MANCHESTER SAFEGUARDING ADULTS BOARD

2017/2018 Annual Report

‘Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.’

Published September 2018
This Annual Report was endorsed by Manchester Safeguarding Adults Board on 6th September 2018.

The report is produced by Manchester Safeguarding Adults Board (MSAB)

It reports on matters relating to the preceding to 2017/18.

The report includes lessons from reviews undertaken within the reporting period.

In addition to being made available to the public, this report will be submitted to the Chief Executive, Leader of the Council, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

If you have any comments about the Boards work or wish to find out more you can contact MSAB: - Manchester Safeguarding Adults Board on 0161 234 3330 or email: manchestersafeguardingboards@manchester.gov.uk

Large print, interpretations, text only and audio formats of this publication can be produced on request. Please call on 0161 234 3330
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1. Chair Foreword

Welcome to the annual report of Manchester Safeguarding Adults Board (MSAB) which covers the period April 2017 to March 2018.

Manchester Safeguarding Adults Board brings together a number of agencies across the city to ensure that there is a joined up approach to Adult Safeguarding. Safeguarding means protecting an adult’s right to live in safety, free from abuse and neglect. It is about working together to support people to make decisions about the risks they face in their own lives, and protecting those who lack the mental capacity to make these decisions.

The format for this year’s report has changed to focus on the progress being made by the Board, Sub groups and partners towards the Board priorities. There are six sub groups of the Board, four of which are joint with the Manchester Childrens Safeguarding Board (MSCB) clearly demonstrating the areas of overlap particularly with regard to the many areas of Complex Safeguarding. I am grateful to all those who chair and sit on these groups. This year we also developed a shared strategic plan with the MSCB.

The report also details findings from two safeguarding adult reviews, performance information and identifies joint approaches taken to issues of concern.

The vision of the Manchester Safeguarding Adults Board is “ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives or works in the city has a role to play.” Our Trust Your Instinct campaign was one example of how we have been working with professionals to raise awareness.

Whilst there is much more to do the detail in this report signifies that we are establishing a firm foundation and raising awareness of the importance of Safeguarding in the city.

Julia Stephens-Row  
Independent Chair of Manchester Safeguarding Adults and Children Boards

August 2018
2. Executive Summary

This report details the progress we have made around all of our priorities set at the start of 2017 in the 2017/18 Business Plan, along with the areas identified as future challenges relating to individual and multi-agency safeguarding arrangements. It is put together along with contribution from partners and sub groups and includes information regarding the progress of the Board over the last year.

An important function of the Board is to monitor and evaluate the effectiveness of what is done by all Board safeguarding partners both individually and collectively to safeguard and promote the welfare of adults, including advising them on ways to improve.

The Board meets regularly and is supported by a number of subgroups, detailed later within this report.

The 2017/18 priorities were set at a joint Board event (with the MSCB) in April 2017.

We chose four main priorities:

- Engagement and Involvement
- Complex Safeguarding
- Transitions
- Neglect

During the 2017/18 period, MSAB published two Safeguarding Adult Reviews: SAR AA and SAR CA which are summarised at section 7. The Board screened five cases during 2017/18, two of which were found to meet SAR criteria and for which reviews are underway, two of which were found not to meet SAR criteria and for which Learning Reviews are underway and one of which was found not to meet SAR criteria and requiring no further action.

A Making Safeguarding Personal (MSP) desktop audit was undertaken by the Board between October to November 2017. The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit. The action plan then formed part of the MSAB Business Plan to ensure continued focus.

The “Trust Your Instinct” Campaign was launched. This campaign is aimed at all members of society, from members of the public to safeguarding practitioners.

In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs, known as the PoT Policy.

The Interboard Protocol was launched in July 2017. This protocol outlines the co-operative relationship between the Manchester Children’s Board, (MCB), the Manchester Community Safety Partnership (MCSP), the Manchester Health and Wellbeing Board (MHWB), the Manchester Safeguarding Adults Board (MSAB) and the Manchester Safeguarding Children Board (MSCB) in their joint determination to safeguard and promote the health and wellbeing of children, young people and adults in Manchester. The aim of this protocol is to ensure that the core principles underpin how the five Boards and other partnership forums operate and work together.

3. About Manchester

The latest population statistics for Manchester, taken in mid-2017, show that 70.5% of the Manchester population is aged between 16 – 64 years of age and 9.3% aged 64 and over. This is a large section of the population and gives rise to significant and wide ranging safeguarding challenges.

Section 42 and safeguarding enquiries - SOURCE: Manchester City Council Safeguarding Adults Collection (SAC) 2017/18:
Section 42 enquiries - these are defined as where a concern (alert) results in a full safeguarding investigation.
Completed section 42 enquiries – these are defined as where an investigation has been concluded and outcomes agreed.
Safeguarding Concerns – defined as a concern for the safety of an individual.

During 2017/18 there were:

- 7693 safeguarding adult concerns raised, 1513 of which progressed to enquiry.
- 2976 DoLs (Deprivation of Liberty Safeguards) were requested, 1040 of those were granted.
- increase of 35.9% in the number of concerns from 5,969 in 2016/17, to 8,110 in 2017/18. (This is the 4th consecutive year of increase in the number of reported concerns as a total).
- increase of 36.5% (435) in the number of enquiries from 1,189 in 2016/17, to 1,624 in 2017/18.

This increase in activity is likely to be the result of the new adult MASH team.

Adult safeguarding completed enquiries:

- 315 - physical abuse
- 93 for sexual abuse
- 261 for psychological abuse
- 370 for financial or material abuse
- 8 for discriminatory abuse
- 39 for organisational abuse
- 506 for neglect and acts of omission
- 49 for domestic abuse
- 12 for sexual exploitation.

Population Health

The Manchester Population Health Plan is the City’s overarching plan for reducing health inequalities and improving health outcomes for our residents which will reduce safeguarding risks in the population. Much of 2017/18 was spent developing the plan and consulting with a wide range of stakeholders. The plan can be found here:

www.manchester.gov.uk//health_and_wellbeing/public_health

The Plan, with five priority areas for action, has been developed in partnership with a wide range of stakeholders and is an integral component of the refreshed Locality Plan, “Our Healthier Manchester”.

The five priorities

1. Improving outcomes in the first 1,000 days of a child’s life
2. Strengthening the positive impact of work on health
3. Supporting people, households, and communities to be socially connected and make changes that matter to them
4. Creating an age-friendly city that promotes good health and wellbeing for people in mid and later life
5. Taking action on preventable early deaths

reflect the wider determinants of health that underpin social and economic wellbeing to support safe and connected communities. In addressing the safeguarding needs of vulnerable adults we need to address a complex range of factors throughout an individuals’ lifetime such as parenting capacity, development/educational issues, housing, employment and income, social integration and support, drug and alcohol misuse, and issues related to service provision or uptake.
4. Statutory Framework and how we deliver

This annual report is compiled in line with the Care Act 2014 and details achievements and progress made and considers forward planning to address emerging themes and any developing risks and challenges.

Manchester Safeguarding Adults Board meets every two months and focuses on how we are implementing the Business Plan, the priorities within it and the impact our action is making towards safeguarding outcomes for our adults.

Board members are required to commit to 80% attendance at meetings over the year period. Those members who do not meet this attendance rate are contacted by the Independent Chair. A full list of membership as of March 2018 can be found at Appendix 1.

The Board has statutory responsibility for completing Safeguarding Adults Reviews (SARs) by overseeing the screening, conduct and publication of SARs and other learning reviews. This work is supported by the Safeguarding Adult Review Subgroup, Learning from Reviews Subgroup and the Learning and Development Subgroup.

Other Subgroups that support the Board are the Quality Assurance and Performance Improvement Subgroup (QAPI), Communications and Engagement Subgroup and the Complex Safeguarding Subgroup.

The MSAB Executive Group manages the Boards business, co-ordinating the work programme and overseeing key business functions on behalf of the Board. This includes overseeing the Risk Register and the budget, along with any reports that will be presented to the Board. The group also, where necessary, commissions policy or practice task and finish groups to examine specific cases or areas of practice more fully.

The Governance Structure for Manchester Safeguarding Board can be found at Appendix 2.

The Board and Subgroups are supported by the Manchester Safeguarding Board Business Unit.

The Board support for the MSAB has been through significant change in the last year. There was one member of staff who was dedicated to supporting the MSAB and also leading on Safeguarding Adult Reviews. This has now been changed to having one member of staff supporting both Boards and one member of staff leading on Safeguarding Adult reviews and Serious Case Reviews (children). The changes were brought about as each of the previous roles had a number of overlaps and the changes seem to be working well. It will be important to monitor the workload requirements of both roles.

There is now a permanent MSB integrated board manager, and a new part time role focussing on learning and development for the adult workforce which has been much needed.

Future challenges:-

The team are focusing on mapping the current systems in Manchester to ensure that they are appropriate. Moving forward, part of this system review will link in to the wider GM strategy and build a more collaborative working arrangements including the system of selecting and nominating reviewers for SARs.

It should be noted that as a result of the legislative changes introduced through the Children and Social Work Act 2017, the Government sent out consultation in October 2017 detailing revisions to the current Working Together Statutory Guidance. Following this, the Government proposes to update and replace the current statutory guidance as ‘Working Together to Safeguard Children 2018.’

This signifies an interesting year ahead as the changes include replacing Safeguarding Childrens Boards with new partnership arrangements. It will be important to ensure that any changes do not adversely impact on the work of the MSAB and continue to build on the joint working achieved thus far.
5. Our Priorities for 2017/18

The 2017/18 MSAB Business and Strategic Plan was set out by the Board early in 2017, detailing priorities and actions for the forthcoming year. The 2017/18 strategic plan can be found at Appendix 3.

We chose four main priority areas:

**Engagement and Involvement** - Listening & learning; hearing the voice of adults; Making Safeguarding Personal

We will:
- Listen to the views of adults
- Make sure their voices are heard and are at the centre of what we do
- Put adults in control of decisions about their care and support
- Be proactive in making adults aware of emerging issues and how we’ll deal with them

What will change?
- We will know what adults think and take account of it when we make plans
- We will know those views are taken account of when agencies set up and make changes to services.

We have:
- Undertaken a Desktop audit – Making Safeguarding Personal
- ensured that Making Safeguarding Personal has been given greater focus in 2018/19
- Engaged with a range of service users in helping set priorities and actions in the business plan

**Complex Safeguarding** - Domestic Violence & Abuse (DV&A), Female Genital Mutilation (FGM), Sexual Exploitation, Radicalisation, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

We will:
- Ensure that the complex safeguarding issues listed are tackled effectively and that adults at risk are protected
- Seek assurance from Community Safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them.

What will change?
- We will be assured that adults at risk are effectively and consistently protected from harm, or supported it if it does occur.

We have:
- Held a series of awareness multi agency awareness raising events on modern slavery and trafficking and developed a Manchester Modern Slavery and Trafficking Strategy
- Requested that the Community Safety Partners provide the Complex Subgroup with thematic updates on all of the complex work streams and the Board received six monthly updates on issues of concern.
Transitions - Moving from child to adulthood in a safe and positive way

We will:
- Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
- Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
- Facilitate the development of a Transitions Strategy that ensures individuals’ engagement with services as they transition is consistent, seamless and safe; no-one ‘slips through the net’.

What will change?
- We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the change from child to adulthood.

We have:
- held a multi-agency transitions workshop with further actions to continue into 2018/19

Neglect - Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

We will:
- Work with partners to assure ourselves that wilful neglect or neglect by omission is recognised and addressed
- Seek assurance that there is an effective multi-agency response to the issue of hoarding
- Seek assurance that there are appropriate responses in place for those at risk of self-neglect

What will change?
- We will have greater understanding that adults at risk of neglect are being safeguarded

We have:
- promoted the finding of a Safeguarding Adult Review which had an element of self-neglect
- agreed a Task and Finish group to start work on Manchester’s Self Neglect Strategy, including hoarding

6. What have we done?

Trust Your Instinct Campaign

The “Trust Your Instinct” Campaign was launched - this campaign is aimed at all members of society, from members of the public to safeguarding practitioners. Further details about the campaign can be found on our website at: https://www.manchestersafeguardingboards.co.uk/resource/trust-your-instinct

Adult MASH (Multi Agency Safeguarding Hub) - In April 2017 the Adult MASH was implemented to respond to adult safeguarding concerns. The MASH undertakes the initial assessment of new/closed/review Safeguarding Adults Concerns. This involves working with the citizen where possible, to respond to and prevent harm or abuse from occurring and ensuring appropriate recommendations are made for follow up by the respective agencies in the community.
Positions of Trust Policy – In January 2018 the Board agreed the publication of the MSAB Policy for Managing Concerns around People in Positions of Trust with Adults who have Care and Support Needs (PoT). The Policy is a multi-agency policy and is based upon the North West Policy which was developed and based upon the West Midlands Adult Position of Trust Framework: A Framework and Process for responding to allegations and concerns against people working with adults with care and support needs, which was ratified by the North West ADASS Regional Safeguarding Group.

The policy can be found here: [www.manchestersafeguardingboards.co.uk/msab-pipot-policy](http://www.manchestersafeguardingboards.co.uk/msab-pipot-policy)

High Risk Protocol - The protocol provides a framework for working with adults who are deemed to have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviour or refusal of services. This was published by the MSAB in March 2018.

The protocol can be found in this section of our website:
[www.manchestersafeguardingboards.co.uk/msab-multi-agency-policy-procedures](http://www.manchestersafeguardingboards.co.uk/msab-multi-agency-policy-procedures)

Making Safeguarding Personal - A desktop audit was undertaken by the Board between October to November 2017 regarding Making Safeguarding Personal (MSP). The process required partner agencies to complete an audit tool to provide evidence and to give an overview against the general standards of MSP within their organisation. It also provided an opportunity to populate an action plan following the identification of gaps following the audit.

Some strengths were identified - At Manchester City Council, MSP is undertaken in a manner that reflects the individual need with consideration being given to an appropriate method of communication, language, relative/carers etc with access to interpreters, equipment and advocates, to enable the individual to participate fully in the process. Within the Greater Manchester Mental Health NHS Foundation Trust (GMMH), audits are completed on a monthly basis and feedback given to both practitioner and manager regarding MSP elements. Capacity, best interest, and advocacy prompts have been incorporated onto systems. Within Greater Manchester Police, specialist officers understand the role of appointed representatives and mental capacity advocates under the Mental Capacity Act 2005, they understand and refer to Independent Domestic Violence Advisor (IDVA), and have processes in place to make appropriate referrals.

An area which appears to be fully understood across the partnership is the need to elicit customer feedback. There are a number of methods used and a variety of ways that the information is used.

Some recommendations were made that:

The partnership should consider the implications of MSP for their organisation in terms of culture change and learning needs.

All agencies should work in collaboration with other partners to safeguard vulnerable adults placing the wishes of the person at the forefront of any decisions

Learning and development around MSP can be delivered using a range of methods, including staff briefings, practice forums, case discussions, identifying champions, peer and group supervision, practice and feedback, and promotion of reflective practice.

Policies, procedures, and training programmes are in place for Safeguarding Adults, Deprivation of Liberty Safeguards (DoLS), referrals to Independent Mental Capacity Advocate (IMCA). Best Interest decisions include a relative, friend, or advocate. Where this work has not yet been completed, there are plans to do so.
Clear metrics by which to measure the impact of MSP within each agency must be established, which will help refine recording systems.

Work is ongoing in all of these areas and will move into 2018/19 as a priority, with a Task and Finish group being set up to fully consider this area.

7. Safeguarding Adults Reviews and Lessons Learned

The Care Act 2014 requires that a Safeguarding Adult Review (SAR) is carried out when the following criteria are met:
There is reasonable cause for concern about how MSAB members or other agencies providing services, worked together to safeguard an adult;
and the adult has died, and the MSAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died); or, the adult is still alive, and the MSAB knows or suspects that the adult has experienced serious abuse or neglect.

Cases Meeting SAR Criteria

<table>
<thead>
<tr>
<th>Cases Meeting SAR Criteria</th>
<th>2 cases</th>
<th>SAR AA and SAR CA</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS that have been conducted and have concluded, and Reviews have been published in 2017/2018</td>
<td>2 cases</td>
<td>SAR AA and SAR CA</td>
</tr>
<tr>
<td>SARS that have been screened in 2017/2018 and found to meet SAR criteria and reviews are currently underway</td>
<td>2 cases</td>
<td>SAR AA and SAR CA</td>
</tr>
<tr>
<td>SARS that were screened prior to 2017/2018 and placed on hold due to parallel court proceedings and which have resumed during 2017/2018</td>
<td>1 case</td>
<td>SAR AA and SAR CA</td>
</tr>
</tbody>
</table>

Cases not meeting SAR criteria

<table>
<thead>
<tr>
<th>Cases not meeting SAR criteria</th>
<th>1 case</th>
<th>2 cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Review concluded 2017/2018</td>
<td>1 case</td>
<td>2 cases</td>
</tr>
<tr>
<td>Learning Review underway 2017/2018</td>
<td>1 case</td>
<td>2 cases</td>
</tr>
<tr>
<td>No review action required (case does not meet SAR criteria and no further action required)</td>
<td>1 case</td>
<td>2 cases</td>
</tr>
</tbody>
</table>

Published Reviews

SAR AA (published December 2017 - www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews

Key Themes: Neglect
Adult AA was found in a state of extreme ill health and neglect in their parents’ home suffering from sepsis, acute malnutrition, acute renal failure and other health issues. It is alleged that Adult AA lost all contact with the outside world in 1995, prior to which they had had minimal contact with their GP and no contact had been recorded after 1984. Adult AA spent 12 months in hospital before being determined as medically fit and is now making positive progress.

Key Findings and Learning
Overall the review determined that this was a highly unusual set of circumstances in which there was no clear opportunity to safeguard Adult AA. There are no statutory health screening systems in place for adults and no requirement for GPs to assertively follow up non-attenders. It is possible for an adult post-18 to become invisible within society without professional knowledge. The window of opportunity for intervention is around the ages 15-18.

- The period when Adult AA lost contact with the outside world is historic and current working practices relating to young people aged 15 – 18 now provide clear safety nets around children missing from education.
The MSAB ensures that community Awareness safeguarding campaigns continue and give due regard to ‘invisible people’;

- Adult AA’s case is to be used as a case study to test Manchester’s current Transitions processes and the findings of the Review to be shared across Adult's and Children’s services.

### Learning Activities

A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: [www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews](http://www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews)

A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as A1) to disseminate the findings and learning from this review.

### Actions

All the actions associated with the recommendations for SAR AA have been signed off as complete by the Learning From Reviews subgroup. These include - the "Trust Your Instincts" campaign with booklets and posters raising awareness about safeguarding children and vulnerable adults has been launched. The Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. Policies and procedures relating to children missing education have been strengthened to protect vulnerable children who stop going to school.

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### SAR CA (published March 2018) – [www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews](http://www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews)

#### Key Themes: Mental Health, DVA

Adult CA was aged 22 year old and had been known to mental health services since the age of 16; they had a history of anxiety, self-harm, alcohol and substance misuse. Adult CA was under the care of adult psychiatry outpatients. Adult CA had been impacted by domestic abuse in her life, by experience as an adult and by witnessing it as a child. In 2016 Adult CA was taken to hospital after self-harm and an overdose. Later in 2016, after having been out celebrating their birthday CA died as a result of suicide.

#### Key Findings and Learning

The review concluded that:

- Improved communication and greater coordination of the agencies working with Adult CA, including the identification of a lead agency would have been beneficial;
- A safeguarding referral could have been made by the agencies who had contact with CA when they initially made threats to kill themselves;  
- There was no central point of contact, no identified lead agency, and on occasion an absence of effective and timely information sharing;
- The waiting list for psychological therapy was significant and is of concern;
- Adult CAs acts of self-harm were not always perceived as high risk.

Recommendations included:

- MSAB should issue a multi-agency referral pathway & guidance that stipulates the responsible agency for making referrals;
- CA’s case is tested by the Adult MASH to determine how they would be responded to today;
- Assurance is sought regarding waiting list management of psychological therapy referrals;
- Domestic abuse services should consider a ‘think family’ approach, and where there are concerns that a perpetrator has experienced DA, these should feature in MARAC discussions and support or safety measures put in place.
Learning Activities

A Learning Summary, 7 Minute Briefing and materials from the Learning Event are available here: www.manchestersafeguardingboards.co.uk/safeguarding-adult-reviews

A Learning Event for practitioners and professionals was held on 8th November 2017 (advertised as C1) to disseminate the findings and learning from this review.

Actions

Most of the actions relating to SAR CA have been signed off as complete by the Learning From Reviews subgroup. These include - the Adult MASH and the multi-agency safeguarding adults referral form have been launched and publicised. The MARAC Review includes recommendations and actions related to perpetrators and this has been presented at Domestic Abuse Strategic Group. Manchester Health and Care Commissioning (MHCC) confirms that a significant amount of additional resource has been agreed for Improving Access to Psychological Therapies (IAPT) as part of the three year investment framework.

Learning Reviews

In addition to the statutory reviews that have been published or are underway, MSAB has also conducted three learning reviews during 2017/18, one of which has been concluded. The subject of this learning review was the mother of a child who had been the subject of a SCR. The SCR process had highlighted concerns about whether effective safeguarding of a vulnerable adult with mental health concerns had been carried out effectively, in the period leading up to and during a mental health crisis.

Learning from the review included:

- MSAB and MSCB should maximise the opportunities offered by holding joint reviews in cases where there are adult and child safeguarding issues requiring deeper analysis;
- The important of a person centred approach rather than a system only approach, especially where there are issues of non-compliance
- It should always be possible to retrieve historical data about services involved in the provision of care to vulnerable adults;
- Professionals providing services should understand the issues of equality and divers should provide learning opportunities to increase awareness of the impacts of Post-Traumatic Stress Disorder (PTSD) on adults and families with refugee status when working with adults with refugee status. Adjustments should be made in recognition.
- When statutory child protection intervention involves children of parents with vulnerabilities it is crucial that an advocate is identified to support the adult/parent during the process.

8. Progress against our Business Priorities

We asked our Subgroups to provide updates as to how they have contributed to these priorities, by sending out a proforma detailing our priorities and asking what has worked well and any future challenges. The subgroups discussed these and responded accordingly. Extracts from the responses are detailed below. The full responses can be found on our website here: www.manchestersafeguardingboards.co.uk/msab-annual-reports

Learning from Reviews (LfRSG)

This subgroup has the responsibility for monitoring the implementation of recommendations and actions arising from completed Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR), other Learning Reviews and also specific recommendations for MSCB or MSAB arising from Domestic Homicide Reviews (DHR).
Areas of Future Development - this is a new subgroup that was formed in September 2017 and it has taken several months to set the parameters of how the group will operate. For example: as the group evolved it became clear that membership needed to be extended to include Adult Social Care, Probation and a representative for Domestic Violence & Abuse. The Terms of Reference had to be amended and agreed and a permanent Chair and Deputy needed to be secured. There have been issues with the quality of action plans arising from reviews which makes it difficult to monitor the implementation of actions, this has been fed back to the strategic Board and plans are in place to address the problem of actions not being SMART. The subgroup is still in development in terms of being able to evidence changes in practice arising from learning from Safeguarding Adult Reviews (SAR). As the subgroup becomes embedded there will be an opportunity for future development in terms of thematic analysis of learning that will inform the Boards’ Business Plan.

Communication and Engagement

This subgroup has the responsibility for facilitating the development and dissemination of accessible information in a variety of formats to raise awareness about safeguarding children and adults; targeting a range of stakeholders including citizens, professionals, service users and carers.

This subgroup was formed to:

- maximise communication and engagement opportunities between MSB partners and external stakeholders
- provide a forum to share communication & engagement expertise

The subgroup will:

- act in a consultative capacity for the MSAB on communication and engagement activities
- allocate or respond to the work of other MSB subgroups
- offer support and advice to the planning and development of communication & engagement activities
- develop the MSB Communications & Engagement Strategy on behalf of the Boards
- offer expert advice and support to the MSB Communications Manager.

In keeping with revised MSB Business Plan the long term priorities will be:

1. Modern Slavery Strategy – MSAB & MSCB
2. MSP Service User Groups – MSAB.

Practice example – what has worked well?

- the MSCB website was replaced by a new MSB website www.manchestersafeguardingboards.co.uk in January 2017; the website was then remodelled and all content refreshed in June / July 2017. Website analytics for 1.4.17 to 31.3.18 show the website had 31,602 users.
- marketing and communications activity for 2017/18 focused on MSB materials such as Trust Your Instinct and national campaigns.
- in June 2017 the MSB Twitter feed @McrSafeguarding was launched to support the integrated MSB website.

Learning and Development (L&D)

This subgroup has the responsibility for supporting, analysing and assessing the delivery and impact on practice of a targeted Multi Agency Training programme that incorporates learning from SAR.
Engagement and Involvement:

1 SAR event which covered two SAR’s was delivered with 38 professionals attending. This event and presentations were delivered and developed by the independent chair of the two reviews. This ensured that the key themes were identified and learning shared with those in attendance.

Complex Safeguarding: The learning and development programme delivered by the MSB includes a classroom based training programme incorporating courses on Awareness of Domestic Violence and Abuse, Forced Marriage and Honour Based Violence. In addition to the classroom based sessions; online training is available through our contract with Virtual College and include courses on Understanding Pathways to Extremism and the Prevent Programme, Introduction to Female Genital Mutilation, Forced Marriage, Spirit Possession and Honour Based Violence, Basic Awareness of Adult Sexual Exploitation and Trafficking, Exploitation and Modern Slavery.

What has worked well?

L&D Safeguarding Training Coordinator (Adults) – Successful recruitment occurred early in quarter 4 to the part time (17.5 hrs) post of Safeguarding Training Coordinator week commencing 12th February. Initial work commenced on:

- Planning Adult Safeguarding conference focussed on Making Safeguarding Personal (delivered in June 2018)
- Research for the adult safeguarding training offer
- Review of SAR commissioning process

Face to Face Training - A total of 1612 professionals attended learning events or training courses for adults and children in 2017/18 which is a 9.5% increase on the previous year. The numbers of non-attendees has decreased to 15.2% (compared to 16.6% last year). MSB L&D Website - The updated training website was launched in Summer 2017 and is proving popular and easier to access (mobile device friendly). The Impact Evaluation Questionnaire has been embedded into the training website alongside an improved reporting tool and automated back office features.

New Training Courses – Money Management for homeless young people (2 courses delivered as part of a national one off project) and Introduction to Loss Grief and Bereavement which is delivered by Bereavement UK at no cost and has been included into the training programme.

Online Training – MSB has a contract with Virtual College and provides access to over 50 adult and children safeguarding training courses. A total of 5475 courses were accessed and 4924 courses were completed in 2017/18 this is an increase of 22% from last year and a 178% increase in 2014/15 (when 1,765 courses completed) and self-registration was first introduced. The course completion rate was 90% which has improved from a 76% pass rate last year. This is a significant improvement on last year and reflects the pro-active work in promoting online learning (3000 posters were printed and distributed) and the linking of the training and online learning websites.

Online Training Feedback – All learners who complete a module (training course) have to provide feedback to obtain the training certificate. 95% of learners found the modules easy to access and navigate and 97% would recommend the course to other colleagues.

Impact Evaluation (IE) Reports (Face to Face Training) – Two IE reports for 2016/17 (Neglect and Parental Mental Health and Safeguarding Children) are completed, report and recommendations are pending L&D Sub Group approval. Two IE reports for 2017/18 have been completed, pending L&D Sub Group approval (Awareness of Domestic Violence and Abuse) one using data collected via a telephone survey and one using the online Impact Evaluation Questionnaire and these reports will be compared and considered by the L&D Sub Group for future reporting purposes.

Impact Evaluation of Online Training – A total of 434 module feedback was provided which represents 8.7% of completed course modules this is a slight decrease from last year when 10% provided feedback. When asked if participation in the e-learning supported them to make measurable improvements to their work practice 78% agreed. Over 86% assessed their confidence in applying the learning to their practice had improved since completing the training.
Areas of Future Development:

Training delivery - The training pool that has delivered many different training sessions has reduced in number during the year due to professionals changing job roles. This will be a focus for development during 2018/19.

Training programme development – The following are areas that have been identified that require further training course development:

- Young people transitioning into adulthood themed courses
- Neglect Training (children and family focus)
- Safeguarding Adult basic awareness

Training Non-attendance - Although non-attendance has decreased overall (15.2%) the largest non-attenders are MCC Children and Families who have a 43% non-attendance rate which has increased from 24.5% last year. These statistics are based on adults and children.

Impact Evaluation Reports: The MSB L&D team aim to undertake impact evaluation reports 3 months following course delivery. Due to limited resources in the business unit, completion of the telephone surveys has been a challenge. Online Impact Evaluation for face to face training was piloted and will be used for future courses.

Trainee online Feedback for face to face Training Courses: Due to limited business support post course online feedback to trainers has been inconsistent.

There is currently a vacant Business Support post and once filled, these areas will be addressed.

Complex Safeguarding

The purpose of this group is to receive thematic strategies/plans, research/policy developments (statutory/practice) and provide a challenge and support role within the context of strategic and operational delivery in the seven strands of complex safeguarding: Child Sexual Exploitation (CSE) and Sexual Exploitation (SE); Missing from home, care & education; Gangs & violence; Modern Slavery & Trafficking; Radicalisation & extremism; Female Genital Mutilation (FGM); and Honour Based Violence (including Forced Marriage)

A workplan focussing on actions for all 7 strands of Complex Safeguarding was set for 17/18 - through this, actions and activities were tracked and supported. The workplan evolved constantly as work was completed and actions achieved. Thematic priorities were discussed at every meeting, on a rolling basis.

What has worked well?

The group has met regularly and shared updates with all boards. Progress has been made against all actions, with clear plans set for future working and productivity. Recognising the impact of the work we undertake is a priority moving forward.

There has also been good partnership working and commitment across all key sectors and other partner agencies.

Sexual Exploitation – there has been increased joined up working, with the ‘Think Family’ approach being better utilised, with better agency involvement and intelligence sharing from all areas.

Protect (Manchester CSE Team) has developed into a multi-agency HUB with a future challenge for this as it becomes part of the Complex Safeguarding Hub, there is also better recognition that ‘CSE’ doesn’t stop at 17 and recognition of the connection with Adult Sexual Exploitation – vulnerability surrounds both.

Training is commissioned by independent providers and there has been improved work at schools, although there is still more to do to help young people recognise their own vulnerabilities.
Radicalisation and Extremism – Manchester’s Channel Cases Peer Review was also delivered in March 2017 and from this an action plan for improvement developed. The action plan set out a number of actions to strengthen the process for making referrals and the multi-agency support offered to vulnerable people. The action plan has been delivered but will now need to be reviewed in light of the changes proposed through the Home Office’s GM Dovetail pilot, which aims to go live in October 2018 and will see the transfer of Channel functions from the police to local authorities.

Channel referrals have improved. It is recognised that some of this is due to the impact of the Manchester Arena attack and subsequent investigations but also because more people are aware of the referrals process and who they can speak to for advice. The referring agencies have also become more diverse and we are moving away from just police based referrals. Health, schools, colleges and the Local Authority (LA) are also referring.

Manchester is committed to engaging with communities on sensitive and challenging issues relating to extremism, radicalisation and terrorism. The city’s RADEQUAL campaign is the city’s response to building community resilience to prejudice, hate and extremism. It is about empowering and enabling organisations and communities to come together to challenge prejudice, hate and extremism. The campaign has been successful in establishing a community network which comes together regularly to critically think about the difficult issues and come up community solutions.

Vulnerability and Organised Crime – with regards to Criminal Exploitation, we have finalised a Manchester definition, policy statement, formulated a multi-agency response and commissioned a piece of analytical work.

There are crossovers between Organised Crime and Vulnerability and will certainly be a future challenge in terms of risk and demand.

Modern Slavery and Violence – A Modern Day Slavery and Trafficking subgroup has been set up to work towards a Manchester Modern Day Slavery and Trafficking Strategy, utilising workshops and frontline practitioners. Three awareness days were held by Stop The Traffik and the Strategy was launched in April 2018 alongside workshops and a train the trainer training schedule.

Domestic Violence and Abuse, including Female Genital Mutilation and ‘so called Honour Based Violence’

FGM – during this period we commissioned voluntary sector groups to develop health and peer mentors in the community and deliver a Zero tolerance event and held a GM event for faith leaders to sign anti FGM pledge.

HBV - 7 minute briefing developed to raise awareness across the partnership. We extended opening hours to the community language domestic abuse helpline and commissioned Independent Choices to deliver community events and drop in sessions for awareness and support

DVA - MSB DVA policy reviewed. There has been a successful implementation of Safe & Together and a commitment for DVA specialist to be involved in all SAR/SCR’s as part of the panels. Continued funding has been secured for 18/19 for Midwifery support service and IRIS funding secured to expand the programme. Funding for an LGBT IDVA post was also secured on a GM level for 2 years.

There has also been good partnership working and commitment across the DVA sector and other partner agencies.

Areas of Future Development:

Sexual Exploitation – there needs to be ongoing awareness raising in communities. More work needs to go into having difficult conversations, identifying the risks of social media, understanding perpetrators and interventions and recognising the transition impact of CSE on adults.

DV&A – The roll out of Safe & Together will be a priority moving forward, to include partner agencies. We also plan to develop an MSB FGM training offer and implement learning from DHR’s.

Modern Slavery and Trafficking – A future challenge will be the launch and implementation of Manchester Modern Day Slavery and Trafficking Strategy by agencies across Manchester. We also need to ensure that Duty to Notify and
National Referral Mechanism (NRM) referrals are maintained. We will continue to work with AFRUCA to support Community Champions work raising awareness of Modern Day Slavery and Exploitation, including referral pathways and how to get help. This is expected to run between July 18 – July 19.

**Radicalisation and Extremism - Social media and the internet – fake news and propaganda, radicalisation, effective and credible counter narratives continues to be a challenge.** Some areas / agencies have lower Channel referrals and we need to understand why. We need to continue work to remove the stigma and fear of making referrals and develop confidence in people to make Channel referrals, some of this is through the refreshed training and local case studies. We will continue to support people to hold difficult conversations to develop critical thinking and resilience and improve information sharing between agencies to better understand risk as well as vulnerabilities. The roll out of GM Dovetail pilot will present challenges, along with the proposed pilot Multi Agency Centres.

**Quality Assurance Performance Information (QAPI)**

The priority for MSB QAPI over the last 12 months has been to develop the data set of information compiled from various agencies into a usable and effective suite of measures. This has been mostly achieved now following contributions from a range of agencies as part of the QAPI group. The data has assisted the group in being able address questions of accountability as well as prevention learning and improvement.

There is now a comprehensive multi-agency dataset in place. The dataset now has enabled the review and collation of two full years of data from 2016-2018 from a range of agencies including Social Care, GMP, Manchester Health & Care Commissioning, and Manchester Foundation Trust. This has included really positive information on the GP IRIS (Identification & Referral to Improve Safety) programme which is a success story in as much that 100% of GPs are now trained in IRIS and the number of referrals to support services made by all GPs in one year has increased from 6 to 785.

A joint MSCB / MSAB multi-agency case file audit on the theme of DVA was completed in April 2017 and multi-agency recommendations were accepted for further work and improvement by both of the Boards.

The Annual MSAB Assurance statements was sent out to all MSAB partners and a corresponding peer challenge event was held in January 2018 which led to agencies identifying opportunities to work more closely together and share good practice. Some agencies have worked more closely to review and improve their assurance statements, set more challenging goals and improve partnership working since.

It is also intended to undertake a practitioner survey to assess the effectiveness of learning from both audit and case review findings, and the group are working on opportunities to proactively seek the views of service users to better understand how we make safeguarding more personal.

**Practice Example - Complex Safeguarding:**

The multi-agency dataset now incorporates quarterly data reports on Domestic Abuse, Vulnerable Adults, Honour Based Violence, FGM, Missing from Home and Modern Slavery.

A joint MSCB / MSAB multi-agency case file audit on the theme of Domestic Abuse was completed in April 2017 and a range multi-agency recommendations were agreed by both Boards.

**Safeguarding Adults Review Subgroup**

The primary purpose of the SAR Sub Group is to screen incoming referrals to assess whether they meet SAR criteria or not, and to recommend to the Independent Chair whether a SAR should be conducted. If SAR criteria is not met, SARSG can also recommend another type of learning review or activity, including single agency reviews. SARSG also
monitors the progress of SARs that are underway and considers first drafts of completed reviews, providing feedback to the independent reviewer prior to the Reviews being considered by Board.

Once reviews are completed and signed off by Board, Learning & Development Sub Group (L&D SG) are charged with conducting case specific Learning events and publication of learning materials (including a Learning Summary, Slides and a 7 Minute Briefing), Learning from Reviews Sub group (LfRSG) are charged with monitoring of any actions agreed as a result of the review findings. Lessons learned from reviews help to improve safeguarding practice and reduce risk.

Areas of future development - SARS recognises that Board members need to nominate appropriate representatives to Review Panels who can provide strategic analysis of historic and current policies and procedures and enact change in their agencies where required. Panel members need to identify appropriate and SMART actions for their agencies in response to learning coming out of reviews for the Board to consider when the Review is concluded; and be able to cascade learning within agencies as it emerges through the review process.

Practice Example - Transitions:

The importance of effective transition was highlighted in SAR AA in which a young person with a mild learning disability and epilepsy left school in the 1980s (possibly removed by parents) and henceforth disappeared from the world, not having any engagement with the usual universal agencies (GPs, hospitals, employment, tax or benefit agencies) until being found aged in their forties living in a severely neglected and near-death state in their parents’ home. The period when the AA left school and disappeared are historical circumstances and current practices relating to young people aged 15-18 provide clear safety nets for young people aged 15-18 going missing from education, however the case will be used as a case study to test Manchester’s current Transition processes to explore how a young person with moderate needs is supported into adulthood.

9. What our partners say:

We also asked our partner agencies what they have done to support our priorities and asked them what has worked well and what their future challenges are. Extracts regarding priorities are recorded here. Full responses can be found here on the MSB website: [www.manchestersafeguardingboards.co.uk/msab-annual-reports](http://www.manchestersafeguardingboards.co.uk/msab-annual-reports)

Engagement and Involvement – Practice Examples

**Manchester Health Care and Commissioning (MHCC)** - The Safeguarding Team continues to ensure that empowerment is a consistent theme in their work, ensuring that the voice of the adult is heard and embedded in all safeguarding activity. Where necessary professional challenge is made to ensure this principle of safeguarding is upheld. IRIS is commissioned by the Clinical Commissioning Group (CCG) and each year consults with survivors on their experience of the IRIS process and uses a Making Safeguarding Personal approach to client care planning.

We continue to embed Making Safeguarding Personal through our provision of Safeguarding Supervision to Named Nurses, Continuing Healthcare Nurses and the MASH Nurses. We also apply this routinely when we review serious incidents through the NHS Serious Incident Framework and on our walk around visits to providers.

**Greater Manchester Fire and Rescue Service (GMFRS)** - GMFRS are currently working alongside homelessness groups such as Justlife, Nightstop, Riverside, Street Support, Shelter, Manchester City Council etc to address the issues and help remove the barriers faced by Manchester’s homeless as they transition from homelessness into temporary unsupported accommodation. GMFRS are a partner in the provision of rolling night shelters, offering the use of our community room at Manchester Central fire station for this purpose. We use this offer to engage and educate homeless people in fire safety and survival training.
GMFRS front line and community safety staff and volunteers take an active part in a number of community cohesion initiatives, high profile events and targeted campaigns both as a fire and rescue service and with partners. Staff are engaging more closely with hard to reach groups, recognising the diversity of the community we serve and also reaching out to the various faith groups within the GM area. We are doing this to raise awareness of fire safety and the help and support that is available through GMFRS.

Greater Manchester Mental Health (GMMH) - The Trust is committed to providing the best possible service to patients, their friends, relatives and carers. By seeking their opinions, we are able to better understand and tailor our services specifically to them. We recognise power relations obscure ways of understanding and making sense of a person’s own perspective. We have a personalised approach to safeguarding practice, which is person led and not service led. GMMH aims to involve service users in all aspects of the Trust’s operation and development from the Trust Board to individual teams and projects. Service users and carers register their interest in a variety of activities, from helping to interview staff, taking part in mental health research, carrying out Patient Environment Action Team (PEAT) inspections with clinical staff to ensure basic standards of cleanliness and upkeep are being met and joining unique service user groups.

The Trust Creative Wellbeing staff and service users worked with Manchester Art Gallery over 4 sessions to co-curate an exhibition exploring the relationship between art and mindfulness highlighting the importance of supporting wellbeing through the arts.

Complex Safeguarding – Practice Examples

Greater Manchester Police - The City of Manchester Division is committed to establishing a new integrated partnership operating model to reduce the risk of harm and to improve the protection and safeguarding of children, young people and adults with complex safeguarding needs at risk of exploitation. This will be achieved through effective information sharing, joint working, integrated interventions and support and protective practices. The Complex Safeguarding Hub will be based at Greenheys Police Station and will focus on the following strands of exploitation: Sexual Exploitation / Modern Slavery / Criminal Exploitation and Organised Crime Groups.

Strategic Housing - All information received via the Board has been shared with Registered Provider (RP’s) Safeguarding Champions. e.g human trafficking. RP’s attend multi agency meetings (when invited). RP’s need to be included in any future work around the Complex Safeguarding Hub.

National Probation Service (NPS) - During the course of the last business year the National Probation Service has continued to work in close collaboration with key agencies to reduce the impact Serious and Organised Crime has on the communities of Manchester. Specifically, the NPS has been actively involved in the development of the ‘complex safeguarding hub’ providing advice and support to the steering group and across a range of thematic projects including vulnerable adults.

Greater Manchester Fire and Rescue Service (GMFRS) - GMFRS support those who are suffering from high level domestic violence/abuse and provide a safe room facility for use by GMP. Officers in our Protection section work with GMP and identify potential cases of modern day slavery and support partner agencies and services in this work. Staff have received training in how to identify and report concerns regarding potential radicalisation, human trafficking and modern day slavery.
CASE STUDY – Manchester Foundation Trust - Following significant domestic abuse training to a variety of staff across MFT by the adult safeguarding team, our adult safeguarding matron received the following feedback regarding one of our senior specialist nurses -

‘Although safeguarding issues are, thankfully, rare in Radiology, an elective patient made a disclosure to us last week. I would just like to commend your department / one of your nurses for the professional and useful help and guidance we were offered. She was immediately available at the end of the phone for our queries and was able to give valuable advice to us and enabling us to support the patient. She also followed up on the incident with the relevant ward, once the patient was admitted to her overnight bed’.

This is an excellent example of a situation where training supported the member of staff to ask the appropriate questions, the safeguarding nurse was on hand to support the member of staff to do the right thing. The patient was followed up and her safety was addressed as part of her care plan.

Transitions – Practice Examples

Manchester City Council Adult Social Care - We recognise that a successful transition experience for children into adulthood is vital. This includes ensuring that a pathway is available to provide information/guidance/support to contribute to the wellbeing of the person concerned and tackling issues which could occur where neglect or abuse may occur. A work stream is currently being progressed for Children/Adults/key partners to refresh this area of responsibility. The Safeguarding Adult Service is contributing to this discussion and the related development work.

The Christie - Teenage and Young adult cancer services, key workers continue to support during the transition from children to adult services providing continuity and consistency, empowering young people to take control of their care.

Pennine Acute Hospital Trust (PAHT) - Pennine Acute Hospitals NHS Trust have policies e.g. Management of 17 to 18 year olds which supports management of children and young people who are transitioning into adulthood to get the support they require in an environment of their choice e.g. some young people do not want to be nursed on a children’s ward vice versa.

Where more work needs to be done in partnership with e.g. Local Authority is how to deal with children and young people who may suffer CSE and this does not go away when they are 18 years old, therefore staff need to understand processes for support.

Neglect – Practice Examples

Manchester Health Care and Commissioning (MHCC) - Our assurance processes are used by the CCG Safeguarding Team to ensure that wilful neglect or acts of omission are recognised, reported, learnt from and prevented. As a commissioning service we are not directly involved in operational practice. Learning from Safeguarding Adult Reviews have been recognised the need for a more robust response to self-neglect, this has been taken forward by health who are leading a task and finish group the development to design and implement the Adult Neglect Strategy.

Manchester Foundation Trust (MFT) - In 2017/18 MFT agreed to lead on the development of the adult self-neglect strategy for Manchester. In 2017/18 MFT has seen increased numbers of adult neglect cases attending A/E departments a significant number with issues of self-neglect. Training delivered to frontline staff, supports staff to
recognise and respond to situations when a patient has been neglected for whatever reason. Ongoing work on Making Safeguarding Personal and giving patients who experience neglect a voice, will continue in 2018/19 with a dedicated Trust sub-group focussing on Early Help and Neglect with representation from across The Trust.

Greater Manchester Fire and Rescue Service (GMFRS) - Both through Safe and Well delivery and also post- fire reassurance work, GMFRS staff have identified and reported many cases of neglect to local social services staff. This included the raising of a SAR in relation to one individual who it was perceived had been potentially failed by support services. All front line staff are equipped with the necessary knowledge and skills and access to the resources required to make appropriate referrals and to ensure the immediate safety of the individual(s) concerned. GMFRS actively engage with known hoarders and work with clients and also partners such as social services, mental health services and housing association staff to improve the conditions and outcomes for people with this condition.

10. Budget
The Manchester Safeguarding Adults and Childrens Board budget was combined for 17/18. The total budget during that period was: £707,019.74. A full breakdown of the budget can be found at Appendix 4.

11. Future Challenges and Priorities
The MSAB reviewed its objectives and priorities from March to June 2017 and for the first time developed a shared strategic plan along with the MSCB. Each of the Boards have their own vision and objectives however the overarching strategic priority to be assured that safeguarding is effective across Manchester is shared, as are the thematic priorities, key functions and the four specific priorities of engagement and involvement, complex safeguarding, transitions and neglect. However the MSAB focus with regard to neglect is on self-neglect, wilful neglect and neglect by omission.

It has been agreed that because work on this shared plan and specific priorities only really started in September 2017 that these would be carried forward into the financial year April 2018 - March 2019. The details are set out in the plan on a page which can be found at Appendix 5.

After much discussion it was agreed that the thematic priorities of mental health, learning disabilities and substance abuse which are much wider than safeguarding; are more appropriately addressed through other arrangements for example the Health and Wellbeing Board. It remains important however for the Board to ensure that safeguarding issues in relation to these areas are considered as necessary.

The Board has a detailed business plan to which each of the subgroups contribute to ensure that work is progressed. For example a task and finish group has been established to develop a self-neglect strategy; and an audit was undertaken in November 2017 to identify how partners were addressing Making Safeguarding Personal. This has now led to a more detailed action plan being developed as the audit demonstrated this was an area of challenge and there remained a lack of consistency with regard to implementation.

This report has demonstrated the progress made thus far on the priorities, however as indicated a number of challenges still remain. These include the need for the Board to effectively seek assurance that adults are engaged as key partners and that their voices are at the centre of the Boards work; and that Making Safeguarding Personal is embedded in our work.

In order to address these challenges, Making Safeguarding Personal has been added to the Business Plan with its own heading to ensure it is maintained as a Board priority and a task and finish group has been set up to action how this will be embedded. The Communications and Engagement Subgroup have also set up a ‘Service User Engagement’ task and finish group in order to identify which groups could be utilised to support the Board.
A further challenge is that as the understanding of neglect is raised across the workforce, so have the number of referrals for Safeguarding Adults Reviews. The process of reviews quite rightly takes time and resources from across the partnership. Critical to this process is to ensure that learning is shared across the partners and with such a large number of agencies it is vital that changes in practice are made and embedded. We are in the process of developing a neglect strategy which will improve awareness and give practitioners the skills to start to address this very complex area.

At a time of changes within the structure and delivery of health and care with the formation of Manchester Foundation Trust and Manchester Local Care Organisation it is vital to ensure that safeguarding remains a high priority. This is facilitated by the Board receiving regular updates on the new arrangements.

An area for future consideration is the changes being made to move from Safeguarding Children’s Boards to Safeguarding Children’s Partnership. Whilst these do not have to be established until September 2019 at the latest, joint planning has started to take place. This is to ensure that the close working between the two current boards where there are a number of overlapping agendas and priorities, joint subgroups, integrated business unit continues; whilst ensuring that the emphasis on Adult Safeguarding remains a high priority.
## 12. Glossary

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<tr>
<td>CGM CRC</td>
<td>Cheshire &amp; Greater Manchester Community Rehabilitation Company</td>
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<tr>
<td>CMHFT</td>
<td>Central Manchester Hospital Foundation Trust</td>
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<td>CP</td>
<td>Child Protection</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<td>CQUIN</td>
<td>Commissioning for Quality &amp; Innovation</td>
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<td>CSE</td>
<td>Child Sexual Exploitation</td>
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<td>DASH</td>
<td>Domestic Abuse and Harassment</td>
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<td>DBS</td>
<td>Disclosure and Barring Service</td>
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<td>DHR</td>
<td>Domestic Homicide Review</td>
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<td>DoLS</td>
<td>Deprivation of Liberty Safeguarding</td>
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<td>DV&amp;A</td>
<td>Domestic Violence and Abuse</td>
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<td>DVPN</td>
<td>Domestic Violence Prevention Notices</td>
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<td>DVPO</td>
<td>Domestic Violence Prevention Order</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>GMFRS</td>
<td>Greater Manchester Fire and Rescue Service</td>
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<td>GMMH</td>
<td>Greater Manchester Mental Health NHS Trust</td>
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<td>GMP</td>
<td>Greater Manchester Police</td>
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<td>RP</td>
<td>Registered Provider</td>
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<td>SAB</td>
<td>Safeguarding Adults Board</td>
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<td>SAR</td>
<td>Safeguarding Adults Review</td>
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<td>SCR</td>
<td>Serious Case Review</td>
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<tr>
<td>VCSE</td>
<td>Voluntary, Community and Social Enterprise</td>
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<td>HBV</td>
<td>Honour Based Violence</td>
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<tr>
<td>HMIC</td>
<td>Her Majesty’s Inspectorate of Constabulary</td>
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<td>HMP</td>
<td>Her Majesty’s Prison</td>
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<td>IRIS</td>
<td>Identification and Referral to Improve Safety</td>
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<td>JSNA</td>
<td>Joint Strategic Needs Assessment</td>
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<td>LD</td>
<td>Learning Disability</td>
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<td>Local Safeguarding Adults Board</td>
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<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
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<td>MAPPA</td>
<td>Multi Agency Public Protection Arrangements</td>
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<td>MARAC</td>
<td>Multi Agency Risk Assessment Conference</td>
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<td>MCA</td>
<td>Mental Capacity Act (2005)</td>
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<td>MCC</td>
<td>Manchester City Council</td>
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<td>MHCC</td>
<td>Manchester Health and Care Commissioning</td>
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<td>MSCB</td>
<td>Manchester Safeguarding Children Board</td>
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<td>NHSE</td>
<td>National Health Service (NHS) England</td>
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<td>NICE</td>
<td>National Institute for Health &amp; Care Excellence</td>
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<td>NPS</td>
<td>National Probation Service</td>
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<td>PAHT</td>
<td>Pennine Acute Hospital Trust</td>
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<td>QA</td>
<td>Quality Assurance</td>
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<tr>
<td>QAPI</td>
<td>Quality Assurance and Performance Improvement</td>
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### Appendix 1

<table>
<thead>
<tr>
<th>MSAB MEMBERSHIP LIST 2017/18</th>
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<tbody>
<tr>
<td>Care Quality Commission (CQC)</td>
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<tr>
<td>Cheshire and Greater Manchester Community Rehabilitation Company (CRC)</td>
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<tr>
<td>Central Manchester Foundation Trust (CMFT) (joined with University Hospital of South Manchester (UHSM) to become Manchester Foundation Trust (MFT) on 01/10/17.)</td>
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<tr>
<td>Greater Manchester Fire and Rescue Service (GMFRS)</td>
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<td>Greater Manchester Police (GMP)</td>
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<td>Greater Manchester Mental Health (GMMH)</td>
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<td>Healthwatch Manchester</td>
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<td>Her Majesty’s Prison Service (HMPS)</td>
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<td>Manchester Alliance for Community Care (MACC)</td>
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<td>Manchester City Council Adult Services (MCC)</td>
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Appendix 3

MSAB Vision:
Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

MSAB Objectives:
- To provide effective leadership, governance and partnership working to safeguard people
- To listen, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that vulnerable people are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Vision:
Every child and young person in Manchester should be able to grow up safe, free from abuse, neglect or crime; so allowing them to enjoy a happy and healthy childhood and fulfil their potential.

MSCB Objectives:
- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCLs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:
- To be assured that safeguarding is effective across Manchester

Achieving our thematic priorities for 2017/18:
- Mental health, learning disability and substance abuse are key considerations across all of our priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Our key functions:
- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

ENGAGEMENT and INVOLVEMENT
Listening & learning, hearing the voice of children & adults, Making Safeguarding Personal

- We will:
  - Listen to the views of children and adults
  - Make sure their voices are heard and are at the centre of what we do
  - Put children and adults in control of decisions about their care and support
  - Be proactive in making decisions about children and adults so that we can support them

What will change?
- We will know what children and adults think and take account of it when we make plans
- We will know what views are taken account of when agencies set up and make changes to services

COMPLEX SAFEGUARDING
Domestic Violence & Abuse, FGM, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery, So-called Honour Based Violence

- We will:
  - Ensure that the complex safeguarding issues faced are tackled effectively and that adults & children are protected
  - Seek assurance from Community Safety partners that safeguarding issues are addressed throughout the response to domestic violence and abuse
  - Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them

What will change?
- We will:
  - We will be assured that adults & children at risk are effectively and consistently protected from harm, or supported if it does occur

TRANSITIONS
Moving from child to adulthood in a safe and positive way

- We will:
  - Agree a clear, commonly understood definition of transitions, as it relates to our member agencies and services
  - Map and understand all the points where individuals transitioning from child to adulthood may need and engage with care, support and safeguarding provision
  - Facilitate the development of a Transitions Strategy that enables individuals’ engagement with services as they transition is consistent, seamless and safe; no-one ‘flips through the net’.
  - What will change?
    - We will be assured that individuals who need care & support benefit from a simple, effective and safe response as they make the transition from childhood to adulthood.

NEGLECT
Ensuring the basic needs of every child are met

- We will:
  - Ensure that practitioners are equipped with the tools to recognise, assess and prevent neglect of children
  - Communicate and embed the neglect strategy across partner organisations
  - Seek assurance that early help is sought where there is a risk of abuse
  - What will change?
    - We will be assured that children at risk of neglect will be safeguarded and protected.

NEGLECT
Adults at risk of self-neglect, wilful neglect or neglect by omission are safeguarded and supported

- We will:
  - Work with partners to ensure measures that suit neglect or neglect by omission is recognised and addressed
  - Seek assurance that there are an effective multi-agency response to the issue of hoarding
  - Seek assurance that there are appropriate responses in place for those at risk of self-neglect
  - What will change?
    - We will have greater understanding that adults at risk of neglect are being safeguarded.
### Manchester Safeguarding Boards
For the 12 Months ending 31.03.2018

<table>
<thead>
<tr>
<th>Cost Elements</th>
<th>Annual Budget</th>
<th>Actual YTD</th>
<th>Var.YTD</th>
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<tbody>
<tr>
<td><strong>PAY Costs</strong></td>
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<tr>
<td>Total Pay Costs</td>
<td>441,470.00</td>
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<tr>
<td><strong>Non-Pay</strong></td>
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<tr>
<td>* Premises</td>
<td>7,000.00</td>
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<td>* Transport</td>
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<tr>
<td>* Supplies &amp; Services</td>
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<td>* Third Party Payments</td>
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<tr>
<td>* Internal Charges</td>
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<tr>
<td>* Onwards Internal Trading</td>
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<tr>
<td><strong>Non-Pay Expenditure Childrens</strong></td>
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<td><strong>TOTAL EXPENDITURE Board</strong></td>
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<td>640,527.74</td>
<td>-66,492.00</td>
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### INCOME

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<tr>
<th></th>
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<tr>
<td>Miscellaneous Income</td>
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<td>MCC Education</td>
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<td>MCC Housing</td>
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<td>MCC Other</td>
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<td><strong>Total Contribution from MCC</strong></td>
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<td>National Probaton Service</td>
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<td>NHS</td>
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<td>Cafcass</td>
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<td>GMCA( GM Police)</td>
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<td><strong>External Income</strong></td>
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Appendix 5

April 2018

MSAB Vision:
Ensuring every citizen in Manchester is able to live in safety, free from abuse and neglect. Everyone who lives and works in the City has a role to play.

MSAB Objectives:
- To provide effective leadership, governance and partnership working to safeguard people
- To listen to, support and empower people
- To promote and raise awareness of safeguarding
- To be assured that adults at risk are being safeguarded
- To implement and monitor changes to ensure abuse or neglect does not happen again to others

MSCB Vision:
Every Child in Manchester is Safe, Happy, Healthy and Successful. To achieve this we will be child-centred, listen to and respond to children and young people, focus on strengths and resilience and take early action.

MSCB Objectives:
- To be assured services for children and young people are targeted, responsive and efficient
- To do all we can to help children and young people lead happy, healthy and productive lives
- To learn from SCRs and other reviews and listen to the views of children and young people
- To ensure we have processes to audit our work and to measure its effectiveness and impact
- To demonstrate collective leadership across the Board and subgroups

Our overarching strategic priority:
- To be assured that safeguarding is effective across Manchester

Our key functions:
- Learning and Development (including reviews and investigations)
- Quality Assurance & Performance Improvement
- Communication & Engagement
- Standards, Policy & Practice

Our key priorities:
- Engagement and Involvement, Complex Safeguarding, Transitions and Neglect are our key priorities
- We will support and challenge our partners against each priority
- Strong and effective governance and accountability are fundamental to assurance

Engagement and Involvement:
- Listening and learning, hearing the voice of children and adults
- Making safeguarding personal
- We will:
  - Ensure the voices of children and adults are listened to
  - Ensure that voices are heard and are at the centre of the decisions we make
  - Ensure children and adults are in control of decisions about their care and support
  - Be proactive in making children and adults aware of emerging issues and how to deal with them
  - What will change?
  - We will take the views of children and adults into account when the Board makes decisions
  - We will see greater involvement of children and adults in decisions about their future

Complex Safeguarding:
- Domestic Violence & Abuse, Harmful Physical Action and other forms of Abuse, Sexual Exploitation, Radicalisation, Missing, Organised Crime, Trafficking & Modern Slavery
- Safeguarding Policy

We will:
- Ensure that the complex safeguarding issues listed are tackled effectively and that adults & children at risk are protected
- Seek assurance from community safety partners that safeguarding issues are considered throughout the response to domestic violence and abuse
- Work with housing providers, the voluntary sector & communities to raise awareness of complex safeguarding issues and how to tackle them

What will change?
- We will take the views of children and adults into account when the Board makes decisions
- We will see greater involvement of children and adults in decisions about their future

Transitions:
- Moving from child to adulthood in a safe and positive way
- We will:
  - Ensure that practitioners are aware of the agreed transition criteria, so that we can work to our priorities
  - Seek support and guidance from safeguarding professionals on how to support children transferring from childhood to adulthood
- What will change?
- We will be assured that children at risk of neglect will be safeguarded and protected

Child Neglect:
- Ensuring the basic needs of every child are met
- We will:
  - Ensure that practitioners are aware of the agreed criteria, so that we can work to our priorities
  - Communicate and embed the safeguarding strategy across partner organisations
  - Seek assurance that only help is sought where there is a risk of abuse
  - What will change?
- We will be assured that children at risk of neglect will be safeguarded and protected

Adult Neglect:
- Adults at risk of self-neglect, whilst neglect or neglect by omission is recognised and supported
- We will:
  - Work with partners to ensure our relationships with adults at risk of neglect or neglect by omission is recognised and addressed
  - Seek assurance that there is an effective multi-agency response to the issue of hoarding
  - Seek assurance that there are appropriate resources in place for those at risk of self-neglect
- What will change?
- We will be assured that adults at risk of neglect are being safeguarded