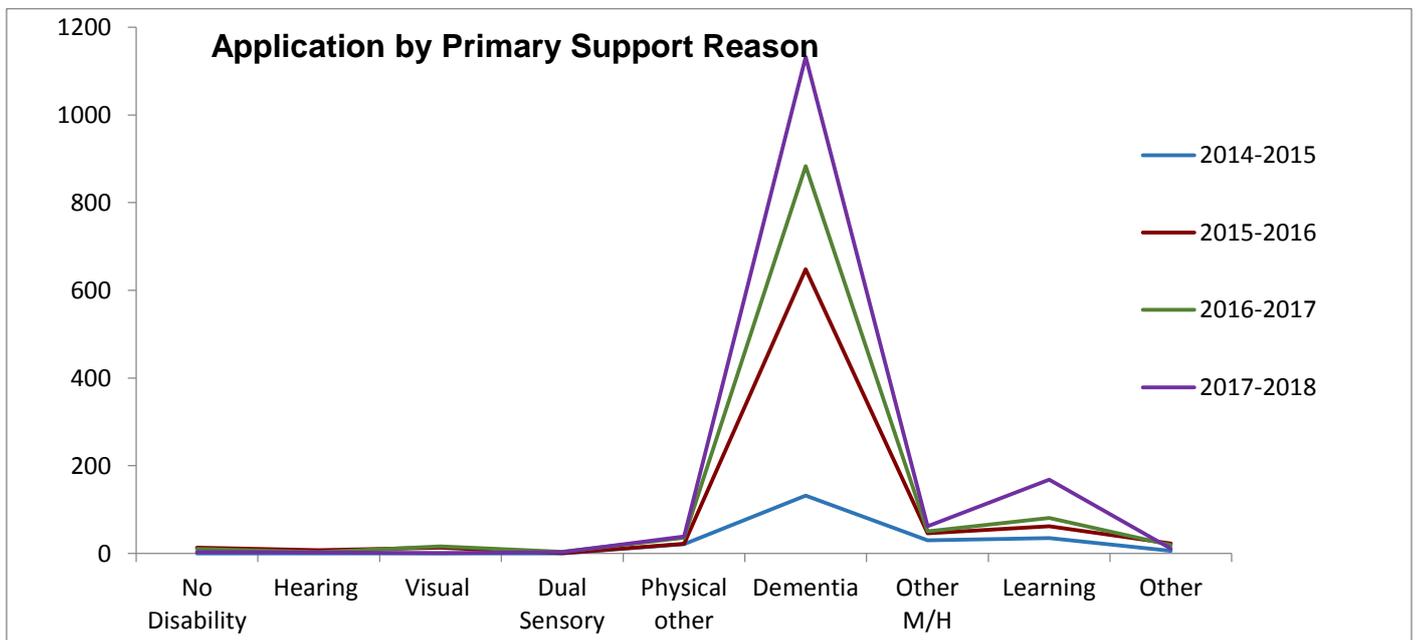


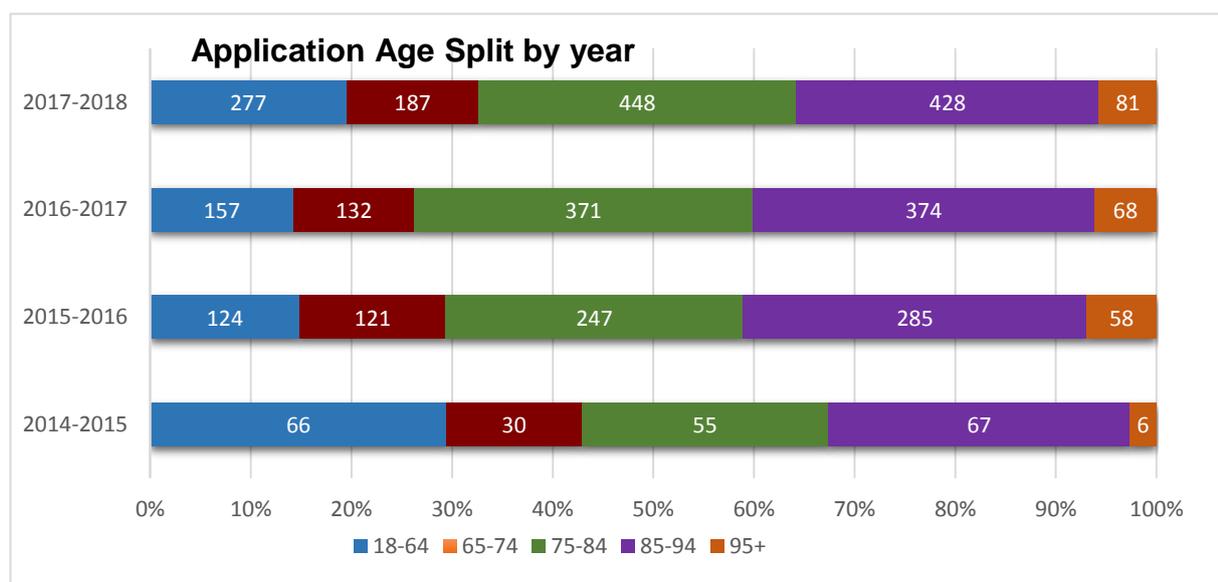
Table 1 = the number of applications received from 2014-2015 to 2017-2018 by disability

Table 1	No Disability	Hearing Loss	Visual Loss	Dual Sensory Loss	Physical other	Dementia	Other Mental Health	Learning	Other
2014-2015	0	0	0	0	21	132	30	35	6
2015-2016	13	7	13	1	22	648	46	62	23
2016-2017	10	3	16	4	36	883	50	81	19
2017-2018	3	2	1	3	39	1132	62	168	11

Graph 3 and Table 1 illustrate the number of applications broken down by what is recorded as a person’s primary disability.

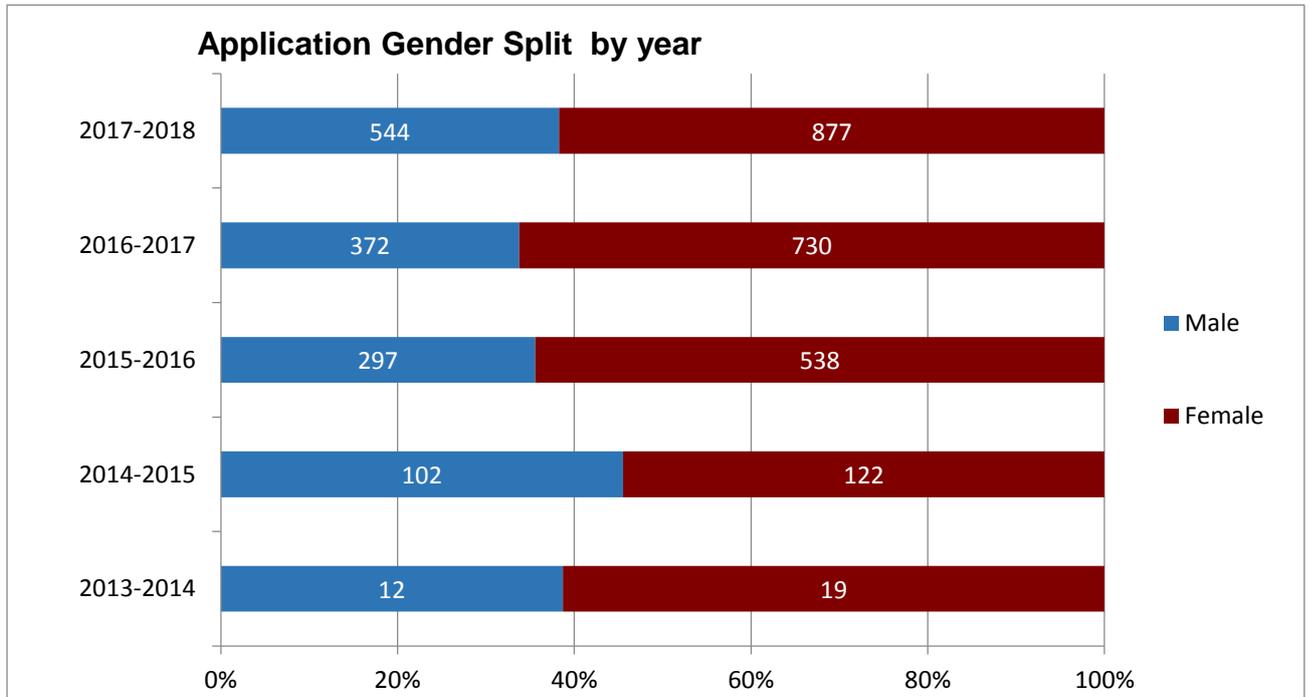
In each year it is noticeable that the number of applications for people with dementia is much higher than any other group. This can be explained in that DoLS applications can only be requested if a person lacks capacity to agree to their own care and treatment **and** is placed within a care/nursing home or in hospital. The majority of applications do therefore naturally come from our care/nursing homes which does explain in turn why the majority of applications are for people who have dementia.

Application by age



The age split is similar each year, with the majority of applications relating to older people. Due to the cohort of customers affected by this legislation it is well understood that the majority of applications will relate to older people.

Application by gender split



The gender split over the years has remained relatively stable with more women coming under the support of the DOLs process due to higher life expectancy rates in women.

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 or 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 person's 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.

How Report 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 .

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



childwellbeing@bury.gcsx.gov.uk

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

Appendix A – Board Member Organisations Annual Statements



Bury Clinical Commissioning Group

Bury Clinical Commissioning Group (CCG)

Board Members:

- Cathy Fines – Clinical Director & Deputy Chair of the Case Review Group
- Maxine Lomax – Head of Safeguarding
- Clare Holder – Designated Nurse, Adult Safeguarding

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. Additionally, we undertake an assurance process with some of the large private providers, such as Cygnet. 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. Following on from last year's pilot, clinical supervision for registered nurses working in nursing homes is now part of business as usual and is being facilitated by Bury CCG Safeguarding Team. There has been increased interest by other CCG's and therefore the idea has been shared with Greater Manchester Best Practice in Care Homes Group.

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, Greater Manchester Mental Health Trust (Prestwich Hospital Site) and the Priory.

The Designated Nurse for Adult Safeguarding is a member of the *Making It Happen* group and attends the Bury Adult safeguarding Board 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 and Greater Manchester Health and Social Care Partnership groups and 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, Prevent (preventing radicalisation of vulnerable people), Neglect and the emerging concerns around modern slavery.

Following the launch of React to Red Initiative in March 2017 which aims to reduce the incidence of pressure ulcers and ultimately harm to our patients; a rolling programme of 4 cohorts has been completed during 17/18. A final cohort is planned for June 2018 which will then have captured all residential and domiciliary care providers.

During 2017/18 Safeguarding assurance visits were arranged with each of the 30 GP practices within Bury over a period of six months commencing in March 2017. The visits were completed by the Head of Safeguarding, the Designated Nurse for Adult Safeguarding and the Named GP. Visits were undertaken in a supportive manner and the key aims were to identify good practice which could be shared, identify gaps that required practice level support and gaps that may require a CCG response. The assurance visit to all the practices in Bury provides, along with the Care Quality Commission ratings, a high level of assurance of engagement with the safeguarding agenda for both adults and children. All the practices welcomed the visits and took the opportunity to explore wider issues than the assurance tool. Occasionally, there were case discussions. The assurance visits need to be considered alongside high levels of take up of the CCG safeguarding training and the regular contact with the

team for advice on specific cases. Although, there were some points of learning, they did not reflect any unsafe practice. The visits were an opportunity to update on new initiatives, such as, the newly launched pathway for victims of domestic abuse and expand the knowledge of the practice staff.

Our Plans for 2018-2019

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.

Following on from the React to Red implementation the CCG Safeguarding team will facilitate the React to Red champion's network using it as a vehicle to cascade further initiatives and good practice and to offer ongoing support.

Bury CCG has invited Local Authority and Acute and Community providers to begin working towards the implementation of a new initiative in the form of The Red Bag Scheme. The Red Bag Scheme is designed to support care homes, ambulance services and the local hospital in improving the transition between inpatient hospital setting and community or care homes.

A red bag is used to transfer standardised paperwork, medication and personal belongings and stays with the resident throughout their hospital episode and is returned home with resident. The standardised paperwork will ensure that everyone involved in the care for the resident will have necessary information about the resident's general health, e.g. baseline information, current concern, social information and any medications, on discharge the care home will receive a discharge summary with the medications in the red bag. The pathway enables a significant reduction in the amount of time taken for ambulance transfer times and for A&E assessment times and reduces avoidable hospital admissions. An initial scoping meeting is planned for May 2018.

Bury Council



Board Members:

- Julie Gonda – Acting Executive Director, Communities and Wellbeing Department & Chair of the Case Review Group
- Tracy Minshull – Acting Assistant Director of Strategy, Procurement and Finance.

Our Achievements 2017-2018

The focus this year for the Local Authority has been around 3 key areas:

- 1) Developing Neighbourhood Working
- 2) Improving internal safeguarding processes and systems.
- 3) Training and development

Integrated Neighbourhood Teams

This year has seen the development of 2 PSR (Public Sector Reform) Teams, the first supporting the Bury East community and the second supporting Radcliffe.

The aim of integrated neighbourhood teams is to ensure we effectively respond to neighbourhood issues through bringing organisations and communities together in order for residents within the area to have greater ownership and control of their own health and wellbeing.

Very early on these teams have had a significant impact on safeguarding our most vulnerable residents by identifying local people who are isolated and in need of support, identifying perpetrators of abuse against vulnerable people and pulling together effective protection plans and empowering vulnerable people to access local statutory and non-statutory services. Expansion and further development of these teams will continue over the next few years.

Improving Safeguarding Systems

The review and improvement of our safeguarding systems has been enhanced by the employment of both an interim Assistant Director of Adult Social Care Operations and Principal Social Worker who, supported by an operational working group, have introduced a safeguarding improvement plan. Some of the achievements so far have been:-

- Re: designed safeguarding escalation process i.e. for complex and contentious cases and the re-designed of our internal safeguarding audit process.
- Audit and subsequent improvement plan on how we meet the requirements of the Making Safeguarding Personal agenda.
- Development of a safeguarding work-stream involving representatives from all teams involved in the safeguarding process – this team is looking to design how Bury Council is delivering safeguarding with the drives of ensuring increased safety and an improvement of the experience for customers.
- Refresh and further developed safeguarding practitioner guidance including introducing standards for safeguarding minute takers.
- Development of practical guidance for safeguarding Chairs.
- Regular advice drop in sessions with our contracted advocacy service in order to encourage and promote the use of independent advocacy.

Training and Development

A full refresh training for our social care staff was completed this year, this has increased the core offer with additional training such as:

- Complex Mental Capacity
- Autism Awareness and Advanced Autism Awareness
- Coroners Court
- General Data Protection Regulation

Some members of staff have also completed train the trainer sessions in Mental Capacity and WRAP (recognising and supporting people who are vulnerable to radicalisation) and will therefore be able to deliver training in-house and also to practitioners from other organisations.

Our Plans for 2018-19

There continues to be a growth on the number of safeguarding concerns coming through to Bury Council - not all concerns make it through to a safeguarding enquiry (investigation) however each concern must be scrutinised and dealt with

appropriately This increase in referrals however does put pressure on services, therefore in order to manage and anticipate service demands we are:

- Conducting more detailed scrutiny on the concerns coming in to the Council – offering training /challenge back to referring organisation where appropriate.
- Exploring different models for supporting the safeguarding enquiry process which will help support meet increase demand and drive up consistency and quality of approach.
- Refreshing our internal electronic case management system to ensure we fully capture the required outcomes of our customers who are being supported through a safeguarding enquiry.

In addition to this we also plan to:

- Refresh and rework our internal learning review process (i.e. learning from cases in order to improve practice)
- Explore different models of working to support allegations against people in a position of trust.
- Review processes and guidance around Deprivation of Liberty Safeguards.
- Further develop our approach to “Making Safeguarding Personal”.
- Further align our services to support integrated neighbourhood teams.
- Lead the development of guidance for staff around how to support people who self-neglect and or/hoard.

Community Rehabilitation Company (CRC)

Board Member:

- Gail Churchill – Community Director for Cheshire and Greater Manchester

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.

Cheshire and Greater Manchester CRC (CGM CRC) have supported over 12,000 services users during the course of 2017/18. The Safeguarding of Adults remains a key priority for CGM CRC. We recognise that our service users are also members of the local communities against which their offences are often perpetrated and, on occasion, victims themselves. The CRC aims to balance both rehabilitation and public protection

This year has again represented a period of significant transformational change for the structure and delivery of adult probation services. Following service privatisation CGM CRC officially came under the ownership of a consortium called Purple Futures on 1st February 2015, and is one of 21 community rehabilitation companies nationally. During 2016/17 the company went through a significant transformation programme to fully implement the Interchange Model. The theory underpinning the "Interchange Model" is strengths based, with a focus on rehabilitation and the fundamental building blocks for this are: desistance theory, the good lives model, and personalisation. The desired high-level outcomes for service users from the Interchange Model are: Hope and motivation; Something to give; Healthy lifestyle; Place in society; Family and relationships; Positive identity.

Other key features of the new operating model, designed to maximise practitioner ability to work towards rehabilitation with offenders more effectively, include the following:

- **Improved technology and better use of IT:** By 2017 all staff were issued with updated IT equipment. For front line practitioners this included mobile

devices (laptops and phones) that now enable them to work more flexibly with service-users, in their homes and other locations in the community. Ideally, this will also enable CRC staff to co-locate more easily with key organisations who can contribute to the rehabilitation process and enhance service user compliance and engagement. In Wigan we are negotiating our contribution to placed based integrated teams (PSR Hubs) and working alongside partners to improve our ability to accurately assess and manage risks to adults and services provided

- **Integration of interventions and offender management:** There is no longer a split between interventions and case management with case managers having responsibility for both case holding and delivering group work interventions. Whilst it is relatively early days in testing out this model the aim is to ensure that all staff are fully tuned into the priority to reduce reoffending and enhance rehabilitation.
- **Introduction of a Directory of Services to improve offender manager access to interventions:** Whilst the completed Directory of Services is yet to be fully operational, the first phase has already been implemented and case managers now have access to an organisation wide directory which provides contact details and referral processes for providers across the rehabilitation pathways. Future releases will provide access for partner organisations.

CGM CRC have demonstrated an ongoing commitment to Safeguarding Adults during 2017/18 by:

- Establishment of a Service User Council to ensure service user feedback is obtained and utilised to influence service delivery
- Implementation of a peer mentoring and volunteer scheme
- Refresh of the Working Effectively with Female Service Users Strategy and continued co-commissioning of bespoke women's services
- Delivery of the EFAN (Ex-Forces Network) to respond to the specific needs of ex veterans
- Implementation of an Integrated Health Liaison and Diversion Scheme, to support individuals who have been arrested and taken to police custody into community services

- Continued delivery of an Intensive Community Order that focuses on the specific needs of 18 – 25 year old service users
- Refresh and roll out of Safeguarding and Domestic Abuse Policies, Procedures and training
- Organisational drive to ensure that all new and existing staff have completed the required level of Domestic Abuse and Safeguarding Training and an improved induction programme for new staff
- Continued delivery of accredited programmes that address a range of service user risks and needs. This including the Building Better Relationships intervention for perpetrators of domestic abuse and a bespoke Partner Link Worker service for victims
- Implementation of a risk management and review process that ensures management oversight and scrutiny of the most risky and complex cases
- CRC contribution to Domestic Abuse, Child Sexual Exploitation, Prevent, Honor Based *Violence and Modern-Day Slavery multi agency working groups and forums*
- Refresh of local Integrated Offender Management Schemes and increased volumes

Challenges 2018/19

- Continue to deliver high quality services that protect the public and reduce re-offending
- Build on our reputation as an innovative market leader to efficiently deliver rehabilitation
- Delivery of refreshed Public Protection, Safeguarding and Domestic Abuse Training to all staff and continued improvements in practice
- Full implementation of the new Interchange Model
- Transition to alternative estates and delivery of a community based service that integrate service users positively in their local communities
- To continue to demonstrate 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

National Probation Service (NPS)

- Nisha Bakshi – Assistant Chief Officer for Bury, Rochdale, Oldham and Greater Manchester MAPPA (Multi Agency Public Protection Arrangements) Support Unit

Our Achievements

As part of the NPS North West Business plan 2017/2018, 2 key objectives were 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.

Plans for 17/18 included implementation of the NPS National Suicide Prevention Plan and greater NPS engagement with each local authority suicide prevention panel. The North West have been leading on a project and contributing to national developments in the area of recalls to custody. This was 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.

The NPS Policy Statement “Safeguarding Adults at Risk” was implemented from May 2017. Through the policy statement, there is formal acknowledgement of the NPS’ responsibility for safeguarding and promoting the welfare of adults at risk. The NPS recognise the importance of people and organisations working together to prevent and stop both risk and the experience of abuse and neglect, whilst at the same time making sure that an individual’s well-being is promoted with due regard to their views, wishes feelings and beliefs. The NPS contributes to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is a carer, needs support themselves.

It was hoped that the Adult Safeguarding Audit Tool would have been available as a practice quality assurance tool. However, this continues to be under development.

All staff are required to undertake mandatory Safeguarding Adults Training and Domestic Abuse and Safeguarding Children training. Attendance is monitored and to date, over 80% of staff across the Bury, Rochdale and Oldham cluster have completed Safeguarding Adults training. Over 85% of staff have completed the Personality Disorder and Connect 5 training.

Care leavers are a service user group who are assessed as having their own complex set of needs. A 7 minute briefing was developed by the National Effective Practice Team to develop staff knowledge of who care leavers are, their developmental needs as they progress through transition without emotional, financial and personal support from their parents or family, and how to help improve their outcomes. This is in addition to a number of resources available on line for review including the process for Youth Offending Service transfers and a maturity guide. These allow for more effective engagement strategies to be adopted with this group. The NPS second Probation Officers into Youth Offending Services and the management of transitions cases is undertaken by specialist Probation staff.

In addition to the mandatory Adult Safeguarding training, briefing events have been developed locally in relation to Bury Safeguarding Adults Policy and Procedures. This briefing has been delivered to NPS staff based in Bury Probation Office.

New Extremism Training has been launched, which focuses on identifying and preventing radicalisation as well as increasing understanding of the provision of effective interventions. Within Greater Manchester, all cases convicted of extremism offences, or under the provisions of the Terrorism Act, are managed within a centralised specialist NPS Unit. Plans to expand this model across the North West Division are currently under consideration. Specialist staff are additionally supported

by the North West Counter Terrorism Unit and the NPS have staff and managers seconded into this Unit.

Over 2017/2018, the Communication Tool has been further embedded into practice for those with learning disabilities or difficulties, allowing for adapted engagement strategies to be implemented. Better engagement with this group has also been a focus, with the introduction of guidance on the writing and delivery of enforcement warnings, to ensure complete understanding of the content of these in respect to consequences of their actions. This continues to be an area of development as the intention over 18/19 is that there is increased use of psychologically informed approaches to work with the NPS cohort.

There is ongoing engagement with PREVENT/CHANNEL (This is support for those at risk of radicalisation).; MARAC (risk conferences linked to high risk domestic violence cases) and the NPS maintain a local lead on Multi Agency Public Protection Arrangements. Training has been undertaken in Bury for Duty to Co-operate agencies and MAPPA Chair Training for GMP colleagues who are a Responsible Authority, has also been undertaken.

There are 16 Approved Premises (APs) in the North West, 2 of which are for female offenders. 3 of the Approved Premises are Psychologically Informed Planned Environments with psychologists based within. This includes Bradshaw House, the Approved Premises in Bury. All Approved Premises are working towards having accredited Enabling Environment status and 6 of the Approved Premises have already achieved this.

Our plans for 2017/2018

There continues to be a growth in the number of elderly offenders and work is progressing to develop streamlined approaches for care provision to elderly offenders who continue to pose risk to others. Increased joint working between prisons, NPS and community provision is a focus for 18/19.

Work on Suicide Prevention has been gathering pace and the NPS have 2 forensic psychologists who lead on this across the North West and are members of the HMPPS National Suicide Prevention Group and GM Suicide Prevention Strategy Executive Group. The NPS National Suicide Prevention Implementation Plan is currently being developed but is not yet fully implemented. However, aspects of this plan are currently being implemented nationally and the document is being used as a framework. This includes Approved Premises staff training including a 2 day National Suicide/Self-Harm training package which has recently started to roll out in the North West with the first course having been delivered in April 2018.

A thematic review was undertaken as part of the aforementioned North West Recalls Project and gaps in mental health service provision was identified as a critical issue.

This has led to the development of a Greater Manchester wide multi organisational meeting with senior managers representing each of the health providers across Greater Manchester, North West Safer Custody Lead, Samaritans, The Big Life Group, Diversion Teams, NPS Approved Premises and the Personality Disorder Insight Team. The purpose of the meeting is to consider how best to manage individuals in the probation service, especially in Approved Premises who present as a high risk to themselves (e.g. suicidal ideation, severe and frequent self-harming behaviours). The aims of this group are for public and private sector services to work better together in order to meet unaddressed need. An example of an initiative from this group is the current pilot project in 2 Greater Manchester Approved Premises in partnership with The Samaritans. This involves Samaritans making referred calls to residents within 48 hours of departure from the Approved Premises.

In order to increase our engagement with each of the Local Authority Suicide Prevention Panels, practitioners are being identified in each of the Bury, Rochdale and Oldham Offices as Suicide Prevention single points of contact. The intention is that the named practitioners will attend each of the Suicide Prevention Panels and liaise with the NPS Suicide Prevention leads in order that national, divisional and local priorities are achieved.

Greater Manchester Fire and Rescue Services (GMFRS)



Board Member:

- Jax Effiong Community Safety Manager and Stonewall LGBT Role Model, covering Bury, Oldham and Rochdale

Our Achievements 2017-2018

In January 2018 we refreshed our partnership agreement with Pennine Care Foundation Trust (PCFT). We have achieved a number of successes, since its establishment in 2013. As well as preventing fires and reducing risk for people living with mental health problems, the partnership has successfully strengthened fire safety in PCFT buildings.



GMFRS and PCFT continue to collaborate by attending events and supporting campaigns which promote the aims of this partnership. One example of this was GMFRS attendance at the opening of the new Irwell Unit (PCFT).

“Through the partnership GMFRS and PCFT have better access to colleagues to ask advice, share risk information and to problem solve. Increased interactions with mental health practitioners will undoubtedly improve GMFRS staff confidence, knowledge and understanding of mental health and services that are available. This in turn will serve to improve the quality of the interactions that they have with members of the public either during operational incidents or community activities”. (2013-2017 Partnership Report)

Safe and Well Scheme – Reducing the risk of fire for vulnerable people in Bury

- Priority Safe and Well Visits: **112**
- Vulnerable People at increased risk of fire, signposted or referred to other agencies: **284**
- Safe and Well Visits for families and individuals: **867**
- Defective alarms replaced: **355**
- Firesmart interventions with young fire setters: **12**
- Targeted letters posted promoting Safe and Well visits in areas affected by fire, or harder to reach: **2278**

Bury Pride

We took part in the successful Bury Pride event in April 2018. A great way to reach our diverse communities, to promote Safe and Well Visits, Recruitment for Firefighters, Princes Trust Programmes and Volunteering in Bury.



GREATER MANCHESTER
FIRE AND RESCUE SERVICE



Bury “Ambition for Ageing” LGBTQ event 2018.

The event helped inform the Ambition for Ageing research to enable them to invest in a project idea designed by and for the Bury LGBTQ+ community.

As the Stonewall LGBT Role Model for GMFRS, I want to ensure our offer is accessible within all our communities! Looking forward to being part of the LGBTQ Bury Planning Forum!



Our plans for 2018/2019

Develop a partnership agreement with ADAB (Asian Development Association of Bury) in Bury as part of Bury Suicide Prevention Action Plan, to engage with our BAME communities to identify people that would benefit from safe and well engagement.

Co-design a partnership agreement with Bury Housing and Homeless department to ensure we are identifying vulnerable adults and children for our Prevention Services. Review our Partnership agreements with Smokefree services and Drug and Alcohol Services in Bury.

Ensure we are part of health and wellbeing events and campaigns across Bury, including Collabor8, Safe4Summer, Treacle, Mental Health Awareness, Dementia Awareness, Bury Pride and other key events throughout the year.

Continue to work closely with the Falls Team, and Malnutrition initiatives in Bury. To ensure mutual referral pathways for our services are efficient, through monitoring and evaluation. Plan reciprocal training with services across Bury to enable better understanding of each other's services and closer working with staff across the public and 3rd sector.

Keeping people and communities at the heart of all that we do as a public service.

Greater Manchester Police (GMP)



Board Member:

- Superintendent Rick Jackson

Our Achievements 2017-2018

During 2017-2018 Bury Police have continued to place safeguarding and vulnerability at the heart of our investigations.

The district continues to develop place based working to ensure vulnerable community members receive the appropriate help they need from the appropriate source either from the police, partner agencies or a combination of both. This approach has delivered demonstrable results for victims who have had their needs met and a reduction in demand and repeat calls not only for police but partner agencies. Cases continue to be reviewed for learning on a regular basis as this new way of working is embedded. This approach ensures that we continue to work towards the vision for Greater Manchester.

Over the course of the year, DI Simon Edgington, manager of the Public Protection Unit (PPIU) at Bury, has implemented a robust, auditable system that ensures risk is reported into the PPIU effectively so that referrals that require immediate action are raised immediately via the 101 system and less urgent enquires requested via email. This again contributes to people getting the correct help at the correct time according to their need and risk.

The Investigation and Safeguarding Review (ISR) will see the PPIU merge with the existing district detective teams in 2018. This will increase the resilience of detective teams at Bury and further upskill detectives to identify and deal with vulnerability correctly and at the first opportunity.

Another exciting piece of work that is ongoing at Bury is the design of the Public Sector Reform (PSR) hub. This aims to have clearer demand streams coming into the hub and a multi-agency, co-located problem solving approach towards cases based on individual needs.

The district has continued to build upon the work of last year with the ongoing Samaritans initiative and the district continuing to support and learn from the suicide prevention group. The aim of this work is to ensure that front line officers and detectives are upskilled and aware of the help that can be offered to those most vulnerable within our society. At Bury we also continue to feed our learning into these groups such as inputs from force negotiators about the interventions made to people who are in crisis.

The work with the domestic violence and abuse Multi Agency Risk Assessment Conference (MARAC) is continuing and the feedback from DI Edgington is that the standards of risk assessment and knowledge around adult safeguarding has now been embedded as routine daily business.

Our Plans for 2018 – 2019

- Implementation of PSR Hub which will aim to encompass appropriate partner agencies including adult services
- Place based working will continue to develop via the PSR and Place Based Initiatives at Bury and Radcliffe
- Detectives will receive additional vulnerability training as part of the ISR implementation
- 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.

Pennine Acute NHS Hospital Trust

Board Member:

- Tabetha Darmon – Associate Director of Nursing (Safeguarding)

Key Headlines 2017-2018

- Strengthened the safeguarding and Cognitive Impairment services structure by having approval for additional posts e.g. new Safeguarding Nurse Specialist roles and additional Learning Disabilities Ban 6 support into the team; to allow visibility in clinical areas as well as engagement internally and externally.
- Mapped out Safeguarding Children and Adults Boards (total 8 – 4 children's and 4 adults) and have improved engagement with Boards and their respective sub-groups
- Reviewed Safeguarding Level 3 training for both children and adults and increased hours from three and half to six hours in line with the intercollegiate guidance for children and also to meet the Care Act 2014 Act requirements for adults.
- Implemented Child Protection Information Sharing within Paediatrics and maternity between Pennine Acute NHS Trust and Social Care.
- Implemented Female Genital Mutilation Risk Indicator (NHS England) in maternity and staff training commenced March 2018
- Implemented PREVENT (WRAP) online training and have got a Prevent Delivery plan. This is training which aims to support staff in identifying and supporting those at risk of radicalisation.
- Developed Safeguarding audit plans internally and also have managed to support external audits
- Continuous improvement around Mental Capacity Act/Deprivation of Liberty application and implementation into clinical practice (CQC) action)
- Developed and implemented safeguarding supervision into maternity services to support midwifery.
- Robust Multi Agency Risk Assessment Conference support (relates to high risk domestic violence and abuse cases)
- Domestic Violence training incorporated into Safeguarding Level 3 training

Single agency Inspection findings & agency response 2017-18

- Mental Capacity Act/Deprivation of Liberty Safeguards training is well embedded into the organisation however there are still issues around implementing into practice which requires improvement.
- Management of people with cognitive Impairment assessment and intervention needs to improve including consent e.g. dementia patients, some patients with a learning disability, patients who may be cognitively impaired due to Alcohol and drugs misuse
- Quality of safeguarding referrals to Local Authorities need to improve
- Supervision of midwives needs to be carried forward following the Maternity module and recorded appropriately.
- Mandatory training for Junior Doctors Level 3 both adults and children
- Introduction of a 'THINK FAMILY' assessment tool in A&E and Urgent Care settings

The entire above are included in the Safeguarding and Cognitive Impairment services work plan with details of leads and timeframes for completion – this is ongoing and the timeframes depends on the completion of the actions.



Six Town Housing

Board Member:

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

OUR ACHIEVEMENTS

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.

This year we invested in and improved our focus on the empowerment and prevention by enhancing the work of our Tenancy Sustainment Team and their links to the neighbourhood based staff and the multi-agency hubs. The team now case manage and support our most vulnerable and complex customers to establish their level of need and support to enable them to live independently; stabilise their lifestyle and ensure they have the correct support in place to sustain their tenancy.

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 41 Six Town Housing homes in 2017-18.

Our continued involvement with our partners has generated 39 safeguarding referrals and attendance 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. We participate in the Board's Case Review Group and have been involved in reviewing a number of cases to ensure we incorporate any learning into our procedures and training. This year we put forward our first case to IARM (Inter Agency Risk Management protocol) and chaired meetings in Bury East.

We have delivered a mandatory e-learning package to all existing staff incorporating all adult safeguarding elements for employees, complemented by regular briefings and awareness raising sessions, ensuring safeguarding remains high on everyone's agenda. This package also forms part of the induction programme for all new members of staff.

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 58 reports last year.

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 and recently supporting those leaving the armed forces with their transition into to new areas of work. The team engaged with 679 adults during 2017-18 placing 73 people into employment.

Our Safeguarding procedures have been updated to meet new legislation and to ensure recording and monitoring is robust and reported through the performance framework. This has seen an increase in referrals and alerts to other agencies.

Our Plans for 2018-19

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 and participate in multi-agency work to ensure the best outcome for our customers.

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; and
- Develop staff awareness of the supporting roles of other agencies and how to access this.

Pennine Care NHS Foundation Trust 2017/18

Our Achievements

During the last year Pennine Care NHS Foundation Trust [PCFT] have successfully built on the work of previous years. PCFT Safeguarding Team supports the work of the Adult Safeguarding Board which includes working with PCFT staff to ensure Adult Safeguarding Procedures are embedded in practice. The Named Nurse for Safeguarding is a member of the Making It Happen Group and the Case Review Sub Group and the Specialist Families Safeguarding Practitioner is a member of the Safeguarding Champions Group.

Alongside the mandatory adult safeguarding training the PCFT Safeguarding team have delivered a number bespoke training and workshops including topics such as domestic abuse and professional challenge to develop a skilled and knowledgeable workforce.

A key piece of work undertaken during the last year is working with PCFT acute mental health wards to support staff in raising adult safeguarding concerns in an appropriate and timely way,. The safeguarding team developed a toolkit for staff to support them in this work which has improved the appropriateness and quality of adult safeguarding concerns being raised.

Alongside working with PCFT acute mental health settings the Safeguarding Team have undertaken vital work with PCFT community mental health staff who have a duty to undertake safeguarding enquiries as part of the Adult Safeguarding Procedures by providing support and training.

The 'Safeguarding Message of the Month' is shared with all staff and during the last year have included topics such as mental capacity, financial abuse, organised crime, self-neglect and DoLS.

A PCFT 'Think Family' Safeguarding Strategy and Safeguarding Training Strategy has been developed this year and shared with staff which demonstrates PCFT commitment to the 'Think Family' approach. This also supports the monthly delivery of safeguarding families supervision for PCFT practitioners who work with children and adults.

Plans for 2017-18:

- To deliver high quality services that protect the public and enable our service users and our communities
- Pennine Care NHS Foundation Trust will continue to work with the Local Authority and the wider partners in Bury to reduce the risk of abuse to vulnerable adults and continue to raise the profile of adult safeguarding.
- Continue to support the Safeguarding Adults Board
- Further safeguarding 'Message of the Month' publications
- Develop a skilled and knowledgeable workforce that is able to competently contribute to adult safeguarding enquiries.
- Continued support to front-line practitioners with complex cases
- Contributions to 'Case Review Subgroup'.
- Attendance at 'Making it Happen' subgroup.
- Completion of audits on quality of referrals and scrutiny of internal processes

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