

# Bury Safeguarding Adults Board Report 2017-2018



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# 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, which appears to read 'K. Batt'.

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

# Introduction

This Annual Report relates to the period between 1<sup>st</sup> April 2017 and the 31<sup>st</sup> 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](http://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:

<b>Key Principles</b>	<b>Description</b>	<b>What this means to people who live in Bury?</b>
<b>Empowerment</b>	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>
<b>Prevention</b>	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>
<b>Proportionality</b>	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>
<b>Protection</b>	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>
<b>Partnership</b>	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>
<b>Accountability</b>	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
<b>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.</b>	<ul style="list-style-type: none"> <li>• Dissemination and promotion of pre-birth procedure</li> <li>• Think Family Approach to be promoted throughout the partnerships</li> <li>• Strengthen joint working of Adult and Children's Safeguarding Board approach to safeguarding</li> <li>• Task &amp; Finish Group established by Pennine Care NHS Foundation Trust regarding improving the approach around peri-natal mental illness'.</li> </ul>	Improved multi-agency working leading to effective decision making, assessment and plans



<b>Key Work Areas</b>	<b>Key Actions</b>	<b>Key Outcome</b>
<b>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.</b>	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.
<b>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.</b>	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
<b>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?</b>	<ul style="list-style-type: none"> <li>• Partners to be requested to provide reassurances</li> <li>• To request Oldham Children's Board to share multi-agency supervision model.</li> </ul>	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
<b>Prevent</b>	<b>To prevent the abuse of adults at risk</b>	<ul style="list-style-type: none"> <li>• Develop a greater understanding of who is most at risk and manage those risks effectively.</li> <li>• Seek to empower adults at risk of abuse to recognise risks and to safeguard themselves through effective risk management and personal prevention plans.</li> <li>• Support communities to become the eyes and ears of safeguarding.</li> <li>• Listen to people who have been affected, learn from them and share the learning.</li> <li>• Explore linkages and relationship of Board with place based working.</li> </ul>	<ul style="list-style-type: none"> <li>• Performance reports have been altered to include more detailed information.</li> <li>• Bury Directory page created outlining information about the Board, the new customer information leaflet and how to report abuse.</li> <li>• Roadshows have been used as a vehicle to disseminate information and increase understanding.</li> <li>• Public Sector Reform hubs are being developed and will initiate awareness within the wider community.</li> <li>• Social workers work with customer who have suffered abuse via protection planning to increase resilience to abuse.</li> <li>• The local Advocacy Service have been actively promoted over the last 2 years with customer and also with practitioners.</li> <li>• Through Making Safeguarding Personal customers are more actively involved in being able to express their desired outcomes.</li> <li>• Neighbourhood working is progressing however further work is needed to understand how to promote awareness through these avenues.</li> </ul>
<b>Protect</b>	<b>To protect adults at risk from being victims of abuse.</b>	<ul style="list-style-type: none"> <li>• Empower people to protect themselves by offering sound and timely advice</li> <li>• Listen to what people are telling us about the risks they face, working with them to reduce that risk.</li> <li>• Support organisations to have a well-developed clear response to adult abuse and reporting.</li> <li>• Develop a greater understanding of what is already in place to ensure adult safety and that it is effective.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Bury Council and Bury CCG ensure a contract condition for provider organisations is in place requiring relevant staff to have safeguarding training.</li> <li>• Multi-agency policy and procedures are readily available.</li> <li>• Bury Council employ a Safeguarding Strategic Manager</li> </ul>

			and Safeguarding Practice consultant who work with agencies on request to improve policy and practice.
<b>Communicate</b>	<b>To ensure wider understanding about Adult Safeguarding and the role everyone can play in preventing adult abuse.</b>	<ul style="list-style-type: none"> <li>• Develop a robust communication and public engagement plan.</li> <li>• Work to ensure that there is a wide awareness that Safeguarding is everyone's responsibility and that there are clear reporting mechanisms in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Bury Adult Safeguarding "brand" has been created.</li> <li>• Customer leaflets were re-designed and are readily available.</li> <li>• A communication plan has been drafted, further work is required to operationalise the plan.</li> </ul>
<b>Assure</b>	<b>To be assured that in Bury Adults are safe from abuse.</b>	<ul style="list-style-type: none"> <li>• Embed the assurance framework and delivery plan.</li> <li>• Use available information and data to evidence that we are making a positive difference.</li> <li>• Ensure that we learn from and share our mistakes and our successes especially in relation to case reviews.</li> <li>• Annually review the current multi-agency Policy and Procedure ensure that they are fit for purpose.</li> <li>• Further explore the linkages and relationships with other related local Boards around wider abuse agendas such as domestic violence, FGM and Channel.</li> </ul>	<ul style="list-style-type: none"> <li>• Assurance framework has been agreed.</li> <li>• Standard performance report has been agreed although some of the measures need to be reviewed.</li> <li>• Safeguarding Adults Review (SAR's) protocol has been in place.</li> <li>• Case Review Group has been established and looks learning from SAR's and complex cases.</li> <li>• The Policy and Procedure are reviewed annually.</li> <li>• There is now a joint chair of the Adult and Children's Board, Regular meetings have been arranged with the Chair of the Health and Wellbeing Board, representatives from the Community Safety Partnership also sit on the Adult Safeguarding Board.</li> </ul>

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.

	<b>Data Definitions</b>
<b>Safeguarding Concern</b>	A sign of suspected abuse or neglect that is reported to the council or identified by the council.
<b>Safeguarding Enquiries</b>	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.
<b>Section 42 Safeguarding Enquiries</b>	<p>The enquiries where an adult meets ALL of the Section 42 criteria. The criteria are:</p> <ul style="list-style-type: none"><li>(a) The adult has needs for care AND support (whether or not the authority is meeting any of those needs) and;</li><li>(b) The adult is experiencing, or is at risk of, abuse or neglect and;</li><li>(c) As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.</li></ul>

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*

<b>Risk Identified</b>	<b>2016/17</b>	<b>2017/18</b>
<b>Yes</b>	157	413
<b>Inconclusive</b>	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*

<b>Were they asked about their desired outcomes</b>	<b>2016-2017</b>	<b>2017-2018</b>
<b>Don't Know/Not Recorded</b>	49%)	129 (18%)
<b>No, they weren't asked</b>	113 (31%)	367 (51%)
<b>Yes they were asked and no outcomes were expressed</b>	15 (4%)	60 (8%)
<b>Yes they were asked and outcomes were expressed</b>	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
<b>Do you know what Safeguarding Adults is?</b>	92% replied YES
<b>What type of abuse do you think happens to adults?</b>	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).
<b>Who could be protected by Adult safeguarding procedures?</b>	92% replied everyone; 4% replied elderly; 4% stated those with care and support needs
<b>Who can abuse?</b>	3.8% anyone in a position of power 3.8% family members 91% anyone
<b>Where would you report abuse?</b>	65% stated they would report abuse to the Police 21% to hospital staff.

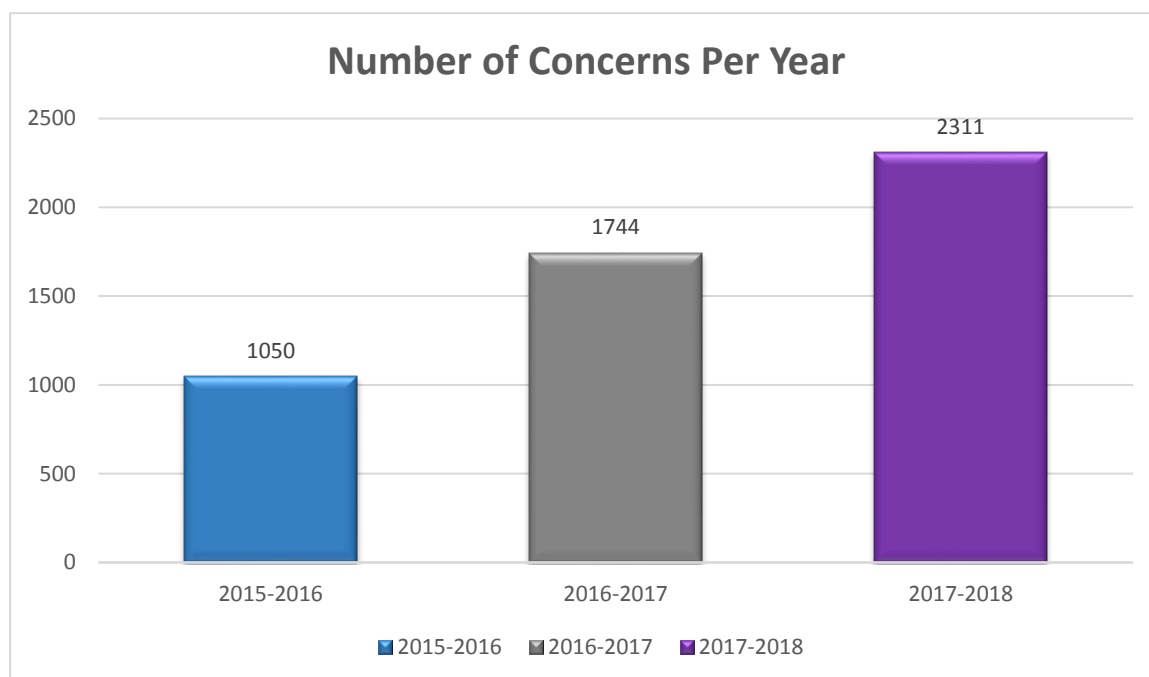
<b>What would stop you from reporting adult abuse</b>	Fear of being named 38%; Nothing would change 22% Fear of retribution 20%; past poor experiences (police/social care) 14%; Not wanting to get someone in trouble 6%;
<b>Other info</b>	52% stated they would interested in learning more about safeguarding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

## 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. 1<sup>st</sup> April to following 31<sup>st</sup> 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?

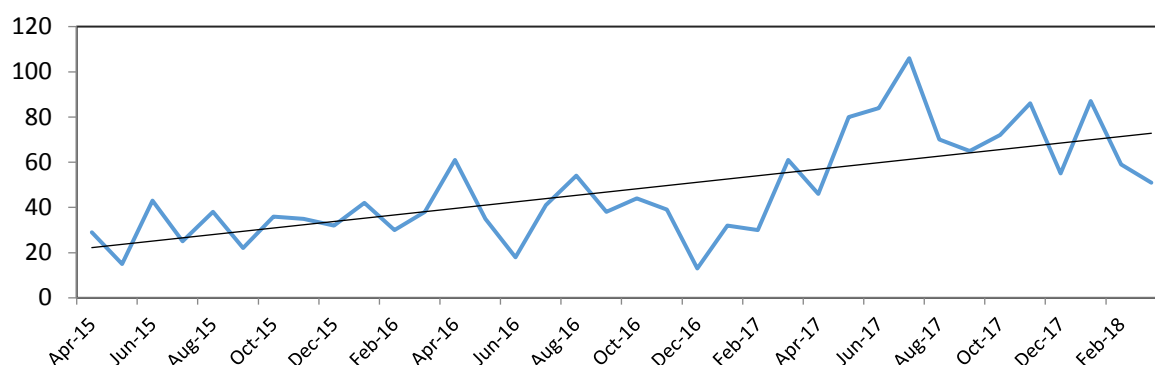
This report includes data on totals of section 42 enquiries and other safeguarding enquiries where a safeguarding concern that does not meet the Section 42 criteria can proceed to an Other Safeguarding Enquiry if deemed appropriate.

**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.

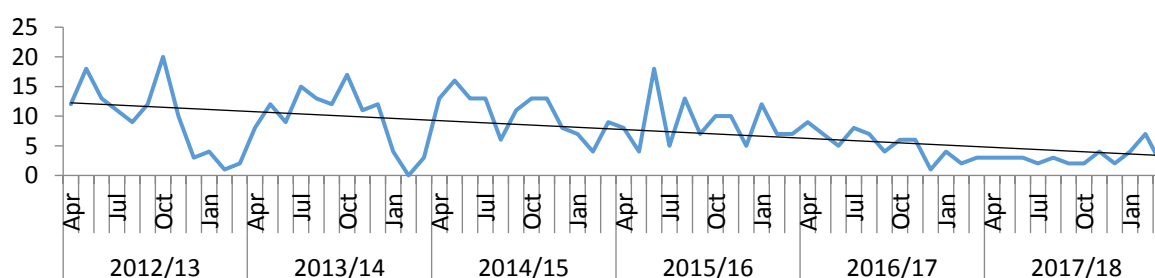
Graph 2 = Enquiries between 2015/16 and 2017/18



### **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 31<sup>st</sup> March 2018 and shows the top 5 sources of referral.*

<b>Source of Safeguarding Referral</b>	<b>Total number of Safeguarding concerns received</b>	<b>Number / percentage of concerns which converted to a S42 or other Safeguarding enquiry</b>
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.

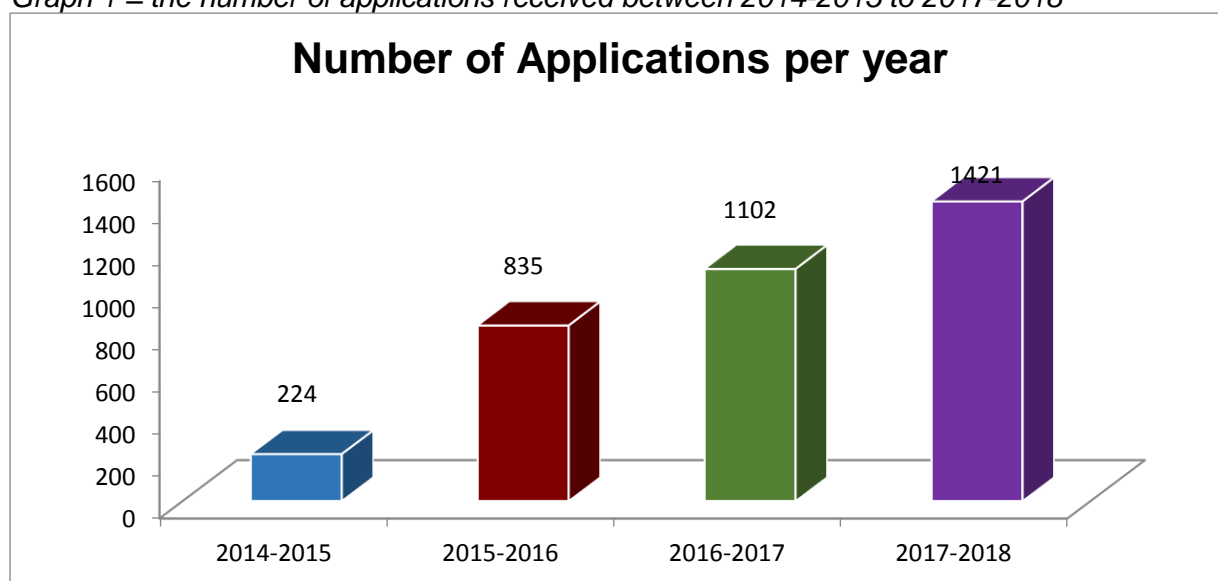
The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

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.

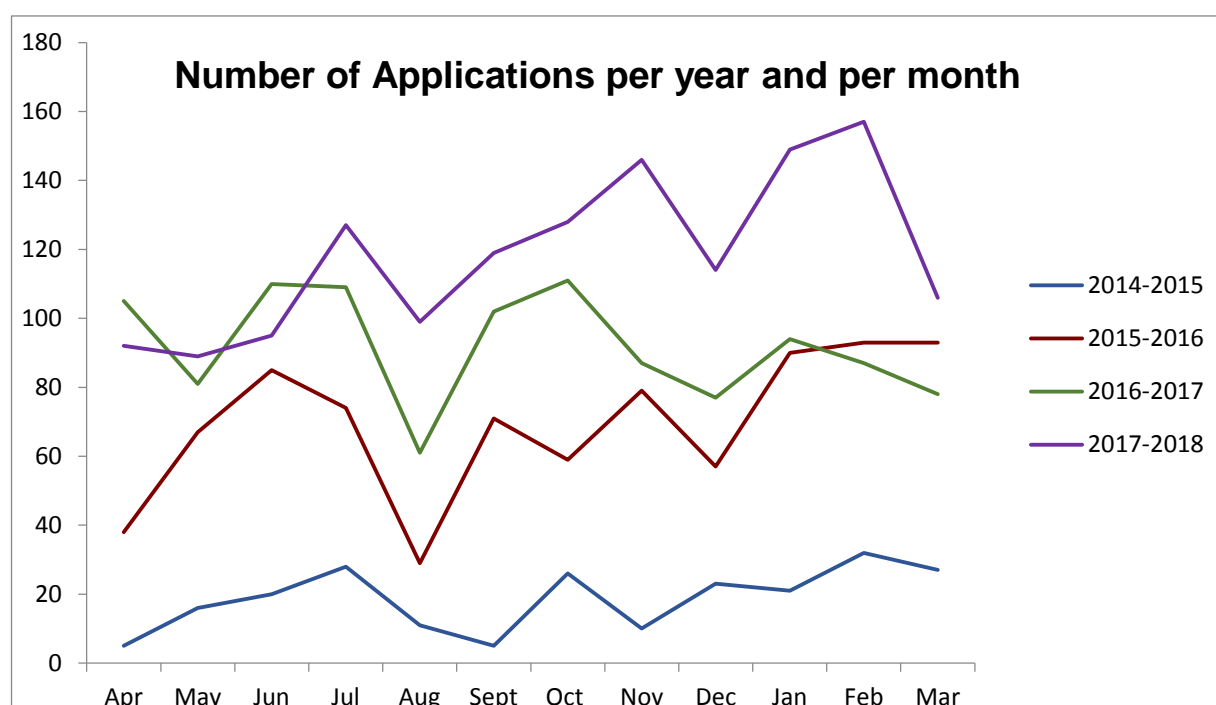
The Deprivation of Liberty Safeguards (DoLS) is an assessment process managed by Bury Council which provides a legal framework that helps to ensure the Article 5 rights of a person accommodated in a care home or hospital are protected by introducing a right to challenge.

### **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

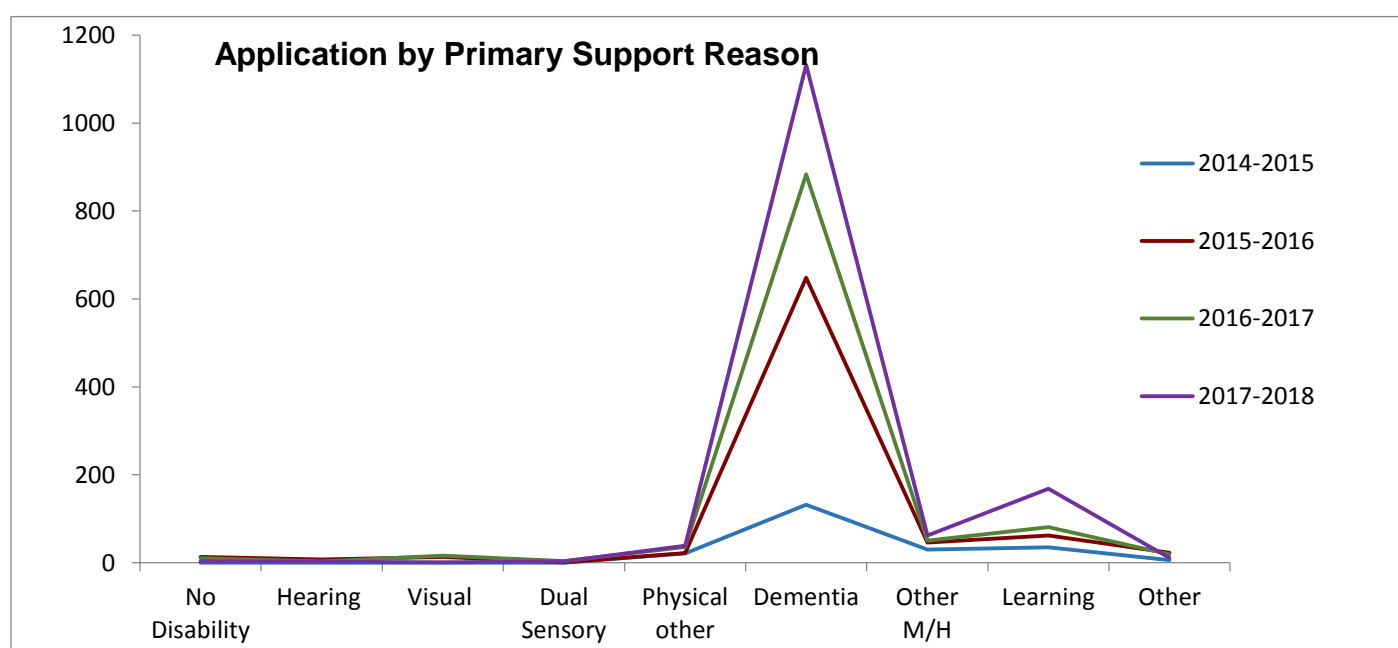


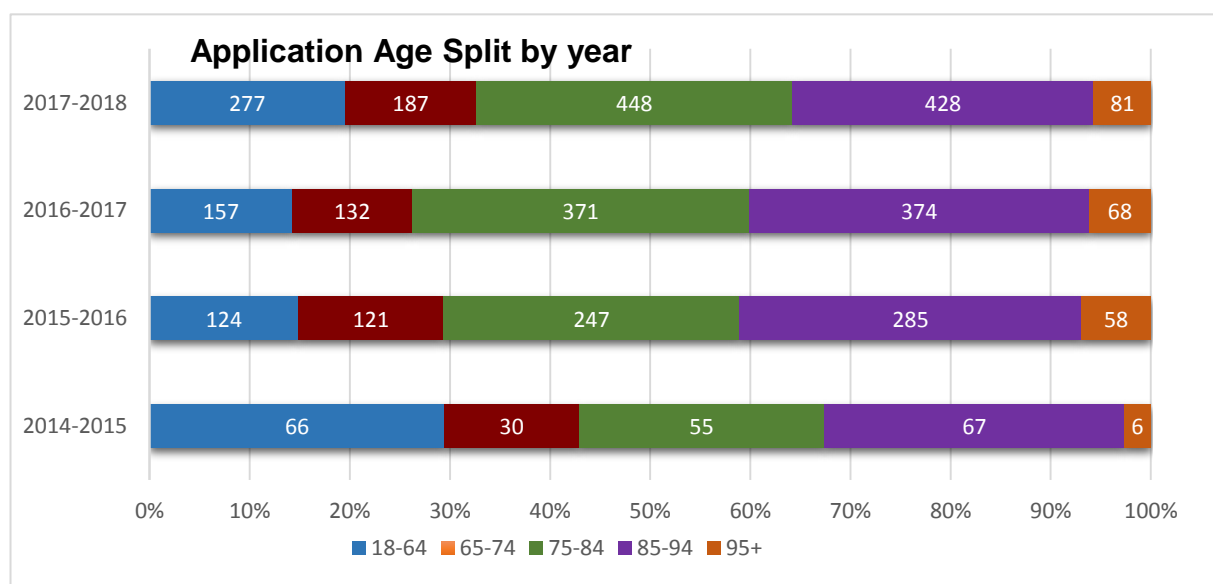
Table 1 = the number of applications received from 2014-2015 to 2017-2018 by disability

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

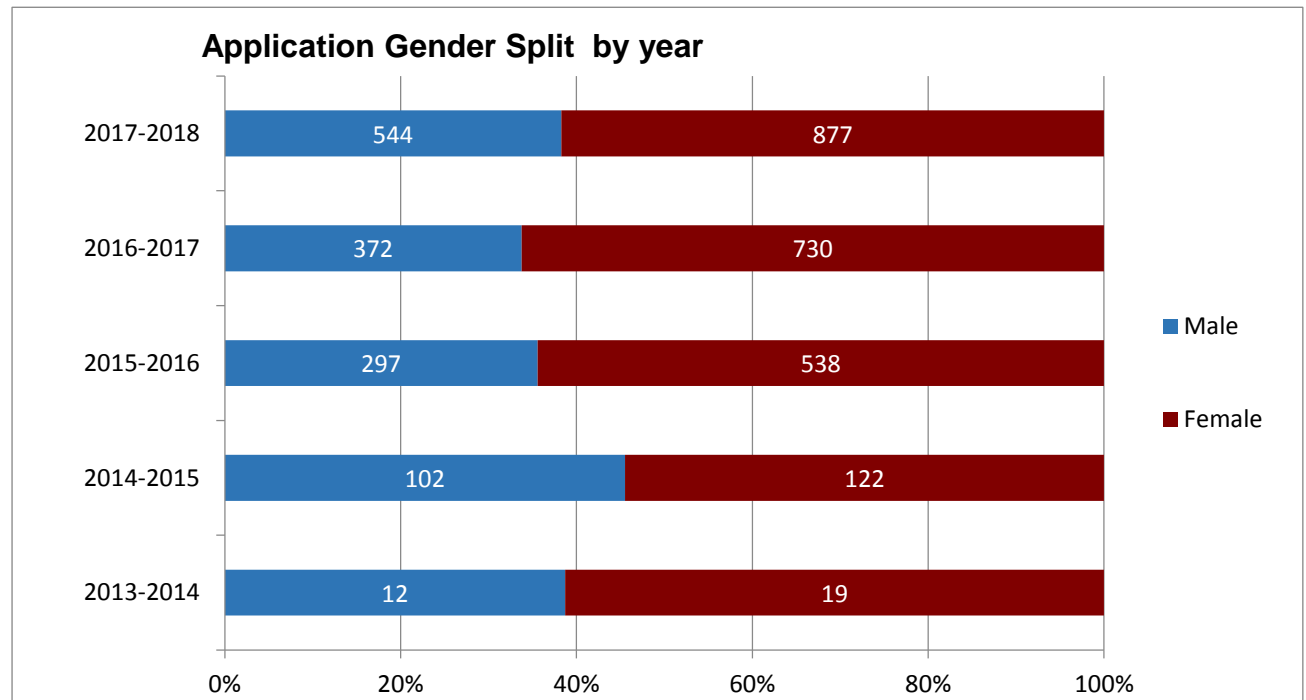
### Application by age





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 of 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](mailto: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](mailto: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.

## 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 1<sup>st</sup> 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 3<sup>rd</sup> 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:

- Tabettha 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 Band 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