

Salford Safeguarding Adult Board

13th Annual Report
2016-2017



Keeping vulnerable adults safe

IN Salford

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Introductory comments by the Independent Chair



Welcome to the 13th Annual Report of the Salford Safeguarding Adults Board. This Annual Report concerns the period from April 2016 to March 2017.

This has been a very busy year for all the agencies that are brought together by the Board. Each agency has been carrying out its duties which include safeguarding adults at risk within the city. As you read the Report you will be able to feel how much effort each agency undertakes to try and ensure that adults at risk are safeguarded in Salford.

A key component of this work is the emphasis that is placed on working together to protect vulnerable people in the City. In this respect it makes me very proud to be involved with Salford's Safeguarding Adults Board and to represent the work undertaken here across the region and the country.

I do commend this report to you and ask you to read it as it contains a lot of information about what we do and how we safeguard adults at risk in the City. If you have any suggestions about how we can make this report better please do not hesitate to contact Ann Brooking, the Safeguarding Adults Board Business Manager at ann.brooking@salford.gov.uk

A handwritten signature in black ink, consisting of several overlapping loops and lines, appearing to read 'Steve Pugh'.

Steve Pugh

Statement of Acknowledgment

The successful functioning of Salford safeguarding Adults B (SSAB) would not be possible without the committed involvement of our partner agencies. This includes production of the SSAB annual report which relies on detailed contributions and case studies provided by partners.

As the SSAB continues to develop we aim to strengthen relationships to ensure we are working together as efficiently as possible. The transparency and the generous sharing of information by our partners is integral to this approach.

This year has seen an increase in information and data submitted by partners for the annual report. There was so much information that not all of it could be included here. However this information has brought more understanding of each partner's role in the operation of the SSAB and detailed information about single agency work begin done. The SSAB is very grateful to all agencies who took the time to provide a thorough response.

This information has been valuable to inform the work of the SSAB and its sub-groups and evidences the progress of multi-agency work to address safeguarding adults in Salford. All returned proformas can be viewed along with this annual report on the SSAB website

Compiled agency responses for 2016-2017 SSAB annual report

Part 1: Safeguarding Adults and the role of the Safeguarding Adults Board

What is Safeguarding Adults?

Everyone has a right to;

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

Safeguarding adults is about protecting 'adults at risk', who may not be able to protect themselves, against abuse or harm. It's about people and organisations working together to prevent and stop both the risks and experience of abuse and neglect.

Each individual's wellbeing is central to any safeguarding process; this includes ensuring that the person's views, wishes, feelings and beliefs inform decisions and actions as much as possible.

Salford Safeguarding Adults Board (SSAB) strives to protect those adults at risk living in the City of Salford, taking into account the six adult safeguarding principles promoted by Government:

- Empowerment - Presumption of person led decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.

- Protection - Support and representation for those in greatest need.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

(Statutory Guidance to 2014 Care Act section 14.7)

Who is an adult at risk?

An 'adult at risk' is defined in the Care Act 2014 as any adult who;

- a. Has needs for care or support
- b. Is experiencing or is at risk of abuse or neglect
- c. As a result of those needs is unable to protect himself or herself against the abuse or neglect

Safeguarding adults therefore applies to adults who are particularly vulnerable to exploitation, who can't defend themselves or ask for help. This includes people who may have disabilities, mental health problems or conditions such as dementia. It could include older people or people who misuse drugs or alcohol.

What is the duty of Salford City Council?

The Care Act 2014 requires the Local Authority to:

- **Establish a Safeguarding Adults Board**
'The objective of an SAB is to assure itself that local safeguarding arrangements and partners act to help protect adults in its area who meet the criteria' (Care Act 2014 Statutory Guidance)
- **Provision of Advocacy**
'The Care Act requires that each LA must arrange for an independent

advocate to represent and support an adult who is the subject of an SA enquiry or SA review where the adult has substantial difficulty in being involved in the process and where there is no other suitable person to represent them or support' (Care Act 2014 Statutory Guidance)

- **Duty to investigate**

'Local Authorities must make enquiries, or cause others to do so, if they reasonably suspect that an adult at risk is being abused or at risk of abuse or neglect' – this is referred to as a section 42 enquiry (Care Act 2014 Statutory Guidance).



What is abuse?

The Care Act (2014) outlines ten different types of abuse all of which result in harm to an individual:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care practice within an institution care setting such as a hospital or care home, or in one's own home.

- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Abuse can be a single act or repeated acts over a period of time.



What is the role of the Salford Safeguarding Adults Board?

It is a legal requirement for every Local Authority to have a Safeguarding Adults Board (SAB). The main objective of the Safeguarding Adult Board is to ensure that local safeguarding arrangements across all partner agencies are effective to address abuse and protect adults at risk in the local area. This is not only in the area of operational practice (e.g. ensuring that section 42 enquiries/investigations are conducted as outlined in the Care Act 2014), but also to lead safeguarding at a strategic level.

The work of the SSAB is therefore very broad and includes:

- ensuring multi-agency policy and procedures are in place to identify, report and investigate safeguarding concerns and that they are operating effectively
- driving forward the prevention of abuse and neglect
- the provision and monitoring of appropriate training
- monitoring the quality of local care and support services
- analysing data on safeguarding notifications that increase the SAB's understanding of prevalence of abuse and neglect locally
- challenging each other and other organisations where the SSAB believes that their actions or inactions are increasing the risk of abuse or neglect
- providing advice and assistance, for example in helping others improve their safeguarding mechanisms

The SSAB has three core duties:

- to publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this

- to publish an annual report detailing the work of the SSAB
- to conduct Safeguarding Adults Reviews (SAR's) to ensure that lessons are learned in relation to safeguarding issues and practice improved accordingly

This annual report provides the evidence of the SSAB meeting these core duties, giving details about the Board's strategic plan, and Safeguarding Adults Reviews.

The Terms of Reference for the SSAB can be found on the SSAB website:

www.partnersinsalford.org/documents/SSAB_Terms_of_Reference_2016_140416.docx

Multi-Agency working

It is essential that all partners work together on safeguarding adult issues, working to a shared policy and procedure that enables a joined up approach that keeps the individual at the heart of the process (The Care Act 2014 Statutory Guidance 14.137).

Funding of the SSAB

The SSAB received funding from the following partners in 2016/2017:

Salford City Council, Salford Clinical Commissioning Group and Greater Manchester Mental Health

Who is a member of Salford Safeguarding Adults Board?

The SSAB is made up of senior officers nominated by each partner organisation providing health and care within the city. All members sign a membership agreement on behalf of the organisation they represent, that reflects the Boards constitution and information sharing agreement.

Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. If they are unable to attend a Board meeting, they send a nominated representative. The Terms of Reference require a representative from the statutory partners to be present for the meeting to be quorate and continue.

The following organisations are represented on the Board:

Core Statutory Partners (required for quoracy)

Greater Manchester Police (GMP)

Salford City Council (SCC), Commissioners for Adult Social Care,

Salford Clinical Commissioning Group (Salford CCG)

Salford Royal Foundation Trust (SRFT), commissioned to provide Adult Social Care services in Salford

Other Partners

Care Quality Commission (CQC)

Community Rehabilitation Company (CRC)

Forest Bank Prison (Sodexo Justice Services)

Greater Manchester Fire and Rescue Service (GMFRS)

Greater Manchester Mental Health (GMMH)

Healthwatch Salford

National Probation Service (NPS)

North West Ambulance Service (NWAS)

Salford Age UK

Salford City College

Salford City Council children's services

Salford City Council housing services

Salford Community Voluntary Services (Salford CVS)

The Gaddum Centre (informal carer's services)

Board advisors also attend meetings and include Manchester legal services, Salford Safeguarding Adults Board Manager and safeguarding leads from CCG and ASC.

Current membership of Salfords Safeguarding Adults Board can be found on the website;

www.partnersinsalford.org/sasb-members.htm

Statements of commitment from Core Statutory Partner agencies

Salford Clinical Commissioning Group (CCG) is statutorily responsible for ensuring that the organisations from which services are commissioned provide a safe system that safeguards adults at risk. Salford CCG is required to provide assurance that activity within all commissioned services, meets national agreed safeguarding standards. This is reflected in local policy and procedure and in the CCG governance framework and delivery plan.

The SCCG Safeguarding Team remains committed to improving the quality of safeguarding standards across Salford, accepting the challenges this brings and embracing opportunities to provide a preventative approach to safeguarding adults at risk. Continued, effective collaboration with the Local Authority Safeguarding Adults Board and key partners will remain a significant priority throughout 2017/18.

The CCG Safeguarding Adults Annual report can be read by clicking on the link below and navigating to page 111;

<file:///salford.gov.uk/Documents/SCC/a.heitman/Documents/Governing-Body-19th-July-2017--Part-1--Combined-Papers.pdf>

Greater Manchester Police

Over the last twelve months GMP Salford and the Public Protection Division (PPD) have been working hard to provide better and more appropriate outcomes for our most vulnerable members of society when they become victims of crime. We have also identified that we need to listen to our victims and wherever possible, and if appropriate, we need to act upon their wishes when considering desired outcomes. In essence, not every report of crime should necessarily lead to a criminal prosecution. Furthermore, we have recognised there is a need to prevent low risk incidents escalating further due to little or no early intervention measures being put in place by the police or our partners. This is about recognising vulnerability alongside Threat, Harm and Risk and to support vulnerable people before they actually become a victim / repeat victim of crime.

Salford Royal Foundation Trust – Adult Social Care (ASC)

Salford has seen a significant change in terms of how Adults Social Care services are delivered in Salford. To reflect the current move towards more integrated social care and health services, as outlined in the Care Act 2014, Salford Integrated Care Organisation (ICO) was set up in June 2016. Adult Social Care Services remain a statutory responsibility for Salford City Council (SCC), but are now commissioned by SCC to be delivered through Salford Royal Foundation Trust as part of the Integrated Care Organisation. This includes all responses to safeguarding adults concerns under section 42 of the Care Act 2014.

A strong focus has been maintained on Making Safeguarding Personal (MSP), developing tools for staff, streamlining the process, ensuring staff are trained and changing guidance and procedures. This has been the first full year the whole of adult social care have worked according to MSP principles coincident with the structural changes outlined above so changing culture and practice has been a challenge in that context but one that in the main staff have risen to. Evidence of this is starting to come through in new statistical reports.

Inevitably the changed relationships between City Council , SSAB, SRFT and Adult Social Care has placed new demands for assurance and performance information which has needed careful management to avoid duplication and produce information that is proportionate and meaningful.

Adult social care remains completely committed to working in a multiagency way. This includes attendance at the sub group meetings of the SSAB, ensuring all partners are invited to the quarterly CQC meetings, ensuring multi agency involvement where appropriate with both safeguarding meetings about individuals and about services. Relationships are positive with all key partners and in particular, meetings have taken place with the CCG looking at possible enhancements to joint working

Salford City Council (SCC) Integrated Commissioning

Salford City Council retains the legal responsibility under the Care Act 2014 to ensure that there is a Safeguarding Adults Board working effectively in Salford and in the last 12 months, with the creation of the ICO, this has enabled the functions of the Safeguarding Adults Board to be more clearly defined.

The Safeguarding Adults Board Manager and support team have remained employees of Salford City Council which has supported the distinction of the Board's functions as opposed to those of ASC as a provider of services.

The sub structure of the Board, and work streams have been able to be significantly developed due to the resource created from appointed posts and the SSAB having a distinctive budget.



Statements of commitment from partner organisations

Cheshire and Greater Manchester Community and Rehabilitation Company (CRC)

“The CRC covers 12 Local Authority areas, each having different safeguarding arrangements and practices in place. The role of the local operational lead is to ensure local protocols are shared and actioned appropriately for that local area.

Nicola Pugh, Community Director represents the CRC on Salford Safeguarding Adults Board. Emma McGinity is our new Interchange Manager based in Manchester and is our designated operational lead for safeguarding adults across Manchester, Salford and Trafford. She will be attending several of the related sub-groups and will act as a single point of contact for staff in safeguarding adult matters.”

City West Housing Trust

“City West is now part of the ForViva group and has evolved the way in which safeguarding concerns are managed. The central team responsible for safeguarding functions has grown to six people across the group, four of which primarily work in Salford. We operate a single point of referral for safeguarding adults which is monitored during office hours Monday to Friday.”

Greater Manchester Fire and Rescue Service (GMFRS)

“GMFRS is a pan Greater Manchester organisation employing 2100 staff across the service. In Salford we have five operational fire stations as well as our Headquarters which is situated in Swinton. Safeguarding is a corporate responsibility of all staff and attendance at Safeguarding Boards is undertaken by senior managers from the Prevention and Protection Directorate. The internal governance of safeguarding adults is co-ordinated by two senior officer groups. One group meet to look at operational issues and discuss cases, whilst the other group is strategic and responsible for corporate governance and policy implementation.”

Greater Manchester Mental Health Trust (GMMH)

“A new Trust was created in January 2017 which brought together expertise from two organisations, previously known as Greater Manchester West NHS Foundation Trust (GMW) and Manchester Mental Health and Social Care Trust (MMHSCT) to create Greater Manchester Mental Health NHS Foundation Trust (GMMH). This has created a unique opportunity to use the collective complimentary skills and attributes of both organisations to improve the quality of life of service-users in Greater Manchester and beyond.

GMMH is committed to safeguarding adults at risk of harm, abuse or neglect and requires all of its staff and volunteers to share this commitment. The Trust complies with relevant legislation and guidance in relation to safeguarding adults, and all staff are required to act to promote the welfare of adults, and where there are adult protection concerns, to act to safeguard them. GMMH is committed to ensuring that its staff and volunteers have the required expertise and support to ensure that they continue to meet their safeguarding requirements, through training, learning events and supervision.

Safeguarding is a priority in Salford Directorates governance arrangements, which support and guide managers in discharging their functions in relation to safeguarding, with specialist support from directorate and corporate safeguarding leads as required.”

Greater Manchester Police (GMP)

“Over the last twelve months GMP Salford and the Public Protection Division (PPD) have been working hard to provide better and more appropriate outcomes for our most vulnerable members of society when they become victims of crime. We have also identified that we need to listen to our victims and wherever possible and if appropriate we need to act upon their wishes when considering desired outcomes. In essence, not every report of crime should necessarily lead to a criminal prosecution. Furthermore, we have recognised there is a need to prevent low risk incidents escalating further due to little or no early intervention measures being put in place by the police or our partners. This is about recognising vulnerability alongside threat, harm and risk and supporting vulnerable people before they actually become a victim / repeat victim of crime”.

North West Ambulance Service (NWAS)

“NWAS have recently appointed two new Safeguarding Practitioners in addition to the current Safeguarding Practitioner in post.

The Safeguarding Practice Manager role has been expanded to incorporate mental health. The new job title is Safeguarding and Mental Health Strategic Lead.

NWAS engages fully in multi-agency review to learn lessons”

Salford Community and Voluntary Services (CVS)

“Salford CVS is the city-wide infrastructure organisation for the voluntary, community and social enterprise sector providing specialist information, advice, development support and opportunities for influence and collaboration. Vulnerable people may be involved with Salford CVS either as a member of staff, volunteer, general service users or a Trustee.

In addition Salford CVS provides support and services to enable voluntary, community and social enterprise organisations to develop learning and share good practice in safeguarding and to contribute to the work of the Salford Safeguarding Adults Board

Salford CVS does not have any statutory responsibilities or powers in terms of safeguarding and there are no legal requirements for voluntary, community and social enterprise groups and organisations to use our safeguarding services. However, we encourage all voluntary, community and social enterprise groups, which have safeguarding responsibilities, to engage with our services to ensure they have access to and knowledge of good practice, understand their responsibilities in terms of compliance and can implement effective policies and procedures.”

HMP Forest Bank – Sodexo Justice Services

“HMP Forest Bank is totally committed to adult safeguarding and our local policy is a reflection of this. This year the prison has established good working relationships with the SSAB and contributes where possible to local discussions and decisions. Regular attendance at quarterly meetings ensures effective two-way communication and regular updates.

The Board's manager has personally supported the prison in writing their local policy and she has acted as a resource when advice has been required. I am confident that this relationship, now established, will continue to flourish."

The Gaddum Centre (Salford Carers Centre)

"Lynne Stafford is the organisation's safeguarding lead and also sits of Salford Safeguarding Adults Board. A new Adult Carers Team Leader has been appointed and is the first contact for adult care workers.

The Gaddum Centre work in partnership with both statutory and voluntary organisations in relation to safeguarding issues. The organisations Safeguarding Policy is reviewed annually and information about reporting safeguarding is displayed in the service area."

The Guinness Partnership

"Since January 2017 Safeguarding is noted on The Guinness Partnership's risk management framework. This is to ensure it is constantly being reviewed in horizon scanning. Both our procedure for Safeguarding Adults and the E-Learning training outline to all staff members who to approach for advice.

On 25 January 2017 The Guinness Partnerships Safeguarding Strategy based on what we currently do in practice was presented at our Service and Performance Committee Meeting, resulting in a Safeguarding Delivery Plan being approved for implementation.

Tenancy Enforcement Managers provide support to people across our organisation in safeguarding issues and lead the Tenancy Enforcement Service to handle and manage all safeguarding concerns to achieve excellence in safeguarding."

Your Housing Group (YHG)

"Housing staff have a key safeguarding role to play, alongside their colleagues in social care, health and the police, in keeping people safe. They are well placed to identify people with care and support needs, share information and work in partnership to coordinate responses.

The local authority is the lead safeguarding organisation and YHG will strive to work effectively with a number of local authorities with differing procedures.

The aim of YHG Safeguarding Framework is to acknowledge the organisation's statutory responsibility to promote the welfare of children and young people and adults at risk and to provide services that promote and protect individual human rights and which effectively safeguard against abuse, neglect, discrimination or poor treatment. Your Housing Group recognises that safeguarding children and adults is a shared responsibility and will ensure appropriate arrangements are in place to co-operate with partner agencies and multi-agency Safeguarding Boards."

Healthwatch Salford (HWS)

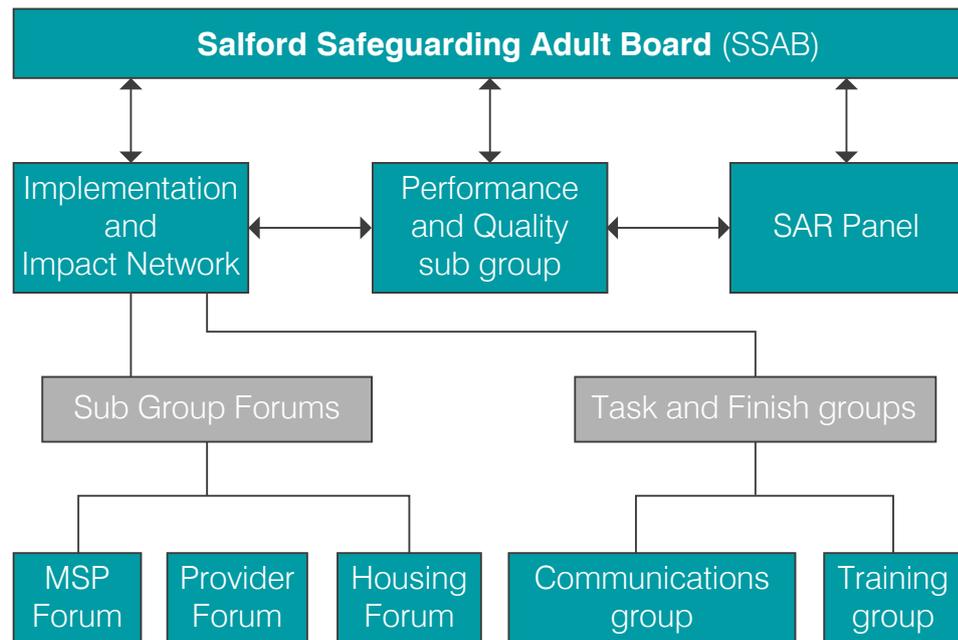
"Healthwatch Salford aims to encourage and empower local people, especially those who are most marginalised or vulnerable, to have more control over their health and well-being and to influence health and social care organisations. We are committed to working with Salford Safeguarding Adults Board and ensuring that the views and experiences of local people feed into the priority setting and focus of the Board when appropriate. Healthwatch has potentially a significant role to play in empowering people to speak out on their own behalf and wherever they see signs that others' right to safety and protection are being breached.

It is key that Salford Safeguarding Adults Board and Healthwatch Salford understand each other's roles to ensure effective partnership working. This year Healthwatch Salford has worked with the Safeguarding Adults Board Business Manager to write a outlining how it will work in partnership with the SSAB".



Governance and Accountability

This year the sub structure of the SSAB has been strengthened to support the work of the board and ensure that all agencies are able to contribute to the agenda and work of the SSAB (please see sub structure chart below).



The main sub group of the SSAB is the Impact and Implementation Network (IIN). This group is made up of representatives from core partner organisations in addition to a range of agencies. This group considers practice and policy issues, which they either address through the group or feed up to the SSAB for consideration. The IIN ensures that the priorities outlined in the action plan are met and monitors the SSAB risk register and the work of the other sub groups.

The two other sub groups are the Performance and Quality sub group and the Safeguarding Adults review (SAR) panel. Both these groups give updates to the INN and can highlight issues directly to the SSAB as appropriate.

An action plan for the year was agreed in April 2016, which has been updated quarterly. The action plan is monitored in the following ways:

- quarterly update to the SSAB
- quarterly updates to the lead member's scrutiny group

The key board priorities are also recorded in the Local Authority Adult Social Care Business Plan that is monitored through the Corporate Performance Framework.

An 'inter-board protocol' has been developed to ensure a joined up approach to strategic safeguarding work across the following partnership boards:

- Salford Safeguarding Adults Board
- Salford safeguarding Childrens Board
- Community Safety Partnership Executive Board
- Health and Wellbeing Board
- Children and Young People's Trust

The protocol supports a joined up approach to safeguarding work across the relevant strategic boards in Salford and provides a mechanism for key aspects of safeguarding work to be shared. This avoids any duplication in providing evidence and assurance across the strategic boards.

The inter-board protocol can be viewed here;
www.partnersinsalford.org/

Ensuring Quality

Care providers and service providers are organisations that provide a health or social care service such as a hospital, care home or homecare agency. The Local Authority, Adult Social Care (ASC), Care Quality Commission (CQC) and Clinical Commissioning Group (CCG) share information with each other in relation to issues of quality in services to ensure appropriate action takes place and is coordinated.

Sometimes the CCG, CQC or ASC services may become aware of a cluster of safeguarding concerns raised in relation to a specific care home, hospital ward or home care agency. They may also receive other information which suggests the quality of care being provided has deteriorated. Information may be received over a period of time or sometimes very quickly from one or a variety of different sources which suggests that the safeguarding concerns are part of a pattern and not just isolated incidents that would normally be appropriately dealt with by the homes manager. In some circumstances this may amount to organisational abuse.

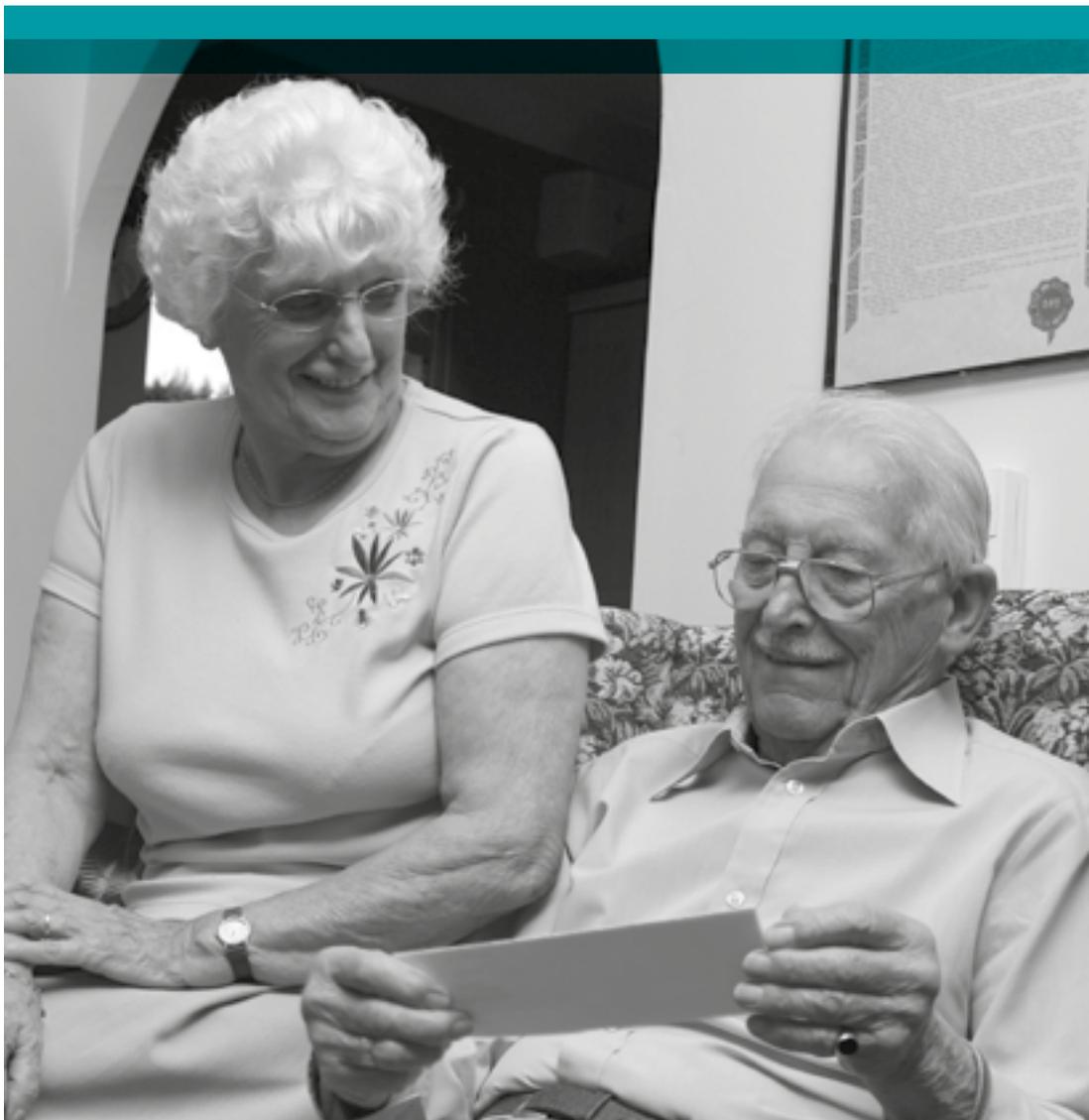
The information about poor quality care or organisational abuse can come via a range of sources including for example

- A CQC inspection
- A whistleblower
- Feedback from relatives or a review
- Any number of visiting professionals including , nurses, GPs or social workers

There is multiagency guidance in place that explains what happens where it appears there is enough evidence to be concerned about a service www.partnersinsalford.org/asg-concerns-service.htm

During 2016/17 there were 4 provider services where the concern level was sufficient to escalate into a formal concerns process. These

included both care home and domiciliary care provision. At this point, the service remains under enhanced scrutiny and oversight under the multiagency concerns process until such time as all parties are satisfied this is no longer necessary. On rare occasions, where a service has not responded sufficiently to required improvements, this has led to the service closing down because it has not been able to ensure the safety of its residents or patients. We always work positively with a service provider in difficulty to support them to address issues as having to move home or change a service provider is also a situation that can be highly distressing for both resident and their relatives. Fortunately, there were no incidents of any service closures happening in 2016/17.



Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards (DoLS) is a scheme to protect the human rights of Salford's most vulnerable citizens. They apply to people living in care homes or receiving treatment on hospital wards who lack the mental capacity to agree to be there, who are under continuous supervision and control (for their safety and care), and would be at serious risk should they attempt to leave the hospital or home on their own.

The safeguards ensure that any interference with the person's right to liberty under the European Convention on Human Rights meets the following conditions:

- It is in the person's best interests;
- It is necessary to prevent harm to the person;
- It is proportionate to the harm that is being prevented.

A DoLS authorisation gives staff the legal authority to stop a person leaving a care home or hospital ward if it is essential for their welfare and health that they remain there. A specially qualified Best Interests Assessor (BIA) and doctor have to agree that the DoLS is necessary and in the individual's best interest and that they meet all the legal criteria for an authorisation.

The DoLS process ensures that family and other relevant parties are included in looking at all options so all restrictions on liberty are kept to the minimum necessary for the individual's safety. The safeguards must be applied correctly, for the minimum period necessary and only applied to people who clearly lack mental capacity. Independent Mental Capacity Advocates (IMCAs) are instructed to support people who have no-one else to speak on their behalf.

It is up to the care home or hospital ward manager (known as the "managing authority") to apply for a DoLS authorisation. The

individual should not be detained or restricted until the safeguards are in place. If the managing authority believes it has no choice but to restrict the person immediately then it should give itself an urgent authorisation. The managing authority should involve the individual and family members/friends at each stage of the process.

DoLS activity in Salford

In 2016/17, Salford City Council assessed 1282 applications for DoLS, including 245 renewals. While this represents an increase over the previous year of 14% (1105 applications), the rate of increase has slowed over the last two years. This is in contrast to the immediate aftermath of the “Cheshire West” judgment of the Supreme Court which led to the numbers of DoLS applications doubling each year for a number of years.

The BIAs in Salford City Council’s MCA/DoLS team continues to carry out most of the DoLS assessments in Salford. The team is supported by an administrative team located within the Integrated Care Organisation (ICO) in Salford Royal Hospital NHS Foundation Trust. All applications from SRFT are assessed by BIAs from the MCA/DoLS team in Salford City Council. This is to avoid the conflicts of interest that would otherwise arise. The team continues to assess most of the applications from other hospitals, and any complex applications from care homes. The remainder of the DoLS assessments are picked up by a rota of BIAs who are all now ICO employees.

The majority of the authorisations continue to be signed off by the MCA/DoLS team manager on behalf of the ICO. If the need for DoLS is challenged by the person being detained or by their friends or family then the authorisation is signed off by a senior manager in the ICO on the advice of the MCA/DoLS team manager. The pool of senior authorisers is being increased with training being provided to ASC Heads of Service in Salford Royal Foundation Trust. This is to ensure that all contentious DoLS cases can be handled quickly and appropriate further action taken as necessary.

If there are any challenges to the DOLS authorisation the MCA/DoLS

team follows up with health and social care services to try to ensure that the concerns are addressed. All residents subject to DoLS are offered support from an IMCA who can assist them to challenge the authorisation if they wish. The MCA/DoLS team seek legal advice whenever necessary.

Deprivation of liberty in the community

The Cheshire West judgment of the Supreme Court in 2014 established that deprivation of liberty could take place in care settings other than hospitals and care homes (where DoLS would be available). These other settings include supported living, adult placement, and occasionally the person's own home, if there is "state involvement" with the care being provided.

Authorisation of deprivation of liberty in the community can only be given by the Court of Protection. The process is more complex and resource intensive than for DoLS, and the law is still unclear in some respects.

Adult Social Care services in Salford are working to determine the implications of this ruling for service users placed in community settings. This work is focused at present on service users with learning disabilities but the lessons learned will be applied in due course to other service users as well.

Salford Royal Foundation Trust is collaborating with the MCA/DoLS team in Salford City Council and colleagues in the Manchester City Council legal service. Risk assessments are being carried out to identify cases where the service user or their family/carers are objecting to the placement, or there is some other disagreement over whether the care is in the person's best interests. These cases are being triaged to determine whether deprivation of liberty can be avoided, e.g. by supporting service users to acquire the capacity to make their own decisions. Legal advice is being sought on which cases should be given priority for Court.

In March 2017 the Law Commission proposed that DoLS should be replaced by a new scheme called Liberty Protection Safeguards (LPS) to protect people who are being deprived of their liberty whilst receiving care or treatment and it is anticipated that the legislation in relation to DoLS will be changed in the future, but there is no current time scale for this.



Part 2: SSAB

Achievements 2016/2017

The SSAB's Strategic Plan is set for a three year period (2015 – 2018) in the light of the recommendation of the Care Act Guidance, which recommends that SABs have a 3 – 5 year strategic plan.

Achievements for 2016/2017 are reported under the strategic priorities of the SSAB.

Strategic objective 1 – Making Safeguarding Personal

Strategic objective 2 – Working to prevent abuse and to protect adults at risk

Strategic objective 3 – Ensuring agencies work in Partnership

Strategic objective 4 – Achieve effective governance arrangements and oversight of adult safeguarding in Salford

Strategic objective 5 – Establish a sub-structure to enable the Board to carry out its duties and functions

Strategic objective 6 – Ensuring the Board's composition reflects Salford's circumstances

The strategic plan can be viewed in full on the SSAB website:

www.partnersinsalford.org/adultsafeguardingboard.htm

Strategic Objective 1: Making Safeguarding Personal

Making Safeguarding Personal (MSP) is about ensuring that the wishes and views of the adult at risk remain central throughout the safeguarding enquiry and influence actions and decisions made to ensure as far as possible that the desired outcomes of the person are achieved at the end of the safeguarding enquiry. This approach to safeguarding adults was formally introduced through the Care Act 2014 and represents a change in emphasis from social work practice away from focusing on proving whether or not abuse had taken place towards making sure the adult at risk is consulted about what is most important to them.

'MSP is promoting a multi- agency joined up approach and a return to traditional social work values. We have noticed a definite shift away from the process and more emphasis on what the person and their families/carers want, applying a common sense approach – this marks a change in the actual safeguarding culture with outcomes that are personalised rather than just a process. For individuals at risk of or experiencing actual abuse, this culture shift is ensuring the individual feels more in control and listened to, remaining at the heart of the process'.

(Living Ambitions, Salford provider service for people with a Learning disability).

What is a person centred approach to Safeguarding adults?

A person centred approach to safeguarding requires us to fundamentally change our approach to safeguarding in a range of ways such as:

- Providers undertaking aspects of section 42 enquiries to enable an appropriate and proportionate response that recognises the relationships that the individual already had with provider services and professionals

- Focussing less on substantiating the abuse and more on identifying and meeting personal outcomes for the individual
- Identifying a range of person centred tools to support prevention of abuse with different groups within the community
- Focussing less on a safeguarding process and more on working with individuals in an appropriate way to them to address safeguarding issues (this is particularly important in areas such as self-neglect where a safeguarding enquiry route will often not be appropriate)

Guidance has been added to the multi-agency policy and procedures to outline in more detail some of the complexities of a personalised approach to Safeguarding Adults such as identifying personal outcomes and working with these along with some of the potential risks. Additionally, guidance sheets have been written about how practitioners should involve the adult at risk and support them or their representative to attend safeguarding meetings.

www.partnersinsalford.org/asp-personalisedapproach.htm

MSP Achievements 2016/2017

MSP has remained a priority area for the SSAB in 2016/2017 to further embed an MSP approach to safeguarding across all partner organisations.

In last year's annual report, the SSAB identified three main areas of focus for MSP in 2016/2017 as outlined below:

Three key ambitions were identified for this year in relation to MSP.

MSP Ambitions 2016/2017 (What we said)	Achievements (What we did)
Provide Assurances to SSAB that personal outcomes are being identified and inform safeguarding investigations/ practice in Salford	<p>Systems development work - a single streamlined electronic document has been developed that captures all required data for MSP</p> <p>Revision of SG1 referral form to record personal outcomes</p> <p>Revision of policy and procedures – to reflect the changes in ‘safeguarding culture’</p> <p>Audit of personal outcomes - % of service users with identified personal outcomes reviewed May 2016 – target set at 60% Dec 2016 - March 2016 76% outcomes identified</p>
Develop and Embed MSP across partner agencies in Salford	<p>Multi-agency training has been delivered with a total of 12 sessions between April 2016 – 2017. This has resulted in 286 staff being trained across a range of agencies and the training has evaluated very well.</p> <p>Multi-agency MSP review conducted Jan – March 2017 (see appendix 1)</p> <p>MSP included in single agency training e.g. CCG training for Primary Care staff (GP’s, practice staff, reception staff), Care Home staff, SRFT staff</p> <p>MSP included in a number of single agency policies e.g. GP policy, SRFT</p> <p>MSP discussed at Safeguarding forums e.g. GP Forum, Housing Forum and Provider Forum.</p>
Ensure a user focus to all aspects of safeguarding in Salford	Review of information available to service user and their representatives on the safeguarding process and participating at case conferences

Measuring progress of implementation of MSP in Salford

The Association of Directors in Adults Social services (ADASS) have produced an MSP Temperature check to support Safeguarding Adults Boards to assess where they are up to with implementation and what the next steps are for their area.

Salford is in line with most areas in being at a stage of needing to:

- Embed user-focused approach into the practice and culture of all partner organisations
- Further develop process for partners to undertake safeguarding enquires on behalf of the Local Authority
- develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a section 42 enquiry
- meaningful engagement with service users in planning and shaping safeguarding services.

Partner organisations have already evidenced through the MSP partner review feedback ways in which they are changing their practice to an MSP approach so there are some good foundations to build on. Most importantly both the Safeguarding Adults Board and the partner organisations are very committed to the principles of MSP.

MSP achievements submitted by partner agencies

Please see appendix 1 for a summary of submitted partner achievements in relation to MSP.

The SSAB has used the feedback gained from the partner MSP review and the ADASS Temperature check guidance to inform its priorities in relation to MSP for the coming year Strategic

Objective 2: Working to prevent abuse and to protect adults at risk

Prevention has remained a priority area for the SSAB in 2016/2017.

Three key ambitions were identified for this year in relation to Prevention.

Prevention Ambitions 2016/2017 (What we said)	Achievements (What we did)
Establish Training task group to write training strategy identifying priority training areas and competency framework	<ul style="list-style-type: none"> • Training task and finish group established • Training audit completed • Training competency Framework agreed • Training strategy agreed • Multi-agency training delayed due to delay in recruitment to training fixed term post (See below for more detailed info on training)
Multi-agency review of certain safeguarding policies	<ul style="list-style-type: none"> • Significant piece of work to review self-neglect policy and practice with seminar to launch revised procedures • SAR policy and procedures written and signed off by SSAB (see below) • The safeguarding policy and procedures were reviewed and amended to ensure they reflected the Care act 2014 and MSP. A further multi-agency review is planned for the coming year (this has been delayed due to recruitment to development coordinator post and will be transferred over to next year's actions).
Establish a Communications task group	<ul style="list-style-type: none"> • Communications strategy written (see below)

Multi-Agency Safeguarding Adults training

The training Strategy and Competency Framework were agreed by the SSAB in September 2017.

Salford Safeguarding Adults Competency Framework

This document outlines the knowledge and skills for different roles within the safeguarding process thus setting clear standards for any single agency training delivered by partner organisations.

The Competency Framework is on the SSAB website:

www.partnersinsalford.org/adultsafeguardingboard.htm

Salford's Safeguarding Adults Multi-agency Training Strategy for 2016 – 2017

This document outlines core expectations in relation to multi-agency and single agency safeguarding adults training and SSAB training priorities for the coming year.

The SSAB Training Strategy is on the SSAB website:

www.partnersinsalford.org/adultsafeguardingboard.htm

Findings of training audit

Training Achievements this year (multi-agency training)

Multi-agency training has been commissioned by the SSAB in Self-neglect and Making Safeguarding Personal (see table below)

Training Course commissioned	Number of courses delivered	Numbers attended
Making Safeguarding Personal	4	43
Self neglect	6	205
Self neglect policy launch seminar	1	90

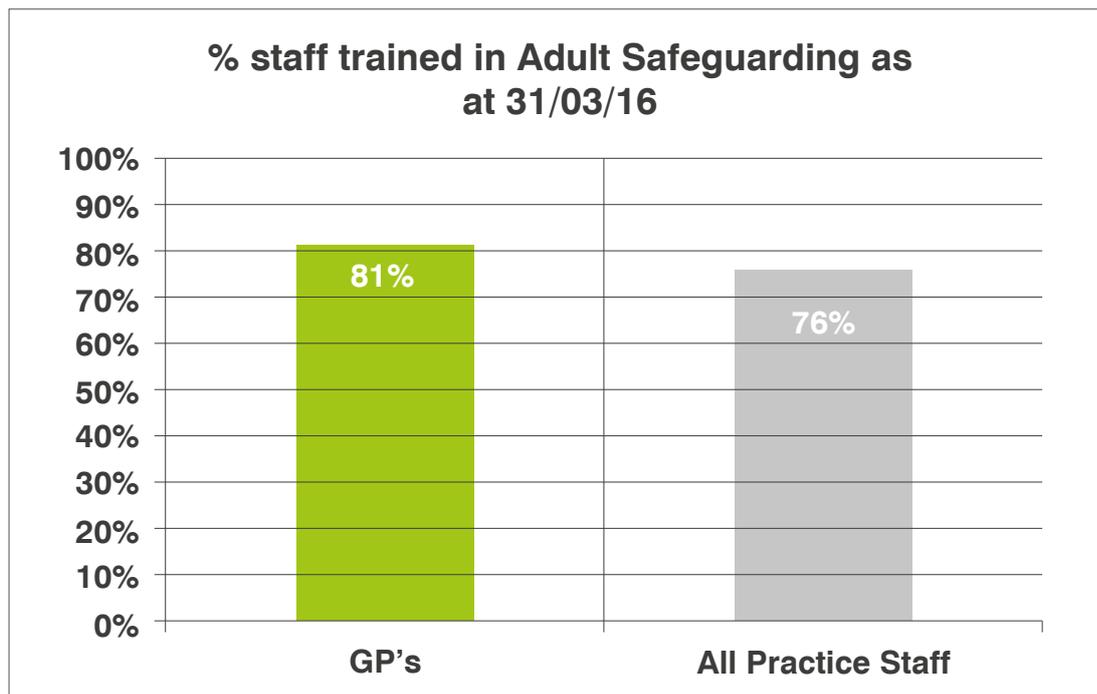
In addition, a pilot training was developed for a joint adults and children multi-agency training that was delivered to a multi-agency group and evaluated well. There is an intention that when the training co-coordinator is in post that this training will be offered on a regular basis.

As part of the Safeguarding Adults training strategy, the SSAB agreed to fund a fixed term contract post of a training coordinator to develop and deliver some 'in house' multi-agency training. Due to a delay in the recruitment to this post the training was not delivered in this reporting year.

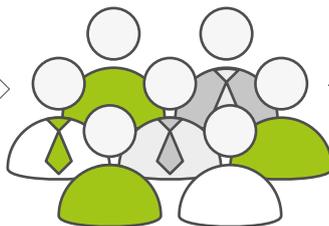
Training delivered by the CCG (Primary Care/ CCG/ Care Homes with Nursing)

The CCG Safeguarding Team offers Safeguarding Adults training to GP practices and Care Homes across Salford and continues to see positive engagement.

The graph below demonstrates the compliance of Level 1 Safeguarding Adults training within Primary Care. The Salford Standard has increased the expectation around this training in 2017/18 to include a minimum of 80% of all Practice staff. Feedback from this training is included in the diagram below.



'Having more knowledge of safeguarding has had a massive impact on me seeing a difference in regular patients'



'The Adult Safeguarding training was good because of the interactive multi-disciplinary views and the way the facilitator blended these into practical advice'

CCG staff - Safeguarding Adults Training

The Chief Accountable Officer has a strong commitment to supporting compliance with mandatory training across Salford CCG and staff compliance with Level 1 Safeguarding Adults training has been maintained at 80% during 2016/2017.

Care Homes

The offer of Safeguarding Level 1 Adult Safeguarding Training and Safeguarding and Record Keeping training continued throughout 2016/17 within all Salford Care Homes.

A total of 99 Care Home staff were trained during this period. During 2017/18 it is anticipated that this offer will continue in response to Safeguarding contractual standard requirements to support this sector.



Single Agency Training delivered for Adult Social Care social work staff (SRFT)

Training is tailored to address identified issues either picked up internally or from partner agencies e.g. highlighting the role that GPs can play in the safeguarding enquiry or notifying CQC of certain safeguarding enquiries.

At the end of training sessions a manager attends to pick up on any issues raised by the group, this highlights matters that might not otherwise have come to light such as different practices which may need addressing.

Significant efforts have been made to ensure there is good representation of Adult Social Care on all the SSAB sponsored multi agency training such as self neglect and MSP

A number of staff have trained to undertake BIA work. Additionally, briefings and training through other methods has been undertaken e.g. team meetings and focussed briefings. This includes meetings with care providers to promote better understanding of the deprivation of liberty safeguards and deliver these quickly and to a high standard.

Training Course commissioned	Number of courses delivered	Numbers attended
The role of the Safeguarding Chair	1	20
Conducting Safeguarding Adults Section 42 Enquiries	2	40

Partner agency training achievements

Please see appendix 2 for a summary of single agency safeguarding training achievements

Multi-agency review of Policy

The SSAB conducted a multi-agency review of policy and practice in relation to self-neglect. A task and finish group used findings from research and national best practice to inform a revised process for working with issues of self neglect. The revised policy and procedures was launched in March 2017 with a seminar delivered by Professor Michael Preston Shoot who has conducted much research into this area of practice.

Work on this area of practice will continue in 2017/2018 with a review of practice and application of the policy. The SSAB is also planning to work in partnership with Manchester Metropolitan University to

undertake some further research into self-neglect in Salford.

Communications and Engagement Strategy

This year the SSAB formed a multi-agency task and finish group to develop a Safeguarding Adults Communications strategy for Salford.

Main achievements of the SSAB Communications task and finish group are:

The group met regularly and scoped out a communications strategy identifying priority areas of work and realistic and achievable targets for 2017/2018

The SSAB communications strategy was agreed by the SSAB in June 2017 along with a modest budget of £7.5k to support the work outlined in the strategy.

The SSAB also agreed to fund a part time fixed term Performance and Quality Assurance coordinator post - this post holder will work across the Safeguarding Adults Board and Safeguarding Children's Board and lead on community engagement work to support consultation with community groups for the development of the SSAB's next 3-5 year strategy.

The priorities for the communication group for the year are outlined in Part 6 of this report and have been written into the SSAB action plan.



Objective 3: Ensuring agencies work in Partnership

3.1 SSAB believe that working in partnership is fundamental to delivering an effective, personalised response to address issue of safeguarding.

In last year's annual report, the SSAB identified three main areas of focus for Partnership working in 2016/2017 as outlined below:

Four key ambitions were identified for this year in relation to Partnership working.

MSP Ambitions 2016/2017 (What we said)	Achievements (What we did)
Work collaboratively with the Salford Safeguarding Children's Board to ensure an effective joined up approach across work streams	<ul style="list-style-type: none"> • SSAB agreed to a jointly funded performance and quality co-ordinator post across the adults and children's boards to ensure a joined up approach • Strategic boards reviewed areas of shared interest across the strategic boards to eliminate duplication and ensure reports are shared across the strategic boards to provide assurances (see governance and accountability in part 1 of this report). • Joint sub group for training is being explored

Identify priority areas of practice to review and strengthen multi-agency practice (for this coming year self-neglect has been identified as a priority area of practice to review)	<ul style="list-style-type: none"> • Practice in relation to self neglect was reviewed through a number of ways including a multiagency questionnaire, review of cases and feedback from practitioners through forums. • Best practice was identified and outlined in a revised policy • Multi-agency practice will be reviewed next year
Impact and Implementation Network (sub group of the SSAB) to identify and address practice issues	<ul style="list-style-type: none"> • Develop an improved process for GP inclusion in Adult Safeguarding Investigations and procedures • Develop a Transfer of Care document to ensure safer transfers between Care Homes and A&E • GM procedure for CCG safeguarding leads to request info for SAR panels on Out of Area referrals. • Support development of policy and practice
Effective consultation with the community to ensure that the voice of service users, carers and the community is strongly heard and influences the priorities of the SSAB's work	An approach for community consultation has been planned and is outlined in the Communications and Engagement Strategy. This work will be carried out next year by the Performance and Quality co-ordinator.

Multi-agency Safeguarding Adults Forums

Two multi-agency safeguarding forums operate in Salford to support the work of the safeguarding boards. Both forums feed identified issues into the Safeguarding Adults Board through the Implementation and Impact Network and equally support the work of the SSAB.

Safeguarding Adults Provider Forum

The Safeguarding Adults Provider Forum is a group facilitated by the CCG Safeguarding Adults team that consists of safeguarding leads from care homes across Salford.

Throughout 2016/17 the Provider Forum has begun to redefine its terms of reference to expand the current membership from Care Homes with Nursing only to Residential Care Homes and Domiciliary Providers. This will develop throughout 2017/18 in view of the changing landscape of health and social care in Salford.

Developments within the Provider Forum include:

- Development of the Transfer of Care Document to support improved communication of Care Home service user needs on admission.
- CHORUS – Oral hygiene pack for Care Homes to improve access to dental care for Care Home service users in Salford and improve carer awareness of oral hygiene requirements.

Safeguarding in Housing Forum

The Safeguarding in Housing Forum is a group facilitated by the Safeguarding Lead for Housing in SCC and consists of all designated safeguarding leads from Registered Housing Providers and Housing Support Services across Salford.

Achievements of the Safeguarding in Housing Forum include:

- Targeted work to increase attendance and representation from Registered Providers at the Forum following a development session – Salford are the only local authority to have a Safeguarding Forum of this kind for Housing Providers/Services
- Terms of Reference for the Forum have been reviewed, updated and signed off by group
- Alignment of Forum priorities to mirror Board priorities and co-operation of partners to present priority topics to the Forum to raise awareness

- Introduction of shared learning agenda item between Forum members thus giving assurances robust safeguarding arrangements are in place
- More formal linkage to SSAB through reporting to the INN and housing representative sitting on Training Subgroup
- Opportunity to work collaboratively with SSAB on key pieces of work such as Self Neglect and Hoarding Policy

The outcome of the above achievements has led to:

- Increased commitment and effective communication around safeguarding developments. Through the Forum, members kept up to date with local and national developments, leading to improved practice
- Re-focus of group
- Greater awareness of priority issues and strengthening of networks
- Support sharing of good practice amongst providers/services, improved practice
- Improved communication
- Networking

Commitments to multi-agency working submitted by partners

Please see appendix 3 for a summary of partner achievements in relation to multi-agency working

Objective 4: Achieve effective governance arrangements and oversight of adult safeguarding in Salford

The SSAB outlined a number of priorities for this year in relation to governance and effective safeguarding arrangements as outlined below:

Ambitions 2016/2017 (What we said)	Achievements 2016/2017 (What we did)
Ensure that the SSAB has governance in place for the work of the SSAB to be scrutinised	A governance framework for the SSAB has been established which is outlined in part 1 of this report; 'Governance and Accountability'
Seeking assurance from the partner organisations on effective safeguarding arrangements	<ul style="list-style-type: none"> • A Performance and Quality sub group has been established with Terms of Reference. A Performance and Quality framework has been mapped out to analyse multi-agency data in relation to identified aspects of multi-agency safeguarding practice. (see below) • Assurance have been sought in relation to MSP through an MSP audit at the end of the year • Partners have provided updates on other areas of practice relating to safeguarding at the year end to give assurance to the SSAB
Ensure that the safeguarding service is equitable and culturally sensitive	The Performance and Quality group have been analysing data relating to protected characteristics including ethnicity and will be reporting back to the SSAB in 2017/2018

Ensure SSAB membership is active and represents all sectors working in Salford to safeguard adults at risk	Membership and attendance is monitored by the SSAB Business manager to ensure that there is ongoing input from a range of agencies to the work of the SSAB. There has been good attendance and contributions during this year.
Put in place an effective substructure for the SSAB to ensure that the work of the board can be carried out effectively	The sub structure of the SSAB has been developed this year as outlined in part 1 of this report 'Governance and accountability'
Review referral and decision procedure for Safeguarding Adults Reviews (SARs)	A revised policy and procedure has been developed and signed off by the SSAB to ensure that all SAR referrals are reviewed within a suitable time frame and where required that review are undertaken to ensure that lessons are learned (see SAR's section in this report for further information).
Produce an annual report	This is a statutory requirement of the SSAB which is again included in the action plan to ensure that all statutory requirements of the SSAB are met.

Performance and Quality sub group

The Salford Safeguarding Adults Performance and Quality Subgroup (P and Q Subgroup) exists to develop and implement a performance and quality framework which will enable the SSAB to evaluate the effectiveness of the inter-agency safeguarding processes for safeguarding adults at risk in Salford. The Terms of Reference for the group determine one of the roles of the P and Q Subgroup as 'auditing the quality processes of commissioners and provider services to offer assurance to the SSAB'. In order to support with this objective, a dashboard approach has been undertaken.

Examples of dashboard approaches were explored with other Local Authority areas, a Salford dashboard was then created to meet local needs.

Purpose of the Dashboard

The dashboard contains two levels of information:

1. The first page of the dashboard contains performance/ activity level information. This information provides an insight into the types of safeguarding referrals, how they are managed, a breakdown of referrals by various demographics and outcomes of the investigations.
2. The second page of the dashboard contains information concerned with the quality of the safeguarding process. This includes information relating to the individual's desired outcomes, how safe the person feels and the time period from first contact to outcome.

The data provided in the dashboard is utilised to provide an understanding of the both the performance and quality of safeguarding, with a view to supporting identification of the key areas for further exploration and understanding. Analysis of the information on the dashboard provides assurance that safeguarding performance and quality is of a high standard, allows insight into challenging areas and also ensures that specific work to improve the process and experience of safeguarding is underpinned by robust evidence.

The dashboard has been developed and refined over the past year and the Performance and Quality sub group have been able to explore the data to identify areas requiring additional focus and exploration.

Strategic Objective 5 - Establish a sub-structure to enable the Board to carry out its duties and functions

In 2016/2017 the SSAB reviewed its substructure and created sub groups as outlined in part 1 of this report 'Governance and accountability'.

The SSAB is committed to reviewing and amending its sub structure at regular intervals to ensure that work is being addressed appropriately.

Strategic Objective 6 - Ensuring the Board's composition reflects Salford's circumstances

In March 2016 the SSAB reviewed membership of the SSAB and new members joined to SSAB to ensure that key agencies were represented. The SSAB has discussed how to ensure that the voice and priorities of the community and service users are heard and considered and for the coming year in addition to community engagement and consultation is planning to explore on-going consultation with a range of community groups as links are created. This is deemed as creating better representation of views from a range of community groups rather than a small number of Lay members attending SSAB meetings to represent Service Users and the community.

Part 3: Core members

Safeguarding Achievements and Priorities for 2016-2017

Clinical Commissioning Group – Key achievements

- The education, training and support to GPs, CCG staff and staff within care homes has been a major element of the work of the team over the year. This is evidenced by an increase in the numbers of staff being trained.
- The Provider Forum has been effective in creating an opportunity for care homes staff to share their challenges around safeguarding as well as learning and good practice. The forum has directly influenced improvements in quality for care home residents.
- The CCG safeguarding team has supported a multi agency approach to safeguarding in Salford through supporting a health perspective in safeguarding enquires, and contributing to the strategic work of the SSAB through chairing and participating in the various sub groups of the SSAB.

Clinical Commissioning Group (CCG) – Key priorities for 2017/2018

CCG Identified work streams 2017-2018

The following themes have been identified as future areas of work for the CCG safeguarding team in conjunction with Primary Care:

- Consider the implications of the Law Commission review of DoLS and its implications for the CCG and commissioned services.
- Continue to develop and improve processes for Prevent and consider implications of revisions to the current Prevent Strategy.

- Develop effective processes for GP notifications and case consultations for adult safeguarding.
- Develop the GP Safeguarding arrangements around domestic abuse with the implementation of the IRIS programme in conjunction with Safeguarding Children's colleagues.
- Continue to maintain and develop existing safeguarding adult training within Primary Care and Care Home sector.
- Utilise existing data, Safer Salford programmes and Covalent system to identify quality improvement work streams for safeguarding within the Care Home sector.
- Embed newly revised self-neglect policies and procedures into Primary Care.
- Continue to support GP Practices and Care Homes to improve the quality of safeguarding adult arrangements in Salford.
- Maintain effective leadership within the Safeguarding Team which promotes a 'can do' approach to quality improvement and innovation.

These areas will be addressed within the individual practice safeguarding assurance visits. Additional support will be provided to practices as required.

CCG Challenges and Priorities for 2017/2018

The following are some of the challenges and priorities for the Safeguarding Team in relation to safeguarding adults for 2017/2018:

- Maintain the CCG responsibilities to the Assurance and Accountability Framework (2015) and sustain and improve upon the achievements in 2016/2017.
- Continue to support the CCG's statutory responsibilities to the SSAB in line with the Care Act (2014) and consider implications of pending legislative changes and strategic planning.

- Defining of safeguarding processes and procedures for the CCG Safeguarding team and health providers which supports the system of integration.
- Further develop and support quality assurance and safeguarding processes across Salford in health as part of integration.
- Further develop safeguarding assurance processes and safeguarding quality improvements initiatives across Care Homes in Salford.
- To ensure that recommendations from all completed case review processes are implemented across the health economy.
- To support integration of work within the SCCG Safeguarding Team of the children and adults agenda whilst continuing to identify efficiencies within the system.
- To support work with GP Practices in further developing their contributions to safeguarding adults within safeguarding and domestic abuse processes in Salford.

Greater Manchester Police (GMP) – Key achievements

- **Controlling Coercive behaviour conviction** - securing the first conviction in the United Kingdom under Controlling Coercive Behaviour legislation.
- **Same sex coding of domestic incidents** - with support from specialist same sex Independent Domestic Violence Advisor (IDVA) to ensure that relevant support is made available to victims who are in same sex relationships.
- **Making safeguarding personal training** – Training has been provided to all Public Protection Investigation Unit (PPIU) officers. However, it is hoped that this training will be made available to all staff across the division at some point in the near future. The purpose of this training is to make staff aware of the legislation required for vulnerable victims of crime and to consider their thoughts regarding desired outcomes.

- **Working together to overcome past failings** – In response to a specific incident involving a vulnerable adult, which was highlighted by HM Coroner, Salford PPIU and Salford Adult Social Care duty team have introduced a new process to meet regularly thus ensuring a robust triage process followed to safeguard vulnerable adults in Salford.

Greater Manchester Police (GMP) – Key priorities for 2017/2018

- Making safeguarding personal training to be made available to all first responders.
- To increase the use of Domestic Violence Protection Notices/Orders (DVPN/Os).
- To increase the use of Domestic Violence Disclosure Scheme (DVDS).
- To further develop STRIVE with the introduction of volunteers and a perpetrator programme.

Adult Social Care Salford Royal Foundation Trust – Key Achievements

- Single agency training of social workers (see training section)
- Support of SSAB work through contributing to the work of the sub groups
- Revision of guidance for service users and relatives on attending safeguarding meetings
- Revision of policy and procedures to ensure it is compliant with the Care Act 2014 and reflects practices aligned to MSP
- Significant work has been done to identify service user outcomes and the extent to which safeguarding interventions are successful in making people safer

Challenges and Priorities

Key challenges 2017/2018

- Develop IT systems that operate across different partner organisations
- Manage the new accountability requirements
- Respond to issues that arise from performance reports
- Embed MSP best practice consistently across all the different service delivery sites and specialist and integrated teams
- Ensure consistency across social work teams
- Improve service quality and address organisational abuse effectively through working in partnership with provider services
- Implement the new self neglect procedures and manage the potential for increased expectations on social work
- Ensure adequate minute taking resource for safeguarding meetings

Key priorities 2017/2018

- Address data quality issues relating to MSP data and work towards continuous improvement
- Continue to address consistency issues- it is hoped the proposed MSP forum will provide additional support.
- Address concerns about under utilisation of paid independent advocates



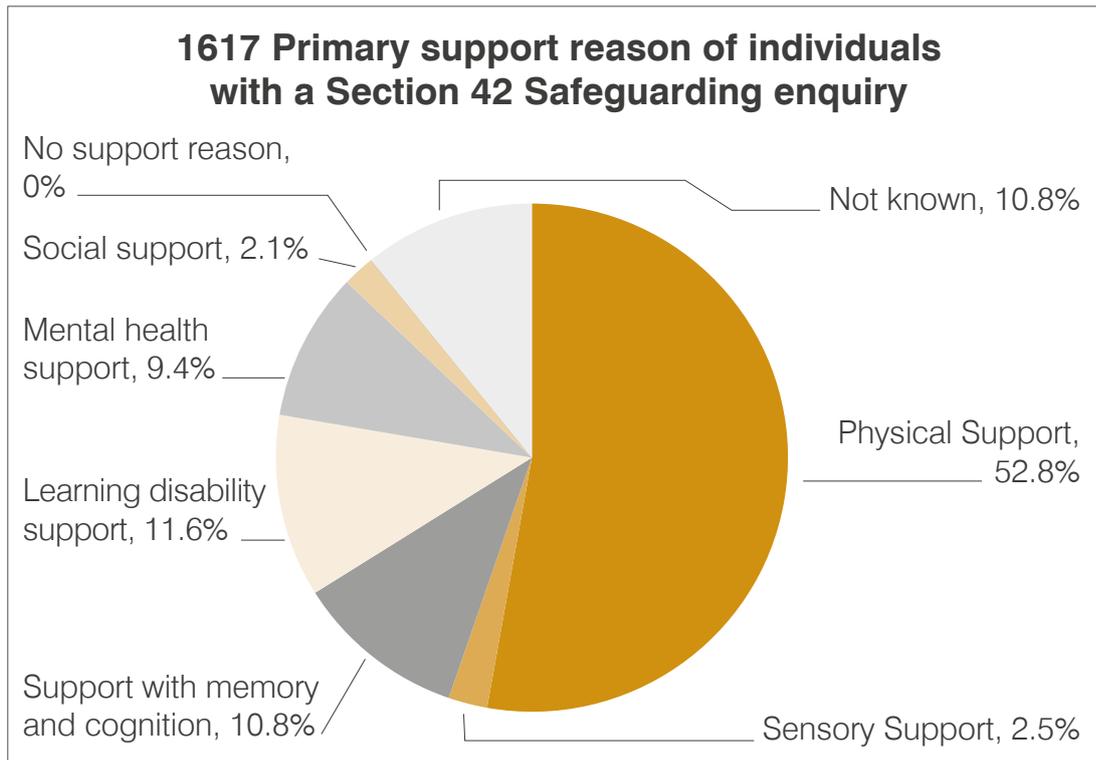
Part 4: What is the data telling us? Activity Reports 2016/2017

Safeguarding Adults Referrals

In 2016/2017 there were 731 referrals opened, compared to 492 in 2015/16, this is a significant increase of 33% from the previous year. This increase is partly due to a change in our recording, where we now include cases 'managed outside safeguarding' if they meet the Section 42 enquiry criteria. These are cases that may have been addressed using a different approach to a safeguarding investigation. Additionally, the increase reflects increasing awareness of adult abuse, especially some of the newer categories of abuse added through the Care Act which impact on adults at risk living in the community such as self-neglect and financial scams.

Referral Data:

- 60% of referrals were females, which is similar to last year, when it was 59%.
- 97% of referrals were for people with an ethnicity of 'White British', which again is very similar to last year. Nearly 10% of enquiries did not have ethnicity recorded.
- The majority of safeguarding referrals were for service users with a primary support reason of 'physical support'. The chart below details the full breakdown



- The most common health condition reported was physical –other at 21%, followed by 18% for dementia.

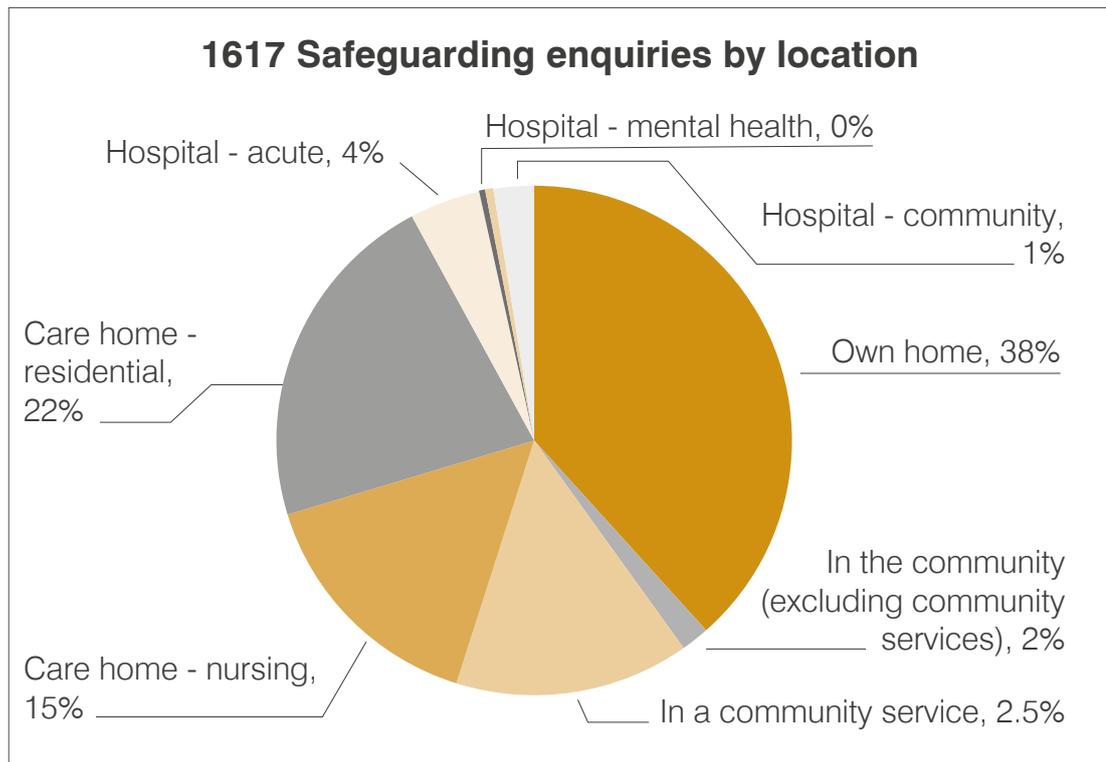
Concluded Safeguarding Cases:

Type of Abuse:

Type of abuse	2016/17		2015/16	
	Number	%	Number	%
Neglect and Acts of Omission	455	57.6	265	60.5
Physical Abuse	167	21.1	73	16.7
Financial or Material Abuse	96	12.2	58	13.2
Psychological Abuse	42	5.3	28	6.4
Sexual Abuse	21	2.7	13	3
Organisational Abuse	9	1.1	4	0.9
Discriminatory Abuse	0	0	0	0

The percentages in this table are similar to last year's return, with the main type of abuse being 'neglect'.

Location of Abuse:



- As with last year's return the two main locations of abuse are in a care home or a person's own home. However, there has been a slight increase in the percentage of safeguarding cases located in a community service.
- The percentage of abuse concerns being reported in care homes may seem high but these figures are typical of most other councils. Care home residents are seen as a particularly "at risk" group as many have dementia and are therefore less able to protect themselves from abuse. As there is a high level of agency oversight of care home provision (through professionals visiting such as CQC, GPs and other health and social care workers), it does mean that where concerns are identified, they are regularly and quickly referred

Action Taken:

The identified actions taken have changed in this reporting year in line with Making Safeguarding Personal. It is therefore not possible to compare to last year. This year's table is as follows:

Action Taken	Number of cases
Risk identified and action taken	631
Risk identified and no action taken	14
Risk- assessment inconclusive and action taken	21
Risk-Assessment inconclusive and no action taken	12
No risk identified and action taken	38
No risk identified and no action taken	28
Enquiry ceased at individual's request and no action taken	44

Mental Capacity:

- In 33% of safeguarding cases, service users did not have mental capacity, which is higher than last year, when it was 25%.
- In 62% of those lacking capacity were recorded as having an advocate to support them. This is very similar to 63% last year.
- Whilst there is clearly room for further improvement here, it is good to see this figure remaining stable.
- There were also 31% of cases where people's mental capacity was not recorded, which is a slight improvement to last year (when it was 39%).

Police and ambulance welfare reports

Whenever the police or ambulance service are called to an incident and identify that there may be an adult at risk who may need help, they send a report to the adult social care contact team, explaining why they are concerned. Adult social care then look into this, forward the report to another agency if appropriate and provide any help needed.

These welfare reports are an important trigger for potentially serious safeguarding situations and ensure that information from these services about adults potentially at risk is logged in one place so that if there is a recurrent issue this can be identified.

In Salford in this year there were:

- 780 police welfare reports
- 716 ambulance welfare reports

This demonstrates that Salford continues to have good partnership working in place across the emergency services and that there is a well established pathway for reporting concerns.

The number of police welfare reports has decreased 33% from 1,156 the previous year, this is most likely a reflection of some joint partnership working between ASC and GMP to ensure that referrals are directed appropriately which has resulted in a number of concerns being directed to other referral points rather than through Adult Social Care.

The number of ambulance welfare reports has risen 35% from 465 last year to 716 this year. Many of the ambulance welfare notices relate to self neglect or environmental neglect and may reflect the introduction of self neglect as a category of abuse now (through the Care Act) and perhaps the work that has been done in Salford relating to self neglect and hoarding.

Are we making a difference? What is the impact? What is the evidence?

- Due to the 'Making Safeguarding Personal' approach that we are now adopting, performance data is beginning to become available that captures how individuals feel about their circumstances at the beginning and end of a safeguarding intervention i.e. whether they feel safer as a result. There is also data around identifying initial preferred outcomes and the extent to which individuals feel these are met at the end of the process. The data is awaiting verification but pending confirmation it does very clearly suggest that in general, people do feel safer and that some or all of their personal outcomes are being achieved.
- More work will be needed before firm conclusions can be reached, particularly as there may be some data quality issues which may take some time to fully address
- Anecdotally, social work staff report that MSP enhances their practice and there have been no significant challenges to the underlying principles, the changes have been welcomed and seen as better for all
- More service user feedback and analysis of data is planned for 2017/2018 that will give clearer evidence the impact of safeguarding work and identify further areas for improvement.

Part 5: Learning from Safeguarding Adults Reviews 2016/2017 (SARs)

The Care Act 2014 introduces statutory Safeguarding Adults Reviews (previously known as Serious Case Reviews) and outlines the circumstances when they must be considered by the Safeguarding Adults Board.

Purpose of a SAR

Learning lessons - SARs should seek to determine what the relevant agencies and individuals involved in the case might have done differently that could have prevented harm or death. This is so that lessons can be learned from the case and those lessons applied to future cases to prevent similar harm occurring again.

It is vital, if individuals and organisations are to be able to learn lessons from the past, that reviews are trusted and safe experiences that encourage honesty, transparency and sharing of information to obtain maximum benefit from them. If individuals and their organisations are fearful of SARs their response will be defensive and their participation guarded and partial.

The purpose of a SAR is not to hold any individual or organisation to account. Other processes exist for that, including criminal proceedings, disciplinary procedures, employment law and systems of service and professional regulation, such as CQC and the Nursing and Midwifery Council, the Health and Care Professions Council, and the General Medical Council

Criteria for a SAR

The Statutory guidance for the Care Act states that SABs must arrange a SAR when:

- a. an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult.
- b. an adult in its area has not died, but the SAB know or suspects that the adult has experienced serious abuse or neglect. In the context of SARs, something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention, or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect
- c. SABs are free to arrange for a SAR in any other situations involving an adult in its area with needs for care and support. Please note that informal carers should be included for consideration

Regulation 28 notices - Salford Safeguarding Adults Board (SSAB) requires that all Regulation 28 notices issued by the coroner, where there is a safeguarding aspect to the case, should be referred into the SAR panel for consideration. This follows the principle that if the coroner has deemed there to be single or multi-agency learning in relation to a case with identified safeguarding issues, then the SAR panel should be made aware of this case to consider identifying and disseminating the learning across partner agencies as appropriate.

Links with other reviews - Where a case meets the criteria for more than one review process, such as a Domestic Homicide Review or a Serious Case Review (children's services), a referral should be made to both review processes so that the relevant boards can work in partnership to identify the most appropriate method to conduct the review, and the possibility of commissioning the review jointly. This will ensure that all aspects of the review are addressed and that the identified process dovetails with any other investigations that are ongoing.

Underlying Principles

Salford Safeguarding Adults Board commits to the following key principles for all SARs

- There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the wellbeing and empowerment of adults, identifying opportunities to draw on what works and promote good practice
- The approach taken to reviews should be proportionate according to the scale and level of complexity of the issues being examined
- The individual (where able) and their families should be invited to contribute to reviews. They should understand how they are going to be involved and their expectations should be managed appropriately and sensitively
- The Safeguarding Adults Board is responsible for the review and must assure themselves that it takes place in a timely manner and that appropriate action is taken to secure improvements in practice
- SARs should be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed
- Professionals/practitioners should be involved fully in reviews and invited to contribute their perspectives.
- SARs should be completed in a timely manner, and within six months unless there is a reason for a longer period e.g. ongoing court proceedings
- the findings from any SAR will be published in the SSAB Annual Report along with the actions taken in relation to those findings

This year a SAR policy and procedures has been agreed by the SSAB and a SAR panel established to review all SAR referrals.

The full policy and procedures and referral form can be found on the SSAB website:

www.partnersinsalford.org/as-sar-policy.htm

SAR referrals 2016/2017

During 2016/2017 5 referrals for a SAR were submitted to the SSAB (this is an increase from 1 referral in 2015/2016. It is anticipated that this will continue to rise throughout 2017/2018 as a result of newly revised multi agency SAR guidance and raising awareness of the SAR referral process.

At the close of this reporting year there are two case reviews that are on-going as outlined below:

Case I.D	Summary and status
Adult A - SAR	<p data-bbox="667 705 1279 1037">Young woman with severe Learning Disabilities within a 24 hour supported living tenancy. History of bowel related problems. Admitted and died shortly after admission to hospital as a result of complications related to a severely obstructed bowel.</p> <p data-bbox="667 1048 1279 1426">Awaiting draft report – expected recommendations around robust discharge planning arrangements for those with complex needs (including Learning Disabilities, LD) and multi agency management of bowel management within the LD population.</p>
Adult B - Learning Review (Previously commissioned as Domestic Homicide Review)	<p data-bbox="667 1449 1279 1682">Commissioned by the Community Safety Partnership - 86 year old woman admitted to hospital in a severely neglected state and subsequently died.</p> <p data-bbox="667 1693 1279 1874">Awaiting draft report – expected recommendations in relation to multi agency response to self-neglect and application of the Mental Capacity Act.</p>

Part 6: Board Priorities for 2017/2018

This year will be the last year of working to our current SSAB strategy so the SSAB will be creating a new 3 – 5 year strategy and identified priorities in the spring of 2018. This will be done in consultation with community groups and the feedback from service users who have experienced safeguarding issues in order to ensure that the work of the SSAB is being directed through your feedback.

Priorities identified under each SSAB strategic objective have been scheduled into the SSAB yearly action plan.

They are dependent on the SSAB successfully recruiting to 1.5 full time fixed term posts to support the work outlined in the action plan

Objective 1 - Identified Priorities for MSP in 2017/2018

Policy and systems

- Full multi-agency review of Safeguarding Adults policy and procedures
- Develop enquiry proforma and procedure for provider led (Section 42) enquiries

Embedding MSP in practice and quality assurance

- Consolidation of MSP principles into safeguarding practice
- Embed practice outlined in self-neglect policy
- Promote use of independent advocates as appropriate
- Further review of data collection to monitor data relevant to MSP e.g % of enquiries with active involvement of SU in process, % of

enquiries where SU or representative attends case conferences, % of cases where advocate is appointed

- Auditing of cases for quality assurance
- Develop MSP guidance for provider services
- Conduct MSP audit in provider services spring of 2018
- Develop a range of systems for SU feedback both during and after the enquiry

Objective 2 - Identified Priorities for 'Working to prevent abuse and to protect adults at risk'

Multi-agency Training – Priorities 2017/2018

- Appointment of a fixed term 18.5 hour training officer to develop and deliver training as outlined in the strategy, focusing on priority areas
- To deliver the training priorities outlined in the training strategy

Work to support the anti-poverty strategy

SSAB Risk register

Risk register reviewed regularly by P and Q sub group and IIN

All new identified risks taken to SSAB meetings.

SAR referrals

Ensuring that all SAR referrals are appropriately considered by the SAR panel and reviews undertaken where statutory criteria are met.

Develop a range of appropriate review methods to identify and disseminate lessons learned from cases.

Performance and Quality

P and Q sub group to meet bi monthly to ensure statutory requirements are met to:

- Analyse and interrogate data on safeguarding notifications to understand prevalence of abuse locally that builds a picture over time
- Establish ways to hold partners to account and gain assurance of the effectiveness of safeguarding arrangements

Objective 3 - Identified Priorities for 'Ensuring agencies work in Partnership'

Communication Strategy – Priorities 2017/2018

- **Service User feedback**

Gain feedback from individual service users and their carers who have been through the safeguarding process to inform development of policy, procedure and practice

- **SSAB branding**

The SSAB considers it important that there is a piece of work to identify key images and messages to raise awareness of safeguarding issues in Salford.

The SSAB branding will inform the revision of leaflets and other publicity use to promote the work of the SSAB and raise awareness of the issues

- **Revise SSAB WebPages**

The SSAB website is going to be reviewed to make information more accessible.

- **Conduct community engagement**

SSAB Performance and Quality Assurance coordinator to develop and co-deliver engagement activities working closely with Salford Voluntary and Community Organisations and Social Enterprises.

The SSAB is keen to gain the views of diverse relevant community groups to inform future work of the SSAB.

- The Communications task and finish group to review possible structure of the group and ways to align this work to the work of Salford's Safeguarding Children's Board (SSCB) communications group

Objective 4 - Identified Priorities to 'Achieve effective governance arrangements and oversight of adult safeguarding in Salford'

- Produce annual report
- Review ways to assess SSAB performance
- Agencies undertaking significant restructures to give assurance to the SSAB of their arrangements to safeguarding adults at risk and how they will meet agency requirements

Objective 5 - Identified Priorities to 'Establish a sub-structure to enable the Board to carry out its duties and functions'

- Review the SSAB substructure April 2018 to ensure it enables the work of the SSAB to be completed

Objective 6 - Identified Priorities to 'Ensure the Board's composition reflects Salford's circumstances'

- Review the membership of the SSAB April 2018 to ensure it reflects Salford's agencies involved in Safeguarding Adults.

Part 7 Glossary of terms and Acronyms

Section 42 Safeguarding enquiry/investigation – the Care Act (2014) outlines certain circumstances where the Local Authority has a duty to invoke a Section 42 enquiry to investigate allegations of abuse against an adult at risk (see below) – in these circumstances, a set procedure must be followed with a strategy meeting and a case conference, as outlined in Salford’s All Agency Policy and Procedures.

Making Safeguarding Personal (MSP) – introduced through the Care Act 2014, this is about ensuring that the wishes and views of the adult at risk remain central throughout the safeguarding enquiry and influence actions and decisions made to ensure as far as possible that the desired outcomes of the person are achieved at the end of the safeguarding enquiry.

‘Adult at risk’ - Safeguarding adults applies to adults who are particularly vulnerable to exploitation and can’t defend themselves or ask for help – these are the people that the safeguarding board has a legal duty to offer a safeguarding service to and includes adults over the age of 18 who:

- Have needs for care or support
- Are experiencing or is at risk of abuse or neglect
- As a result of those needs are unable to protect themselves

Deprivation of Liberty Safeguards (DoLS) - These safeguards are for the most vulnerable adults living in care homes or in hospital wards who lack the mental capacity to agree to be there and are under continuous supervision and control (see section 8 of this report)

- **Care Quality Commission** – the independent regulator of health and social care in England who monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety www.cqc.org.uk
- **Whistleblower** – All services are required to have ‘whistleblowing’ procedures in place so that the staff clearly understand how to report their concerns to someone in a position to take action. This will usually be someone more senior within their organisation or, if this is not possible, someone more independent outside the organisation such as CQC or Adult Social Care.
- **Concern** - When there is a referral or a number of alerts about one service provider. The service remains a Concern and is monitored until the service can clearly evidence that all issues have been addressed.

Serious concern - where the Local Authority, ASC, CQC and Salford NHS CCG agree a service provider is performing badly and are not confident it is sorting the problems out independently within a reasonable timescale.

Domestic Violence Prevention Notices and Orders - protective measures put in place where reports of Domestic Abuse don't meet the evidential threshold for a criminal prosecution but there is a significant risk of further violence. This allows breathing space between the victim and the perpetrator, allowing agencies to become involved.

The Domestic Violence Disclosure Scheme (DVDS) often referred to as “Clare’s Law”- The police have common law powers to disclose information about a person’s known history of violence or abuse, normally relating to previous convictions or charges, to the public where there is a pressing need for disclosure of the information in order to prevent further crime. The principal aim of the Domestic Violence Disclosure Scheme is to introduce recognised and consistent procedures, based on this common law power, for the police to consider the disclosure of information in order to protect a member of the public who may be at risk of harm from domestic violence or abuse. Critical to the success of the scheme is

the need for a risk assessment to be completed at every stage in the disclosure process, as this will inform the practical actions necessary to safeguard the potential victim and inform the development of a potential disclosure under this scheme.

STRIVE – Early intervention by the police, volunteers and partner agencies for standard risk, non-crime related domestic related incidents. A range of signposting measures can be applied in an attempt to prevent further occurrences and escalation to medium and high risk incidents.

Controlling Coercive Behaviour

New legislation now enables a person to be convicted of coercive behaviour which can be a significant aspect of domestic abuse cases even if the prosecution is unable to prove the individual allegations. GMP brought the first successful conviction in the UK under this new offence where a perpetrator was successfully convicted of controlling and coercive behaviour in relation to their partner in the Crown Court on 8.04.16

Integrated Care Organisation

The Salford Together partnership was formed between Salford City Council, NHS Salford Clinical Commissioning Group, Salford Royal NHS Foundation Trust, Salford Primary Care Together and Greater Manchester Mental Health NHS Foundation Trust.

The partnership is working to transform the health and social care system in Salford by integrating health and social care, bringing the services of GPs, nursing, social care, mental health, community based services and voluntary organisations into a more joined up system that focuses on a person's individual needs and provides them with the support to manage their own care.

Acronyms

ADASS – Association of Directors of Adult Social Care
ABIA – Best Interest Assessor
CRC - Community Rehabilitation Company
DVPN/O's - Domestic Violence Protection Notices/Orders
DVDS - Domestic Violence Disclosure Scheme
GMFRS – Greater Manchester Fire Service
GMP – Greater Manchester Police
GMRS – Greater Manchester Fire Service
GMW - Greater Manchester West mental health services
ICO – Integrated Care Organization
IDVA - Independent domestic Violence Advisor
MCA – Mental Capacity Act
NPS - National Probation Service
PPD Public Protection Division (a division of GMP Salford)
PPIU – Public Protection Investigation Unit (police team that works with vulnerable adults)
SAB – Safeguarding Adults Board
Salford CCG – Salford Clinical commissioning Group
Salford CVS – Salford Community Voluntary Services
SAR – Safeguarding Adults Review
SCC – Salford City Council
SCS – Salford Children’s Services
SRFT – Salford Royal Foundation Trust
SRS – Social Rehabilitation Service
SSAB – Salford Safeguarding Adults Board
SSCB – Salford Safeguarding Adults Children’s Board

Part 8 Appendices

Appendix 1

MSP achievements submitted by partner agencies

Agency	MSP achievements
Salford City Council, Adult Social Care	<ul style="list-style-type: none">• A strong focus has been maintained on MSP, developing tools for staff, streamlining the process, ensuring staff are trained and changing guidance and procedures.• This has been the first full year the whole of adult social care have worked according to MSP principles which has involved a change to both culture and practice and evidence of this is starting to come through in new statistical reports.• Overall assessment of the response of staff is that they have risen to all the challenges to a highly commendable level
Salford Clinical Commissioning Group (CCG)	<ul style="list-style-type: none">• MSP included in Safeguarding Adult training for all Primary Care staff (including GPs, Practice staff and reception staff)• Changes to the SG1 referral around MSP incorporated into all safeguarding training• MSP included in all Care Home staff safeguarding training• MSP included within the newly revised GP Policy• MSP training dates have been actively circulated within the GP newsletter.• MSP discussed at the GP safeguarding forum

Salford Royal Hospital	<ul style="list-style-type: none"> • MSP is included in face to face safeguarding training and also in Mental Capacity training. • The internal Safeguarding referral forms have been updated to include MSP and ensuring person is aware of referral. • The Adult Safeguarding policy has been updated to include MSP. • Staff have been encouraged to attend and have been allocated places on the one day training sessions organised by the Adult Safeguarding Board. • Staff who have attended the one day MSP sessions have given extremely positive feedback.
Cheshire and Greater Manchester CRC Probation	<ul style="list-style-type: none"> • Contractually obliged by the Ministry of Justice to undertake service user feedback surveys every 6 months. • Developed a service user council group to enhance our understanding of service user issues. • Implemented a 'User Voice Forum' in Manchester which mirror's our service design in Liverpool. • Our service user induction and assessment process highlights any vulnerabilities and/or needs which require monitoring and intervention.
City West Housing Trust	<ul style="list-style-type: none"> • Policies and procedures have been revised • Training provision has been reviewed and includes MSP
Greater Manchester Fire and Rescue Service	<ul style="list-style-type: none"> • GMFRS is presently reviewing and indeed refreshing our Corporate Safeguarding Policy and Procedure. • During this review we will be looking at MSP and how we consider as an agency we corporately respond to this.

<p>Greater Manchester Mental Health</p>	<ul style="list-style-type: none"> • Salford Directorate (GMMH) has fully embraced and implemented the key principles of Making Safeguarding Personal (MSP) and the Care Act 2014 statutory guidance relating to Safeguarding. • MSP is included in the Trusts Level 1, 2 and 3 Safeguarding Adults training programmes. • The Trust was represented at Salford’s MSP forum which considered how we would locally implement practice. • Staff attended the multi-agency MSP training sessions arranged by the Adult Safeguarding Board. • Staff record safeguarding activity on locally agreed safeguarding proforma’s which incorporate MSP.
<p>Greater Manchester Police</p>	<ul style="list-style-type: none"> • Training has been provided to all PPIU officers and it is hoped that this training will be made available to all staff across the division at some point in the near future. • The purpose of this training is to make staff aware of the legislation required for vulnerable victims of crime and to consider their thoughts regarding desired outcomes.
<p>Living Ambitions (LD provider)</p>	<ul style="list-style-type: none"> • We are in the early stages of our MSP strategy and still need to draft our Group MSP Implementation Plan. We have implemented the following: • Identified two Safeguarding leads • Made Safeguarding everyone’s business with clear transparent reporting, recording and evaluation via our electronic governance workbooks • Reviewed our recording and reporting processes to support MSP and modified our systems • Established practice when facilitating the safeguarding process; to always ask “What does the person want as an outcome from this?”

North West Ambulance Services	<ul style="list-style-type: none"> • Groups regularly consulted with include learning disability groups, those with mental ill health, and a number of diverse community faith groups.
Salford CVS	<ul style="list-style-type: none"> • Salford CVS staff have taken part in MSP training and continue to use this to inform our work and training with voluntary, community and social enterprise organisations in Salford. • Salford CVS also promotes and encourages VCSEs to attend any MSP training opportunities.
The Guinness Partnership	<ul style="list-style-type: none"> • Information provided to tenants states “If you are suffering from abuse, neglect or harm, or you know someone who is, we will try to help. Let us know in confidence and we will work with you and other care professionals to protect you.” • Line Manager reviews are carried out on every adult safeguarding case, specifically focused on the adult at risk in unsafe situations. • In every situation it is assumed that a person can make their own decisions unless it is evident that they are unable to do so. This is highlighted in our ‘Safeguarding Adults – Good Practice Guidance’ which all staff have access to.
Your Housing Group	<ul style="list-style-type: none"> • Every case is audited by safeguarding champions or designated safeguarding officer. • Key questions are asked on the system such as is the person aware that a referral has been made. • In the level 2 internal training an emphasis has been put on making safeguarding personal.

Appendix 2 - Safeguarding training achievements submitted by partner agencies

Agency	MSP achievements
Cheshire and Greater Manchester CRC Probation	<ul style="list-style-type: none"> • The CRC risk assessment tool, OASys, has clear reference to safeguarding and the Safeguarding Guidance outlines a clear commitment to safeguarding. • The CRC has practice guidance on Adult Safeguarding, Domestic Abuse, FGM and CSE. • We have always trained our staff to use strength based approaches and this is also captured in our current assessment tools. • Our case management focus is a combination of managing risk and working to help individuals develop their own skills to achieve better personal outcomes. • The CRC Safeguarding policy/guidance covers the broad principles across the wider area and is the foundation of the CRC safeguarding practice. • We have a clear electronic assessment system and case management system that record our activity and intervention with each individual service user. • Cases are rated and areas for improvement and/or concerns regarding risk and safeguarding are feedback to Management and individual staff members.
City West Housing Trust	<ul style="list-style-type: none"> • Safeguarding awareness has been added to the formal face to face induction delivered by the internal designated safeguarding Officer. • Annual awareness also delivered to repairs operatives via tool box talks. • Company E-learning (Safeguard) module was recently revised and re-launched as a mandatory refresher for all office based staff.

	<ul style="list-style-type: none"> • Staff working with vulnerable customers and front line services are encouraged to attend events organised by our local authority partners in addition to the training offered in house . • Training covers serious case reviews, neglect , financial abuse Making safeguarding personal, self neglect and other specific areas of safeguarding . • Staff are trained to report any concerns for a customer’s welfare, the internal SG team triage the referral to concern or SG case.
<p>Greater Manchester Fire and Rescue Service</p>	<ul style="list-style-type: none"> • Over 95% of the total workforce have now successfully completed and achieved the required standard in our E Learning Safeguarding Module. • Our Strategic group is now planning Safeguarding Training Modules for the next three years. • GMFRS is presently reviewing and refreshing our Corporate Safeguarding Policy and Procedure which incorporates new standards in relation to Safeguarding and this will be cascaded across the organisation. • We also now have over 20 accredited Designated Safeguarding Officers (DSO) across the organisation to offer comprehensive advice and assistance to fire crews • This is measured on the raised awareness of all staff and the number of referrals sent in to Salford Adult Services. • The high number of staff attaining the required standard in the E Learning demonstrates the organisations desire to succeed in Safeguarding

<p>Greater Manchester Mental Health</p>	<ul style="list-style-type: none"> • Trust Domestic Abuse Policy for staff has been completed. • PREVENT awareness training has been rolled out. • FGM summary guidance for staff has been completed including a robust recording and reporting system. • Training compliance figures April 2017; PREVENT – 90% Safeguarding Adults Level 1 – 92% Safeguarding Adults Level 2 – 82% Safeguarding Adults Level 3 – figures currently not available due to this training programme only recently having commenced. • There is now increased awareness across GMMH in relation to FGM and Prevent. • Channel panel referrals 2016/17 – 21. • FGM reporting Oct 2016 to May 2017 – 4.
<p>Greater Manchester Police</p>	<ul style="list-style-type: none"> • Training has been provided to all PPIU officers...it is hoped that this training will be made available to all staff across the division at some point in the near future. • The purpose of this training is to make staff aware of the legislation required for vulnerable victims of crime and to consider their thoughts regarding desired outcomes.
<p>North West Ambulance Services</p>	<ul style="list-style-type: none"> • Training Needs Analysis has been finalised and included within the updated Safeguarding Vulnerable Persons Policy. • Training compliance is monitored by the Commissioner quarterly and through the EMT and Quality Committee as part of the workforce dashboard. • The Trust has taken the position that the minimum level of training required is at Level 2.

	<ul style="list-style-type: none"> • Induction for patient facing staff is face-to-face and covers levels 2. For all other staff induction training in safeguarding is the level 2 e-learning programme. • For corporate staff and Patient Transport staff safeguarding training is now being delivered at level 2 every year. • Patient facing (clinical staff) receive safeguarding training yearly. The mandatory training programme includes a level 2 workbook. • Staff identified as requiring level 3 updates each year have received this training delivered by the safeguarding team, face to face. To date 625 staff have undertaken the level 3 training
<p>Salford CVS</p>	<ul style="list-style-type: none"> • Salford CVS continues to deliver an Adult Safeguarding Basic Awareness Course which was developed in collaboration with the Salford Safeguarding Adults Board. • We ran this half day course 5 times this year. • The course we deliver is a Basic Awareness Course and is in line with the competencies for Alerters/Level One as defined in the Salford All Agency Safeguarding Adults Competency Framework. • Salford CVS reviewed the course in 2017 and it now includes an exercise on the combined Safeguarding Standards for the Community and Voluntary Sector. • The aim of this course is to give workers in the voluntary and community sector a basic yet effective awareness of how to adequately safeguard and protect adults • Increase their knowledge of adult safeguarding issues • Increase their knowledge of 2014 Care Act and Explore issues around service user participation.

	<ul style="list-style-type: none"> • The course is delivered by trainers from the voluntary and community sector in Salford with experience of safeguarding adults. • 87 people from 41 voluntary, community and social enterprise organisations have taken part in CVS training on adult safeguarding in 2016-17. • Training has been delivered in community venues across the city.
The Gaddum Centre	<ul style="list-style-type: none"> • Training sessions have been attended and policy and procedures are reviewed in the annual review. • Performance improvement is being captured in contract monitoring reports, staff 1:1s and appraisals.
The Guinness Partnership	<ul style="list-style-type: none"> • Safeguarding awareness training is in progress to be delivered to all staff • Following a customer service re-design all Tenancy Enforcement staff completed bespoke Safeguarding Training throughout April and May 2016. • We launched our new E-Learning Module “Safeguarding for Housing Employees” in October 2016. 58 staff have completed this module up to end March 2017. • E-learning safeguarding training to be mandatory for all customer-facing employees and contractors across Guinness. • Advanced training on safeguarding for relevant senior managers and employees dealing directly with responsible local authorities. • Safeguarding to be included as a mandatory element of employee induction. Outcome - Safeguarding is integrated early into employee development.

	<ul style="list-style-type: none">• We also promote domestic abuse training for front line staff.• The new domestic abuse campaign “Sitting Right With You” was circulated across customer service teams in October 2016.
Your Housing Group	<ul style="list-style-type: none">• YHG noted a number of incidents of financial abuse within some of the Older Peoples Services; as a result we invited Age UK in to attend residents meeting to raise awareness on the subject.• All YHG staff are trained and competent to be alert to potential indicators of abuse and neglect, know how to act on those concerns and to fulfil their roles and responsibilities for safeguarding children and adults at risk in line with Local Safeguarding Children Boards (LSCBs) and Safeguarding Adult Boards (LSABs) procedures.• YHG staff are familiar with the legal requirements of the Safeguarding Legislation including the Mental Capacity Act and understand the principles of confidentiality and information sharing within the Acts.

Appendix 3 - Commitments to multi-agency working submitted by partners

Agency	MSP achievements
Salford City Council, Adult Social Care	<ul style="list-style-type: none"> • Adult social care remains completely committed to working in a multiagency way. • This includes attendance at the INN, ensuring all partners are invited to the quarterly CQC meetings, ensuring multi agency involvement where appropriate with both safeguarding meetings about individuals and about services. • Meetings have taken place with the CCG looking at possible enhancements to joint working.
Cheshire and Greater Manchester CRC Probation	<ul style="list-style-type: none"> • CGM CRC engage with partnership agencies to facilitate appropriate support packages aimed at providing the best outcomes for that individual. • We contribute to Multi- Agency Risk Assessment Conferences (MARACs), whereby multi- agency response is determined. • Where the CRC service user is identified as the perpetrator consideration should be given to risk escalation to the NPS if appropriate. • Purple Futures CRCs cooperate with Domestic Homicide Reviews where required. • Designated operational lead for Risk and MARAC across Manchester, Salford and Trafford attends a number of related sub-groups and acts as a single point of contact for staff with regards to risk and MARAC. • Risk and Practice Development Group which meets quarterly to ensure risk management and safeguarding procedures remain embedded in the CRC.

City West Housing Trust	<ul style="list-style-type: none"> • Several key members of staff attended the self neglect training and have both participated in and raised concerns using the MDG referral route. • Including the DSO taking part in an MDG raised by GP for a resident in the community who isn't a current customer of City West Housing Trust.
Greater Manchester Fire and Rescue Service	<ul style="list-style-type: none"> • GMFRS Hoarding Guidance has been used as is an integral part of Salford's Self Neglect Policy. • A member of Salford/Trafford Prevention Team sat on a task group to devise the Self Neglect Policy. During all Safe and Well visits consideration is given to any Safeguarding concerns. • Fire crews will send in referrals for safeguarding whilst carrying out Safe and Well visits as well as when responding to 999 Emergency calls.
Greater Manchester Police	<ul style="list-style-type: none"> • STRIVE is a scheme for early intervention by the police, volunteers and partner agencies for standard risk, non-crime related domestic related incidents. • Aiming to further develop STRIVE with the introduction of volunteers and a perpetrator programme.
North West Ambulance Services	<ul style="list-style-type: none"> • NWAS is fully engaged in the DHR, SCR and SAR review processes. Staff attend meetings and reviews when requested. • Advanced and Senior Paramedics attend learning reviews in their areas and feedback to the Safeguarding Team. Sometimes the Practitioners accompany staff when required. • Support is always provided to staff attending reviews and feedback sought as soon as possible to enable learning to be captured and to follow up any outstanding actions

	<ul style="list-style-type: none"> • NWAS staff attend relevant working groups such as Mental Ill Health Crisis co-ordination groups and Spice groups, this is not an exhaustive list of groups.
Salford CVS	<ul style="list-style-type: none"> • The SSAB Business Manager approached VCSE representatives to the Board in relation to the statutory requirement for the SSAB to ensure effective consultation with Salford's communities • This was designed to ensure the development of the yearly strategy/action plan re priorities and to see that the communities and service users have a voice at the SSAB. • The Board agreed to support the option to engage with established Salford groups/forums rather than seeking to create an additional service user forum with representation to the SSAB. • This model has the advantages of: greater reach to diverse Salford communities and additional recognition of and support to established Salford community groups. • A small working group consisting of Salford CVS, VCSE representatives to the Board, the SSAB Business Manager and NHS Salford CCG have met to take these proposals forward and develop an initial implementation plan which was approved.
The Guinness Partnership	<ul style="list-style-type: none"> • The information Sharing Agreement Register was published for all staff to access on 31 March 2016. • It includes two pieces of guidance: <ul style="list-style-type: none"> • Information sharing flowchart and guidance • Information sharing fact sheet • During 2016-17 The Guinness Partnership have been approaching partner agencies where their ISA is due for review.

	<ul style="list-style-type: none">• Staff attend Core Group Meetings and MARAC Meetings when required and invited to do so.• In May 2016 a Domestic Abuse staff guidance note was written explaining what to do when managing a domestic abuse case, civil and legal remedies and the role of specialist statutory agencies.• Our Customer Support Team provide support to customers identified as being vulnerable. Complete support needs assessments to identify the required support. They work collaboratively across statutory agencies.
Your Housing Group	<ul style="list-style-type: none">• The safeguarding leads have linked in with the business managers from safeguarding boards with has resulted in improved multi agency practice.• The Datix risk management system is also able to record what agencies are involved with customers which helps to build on multi agency practice and information sharing.

For more information about this document contact:

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