

## ***HEALTH AND WELL BEING BOARD Agenda***

Date Tuesday 26 March 2019

Time 2.00 pm

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Lori Hughes at least 24 hours in advance of the meeting.
  2. CONTACT OFFICER for this agenda is Lori Hughes Tel. 0161 770 5151 or email [lori.hughes@oldham.gov.uk](mailto:lori.hughes@oldham.gov.uk)
  3. PUBLIC QUESTIONS - Any member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon, Thursday, 21 March 2019.
  4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

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### MEMBERSHIP OF THE HEALTH AND WELL BEING BOARD

Councillors M Bashforth, Chadderton, Chauhan, Harrison (Chair), Jacques and Sykes

Independent Members: Dr Zubair Ahmad, Dr Zuber Ahmed, Mike Barker, Jill Beaumont, Julie Daines, Neil Evans, Julie Farley, Nicola Firth, Majid Hussain, Val Hussain, Dr Keith Jeffery, Merlin Joseph, Stuart Lockwood, Donna McLaughlin, Dr. John Patterson, David Smith, Katrina Stephens, Charlotte Stevenson, Mark Warren, Carolyn Wilkins OBE and Liz Windsor-Welsh

Item No

- 1 Apologies For Absence
- 2 Urgent Business  
Urgent business, if any, introduced by the Chair
- 3 Declarations of Interest  
To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.
- 4 Public Question Time  
To receive Questions from the Public, in accordance with the Council's Constitution.
- 5 Minutes of Previous Meeting (Pages 1 - 8)  
The Minutes of the Health and Wellbeing Board held on 29<sup>th</sup> January 2019 are attached for approval.
- 6 Minutes of the Health Scrutiny Sub-Committee (Pages 9 - 16)  
The minutes of the Health Scrutiny Sub-Committee held on 18<sup>th</sup> December 2018 are attached for noting.
- 7 Resolution and Action Log (Pages 17 - 18)
- 8 Meeting Overview (Pages 19 - 20)
- 9 Safeguarding Board Annual Reports (Pages 21 - 224)  
For the Board to review the OSAB and LSCB Annual Reports and receive an update on progress against the Boards' Business Plans.
- 10 Tobacco Control (Pages 225 - 236)  
For the Board to consider an update on local activity in relation to smoking and to endorse Oldham's approach to Tobacco Control
- 11 Date and Time of Next Meeting  
The date and time of the next Health and Wellbeing Board to be agreed at Annual Council.



**Present:** Councillors Chadderton, Chauhan, Jacques and Sykes

Also in Attendance:

Andrea Entwistle	Principal Policy Officer Health and Wellbeing, Oldham Metropolitan Borough Council (OMBC)
Mike Barker	Strategic Director of Commissioning / Chief Operating Officer, Oldham Cares
Jill Beaumont	Director of Children's Health and Wellbeing, Oldham Cares
Chief Superintendent Neil Evans	Greater Manchester Police
Nicola Firth	Interim Chief Officer / Director of Nursing, Pennine Acute Hospitals / NHS Trust
Majid Hussain	Lay Chair, Oldham Clinical Commissioning Group (CCG)
Dr. Keith Jeffery	Clinical Director for Mental Health, Oldham CCG
Merlin Joseph	Interim Director Children's Services, OMBC
Rebekah Sutcliffe	Strategic Director of Reform, OMBC
Katrina Stephens	Joint Acting Director of Public Health / Consultant in Public Health, OMBC
Mark Warren	Managing Director Community, Health and Social Care Services, OMBC
Carolyn Wilkins	Chief Executive / Accountable Officer, Oldham Cares
Liz Windsor-Welsh	Chief Executive, Acting Together
Fabiola Fuschi	Constitutional Services Officer

## 1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors M. Bashforth and Harrison, Dr. J. Patterson, Julie Farley, Stuart Lockwood, Donna McLaughlin and Val Hussain.

In the absence of the Chair and the Vice-Chairs, the Board was asked to nominate a Chair for the duration of today's meeting.

**RESOLVED** that Majid Hussain be nominated Chair of the Health and Wellbeing Board for the duration of today's meeting.

## 2 **URGENT BUSINESS**

There were no items of urgent business received.

## 3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.



4           **PUBLIC QUESTION TIME**

There were no public questions received.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health and Wellbeing Board meeting held on 13<sup>th</sup> November 2018 be approved as a correct record.

6           **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meeting held on 11<sup>th</sup> September 2019 be noted.

7           **RESOLUTION AND ACTION LOG**

**RESOLVED** that the Resolution and Action Log for the meeting of the Health and Wellbeing Board held on 13<sup>th</sup> November 2018 be noted.

8           **MEETING OVERVIEW**

**RESOLVED** that today's Meeting Overview be noted.

9           **JOINT STRATEGIC NEEDS ASSESSMENT**

Consideration was given to a report of the Interim Director of Public Health which sought to update the Board on the current status of Oldham's Joint Strategic Needs Assessment (JSNA), the establishment of the JSNA Sub-Group and the outline work plan for 2019/20.

The Interim Director of Public Health, accompanied by the Speciality Registrar in Public Health, presented the information and addressed the enquiries of the Board Members.

It was explained that the JSNA was the process utilised to determine the current and future health and social care needs of the local population, to inform decision making and to guide the commissioning of the health, wellbeing and social care services in Oldham. The Health and Wellbeing Board was responsible for the production and the oversight of the JSNA.

In September 2018, the Health and Wellbeing Board had endorsed the key principles for the production and maintenance of the JSNA and had also agreed to the revised form and membership of the JSNA Steering Group (i.e.: sub-group of the Health and Wellbeing Board) which would provide strategic oversight and governance of the JSNA process and products on behalf of Oldham Cares. The JSNA Sub-Group had met at the beginning of this week. A scoping document had been drafted. There were several topics that the JSNA Sub-Group intended to cover and they were all based on Public Health local data and key findings. A specific JSNA for Children in Care would be finalised in March 2019 and engagement with the Children in Care Council was ongoing.

It was also reported that the JSNA web-site had been refreshed and updated. The content had been written with input from the Council's Business Intelligence Team. The web-site contained

Oldham's ward profiles and it would also be possible to produce the cluster profiles. The structure of the web-site was explained. The Board was advised that resources would be necessary to keep the web-site up to date.

The Cabinet Member for Health and Social Care commended the work and the efforts undertaken to produce Oldham's JSNA; the Council and its partners would work together to address the issues outlined in the JSNA document.

**RESOLVED** that:

1. The update from the first meeting of the re-established JSNA sub-group that took place on 24<sup>th</sup> January 2019, including the outline work-programme for 2019/20 be noted;
2. The progress made to date to update and refresh the content of Oldham's JSNA web-site be noted.

10

**CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP**

The Board considered a report of the Assistant Director Safeguarding and Partnerships which outlined the proposals regarding the development of Oldham's Children and Young People's Strategic Framework and set out the role of the proposed partnership board to deliver Oldham's ambition for children and young people, within the wider Greater Manchester context.

The author of the report and the Cabinet Member for Children's Services attended the meeting to present the information and address the enquiries of the Board Members.

The Cabinet Member for Children's Services explained that, following the request of this Board to review Oldham's strategic arrangements around the Children and Young People's agenda, £12M investment had been signed for Children's Services. The Children and Young People's Partnership had been established to replace the Best Start in Life Partnership. Oldham Council and its partners would meet in two separate workshops to determine the Children and Young People's agenda for the next three years.

Members sought and received clarification / commented on the following points:

- Links between the Children and Young People's Partnership and the Emotional Wellbeing and Mental Health partnership – It was explained that the former would bring together under one framework and governance structure the work of other existing partnerships.
- The terms of reference of the Corporate Parenting Panel had been reviewed as well as the way safeguarding processes would operate across the Borough. Cooperation between the Clinical Commissioning Group, the Police and the Council had been strengthened.

- Knife crime and Public Health issues;
- The partnership would include representation of children's acute and community services as well as prevention pathways;
- Voice of the Child – it was explained that young people and the Youth Council had been consulted from a very early stage in the process. The Children in Care Council would also be consulted as they would have a different experience of services.

**RESOLVED** that:

1. The approach to establish the Children and Young People's Strategic Framework and Children and the Young People's Strategy via a series of engagement workshops with Oldham Partnership Leaders and children and young people be approved;
2. The approach to establishing the Children and Young People's Strategic Partnership Board be noted and endorsed.

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**SEND UPDATE**

Consideration was given to a report of the Director of Education and Early Years on the progress against the Written Statement of Action (WSOA) in relation to the Special Educational Needs and Disability (SEND) inspection by Ofsted and Care Quality Commission (CQC) in October 2017.

The author of the report, accompanied by the Assistant Director of Education (SEND), the Executive Nurse NHS Oldham Clinical Commissioning Group and the Chief Executive Officer of POINT (Parent and Carer Forum) attended the meeting to present the information and address the enquiries of the Board.

It was explained that Oldham had been subject to bi-monthly joint monitoring/support meeting from the Department for Education and NHS England in relation to its progress against the WSOA. The outcome of the last meeting in September 2018 had been very positive. It had been agreed that four of the five priority areas of the WSOA were RAG (Red, Amber, Green) rated "Green" with recognition of the work being progressed on the remaining "Amber" priority area in relation to Education Health Care Plans.

It was also reported that, due to changes to the inspection process by Ofsted, Oldham would receive another inspection anytime from March 2019 onwards.

The Board was informed that the figures for Education Health Care Plans for January 2019 were very positive as 100% of the plans had been issued within the statutory 20-week timescale. February's projections were also very promising. Strong partnership with Health Services at operational and strategic level had been key in moving SEND services forward. A Voice of the Child corporate strategy had been developed with various forms of engagement and involvement with children and young people across numerous services. A SEND event had



taken place in October 2018, with opportunities for young people, parents, carers and professionals to come together to gather feedback about SEND services and share good stories. Another event would take place on 3<sup>rd</sup> February 2019 to discuss children's transition and post 16 opportunities.

The Board commended the progress made so far on SEND services and acknowledged how significant this was for the lives of many young people and their families. The Board agreed that there were many positive stories that needed to be shared such as the young person from Oldham who had become a Paralympian or the 21 young people who had recently become independent travellers.

**RESOLVED** that:

1. The content of the report be noted;
2. The progress made in relation to SEND be noted;
3. A communication plan be devised to share the positive stories and achievements of young people in Oldham.

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**OLDHAM'S APPROACH TO CHILD FOOD POVERTY**

The Board considered a report of the Principal Policy Officer which informed of the initiatives and strategies that had been put in place in Oldham to tackle child food poverty. The author of the report attended the meeting to present the information and address the enquiries of the Board Members.

A short video was displayed which outlined the extent of the issue in the Borough and how it affected children and their families.

It was reported that during the summer holidays, a pilot was introduced to provide locally sourced healthy food for families and children. This involved delivering food where there were existing activities planned and working with existing activity providers and community partners organisations. The pilot was jointly funded by Oldham Education Partnership and Growing Oldham: Feeding Ambition Partnership. Incredible Future Oldham were commissioned to deliver the food for the pilot. The model followed to deliver the pilot was outlined. It was reported that 3,684 healthy meals had been provided during the six-week summer term, across 19 different sites in the Borough.

In addition to the summer provision, a Christmas Holiday pilot had operated over two weeks in December 2018, in a smaller number of sites. The pilot included a universal central offer of food and activity available in Oldham Central Library for two weeks after Christmas, when the Library was open over eight days. Approximately 40 people (children and families) attended each day, accessing food parcels as well as fresh food.

The next steps would be to develop a wider strategy to address child food poverty in Oldham and to consider links to the Greater Manchester Food Poverty Action Plan, to secure sustainable funding towards key priorities and to deliver additional and improved provision in the future.

The Board Members sought and received clarification / commented on the following points:

- Evidence that food was provided to those children who needed it the most – It was explained that food had been made available where activities for children and their families had already been planned by partner organisations;
- Evaluation of the Christmas pilot – It was explained that the pilot had been based at Oldham Library and three other sites outside that. Operating the pilot over this period had been very difficult as many organisations had not been available;
- Working families were those who struggled the most and needed support;
- How to engage with families with chaotic lives to ensure that they were aware of this offer;
- Tackling the stigma associated with food poverty;
- Strong correlation between deprivation and crime;
- Schools offering breakfast clubs for free and links to the overall agenda of children being fed consistently throughout the year;
- Use of Individual Councillors' Budget to support the action to reduce child food poverty;
- Some of the summer projects on food poverty were linked to the work of the Integrated Care Teams;
- Need to link geographic poverty to an action plan; to look at social value of commissioning and involve private contractors to invest in these activities.

The Chair of the Board and the Cabinet Member for Education and Culture commended the actions taken so far on child food poverty and the importance of access to local, healthy food.

**RESOLVED** that the content of the report be noted.

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### **CORPORATE PARENTING ENGAGEMENT EVENT**

A delegation of the Oldham Children in Care Council attended the meeting of the Board to present the Corporate Parenting Awareness week and the Children's Champion Scheme. The following points were shared with the Board Members in order to outline the meaning of Corporate Parenting:

- Stick for us;
- Tell us about our potential and we can achieve our goals;
- Don't treat us differently;
- Make sure that our voice means something;
- Act on what we say;
- If things go wrong, put them right;
- Understand our big issues;
- Speak to us without judging us.

It was explained that one of the main issues that Children in Care and Care Leavers often experienced was inconsistency and having to share the same information every time they came in touch with a new social care professional (i.e.: foster carer,



social worker). The Children's Champion Scheme promoted consistency through supporting a young person through their journey into adulthood and championing him/her to reach his/her potential.



**RESOLVED** that:

1. The presentation be noted;
2. The Children's Champion Scheme be endorsed.

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**DATE OF NEXT MEETING**

**RESOLVED** that the date and time of the next Health and Wellbeing Board meeting be noted: Tuesday 26<sup>th</sup> March 2019 at 2 p.m.

The meeting started at 2.00 pm and ended at 3.40 pm

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**HEALTH SCRUTINY**  
**18/12/2018 at 6.00 pm**

**Present:** Councillors Leach, Toor and McLaren

Also in Attendance:

Andrea Entwistle	Principal Policy Officer – Heath and Wellbeing, Oldham Metropolitan Borough Council (OMBC)
Patsy Burrows	Head of Service Looked After Children and Care Leavers, OMBC
Katrina Stephens	Interim Director of Public Health, OMBC
Fabiola Fuschi	Constitutional Services Officer, OMBC

1           **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Ball, Taylor and Williamson.

2           **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3           **URGENT BUSINESS**

There were no items of urgent business received.

4           **PUBLIC QUESTION TIME**

There were no public questions received.

5           **MINUTES OF PREVIOUS MEETING**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meeting held on 15<sup>th</sup> November 2018 be approved as a correct record.

6           **MINUTES OF THE HEALTH AND WELLBEING BOARD**

**RESOLVED** that the minutes of the Health and Wellbeing Board meeting held on 25<sup>th</sup> September 2018 be noted.

7           **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY COMMITTEE**

**RESOLVED** that the minutes of the Greater Manchester Joint Health Scrutiny Committee meeting held on 12<sup>th</sup> September 2018 be noted.

8           **RESOLUTION AND ACTION LOG**

**RESOLVED** that the Action Log for the meeting held on 15<sup>th</sup> November 2018 be noted.

9           **MEETING OVERVIEW**

**RESOLVED** that the today's Meeting Overview be noted.

10          **REGIONAL ADOPTION AGENCY**

Consideration was given to the Regional Adoption Agency (RAA) 2017/18 Annual Report which was presented by the Head

of Service Looked After Children and Care Leavers. The Interim Director of Children's Social Care and Early Help was also in attendance to present the information and to address the enquiries of the Committee.

It was reported that a year had elapsed since changes in delivering Adoption Services had been introduced. In Oldham, children and young people remained the responsibility of the Council, but members of staff had been seconded to Bolton Council, the host Council for the RAA, to deliver services concerning care planning, adoptive/foster parent recruitment. The Adoption Leadership Board (i.e.: the national board with the responsibility to improve performance of the adoption system in England) had introduced changes in the Adoption Services since 2008 to accelerate the process of finding a placement for children as well as recruiting adoptive families. It was reported that, nationally, the shortage of adopters had an impact on adoption performance. However, in 2017/18 Oldham had done well, outperforming England average and statistical neighbours with regard to the length of time from the point when children came into care to the time when they were placed with the adoptive families (i.e.: A1 indicator - Child Entering Care Starting Adoption Placement).

A2 indicator (i.e.: Placement Order to Matching), showed that there had been improvement compared to the previous year and Oldham was still performing better than national average and statistical neighbours, although it had missed the target. It was explained that the demographic in Oldham had to be considered when reading these statistics as there were a high number of children considered "hard to place" due to age, ethnicity, health needs and/or being part of a sibling group.

With regard to recruitment of adoptive families and adoption support, Elected Members were informed that, through the RAA, Oldham had been able to merge resources and to invest in a wider and sustained recruiting campaign; as a result, a number of adopters had come forward. It had also been possible to access increased support for adoptive families and members of staff and adopters had been able to access more training and development courses. With the RAA, Oldham could host events at no cost and place children without paying an interagency fee. It was reported that 50% of children had been placed within local authorities which were part of the RAA.

Members sought and received clarification / commented on the following points:

- Agency Decision Maker – It was explained that this was a role prescribed by the legislation for a senior manager within the organisation. In Oldham, the Interim Director of Children's Services was invested with this role.
- Adoption Leadership Board Scorecard – It was explained that this was a Government's measure on a three-year period; this specific level of detail had been required for the purpose of data analysis. In order to provide today's data, year to date figures had been extracted from the system.

- Lessons learnt from previous years – It was explained that a new service manager was in post who implemented new practices. Previously, professionals would wait for a court order before considering a placement, whereas, currently, opportunities for a placement were considered at a very early stage. Furthermore, an adoption tracker was in place to follow children from when they entered a Child Protection Plan throughout the Court process. Collaboration also led to an improvement as all local authorities who were part of the RAA had to share the same pool of adopters. The RAA could be more responsive to what professionals needed. For example, in the instance of very young babies who were likely not to return to their birth family, the RAA could look immediately at a Foster for Adoption Scheme, so that the child could stay with the same family from a very early stage. This would improve the outcome for children.
- Opportunities for fostering, was Oldham attracting foster carers from private agencies? – It was explained that Oldham had a cohort of specialist foster carers / adopters. Almost 80% of children placed with foster carers were placed with local authority foster carers. For older children, the Council used Independent Fostering Agencies.
- Placement with family of origin – It was explained that adoption would be the last resort and services would always look at the family of origin as first placement for the child; 50% of children were placed with family members, often via granting Special Guardianship.
- Monitoring placement progress – It was explained that following a placement with a family, the child would not be adopted until the Adoption Order would be in place. Therefore, until this point, a Social Worker and a Review Independent Officer would remain allocated to that child. Once the Adoption Order was in place, the adoptive family would be parenting independently. However, if necessary, post adoption support would be available.
- Activity days – It was explained that these were carefully planned; there were many exchange days during which potential adopters viewed children’s profiles.
- Break down of placements – It was explained that disruptions to a placement could happen; sometimes this could be triggered by young people’s attempt to get in touch with their birth family. Post adoption support services were specially trained to deal with these situations.
- Expected changes in the next 12 months – It was explained that Special Guardianship would be given more scrutiny for the benefit of children. The Adoption Leadership Board would publicise guidance to formally challenge the RAA. It would be about refining and developing mechanisms which were already in place. Previously there was an agency fee; now the focus was on mutually beneficial arrangements for all local authorities involved.

- Budget integration and benefit – It was explained that resources had been merged with the other five local authorities who were part of the RAA. This had given Oldham the opportunity to access high level training which previously was not accessible as it was very costly.

**RESOLVED** that:

1. The content of the report be noted;
2. A progress report be presented in 12 months.

11

**ORAL HEALTH**

Consideration was given to a report of the Public Health Specialist which sought to inform the Sub-Committee of the progress on all age oral health improvement activity currently being delivered across Oldham. The information was presented by the Interim Director of Public Health.

It was reported that considerable attention was dedicated to children and young people's oral health as this affected their quality of life; this also applied to older adults. In Oldham, significant improvements had been registered since 2012/13 when five in ten five-year-old children had showed dental decay against three in ten children in 2016/17. It was explained that services had systematically applied evidence based oral health interventions. Oral health had been embedded in a wide range of primary care services. Teachers, Health Visitors and Early Years professionals were all involved in this process. The Big Brush Campaign had taken place to promote access to dental care. Last month, over 60% of children in Oldham had seen a dentist. The average in England was 70%. Greater Manchester funded supervised teeth brushing programmes in Early Years settings.

With regard to the new area of work represented by elderly people, it was reported that the objective was to apply learning from engaging with different professionals such as those from Intermediate Care settings in order to develop an understanding of the importance of good oral health in elderly people. This would take place via training provision, general awareness and improving pathways to secondary care.

Members sought and received clarification / commented on the following points:

- Existing issues/barriers and opportunities to reach young people – It was explained that five-year-old children were targeted as they were more receptive to change and therefore more likely to carry on healthy habits. There were opportunities to work with Youth Council to divulge oral health message.
- Other healthy lifestyle campaigns – It was explained that “five a day” was still a message within the Healthy Lifestyle campaign. However, it was still being implemented. The challenge was to find ways to support people to undertake those changes. Through the Early Years approach, school meal service in primary schools had been commended for delivering very healthy food



options for children. Secondary schools presented a greater challenge in implementing the necessary change; the school meal service was provided by private companies. It was agreed that this was an opportunity to promote the Healthy Living message in secondary schools via the Mayor's Healthy Living Campaign and the Oldham Learning Festival next year.

**RESOLVED** that:

1. The content of the report be noted;
2. The progress and actions in the Pre-school Children's Oral Health Improvement Strategy be noted;
3. The actions identified in the oral health improvement programme for vulnerable older people in care homes, care at home, intermediate care and secondary care be endorsed;
4. The implementation of evidence based oral health interventions and national guidance across all ages in Oldham continue to be supported.
5. A progress report on oral health be presented to this Sub-Committee in 2020.
6. A meeting be arranged with Education Services to develop an opportunity within Oldham Learning Festival in June 2019 to promote the Mayor's Healthy Living Campaign to engage with secondary schools and the Youth Council.

12

**PUBLIC HEALTH IN PRIMARY CARE**

Consideration was given to a presentation of the Acting Consultant in Public Health on the role of Public Health in Primary Care and the plans for Oldham Clinical Commissioning Group (CCG) clusters, NHS Health Checks and Mental Wellbeing. The Interim Director of Public Health was in attendance to present the information and to address the enquiries of the Sub-Committee.

Members were informed that Healthcare in Public Health was a mandatory Public Health function. This entailed looking at primary prevention and seeking intervention before issues arose. Secondary prevention consisted of intervening to stop issues deteriorating. The third element was how to manage the condition. NHS Health Checks were an example of how Public Health worked with Primary Care. Health Checks were a mandatory programme commissioned by Council to GPs who would deliver it. Once every five years, people between the age of 40 and 74 years old should have a Health Check. Those who already suffered from a health condition, were not eligible for Health Checks. This service had been in place in Oldham for five years.

With regard to Public Health provision for Mental Wellbeing, it was reported that, following the Preventive Concordat, local and national plans were in place to support Primary Care services through preventative work such as the Five Ways to Wellbeing and engaging with pharmacies through the Healthy Living

Pharmacies Programmes to “Making Every Contact Count” as a tool to provide information and support on mental health. Furthermore, training resources such as “Connect 5” and “Mental Health Literacy” were available to members of staff in Primary Care to allow understanding of the issues around mental health and knowledge of the tools available to support people.

It was also reported that Integrated Clusters were made of 45 GP practices and 50,000 population per cluster. Public Health supported the clusters providing data, direct support on ongoing pilots, support for people in work who due to ill health might have to leave work. They would be identified through GP attendance.

Members sought and received clarification / commented on the following points:

- Statistics and outcome – It was explained that over 80% of the eligible population had been invited to have a Health Check; 38% had attended. In Oldham, from the start of the service provision there had been a low take up which had slowly increased in the last two years. The national focus had been on attendance rather than outcomes. There was also an issue on how a condition that had been identified at the Health Check was then managed by the patient via his/her GP. The preferred approach in Oldham would be to use a machine that gave results straightaway as people responded better when they received information immediately. The next objective would be to increase the information captured at the Health Check and work with the relevant Portfolio Holder to relaunch Health Checks in Oldham. Payment to GPs would need to be reviewed, payments should be awarded only for completed Health Checks. There was an opportunity to involve the Mayor in order to promote the take up of Health Checks amongst Oldham’s residents.
- Women’s health and mental wellbeing – It was explained that work was ongoing to reduce smoking in pregnancies. When delivering Health Checks, data was collected and analysed and specific strategies could be devised.
- Encouraging men to attend Health Checks – It was explained that offering Health Checks in venues other than GP surgeries might increase men’s attendance.
- Five Ways to Wellbeing and Voluntary Sector - It was explained that as well as pharmacies, the training was rolled out to community and voluntary groups.

**RESOLVED** that:

1. The content of the presentation be noted;
2. The Thriving Communities update scheduled for March 2019 to include an update on the role of “Making Every Contact Count” training for the Community Voluntary Sector;
3. An update on Women’s Health and Mental Wellbeing from Oldham Clinical Commissioning Group be requested for a Health Scrutiny Sub-Committee in early 2019.



4. A progress report be presented to the Health Scrutiny Sub-Committee in 12 months.

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### **COUNCIL MOTIONS**

Consideration was given to a report of the Principal Policy Officer, Health and Wellbeing which sought to inform the Sub-Committee of the health-related Council motions that had been discussed and agreed at Full Council meeting on 7<sup>th</sup> November 2018. These were:

- Tackling Child Hunger;
- Creating a Healthy and Thriving Oldham;
- National Exemption for Prescriptions for Care Leavers, this was a Youth Council's motion.

The following health-related motions were approved at Full Council on 12<sup>th</sup> December 2018:

- Sustainable Public Health Funding;
- Air Quality.

**RESOLVED** that:

1. The update as outlined in the report be noted;
2. An update be provided on the Sustainable Public Health Funding and Air Quality motions at the meeting of the Sub-Committee in March 2019.

14

### **MAYOR'S HEALTHY LIVING CAMPAIGN**

The Sub-Committee considered a progress report of the Principal Policy Officer – Health and Wellbeing on recent activities undertaken by the Mayor of Oldham in connection with the Mayor's Healthy Living Campaign to promote and divulge the message of healthy living across the Borough.

**RESOLVED** that:

1. The update be noted;
2. Continuous support to the Mayor's Healthy Living Campaign be provided by the Sub-Committee.

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### **HEALTH SCRUTINY FORWARD PLAN**

Consideration was given to the Health Scrutiny Forward Plan for 2018/19. Members agreed that the workload of the Sub-Committee was increasing consistently and ways to manage the greater workload needed to be explored.

**RESOLVED** that the Health Scrutiny Forward Plan for 2018/19 be noted.

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### **DATE OF NEXT MEETING**

**RESOLVED** that it be noted that the next meeting of the Health Scrutiny Sub-Committee would be held on Tuesday 29<sup>th</sup> January 2019 at 6 p.m.

The meeting started at 6.00 pm and ended at 7.36 pm

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## Resolutions and Actions from the January 2019 meeting of the Health and Wellbeing Board

Board Meeting	Agenda Item	Resolution / Action	Action Update
January	<b>JOINT STRATEGIC NEEDS ASSESSMENT</b>	<b>RESOLVED</b> that: <ol style="list-style-type: none"> <li>1. The update from the first meeting of the re-established JSNA sub-group that took place on 24<sup>th</sup> January 2019, including the outline work-programme for 2019/20 be noted;</li> <li>2. The progress made to date to update and refresh the content of Oldham's JSNA web-site be noted.</li> </ol>	
	<b>CHILDREN AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP</b>	<b>RESOLVED</b> that: <ol style="list-style-type: none"> <li>1. The approach to establish the Children and Young People's Strategic Framework and Children and the Young People's Strategy via a series of engagement workshops with Oldham Partnership Leaders and children and young people be approved;</li> <li>2. The approach to establishing the Children and Young People's Strategic Partnership Board be noted and endorsed.</li> </ol>	
	<b>SEND UPDATE</b>	<b>RESOLVED</b> that: <ol style="list-style-type: none"> <li>1. The content of the report be noted;</li> <li>2. The progress made in relation to SEND be noted;</li> <li>3. A communication plan be devised to share the positive stories and achievements of young people in Oldham.</li> </ol>	
	<b>OLDHAM'S APPROACH TO CHILD FOOD POVERTY</b>	<b>RESOLVED</b> that the content of the report be noted.	
	<b>CORPORATE PARENTING ENGAGEMENT EVENT</b>	<b>RESOLVED</b> that: <ol style="list-style-type: none"> <li>1. The presentation be noted;</li> <li>2. The Children's Champion Scheme be endorsed.</li> </ol>	

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# Meeting Overview

## Oldham Health and Wellbeing Board

26 March 2019

Lees Suite

2pm – 4pm

No	Item	Timings
1 - 8	(1) Apologies, (2) Urgent business, (3) Declarations of interest, (4) Public question time, (5) Minutes from last meeting, (6) Health Scrutiny minutes, (7) Resolution and Action log, (8) Meeting Overview	2.00pm 10 mins
9	<p><b>Safeguarding Board Annual Reports</b>  <i>Dr Henri Giller, Independent Chair of the Oldham Local Safeguarding Children's Board and Safeguarding Adults Board</i></p> <p>For the Board to review the LSCB and LSAB Annual Reports</p>	2.10pm 40 mins
10	<p><b>Smoking and Tobacco Control</b>  <i>Katrina Stephens, Director of Public Health</i></p> <p>For the Board to consider an update on local activity in relation to smoking and to endorse Oldham's approach to Tobacco Control</p>	2.50pm 30 mins
11	<p><b>Any other Business and Close</b>  <i>Chair</i></p>	3.20pm 10 mins
	<p><b>Next Meeting:</b>                      Subject to approval of the Municipal Calendar by Annual Council</p>	

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## Report to HEALTH AND WELLBEING BOARD

# Oldham Safeguarding Adults Boards Annual Report and Business Plan.

### Portfolio Holder:

Councillor Chauhan: Cabinet Member for Health and Social Care

### Officer Contact: Mark Warren

Managing Director Health & Adult Social Care Community Services  
(DASS)

### Report Author: Abigail Pemberton

Strategic Safeguarding and Safeguarding Adults Board Manager

Ext. 622 6401

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## Purpose of the Report

The purpose of this report is to update the Health and Wellbeing Board on:

- Key messages from the Safeguarding Adults Board Annual report 2017/2018.
- Progress made against the Safeguarding Adults Board business plan 2018/2019.
- The Implications for Safeguarding Adults arising from the integration of adult health and social care in Oldham.
- The developing links between Oldham Safeguarding Adults Board and Oldham Safeguarding Children's Board.
- The outcome of the Safeguarding Adults Review and proposed implementation plan.

## **Oldham Safeguarding Adults Boards Annual Report and Business Plan**

### **1 Background**

- 1.1 In accordance with the statutory requirements of the Care Act 2014 Oldham Safeguarding Adults Board must produce and publish a three year strategy statement, annual business plan, and annual report.
- 1.2 For the purposes of accountability the Health and Wellbeing Board have requested regular updates from the Safeguarding Adults Board on progress against the annual business plan. The update will also serve to provide evidence of how partnership working is supporting adults to live safely in Oldham, free from abuse and neglect.

### **2 Current Position**

- 2.1 The safeguarding Adults Boards 2017/2018 annual report demonstrated the progress made on adult safeguarding by Oldham Safeguarding Adults Board and by individual partner organisations during 2017/18.

The main priorities for 2017/18 included:

- Establishing a shared understanding of the integration agenda, and the scope and reach of the various initiatives.
- Maintaining oversight of the transitions, prevent, channel and domestic abuse agendas.
- Increasing awareness of mental capacity across the partnership and the wider community.
- Implementing and embed the MCA policy and competency framework across partner organisations.
- Ensuring that revised multi-agency safeguarding policies and procedures incorporated into individual approaches to safeguarding, including performance reporting.
- Reviewing the training strategy and competency framework in comparison to individual partners workforce development strategies and plans, to ensure compliance and identify unmet training need.
- Ensuring robust, timely and accurate performance management data in respect of safeguarding activity across the partnership.
- Assessing the extent to which there is continuous improvement of safeguarding approaches as a result of learning from completed enquiries, Safeguarding Adult Reviews, Domestic Homicide Reviews and Learning Disability Mortality Reviews, and ensure there is a feedback loop to improve practice.
- Arranging a peer review with Stockport Safeguarding Adult Board.

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2017/18 also brought to a conclusion the previous three year strategy of the board. Delivery of clear governance and accountability arrangements, effective infrastructure to support the annual work programme, improved strategic partnership working, and a primary focus on the boards strategic and assurance role were addressed during this period. Refined board governance arrangements, including the board executive, sub-groups and strengthened links to pre-existing partnerships are now in place. A performance dashboard, and performance data now inform quality assurance and audit activity and an annual business plan is utilised to deliver on the boards priorities through subgroup activity.

## 2.2 2018 -2021 Priorities

The new three year strategy saw the articulation of a vision that:

“The people of Oldham have a right to live safely, free from abuse and neglect, and are supported to do so by co-operative communities and organisations which:

- Do not tolerate abuse and neglect.
- Champion making safeguarding personal.
- Work preventatively through early identification of new safeguarding issues.
- Deliver excellent practice as the norm.
- Share Information effectively.
- Ensure that the public feel confident that adults are protected”.

And where board partners prioritise their commitment to the board, hold one another to account effectively and promote and embed learning.

Oldham Safeguarding Adults Board identified its strategic objectives for 2018 – 2021 as:

- Focus on safety and wellbeing, supporting Oldham to define how it will prevent the abuse and neglect of adults.
- Seek assurance that effective leadership and partnership working is in place to prevent abuse and neglect and respond to adults who are at risk of or experiencing abuse and neglect.
- Raise the profile of the Making Safeguarding Personal approach and lead culture change for safeguarding adults in Oldham.
- Promote participation, listening to and engaging with people who have experienced abuse or neglect, gaining the perspectives of stakeholders, and seeking assurance that individualised, empowering outcomes are being achieved.
- Promote safeguarding adults to the public through effective communication, including benchmarking the local perceptions of confidence that the public has in our safeguarding efforts.
- Ensure that safeguarding adults is actively recognised, considered and responded to as a key part of the integration agenda for health and social care in Oldham.

2.3 These priorities are reflected in the 2018/2019 business plan of the board and have been monitored via the board executive and the board.

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Highlights of delivery against the plan:

- The completion of three Safeguarding Adults reviews with learning outcomes now ready to share with the safeguarding adults partnership.
- A new subgroup for prevention and wellbeing and a framework for Adult safeguarding prevention which is supporting research into what good preventative safeguarding looks like in Oldham and will inform strategy going forward.
- A new sub group for making safeguarding personal and action planning to commence service user and carer consultation for 2019 /20.
- The availability of consistent performance reporting to inform quality and audit priorities.
- The completion of domestic abuse quality audit and an audit of the safeguarding policy and procedures.

It is acknowledged that further work is required:

- To raise the profile of the safeguarding adults board.
- To address the priority status of transitions.

The new 2019/2020 business plan details how ongoing work from 2018 /19 will roll on into 2019 /2020 plan and will focus on the phase two priorities of the SAB three year strategy.

The Quarter 4 business plan for 2018 /19 is due for completion on 31/03/19. The 2019 /2020 business plan is due for sign off by Oldham Safeguarding Adults Board on 13/03/2019. Following completion of any final amendments these documents will be shared with Health and Wellbeing board at the next available opportunity.

## 2.4 Integration and Safeguarding Adults

The integration of community health and social care services across Oldham took place in 2018 as part of the development of the Oldham Cares Integrated Care Organisation. The launch of the Oldham Cares ICO has seen the integration of CCG and social care commissioning, which in Oldham currently includes strategic adult safeguarding services.

Operationally safeguarding is now delivered through a generic model by integrated community health and social care services on a locality basis. This integration activity has seen teams colocated across five locality 'clusters', alongside centralised health and social care teams for Learning Disability and Mental Health and an Integrated & Urgent Care team based at the Royal Oldham Hospital and has offered greater opportunities for multi-agency safeguarding practice. Integration is now enhancing safety approaches through both preventative safeguarding which supports more efficient collaborative assessments and interventions, and through more effective informed decision making when safeguarding concerns are reported.

Alongside significant benefits, a number of unintended consequences linked to the local integration of commissioning and health and social care services are recognised. There have also been concerns that the multi-agency policy is not being followed by a range of stakeholders and the delivery model is no longer fit for purpose. Further to this, and the Mental Capacity Act (Amendment) Bill expected to



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come into legislation in 2019 / 2020, the Oldham DASS and Executive Nurse co-commissioned a review of adult safeguarding in the borough. In January 2019 Oldham Safeguarding Adults Board endorsed 22 individual recommendations regarding how the current local model can be strengthened and improved.

These can be summarised as:

- Recommendations regarding our local implementation of our statutory requirements for a Safeguarding Adults Board, including changes to format, frequency, support, and communications. These include proposals for a twice annual joint Safeguarding Forum with Children's safeguarding colleagues, examining the overlapping elements of our agendas, a refresh of Sub Groups, and the creation of several joint subgroups with Childrens safeguarding.
- Recommendations regarding the establishment of a multi-agency Strategic Safeguarding service to replace the current service that sits with the commissioning function at Oldham Cares. This will be aligned to the MASH, but provide greater strategic capacity for policy, audit, workforce development and assurance. A refreshed DoLS function, and a Board Business Unit will also feature.
- Recommendations relating to operational adult safeguarding activity, such as referral pathways, expanding our local approach to the management of safeguarding activity to include NHS-employed colleagues, and the role of the MASH and the hospital-based IDT
- Recommendations relating to workforce development and training for adult

As a result, an Implementation programme brief has been developed to propose an approach to deliver the changes involved, and the workstreams to deliver the recommendations have commenced detailed planning. Delivery is expected to take place through three phases of activity: an initial mobilization phase, a second 'quick wins' and transition phase, and a third and final consolidation phase. A programme team, including Programme Board arrangements are in place to direct, coordinate and deliver the programme. This structure is anticipated to be required to facilitate phase one, and partial delivery of phase two - approximately August 2019, at which point the arrangements be reviewed. The Programme Board will report directly to the OSAB for the duration of its meeting.

Key activity stages over the coming months include the delivery of the Strategic Safeguarding Service, from which the remainder of the implementation activity can be coordinated, and the launch of a range of communications activities to raise public awareness of adult safeguarding issues. A safeguarding review Implementation group will now report and be accountable to the board for its progress.

In order to ensure that safeguarding adults remains a key consideration for the Integration agenda the board will continue to lead dialogue to develop on the opportunities and address the challenge which arise as integrated health and social care services continue to be defined and delivered in Oldham.

### **3 Key Issues for Health and Wellbeing Board to Discuss**

- 3.1 To note the annual report 2017-18, Business Plan 2018-19 and Safeguarding Review and provide appropriate challenge where required.

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# Safeguarding Adults

# Annual Report 2017-18

November 2018



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## Foreword – Independent Chair

Welcome to the Oldham Safeguarding Adults Board's annual report for 2017-18. This is the second annual report that I have overseen since becoming independent chair of the Board in January 2017 and it also marks the end of the Board's first three year statement of strategy. Both aspects merit introductory comment.

With respect to the latest 12 month period, key advances have been made in some of the core requirements for effective safeguarding practise.

- Revised safeguarding policies and procedures have been successfully implemented within partner agencies and are influencing operational practice and performance monitoring
- Priority groups of vulnerable adults have begun to be identified within the Borough and successfully engaged with
- Revised structures introduced into the Board to more effectively manage and progress the Board's business have bedded in
- Awareness of the Safeguarding Board and the vulnerable adults it seeks to prioritise has risen

All of this is now in the process of being transformed in the context of integrated health and social care services within community "clusters", and we anticipate growing on the ground awareness of issues of vulnerable adults and their safeguarding needs. The current initiative of a peer review will shortly give us key messages which will need to heed if we are to ensure the effectiveness of our strategies and approaches in the immediate future.

With respect to the conclusion of the Board's first three year strategy the following should be noted:

- The Local Safeguarding Adults Board has become an established champion for safeguarding in the Borough
- A strong partnership has evolved across the key local players (both statutory and non-statutory) with a role and responsibility for adult safeguarding
- Safeguarding vulnerable adults has become a public profile issue in the Borough with a growing public profile
- The priorities for promoting well-being and preventing safeguarding needs are being identified and addressed in a business-like manner with clear expectations placed on the roles and responsibilities of key partners within the Board

The new strategic statement of the Board for 2018-21 continues these developments and provides new goals to be attained for the well-being and safety of adults in

Oldham. The 2018-19 business plan provides the first round of priorities to attain these goals and will be reported upon in the next annual report.

Dr Henri Giller

Independent Chair, Oldham Safeguarding Adults Board.

## 1. Introduction

- 1.1 This is the Annual Report of Oldham Safeguarding Adults Board (OSAB) for the year April 2017-March 2018. It reflects on the past twelve month's strategic development and safeguarding activity, and looks forward to the year ahead.

## 2. The Board

- 2.1 As defined in the Care Act, the Board has representation from the three statutory partner organisations:

- Oldham Metropolitan Borough Council
- NHS Oldham Clinical Commissioning Group
- Greater Manchester Police

- 2.2 Other partner organisations represented at the Board are:

- Pennine Care NHS Foundation Trust
- Pennine Acute Hospital NHS Foundation Trust
- Greater Manchester Fire and Rescue Service
- National Probation Service
- Probation North West
- Turning Point
- Positive Steps
- Age UK Oldham
- Healthwatch Oldham
- Oldham Inter-faith Forum
- Oldham care at home and care home provider representatives
- First Choice Homes Oldham

- 2.3 Elected Members are represented on the Board by Councillor Zahid Chauhan, Cabinet Member for Health and Social Care.

- 2.4 The Safeguarding Adults Board is responsible for determining overall policy, coordinating activity between agencies, promoting joint learning and the implementation of best practice and monitoring, and reviewing the effectiveness of the policies, procedures and guidance for the safeguarding of adults in Oldham. The Board works to promote the wellbeing, security and safety of vulnerable people recognising their rights, capacity and personal responsibility in order to help prevent abuse wherever possible.



### 3. Safeguarding Principles

- 3.1 The work of the Board and its individual member organisations is driven by the key safeguarding principles:
- **Empowerment** -Presumption of person led decisions and informed consent.
  - **Protection** -Support and representation for those in greatest need.
  - **Prevention** -It is better to take action before harm occurs.
  - **Proportionality** -Proportionate and least intrusive response appropriate to the risk presented.
  - **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. In order to effectively implement these guiding principles it is of paramount importance that at all times, the adult subject to the safeguarding concern and/or their representatives are fully supported to engage in the process.

### 4. Making Safeguarding Personal

- 4.1 Oldham Safeguarding Adults Board is committed to Making Safeguarding Personal (MSP) which originated as a sector led initiative, and now forms part of the Care Act Code of Practice. It aims to develop an outcomes focus to safeguarding work, and a range of responses to support people to improve or resolve their circumstances. It is about engaging with people about the outcomes they want at the beginning and middle of working with them, and then ascertaining the extent to which those outcomes were realised at the end.
- 4.2 Evidenced through performance data, it is apparent that tensions exist between adopting an MSP approach and robustly evidencing that safeguarding activity is being undertaken in accordance with local policy and procedure, reducing risk and achieving outcomes. Whilst there is assurance that people at risk are being appropriately safeguarded, there is a need to ensure that safeguarding activity is accurately evidenced. Therefore, this will continue to be a focus of the business of the Safeguarding Adults Board throughout 2018/19.
- 4.3 In June 2016, the Association of Directors of Adult Social Services (ADASS), published Making Safeguarding Personal Temperature Check, following research undertaken across the country on the extent to which MSP had been incorporated into safeguarding approaches. The report made a number of recommendations, which can support Oldham in embedding MSP in practice across all partner organisations. A summary of the recommendations can be found at Appendix 1.

## 5. Priorities and Sub-Group Work

5.1 The SAB Business Plan for 2017/18 identified ten key priorities for delivery through sub-groups of the Board. These areas were determined through the consideration of performance data, known emerging priorities across the partners and business plan activity in the preceding twelve months. These are:

- Integration and Joint Working
- Transitions
- Prevent
- Domestic Violence
- Mental Capacity
- Common Thresholds
- Workforce Development
- Performance Management
- Quality Assurance and Audit
- PR and Comms

5.2 A summary of the achievements of each of these priority areas during 2017/18, and ambitions for 2018/19 is set out in the table below:

**Table 1: Priorities and Sub-Group Work**

Priority Area	Achievements during 2017/18	Ambitions for 2018/19
Page 35 Integration and joint working	<p>In preparation for the move to five integrated health and social care clusters, Adult Social Care and Pennine Care introduced an early integrated adopter cluster; Cluster West in April 2017. Safeguarding Adults has been central to practice within the early adopter cluster, ensuring there is a streamlined approach to safeguarding into the cluster from other teams including; MASH and the Integrated Discharge team.</p> <p>The early adopter cluster has strived to reduce the number of safeguarding enquires through an integrated approach using a preventative way of working. To date the team have worked jointly with 41% of Oldham residents, sharing information in a more timely manner than previously to prevent a crisis situation.</p> <p>In addition during 2017/18, Adult Social Care and Pennine Care have established an integrated learning disability team under single line management arrangements.</p> <p>In relation to Commissioning, Quality Assurance and Strategic Safeguarding, the Adults Social Care Service co-located with NHS Oldham CCG at the end of March 2018. The co-location supports the identification of early priorities for joint working and joint commissioning; care at home, care homes, mental health, learning disabilities and safeguarding.</p>	<p>During 2018/19, Adult Social Care and Pennine Care will come together through integrated ways of working across 5 clusters. The focus of the clusters is to ensure Oldham residents are supported in the community with a reduction on people being admitted into hospital admissions. Therefore as a provider we will ensure prevention and well-being are central to practice.</p> <p>We will work together with partners to support social prescribing. We will be exploring new ways of working including asset based approaches, the 3 conversations model as well as health and well-being teams.</p> <p>The integrated health and social care teams will continue to work in accordance with making safeguarding personal.</p> <p>The links between the clusters and MASH will be further developed as the cluster teams evolve.</p> <p>In relation to Commissioning, Quality Assurance and Strategic Safeguarding, the ambition for 2018/19 is to</p>

- :
- redesign and recommission care at home services along a cluster based approach
  - review the safeguarding service and opportunities for more integrated working with CCG colleagues
  - review the approach to quality assurance, quality monitoring and quality improvement, and make the most of the opportunities arising from co-location to join up processes, and develop a joint quality assurance framework
  - implement a Provider Quality Improvement Programme with care homes (PQulP), to increase), to increase the CQC ratings of providers and reduce the number of providers rated “requires improvement”. The target for the percentage of providers rated Outstanding or Good by the end of March 2019 is 75%.

<p style="text-align: center;">Transitions</p>	<p>As part of the SEND inspection, improvements were identified through a written statement of action. Although Transitions was not part of the written statement it was acknowledged as an area of development.</p> <p>A “Preparation for Adult hood” task and finish group has been convened, chaired by a lead from education though incorporating partners from social care, health, voluntary sector and parent and carer forums to develop a protocol and what is provided on the “local offer”. In this forum examples of good practice from other areas has been shared and the aim is for this protocol to be co-produced. It is hoped this protocol and Local Offer will be in place by Sept 2019. In addition to this group a social care group has been convened to consider the transition from children’s to adult social care and training needs have been identified in relation to the Care Act and the Mental Capacity Act.</p>	<p>The ambition for 2018/19 is to support a small team connecting the children with disabilities team and adult social care teams more effectively moving forward. This will involve robust connections with the integrated clusters and the community learning disability teams.</p> <p>Work will continue through the Preparation for Adulthood forum, on the development of a protocol to support transitions.</p>
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In response to the Manchester Arena bombings, the Greater Manchester Mayor established a commission around Tackling Violent Extremism and Promoting Social Cohesion. This included consideration of how Prevent operates across Greater Manchester, and community engagement in challenging extremism. Oldham's Prevent Steering Group contributed to this, and also facilitated a consultation event with voluntary, community and faith groups. The Commission's report was published in August 2018. Responding to the findings, including in relation to Prevent safeguarding will be part of the action plan for 2018/19.

During 2017/18 Oldham's Channel arrangements (safeguarding against involvement in terrorism or extremism leading to terrorism) were subject to a Greater Manchester Peer Review. The Panel included officers from other districts involved in Prevent, the North West Counter-Terrorism Unit, the chair of Oldham's Safeguarding Boards and an academic who researches Prevent. The findings were positive, and Oldham's commitment to securing the engagement of those referred and their families was highlighted, as was Oldham's model of embedding Channel within the processes of the Multi-Agency Safeguarding Hub and alignment with mainstream safeguarding processes for children and young people and vulnerable adults.

Since September 2016, Oldham has been part of a Home Office pilot (Operation Dovetail) which transfers the lead role in Channel from police to the local authority. The pilot was evaluated during 2017/18 by the Home Office, and this is now being rolled out nationally on a phased basis. The North West is one of three regions piloting this wider rollout. Work on the planning of this commenced during 2017/18. Oldham's experience in the initial pilot is informing this. Prevent awareness training with professionals has continued during 2017 / 2018 with the Council delivering 17 Workshop to Raise Awareness of Prevent (WRAP) sessions to a total of over 500 attendees across the partnership. In addition there has been training delivered within organisations – particularly within the health sector.

There will be an ongoing programme of Prevent awareness training to ensure that professionals have an understanding of Prevent, and what they should do if they have concerns. A training needs analysis is being undertaken to identify organisational gaps in training.

As part of the response to the GM Commission on Tackling Violent Extremism and Promoting Social Cohesion the multi-agency Prevent Steering Group is being reconstituted with a wider remit. This will strengthen its involvement in tackling some of the antecedent causes of involvement in terrorism and extremism, and promoting good community relations, as well as work on Prevent safeguarding.

A key challenge during 2018/19 will be to implement the new arrangements for Operation Dovetail, ensuring operational continuity during the transition process. Rather than having a separate Channel Co-ordinator, Oldham's work on Channel under the new arrangements will be supported by a member of a Greater Manchester team hosted by Manchester City Council. There is significant work in completing this change and developing a consistent approach to Prevent safeguarding across Greater Manchester. Oldham will play a key role in this as it has been the only district in Greater Manchester involved in the initial pilot.

The GM Commission highlighted a concern about community distrust and suspicion around Prevent. A priority during the year will be to create opportunities to address this, and to build trust and community confidence. This is important in ensuring that people have the confidence to report Prevent safeguarding concerns.

Domestic Violence	<p>The Domestic Violence Partnership Board (DVPB) has continued to develop and strengthen the multi-agency partnership in order to collectively enhance services to support victims of domestic abuse as well as trying to reduce the domestic abuse incidents. There has been one Domestic Homicide Review completed during 2017/2018 and one review has started during 2017/2018. The learning from the reviews will be monitored through the DVPB.</p>	
6 & Mental Capacity	<p>Ensuring the Mental Capacity is embedded into practice across the multi-agency partnership has remained a priority for the Safeguarding Adults Board throughout 2017/2018. The Multi-Agency Mental Capacity Act policy was completed and ratified by the board. The Policy and Procedure subgroup (now Operational subgroup) has continued to discuss MCA as a standing agenda item, looking at learning from incidents/reviews and how we can publicise the Act, particularly raising awareness of the principles.</p> <p>Each agency continues to deliver MCA training, with the aim of educating staff and increasing confidence to follow the principles. The multi-agency MCA training has continued throughout 2017/2018, which is having a positive impact on knowledge and relationships. There is going to continue throughout 2018/2019 also.</p>	<p>Adherence to the Mental Capacity Act remains questionable at times, therefore the Quality Assurance and Audit subgroup plan to audit practice around the MCA in 2018/2019. The Operational subgroup have also had various discussions about raising the profile of the MCA with the use of materials and merchandise, this will continue throughout 2018/2019.</p> <p>The Government has introduced the Mental Capacity (Amendment) Bill to the House of Lords as it seeks to replace the 'Deprivation of Liberty Safeguards' (DoLS). The Bill contains a new system based mainly on proposals from the Law Commission and known as 'Liberty Protection Safeguards' (LPS). Work will commence during 2018/19 to better understand the potential workforce, system and financial implications of the proposed changes.</p>

Operational Sub-group

The Operational Subgroup discusses and reviews any issues or topics that may have an impact on the safeguarding practice within Oldham. The Operational Subgroup will take direction from other subgroups if there is an area of safeguarding that requires particular focus, e.g. if the performance subgroup highlights an issue around compliance with the MCA, the Operational Subgroup will discuss this and make suggestions for development across the Oldham borough.

Throughout 2017/2018, the Policy and Procedure subgroup reviewed the Multi-agency Safeguarding Policies and Procedures and also devised a Multi-agency Mental Capacity Act policy. The subgroup has reviewed the Person In a Position Of Trust (PIPOT) policy devised by ADASS and is in the process of devising a procedure that would provide guidance for practitioners alongside the policy.

Since the development of the Operational Subgroup in 2018, there has been one meeting within the timescale of this report. The aims of the subgroup were discussed and received positively by all partner agencies.

The aims for 2018/2019 are for the Operational subgroup to continue to develop and strengthen, there has been limited engagement across the multi-agency partnership, and therefore the terms of reference will be reviewed.

There is a requirement for the policies and procedures of the Safeguarding Adult Board to continue to be devised and reviewed annually; this includes a review of the Multi-agency Safeguarding and MCA policy and procedures as well as the completion of the PIPOT policy and procedures.

The subgroup will continue to review and discuss emerging safeguarding topics and how we can ensure safeguarding practice across the multi-agency partnership is safe and effective.



	<p>The SA WD subgroup have developed the following during 2017/18:</p> <ul style="list-style-type: none"> <li>• The Multi-agency WD strategy has been reviewed and refreshed. The process for dissemination to all partners needs to be agreed.</li> <li>• The National Competency Framework for Safeguarding Adults has been agreed as a good practice model for all partners. The process for dissemination to all partners needs to be agreed.</li> <li>• The commissioning process is underway to secure a trainer to undertake SAM and Enquiry Officer training to partners.</li> <li>• The WD subgroup have commenced a quality assurance process for Basic Awareness SA training to ensure the content is up-to-date and legally correct.</li> <li>• Commenced developing bite-size sessions related to current SA themes. MCA sessions have been arranged to commence autumn 2018.</li> <li>• To develop a quality assurance model for all safeguarding adults learning and development activity.</li> </ul>	<ul style="list-style-type: none"> <li>• To raise the profile of Making Safeguarding Personal.</li> <li>• To raise the Public Profile of Adult Safeguarding.</li> </ul> <p>In relation to the WD subgroup, the primary challenge is to agree funding arrangements for multi-agency safeguarding adults training.</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Performance Management</p>	<p>The sub group continued to receive quarterly performance reports, where due to improvements brought about by improvement data quality, meant that 'deep dives' into data could start to take place by the sub group and as advised by the Board.</p> <p>A new reporting structure to Board was introduced as phase 1 of a new PMF for the Board. The Board now receives high level reports, based on the findings of the sub group in undertaking analysis of a wider ranging data suite.</p> <p>Work continued on Phase 2 and a more multi-agency dashboard for Board. Workshops were planned for the beginning of the 2018/19 year to select from the vast arrange of multi-agency data available, which would be appropriate for the dashboard moving forward</p> <p>Relevant Oldham data figures are reported a North West report around Safeguarding, for benchmarking purposes, which takes place on a quarterly basis as of 17/18.</p> <p>The Sub Group recognised that recording and risk around personal outcomes needed to improve and made recommendations around creating statutory fields in the social care management system, Mosaic, to ensure this level of data is recorded.</p>	<p>The sub group will complete Phase 2 of its PMF by signing off a Multi-Agency Dashboard on agreed measures. That dashboard will include data relating to Making Safeguarding Personal, to ensure that the outcomes which are delivered are in line with what the at risk adult wants.</p> <p>The work at a North West level will continue to be progressed through engagement at the North West Performance Leads meeting for Adult Services and through engagement with Sector Led Improvement initiatives led by the Association of Directors of Adult Social Services (ADASS).</p>
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Quality Assurance and Audit</p>	<p>At the outset of the year the decision was made to split the Performance and Quality Assurance and Audit Sub Groups. This was intended to ensure a more robust focus on both activities, while areas of interest or concern as highlighted within performance analysis continue to be prioritised within the Quality Assurance and Audit programme. The focus of the year was to establish a way of working across the partnership that would facilitate the assurance of the Board that partners understood and undertook their individual adult safeguarding responsibilities as per the Care Act 2014. Terms of reference were established and a process agreed, with a thematic focus of Domestic Violence (DV) safeguarding identified for the first audit round, and further areas identified for future audits.</p> <p>The decision to split the sub-groups has led to more capacity and focus for both quantitative and qualitative assurance activity.</p>	<p>While the DV audit was initiated within 2017/2018, its conclusion and findings were not finalised until 2018/2019, when it is intended the group will review the Terms of Reference and process in light of the first audit experience, adjust as required, and deliver the remainder of the agreed programme.</p>
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The development of a joint (supporting both the Adults and Children’s Safeguarding Boards) PR & Communications sub group was a priority for the 2017/2018 year. This sub group was launched with the aim of delivering a safeguarding conference in association with the Workforce Development sub group, which was successfully held in June 2017.

The conference had broad attendance, and featured presentations and workshops covering a range of topics, including complex safeguarding, linkages to the GMP Project Phoenix, and an overview of the Multi Agency Safeguarding Hub and its processes.

In addition, a review of the website and linked branding was initiated by the sub group, with a range of options identified for progression in the coming year. Awareness raising of safeguarding amongst the public is a priority for the Board and the sub group, and one example of a clear success within the year is the development of a business card design for use by Fire & Rescue Service officers undertaking community work. The card features a succinct message on the reverse asking: Are you are concerned about a child or adult? If you’re worried about them, or someone else’s behaviour towards them, contact: Tel: 0161 770 7777 E-mail: [child.mash@oldham.gov.uk](mailto:child.mash@oldham.gov.uk) or [adult.mash@oldham.gov.uk](mailto:adult.mash@oldham.gov.uk)

The ambition for 2018/19 is to progress the development of the website and branding for the board.

## 6. Safeguarding Adult Reviews

- 6.1 Section 44 of the Care Act (2014) requires Local Safeguarding Adult Boards to arrange a Safeguarding Adult Review (SAR) when 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 person at risk. A SAR can also be conducted when a person has not died but it is known or suspected that they have experienced serious abuse/neglect, sustained potentially life threatening injury, serious sexual abuse or serious/permanent impairment of health or development. It places a duty on all Board members to contribute in undertaking the review, sharing information and applying the lessons learnt. The SAR brings together and analyses the findings from individual agencies involved, in order to make recommendations for future practice where this is necessary.
- 6.2 The focus for Oldham Safeguarding Adults Board in 2017/2018 has been to ensure that there is a clear, robust process with the statutory partners involved, which is Care Act compliant to give the necessary assurance that there are effective mechanisms in place to conduct safeguarding adult reviews. It is essential that we learn from situations where the outcome has been less favourable and where areas for improvement relating to multi and single agency practice can be identified and used to inform practice, policy and process development for the future.
- 6.3 A Safeguarding Adult Review which commenced in 2015 has remained ongoing throughout 2017/2018. The aim is to complete this review early into 2018/2019. There were specific issues that caused this significant delay, and measures have now been put in place to ensure such a delay cannot occur in future reviews. Throughout 2017/2018, the Safeguarding Adult Review subgroup received six referrals for consideration for a Safeguarding Adult Review. The SAR subgroup came to a decision that there should be a Safeguarding Adult Review in two of the six cases, also recommended that a further two cases required a learning review and two cases did not meet the criteria for a SAR.
- 6.4 The plan moving forward into 2018/19 is to embed the SAR sub group as a functional sub group of the Board. Membership has been reviewed and will be chaired by the Designated Nurse Safeguarding Adults at Oldham CCG and has representation from Adult Social Care, Greater Manchester Police and Age UK as the key members with additional membership from NHS trusts, probation and turning point.
- 6.5 The subgroup will provide a bimonthly report to the Safeguarding Adult Board and will be held to account for sharing learning, promoting improved outcomes and ensuring Care Act compliance.
- 6.6 The aims for 2018/2019 are for the Safeguarding Adult Review subgroup to continue to develop and strengthen, raising awareness of the process for reviews as well as cascading the learning of completed reviews.

- 6.7 There is a requirement for the SAR protocol to be reviewed and updated. The protocol should include detail of SAR's as well as learning reviews and how each agency will be expected to participate openly to ensure effective learning can be achieved.

## 7. Peer Review

- 7.1 In September 2017, the Safeguarding Adults Board agreed that it would be helpful to progress the ADASS Sector Led Improvement process and commission a peer review with another safeguarding adults board. The purpose of the challenge process is to undertake an audit and seek strengths and areas for improvement from a critical friend perspective.
- 7.2 Further to initial agreement to undertake a safeguarding peer review with the Stockport partnership, and following a guidance session delivered by the NW ADASS team, the planning and initiation of delivery of the exercise was undertaken (completion expected in 2018/2019).
- 7.3 While the NW ADASS team provide a range of templates for peer review, the first step undertaken was to tailor this to ensure a clear alignment to the partnership's purpose and responsibilities in relation to the safeguarding of vulnerable adults. This focused on the definition of what constitutes and demonstrates statutory safeguarding and Care Act compliance across eight key thematic areas: outcomes for people; participation; vision, strategy & leadership; working together; resource & workforce management; service delivery & effective practice; commissioning; improvement & innovation.
- 7.4 The peer review involves a number of key steps: completion of a self-assessment, followed by a site visit, and the production of a findings report by our 'peer' colleagues, which is used to inform an action plan responding to points raised and learning as required. The exercise is reciprocal, with insight from our peer's self-assessment and a visit to their site also informing responses. A Peer Review sub group was drawn together, including representatives from Adult Social Care, NHS Oldham Clinical Commissioning Group, Pennine Care NHS Foundation Trust, Pennine Acute NHS Hospitals Trust, Greater Manchester Police, and Healthwatch Oldham.
- 7.5 The Oldham self-assessment was developed using submissions and contributions from agencies across the partnership, including adult social care provider representatives, and was completed at the end of the year (March 2018). The Oldham site visit is scheduled to take place in May 2018, with completion of the report and action plan expected to conclude the exercise by the autumn. Receipt of the Stockport self-assessment, and the undertaking of the return site visit followed by the completion of their report is also expected to take place within this timeframe.

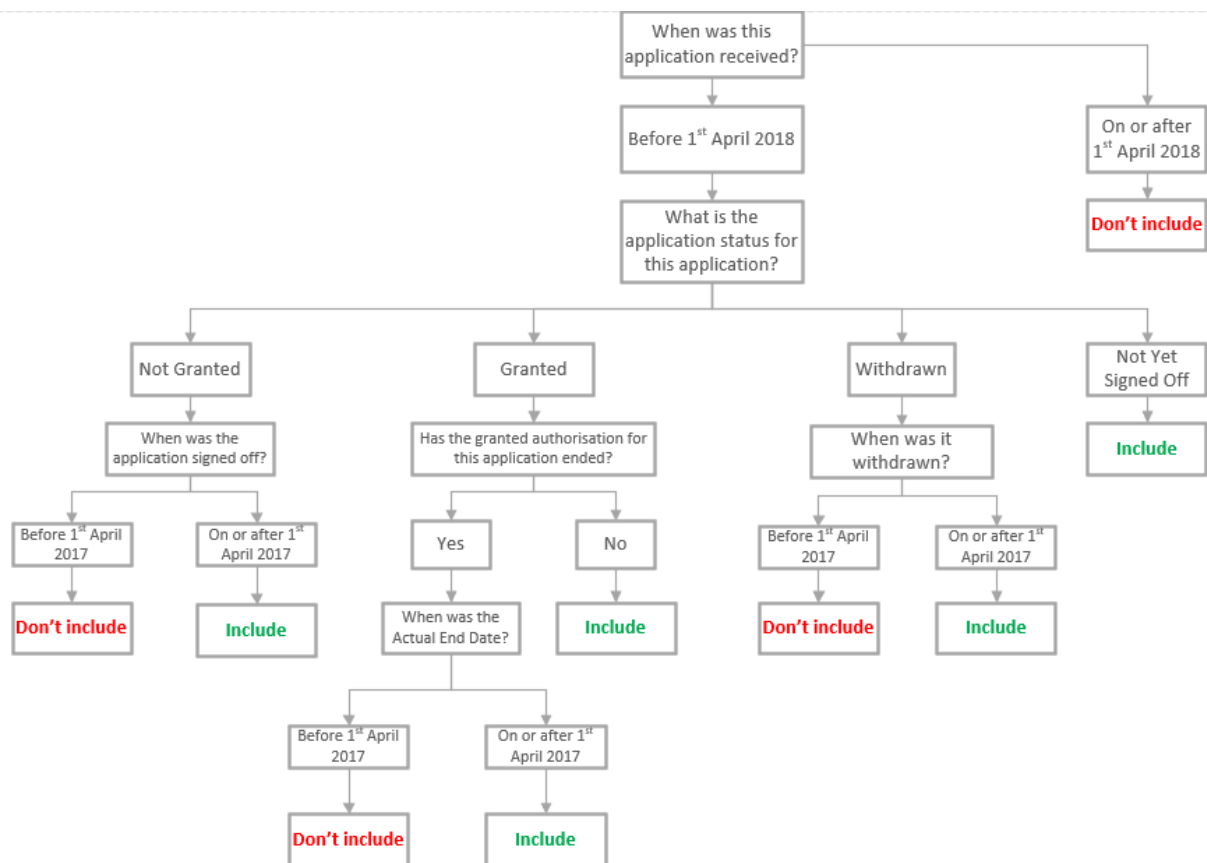
- 7.6 The outcome of the peer review will feature in the SAB annual report for 2018/19, and the learning will be incorporated into an action plan, as part of the business plan of the SAB.

## 8. Deprivation of Liberty Safeguards and the Mental Capacity Act

- 8.1 The Deprivation of Liberty Safeguards (DoLS) aim to protect people who lack mental capacity, but who need to be legally deprived of liberty so they can be given care and treatment in a hospital or care home. If a person's right to liberty needs to be infringed in other settings, an authorisation must be obtained from the Court of Protection.
- 8.2 In March 2017, the Law Commission published its report proposing the Liberty of Protection Safeguards as a replacement for the Deprivation of Liberty Safeguards and how changes to current legislation might look in relation to people who are deprived of their liberty. The Law Commission proposes that the Liberty Protection Safeguards (LPS) take Court of Protection and Deprivation of Liberty Safeguarding factors into account and will provide safeguards for vulnerable adults who need it without unnecessary assessment duplications from health and social care professionals. The proposed Liberty Protection Safeguards would apply in all settings whereas the current DoLS regime only applies to registered care homes and hospitals. Anyone who lives outside of these settings such as their own home or supported living would need an order from the Court of Protection to be deprived of their liberty. The LPS would apply to anyone over the age of 16. This would bring it in line with other aspects of the Mental Capacity Act which applies to anyone over the age of 16. The current DoLS only applies to people aged 18 or over.
- 8.3 On the 14<sup>th</sup> March 2018, it was announced that Ministers broadly accept Liberty of Protection Safeguards and has agreed to legislate to replace the DoLS with a new system to authorise the confinement of people in care arrangements when they lack capacity. However, legislation to replace DoLS is not imminent and will be implemented when parliamentary time allows.
- 8.4 A welcomed change will be as the process commences. Currently, assessments under the DoLS are often made and authorisation is sought after a person has moved into a care home and into circumstances that already amounts to a deprivation of liberty. Under LPS, an authorisation to deprive someone of their liberty would be decided at the planning stage and will seek to ensure that a full analysis of all available options is undertaken before anything is finalised.

- 8.5 The current DoLS regime simply authorises a deprivation of liberty whilst LPS would authorise particular care arrangements regardless of where they are provided. This would potentially reduce the number of assessments required because a new assessment wouldn't be required if someone living at home moved into a respite placement or was admitted into hospital providing the care arrangements were similar.
- 8.6 The new safeguards also propose that there will be no need for a Supervisory Body (currently a Local Authority) to authorise all deprivation of liberty under the DoLS scheme. This would be replaced by those responsible for arranging the care authorising it. So for instance, a person being discharged from the hospital, the Responsible Body will be the NHS Trust. Similarly, if someone is receiving Continuing Healthcare Funding the Responsible Body will be the Clinical Commissioning Group. And for others, the Responsible Body will be the Local Authority commissioning their care. The general rule will be that the Responsible Body will be the authority responsible for meeting a person's needs under the Care Act 2014.
- 8.7 Finally, one other main difference between DoLS and LPS will be around the role of the Best Interest Assessor. Under LPS a new role of Approved Mental Capacity Professional (AMCP) will be introduced. The AMCP will provide a layer of scrutiny to the proposed arrangements in cases where there is a higher level of complexity such as where someone is objecting to arrangements.
- 8.8 Whilst the government has announced that it 'broadly accepts' the recommendations from the Law Commission, the Minister for Social Care, Caroline Dineage, has advised that the department will continue to work with the health and social care sector on the recommendations from the Law Commission and engage further with stakeholders. At present, timescales for this further engagement and progression towards new legislation is unclear.
- 8.9 **The Annual Data Return for DoLS in Oldham for 2017/18**
- 8.9.1 On an annual basis Oldham, along with every local authority in England, submits a Deprivation of Liberty Safeguards (DoLS) Return. The DoLS data collection gathers information on all DoLS applications in England on an annual basis.
- 8.9.2 Information collected in the return will provide an estimate of the number of individuals subject to a DoLS authorisation as well as the number of active DoLS cases in England for the 2017-18 reporting year. A case is defined as active from the moment the DoLS request is received by the council.
- 8.9.3 The return collects data on all DoLS applications active at any stage between 1<sup>st</sup> April 2017 and 31<sup>st</sup> March 2018 (see flowchart below):





## Key Findings

- 8.9.4 In 2017/18 there was a total of 729 new DoLS applications received between 1 April 2017 and 31 March 2018; this is an increase in comparison to 2016/17, when a total of 647 new applications were received.
- 8.9.5 There were 443 DoLS applications received between 1 April 2016 and 31 March 2017 that were still active during this reporting year, meaning that a total of 1,172 applications are included on the DoLS return.
- 8.9.6 The number of applications not completed as at 31 March 2018 has significantly increased to 584 compared to 31 March 2017 where there were a total of 318 not completed.
- 8.9.7 There was a slight reduction in the number of applications granted during 2017/18 with a total of 296 applications, compared to 330 applications granted in 2016/17.
- 8.9.8 In 2017/18 there were a total of 235 urgent applications received, which is an increase on 2016/17 when a total of 197 urgent applications were received.

8.9.9 A total of 729 new DoLS applications were received between 1 April 2017 and 31 March 2018 which is up from the 647 applications received in 2016/17.

**Table 2: Applications received**

<b>New DoLS Applications Received</b>	<b>2016-17</b>	<b>2017-18</b>
April	58	45
May	42	49
June	49	59
July	44	32
August	69	73
September	29	86
October	51	70
November	65	61
December	31	59
January	85	90
February	69	70
March	55	35
<b>Total Received in Year</b>	<b>647</b>	<b>729</b>

**Table 3: Applications not completed as at 31 March 2018**

	<b>2016-17</b>	<b>2017-18</b>
<b>Applications not completed as at 31 March – not yet signed off</b>	<b>318</b>	<b>584</b>

8.9.10 The number of applications not completed as at 31 March 2018 has significantly increased to 584 in comparison to 31 March 2017 where there were a total of 318 not completed.

**Table 4: Applications Granted**

<b>DoLS Applications Granted</b>	<b>2016-17</b>	<b>2017-18</b>
April	5	18
May	12	23
June	15	19
July	40	29
August	61	22
September	4	41
October	34	32
November	20	21
December	23	19
January	24	21
February	60	28
March	32	23
<b>Total Applications Granted in Year</b>	<b>330</b>	<b>296</b>

8.9.11 There were a fewer applications granted during 2017/18 with a total of 296 DoLS granted in comparison to 2016/17 where there were 330 granted.

**Table 5: Urgent Applications Received**

	<b>2016-17</b>	<b>2017-18</b>
<b>Urgent Applications received</b>	<b>197</b>	<b>235</b>

8.9.12 In 2017/18 235 DoLS applications were urgent applications, an increase on the previous year which had 197 urgent applications.

**Table 6: Gender of Granted Applications**

	<b>2017/18</b>
Male	104
Female	192
<b>Total Applications Granted</b>	<b>296</b>

8.9.13 In 2017/18 there were a higher number of females that were granted a DoLS application with a total of 192 applications compared to 104 males.

**Table 7: Ethnic Origin of Granted Applications**

	<b>2017/18</b>
White	283
Mixed/Multiple Ethnic Groups	2
Asian/Asian British	2
Black/Black British	3
Other Ethnic Origin	4
Undeclared/Not Known	2
<b>Total Applications Granted</b>	<b>296</b>

8.9.14 In 2017/18 the highest numbers of granted applications for service users were from a White ethnic origin. The lowest numbers were from a Mixed/Multiple Ethnic Groups and Other Ethnic Origin.

## 8.10 Challenges

8.10.1 There have been a number of challenges that have contributed to the DoLS position during 2017/18. These have related to the process undertaken to complete and authorise applications in the context of an increase in volume, and a review is under way to improve this process and increase the number of authorised signatories.

## 9. Partner Organisations Reports

This section contains the partner organisations reports for 2017-18 and takes the form of responses to nine key areas:

National and local developments for your organisation in respect of Safeguarding Adults during 2017/18	
<p><b>Greater Manchester Fire &amp; Rescue Service (GMFRS)</b></p>	<ul style="list-style-type: none"> <li>➤ GMFRS transferred to GMCA on the 8<sup>th</sup> May 2017 as part of Greater Manchester Devolution</li> <li>➤ The Mayor (Andy Burnham) will lead the Combined Authority (made up of the Heads of the 10 Local Authorities in GM) these bodies will be serviced by the GMCA Chief Exec, and leadership team.</li> <li>➤ Beverley Hughes, Deputy Mayor for Policing and Crime. Oversees the fire and rescue service on behalf of the Mayor,</li> <li>➤ On November 16, 2017 GMFRS announced the appointment of Dawn Docx Deputy Chief Fire Officer.</li> <li>➤ New Chief Fire Officer, Jim Wallace, will take on the role from September 2018</li> </ul> <div style="display: flex; justify-content: space-around; align-items: center;">    </div> <p>Vulnerable people who have no place in a custody cell are now to receive the right support, in the right place, at the right time, thanks to a service officially launched in Greater Manchester.</p> <p>Providing the detainee has given them consent, staff screen and assess the individual, sharing relevant information with criminal justice agencies to inform charging and sentencing decisions. The person is also helped to access appropriate services, such as mental and physical health care, social care, substance misuse services and safeguarding support. Commissioned in February 2017 and developed over the last year, the Healthcare in Custody and Wider Liaison and Diversion Service is now fully operational.</p>

	<p>Baroness Beverley Hughes, the Deputy Mayor for Policing, Fire and Crime, said: “While keeping the public safe is the number one priority, it’s clear that a custody cell or prison is not always the right place for vulnerable people, such as veterans, homeless people, or people with learning disabilities.</p>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p>Throughout 2017/2018 there have been further developments within the NHS to strengthen and embed safeguarding. NHS England, alongside the Royal Colleges are in the process of developing an intercollegiate document that will provide standards of training, knowledge and skills expected of each staff group within the NHS.</p> <p>Within Greater Manchester, there has been a desire to standardise quality assurance across all NHS funded providers. The Safeguarding Standard’s tool has been updated and this now includes Prevent. This has now been embedded into all NHS funded contracts for 2017/2018 in order to gain further assurance about the care being provided.</p> <p>There continues to be concerns raised locally and nationally about the understanding and organisational implementation of the Mental Capacity Act. This has been identified particularly within the LeDeR programme (learning disability mortality review programme). As a result, NHS England are leading a national pilot to review the use of the Mental Capacity Act within acute hospital settings in first instance. This pilot will progress throughout 2018/2019.</p>
<p><b>Greater Manchester Police (GMP)</b></p>	<p>Greater Manchester Police have, in this time period, returned the investigation of public protection (PP) matters to the local districts, from the centralised Public Protection Division (PPD). This has seen specialist PP detectives return to district policing and all PP investigations carried out locally.</p> <p>Whilst the PPD still exists and continues to manage crime and safeguarding issues that cross multiple district boundaries (sex offender management, internet based crime etc.) the Investigation and Safeguarding Review (ISR) undertaken by GMP which saw this transition has also informed other fundamental changes. Of relevance to Oldham is that as part of the ISR, a review of the police MASH triage function has been completed. Consequently, decisions on triage are now made jointly with representatives from both Adult and Children’s services. Alongside this, the introduction of a daily risk management meeting within the MASH has seen the high risk matters identified through the triage being discussed with MASH managers and work tasked to relevant</p>

	<p>agencies to ensure today's business is dealt with today. This has seen a reduction in the PP incident triage queues and risk is being managed far more effectively.</p> <p>With the return of PP work to districts, GMP Oldham have commenced a series of Continuous Professional Development days to upskill and train staff from mainstream CID in PP matters and vice-versa. This work is intended to produce omnicompetent detectives, able to deal with all serious and complex crime. Whilst not a perfect solution to replace experience gained working as either a CID or PP specialist, it is an adequate one and in time, officers will receive commensurate training as required – augmented by a training needs analysis for all affected staff.</p> <p>With the review of the MASH triage, it is anticipated (and beginning to realise) that demand into the detective's office will reduce, allowing them to focus on the most serious matters as required. The triage process also allows specialist neighbourhood beat officers to deal with vulnerable adult incidents / concerns on their areas.</p> <p>Further enhancements the ISR will bring include the introduction of a case management team, to work within the MASH. Anticipated to start late January 2019, the team will assist in the triage of cases, attend the risk management meetings, attend case conferences and strategy meetings and take over ownership of MARAC. With the embedded police officers working in the MASH, they will be the go-to team for all safeguarding matters in the first instance.</p> <p>Through Challenger, a new pathway has been established to help identify, refer and deal with issues of criminal exploitation. Challenger Oldham has made the exploitation of vulnerable people one its five priorities for the year and the new referral pathway has assisted in tackling this emerging issue. Human trafficking and modern slavery also feature as priority areas and a problem profile is to be commissioned to allow policy makers to see the true picture of these crime types in the borough.</p>
<b>National Probation Service (NPS)</b>	Please see section below.
<b>Pennine Care NHS Foundation Trust</b>	<p>Development and delivery of a 'Train the Trainer' training package - Assessing Mental Capacity which was initially delivered to Adult Community Nursing team senior staff.</p> <p>Development and delivery of Adult Safeguarding Level 3 and the Association of Safeguarding to Pressure ulcers</p>

training – delivered to over one hundred community practitioners.

Identification of ‘Safeguarding Leads’ (Champions) in teams, in Mental Health, Dental and some Community Nursing teams.

Reintroduction of quarterly Safeguarding FORUMS for the ‘Safeguarding Leads’ to provide updates, education and safeguarding supervision.

Following the CQC inspection in May 2017, it was identified that the staff within mental health inpatient units might benefit from a higher level of visibility from the safeguarding teams. The Safeguarding Families teams there developed a package of training and a “toolkit” to enable staff to identify and respond to safeguarding concerns and access support from the teams.



Adult Safeguarding Briefing.pptx



Adult Safeguarding Flowchart\_.docx



7 minute briefing - Adult Safeguarding S



6 Principles - Final.pdf

The trust safeguarding leaflet and Prevent leaflet has been updated and reprinted, has been distributed around services and is given to staff on staff induction.



5304 Prevent leaflet reprint v3 - July 2017




5305 Safeguarding children adults and fa

The safeguarding teams now cover a stall in the “marketplace” on trust induction, ensuring that from the outset of employment with Pennine Care, staff know how to access their local teams.

The safeguarding team produced its first newsletter in October 2018, which introduced the Named Nurses for each team and explained the structure of the safeguarding teams in Pennine Care. It outlined plans for the coming year and again highlighted how to contact safeguarding teams. Another newsletter will be planned for



	<p>April 2018.</p> <p> Safeguarding Newsletter.docx</p> <p>All incidents on incident reporting system “Ulysses” are now overseen by the Safeguarding Families Teams, with advice offered to staff inputting incidents.</p> <p>A “message of the month” has been published and covers a different topic each month. Since April 2017 some of the topics covered:</p> <ul style="list-style-type: none"> <li>• Trafficking</li> <li>• Respectful challenge</li> <li>• Perinatal Care and Fathers</li> <li>• Safeguarding/CSE in Sport – Greater Manchester procedures</li> <li>• Mental Capacity and safeguarding</li> <li>• Disguised compliance</li> <li>• Self-Neglect</li> <li>• Organised Crime</li> <li>• Unaccompanied Asylum Seeking Children</li> <li>• Financial Abuse</li> <li>• “Think family”</li> </ul>
<p><b>OMBC Adult Social Care</b></p>	<p>Throughout 2017/18 we have undertaken additional safeguarding training locally for all Social Care staff. This training has provided staff with the skills and abilities to undertake safeguarding enquires in accordance with the safeguarding policy. A significant amount of time has been invested to ensure Adult Social Care is implementing the safeguarding adult policy consistently across the service. This is essential with the local developments in</p>

	<p>relation to the integrated care organisation and the formation of 5 cluster areas.</p> <p>In preparation for the move to 5 integrated health and social care clusters in April 2017 we introduced an early integrated adopter cluster; Cluster West. Safeguarding Adults has been central to practice within the early adopter cluster, ensuring there is a streamlined approach to safeguarding into the cluster from other teams including; MASH and the Integrated Discharge team.</p> <p>The early adopter cluster has strived to reduce the number of safeguarding enquires through an integrated approach using a preventative way of working. To date the team have worked jointly with 41% of Oldham residents, sharing information in a more timely manner than previous to prevent a crisis situation.</p> <p>Since the last report the council has had a SEND inspection.</p> <p>As part of the action plan we have arranged a task and finish group re Transition / Preparing for Adult Hood protocol. In addition meetings have taken place between adults and children's social care to support smoother processes.</p>
<p><b>Age UK Oldham</b></p>	<p>Age UK Oldham continues to challenge poor practice in care and to support those people who are most vulnerable to make sure their views and wishes are kept central to any decisions made for them to achieve outcomes which matter to them in their life.</p> <p>As a high profile voluntary sector and a respected service provider in Oldham as well as a member of the Oldham Multi Agency Safeguarding Partnership it is an organisational priority that our Trustees, staff and volunteers have a clear understanding of the statutory Multi-Agency Policy and Procedures together with a clear understanding of the six safeguarding principles which underpins all adult safeguarding processes. All our personnel receive mandatory training in line with the Care Act 2014 and have clear directives via our organisation link safeguarding policy in relation to reporting, recording and documenting all issues or concerns raised by staff and / or volunteers. In addition to these developments our organisation undertakes the ISO 9001 Quality System which underpins the quality, management structure and recording of all the services we deliver.</p> <p>We have invested considerable time and resources to carry out a full audit of all our staff and volunteers' understanding and level of experience of the Mental Capacity Act using the MCA Competency Framework to</p>

	<p>ensure that the correct level of training is identified at a level which supports the work and responsibility that individual staff and volunteers have to their specific client group. The training programme will be implemented during Autumn 2018.</p> <p>Our organisation took part in the Safeguarding Peer Review process between OMBC and Stockport Council earlier this year. Senior staff attended a workshop and completed the required contributor paperwork to assist this process to inform the wider level of safeguarding support to residents of Oldham on a range of levels which our organisation promotes and specifically focusses on:</p> <ul style="list-style-type: none"> <li>• Outcomes for people</li> <li>• Participation</li> <li>• Working together</li> </ul> <p>The organisational safeguarding lead contributed to the work stream led by the OMBC Adult Safeguarding Manager earlier this year looking at partner agencies' experience of working with the OMBC Adult Safeguarding Teams. This provided the opportunity to feedback not only our staff / volunteer's experience when working with OMBC but also the general public's views and experience when contacting the team for support / assistance.</p>
<p><b>Pennine Acute Hospitals NHS Trust</b></p>	<p>Through 2017 / 18 Pennine Acute Hospitals NHS Trust has commenced integration with Salford Royal Hospital NHS Foundation Trust to form the Northern Care Alliance (NCA). As a corporate service the two safeguarding teams for Pennine Acute and SRFT have integrated and now serve the whole of the Northern Care Alliance. The integrated safeguarding structure continues to develop, bringing together skills and experience from across the North East Sector of Greater Manchester.</p> <p>The executive lead for safeguarding at NCA board level is the Chief Nurse. Strategic and operational safeguarding arrangements are delivered and supported by the Corporate Safeguarding Team across the NCA. There is a robust governance structure for adult safeguarding which is monitored by the existing SRFT and Pennine acute safeguarding committees. Assurance is provided to the Trust Boards with accountability to the Local Safeguarding Boards (LSB's) and Clinical Commissioning Groups (CCG).</p> <p>This is a significant organisational change which aims to raise safeguarding standards across the Northern Care</p>

	Alliance whilst providing and improving the assurance to the boards of continued improvement.
<b>Healthwatch Oldham</b>	<p>Healthwatch Oldham (HWO) is the consumer champion for health and social care services. It represents the voice of service users within the Oldham area in relation to their experiences of safeguarding practice. HWO carries out 4 key roles that support the safeguarding agenda. These are to:</p> <ul style="list-style-type: none"> <li>• Ensure the voices and experiences of service users are heard and fed into the planning of services</li> <li>• Help shape the design and delivery of health and social care services</li> <li>• Hold services to account</li> <li>• Support the resolution of any NHS complaints and ensure lessons are learnt</li> </ul> <p>During 2017/18 HWO reviewed the safeguarding cases identified through its Information service and NHS Advocacy Complaints work. Healthwatch Oldham also reviewed its policies and working practices relating to the reporting, recording and monitoring of safeguarding concerns and incidents and uses case studies to show how lessons learnt are reshaping services.</p> <p>HWO staff are trained in safeguarding and the MCA in line with the Care Act 2014 and clear processes are in place to ensure safeguarding cases are subject to wider scrutiny by senior staff and where appropriate escalated to statutory partners.</p> <p>HWO adopts a person-centred approach as part of its care home visits, ward 'WalkABOUTs' and service reviews to understand how safeguarding is managed in a range of operational settings. Along with our network of Healthwatch volunteers we work closely with patients/service users and their families to identify any possible safeguarding issues or preventative measures that will help to improve the experiences of service users and meet safeguarding needs for those at risk.</p>
<b>First Choice Homes Oldham</b>	<p>All First Choice Homes' staff are provided with mandatory safeguarding training. This includes a large section specifically relating to Safeguarding Adults at Risk.</p> <p>During 2017/18 this training was revised, quality assured and approved by the SAB Training sub-group.</p>

	<p>Training is refreshed every three years, again for all staff. Following the refresher training staff are assessed and, should they not meet the standard required to pass the assessment (100%) they are required to attend the full safeguarding training again, to ensure that safeguarding adults is embedded across the business.</p> <p>During 2017/18 the Domestic Abuse section of the mandatory training has also been enhanced and lengthened.</p> <p>First Choice Homes have Designated Safeguarding Officers (DSO's) in all areas of the business. DSO's are a point of contact for the organisation to discuss and record concerns. They offer support to members of staff, facilitate the contact with the relevant social care agency / police and support colleagues to complete 'safeguarding alert form' where appropriate. DSO's also log all concerns on a central database, accessible only to DSO's, highlight any issues or training gaps at the First Choice Homes' Safeguarding Group meeting and promote the safeguarding agenda within their teams. There are currently 21 DSO's across the business, with the aim to increase this during the forthcoming year.</p> <p>During 2017/18, First Choice Homes also developed 'Safeguarding Champions' across the business. The role of the champions is to continually revise processes and to act as a point of support for Designated Safeguarding Officers. There are currently 21 DSO's across the business including four Safeguarding Champions, with the aim to increase these numbers during the forthcoming year.</p> <p>First Choice Homes have also revised the way in which safeguarding alerts are logged, creating 'triggers' for follow up action required and to ensure colleague accountability. This is due to be rolled out across the business from October 2018 onwards, with training to be provided for all staff.</p>
<p><b>Care at Home representative</b></p>	<p><b>Workforce Development:</b> Training for care staff has been ongoing in line with the 3 year refresh cycle. Managers have also sourced additional specialist training which includes forced marriage, sexual exploitation, domestic violence and prevent which has supported staff in understanding and responding to a service users individual needs and associated risks.</p> <p><b>Comms and publicity:</b> In June 2018, we appointed a Communications and Engagement Officer who will work with service users, carers and service users. In the coming months he will be supporting the organisation with a Whistleblowing Campaign.</p> <p><b>Transitions:</b> The Shared Lives Team have been working with Children's Services to plan and implement processes to ensure a smooth transition into an adult social care and a Shared Lives Placement. The team have</p>

	<p>been reviewing their Statement of Purpose and CQC Registration with a view to changing their regulated activity to include those who are 16+</p>
<p><b>OMBC Public Health (as advisors to the Board)</b></p>	<p>Infection prevention and Control is one of the key elements of safe care in health and social care settings.</p> <p>Care homes are monitored by the Care Quality Commission (CQC) who hold them to account using section 8 of the essential standards and takes in to account the Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance, a document that is commonly referred to as the hygiene code.</p> <p>The hygiene code requires the home to have somebody responsible for infection prevention and control (IP&amp;C and Flu Link worker) to act as a source of authority to set and monitor practice standards. This includes each Care provider achieving the IP&amp;C Certificate of Excellence award which includes meeting the following criteria</p> <ul style="list-style-type: none"> <li>• IP&amp;C Care Home Audit completed and must achieve 92% and above;</li> <li>• Evidence of IP&amp;C Annual Update/training for all Care Home staff (includes. Essential Steps evidence, Dental Audit, Annual statement.</li> <li>• Hand Hygiene audit completed for all staff with evidence of hand hygiene training and assessments;</li> <li>• Up to date IP&amp;C notice board displayed for staff and general public;</li> <li>• IP&amp;C lead person to attend the IP&amp;C leads care home workshops every quarter (must attend 3 meetings a year and evidence of cascading this to their care home.</li> </ul> <p>When Care providers are ready and have met the above criteria, a Health Protection Nurse visits and validate the assessment and issue the Certificate of Excellence (CoE).</p> <p>To date the CoE workshops have been well attended and information disseminated and implemented especially the oral health workshop which has driven up standards with frontline staff.</p> <p>Therefore, the CoE award has improved quality standards in all areas of IP&amp;C and has made a direct impact on IP&amp;C practices ensuring that residents in cares homes are continually being safeguarded against healthcare</p>

	associated Infections and outbreaks.
<b>Turning Point</b>	<p>Turning Point has been commissioned to provide an integrated treatment service called Rochdale and Oldham Active Recovery Service (ROAR) across Rochdale and Oldham from 1st April 2018.</p> <p>The aim of this service is:</p> <ul style="list-style-type: none"> <li>• To reduce the substance-related harm to individuals, families and communities and support the building of individual recovery.</li> <li>• To be a single integrated specialist substance misuse service, providing specialist drug and alcohol services for adults.</li> </ul> <p>Key elements and principles of the service model are:</p> <ul style="list-style-type: none"> <li>• One integrated service – two boroughs coming together</li> <li>• Flexible and dynamic – responding to diversity of need</li> <li>• Consistency and quality of delivery across both areas</li> <li>• Greater flexibility in access to treatment for service user – in location and method.</li> <li>• Single point of entry through multiple channels</li> <li>• Clear and defined treatment pathways through the service and into sustained recovery</li> </ul> <p>The new service model will comprise the following teams:</p> <ul style="list-style-type: none"> <li>• Access and Engagement Team – leading on screening, assessment, managing lower level users’ e.g. non-dependent drug and alcohol, with specialist digital workers.</li> <li>• Partnership Team –comprising, homelessness prevention, tenancy support, Community Development, harm reduction, peer mentoring and volunteers, assertive linkage to mutual aid, support for social</li> </ul>

	<p>enterprise.</p> <ul style="list-style-type: none"> <li>• Clinical Team – single clinical team approach, integrated with delivery teams. OST prescribing, BBV vaccinations/ testing, health checks, wound care, community detoxification. Specialist leads, development of INP/NMP roles, Priority on safety, changes made with a planned approach.</li> <li>• PSI Team – specialist PSI interventions, training for staff, coordination and facilitation of groups. Emphasis on groups as primary modality of intervention and delivery of psychosocial interventions.</li> <li>• Locality Teams –In Rochdale and Oldham; engagement, harm reduction, brief advice, PSI, clinical and health interventions. Recovery co-ordination, prescription management, recovery planning, group facilitation, transition work with YP service, and shared care.</li> <li>• Performance and Administration Team – The Performance and Administration team comprise a range of posts including Performance Lead, Data Analyst and a team of Administrators. The Administrator team will be based in Rochdale but work across the adult treatment hubs, and will also provide support to the clinical and partnership teams and as well as supplementary cover across teams</li> </ul>
<p><b>Developments post Winterbourne View and the progress your organisation has made in respect of working towards supporting the Learning Disability Transformation agenda (including fast track) during 2017/18</b></p>	
<p><b>Greater Manchester Fire &amp; Rescue Service (GMFRS)</b></p>	<p>GMFRS’s core purpose is to ‘protect and improve the quality of life of the people in Greater Manchester’. Our Safeguarding Policy outlines GMFRS’ commitment to the safeguarding and protection of children, young people and adults from abuse and neglect.</p> <p>All of our safeguarding activity will promote the safety, dignity and wellbeing of those individuals we are safeguarding and take into account their wishes, beliefs and personal circumstances.</p> <p>GMFRS has a broad remit and delivers a range of activities. During all of this activity, and through the implementation of our Safeguarding Policy, GMFRS will ensure that all of its employees, volunteers and those who undertake work on behalf of the service, maintain a proper focus on safeguarding and that this is reflected both in sound individual practice and internal policies, procedures, guidance and training.</p>



	<p>Thematic safeguarding concerns:</p> <ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• Hoarding &amp; Animal Hoarding</li> <li>• Living Conditions / Self Neglect</li> <li>• Mental Health / Depression</li> <li>• Drugs &amp; Alcohol</li> <li>• Falls/Mobility</li> <li>• Deliberate Fire Setting/Aggressive Behaviour</li> </ul>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p>Oldham CCG is on track against the GM Transforming Care discharge trajectory, however there are still a high number of people in secure placements compared to other boroughs in GM and work is on-going to ensure that appropriate community provision is in place for patients who will be discharged in the future. This can be a lengthy and complicated process as CCG and Local Authority ensure that the right package of care is in place for people who have complex needs and challenging behaviour. It is important to ensure that the appropriate step-down provision, such as supported living, is in place for the discharge to be successful.</p> <p><b>Complex Case Forum and 'At Risk' Register</b></p> <p>The CCG, LA and PCFT (CLDT) meet monthly to review clients who are deemed 'at risk' – this would mainly be at risk of admission, however could include risk of family or placement breakdown, criminal activity etc. The purpose of the review is to identify ways to support clients with the most complex needs to prevent potential deterioration and possible admission. The register includes children and young people with a learning disability and/or autism who are either in hospital or at risk of admission.</p> <p><b>LD Health Checks</b></p> <p>Oldham CCG primary care team have undertaken an audit to validate LD registers held within each practice. The CCG is proposing to include LD annual health checks in the updated primary care quality scheme, due to go live</p>

	<p>in October 2018. Resource tools for GP practices have been developed, including easy read documents, which have been designed with the support of Pennine Care NHS FT.</p>
<p><b>Greater Manchester Police (GMP)</b></p>	<p>Many of the learning lessons that fell out of the Winterbourne View scandal are not directly relevant to the police. That said, Greater Manchester Police now works directly with specialist NHS staff in the control rooms to assist first responders when dealing with apparent mental health, learning disability or autism issues. All staff within the organisation have had to complete E-learning packages on mental capacity and all staff are aware that when incidents are reported to police, they are to be believed and investigated. To further support frontline staff, a Vulnerability Support Unit has been established within the police control rooms – their role is to provide the responder with accurate background information about the people they are dealing with and detail key professionals involved in their care where applicable. This helps to ensure appropriate referrals are made in a timely fashion. With the addition of the multi-agency MASH triage function and subsequent daily risk management meeting, it is hoped that no cases “slip through the net” and that the right professionals are involved at an early stage.</p> <p>As always, GMP remains committed to the SCR process and will always cooperate with any such review, implementing lessons learned or changing policy accordingly.</p>
<p><b>Pennine Care NHS Foundation Trust</b></p>	<p>The Oldham Learning Disability Team has been closely linked in with the National and GM wide View Transforming Care Agenda. The Team has worked closely with our colleagues in social care and commissioning to support discharge planning for the small cohort of people who remain in secure settings. The Team has also supported the development of the Dynamic Risk Register in Oldham. This register identifies all of the people with learning disabilities who are currently inpatients and those who are felt to be at risk of admission to hospital. The Learning Disability Team has contributed to ensuring that the DRR is maintained and updated at monthly meetings of the Complex Cases Forum. This enable the wider MDT to ensure that urgent cases are allocated, that resources are used effectively and that, wherever possible, admission is avoided. The Team has also attended the GM Learning Disability Leads meetings and has provided training to provider services as part of our commitment to the GM Joint Training Partnership. The Learning Disability Team has worked closely around hospital discharges and the DRR with the newly commissioned GM Specialist Support Team. The Team co-located with our social colleagues in October 2017 and will be integrated under a single line management structure. This will enable us to provide an even more effective response to the Transforming Care agenda and more coordinated support and monitoring post-discharge.</p>

<p><b>OMBC Adult Social Care</b></p>	<p>Adult Social Care have an integrated learning disability team now under single line management. The team are working together to support safe discharges of people from long stay hospitals.</p> <p>Oldham Council attend the CCG dynamic risk register meeting on monthly basis where transforming care cases and people at risk of admission are discussed and actions to support d/c or prevent admission are agreed. We are also continuing to review out of borough placements to support return to borough or close to borough wherever possible.</p>
<p><b>Age UK Oldham</b></p>	<p>In line with the Care Act 2014 Age UK Oldham have developed and redesigned their in- house policies and procedures which underpin their commitment to promote the safety and improve the quality of care for ‘all people who use our services’. With changes to the social care climate and our organisational constitution we have broadened our scope of services on offer as the age group of people with whom we now come into contact with is diverse.</p> <p>One example is our George Street Chapel which provides school age children with the opportunity to experience life in Oldham during Victorian times. We ensure that all staff who are taking part in this intergenerational / school tour work have access and understanding of:</p> <ul style="list-style-type: none"> <li>• designated organisational Children’s Safeguarding Lead</li> <li>• Clearer policies and procedures to follow</li> <li>• correct guidance provided by skilled senior managers</li> <li>• appropriate level of training for their specific role.</li> </ul> <p>Our front line services come into contact with people from all backgrounds and ages and staff are often working with families or older people. With the diagnosis of early onset dementia, their family unit usually includes elderly parents and young adults under the age of 18. Other staff working on AUKO Information &amp; Advice, Care &amp; Support Services, Prevention Services and in our shops often come across complicated family or carer arrangements which, on occasions, necessitate sensitive handling and the intervention of experienced and knowledgeable staff trained in spotting the signs of potential abuse with an awareness and aware of both the OMBC adult and children’s safeguarding policies and procedures.</p> <p>AUKO continues to work closely with partners within the OMBC consortium Multi-agency working and has benefited greatly from the shared experiences and different perspectives which are discussed at the safeguarding</p>

	<p>sub groups. Managers attending the sub groups have been able to cascade their learning of other disabilities, ages and ethnicity to other staff.</p> <p>As part of the Accessible Information Standard (AIS) and ISO Quality System all our projects and services are adding questions to their client referral forms to determine - the formats in which people need information presenting to them in order to communicate with them effectively. We will ensure that we are complying with the AIS to meet all our client's / customer preferences via the ISO system. All our Information &amp; Advice AUK fact sheets / information guides can be ordered in large print, audio and easy read versions to address some of the communication issues.</p>
<p><b>Pennine Acute Hospitals NHS Trust</b></p>	<p>The Transforming Care programme is all about improving health and care services so that more people can move out of specialist secure hospitals and live in the community, with the right support, and close to home. It aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims:</p> <ul style="list-style-type: none"> <li>• To improve quality of care for people with a learning disability and/or autism</li> <li>• To improve quality of life for people with a learning disability and/or autism</li> <li>• To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay</li> </ul> <p>The national service model specifications are aimed at supporting health and social care commissioners to develop their own, locally-specific service specifications which support implementation of the national service model.</p> <p>The NCA does however have a key aim to improve the quality of care for people with learning disabilities and/or autism and the following are in place;</p> <ul style="list-style-type: none"> <li>• A Learning Disability and Autism Strategy</li> <li>• A Learning Disability and Autism Pathway Good Practice Guidance.</li> <li>• A Learning Disability and Autism Care Plan which includes the Traffic Light Hospital Passport to identify</li> </ul>

	<p>reasonable adjustments needed in hospital and to ensure compliance with the Equality Act 2010.</p> <ul style="list-style-type: none"> <li>• The NCA has 2 Learning Disability specialist nurses (part of the Safeguarding Team) who work closely with patients, carers and staff offering bespoke advice and support. They have strong links with community partners in health and social care services including the local Learning Disability Partnership and LeDeR Boards and Steering groups. They also work alongside and consult closely with other providers including the charity sector such as advocacy groups eg. Mencap and the current Treat me Well campaign.</li> <li>• Learning disability and Autism awareness training sessions are available to staff with plans for this to become part of mandatory training.</li> </ul> <p>There are comprehensive Learning Disability and Autism intranet and internet pages on the PAT website which provide accessible information/advice and support.</p>
<b>Care at Home representative</b>	<p>Work continues to ensure smooth and safe transitions from out of borough placements, new placements and moves internally within the current service provision. Service user needs are reviewed regularly and where it is deemed appropriate service users may be moved, with agreement, to a different property or service which may give them more support (for example within older peoples services) or give them increased independence (for example within supported living)</p> <p>Having robust transition processes and practices in place is supporting the organisation in preparing for the new supported living property (SHALD) in 2019.</p>
<b>First Choice Homes Oldham</b>	<p>A Disability Living Service is in place to support individuals/households with learning or physical disabilities in terms of allocations.</p> <p>First Choice Homes has an 'Independence Service' which provides weekly contact to those customers requiring additional support to manage their tenancies – this includes customers with learning disabilities. This service was previously specifically for First Choice Homes customers only, however during 2017/18 First Choice Homes extended this service to the wider community and it is now available for any Oldham resident, regardless of tenure. The Independence Service is designed to offer advice and assistance to help customers to stay living independently, and to provide help as and when it is needed. Customers are given a named member of staff who they can contact directly with any enquiries. The service assists customers with issues such as reporting repairs, caretaking, dealing with rent, benefit issues or any letters or forms they may need help with and can also signpost customers to any other services which may benefit them.</p>

	<p>First Choice Homes also offer a tenancy support service to customers requiring additional support within their tenancies. Customers may be assessed as requiring this support prior to sign-up, or can be referred to the service at any time during their tenancy, either by other service areas, or by self-referral. This service also offers a drop-in three times per week, which customers can access for one off issues of support, from which they can access the full support service should this benefit them.</p> <p>In addition to the above, First Choice Homes also operates the Central Access Point – the referral gateway for supported accommodation and for Keyring Floating Support.</p> <p>Keyring Floating Support is a flexible service where a support worker can meet people in their own homes or a neutral place to support individuals with difficulties affecting their housing.</p> <p>Supported accommodation provides accommodation and staff support. This service is provided in collaboration with DePaul and Threshold.</p>
<p><b>National Probation Service</b></p>	<p>Over 2017/2018, the Communication Tool has been further embedded into practice for those with learning disabilities or difficulties, allowing for adapted engagement strategies to be implemented. Better engagement with this group has also been a focus, with the introduction of guidance on the writing and delivery of enforcement warnings, to ensure complete understanding of the content of these in respect to consequences of their actions. This continues to be an area of development as the intention over 18/19 is that there is increased use of psychologically informed approaches to work with the NPS cohort.</p>
<p><b>The safeguarding adults focus of your organisation during 2017/18</b></p>	
<p><b>Greater Manchester Fire and Rescue Service (GMFRS)</b></p>	<p><b>Strengthening Partnership Working.</b></p> <p>GMFRS recognises that by working in partnership in the wider health and wellbeing context, fire and rescue services can help to enhance and improve shared outcomes beyond what could be achieved in isolation. As part of our offer to work with localities there are a number of areas where closer working would improve the opportunity for more collaboration and improved outcomes.</p>

	<p>Our focus this year have been co-designing an agreement with Oldham Integrated Care Organisation. Delivering training to the West Cluster integrated team with regards to reducing Fire Risk, referral pathways and closer working.</p> <p><b>Diversity</b></p> <p>Our Safeguarding policy and procedure and the guidance that supports it, will take account of diversity and will be delivered in ways that ensure that our services are equitable regardless of the communities involved.</p> <p>GMFRS will safeguard those communities and individuals whose cultural practices require different approaches to deal with sensitive matters relating to abuse and neglect.</p> <p><b>Empowerment</b></p> <p>GMFRS staff, where possible and appropriate, will support and encourage people to make their own decisions and give informed consent.</p>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p>Oldham CCG takes a “Whole Family” approach to safeguarding children, young people and adults at risk. This is delivered through the Quality and Safeguarding Team and provides strategic leadership for safeguarding children, looked after children and adults at risk of harm across the Oldham health economy. The Designated roles provide leadership, quality assurance, training, supervision and specialist clinical advice on safeguarding to the CCG, the Local Authority and the provider organisations.</p> <p>Oldham CCG continues to work alongside partner agencies to develop the model for integration of services within Oldham. There is a clear vision to achieve the highest standards of quality and safety and to embed safeguarding principles across the Borough.</p> <p>The focus for safeguarding adults within the CCG throughout 2017/2018 has been to continue to drive forward the safeguarding agenda by improving the effectiveness of the SAB subgroups and ensure the multi-agency policies and procedures are utilised appropriately. The CCG Safeguarding team continue to invest considerable resource into the Safeguarding Adult’s Board, demonstrating commitment as well as the desire to enhance practice.</p> <p>Safeguarding supervision has been a priority for the CCG throughout 2017/2018. The safeguarding team continue to deliver safeguarding supervision to integrated health and social care staff. This has improved knowledge and understanding around safeguarding procedures within the team and enhanced confidence of staff</p>

	<p>when safeguarding concerns arise. The safeguarding team continue to co-ordinate and chair the safeguarding forum for care home and care at home providers. This also has increased the understanding of safeguarding procedures and also provides a forum for debate about safeguarding as well as time for reflection for provider managers. The safeguarding GP leads forum has been established during 2017/2018, with the aim of sharing information/updates about safeguarding with primary care leads and also to have that forum again whereby we facilitate debate and reflection upon incidents with the aim of improving practice standards. The CCG safeguarding team have also established a forum for Named and Designated nurses and doctors to meet, share information about developments, gain assurance about practice and also acts as informal peer supervision. This forum facilitates the Designated nurses providing an update to the Named nurses/doctors from the OSCB/SAB, as well as the Named nurses/doctors updating the Designated nurses about internal safeguarding developments with the NHS trusts.</p>
<p><b>Greater Manchester Police (GMP)</b></p>	<p>The predominant focus for Oldham police for 2017/18 has been the transition from PPD to district governance for all PP matters, as part of the ISR (as above).</p> <p>In addition to the ongoing ISR work, Oldham has also been at the forefront of national thinking on domestic abuse and in particular, perpetrator management. Having successfully bid for Home Office funding, Project Reframe was devised and set up to manage high risk perpetrators and working with them and their victims / partners, seek to change behaviour. Adopting an enforce or engage approach, the work is led through the Integrated Offender Management team (Spotlight) and uses staff from GMP, Cheshire and Greater Manchester Community Rehabilitation Company and New Charter. Referrals go via the MASH and a risk identifier is used (the Priority Perpetrator Identification Tool developed by Cardiff University) to score the risk of that individual. Once scored, MASH research is completed before submission to the team for work to commence. Between June 2017 and March 2018, 117 referrals were received and a cohort of 28 of the highest risk perpetrators engaged, with a further 22 pending. Initial research suggests significant savings are being realised across the partnership but most importantly, victims are being safeguarded and protected from harm. Having proved the concept, the work is to be extended to cover Rochdale for 2018/19 and a full academic research evaluation is to be completed by Manchester University.</p>
<p><b>Pennine Care NHS Foundation Trust</b></p>	<ul style="list-style-type: none"> <li>• <b>MASH practitioner – partnership working and attendance at safeguarding board sub groups.</b> <ul style="list-style-type: none"> <li>• The Oldham Specialist Practitioner for Adult Safeguarding is based within the MASH team and plays an integral part in partnership working, through information sharing, screening adult safeguarding referrals &amp; advising and liaising with colleagues from PCFT and other agencies.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• The practitioner is the Pennine Care representative at the Oldham Adult Safeguarding Board sub groups, strategy meetings including next steps, Channel strategy meetings, Challenger – weekly police update, Missing from Home, Integrated Health and Social Care Provider Governance Group, Care Home Steering Group, NE Sector Safeguarding Adults Professionals Network, DV partnership, MASH triage, SAR triage &amp; PREVENT steering group.</li> <li>• The practitioner also facilitates Adult Safeguarding Level 3 training for PCFT staff, MARAC training in partnership with the LSCB for PCFT &amp; partners, bespoke pressure ulcer development in association with safeguarding training for adult community staff as part of an SUI action plan, induction/development training and has recently introduced bespoke mental capacity assessment training for adult community staff as well as introducing a safeguarding forum (involving updates, education and safeguarding supervision), which will be rolled out to all services.             <ul style="list-style-type: none"> <li>○ Safeguarding links/champions have been developed within Community Nursing teams.</li> <li>○ Pressure Ulcer training has been delivered to community teams across Oldham, with a focus on safeguarding.</li> <li>○ Clinical visits to wards and teams in mental health teams</li> </ul> </li> </ul>
<p><b>OMBC Adult Social Care</b></p>	<p>The focus of the organisation during 2017/18 has been to ensure all staff have received training in relation to the safeguarding adults policy.</p> <p>Safeguarding case discussions in terms of good practice have been taken place in the wider team meeting as well as during 1:1 supervisions.</p> <p>Making safeguarding personal has been a clear focus of all social care teams.</p> <p>The link between the MASH and Cluster West has been an area that Adult Social Care have focused on to inform good practice and identify areas where improvements can be made across the system as the cluster teams are formed.</p>

<p><b>Pennine Acute Hospitals NHS Trust</b></p>	<p>To promote appropriate safeguarding referrals Level 3 safeguarding adult training emphasises the adult at risk definition in The Care Act as a basis for referrals and continues to embed MSP within the training to support patient autonomy and proportionality.</p> <p>The Safeguarding Team liaise closely with local authorities and other partner agencies to support safeguarding enquiries in order to provide a suitable outcome for the person based on the their needs and wants.</p> <p>Staff are encouraged to ensure, wherever possible, patient and carer participation in the Best Interest process.</p> <p>Consent is sought, wherever possible, for referrals to be made so that service users and families where appropriate, are involved in the process from the outset of the safeguarding process.</p> <p>Service users and families are encouraged to participate in best interest decisions; care planning, including advanced care planning; completion of hospital passport, reasonable adjustments and 'This is Me' documents.</p> <p>For the purposes of monitoring and assurance, the safeguarding team produce quarterly reports and also carry out record keeping audits regularly. Notes audits are undertaken to assess documentation in relation to MCA &amp; DoLS and findings fed back at divisional and ward level.</p>
<p><b>Age UK Oldham</b></p>	<p>Our focus is always to:</p> <ul style="list-style-type: none"> <li>• Ensure all staff / volunteers have received the correct level of training and senior management support which is relevant to their individual roles and duties.</li> <li>• Continue to increase our staff / volunteers confidence using the '<i>something just doesn't feel right</i>' as a starting point for alerting a safeguarding concern.</li> <li>• Continue to increase awareness of safeguarding, not just with our staff and volunteers but with the wider community including older people and their carers to increase knowledge and confidence when they feel in a situation where they feel 'something is not right'.</li> <li>• Provide relevant information regarding safeguarding and help the general public using our services to follow the correct process for reporting their concerns to OMBC.</li> </ul>

	<ul style="list-style-type: none"> <li>• Complete a full audit with all staff and volunteers on their experience and understanding of the MCA and identify the necessary training requirements for individual roles and responsibilities.</li> <li>• Embed the MCA Competency Framework into our mandatory training requirements.</li> <li>• Improve AUKO in-house reporting and recording safeguarding processes / procedures in line with our developments for the ISO 201/2015 accreditation in process.</li> <li>• Our wider remit to continue with to strengthen our partnership working in Oldham continue build closer links with our partners sharing experiences and representing people from all groups and create greater understanding of both statutory and voluntary sector services and providers and ultimately improves outcomes for local people.</li> <li>• Ensure our organisational leads are fully briefed with the ongoing health and social care integration taking place in Oldham.</li> <li>• Encourage AUKO senior managers to attend, contribute and support the OMBC Safeguarding Board and related Sub Groups:</li> <li>• Continue to research and source innovative dementia training opportunities which build knowledge, skills and confidence into our workforce. We are keen to share good practice and promote training opportunities with multi-agency partners and service providers in the borough.</li> <li>• Ensure that Safeguarding is an embedded agenda item for all AUKO staff and managers meetings.</li> </ul>
<p><b>Care at Home representative</b></p>	<p><b>QA and Audit:</b> The Quality, Performance and Compliance Team have defined robust and streamlined systems and processes for auditing services throughout the organisation ensuring that all employees understand and adhere to their roles and responsibilities in relation to safeguarding and whistleblowing.</p> <p>The team have also started to gather and report data from all services in relation to accidents, incidents and safeguarding concerns and reports are shared with various audiences including managers and board members to ensure that themes and trends are identified, challenge is taking place as appropriate and that actions are agreed</p>

	and monitored.
<b>Healthwatch Oldham</b>	<p>Healthwatch Oldham has a remit to support the health and wellbeing of adults in Oldham. This includes the prevention and identification of safeguarding issues and service reviews to ensure they offer robust and person-centred approaches to safeguarding.</p> <p>HWO supports adult safeguarding by:</p> <ul style="list-style-type: none"> <li>• Listening to people, especially the most vulnerable, to understand their experiences and what matters most to them, and involving people in the commissioning and scrutiny of health and social care services</li> <li>• Influencing those who have the power to change services so that they meet people's needs, including safeguarding needs</li> <li>• Enabling people to monitor and review the commissioning and provision of care services</li> <li>• Providing an independent and confidential advice and signposting service</li> <li>• Working with a network of volunteers and service users to improve services and to empower local people</li> <li>• Providing an independent complaints service</li> </ul>
<b>First Choice Homes Oldham</b>	<p>Safeguarding is high on the agenda for First Choice Homes and is embedded across service areas. During 2017/18 First Choice Homes colleagues shared 144 reports/safeguarding alerts with partner agencies.</p> <p>The mandatory Safeguarding Adults training, which First Choice Homes' delivers to all staff, was reviewed and quality assured by the Safeguarding Adults Board training sub-group, which approved and praised the training. This is constantly reviewed to ensure it is in line with current best practice and legislation.</p> <p>First Choice Homes recognises that keeping comprehensive records is fundamental to good safeguarding practice and as a result, processes for logging safeguarding alerts were reviewed. This is ongoing and a new system is shortly to be introduced as a result.</p>
<b>National Probation</b>	As part of the NPS North West Business plan 2017/2018, 2 key objectives were identified in relation to adult

<b>Service (NPS)</b>	<p>safeguarding;</p> <ul style="list-style-type: none"> <li>• Improvement of the health and wellbeing of Vulnerable Adults as an organisational objective, with at least 70% of staff expected to undertake a range of training relating to mental health including Personality Disorder training, and all staff with Greater Manchester undertaking the Connect 5 Multi agency training.</li> <li>• Improving service provisions for those with care needs, in particular elderly offenders, as well as those with mental health problems including personality disorders.</li> </ul> <p>Plans for 17/18 included implementation of the NPS National Suicide Prevention Plan and greater NPS engagement with each local authority suicide prevention panel. The North West have been leading on a project and contributing to national developments in the area of recalls to custody. This was particularly relevant to the Suicide Prevention Strategy due to the disproportionate representation of recalled prisoners who take their own lives following a return to custody.</p>
<b>Turning Point</b>	<p>Turning Point ROAR has a dedicated FT safeguarding lead to assist in delivering Turning Point's Substance Misuse strategy. This post holder assists the Senior Operations Manager and wider staff team in leading, developing and coordinating Children and Adult Safeguarding practices across Rochdale and Oldham Active Recovery, to ensure the delivery of high quality, innovative and effective care.</p> <ul style="list-style-type: none"> <li>• Inducting new staff using the Safeguarding Lead Checklist</li> <li>• Chairing Safeguarding Meetings</li> <li>• Management &amp; review of the service safeguarding log using a Multi-Disciplinary Team approach</li> <li>• Oversight and management of the service Safeguarding Audit and Safeguarding specific action-plan</li> <li>• Strategic oversight of Safeguarding Pathways including agreeing information sharing protocols and developing process diagrams</li> <li>• Liaising with local and Children and Adult Safeguarding Boards</li> </ul>

	<ul style="list-style-type: none"> <li>• Delivering Safeguarding coaching and training for all staff and when required to external partners</li> <li>• Oversee Safeguarding related written reports</li> <li>• Liaison with maternity services to provide pre-birth plans</li> <li>• Monthly reviews of clients with specific safeguarding needs and concerns</li> <li>• Working closely with Risk &amp; Assurance, HR and Learning and Development departments to ensure safeguarding issues are managed appropriately within services and staff members are competent and confident to follow policies and procedures in relation to safeguarding.</li> <li>• Facilitating occasional best practice developments forums, ensuring that learning is shared.</li> <li>• Ensure that safeguarding processes are implemented and used in accordance with stated policies, procedures and regulations so that the service achieves its compliance obligation.</li> </ul>
<b>The progress your organisation has made in respect of safeguarding during 2017/18</b>	
<b>Greater Manchester Fire and Rescue Service (GMFRS)</b>	<p>We have recently updated our Safeguarding Policy to align to national and local developments.</p> <p>This has been shared throughout the organisation.</p> <p>GMFRS will align its approach to safeguarding with relevant legislation. The Care Act 2014 makes provision about safeguarding adults from abuse or neglect in sections 42-46. The Act is supported by the Care Act Statutory Guidance and chapter 14 of the guidance replaces the previous department of health guidance, 'No Secrets'.</p> <p>The Children Acts of 1989 and 2004 include specific duties in relation to children suffering or likely to suffer significant harm regardless of where they are found. The Acts are supported by Working Together to Safeguard Children 2015 and Keeping Children Safe in Education 2015.</p> <p>Other relevant legislation includes:</p>

	<ul style="list-style-type: none"> <li>• <a href="#">Mental Capacity Act 2005</a></li> <li>• <a href="#">Sexual Offences Act 2003</a></li> <li>• <a href="#">Safeguarding Vulnerable Groups Act 2006</a></li> </ul> <p><b>Partnership</b></p> <p>GMFRS will work jointly with partners and the relevant authorities to safeguard and promote the welfare of children, young people and adults and, where necessary, to help bring to justice the perpetrators of abuse or neglect.</p> <p>GMFRS will be represented at, or have links into, Safeguarding Adult Boards and Safeguarding Children's Boards across the 10 boroughs of Greater Manchester. GMFRS will share all relevant information with the respective statutory protection agencies without delay and within protocols agreed by safeguarding boards.</p>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p>The role of the Designated Nurse is a strategic role, with oversight of the Oldham health economy in regards to adults at risk within the area. As a commissioning organisation, NHS Oldham CCG is required to ensure that all health providers from whom it commissions services (both the public and independent sector) provide high quality, safe and effective services and have comprehensive policies and procedures in place to support and protect adults at risk of abuse.</p> <p>The CCG safeguarding team chair two of the SAB subgroups and provides support to the remaining SAB subgroups. Throughout 2017/2018, the Safeguarding Adult Review (SAR) subgroup has continued to develop, the protocol has been updated and SAR subgroup is reviewing referrals. Within 2017/2018 one SAR was commissioned by the SAB, for which the CCG Safeguarding team assisted with the allocation of independent chair and the organisation of the review.</p> <p><b>Quality Assurance</b> - A safeguarding assurance tool, designed by the Greater Manchester Safeguarding Collaborative, was inserted into all contracts for 2016/2017. As a result the CCG Safeguarding team continue to review and monitor the completed self-assessments from nursing homes and Primary Care services, as well as the NHS trusts within Oldham. The CCG Safeguarding and Quality team are reviewing assurance processes for all NHS commissioned services, including those for services out of the Oldham borough.</p> <p><b>Learning Disabilities</b> - The Learning Disability mortality review pilot (LeDeR) began in February 2017 across</p>

Greater Manchester. The Learning Disability Mortality Review (LeDeR) programme has been set up to improve the quality of health and social care for people with learning disabilities. It will do this by local areas carrying out reviews of the deaths of people with learning disabilities. The process will draw attention both to good practice and to potentially avoidable aspects of care and treatment which contributed to a death. Any resulting recommendations will be put into practice. Oldham CCG is the dedicated lead locally for the LeDeR programme. Throughout 2017/2018, Oldham CCG had received 10 notifications of deaths of people with learning disabilities within Oldham, with the support and engagement of the multi-agency partnership, these reviews have now been completed. A LeDeR panel has been established in order to review the information gathered by the reviewer. The panel will then identify any best practice and lessons to be learnt from. The panel will then make recommendations for practice which is shared with the LeDeR steering group, the Learning Disability Partnership Board and the SAB. A LeDeR steering group has been established to review and monitor the process as well as the learning/recommendations from the reviews.

**Mental Capacity** - The Designated Nurse Safeguarding Adults is the lead on various initiatives to support the embedding of the MCA into practice. These include:-

- MCA/DoLS is a standard agenda item on the Safeguarding and quality forums for care homes,
- Providing expert advice to providers in managing complex case work,
- Commissioned targeted MCA training for health practitioners,
- Support with the development of the multi-agency MCA policy,
- Working with IT services to have MCA assessment forms and best interests forms added to the primary care EMIS system.

**Domestic Abuse** - The CCG Safeguarding team are members of the multi-agency Domestic Violence Partnership Board (DVPB) which brings together agencies to review and develop domestic abuse services within Oldham.

Within the timescale of this report, a Domestic Homicide Review was completed and has been submitted to the Home Office and a second review had been commissioned in February 2018. The Designated Nurses wish to ensure that the CCG's are learning organisations; as themes of concern are highlighted and lessons learnt



	<p>extracted, the Designated Nurses will collate and share these with the local providers. Learning from the Domestic Homicide Review highlighted the requirement for a multi-agency policy including the local processes and mapping of services. This has been an agreed action for 2018/2019.</p> <p><b>Prevent</b> - The CCG is represented at the NHS England regional Prevent subgroup and the Oldham Prevent steering group. Oldham CCG is dedicated to ensuring that the health economy is working in partnership with statutory services to protect vulnerable people who may be susceptible to radicalisation by violent extremists or terrorists. The aim is for Prevent to be embedded into training programmes, contractual monitoring and policy and procedure for all health providers as it currently is for NHS trusts. NHS England have developed a level 3 e-learning training package for health providers, this has been cascaded to all NHS funded providers.</p> <p>The Designated Nurse Safeguarding Adults attends the newly formed Greater Manchester Pressure Ulcer Forum. The aim of this forum is to discuss prevalence, prevention of pressure ulcer and share good practice across Greater Manchester.</p> <p>The partnership working with probation services has strengthened and Oldham CCG are now invited to level 2 and level 3 Multi-Agency Public Protection Arrangement (MAPPA) meetings. The aim of MAPPA is to ensure that all relevant agencies work together effectively and information is shared as appropriate in order to manage the risks identified with each individual.</p>
<p><b>Greater Manchester Police (GMP)</b></p>	<p>As above – the de-centralisation of public protection investigation has taken place and Oldham has been an early adopter of a new way of working. This has seen an increase in the number of detectives available to investigate vulnerability and public protection matters. Linked to the police triage changes within the MASH, the result is a far more refined risk assessment process with greater multi-agency input. Work is now ongoing to recruit the case management team and ensure they are ready to operate in January 2019, with all case conferences, strategy meetings and MARACs being managed by them.</p> <p>In addition to the ISR, Operation ERGO has seen fundamental change to the police working practices in Oldham. The emphasis of ERGO has been on team, leadership and geographically aligned patrol officers. Complementing this, has been the re-introduction of neighbourhood beat officers and neighbourhood inspectors. Consequently, through the MASH process, cases involving vulnerable adults are now directed towards either detective resources (where criminal investigation is required) or to the NBOs. It is felt that the NBO teams</p>

	provide much better consistency for dealing with VA cases.
<b>Pennine Care NHS Foundation Trust</b>	<p>Success of pilot Cluster site and integrated working.</p> <p>Improved training offer for Adult Practitioners in respect of enhanced Safeguarding Adult training to include MCA/DoLS,</p> <p>Maintained compliance with Adult Safeguarding Level 1 e-learning throughout the year.</p> <p>Mental Health practitioner contribution to the weekly MASH triage meetings</p> <p>Mental Health practitioner contribution to MARAC meetings</p>
<b>OMBC Adult Social Care</b>	<p>All staff now have a good understanding of the safeguarding adults policy and how to apply the policy to practice.</p> <p>Partnership working across the system has improved significantly this has ensured that information gathering, strategy meetings, enquires and case conferences have taken place in a more timely manner.</p>
<b>Pennine Acute Hospitals NHS Trust</b>	<p>Continued engagement with partner organisations including safeguarding Boards and Trust is aware that more work needs to be done in regards to supporting Board sub-groups</p> <p>Integration with Salford safeguarding team</p> <p>Team visibility internally and externally</p> <p>Focus on improving work on complex safeguarding e.g. Domestic Abuse/Prevent/Modern Slavery/Trafficking/FGM</p> <p>Increase in recognition and authorisation of DoLS across the Care Organisations</p> <p>Development of flagging system for Domestic Abuse victims</p>
<b>Age UK Oldham</b>	<p>Reducing Fuel Poverty in Oldham.</p> <p>AUKO Information and Advice and The Handyvan Service have successfully worked with the energy provider EON to carry out home visits / monitor equipment provide benefit checks for vulnerable older people who are at</p>

	<p>risk. Poor heating and Fuel poverty is the major influence on personal health and well-being and tackling these issues has been a successful approach to help older people to maximise their income and have the correct heating in place, to improve their overall health and well-being. Our services work directly with OMBC, Warm Homes Oldham and make referrals where necessary to our wider partners across the borough.</p> <p>Training</p> <p>As an organisation we continue to source training / equipment which can support all our staff in their specific roles. With changes to the social care climate and the local authority eligibility criteria, the clients referred to our care services / prevention services / day services are often complex and mostly have a primary diagnosis of dementia with other comorbidities. In a response to this, AUKO are consistently seeking to provide innovative and individual personal centred approaches to caring for people.</p> <p>Other continuing initiatives</p> <p>AUKO have continued to improve their focus regarding safeguarding throughout the year and have continued to:</p> <ul style="list-style-type: none"> <li>• Develop and link AUKO in house policies / procedures with the OMBC Multi-Agency Policy to improve safeguarding awareness, alerting and reporting.</li> <li>• Strengthen our links with the integrated health and social care staff across the borough.</li> <li>• Deliver a high quality Care Home Review Service and support the care homes across the borough to upskill their staff and improve practice. During the course of annual reviews, concerns regarding individual residents are addressed with providers to explore solutions and prevent escalation of specific issues. We also highlight within the review paperwork any actions which are to be carried out as a result of the review and determine who is responsible for carrying out the action and set a required timescale for action to be completed.</li> <li>• Embed the six principles of safeguarding within our organisation.</li> <li>• Liaise closely with the local authority and other partner agencies to support safeguarding enquires.</li> <li>• Encourage our service users and their families to participate in best interest decisions, care planning and</li> </ul>
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	<p>advanced care planning whenever possible.</p> <ul style="list-style-type: none"> <li>• Carry out a full audit of all staff's experience and ability regarding the Mental Capacity Training Framework. As we have a diverse as range of staff teams, all roles necessitate MCA training at different levels. All our staff's training requirements have now been identified and we have looked at specific levels of training / support for individual roles which will take place in the Autumn 2018.</li> <li>• In addition to our existing policies and procedures AUKO are currently undertaking the ISO Quality Management System to further strengthen our in house systems for recording, reporting and putting management processes in place, including safeguarding.</li> </ul>
<b>Care at Home representative</b>	As detailed above
<b>Healthwatch Oldham</b>	<p>Healthwatch has reviewed and updated its safeguarding policy and all staff have attended mandatory safeguarding and MCA training.</p> <p>HWO has joined the OSAB and actively supports both the Prevention and Wellbeing and Making Safeguarding Personal workstreams and has supported ASC with care home reviews to help manage any concerns over working practices or safeguarding issues.</p>
<b>First Choice Homes Oldham</b>	<p>First Choice Homes is now represented at a number of Safeguarding Adult Board sub-groups and this is continually reviewed.</p> <p>First Choice Homes' Safeguarding and Domestic Abuse Policy was reviewed in June 2017.</p> <p>FCHO regularly monitor and review our services to ensure continuous improvement with regard to dealing with safeguarding and domestic abuse. This information is used to inform further service and policy development, training and raising awareness of safeguarding and domestic abuse.</p> <p>FCHO provides the quarterly statutory homelessness outcomes to Oldham Council on the number of homeless prevention and homeless assessment cases where the customer has cited domestic abuse as being the primary reason for them seeking assistance.</p> <p>Key performance indicators for safeguarding are reviewed and monitored on a monthly basis through assurance</p>

	frameworks and also recorded, including the number of safeguarding referrals received and number of safeguarding referrals actioned by MASH so that we can review and act upon any trends identified, identify any training gaps, share best practice and with the aim to continually improve best practice across the business.
<b>National Probation Service</b>	<p>The NPS Policy Statement “Safeguarding Adults at Risk” was implemented from May 2017. Through the policy statement, there is formal acknowledgement of the NPS’ responsibility for safeguarding and promoting the welfare of adults at risk. The NPS recognise the importance of people and organisations working together to prevent and stop both risk and the experience of abuse and neglect, whilst at the same time making sure that an individual’s well-being is promoted with due regard to their views, wishes feelings and beliefs. The NPS contributes to the early identification of care and support needs for an offender in the community, as well as cases where an offender who is a carer, needs support themselves.</p> <p>It was hoped that the Adult Safeguarding Audit Tool would have been available as a practice quality assurance tool. However, this continues to be under development.</p> <p>There are 16 Approved Premises (APs) in the North West, 2 of which are for female offenders. 3 of the Approved Premises are Psychologically Informed Planned Environments with psychologists based within. Wilton Place, the Approved Premises in Oldham as recently been granted accreditation for Enabling Environment status.</p>
<b>Turning Point</b>	<p>Focusing on workforce development in particular but across most of these themes:</p> <p>Turning Point has reviewed and updated its safeguarding for managers and safeguarding training for frontline staff.</p> <p>Turning Point also has a designated Safeguarding lead in each service- with links to other safeguarding leads in other services.</p> <p>Turning Point has a Prevent lead organisationally and we plan to raise the profile of Prevent across substance misuse services following some very positive involvement with Channel in other areas.</p> <p>We have specific MCA training for substance misuse services</p>

	<p>We have safeguarding logs for each service and review meetings which provide organisational QA systems with review/audit from R+A as well; this covers performance management too.</p> <p>Locally we have established strong and consistent links to MARAC and we ensure fortnightly attendance at MARAC across Rochdale and Oldham.</p>
<b>Your organisational achievements in respect of safeguarding adults during 2017/18</b>	
<b>Greater Manchester Fire and Rescue Service (GMFRS)</b>	<p><b>Safe and Well visits continue to have an impact in local communities.</b></p> <p>Many causes of poor health outcomes are the same as the factors that increase the risk of fire: Poor mental and physical health, Substance misuse, Smoking, Alcohol, Social isolation, lack of mobility, poor living conditions and financial isolation.</p> <p>By tackling these factors GMFRS will not only improve health &amp; wellbeing outcomes, but will reduce fire incidents, injuries and deaths amongst those communities who are most at risk.</p> <p>Referrals from partners continue to increase, as we work closer together across Oldham, increasing awareness of our offer.</p> <p><b>In 2017/18 Prevention staff and Operational Crews completed the following:</b></p> <p><b>171</b> Priority Safe &amp; Well Visits. (Completed within 24 hours)</p> <p><b>334</b> People at increased risk of Fire interventions (Vulnerable Adults, in need of risk reduction equipment, some of which we can supply, or we will signpost onto to specialist services with consent)</p> <p><b>781</b> Safe &amp; Well Visits in the home</p> <p><b>333</b> Defective alarms replaced</p> <p><b>25</b> Fire smart interventions with young fire setters</p> <p><b>2535</b> targeted letters posted promoting Safe &amp; Well visits in areas effected by fire incidents, or harder to reach.</p>

	<p>Greater Manchester Fire &amp; Rescue Service is committed to keeping people safe from fire in the home, but did you know that we also help and signpost people to advice on a wider range of issues, including health and crime prevention?</p> <p>One way of doing this is by carrying out Safe &amp; Well visits in the home, with the aim of:</p> <ul style="list-style-type: none"> <li>• Identifying &amp; making you aware of the <i>potential</i> fire risks in your home</li> <li>• Helping you put together an escape plan in case fire breaks out in the future</li> <li>• Ensuring you have working smoke alarms</li> <li>• Talking to you about the health and wellbeing of everyone in your home</li> <li>• Signposting you to services that may be able to help you make changes and improvements to your wellbeing.</li> </ul>
<b>NHS Oldham Clinical Commissioning Group (CCG)</b>	Oldham CCG have developed a process for the completion of LeDeR reviews as well as sharing any learning identified. This encompassed the recruitment of four independent reviewers, who review multi-agency records as well as gathering information from the family. Oldham CCG with assistance from the multi-agency partnership, have completed 10 LeDeR reviews throughout 2017/2018.
<b>Greater Manchester Police (GMP)</b>	Please see above section.
<b>National Probation Service (NPS)</b>	Please see above section.
<b>OMBC Adult Social Care</b>	Safeguarding policy being applied consistently across the Adult Social care provider.
<b>Pennine Care NHS Foundation Trust</b>	<p>Maintained compliance with Adult Safeguarding Level 1 e-learning throughout the year.</p> <p>Good progress in relation to the enhanced face to face Safeguarding Adult training</p> <p>Partnership working within the MASH and multi-agency partnership meetings</p> <p>Higher visibility, advice and consultation with mental health practitioners.</p>

	Improved training offer for Adult Practitioners in respect of enhanced Safeguarding Adult training to include MCA/DoLs, management pressure ulcer
<b>Age UK Oldham</b>	<ul style="list-style-type: none"> <li>• Home visitors and frontline staff / volunteers have continued to deliver AUKO services within service users own homes – this has always been a good way to carry out ‘safe and well checks’ whilst delivering our own particular services.</li> <li>• Our AUKO shop staff and volunteers have increased their knowledge and awareness e.g. staff are now more aware of customers shopping habits. How regular customers present on a day to day basis helps us to organise when customers may be under duress. Staff have become much more aware of the safeguarding issues which may be affect customers.</li> <li>• Our presence in the homes continues to ensure people are safe whilst delivering effective services.</li> <li>• We have embedded the MCA Framework into our mandatory training model.</li> <li>• We ensure that safeguarding is a set agenda item dealt with at all staff and managers monthly meetings.</li> <li>• We have redesigned our in house policies / procedures in line with the Care Act 2014 and our ISO Quality Management System to improve reporting and recording procedures.</li> <li>• We continue to carry out benefit checks / safe and well checks and ensure people are claiming their full benefit entitlement helping to reduce fuel poverty and promote health and well-being.</li> <li>• Where we identify people at risk we work with partners to provide an appropriate service.</li> <li>• Completed the MCA Competency Framework with all staff.</li> <li>• Have MCA training scheduled for Autumn 2018.</li> <li>• Improved our engagement with partner organisations including attending and taking part in OMBC Safeguarding Board meetings and sub groups.</li> <li>• Taken part in the OMBC peer to peer safeguarding assessment process.</li> <li>• Taken part in various provider and statutory health and social care meetings including a networking care provider forum to discuss safeguarding and quality initiatives and encourage reflective practice.</li> </ul>
<b>First Choice Homes Oldham</b>	<p>During 2017/18, First Choice Homes developed ‘Safeguarding Champions’ across the business. The role of the champions is to continually revise processes and to act as a point of support for Designated Safeguarding Officers.</p> <p>First Choice Homes have also revised the way in which safeguarding alerts are logged, creating ‘triggers’ for follow up action required and to ensure colleague accountability. This is due to be rolled out across the business</p>



	<p>imminently with training to be provided for all staff.</p> <p>Mandatory safeguarding training for all First Choice Homes staff has been enhanced and continues to be delivered to all new staff members in a timely manner once their employment starts.</p> <p>First Choice Homes were represented at the Safeguarding Adults Conference in late 2017.</p> <p>Praise was received for First Choice Homes' ongoing safeguarding campaign 'Something Not Right...?' by the SAB Training sub group and there are plans for this to be re-launched in the forthcoming year.</p>
<b>Pennine Acute Hospitals NHS Trust</b>	<ul style="list-style-type: none"> <li>• This year we have expanded the safeguarding and cognitive impairment team successfully recruiting an additional specialist nurse adult safeguarding, three further alcohol practitioners, two falls nurses and a further learning disabilities nurse to support the delivery of the safeguarding agenda across the Care Organisations.</li> <li>• With increased capacity across the safeguarding adults and children's team we have been able to attend and contribute to the MARAC for Oldham.</li> <li>• The Named Nurses for adult safeguarding have redesigned the level 3 adult safeguarding training for the Northern Care Alliance and in line with the intercollegiate document for adult safeguarding (NHS England) provides 6hrs of safeguarding training.</li> <li>• We have continued to work with staff to embed the Mental Capacity Act in clinical practice and increase awareness of the Deprivation of Liberty Safeguards.</li> <li>• Team visibility internally and externally</li> <li>• Integration with Salford safeguarding team</li> </ul>
<b>Turning Point</b>	<p>Turning Point has reviewed and updated our safeguarding for managers and the training for frontline staff.</p> <p>Turning Point also has a designated Safeguarding lead in each service- with links to other safeguarding leads in other services.</p> <p>Turning Point has a Prevent lead organisationally and we plan to raise the profile of Prevent across substance misuse services following some very positive involvement with Channel in other areas.</p> <p>We have specific MCA training for substance misuse services</p>

	<p>We have safeguarding logs for each service and review meetings which provide organisational QA systems with review/audit from Risk Assurance as well; this covers performance management.</p> <p>Locally we have established strong and consistent links to MARAC and we ensure fortnightly active engagement and attendance at MARAC across Rochdale and Oldham</p>
<p><b>What internal training/information sharing have you delivered in respect of Safeguarding Adults, MCA and DoLS (if applicable) during 2017/18</b></p>	
<p><b>Greater Manchester Fire and Rescue Service (GMFRS)</b></p>	<p><b><u>Safeguarding Training</u></b></p> <p>All GMFRS employees and volunteers must complete the organisation's safeguarding E-learning package.</p> <p>Staff can also access additional internal workshops and lunch and learn sessions as well as locally provided safeguarding training in agreement with their line manager.</p> <p><b><u>Workshops to Raise Awareness of Prevent (WRAP)</u></b></p> <p>The WRAP course is an interactive facilitated workshop which provides an introduction to Prevent. The sessions look at objective two of the Prevent strategy - supporting vulnerable people. It has been developed to raise awareness of and explain Prevent within the wider safeguarding context. The WRAP product provides case studies from an Islamist extremist and a far right perspective from people that have been through the Prevent process, and those that have made referrals into Prevent. Modules include vulnerabilities, radicalisation, what to do, referrals and interventions. The courses were offered to all GMFRS employees.</p> <p><b><u>Domestic abuse training</u></b></p> <p>This one day training course is delivered by Women's Aid. It raises awareness of domestic violence by exploring different behaviours, new legislation and safeguarding processes to enable all staff and volunteers to understand, identify and respond effectively to domestic abuse.</p> <p>There were a number of dates available to book on to, accessible to all employees. All sessions took place at</p>


	<p>Greater Manchester Fire and Rescue Service's Training and Development Centre.</p> <p>Local Crews and Prevention Staff have also had workshops with Oldham IDVA Service within the early help team in partnership with GMFRS to launch the "Get up and Go" scheme. Supporting clients escaping domestic abuse in Oldham: as part of a planned escape, clients are allocated a bag, in which to leave items they may need when changing location.</p> <p><b><u>Prevention Staff Training</u></b></p> <p>Community Safety Advisors have now completed the following training:</p> <ul style="list-style-type: none"> <li>• Internal GMFRS on line Safeguarding training</li> <li>• Child Sexual Exploitation Training.</li> <li>• Referrals, Case Conferences &amp; Core Groups for Multi Agency Child</li> <li>• Dementia Workshop completed</li> <li>• 3 day First Aid Course.</li> <li>• Child L – Safeguarding Review (Rochdale Child Safeguarding Board)</li> <li>• Neglect</li> <li>• Extremism &amp; Radicalisation</li> <li>• Toxic Trio</li> <li>• Prevent Training</li> <li>• LGBT inclusion &amp; awareness training</li> </ul>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p>Oldham CCG has developed a training strategy for the CCG (including primary care) to provide a comprehensive programme of training to support primary care with all aspects of safeguarding practice.</p> <p>The CCG safeguarding team have combined children's and adult safeguarding training in order to promote the "think family" approach from practitioners. This has been received positively and has developed the skills of the practitioners to consider the whole family when delivering care.</p> <p>The CCG safeguarding team also delivered masterclass sessions to primary care staff throughout 2017/2018. These sessions were designed to be shortened sessions that were topic focussed. The CCG safeguarding team delivered training on Mental Capacity Act, Safeguarding procedures, consent and confidentiality as well as domestic abuse. There were identified pressures making it challenging for staff to attend training, therefore the</p>

	<p>CCG Safeguarding team reviewed the approach to training and will be delivered slightly differently throughout 2018/2019 with the aim of meeting the needs of primary care staff and the capacity of the Safeguarding team.</p> <p>The CCG commissioned barrister Neil Allen to deliver training on the Mental Capacity Act in 2017/2018. These training sessions were specifically aimed for health staff as the focus was on consent and the Mental Capacity Act, although social care staff were invited to attend also. The evaluations of the training were extremely positive; as a result further Mental Capacity Act training is planned for 2018/2019.</p>
<b>Greater Manchester Police (GMP)</b>	<p>Approximately 50 detective constables, 15 detective sergeants and four detective inspectors have received training in readiness for ISR. This training has included safeguarding adults. In addition, five detective inspectors and one detective chief inspector have attended training delivered by senior HM Coroners from across GM, which included inputs around DoLS.</p>
<b>National Probation Service (NPS)</b>	<p>All staff are required to undertake mandatory Safeguarding Adults Training and Domestic Abuse and Safeguarding Children training. Attendance is monitored and to date, over 80% of staff across the Bury, Rochdale and Oldham cluster have completed Safeguarding Adults training. Over 85% of staff have completed the Personality Disorder and Connect 5 training.</p> <p>Care leavers are a service user group who are assessed as having their own complex set of needs. A 7 minute briefing was developed by the National Effective Practice Team to develop staff knowledge of who care leavers are, their developmental needs as they progress through transition without emotional, financial and personal support from their parents or family, and how to help improve their outcomes. This is in addition to a number of resources available on line for review including the process for Youth Offending Service transfers and a maturity guide. These allow for more effective engagement strategies to be adopted with this group. The NPS second Probation Officers into Youth Offending Services and the management of transitions cases is undertaken by specialist Probation staff.</p> <p>In addition to the mandatory Adult Safeguarding training, briefing events have been developed locally in relation to Oldham Safeguarding Adults Policy and Procedures. This briefing has been delivered to NPS staff based in Oldham Probation Office.</p> <p>New Extremism Training has been launched, which focuses on identifying and preventing radicalisation as well as increasing understanding of the provision of effective interventions. Within Greater Manchester, all cases</p>

	<p>convicted of extremism offences, or under the provisions of the Terrorism Act, are managed within a centralised specialist NPS Unit. Plans to expand this model across the North West Division are currently under consideration. Specialist staff are additionally supported by the North West Counter Terrorism Unit and the NPS have staff and managers seconded into this Unit.</p> <p>There is ongoing engagement with PREVENT/CHANNEL (This is support for those at risk of radicalisation).; MARAC (risk conferences linked to high risk domestic violence cases) and the NPS maintain a local lead on Multi Agency Public Protection Arrangements. Training has been undertaken in Oldham for Duty to Co-operate agencies and MAPPA Chair Training for GMP colleagues who are a Responsible Authority, has also been undertaken.</p>
<b>Pennine Care NHS Foundation Trust</b>	<p>Development and delivery of a 'Train the Trainer' training package - Assessing Mental Capacity which was initially delivered to Adult Community Nursing team senior staff.</p> <p>Development and delivery of Adult Safeguarding Level 3 and the Association of Safeguarding to Pressure ulcers training – delivered to over one hundred community practitioners.</p> <p>Mental Health Act (MCA) and Deprivation of Liberty Safeguards (DOLS) training is available for all staff. MCA and DOLs training is also incorporated into the Mental Health Law Training, Level 3 adult training.</p>
<b>OMBC Adult Social Care</b>	<p>The following face to face training has been delivered by Oldham Council during 2017/18:</p> <ul style="list-style-type: none"> <li>• MCA – Basic awareness.</li> <li>• MCA – Putting theory into practice.</li> <li>• Safeguarding Adults – Basic awareness.</li> <li>• Safeguarding Adults training for Enquiry Officers.</li> <li>• Safeguarding Adults training for SAMs.</li> <li>• ELearning training on Safeguarding Adults, MCA and DoLS.</li> </ul>
<b>Age UK Oldham</b>	<p>During 2017 /18 all staff and volunteers attending safeguarding training / awareness which included:</p> <ul style="list-style-type: none"> <li>• changes in legislation</li> <li>• Care Act 2014 awareness</li> </ul>

	<ul style="list-style-type: none"> <li>• recognising types of abuse</li> <li>• Mental Capacity Act 2005</li> <li>• Six principles of safeguarding</li> <li>• Making safeguarding personal</li> </ul> <p>Real life scenarios were used in the training to ensure that staff and volunteers could work together and share the training experience which most participants rated as an excellent way to develop knowledge in this area.</p> <p>Spring 2018 AUKO used the Mental Capacity Competency Framework to map and scope all our staff / volunteer training requirements in this area. All staff and volunteers took part with their designated manager. Training is now scheduled for Autumn 2018.</p> <p>At all AUKO staff and senior management team meetings our CEO and other senior managers share relevant feedback and information from the Safeguarding Board and sub group Meeting.</p> <p>AUKO Care Home Review Team – a statutory service which OMBC contracts out to AUKO. When carrying out statutory annual reviews our review officers highlight where a Deprivation of Liberty Safeguard (DoLS) will be required providing the care home understands the relevant directives and application process. This information is now incorporated into the review template to ensure that this is brought to their attention and informs them where a DoLS will be necessary.</p>
<b>Pennine Acute Hospitals NHS Trust</b>	<ul style="list-style-type: none"> <li>• During 2017/2018 the Named Nurses adult safeguarding delivered 91 MCA/DoLS training sessions across the 4 Care Organisations in addition to level 3 adult safeguarding training.</li> <li>• MCA/DoLS ward packs were developed and shared with clinical areas which include sample forms, flow charts or processes and pre-printed assessment tools to facilitate recording and identification.</li> <li>• Credit card sized MCA guidance has been printed and shared with staff for use in clinical areas.</li> <li>• The safeguarding adults intranet pages continue to be updated on a regular basis to provide up to date information and tools for staff.</li> <li>• The use of the NHS Deciding Right, MCA app has been promoted in training for staff to access and support with MCA decision making.</li> </ul>
<b>Care at Home representative</b>	As detailed above in question 1: Workforce Development

	We are also planning Level 2 Accredited Safeguarding Training for all Managers.
<b>First Choice Homes Oldham</b>	<p>Safeguarding adults training, including reference to the Mental Capacity Act, is given to all First Choice Homes staff. All new staff members receive the mandatory training shortly after they begin their employment with the organisation. This is refreshed every three years.</p> <p>Staff are also supported by Designated Safeguarding Officers who are in place across the organisation. In turn Designated Safeguarding Officers are supported by Safeguarding Champions and the Safeguarding Lead for the business.</p>
<b>Turning Point</b>	<p>Turning Point has delivered a range of safeguarding specific training for staff since 1st April 2018, including face to face training on:</p> <ul style="list-style-type: none"> <li>• Duty of Care and Handling Incidents Awareness</li> <li>• Equality and diversity Awareness</li> <li>• Handling Information Awareness Inc. GDPR</li> <li>• MCA Awareness</li> <li>• Safeguarding Awareness</li> <li>• Safeguarding Workshop Level 2</li> </ul>
<b>Challenge of DoLS requirements (where applicable) during 2017/18</b>	
<b>OMBC Adult Social Care</b>	DOLS continues to be a challenge in terms of capacity and demand as well as complexity of cases. There is also a challenge for community deprivations and supporting applications to the COP.
<b>Pennine Care NHS Foundation</b>	From the 1 <sup>st</sup> April to 31 <sup>st</sup> March 2018 a total of 6 applications were made by ROH for a standard authorisation. In all cases the urgent authorisation had expired before the assessors could come out to determine the outcome of

<b>Trust</b>	<p>the standard authorisation. Out of the 6 applications one patient was made subject to s3 of the MHA. One patient regained capacity so was ineligible for DoLS. Three patients transferred to another provider, and one patient died before the assessors came out. Staff follow the attached guidance when deciding when patients should become subject to the MHA or DoLS.</p> <p style="text-align: center;">   MHA-or-DoLS-chart-April-2018.pdf </p>
<b>Pennine Acute Hospitals NHS Trust</b>	<ul style="list-style-type: none"> <li>• As awareness and training of MCA/DoLS has increased across the Trust we have seen a significant increase (452% for the same period 2016/2017) in the number of authorisations identified and completed by staff.</li> <li>• Review planned of forthcoming changes to DoLS process and implications for Northern Care Alliance to allow for planning and application.</li> </ul>
<b>Care at Home representative</b>	<p>As the majority of our service users reside in their own homes we do not have high numbers of DoLS.</p> <p>We have some work to do in the near future to implement DoLICs which will be a learning curve for the organisation and may present some challenges along the way. We will work with colleagues and partners to address any future challenges as they arise.</p>
<b>Age UK Oldham</b>	<ul style="list-style-type: none"> <li>• One of the main challenges of DoLS within the care home sector is staff and managers from care homes understanding the process and making timely applications.</li> <li>• Care homes report still taking considerable time – some applications pending.</li> <li>• Although there had been extensive training in the past for care home staff at the time of the Cheshire West Ruling this was some time ago and there is a high staff turnover in some of the care homes in Oldham.</li> <li>• From an AUKO perspective we ensure that we follow directives when carrying out annual reviews and</li> </ul>



	<p>where appropriate request that care home managers complete the necessary application for the residents who reach the qualifying criteria. We ensure that we record the request as an outstanding action for the care home to complete with a timescale for the application to be made.</p>
<p><b>What are the key areas of challenge you see as an organisation going forward during 2018/19, linked to the SAB Business Plan priorities</b></p>	
<p><b>Greater Manchester Fire and Rescue Service (GMFRS)</b></p>	<p>The ongoing impact of austerity and an internal review “Programme for change” will bring new opportunities and new challenges to the way prevention work is delivered across Greater Manchester. Once the review is complete, consultation is scheduled to be shared in December 2018.</p> <p>The vision for Place-Based Integration is to develop neighborhood delivery models that effectively respond to and reduce demand through a contextual understanding of people and place, in an integrated, citizen-centered way that builds on the assets of the community. GMFRS are now part of place-based integration, which is being rolled out across each of the 10 districts. In each area, an early adopter site has been identified and integrated teams have been developed to take a problem solving approach to supporting individuals, families and communities and from this understand the system change that needs to take place to make this way of working business as usual. We are part of the Oldham team, to evaluate the role of GMFRS employees as part of integration, going forward. This approach will support the local integration of the range of reform activity as well as supporting alignment with Health and Social Care reform detailed in locality plans. Our challenge is the day to day capacity of the workforce, to ensure visibility and integration, across the ten boroughs.</p> <p><b>Responding to Abuse and Neglect</b></p> <p>Wherever risks of abuse and neglect are identified, those working for GMFRS must highlight them and seek to ensure that appropriate steps are taken to safeguard the children, young people or adults concerned. Our Safeguarding Policy describes the different types of abuse and neglect and some of the common indicators.</p> <p>GMFRS does not <i>investigate</i> individual safeguarding concerns and is not the statutory agency responsible for investigations or enquiries. However, GMFRS staff could be called upon to assist with an enquiry. All allegations or suspicions of abuse or neglect should be reported to the relevant agency that is authorised to act. This will usually be the local authority children's services and adult services directorates, or the police.</p>

	<p>All personnel must:</p> <ul style="list-style-type: none"> <li>• Recognise, identify and respond to signs of abuse, neglect and other safeguarding concerns, involving children, young people and adults with care and support needs</li> <li>• Respond in line with the policy and procedure, to disclosure of abuse/neglect from members of the public, arising in the course of their work</li> <li>• Read the associated guidance listed in the 'Related Documents' section of this policy and procedure, because some complex safeguarding matters require a different referral process to the one described in the procedure section of this document.</li> </ul> <p><b>Consent</b></p> <p>With regard to children and young people, in all cases, safeguarding concerns can and must be raised and referred to Children's Services, the police or the appropriate agency, even if consent has not been sought or given by the child, young person, parent or guardian in question.</p> <p>With regard to adults, safeguarding duties apply to an adult who:</p> <ul style="list-style-type: none"> <li>• has needs for care and support (whether or not the local authority is meeting any of those needs) and:</li> <li>• is experiencing, or at risk of, abuse or neglect; and</li> <li>• as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.</li> </ul> <p>We will continue to promote good practice, which is to seek the consent of the adult considered to be at risk if staff are going to make a safeguarding referral. However, in some cases it may not be possible or safe to ask for or gain consent. Staff can use the Caldecott principles (reflected in the Data Protection Act) to guide them in decision making about sharing information without consent of the individual. These are;</p> <ul style="list-style-type: none"> <li>• Justify the purpose(s).</li> <li>• Don't use personal confidential data unless it is absolutely necessary.</li> <li>• Use the minimum personal confidential data necessary for purpose.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Access to personal confidential data should be on a strict need-to-know basis.</li> <li>• Everyone with access to personal confidential data should be aware of their responsibilities.</li> <li>• Comply with the law.</li> <li>• The duty to share information can be as important as the duty to protect patient confidentiality.</li> </ul> <p>We will seek further advice by contacting Adult Services, a GMFRS DSO or a line manager.</p> <p><b>Complex Safeguarding</b></p> <p>GMFRS recognises that some Safeguarding matters are complex and require particular understanding and approaches. This includes child sexual exploitation, serious and organised crime and gangs, modern slavery including sham marriages, female genital mutilation and honour-based violence and violent extremism and radicalisation. The organisation will work with its partners to improve organisational understanding of all safeguarding matters and will develop guidance for its workforce to address these risks within our communities.</p>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p><b>Learning Disabilities</b> – The learning disability mortality reviews (LeDeR) pilot began in February 2017 and is now standard practice. There are local processes in place with a steering group and panel established however it has been recognised that there are resource implications across the multi-agency partnership.</p> <p><b>Mental Capacity</b> – Lessons learnt from the Safeguarding Adult Review and from safeguarding enquiries/serious incidents identified that the Mental Capacity Act (2005) is not firmly embedded into practice or culture across all agencies. The multi-agency policy MCA policy was devised in 2017/2018, as a result, there is a plan for the quality assurance and audit subgroup to review the implementation of the MCA in practice in 2018/2019.</p> <p>Learning from the Safeguarding Adult Reviews and enquiries has highlighted there is a requirement for the development of a clear process and guidance for situations whereby adults whom have mental capacity to make decisions, who are choosing not to engage with the multi-agency partnership. This is an action for the Operational subgroup for 2018/2019.</p>
<p><b>Greater Manchester Police (GMP)</b></p>	<p>The development of a joint (supporting both the Adults and Children’s Safeguarding Boards) PR &amp; Communications sub group was a priority for the 2017/2018 year. This sub group was launched with the aim of delivering a safeguarding conference in association with the Workforce Development sub group, which was</p>

	<p>successfully held in June 2017. In addition, a review of the website and linked branding was initiated by the sub group, with a range of options identified for progression in the following year.</p> <p>A key identified issue with the sub group related to resource and capacity – from administering meetings, to following-up and delivering key actions. An Apprentice from GMP (a contribution of approximately £12,767) to the Oldham Children’s and Adults Safeguarding Boards has been committed to this group. It is acknowledged the Apprentice will pick up some other police related work, but this will be their primary role for 12 months. This is to compliment the 0.5 FTE who will have the primary role to develop:</p> <ul style="list-style-type: none"> <li>• Develop a joint (between Children’s and Adults) safeguarding communications and engagement strategy based on the three-year strategies, identifying key stakeholder groups, communication priorities, and identifying preferred communication channels (of which, online is expected be one). This will include scope to respond to communications needs that emerge throughout the period, from the Board and sub groups</li> <li>• Develop joint safeguarding board branding based on the values and vision etc outlined in the Strategies</li> <li>• Develop a joint website, using the branding, and structured to facilitate the communications priorities outlined in the strategy</li> <li>• Explore potential for linking a public site with a portal arrangement for specified members to access shared resources</li> <li>• Incorporate web analytics into the site design, to enable tracking of access and use of site pages, and review as required</li> </ul>
<p><b>Pennine Care NHS Foundation Trust</b></p>	<p>To assist facilitation of the adult safeguarding agenda with the integrated teams</p> <p>To assist with understanding the common processes of Safeguarding Adult policy for Oldham.</p> <p>Work with the Board and practitioners to improve “Making Safeguarding Personal” agenda</p> <p>Compliance with the new Safeguarding Adults Intercollegiate document 2018.</p>

<b>OMBC Adult Social Care</b>	Workforce recruitment and retention issues are a challenge. Within the newly formed clusters we have tried to ensure we have the right staff in the right place with the right skill mix. However recruiting experienced Social Workers to undertake complex safeguarding investigations is a challenge. This workforce challenge is reflected across Greater Manchester and further work will be undertaken attached to the Greater Manchester living well at home framework to address the challenges of recruitment.
<b>Pennine Acute Hospitals NHS Trust</b>	Please see above sections.
<b>Age UK Oldham</b>	<ul style="list-style-type: none"> <li>• Promoting safeguarding to the general public – still an area where much needs to be cascaded down. General public need to know more about how to raise a safeguarding alert.</li> <li>• Make sure that all front line staff have been given the correct statutory care and support directives and information to support clients – changes made in staff or directives may not have been circulated.</li> <li>• Integration agenda – partners outside of the local authority and the CCG need a shared understanding of changes made as a result of the integration.</li> <li>• Levels of harm recording in the care homes – needs to be more accessible for other multi-agency partners.</li> <li>• Changes in OMBC Safeguarding team staff structure during the year resulted in inconsistent approach regarding care home case conferences / enquiries.</li> </ul>
<b>Care at Home representative</b>	<b>Prevention and wellbeing:</b> as the majority of our service users are supported within the community and assessed to have full capacity we are sometimes limited as to how much we can influence their decision making which may lead to them taking risks that we would ideally like to prevent.
<b>Healthwatch Oldham</b>	<p>Expected challenges will come from the growing number of complex NHS complaint cases brought by vulnerable adults. Often in these cases we find the issue is one of safeguarding rather than a complaint which end up requiring a great deal of officer time and support due to the challenging nature of the client and the issues.</p> <p>HWO is also planning a review of Care Homes with a particular focus on choice and control for residents living in a care home setting and identifying potential safeguarding issues will form part of the review.</p>

<p><b>First Choice Homes Oldham</b></p>	<p>GDPR brings challenges in terms of sharing information cross agency. This should not, however, be detrimental to the safeguarding needs of customers. When information is shared the reason for this should be clearly outlined and any information shared be secure.</p> <p>All First Choice Homes staff have received training in respect of new GDPR guidelines and are well versed with the above. Designated Safeguarding Officers triage any safeguarding alerts to ensure that information shared is done so appropriately.</p>
<p><b>National Probation Service (NPS)</b></p>	<p>There continues to be a growth in the number of elderly offenders and work is progressing to develop streamlined approaches for care provision to elderly offenders who continue to pose risk to others. Increased joint working between prisons, NPS and community provision is a focus for 18/19.</p>
<p><b>Turning Point</b></p>	<p>Prevention and wellbeing - developing and embedding substance misuse preventative work in early help services across ROAR in partnership with early help services</p> <p>Transitions- full participation in SAB + LSCB work stream on transitions and contribution to work with this sub-group. Turning Point have appointed a full time transitions worker to take this work forward across ROAR with early help and young people's services (Early Break and OASIS) in both authorities.</p> <p>Making Safeguarding Personal – Training and development as a continuing need and challenge in making safeguarding personal.</p> <p>The key challenge for us will be to ensure a personalised approach that enables safeguarding to be done with, not to, people.</p> <p>Embedding MSP into staff and recovery workers mainstream work and achieving better outcomes for people needing care + support who have experienced abuse or neglect</p> <p>Ensure our practice focuses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'.</p> <p>Implementing a full range of recovery groups and psycho-social programmes utilising specialist substance misuse intervention skills rather than just 'putting people through a process' and these will include</p>

	<p>An approach that enables practitioners, families, teams and SABs to know what difference has been made via performance reporting and case studies.</p> <p>Domestic Abuse- ongoing specialist training for recovery workers and embedding DA work in all case work.</p> <p>Prevent- improving identification and reporting where appropriate and further prevent training for substance misuse staff.</p> <p>Turning Point has a Prevent lead organisationally and we plan to raise the profile of Prevent across substance misuse services following some very positive involvement.</p>
<p><b>What are the main priorities for your organisation with regard to safeguarding adults during 2018/19, linked to the SAB Business Plan Priorities?</b></p>	
<p><b>Greater Manchester Fire and Rescue Service (GMFRS)</b></p>	<p><b>Prevention and Wellbeing.</b></p> <p>Once agreement have been signed with key services. The development of bespoke actions plans will include training teams across Oldham’s Integrated Care, Public Health Commissioned Services, inclusive of Drug and Alcohol Services (ROAR), Stop Smoking Services, and other Public Health Teams that have close working relationships with vulnerable adults and children across Oldham.</p> <p>GMFRS will continue to support the work of the Safeguarding boards. Ensuring staff are regularly updated, attending events and campaigns to increase awareness and help reduce risk across Oldham.</p> <p>We will continue to identify opportunities to co-design partnerships. Listening to the people of Oldham, ensuring they are at the heart of the services we provide across Oldham neighbourhoods.</p> <p><b>Protect and improve the quality of life of the people in Greater Manchester.</b></p> <p>Our Community Resilience Strategy 2017-2020 sets out what we propose to do over the next three years to realise the opportunities arising from devolution, place based working, the transformation of health and social care and the transition to the Greater Manchester Combined Authority. This will see new ways of working that will</p>

	<p>enhance our risk reduction activities regards to vulnerable adults and children.</p> <p>The Strategy is underpinned by nine principles to ensure that everything that we say we will deliver will maximise the benefits to us, partners and most importantly to our communities, the principles include; Ensuring public value, Working with partners, Delivering public service reform, Promoting independence, Helping our communities start well, live well, and age well, Safeguarding, Making every contact count, Reducing the Impact of Fires, Road Traffic Collisions and Other Emergencies, Learning and evaluating.</p> <p>There are three arenas in which we propose to focus our attention to ensure that we are able to support all of our communities wherever our engagement with them might take place; In the Home, In our Communities, and with our Businesses.</p>
<p><b>NHS Oldham Clinical Commissioning Group (CCG)</b></p>	<p><b>Prevention and Wellbeing</b> – The CCG has decided to continue to invest in the Quality and Safeguarding team in order to enhance the provision of services further. This will allow the team to develop assurances processes further for all health providers. Oldham CCG’s safeguarding team is reviewing assurance processes for all NHS funded providers.</p> <p><b>Integration and Safeguarding</b> – Oldham CCG will continue to work alongside partner agencies to ensure safeguarding is a key component for the integration of health and social care services.</p> <p><b>Transitions</b> – Oldham CCG is aware that there is a requirement for adult services to play a bigger role with children transitioning to adulthood.</p> <p><b>Prevent</b> – The Duty Guidance for Prevent outlines the legal duty of NHS trusts to consider the Prevent strategy when delivering their services. The NHS standard contract also includes the requirement to identify a Prevent Lead and to embed Prevent duties into the delivery of services. Prevent is being discussed within the Think Family training sessions currently as well as raising awareness of the Prevent e-learning package for NHS funded care providers.</p> <p><b>Making Safeguarding Personal</b> – Oldham CCG aims to ensure the highest quality, safe and effective health services are commissioned. In order to achieve this, the patient’s views and experiences need to be heard and be central to all activity.</p> <p><b>Mental Capacity Act</b> - A multi-agency audit and review of practice in line with the Mental Capacity Act (2005) will be completed, with themes and findings disseminated across all health providers. MCA training will continue with</p>



	<p>the aim of making sure the legislation is embedded into all aspects of care.</p> <p><b>Domestic Abuse</b> - Domestic Abuse is an adult and children’s safeguarding priority. NHS Oldham CCG aims to develop the contribution of primary care. Oldham CCG’s Safeguarding team plan to implement a pilot within primary care which will be aimed at routine enquiry by primary care practitioners. Oldham CCG is currently reviewing the current contribution from the health economy towards domestic abuse processes, particularly around information sharing and engagement with the Multi-Agency Risk Assessment Conference (MARAC).</p> <p><b>Workforce Development</b> – Oldham CCG is committed to developing the workforce and enhancing safeguarding practice across the health economy. A safeguarding training programme has been developed for 2018/2019.</p>
<b>Greater Manchester Police (GMP)</b>	<p>The divisional priorities for 2018 / 19 have yet to be formally agreed however where applicable, they will reflect the priorities of the OSAB.</p> <p>In summary, though, the ISR work will continue into 2019, as will Project Reframe. We will also be deploying three Police Now graduates to the district, one of whom will have overall responsibility for Royal Oldham Hospital – their role will be to problem solve their assigned areas and reduce demand. Insofar as the ROH is concerned, much of the work will focus on the vulnerable adults who subsequently go missing from the hospital; working in partnership with both the hospital and the trust to ensure the ROH is a safe place to be and that those who need help, get it.</p>
<b>National Probation Service (NPS)</b>	<p>Work on Suicide Prevention has been gathering pace and the NPS have 2 forensic psychologists who lead on this across the North West and are members of the HMPPS National Suicide Prevention Group and GM Suicide Prevention Strategy Executive Group. The NPS National Suicide Prevention Implementation Plan is currently being developed but is not yet fully implemented. However, aspects of this plan are currently being implemented nationally and the document is being used as a framework. This includes Approved Premises staff training including a 2 day National Suicide/Self-Harm training package which has recently started to roll out in the North West with the first course having been delivered in April 2018.</p> <p>A thematic review was undertaken as part of the aforementioned North West Recalls Project and gaps in mental health service provision was identified as a critical issue.</p> <p>This has led to the development of a Greater Manchester wide multi organisational meeting with senior managers representing each of the health providers across Greater Manchester, North West Safer Custody</p>

	<p>Lead, Samaritans, The Big Life</p> <p>Group, Diversion Teams, NPS Approved Premises and the Personality Disorder Insight Team. The purpose of the meeting is to consider how best to manage individuals in the probation service, especially in Approved Premises who present as a high risk to themselves (e.g. suicidal ideation, severe and frequent self-harming behaviours). The aims of this group are for public and private sector services to work better together in order to meet unaddressed need. An example of an initiative from this group is the current pilot project in 2 Greater Manchester Approved Premises in partnership with The Samaritans. This involves Samaritans making referred calls to residents within 48 hours of departure from the Approved Premises.</p> <p>In order to increase our engagement with each of the Local Authority Suicide Prevention Panels, practitioners are being identified in each of the Oldham, Rochdale and Oldham Offices as Suicide Prevention single points of contact. The intention is that the named practitioners will attend each of the Suicide Prevention Panels and liaise with the NPS Suicide Prevention leads in order that national, divisional and local priorities are achieved.</p>
<p><b>Pennine Care NHS Foundation Trust</b></p>	<p>Development of awareness, training and supervision in relation to Adult Safeguarding will be a priority following the publication of the adult intercollegiate document in order to support this in ensuring that all staff working with vulnerable adults are competent and confident in recognising and responding to safeguarding issues.</p> <p>Improve understanding actions and outcomes of Safeguarding Adults common processes within teams.</p> <p>Roll out of Cluster based integrated working.</p>
<p><b>OMBC Adult Social Care</b></p>	<p>During 2018/19 Adult Social Care and Pennine Care will come together through integrated ways of working across 5 clusters. The focus of the clusters is to ensure Oldham residents are supported in the community with a reduction on people being admitted into hospital admissions. Therefore as a provider we will ensure prevention and well-being are central to practice.</p> <p>We will work together with partners to support social prescribing. We will be exploring new ways of working including asset based approaches, the 3 conversations model as well as health and well-being teams.</p> <p>The integrated health and social care teams will continue to work in accordance with making safeguarding personal.</p>

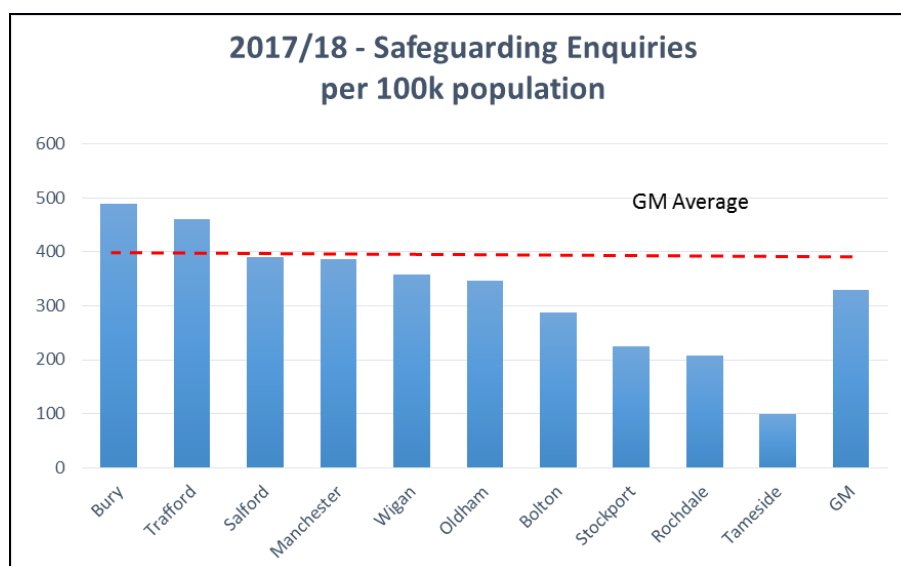
	<p>The links between the clusters and MASH will be further developed as the cluster teams evolve.</p> <p>Auditing of work will take place to ensure safeguarding policies and procedures are being adhered to. This piece of work will be led by a newly appointed Principal Social Worker, whose role will be dedicated to improving quality across the Adult Social Care workforce.</p> <p>Developing an agreed Transitions protocol and smooth processes for CYP to adults.</p>
<p><b>Age UK Oldham</b></p>	<ul style="list-style-type: none"> <li>• Making safeguarding personal is key priority and the ethos of all our work at AUKO. As a third sector voluntary organisations we feel we continue to have a vital role to play as our staff and volunteers are often the first line of contact when older people and their carers are experiencing difficult situations and facing distress in their life. We encourage our staff and volunteers to question the issues which can address the small details that can make a difference between good and poor practice. AUKO continue to feel that a real challenge is how our organisation can address issues responsibility and continue to work with multi-agency partners to bring about real change / improvement for those people are have been affected by abuse of any kind.</li> <li>• Fully embed the MCA Competency Framework into our mandatory training requirements for all staff and volunteers – and provide the training relevant to their role and responsibility.</li> <li>• To ensure that all our day to day practice reflects our policies and procedures and that these are fully embedded in all our staff / volunteers day to day work practice.</li> <li>• To incorporate safeguarding data into our ISO Management System including recording, reporting and outcomes achieved.</li> <li>• To continue to audit and evaluate our processes for safeguarding.</li> <li>• To continue to develop our relationships and work collaboratively with the Integrated Health &amp; Social Care Teams.</li> </ul>
<p><b>Healthwatch Oldham</b></p>	<p><b>Prevention and Wellbeing:</b> This will be a key focus for HWO and form part of the quarterly Health Forums to raise awareness and promote ways people can prevent safeguarding incidents.</p> <p><b>Making Safeguarding Personal:</b> Ensuring that all the HWO service reviews we undertake gather the first hand views and experiences of service users, patients and families in to identify any adult safeguarding issues.</p>

<b>First Choice Homes Oldham</b>	<p>During 2018/9 First Choice Homes aim to further improve the links with partner agencies with regard to safeguarding, by way of:</p> <ul style="list-style-type: none"> <li>• Looking to implement a ‘complex case panel’ for those cases where complex safeguarding issues have been identified. The aim of this is that agencies work together to resolve difficult and cross-agency issues and to bring about best outcomes for customers.</li> <li>• Continuing to attend Safeguarding Adult Board sub-groups and review membership to ensure First Choice Homes are represented appropriately.</li> <li>• Enhance our internal training offer, providing further training for Designated Safeguarding Officers, in liaison with the Safeguarding Adults Board.</li> <li>• Enhancing the way in which we identify those customers with additional vulnerabilities, to ensure additional needs are taken into consideration and the appropriate level of support provided, in liaison with partner agencies.</li> </ul>
<b>Pennine Acute Hospitals NHS Trust</b>	<p>Please see above sections</p>
<b>Care at Home representative</b>	<p><b>Prevention and wellbeing:</b> implementation of DoLICs as appropriate to reduce the risks to people who are assessed to have some capacity and live in the community.</p> <p><b>Making safeguarding personal:</b> further, higher level training for employees with management responsibilities and increasing knowledge and confidence in Whistleblowing.</p> <p><b>Integration and safeguarding:</b> progression to include integrated and partnership working within Oldham Cares.</p>
<b>Turning Point</b>	<p>As in section above plus the addition of the development of family interventions across ROAR</p> <p>Developing provision for family interventions across ROAR Family and Carer offer/ pathway.</p> <p>5 step family intervention and other family/carers offer identified</p> <p>5 Step training for identified ROAR Recovery Worker's, Volunteers and PSI Staff delivered via Lorna Templeton Nov-December for delivery</p>

## 10. Safeguarding Adults Activity Data for Oldham 2017/18

- 10.1 This section of the Safeguarding Adults Board Annual Report highlights the main findings of the 2017/18 Adult Safeguarding (SAC) Return for Oldham. The safeguarding data collection gathers information on all safeguarding concerns and enquires on an annual basis. A safeguarding concern is where a council is notified about a risk of abuse, which instigates an investigation (enquiry) under the local safeguarding procedures.
- 10.2 This year has seen significant increases in both the number of safeguarding concerns and safeguarding enquiries. It is considered that the increase in activity is as a result of the significant amount of effort that has been put into improving the level, consistency and quality of recording.
- 10.3 Whilst the number of adult safeguarding concerns and enquiries has increased within Oldham, the numbers per 100,000 populations are comparable with the Greater Manchester average as seen in the chart below.

**Graph 1: Safeguarding Enquiries per 100k population**



- 10.4 In 2017/18 there were **820** individuals involved in safeguarding concerns compared to **572** in 2016/17, an increase of 43%. Most of the concerns in 2017/18 were in the 18-64 age band (40%), similar to 2016/17.
- 10.5 The number of individuals involved in section 42 safeguarding enquiries has similarly increased compared to 2016/17 from **273 to 493**. There has been an

increase in all age bands in 2017/18, with the greatest increase in numbers terms within the 18-64 age group, with an increase of 76 individuals.

10.6 The number of individuals involved in other safeguarding enquiries has increased from **30 to 107** and the increase is replicated across all age bands. A few individuals have been recorded in the 'Not Known' age band, as there was no date of birth or age recorded.

**Table 8: Individuals by Age**

Age Band	Individuals Involved in Safeguarding Concerns		Individuals Involved in Section 42 Safeguarding Enquiries		Individuals Involved in Other Safeguarding Enquiries	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
18-64	255 (45%)	325 (40%)	122 (45%)	198 (40%)	18 (60%)	37 (35%)
65-74	68 (12%)	107 (13%)	29 (11%)	61 (12%)	4 (13%)	13 (12%)
75-84	122 (21%)	190 (23%)	56 (20%)	113 (23%)	5 (17%)	30 (28%)
85-94	102 (18%)	168 (20%)	52 (19%)	106 (22%)	3 (10%)	22 (21%)
95+	23 (4%)	27 (3%)	13 (5%)	14 (3%)	0	5 (5%)
Not Known	2 (0.3%)	3 (0.4%)	1 (0.3%)	1 (0.2%)	0	0
<b>Total</b>	<b>572</b>	<b>820</b>	<b>273</b>	<b>493</b>	<b>30</b>	<b>107</b>

10.7 In 2017/18 there has been a small increase compared to 2016/17 in the percentage of males involved in safeguarding concerns (37% to 40%), section 42 safeguarding enquiries (40% to 41%) and other safeguarding enquiries (40% to 41%).

**Table 9: Individuals by gender**

Gender	2016-17		2017-18	
	Male	Female	Male	Female
Individuals Involved in <b>Safeguarding Concerns</b>	209 (37%)	363 (63%)	330 (40%)	484 (60%)
Individuals Involved in <b>Section 42 Safeguarding Enquiries</b>	108 (40%)	165 (60%)	203 (41%)	286 (59%)
Individuals Involved in <b>Other Safeguarding Enquiries</b>	12 (40%)	18 (60%)	44 (41%)	62 (59%)

10.8 In 2017/18 there has been little change in the ethnic makeup of individuals involved in safeguarding concerns and enquiries. However, there has been a small increase in the proportion of those who are White, which contrasts with the demographics of the Borough, which is becoming more diverse with time.

**Table 10: Individuals by ethnicity**

Ethnicity	Individuals Involved in Safeguarding Concerns		Individuals Involved in Section 42 Safeguarding Enquiries		Individuals Involved in Other Safeguarding Enquiries	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
White	482 (84%)	695 (85%)	224 (82%)	426 (86%)	21 (70%)	92 (86%)
Mixed / Multiple	7 (1%)	6 (1%)	3 (1%)	3 (1%)	1 (3%)	1 (1%)
Asian / Asian British	35 (6%)	58 (7%)	16 (6%)	31 (6%)	7 (23%)	9 (8%)
Black / African / Caribbean / Black British	4 (0.7%)	10 (1%)	1 (0.4%)	4 (1%)	0	2 (2%)
Other Ethnic Group	1 (0.2%)	4 (0.5%)	0	2 (0.4%)	0	0
Refused	0	0	0	0	0	0
Undeclared / Not Known	43 (8%)	47 (6%)	29 (11%)	27 (6%)	1 (3%)	3 (3%)
<b>Total</b>	<b>572</b>	<b>820</b>	<b>273</b>	<b>493</b>	<b>30</b>	<b>107</b>

10.9 In 2017/18 the highest number of individuals involved in safeguarding concerns, section 42 and other safeguarding enquiries had a primary support reason of Physical Support. Learning Disability Support was the second highest.

**Table 11: Individuals by primary support reason**

Primary Support Reasons	Individuals Involved in Safeguarding Concerns		Individuals Involved in Section 42 Safeguarding Enquiries		Individuals Involved in Other Safeguarding Enquiries	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
Physical Support	302	473	121	264	16	62
Sensory Support	19	14	11	4	1	4
Support with Memory & Cognition	20	34	6	20	1	6
Learning Disability Support	78	146	39	106	6	9
Mental Health Support	97	112	39	56	4	9
Social Support	5	13	4	7	0	1
No Support Reason	30	32	11	10	0	8
Not Known	109	167	65	83	6	15
<b>Total</b>	<b>660</b>	<b>991</b>	<b>296</b>	<b>550</b>	<b>34</b>	<b>114</b>

10.10 The total number of safeguarding concern cases during 2017/18 was 991, an increase from 660 cases in 2016-17. This equates to an increase of 50%. There have also been increases in total section 42 enquires (84%) and other safeguarding enquiries (235%).



**Table 12: Safeguarding Cases**

Safeguarding Cases	2016-17	2017-18
Total Number of <b>Safeguarding Concerns</b>	<b>660</b>	<b>991</b>
Total Number of <b>Section 42 Safeguarding Enquiries</b>	<b>296</b>	<b>550</b>
Total Number of <b>Other Safeguarding Enquiries</b>	<b>34</b>	<b>114</b>

10.11 In 2017/18 the highest number of concluded section 42 enquiries for type of risk was for Neglect and Acts of Omission, Financial or Material Abuse and Physical Abuse, which have seen significant increases over the year. This is different to the previous year where Organisational Abuse, Financial or Material Abuse and Physical Abuse were the most common. In 2017/18 for the other concluded enquiries the highest number for type of risk was for Financial or Material Abuse, Neglect and Acts of Omission and Physical Abuse, mirroring the increases seen in section 42 Enquiries.

**Table 13: Concluded Section 42 enquiries**

Type and Source of Risk	2016-17 Concluded Section 42 Enquiries				2017-18 Concluded Section 42 Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Physical Abuse	13	17	13	<b>43</b>	32	69	5	<b>106</b>
Sexual Abuse	1	3	5	<b>9</b>	3	17	2	<b>22</b>
Psychological Abuse	3	13	4	<b>20</b>	20	52	4	<b>76</b>
Financial or Material Abuse	5	25	14	<b>44</b>	13	110	9	<b>132</b>
Discriminatory Abuse	0	1	0	<b>1</b>	3	5	2	<b>10</b>

Organisational Abuse	43	1	3	47	23	2	0	25
Neglect and Acts of Omission	27	9	5	41	125	23	2	150
Domestic Abuse	0	23	0	23	0	29	0	29
Sexual Exploitation	0	0	0	0	0	0	0	0
Modern Slavery	0	0	1	1	0	1	0	1
Self-Neglect	0	1	0	1	0	13	0	13

**Table 14: Other concluded enquiries**

Type and Source of Risk	2016-17 Other Concluded Enquiries				2017-18 Other Concluded Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Physical Abuse	1	0	1	2	3	11	1	15
Sexual Abuse	0	2	0	2	0	0	0	0
Psychological Abuse	0	2	1	3	0	7	1	8
Financial or Material Abuse	0	3	2	5	4	14	1	19
Discriminatory Abuse	0	0	1	1	0	0	0	0
Organisational Abuse	0	1	0	1	1	0	0	1

Neglect and Acts of Omission	6	1	1	8	12	6	0	18
Domestic Abuse	0	3	1	4	0	1	0	1
Sexual Exploitation	0	0	1	1	0	0	0	0
Modern Slavery	0	0	0	0	0	0	0	0
Self-Neglect	N/A	0	N/A	0	0	3	0	3

10.12 In 2017/18, for concluded section 42 enquiries an individual's own home was most frequently recorded as the location of risk, followed by a residential care home. This is in line with 2016/17 whereby both of these locations have the highest number of recorded cases. In 2017/18, for other concluded enquiries an individual's own home was most frequently recorded as the location of risk, followed by a residential care home. This is in line with 2016/17 whereby both of these locations have the highest number of recorded cases.

**Table 15: Location and source of risk – Concluded Section 42 enquiries**

Location and Source of Risk	2016-17 Concluded Section 42 Enquiries				2017-18 Concluded Section 42 Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Own Home	20	69	26	115	63	147	8	218
In the Community (excluding community services)	2	1	4	7	4	8	3	15
In a Community service	0	0	0	0	4	0	0	4

Care Home - Nursing	12	3	6	21	23	4	2	29
Care Home - Residential	57	8	8	73	65	15	0	80
Hospital – Acute	0	1	0	1	5	1	0	6
Hospital – Mental Health	0	0	0	0	0	0	0	0
Hospital – Community	0	0	0	0	1	0	1	2
Other	2	11	9	22	6	37	4	47

**Table 16: Location and source of risk – Concluded Section 42 enquiries**

Location and Source of Risk	2016-17 Other Concluded Enquiries				2017-18 Other Concluded Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Own Home	3	8	5	16	10	24	2	36
In the Community (excluding community services)	0	0	1	1	0	0	0	0
In a Community service	0	0	0	0	0	0	0	0
Care Home - Nursing	2	0	0	2	0	2	0	2

Care Home - Residential	3	3	1	7	4	0	0	4
Hospital – Acute	0	0	0	0	2	0	0	2
Hospital – Mental Health	0	0	0	0	0	0	0	0
Hospital – Community	0	0	0	0	0	0	0	0
Other	0	1	2	3	0	5	0	5

10.13 In 2017-18 there was a small decrease in the percentage of risks that remained (8%) for the concluded Section 42 enquiries compared to 2016-17 (9%). In addition, a reduction in the percentage of Enquiries concluding where the risk is removed has resulted in an increase of those where the risk is reduced. A similar profile of change can also be seen in the Other Concluded Enquiries.

**Table 17: Risk outcomes of concluded Section 42 enquiries**

Risk Outcomes	2016-17 Concluded Section 42 Enquiries				2017-18 Concluded Section 42 Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Risk Remained	1	8	3	12 (9%)	3	18	5	26 (8%)
Risk Reduced	16	30	26	72 (53%)	65	133	12	210 (61%)
Risk Removed	27	17	7	51 (38%)	68	36	3	107 (31%)

**Table 18: Risk outcomes of other concluded enquiries**

Risk Outcomes	2016-17 Other Concluded Enquiries				2017-18 Other Concluded Enquiries			
	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total	Service Provider	Other – Known to Individual	Other – Unknown to Individual	Total
Risk Remained	2	1	2	<b>5 (29%)</b>	0	1	0	<b>1 (2%)</b>
Risk Reduced	0	1	2	<b>3 (18%)</b>	5	15	2	<b>22 (59%)</b>
Risk Removed	5	3	1	<b>9 (53%)</b>	7	7	0	<b>14 (38%)</b>

10.14 In 2017/18 there was only one Safeguarding Adult Review completed, which is in line with 2016/17 where there was only one completed.

**Table 19: Safeguarding Adult Reviews completed**

Safeguarding Adult Reviews (SAR)	2016-17	2017-18
SARs where one or more individual died	1	1
SARs where no individuals died	0	0
<b>Total</b>	<b>1</b>	<b>1</b>

## 11. Summary

11.1 This report demonstrates that a significant amount of progress has been made during 2017/18 in relation to safeguarding adults, by the board and by individual partner organisations.

### 11.2 2017/18 Priorities

11.2.1 The main priorities for 2017/18 included:

- Establishing a shared understanding of the integration agenda, and the scope and reach of the various initiatives
- Maintaining oversight of the transitions, prevent, channel and domestic abuse agendas
- Increasing awareness of mental capacity across the partnership and the wider community
- Implementing and embed the MCA policy and competency framework across partner organisations.
- Ensuring that revised multi-agency safeguarding policies and procedures incorporated into individual approaches to safeguarding, including performance reporting
- Reviewing the training strategy and competency framework in comparison to individual partners workforce development strategies and plans, to ensure compliance and identify unmet training need
- Ensuring robust, timely and accurate performance management data in respect of safeguarding activity across the partnership.
- Assessing the extent to which there is continuous improvement of safeguarding approaches as a result of learning from completed enquiries, Safeguarding Adult Reviews, Domestic Homicide Reviews and Learning Disability Mortality Reviews, and ensure there is a feedback loop to improve practice.
- Arranging a peer review with Stockport Safeguarding Adult Board.

### 11.3 Three Year Strategy 2015-2018

11.3.1 The year 2017/18 also brought to a conclusion the previous three year strategy of the board, which focused on addressing a number of key areas:

- Putting in place strong and clear governance and accountability arrangements
- Working to an annual work programme supported through an effective infrastructure
- Working effectively in partnership with other key strategic partnerships
- Maintaining a strategic and assurance role as a primary focus

11.3.2 The development of the board over that three year period has sought to address these areas, through:

- the refinement of board governance arrangements, including the board executive, sub-groups and strengthened links to pre-existing partnerships.
- the development of performance dashboards, and the utilisation of performance data to inform quality assurance and audit activity
- the development and delivery of annual business plans

#### 11.4 2018/19 Priorities

11.4.1 2018/19 sees the development of a new three year strategy and the articulation of a vision for the board:

“The people of Oldham have a right to live safely, free from abuse and neglect, and are supported to do so by co-operative communities and organisations which:

- Do not tolerate abuse and neglect.
- Champion making safeguarding personal.
- Work preventatively through early identification of new safeguarding issues.
- Deliver excellent practice as the norm.
- Share Information effectively.
- Ensure that the public feel confident that adults are protected.

And where board partners:

- Prioritise their commitment to the board.
- Hold one another to account effectively.
- Promote and embed learning.”

11.4.2 Oldham Safeguarding Adults Board identified its strategic objectives for 2018 – 2021 at the board’s development day in January 2018. These are:



- Focus on safety and wellbeing, supporting Oldham to define how it will prevent the abuse and neglect of adults.
- Seek assurance that effective leadership and partnership working is in place to prevent abuse and neglect and respond to adults who are at risk of or experiencing abuse and neglect.
- Raise the profile of the Making Safeguarding Personal approach and lead culture change for safeguarding adults in Oldham.
- Promote participation, listening to and engaging with people who have experienced abuse or neglect, gaining the perspectives of stakeholders, and seeking assurance that individualised, empowering outcomes are being achieved.
- Promote safeguarding adults to the public through effective communication, including benchmarking the local perceptions of confidence that the public has in our safeguarding efforts.
- Ensure that safeguarding adults is actively recognised, considered and responded to as a key part of the integration agenda for health and social care in Oldham.

11.4.3 These priorities are reflected in the business plan of the board for 2018/19, and will be monitored via the SAB executive and the board.

ADASS Making Safeguarding Personal Temperature Check

Recommendations

**National level**

The current MSP toolkit should be reviewed to include: any new tools being used to achieve resolution and recovery; evidenced improvements in practice and feedback from practitioners and managers on using tools; and a critique of the current set of tools.

The relative effectiveness of IT systems currently in use to support MSP should be reviewed to look at the merits of different systems and also consider how they are being used and modified to improve practice.

National materials should be developed and circulated to raise awareness of MSP among other organisations, service users, special interest groups and the wider public. Examples might include downloadable leaflets, easy-read documents, press release templates, PowerPoint presentations, etc.

Develop tools/guidance on what MSP looks like in partner organisations, how MSP principles can be translated into different settings and how the MSP approach to safeguarding can be implemented, particularly for acute hospital trusts; primary care services, ambulance services and the police.

Work should be carried out with NHS England and CCGs on guidance for commissioners on how to build in MSP into their commissioning practice.

Building on the regional and local developments in evaluating outcome-based performance, an ideal type of outcomes measurement and reporting framework should be agreed, that can be offered as a template and a means for local authorities to measure MSP progress and compare themselves to each other (see 8).

**Regional level**

Opportunities for practitioners should be created so that they can share their experiences of MSP at local and regional levels. In particular, there should be a focus on reflective supervision; family-based work; positive risk-taking; balancing user wishes against duty to others.

Developments in reporting on outcome measures should be shared and pooled at a regional level in the drive to answer the question 'have we supported people to be any safer?'

Commissioners and CQC should work together to ensure that MSP is fully built into regulatory work so that it supports provider staff to make their own judgements, take managed risks, filter out safeguarding issues before referral into the Local Authority safeguarding services and ensure people's rights are respected.

Where Safeguarding Adult Review repositories are being developed at a regional (or national) level, these should be enhanced to include reflective opportunities from MSP practice and users' views.

### **Local level**

Local organisations should improve ways of managing the increase in safeguarding alerts and referrals by considering integration of front doors either through MASH or a jointly staffed Single Point of Access.

Local organisations (Safeguarding Adults Boards) should develop a means of gaining a picture of what happens to safeguarding alerts that do not progress to a s.42 enquiry.

Directors of Adult Social Services should take stock of where their service stands on the road to full implementation of MSP (using the road map if they find that helpful) and then reflect on their current plans using the evidence in this temperature check.

Adult Social Care departments should consider how they can get greater corporate council buy-in to MSP and ensure local authority councillors are aware of MSP and are supportive of the changes required to implement it, particularly the need to promote personal empowerment and positive risk management.

Local training commissioners should ensure that staff training providers review their materials to modify and update them according to evidence of effective practice and blockages in shifting the culture to embed MSP values.

All organisations and SABs need to do more to meaningfully engage service users in planning and shaping safeguarding services. This report gives examples of where and how this is being achieved and we would encourage organisations to share their approaches. See appendix 1 for more specific recommendations.

Statutory organisations should enhance prevention of abuse by building a pathway from alerts and referrals into voluntary and community assets for lower levels of safeguarding intervention.

Local adult social care and health commissioners need to work more closely with independent care providers to link and embed MSP into good service quality.

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# OASB Business Plan RAG Rating 2018-19

PRIORITY 1: PREVENTION & WELLBEING						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	1.1 Focus on Safety & Wellbeing	Consult Julie Farley regarding outcome of the Early Help Review and the community based initiatives, and summarise	July 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be completed by the Lead Findings will identify how the outcomes will impact	Target cohort groups have been identified Revised TOR is still in draft form and has been shared with sub-group members Draft Action Plan has been completed and shared with subgroups members.
	1.2 Focus on Safety & Wellbeing	Review and summarise the current Thriving Communities and community enablement work	July 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be completed by the Lead Key dates and timelines will be identified to link into and provide feedback	Effective review of existing services will take place.
	1.3 Focus on Safety & Wellbeing	Undertake an options appraisal to assess how adult safeguarding will be	August 2018	Julie Farley (Healthwatch) &	This will be undertaken by the Lead	A framework for Adult Safeguarding

RAG:

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Grey: If complete

		impacted by outcomes of the wider work streams and how to link into these		Yvonne Lee (Oldham Age UK)	Actions will be undertaken by the Lead and members of the Safeguarding Board. These will be reported on key dates to the Executive Board and the necessary forums for each work stream.	Prevention has been established. Which outlines the target cohort groups and what sort of prevention activity would be required to have a meaningful impact on the risk of abuse or neglect
	1.4 Focus on Safety & Wellbeing	Contribute to the development of a prevention strategy/offer through community engagement work streams	October 2018	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	This will be completed through engagement with the work streams  If necessary a Safeguarding Prevention & Early Intervention Strategy can be developed by the members of the Safeguarding Board, informed by the above findings	<b>Key Components</b> identified: Awareness raising and  Early intervention
	1.5 Focus on Safety & Wellbeing	Deliver key messages to front line staff	Ongoing	Julie Farley (Healthwatch) & Yvonne Lee (Oldham Age UK)	Key updates will be provided to staff and this will support the wider service redesign  Communicated via email	This action is dependent on completion of point 4 in the ToR

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PRIORITY 2: TRANSITIONS						
	Strategic Priority Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	2.1 Seeks Assurance of Effective Leadership & Partnership Working	Review and revision of pathways relating to transitions from children's to adult services	September 2018	OMBC / Oldham Cares Susannah Meakin Team Managers	Revised process map and pathway documented	Children's and Adults are due to have a virtual meeting once a date has been agreed. Children's Board Manager as sent an invite.
	2.2 Seeks Assurance of Effective Leadership & Partnership Working	Review and revision of policies relating to transitions from children's to adult services	March 2019	OMBC / Oldham Cares Susannah Meakin Team Managers	Revised policies in place	Cath Millington and Susannah Meakin have met to discuss the social care interface for young people progressing through transition known to social care children with disabilities team etc. key areas of development are engagement between adult and children's services

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						at an early point (year 9) and also training to staff on the Care Act.
	2.3 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Undertake an options appraisal to ensure further integration of services impacts positively on transitions	September 2019	OMBC / Oldham Cares Susannah Meakin Team Managers	SEND partnership and Children and Young People's Health and wellbeing boards in place – adult and children services represented at these boards. Options appraisal actioned and reported to these boards.	Task is dependent on completion of 2.2
	2.4 Seeks Assurance of Effective Leadership & Partnership Working	Undertake action around predictive modelling work to understand cohorts and levels of need post 14+	March 2019	OMBC / Oldham Cares Susannah Meakin Team Managers	Predictive model in place	Task is dependent on completion of 2.1
	2.5 Ensure Safeguarding Adults is a Key Part of the Integration Agenda					

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Grey: If complete



PRIORITY 3: MAKING SAFEGUARDING PERSONAL						
Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG	
3.1 Raise the Profile of Making Safeguarding Personal	To review and map what currently exists across the partnership for the engagement of service users	June 2018	MSP sub-group Karen Lloyd	KL to complete mapping of existing engagement with service users across the partnership  This commenced October 2018	The MSP subgroup is newly established and the action plan is in the process of being written in order for Board to consider.	
3.2 Raise the Profile of Making Safeguarding Personal	Review and assess findings from the mapping exercise and determine what user groups could be engaged by the OSAB	August 2018	MSP sub-group Chair (Karen Lloyd)	Mapping to be reviewed by sub-group and LB  Sub-group also to review information available on other partnerships and examples of best practise	For Board to consider and agree the MSP subgroup ToR and Action Plan for 2018-2019.	
3.3 Raise the Profile of Making Safeguarding Personal	Undertake an options appraisal for how service user engagement can be undertaken by the OSAB and its sub-groups	September 2018	MSP sub-group Chair (Karen Lloyd)	To be completed by the sub-group and reported to the Executive Board	SP subgroup will work closely and undertake some joint working with the Prevention and Wellbeing subgroup.	
3.4 Promote Participation						

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3.5 Raise the Profile of Making Safeguarding Personal		Undertake action in engaging individual sub-groups with service users	December 2018	MSP sub-group Chair (Karen Lloyd) Input from all sub-groups	MSP sub-group will map how service user engagement will feed into individual sub-groups To be completed by the sub-group and individual sub-group Leads and reported to the Executive Board	SP subgroup will work closely and undertake some joint working with the Prevention and Wellbeing subgroup.
3.6 Promote Participation						
3.7 Raise the Profile of Making Safeguarding Personal		Ensure engagement with service users when required for the individual sub-groups on an ongoing basis	March 2019	MSP Sub-group Chair (Karen Lloyd)	This will be actioned by the sub-group and reported to the Executive Board An action plan can be developed to keep this ongoing by the sub-group and will be continued through sub-group Leads at the Executive Board	Will involve service users and carers in the MSP agenda
3.8						

RAG:

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PRIORITY 4: INTEGRATION & SAFEGUARDING						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	4.1 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	<p>All policy and board arrangements for safeguarding adults transfer to a new Joint Commissioning team which will bring together on an initial co located basis the OMBC and CCG commissioning and quality services.</p> <p>The local authority's statutory requirements in relation to safeguarding as set out in the Care Act 2014 (and Mental Capacity Act 2005) continue to be the responsibility of the DASS, with the integration of safeguarding arrangements built into the Safeguarding Adult Board three year strategy and twelve month business plan. Monthly meetings between the DASS and the independent chair of the board will provide additional assurance around integration and safeguarding.</p>	From April 2018 onwards	Oldham Cares Strategic Commissioning Function – Helen Ramsden	<p>Teams collocated at Ellen House (April 2018)</p> <p>Discussion around roles and responsibilities (May 2018)</p>	Integration plans and co-location arrangements have been successful.
	4.2 Ensure Safeguarding Adults is a Key Part of the	Opportunities to improve safeguarding performance, activity and processes arising from colocation are identified and acted upon, in the best interests of the	Ongoing	Oldham Cares Strategic Commissioning Function – Helen		Safeguarding Training for Cluster Leads will be delivered in

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Integration Agenda	partnership, and with Making Safeguarding Personal at the core.		Ramsden		June 2019
	All newly develop contractual requirements and specifications, for jointly commissioned services, reflect responsibilities of both commissioners and providers in relation to safeguarding	Ongoing	Oldham Cares Strategic Commissioning Function – Helen Ramsden	<p>Planning in progress for new jointly commissioned contracts for care home placements, care at home and extra care housing, to be implemented from April 2019.</p> <p>New contract clauses and specifications include safeguarding requirements – July 2018</p> <p>Associated monitoring tools reflect contractual safeguarding requirements – December 2018</p>	This task is dependent on completion of 4.2
	Activity relating to safeguarding and quality concerns in care homes is improved leading to improvements in outcomes, by benefiting from co-located expertise working in a more co-ordinated way	Ongoing	Oldham Cares Strategic Commissioning Function – Helen Ramsden		This task is dependent on completion of 4.2
4.3 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Mental Health Integration: health & social care have been integrated for a number of years, but the precise structure continues to be reviewed and will be further linked to the primary care clusters as part of overarching integration of Oldham Cares.	March 2019	OMBC / Oldham Cares Susannah Meakin	<p>Identification of revised system and data arrangements.</p> <p>Updated training timetable.</p>	This task is dependent on completion of 4.2

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	4.4 Seeks Assurance of Effective Leadership & Partnership Working	<p>A Mental Health Review was undertaken in 2017 and improvements to safeguarding were identified as a key area, with specific requirements for data improvements and training.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>				
	4.5 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	<p>Learning Disability services integration – the service, collocated in October 2017 will, through a workforce redesign, be a single line managed service, with PCFT as lead provider. An audit of safeguarding practise will be undertaken and appropriate training and guidance provided to ensure statutory responsibilities are met.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>	Ongoing	Oldham Cares Susannah Meakin	Teams co-located from October 2017. Recruitment ongoing.	This task is dependent on completion of 4.2

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	4.6 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	<p>There will be 5 clusters in place from July 2018, the clusters will consist of health and social care staff. Cluster based working across health and social care will ensure those Oldham residents at risk of harm in the community are supported with a person centred integrated approach. Ensuring making safeguarding personal is central to good practice.</p> <p>Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.</p>	April 2018	<p>Oldham Cares &amp; PAHT</p> <p>Jayne Ratcliffe &amp; Susannah Meakin</p>		All Cluster teams have been co-located. East, West, South and Central community cluster teams were located in October. North team was the final team was co-located on 22 October.
	4.7 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	<p>The Social care Lead at the hospital will raise the profile of the safeguarding adult's agenda across all hospital wards. This includes working with health colleagues to identify pathways to the Integrated Discharge team (IDT). Safeguarding Adults will be highlighted as one of the pathways to ensure the patients are referred to the team is a safeguarding concern is identified</p> <p>The integration activity will seek to ensure</p>	March 2019	<p>Oldham Cares &amp; PAHT</p> <p>Jayne Ratcliffe &amp; Tabatha Darmon</p>	<p>The Social Care Lead for the Integrated discharge team has also undertaken the safeguarding training. Audit of the pathways to take place.</p> <p>A business analyst is working with the Adult Social Care element of the Multi Agency Safeguarding Hub (MASH) to identify the links between the MASH and the clusters, MASH and the Integrated Discharge team based at the hospital</p>	This action is dependent on completion of the safeguarding review.

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	4.8 Seeks Assurance of Effective Leadership & Partnership Working	safeguarding (including referrals, responses, communication with those involved) continues to be prioritised Monthly meetings between the DASS and the independent chair of the board will provide additional assurance.			and MASH and QASH.	
	4.9 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Ensure all social care staff receive the two-day mandatory safeguarding training from April 2018	April - Sept 2018	Oldham Cares Karen Lloyd Janine Campbell Sue Massell Sui Yip Andrea Buckley Wendy Stevens	Training take-up updates	Simon will provide SAM training on 21st and 31st January at the Development Academy
	4.10 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	Audit of the impact of integration on the safeguarding agenda in Oldham	Sept 2018	Oldham Cares	There is potential for the Policy, Procedures & operational Sub-Group to support in providing tests and questions that support the audit	This action is dependent upon completion of the Safeguarding Review.

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Grey: If complete

PRIORITY 5: DOMESTIC ABUSE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	5.1 Focus on Safety & Wellbeing	Mapping the victim a pathway building on what is there already. Identifying what is available and offered to victims under the categories of High, Medium and Low.  Identify gaps in the support offered to specific groups	June 2018	DVSP Bruce Penhale	Report summarising pathways and provision by cohort, and identifying gaps	Draft Domestic Abuse Action Plan update as Draft on July 2018
	5.2 Focus on Safety & Wellbeing	Look how support publicised and made available to the public, link in to the website.	June 2018	DVSP Bruce Penhale	Report summarising communications and awareness raising activity	This action is dependent upon the completion of 5.1
	5.3 Focus on Safety & Wellbeing	What are the links with the smaller groups, how are they utilized and how is the service quality assured	June 2018	DVSP Bruce Penhale	Report summarising community group provision, their utilisation, linkages, and quality assurance	This action is dependent upon the completion of 5.1
	5.4 Focus on Safety &	Review Strive: What happens in relation to Strive (GM volunteer-based	TBC	DVSP	Report outlining results of first cluster roll-out and proposals for	

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	Wellbeing	model) and make sure it continues. The Major's office has agreed 3 years funding For Strive to continue. There will be a Commission for a single organisation to roll out the volunteer model. This will be done in clusters with the first in Trafford, Stockport and Wigan, and Oldham included in the second Cluster		Bruce Penhale	Oldham implementation, including linkage to the partnership offer and the Intensive Support Early Help Team	This action is dependent upon the completion of 5.3
	5.5 Focus on Safety & Wellbeing	Evaluation of the Victim Champions Network and Community Connectors Projects.	June 2018	DVSP Bruce Penhale	Evaluation Report	This action is dependent upon the completion of 5.1
	5.6 Focus on Safety & Wellbeing	Evaluation of Project Choice – This will have its own evaluation next year. A full evaluation will be undertaken GM Level	Nov 2018	DVSP Bruce Penhale	Evaluation Report	This action is dependent upon the completion of 5.1
	5.7 Focus on Safety & Wellbeing	Understand honour-based violence, FGM and forced marriage in Oldham – how prevalent, how is it recorded and reviewed.	March 2019	DVSP Bruce Penhale	Briefing	This action is dependent upon the completion of 5.1
	5.8 Focus on Safety & Wellbeing	To develop Multi-Agency Guidance which incorporates minimum standards Look at a multi-agency policy or guidance around domestic violence (incorporating Adult Social Care)		DVSP Bruce Penhale		There remains an open invitation to other stakeholders

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Grey: If complete

						across the borough and other organisations may be invited to attend for specific work streams or activity
	5.9 Focus on Safety & Wellbeing	To develop a task and finish group to look at data and performance management.	April 2018	DVSP Bruce Penhale		This action is dependent on completion of 5.8
	5.10 Focus on Safety & Wellbeing	Monitor and evaluation of the Reframe Project (MMU commissioned)	December 2018	DVSP Bruce Penhale	Formal Evaluation Report	This action is dependent on completion of 5.8
	5.11 Focus on Safety & Wellbeing	Map current tools of assessment for victims, perpetrators and children. Identify any differences in assessment tools resulting in potentially different offers and thresholds. To task to individuals within each service to look at and report back, information then be collated together.	31/3/2018	DVSP Bruce Penhale		This task is dependent on completion of 5.1
	5.12 Focus on Safety &	Identifying roles and responses across	30/6/2018	DVSP		The Partnership

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	Wellbeing	all agencies at standard/medium and high risk.		Bruce Penhale Wendy Stevens Janine Campbell		will meet on a bi-monthly basis. In the event of a specific issue arising which requires discussion or activity an extraordinary meeting will be convened.
	5.13 Focus on Safety & Wellbeing	Developing a Multi-Agency Triage model that appropriately links to MASH	30/09/2018	DVSP Bruce Penhale Wendy Stevens Janine Campbell	Recommendations and options paper	This action is dependent on completion of the safeguarding review.

#### PRIORITY 6: PREVENT

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	Strategic Priority Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	6.1 Seeks Assurance of Effective Leadership & Partnership Working	Annual report on Prevent to Safeguarding Adults Board	May 2018	Prevent Steering Group, Bruce Penhale	Annual Report	The Prevent Steering Group has been reconstituted with a wider remit as the Preventing Extremism and Promoting Social Cohesion Steering Group.
	6.2 Focus on safety and wellbeing	Support the Greater Manchester rollout of Operation Dovetail (local authority led approach to Prevent safeguarding which was piloted in Oldham)	March 2019	Prevent Steering Group, Bruce Penhale	Update April 2018 GM working group established with Oldham involvement Agreement with Home Office to commence 6 month GM pilot in September 2018 Agreement in principle to TUPE Oldham Channel Co-ordinator into team	There has been a lot of progress in the rollout of the Operation Dovetail pilot (local authority led approach to Prevent) across Greater Manchester. This will go live in January 2019.
	6.3 Promote participation	Undertake programme of engagement activity to build community	March	Prevent Steering Group, Bruce	Update April 2018	This task is dependent on

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		understanding and confidence in Prevent	2019	Penhale	Consultation event undertaken with VCF sector on GM Commission on challenging extremism and promoting social cohesion 21/3/18	completion of 6.2
	6.4 Focus on safety and wellbeing	Staff in partner organisations trained on Prevent in order to understand their responsibilities for safeguarding	March 2019	Prevent Steering Group, Bruce Penhale	Update April 2018 During 2017/18 17 WRAP sessions held attended by 521 people. 8 further sessions scheduled for April – July 2018 300 staff attended Prevent session at Council staff conference January 2018	This task is dependent on completion of 6.2

SUB GROUP 1. : OPERATIONAL, POLICY & PROCEDURE						
Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence	

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Grey: If complete

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1.1.1 Focus on Safety & Wellbeing	To review the revised safeguarding procedures and materials, with a focus on implications for wider multi-agency policies, and any required adaptations as health and social care integration continues	Ongoing	Operational Subgroup Janine Campbell	Review paper summarising reflections and recommendations	The Operational subgroup are currently reviewing the ADASS PIPOT policy and devising a multi-agency PIPOT procedure.	Green
1.1.2 Focus on Safety & Wellbeing	To review any multi agency policies and procedures as agreed by the SAB.	Ongoing	Operational Subgroup Janine Campbell	The Person in a Position of Trust is the policy and procedure currently being reviewed	Since the last board meeting, the Operational subgroup has met and reviewed the 1st drafts of each policy. Further work needs to be completed now on the policies as well as clarification within agencies on the roles and responsibilities of individual agencies.	Green
1.1.3 Focus on Safety &	To ensure collaboration with the relevant subgroups in order to publicise	Ongoing	Operational		The subgroup is	Amber

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	Wellbeing	new policies and agree any learning requirements.		Subgroup Janine Campbell		also devising a self-neglect policy which will sit alongside a Multi-agency Risk Management protocol.
	1.1.4 Focus on Safety & Wellbeing	The Subgroup will discuss operational topics and areas for development. Any potential organisational concerns will be escalated to the executive subgroup as will any barriers to improving outcomes for adult at risk in Oldham.	Ongoing	Operational Subgroup Janine Campbell	Exception and highlight reporting	This task is dependent on completion of 1.1.2

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SUB GROUP 2 : PERFORMANCE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	2.1.1 Seeks Assurance of Effective Leadership & Partnership Working	Finalise four performance indicator suites, to illustrate and track the breadth of safeguarding adults activity undertaken across the partnership	May 2018	Performance Sub Group Matt Drogan (Chair)	Four Performance Indicator documents	The Sub Group has started to scrutinise the four performance indicator suites at its quarterly meetings
	2.1.2 Seeks Assurance of Effective Leadership & Partnership Working	Support the OSAB in the development of a 2018/2019 Performance Dashboard	May 2018	Performance Sub Group Matt Drogan (Chair)	Agreed Performance Dashboard indicator list	The Sub Group is on track with regards to delivering actions outlined of the Business Plan for 18/19
	2.1.3 Seeks Assurance of	Provide a Performance Report reflecting	July 2018	Performance Sub	Q4 Performance report	Action linked to

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	Effective Leadership & Partnership Working	2017/2018 Q4 activity		Group Matt Drogan (Chair)		completion of 2.1.2
	2.1.4 Seeks Assurance of Effective Leadership & Partnership Working	Provide a summary of 2017/2018 performance data for the Annual Report	July 2018	Performance Sub Group Matt Drogan (Chair)	Annual Performance report	Task linked to completion of 2.1.1
	2.1.5 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q1	Sept 2018	Performance Sub Group Matt Drogan (Chair)	Q1 Performance Dashboard and report	Task linked to completion of 2.1.2
	2.1.6 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q2	Nov 2018	Performance Sub Group Matt Drogan (Chair)	Q2 Performance Dashboard and report	Task linked to completion of 2.1.2
	2.1.7 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q3	Mar 2019	Performance Sub Group Matt Drogan (Chair)	Q3 Performance Dashboard and report	Task linked to completion of 2.1.2
	2.1.8 Seeks Assurance of Effective Leadership & Partnership Working	Works with the Audit and Scrutiny Sub Group Chair to determine appropriate areas for audit based on what data is indicating	Quarterly	Performance Sub Group Matt Drogan (Chair)	Audits identified and undertaken by Audit and Scrutiny Sub Group	Task is dependent on completion of 2.1.1

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SUB GROUP 3: PERFORMANCE						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG
	3.1.1 Seeks Assurance of Effective Leadership & Partnership Working	Finalise four performance indicator suites, to illustrate and track the breadth of safeguarding adults activity undertaken across the partnership	May 2018	Performance Sub Group Matt Drogan (Chair)	Four Performance Indicator documents	Green
	3.1.2 Seeks Assurance of Effective Leadership & Partnership Working	Support the OSAB in the development of a 2018/2019 Performance Dashboard	May 2018	Performance Sub Group Matt Drogan (Chair)	Agreed Performance Dashboard indicator list	Amber
	3.1.3 Seeks Assurance of Effective Leadership & Partnership Working	Provide a Performance Report reflecting 2017/2018 Q4 activity	July 2018	Performance Sub Group Matt Drogan (Chair)	Q4 Performance report	Green
	3.1.4 Seeks Assurance of Effective Leadership & Partnership Working	Provide a summary of 2017/2018 performance data for the Annual Report	July 2018	Performance Sub Group Matt Drogan (Chair)	Annual Performance report	Green
	3.1.5 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q1	Sept 2018	Performance Sub Group Matt Drogan (Chair)	Q1 Performance Dashboard and report	Amber

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	3.1.6 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q2	Nov 2018	Performance Sub Group Matt Drogan (Chair)	Q2 Performance Dashboard and report	
	3.1.7 Seeks Assurance of Effective Leadership & Partnership Working	Deliver a Performance Dashboard and accompanying Performance Report for the OSAB for 2018/2019 Q3	Mar 2019	Performance Sub Group Matt Drogan (Chair)	Q3 Performance Dashboard and report	
	3.1.8 Seeks Assurance of Effective Leadership & Partnership Working	Works with the Audit and Scrutiny Sub Group Chair to determine appropriate areas for audit based on what data is indicating	Quarterly	Performance Sub Group Matt Drogan (Chair)	Audits identified and undertaken by Audit and Scrutiny Sub Group	

#### SUB GROUP 4: QUALITY ASSURANCE & AUDIT

Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence
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	4.1.1 Seeks Assurance of Effective Leadership & Partnership Working	Review the Terms of Reference for the Quality Assurance and Audit sub-group, updating where required	July 2018	QA & A Sub Group Lia Chelminiak	Confirmed or updated Terms of Reference	Task completed A deep-dive review request is being submitted by the Performance Sub Group in relation to a specific area of interest arising from the latest quarterly performance review.
		Develop a core set of products and tools for the audit of cases and assessment and assurance of quality in safeguarding activity undertaken across the partnership	July 2018	QA & A Sub Group Lia Chelminiak	Set of products and tools, to be defined	Task completed
		Ensure the delivery and completion of the Safeguarding Peer Review with Stockport.	July 2018	QA & A Sub Group Lia Chelminiak	Oldham Peer Review Report, plus an overall report summarising findings from both Oldham and Stockport	Task completed
		Complete the delivery of a safeguarding case file audit around the theme of Domestic Abuse	July 2018	QA & A Sub Group Lia Chelminiak	Case file audit findings report	Task completed

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		Undertake a safeguarding case file audit around the theme of execution of new policy and procedures	Sept 2018	QA & A Sub Group (TBA)	Case file audit findings report	This task is dependent on completion of the Safeguarding Review
	4.1.2 Seeks Assurance of Effective Leadership & Partnership Working	Undertake a safeguarding case file audit around the theme of MSP	Nov 2018	QA & A Sub Group (TBA)	Case file audit findings report	MSP and prevention audits are being explored through the relevant sub groups
		Undertake a safeguarding case file audit around the theme of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS)	Jan 2019	QA & A Sub Group (TBA)	Case file audit findings report	The next planned audit round focus is mental capacity.
		Undertake a safeguarding case file audit around the theme of prevention & wellbeing	March 2019	QA & A Sub Group (TBA)	Case file audit findings report	This task is dependent on completion of 4.1.1

#### SUB GROUP 5: WORKFORCE DEVELOPMENT

Strategic Objectives	Key Actions	Date	Lead Body &	Evidence of Action Taken and	Progress and
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RAG:

**Green:** if on or better than target

**Amber:** if worse than target, but within an acceptable tolerance level

**Red:** if worse than target, and below an acceptable tolerance level

**Grey:** If complete

	Linkage			Representative	Date	Evidence RAG
	5.1.1 Focus on safety and wellbeing	To raise awareness of and embed the multi-agency Safeguarding Adults Policy, Procedures and practice Guidance		All partner organisations Sue Massel Wendy Stevens	April 2018 – policy, procedures and practice guidance was signed off by senior managers and Board	Task is dependent on the Safeguarding Review
		To raise awareness of the National Competency Framework for Safeguarding Adults and the Mental Capacity Act		All partner organisations Karen Lloyd	Briefing to be written to support the implementation of the frameworks across the partnership	To be reviewed following the safeguarding review
	5.1.2 Ensure Safeguarding Adults is a Key Part of the Integration Agenda	To review the SA multi-agency training strategy to ensure all partners are aware of learning and development priorities		All partner organisations	An update of the training strategy to be completed by May Board	Safeguarding/MSP and MCA training, is also dependent on linkages with the Safeguarding Review for direction
	5.1.3 Seeks Assurance of Effective Leadership & Partnership Working	To develop a robust evaluation of all safeguarding adults learning and development across the partnership		Members of the SA WD subgroup with the support of the Performance subgroup		This task is dependent on 5.1.2
		To develop a recording procedure to capture how partnership organisations ensure their workforce is competent in		Members of the SA WD subgroup with the support of the Performance		Task is depended on implementation of training programmes

RAG:

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Red: if worse than target, and below an acceptable tolerance level

Grey: If complete

		safeguarding adults work		subgroup		
		To ensure that commissioned enhanced training is multi-agency in approach and relevant people in specific roles attend training once every 3 years		Karen Lloyd	Enhanced training has been commissioned and pilot sessions have been arranged and will be evaluated	Plan for delivering a one-off piece of Safeguarding training for SAMs  Will include all Service Managers and equivalents (Custer Leads – inc. Health Cluster Leads), Team Managers and equivalents (Social Care Leads), and Senior Practitioners
SUB GROUP 6 : PR & COMMS						
	Strategic Objectives Linkage	Key Actions	Date	Lead Body & Representative	Evidence of Action Taken and Date	Progress and Evidence RAG

RAG:

Green: if on or better than target

Amber: if worse than target, but within an acceptable tolerance level

Red: if worse than target, and below an acceptable tolerance level

Grey: If complete

		To develop a multi-agency brand for the board; promoting its purpose. Initially this will be through revision of the website		PR & Comms Sub Group		The Corporate team are now in a position to support the Board as outlined in the Business Plan
	6.1.1 Raise the Profile of Making Safeguarding Personal Raise the Public Profile of Adult Safeguarding Promote Participation	Develop a joint (between Children's and Adults) safeguarding communications and engagement strategy based on the three-year strategies, identifying key stakeholder groups, communication priorities, and identifying preferred communication channels (of which, online is expected be one). This will include scope to respond to communications needs that emerge throughout the period, from the Board and sub groups		PR & Comms Sub Group		Potentially some funding could be identified from the Adults budget, and Lisa Morris suggested this could be considered for Children's also depending on what sort of outputs being suggested.
		Develop joint safeguarding board branding based on the values and vision etc. outlined in the Strategies		PR & Comms Sub Group		All options have been costed at around £19,000,
		Develop a joint website, using the branding, and structured to facilitate the communications priorities outlined in the strategy  Explore potential for linking a public site with a portal arrangement for specified		PR & Comms Sub Group	Agreement has been obtained that having a safeguarding page for the group would be a positive move. This needs to be agreed by our organisations.  Costs have been obtained to	Meetings have been held to outline the key actions and activities around the Comms Strategy branding,

RAG:

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Grey: If complete



		<p>members to access shared resources</p> <p>Incorporate web analytics into the site design, to enable tracking of access and use of site pages, and review as required</p>			<p>create a shared safeguarding landing page with the LSCB, which will provide a platform for us to build from.</p>	<p>website, and how the GMP Apprentice could be supported and incorporated into the work.</p>
		<p>Development of communication materials, as required, in appropriate formats as per the Strategy</p>		<p>PR &amp; Comms Sub Group</p>		<p>Head of Comms for Oldham Council advised the Corporate team could now be in a position to support the Board as outlined</p>

RAG:

Green: if on or better than target

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## **Report to HEALTH AND WELLBEING BOARD**

# **Local Safeguarding Children's Board Annual Report 2017-18 and Business Plan 2018-19**

### **Portfolio Holder:**

Councillor Chadderton, Cabinet Member for Children's Services

**Officer Contact:** Lisa Morris – LSCB Business Manager

**Report Author:** Lisa Morris – LSCB Business Manager

**Ext. 1524**

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**26 March 2019**

### **Purpose of the Report**

The purpose of the report is to present the Local Safeguarding Children's Board (LSCB) annual report 2017-18 and 2018-19 Business Plan to the Health and Wellbeing Board for information.

### **Executive Summary**

The Local Safeguarding Children's Board (LSCB) has a statutory responsibility under Section 14 of the Children's Act 2004 to co-ordinate the safeguarding activity of agencies within the local area and to ensure the effectiveness of this activity for the purposes of promoting the safety and wellbeing of children and young people.

### Annual report 2017-18

Working Together 2015 requires that LSCBs must publish an annual report which provides an assessment of the performance and effectiveness of local services in their safeguarding activity.

Within this 2017-18 annual report the LSCB details the partnership's safeguarding activity over the 12 month period and assesses the impact of this activity against the LSCB's strategic plan for 2015-2018.

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The report concludes by identifying the strategic safeguarding priorities for the next three year period 2019-2021. These are:

1. Domestic Abuse
2. Complex and Contextual Safeguarding
3. Children not accessing education including elective home education
4. Transitions
5. Understanding the impact of trauma on children and young people
6. Child's lived experience

### Business Plan 2018-19

Guided by the priorities outlined in the Strategic Plan 2019-2021 the LSCB produces an annual business plan that defines the actions to be undertaken in year one to support the achievement of our aims by the end of year three.

The attached business plan is the Q4 version highlighting the activity undertaken in each of the priority areas.

It is worthy of note that the LSCB has commissioned a large number of Serious Case Reviews during this 12 month period which has impacted, in terms of capacity, on the ability to progress some of the actions to the desired stages. As such the LSCB has agreed to carry some of the actions over into the 2019-20 business plan, which is due to be signed off by the Board on 21 March 2019.

### **Recommendations/Requirement from the Health and Wellbeing Board**

To note the annual report 2017-18 and Business Plan 2018-19 and provide appropriate challenge where required.

# OLDHAM LOCAL SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2017-18



This Annual Report is a public document.

It can be accessed on the website of Oldham Local Safeguarding Children Board:

[https://www.oldham.gov.uk/lscb/info/1/about\\_the\\_board](https://www.oldham.gov.uk/lscb/info/1/about_the_board)

Approved by Oldham LSCB on 25 October 2018

Independent Chair: Dr Henri Giller

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Date of publication: 6 December 2018

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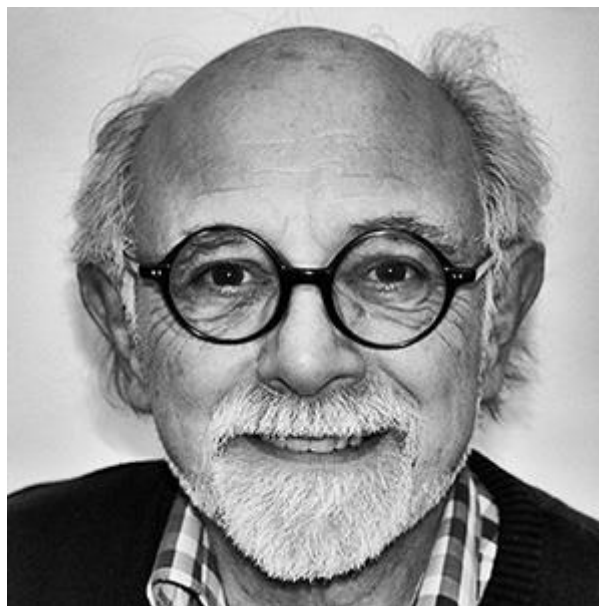
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# Foreword

Welcome to the 2017-18 annual report from the Oldham Local Safeguarding Children Board. The report overviews the activities of the Partnership over the 12 month period and also marks the end of the three year business strategy of the Board which has been progressed since 2015. Both aspects merit comment.

With respect to the 12 month period, clearly the Partnership has been fully occupied progressing a range of key and current safeguarding issues, reaching into the diverse communities in Oldham to communicate the message of the importance of safeguarding children. The reach of the Partnership now clearly extends far beyond the traditional focus of protecting children within intra-familial settings and is exceedingly active in what is termed contextual safeguarding - ie in issues relating to sexual exploitation, peer on peer abuse and the engagement in criminal activity. The ability of the Partnership to be agile in its response to emerging forms of child exploitation will be an important dimension of effective practice in the future



A key characteristic of the partnership's work over the past 12 months has been its ability and willingness to challenge current practice and transparently evaluate its effectiveness. In several critical areas this has led to the Partnership determining that change is required and has put in place processes to change and improve on present performance. On issues such as assessment of safeguarding need, learning from serious case reviews, children missing education and children whose needs will endure through the transition to adulthood work is now on-going to seek significant improvements in performance.

With respect to the impact of the board's three year strategy, clearly the Partnership has matured over time and now has a major role in shaping the safeguarding agenda of its constituent agencies. The changes introduced to the structure of the Board by the strategy – the Executive and the various sub-groups of the Board – have enabled the Board's business priorities to be discharged more effectively and to review and revise safeguarding priorities as new needs emerge.

As the report comments, the future shape of the governance of safeguarding children in Oldham will be the subject of a review during the business year 2018-19. We do not as yet know what that structure will look like or how it will discharge its responsibilities. The current Partners, however, are committed to transparent and participative partnership working across their membership and the continuation of working relationships which effectively safeguard the children and young people of Oldham.

A handwritten signature in black ink, appearing to read 'H. Giller'.

Dr Henri Giller

Independent Chair of Oldham Local Safeguarding Children Board



# 1 Purpose of the annual report

The purpose of the annual report is to evaluate the effectiveness of the safeguarding arrangements for children and young people in Oldham. This report, which covers the period from April 2017 to March 2018, sets out the effectiveness of the Local Safeguarding Children Board (LSCB) in carrying out its statutory core functions and the progress made against its three year strategy (2015-2018).

Working Together to Safeguard Children 2015 states that,

*“The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.....The report should provide a rigorous and transparent assessment of the performance and effectiveness of local services. It should identify areas of weakness, the causes of those weaknesses and the action being taken to address them as well as other proposals for action. The report should include lessons from reviews undertaken within the reporting period.....The report should be submitted to the Chief Executive, Leader of the Council, the local police and crime commissioner and the Chair of the health and well-being board.”*

## 1.1 LSCB Statutory Responsibilities

Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

- (a) to coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
- (b) to ensure the effectiveness of what is done by each such person or body for those purposes.

## 1.2 Oldham LSCB

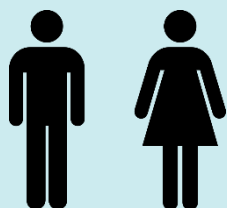
The Board effectively executes its role by working in partnership with both statutory and non-statutory organisations, all of whom have a role to play in safeguarding children and young people. The Board delivers the following core functions, in addition to key priorities that are identified within the three yearly strategic plan and reviewed on an annual basis:

- Policy and Procedures
- Serious Case Reviews
- Audit and Scrutiny
- Multi Agency Training
- Managing allegations against professionals
- Private Fostering

## 2 Oldham's Context

### If Oldham had 100 Children and Young People

51 would be boys, 49 would be girls



56 would be White British and Irish. 19 would be Pakistani Asian and 14 would be Bangladeshi Asian. 1 child would be Black, at least one of whom would be Black African.

4 would be Children in Need. Less than 1 would be Looked After and less than 1 would be subject to a Child Protection Plan

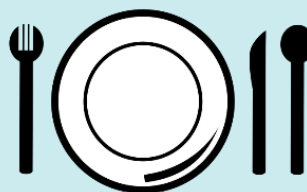
Less than 1 would be at risk of Child Sexual Exploitation.

27 would be living in poverty, even before any housing costs are taken into consideration.

20 would be living in workless households.

15 would have a special educational need. 3 would have an Education, Health and Care plan, most probably for Speech, Language and Communications Needs.

18 would be eligible for free school meals



Out of 10 children in reception, 1 would be obese and 2 would be overweight. Out of 10 children in Year 6, 2 would be obese and 3 would be overweight.

Out of 5 five year olds, 1 would have one or more decayed, filled or missing teeth.

# 3 National and Regional Context

## Working Together and new safeguarding arrangements

Following Alan's Wood review of Local Safeguarding Children's Boards (May 2016), the Children and Social Work Act 2017 includes the following recommendations arising from the review:

- A new model of accountability for safeguarding children, placing equitable responsibility on three safeguarding partners: Local Authority, Police and Health. This including a duty on these partners to work together and with any relevant agencies identified with a role in safeguarding and promoting the welfare of children
- A new system of local and national reviews which will replace Serious Case Reviews
- Transfer of responsibility for child death policy from Department for Education to Department of Health.

Oldham LSCB took part in the national consultation in relation to the new Working Together guidance, which is due to be published in Spring 2018 and have started discussions locally and across Greater Manchester about the new safeguarding arrangements for Oldham.

The proposed arrangements and subsequent implementation will be a key focus for the Board in 2018/19.

## Police and Crime Plan

In May 2017 Greater Manchester elected Andy Burnham as the Mayor with responsibility for the work of the Greater Manchester Combined Authority (GMCA). The Mayor also supports the work deputy mayor for policing and crime who in June 2017 was announced as Baroness Beverley Hughes.

Following the broadcast of the "Three Girls" documentary in July 2017 which documented the story of child sexual exploitation in Rochdale the Mayor's office commissioned an independent review into Greater Manchester's response to Child Sexual Exploitation. Oldham LSCB is involved in this assurance exercise alongside other Greater Manchester LSCBs.

The Police and Crime Plan, "Standing Together" was launched in March 2018 and identifies three key priorities: 1. Keeping people safe, 2. Reducing harm and offending and 3. Strengthening communities and places. Priority 1 identifies safeguarding children as a key area of focus for 2018, and specifically transitions, complex safeguarding, missing children, female genital mutilation and so called honour based abuse.

All of these areas are echoed as priority areas for Oldham LSCB over the next three years.

## 4 LSCB Core Business

### 4.1 Policies and procedures

Oldham LSCB continues to support the development and revision of Greater Manchester Safeguarding policy and procedures which are reviewed by the Greater Manchester policy and procedures subgroup three times per year. These can be accessed via the LSCB website. The chair of Oldham's policy and procedures subgroup along with the LSCB business manager are members of the Greater Manchester subgroup ensuring that professionals in Oldham are instrumental in the refresh of policies and procedures. Oldham's policy and procedures subgroup has also agreed to lead on the review of the Greater Manchester pre-birth assessment policy following learning obtained locally from Serious Case Reviews.

Within Working Together 2015 it states that,

*“Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance.”*

The policy and procedures subgroup of the LSCB lead on the refresh on Oldham's local assessment protocol during 2017-18 ensuring that the document offers clarity for both practitioners and members of the public. The refreshed document is available on the LSCB website.

A key area for improvement identified within a number of serious case reviews and multi-agency audits has been a lack of professional challenge and escalation from partner agencies. In order to strengthen this partner responsibility the group updated and recirculated the escalation policy, tightening the timescales and providing clarity about the requirements at each stage of an escalation. This is being supported by the development of multi-agency training which is being developed by the Board's training subgroup. In order to evaluate the impact of the refreshed policy and newly developed training the Board manager has created an escalations spreadsheet which will allow the LSCB Executive Board to review the number and type of escalations being raised by agencies in Oldham.

Following the completion of the Thematic Review by the Serious Case Review Subgroup (more detail of which can be found in Section 4.2.1) it was noted that

recurrently assessments lacked professional curiosity and were not holistic in their approach. As a result the group developed a recommendation for the Board that a multi-agency model of assessment needed to be explored. The policy and procedures subgroup agreed to lead on this piece of work which coincided with Children's Social Care's exploration of a new social work model. An options analysis of different models was presented to the group by the Principle Social Worker and Signs of Safety was

agreed as the preferred model. The group are supporting the introduction of Signs of Safety to ensure that there is multi agency buy in from an early stage.

### What impact has this work had?

- ❖ There has been a notable increase in the number of escalations from partner agencies, all of which have been resolved before requiring the Board's intervention.
- ❖ An escalation relating to Fabricated or Induced Illness lead to a review of local procedures by Children's Social Care and Clinical Commissioning Group.
- ❖ The multi-agency approach to the introduction of Signs of Safety will ensure that partners are fully engaged in this approach leading better co-ordinated, more holistic responses to children and families.

## 4.2 Learning and Improvement

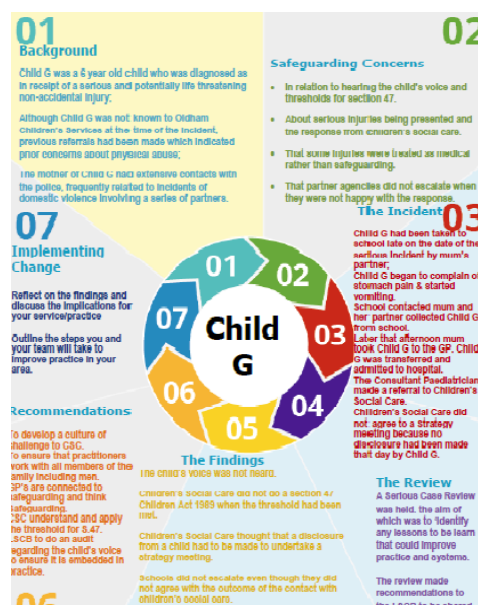
This is a key function of the LSCB and Oldham perform this statutory duty in the following ways:

- Serious Case Reviews
- Multi Agency Concise Reviews
- Multi Agency Training
- Child Death Reviews (Child Death Overview Panel)

### 4.2.1 Serious Case Reviews

During 2017-18 Oldham LSCB published two Serious Case Reviews on Child G and Child H. Both reports can be found on the LSCB website.

#### Child G

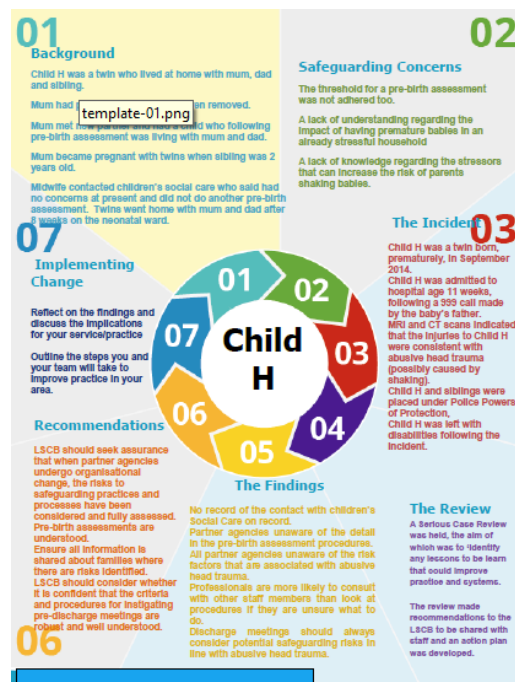


The review into Child G found that his voice was unheard by a range of professionals and that the threshold criteria for Section 47 was not applied. This meant that a comprehensive assessment, considering other agency information, historical risk factors and the male within the family home, was not completed. The review noted that information wasn't shared appropriately between health and social care colleagues leading to safeguarding concerns not being followed up. The reviewer did find that the paediatrician pursued the referral until she received a satisfactory outcome however also noted that other agencies failed to challenge or escalate their concerns relating to Children's Social Care decision making.

The recommendations arising from the review into Child G resulted in the following actions:

- An audit was undertaken into the application of thresholds by Children's Social Care, which found that from 83 cases audited at random only one was deemed to have been closed early when it was clear that the threshold for assessment had been met. A further 7% of the cases that had been identified as requiring further assessment could have been stepped down to Early Help at the front door meaning that the right support would have been offered to the family at an earlier stage. Training has been provided to staff in the Multi Agency Safeguarding Hub (MASH) and ongoing audits of thresholds continue to be undertaken by the Service Manager.
- A section has been added to the LSCB's multi agency case evaluation template to ensure that the voice of the child is audited during the Board's audit work.
- Training has been provided to GPs and Pennine Acute professionals to reflect on the need to share information appropriately, follow up on safeguarding concerns and to take definitive action where concerns remain unresolved.
- Multi Agency training has been updated to reinforce the need for professionals to consider males within the family when undertaking an assessment.
- The Board's escalation policy has been reviewed and relaunched amongst professionals. The Board manager has introduced a process to monitor escalations and report directly into the LSCB Executive Board regarding emerging themes.
- Multiagency workshops on Voice of the child and lived experience have been delivered.

## Child H



The review into Child H found that there was a lack of understanding amongst professionals about the stressors that can increase the risk of parents shaking their babies, particularly within an already stressful household. Pre-birth assessment procedures were not followed despite the fact the threshold had been met and the reviewed identified that the procedures were not fully understood by professionals.

Practitioners admitted that they would often consult colleagues if they were unsure of a procedure rather than accessing the Greater Manchester Policies and Procedures, resulting in incorrect or out of date guidance being provided.

The incident took place during a period of significant organisational change for Children's Social Care which had resulted in a number of contacts in relation to this case not being recorded on the case management system meaning that historical information was not considered in professional's decision making.

Finally there reviewer noted that a pre-discharge meeting was not held prior to the child being returned home which meant that the only plan in place was a referral to neo-natal outreach services.

As a result of the recommendations arising from this case:

- Workshops and audits have been undertaken to improve the knowledge and application of pre-birth assessment procedures.
- All agencies have been asked to provide assurance that staff are signed up to receive notifications relating to GM policy and procedures.
- An appropriate system has been established for Health and Social Care to record if a child has been subject to a child protection plan previously

- The LSCB continued to receive regular updates relating to the implementation of the Multi Agency Safeguarding Hub (MASH) in order to ensure that any implications for safeguarding were able to be considered in a multi-agency forum.
- Partner agencies will now submit reports to the LSCB when undergoing any organisational change that may impact on safeguarding arrangements and practice.
- Special Circumstances Forms have been reviewed and confirmed to be robust in terms of highlighting the need for early help processes
- The Importance of discharge planning & SCR findings has been fed back to Midwifery, Neonates & Paediatric staff and Lessons Learned Bulletin circulated
- The Board has received a presentation from the Assistant Director of nursing and agreed to support a pilot project relating to Abusive Head Trauma alongside other Greater Manchester LSCBs.

#### What impact has this work had?

- ❖ Evidence from the multi-agency case evaluations has indicated that agency's reflections of the child's voice is improving.
- ❖ There has been an increase in the number of escalations being raised by professionals evidencing improved challenge across the partnership
- ❖ Development of safeguarding supervision across Midwifery and Neonatal teams

A workshop to cascade the learning from both reviews was held in April 2017.

#### Thematic action plan

The Serious Case Review subgroup also undertook a thematic review of six previous serious case reviews, two multi agency concise reviews and two multi agency case evaluations in order to identify recurrent learning themes and recommendations. The group highlighted the following themes that were consistent in most, if not all of the above documents:

- 1. Domestic Abuse:** Six of the eight reviews had domestic abuse as a significant feature. Presenting issues related to information sharing and management of notifications of domestic abuse; unclear and inconsistent pathways for the multiagency management of domestic abuse. The SCR subgroup identified the need to develop a clear pathway for children and families experiencing domestic abuse.
- 2. Voice of the child:** In all cases the child's voice and lived experience was not strong. Failing to incorporate and triangulate all information available in a meaningful way to meet the needs of children. The SCR subgroup identified the



need to strengthen the voice of the child and their lived experience in assessments in order to develop plans that recognise and meet their needs.

3. **Application of thresholds:** Several cases identified inappropriate application of thresholds at the “front door” to social care, followed by lack of challenge and appropriate escalation from partner agencies. The SCR subgroup identified the need to confirm appropriated thresholds are being applied to referrals and all agencies are confident to challenge and escalate concerns if they feel thresholds are not being applied correctly.
4. **Vulnerabilities in pregnancy:** In four out of the six Serious Case Reviews babies under one year of age sustained serious non accidental injuries. The SCR panel identified that vulnerabilities during pregnancy are not being fully recognised in order to plan to reduce risk of harm to the baby when born.
5. **Professional curiosity:** Assessments lacked professional curiosity, thereby missing information on household members and wider community issues, and consequently did not always recognise escalating risk. The SCR panel identified that new approaches and contributions to holistic assessments is needed.
6. **Workforce competency:** The review identified on occasions the skills/competency of the workforce did not always match the complexity and needs of the families they worked with. The SCR panel identified that there needs to be competency and supervision frameworks to support frontline practitioners.

The review led to the development of the thematic review action plan which is overseen by the LSCB Executive Board. Actions have been tasked to relevant subgroups of the Board.

#### **4.2.2 Multi Agency Concise Reviews**

The Board also concluded two Multi Agency Concise Reviews which were commissioned following two serious incidents of peer on peer violence.

Both reviews were undertaken independently but identified significant similarities in relation to the perpetrators in these cases. These included a history of domestic abuse, an association with criminality either within the family or the community, displays of harmful attitudes and behaviours and a disturbed school history including multiple exclusions.

One of the reviews identified that whilst parents were aware of some of the behaviours; their influence over the children’s behaviour was eclipsed by the influence of their peers. Furthermore reviewers noted that, in the case of the victim who was bullied over a two year period, his behaviour wasn’t attributed to being the response to being bullied.

These two reviews were instrumental in Oldham’s consideration of the multi-agency understanding and response to Contextual Safeguarding and led to the introduction of

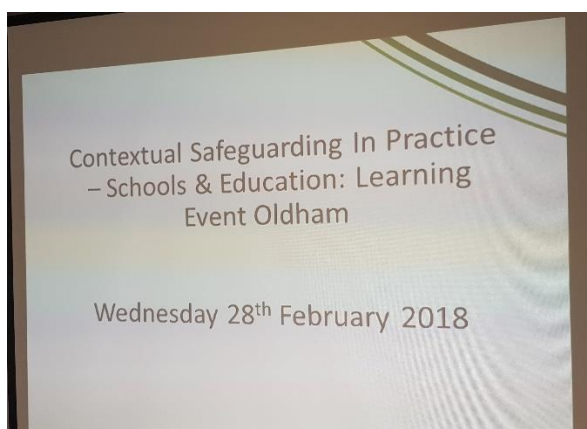
a peer on peer abuse task group to support the implementation of the reviews' recommendations.

As a result of the reviews the following work has been undertaken:

- Mandatory Board member training relating to Contextual Safeguarding was delivered by Dr Carlene Firmin from the University of Bedfordshire
- Missing from Education guidance has been reviewed to ensure that bullying is a consideration when undertaking an assessment regarding truancy and disengagement with education
- Mapping exercise has been undertaken to identify services for troubled teens
- A peer on peer pathway has been developed to support the identification and information sharing of young people involved in peer on peer abuse and to ensure that any assessments of this kind of abuse consider the contextual factors associated with it.
- Development of a domestic abuse training framework for professionals to ensure that staff are receiving the right level of training for the function and level of involvement

As a result of the work that Oldham LSCB has been undertaking in this area of Safeguarding the Board were asked to host the Contextual Safeguarding Network's "Contextual Safeguarding in Schools" conference in February 2018 which was a launch of the Network's "Beyond Referrals" toolkit. The event was well attended by Oldham schools, academies and colleges as well as professionals from other local and national organisations.

Following on from this event three schools within Oldham agreed to pilot the Harmful Sexual Behaviours audit tool, supported by the LSCB team.



#### **What impact has this work had?**

- ❖ Agencies have an greater understanding of peer on peer abuse
- ❖ A clearer pathway for agencies to address concerns relating to contextual safeguarding at the earliest opportunity

### 4.2.3 Multi Agency training

The multi-agency training calendar is refreshed on an annual basis by the training subgroup of the Board. The calendar is underpinned by learning from reviews and case evaluations and continues to offer a diverse menu of safeguarding topics to support practitioners in achieving excellent practice.

During 2017-18 the LSCB delivered extensive training to 1040 professionals across a range of statutory and voluntary sector organisations. Feedback from training courses indicates that the training is very highly regarded and appears to provide clear evidence of learning transfer which is reflected in practice and outcomes for children and families. The training subgroup has developed qualitative means of evaluating the impact of training which will be applied to three courses, chosen by the subgroup each year. The group have piloted the process with the “Domestic Violence and the impact on children” course, from which there is evidence from both practitioners and managers that the course built confidence and knowledge amongst front line practitioners, improved engagement with victims and families and improved referral pathways into specialist services.

Comments from evaluators included:

***“There is clear evidence that attending this training has helped to enhance peoples working practice, clients have benefited from participants referring vulnerable children and victims onto appropriate services, and these include children social care and the IDVA service post course attendance.”***

***“Children have benefited by people using appropriate tools/techniques to hear and support them. This has led to two disclosures and subsequent appropriate referrals.”***

During 2017-18 the subgroup introduced short briefing sessions to complement the courses already available. The briefing sessions, which are between one to two hours in length are intended to pick up on emerging themes from audits and reviews, providing a targeted input to a larger number of professionals. The first of the briefings focused on the “Voice of the Child” was delivered in December 2017 and repeated in February 2018. Four sessions in total were delivered to over 150 professionals from a range of partner agencies. A second briefing relating to “Improving the life chances of looked after children” is planned for May 2018.

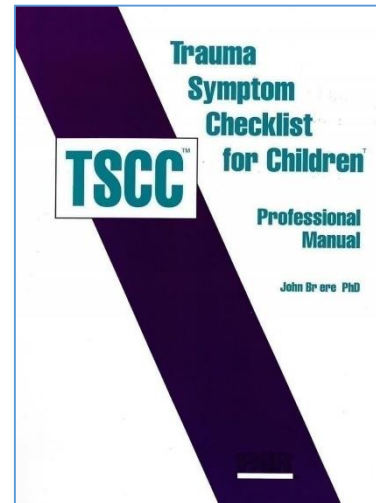
The LSCB training consultant has begun to develop training frameworks in order to ensure that professionals are able to access the correct level of training for their job requirements. The first framework will focus on Domestic Abuse and will signpost professionals to the courses within the Multi Agency calendar that have been identified as required to support their specific professional development. It is also intended to

develop similar frameworks relating to neglect, peer on peer violence and engagement with families.

The training subgroup are leading on a pilot project of the Trauma Symptoms Checklist for Children (TSCC).

The Trauma Symptoms Checklist for Children (TSCC) developed by **Briere, 1996** is a 54-item self-report scale intended for use in assessing trauma related symptoms and has six clinical scales (anxiety, depression, anger, post-traumatic stress, dissociation sexual concerns).

The checklist is designed to be used with children and young people who have experienced traumatic events, including childhood physical and sexual abuse, victimisation by peers (i.e. physical and sexual assault), major losses, the witnessing of violence done to others and natural disasters.



The child is presented with a list of thoughts, feelings and behaviours and is asked to mark how often each thing happens to him/her. Items are rated on a 4 point scale (from 0-never to 3 almost all the time).

Analysed by a clinical psychologist the outcome of the checklist provides professionals with a tailored approach in which to work with and engage a child or young person.

The training subgroup successfully led on a pilot of the TSCC which saw professionals from Children's Social Care, Healthy Young Minds and Youth Justice Service trained to undertake the TSCC with children and young people aged between 8 and 12 years of age who had experienced high levels of trauma.

During the pilot 33 children and young people (10 girls and 23 boys) completed the TSCC.

All staff who undertook the training and completed TSCCs with children and young people unanimously agreed that using a standardised tool helped them to better understand the children's experiences of trauma or distress. The tool enabled them to better advocate for children and by doing this the child's lived experience /voice was heard and validated.

Staff reported an increase in confidence attributed to using the tool and some felt the checklist influenced decision making. This resulted in more appropriate services/responses and smarter planning being offered.

As supervision is a key element in staff development, effective practice and reflection, staff reported that the use of the TSCC enabled them to have a stronger focus on the direct work they were undertaking with children and young people. It enabled cohesive dialogue focused on the child's needs and provided a positive outcome in terms of next steps and appropriate interventions. This coupled with the clinical supervision received provided a framework for professional challenge and development.

Following a presentation to the LSCB in September 2017 partners agreed to a further roll out of the TSCC once discussions had taken place with commissioning colleagues

to understand the current therapeutic offer to children and young people in order to ensure that services can meet assessed needs and there is capacity to meet demand.

#### What impact has this work had?

- Improved means of engagement with children and young people
- Greater understanding of children’s needs in relation to trauma
- Improved supervision and management oversight with these cases

#### 4.2.4 Training for schools and education establishments

In addition to accessing the Multi Agency training calendar, maintained schools, academy and college staff also accessed:

- ❖ Four Designated Safeguarding Lead (DSL) sessions
- ❖ Whole School Training – 42 sessions across 36 schools and academies
- ❖ Three Governor Safeguarding Training sessions

The LSCB also delivers safeguarding sessions to pupils in primary, secondary and further education establishments on topics including consent, radicalisation and online safety.

During 2017-18 the LSCB training officer delivered:

	Primary	Secondary	Further education
Online safety	2640	1350	5750
Radicalisation	625	2775	2500
Sexual consent	-	2850	5750

Utilising funding from the Community Safety Partnership the Training Officer also worked alongside a local third sector organisation, Keeping Our Girls Safe (KOGS) to provide follow up support to pupils after a consent assembly had been delivered. The impact of this will be evaluated during summer 2018.

#### 4.2.5 Child Death Reviews (CDOP)

Oldham continues to work under a tripartite arrangement with Rochdale and Bury to undertake child death reviews.

In Bury, Oldham and Rochdale (BRO) in 2016/17, a total of 69 child deaths were notified and 71 cases were closed across the tripartite. Of these, 22 child deaths notified and 31 cases closed were from Oldham. For the tripartite, this is a 39% increase of the total number of cases closed compared to 2016/17. The number of cases closed is not reflective of the date of death. Cases cannot be closed to CDOP

until all other investigations e.g. Criminal/Coronial/Serious Case Review are concluded.

For Bury, Rochdale and Oldham, 46% of cases closed in 2017/18 included modifiable factors. For Oldham, 35% of cases closed included modifiable factors.

Consanguinity is a recurring theme in a number of deaths across the tripartite. For Oldham, 23% of 31 cases closed showed consanguinity as a feature. This is considerably higher than Rochdale (8% of 26 cases closed) and Bury (14% of 11 cases closed).

In terms of ethnicity, 42% of cases closed in Oldham were White British. 55% of cases closed were BME and 3% of cases were not known.

Within the Greater Manchester CDOP Annual Report, smoking in the household/pregnancy is analysed in depth and it is likely that this will be addressed in the local report. The table below shows the number of cases where smoking is identified as a factor that may have or did contribute to the deaths of infants under 1 year old.

Local Authority	Smoking identified as a factor that may have or did contribute to the death (2 & 3)	Smoking at time of delivery %
Bury	22%	11.6
Oldham	18%	13.3
Rochdale	29%	16.3

Rates of obesity are rising nationally and across GM and so data regarding maternal BMI continue to be gathered from all CDOP's. Again, this is analysed within the Greater Manchester Annual Report for CDOP's and will likely be analysed in local reports. For Oldham, the table below shows the breakdown of maternal BMI categories for cases closed.

BMI Category	Number	Percentage
Underweight (>18.5)	4	13%
Healthy (18.5-24.9)	9	29%
Overweight (25-29.9)	6	19%
Obese (30-39.9)	5	16%
BMI Not Input	7	23%

All trends are explored further through the Greater Manchester Annual Report which will be available on the LSCB website.

## Genetic Counselling pilot project

In order to address Child Death concerns as a result of consanguinity Oldham receives services from Manchester Regional Genetics Service, which is clinical in nature rather than delivered within communities. As such, the provision of additional community focused support was identified as having the potential to improve access to services and outcomes in Oldham. A need for additional resource was identified in Oldham because of its high population of families from South Asian Heritage, in particular of Pakistani origin where there is a tradition of consanguineous marriage.

The pilot project, which ran from January 2016 to March 2018, was designed to provide a genetic counselling service for at risk families in Oldham, training and development for health and social care professionals to provide advice and information to clients. It also sought to increase the uptake of universal services and raise knowledge in communities affected by consanguinity about the associated risks, including the adoption of available communication tools for professionals working with affected families and communities.

An evaluation of the project in November 2017 highlighted:

- Increase in referrals between April 2016 and June 2017;
  - 36 families referred into the outreach service through community agencies
  - 12 families referred into the genetics counselling service
- Almost 100% attendance reported at the genetics counselling service, previously those not attending appointments (DNAs) could be as high as 50% - the improvement is attributed to the introduction of a telephone support and reminder system.
- Eighteen training sessions delivered to front line staff totalling 177 people trained.
- 143 multi-agency partners working to improve awareness.
- Twenty four families receiving ongoing support post genetic counselling (this includes families rolled over from previous year).
- Outreach is targeted in areas with populations at high risk of inherited illness. Fortnightly drop-ins are established in Werneth and Glodwick Primary Care Centres which consist of 13 GP practices and community services situated within the South Asian Community.

The evaluation noted that there still remain some sensitivity within the local community and work is needed with key community leaders to enlist their support to reassure the community that this service is not a challenge to tradition or religious beliefs or cultural practices.

The Interim Director of Public Health has concluded that eighteen months is not a long enough period of time to quantify the benefits from this type of outreach service, however a clear need has been identified, and the service has demonstrated its ability to respond to this need and achieve some positive outcomes. Further funding has been identified to continue with the project.



## **4.3 Audit and Challenge**

### **4.3.1 Multi Agency Case Evaluations**

The LSCB revised and strengthened its case audit process by adopting the methodology used in the Joint Area Targeted Inspection (JTAI) framework to assess thematic areas of multi-agency safeguarding practice.

During 2017-18 the Audit and Scrutiny subgroup of the Board undertook multi agency case evaluations into Children living with neglect and Children at risk of Child Sexual Exploitation (CSE). Under each theme 20 cases were identified from Children's Social Care child level data and cross referenced with agency information to identify seven cases with the most multi agency involvement. The seven cases under each theme were then subject to full case evaluation and scrutiny by the Board's audit and scrutiny panel.

#### **Children living with neglect**

The case evaluation highlighted the following themes:

- There were missed opportunities to use the neglect toolkit
- Poor historical practice and application of thresholds by Children's Social Care
- Need for more effective multi agency information sharing
- Inconsistent use of pre-proceedings protocol (Public Law Outline)
- Weak scrutiny and challenge by Independent Reviewing Officers (IRO) in the main although evidence that this is beginning to improve
- Lack of partner agency challenge
- Handover processes at the point of step down to Early Help requires clarity in terms of responsibilities.

Following the evaluation the Audit and Scrutiny panel the following work has been undertaken:

- Development of the Signs of Safety proposal to support a common approach to sharing information
- Development of a seven minute briefing regarding the neglect toolkit including a link to the multi-agency training for neglect
- Delivery of four multi agency briefing sessions relating to voice of the child
- Dispute resolution protocol has been written by the Safeguarding Unit and distributed across the service area
- All IRO's, Team managers, Service managers and Heads of Service within Children's Social Care have been trained by the QA Service Manager
- Training session has been developed by the North West LSCB trainers group on professional challenge. This will be added to the LSCB training calendar for 2018-19.



## **Children at risk of Child Sexual Exploitation (CSE)**

The case evaluation highlighted the following themes:

- Majority of cases were rated as good or outstanding in respect of the child's voice
- Social workers need to be clear that case responsibility sits with them and not with specialist teams such as Phoenix
- Weaknesses in planning and assessment, in particular the lack of an overarching plan for the child
- Lack of rigour in the CIN process
- Arrangements for children who became missing from education and their subsequent vulnerabilities were not challenged
- Issues relating to differing perceptions of risk between boys and girls
- One of the cases evaluated was subsequently referred to the Serious Case Review panel and is currently the subject of a review.

As a result of the evaluation the following work has been undertaken:

- The establishment of a Safeguarding and Wellbeing in Education subgroup of the LSCB to progress this agenda, in particular the safeguarding concerns in relation to children missing from education
- Commission of a specialist CSE nurse to work across the health economy
- Review of the Children's Social Care element of the Phoenix team and the development of a CSE action plan
- A review of CSE training to ensure that it reflects the risks associated with boys as well as girls

Both evaluations were subject to independent review by a commissioned external person. The reviewer noted that the Multi Agency Case Evaluation process had demonstrated its ability to reach valid judgements in relation to the quality and impact of multi-agency working and was successful due to engagement and commitment from a wide range of agencies to the process.

The new approach to case audits has been positively received by agencies and is being replicated by other Boards in the Greater Manchester area.

### What impact has this had?

- ❖ Recognition of the gap in service provision for children and young people at risk of Child Criminal Exploitation (“County Lines”)
- ❖ Devised a risk screening tool for Child Criminal Exploitation - the only area in Greater Manchester to have done so and possibly only one in the country
- ❖ Recognised and addressed a gap relating to dedicated CSE nurse based within the Phoenix Team
- ❖ Introduced an escalation policy for Phoenix decision making to ensure management oversight
- ❖ Good evidence of multi-agency working and escalation in relation to children at risk of exploitation
- ❖ Introduced a dedicated Missing from Home officer who is based in the Phoenix Team to further the link between Missing from Home / Missing from Education and CSE
- ❖ Improved identification of young people at risk of CSE in Primary Care
- ❖ Improvement in capturing the child’s voice
- ❖ Increase in escalations within Children Social Care from Safeguarding Unit

#### 4.3.2 Section 11 Audit

The LSCB undertakes Section 11 audits with agencies every two years in order to measure their compliance with Section 11 duties under the Children’s Act 2004.

Whilst the most recent audits began with agencies in 2016, timeliness of completions was slow with most agencies finalising their audits in November 2017. Fourteen agencies completed the Section 11 audit during this period and analysis of their responses indicated that the top three strengths were:

- Organisations have written policies, and where applicable a procedure, for safeguarding and protecting children that is accessible to all staff
- There are clear procedures for recording and reporting concerns or suspicions of abuse of children which all staff are aware of. All have access to a copy of ‘what to do if you are worried a child is being abused’ (DfES, 2015)
- There is clear guidance on how to respond to a disclosure of abuse from children, which includes a confidentiality policy and procedure

The top three areas for improvement included:

- Employees involved in the recruitment of staff to work with children have received training as part of a ‘safer recruitment’ training programme

- All staff who work with children receive regular refresher safeguarding training at least once every 3 years
- Outcomes and findings from reviews & inspections are disseminated to appropriate staff and volunteers

The three areas requiring improvement are being addressed by the Training subgroup and the Serious Case Review subgroup respectively.

The Audit and Scrutiny subgroup of the Board also considered a request from educational establishments to revise the Section 11 audit tool for them to bring it in line with requirements under Keeping Children Safe in Education 2015. The Safeguarding lead for education worked with five schools (maintained, academies and independent) to trial a new audit for schools. The response was positive and the new audit tool will be rolled out to all education establishments in 2018-19.

## 4.4 Performance Management

# Oldham Safeguarding Snapshot 2017/18



**58802** children live in Oldham

**25%** of total population

**27.2%** of children are living in poverty (before housing costs)

**11,111** are living in families in receipt of Child Tax Credit or Universal Credit (all dependent children under 20)



Approximately **17.6%** of children in receipt of free school meals

**81%** of Oldham pupils in good or outstanding schools

**33** Children and young people open to the Phoenix Team, the CSE system

**838** incidents of children and young people going missing from care

**4470** referrals of which **835** were re-referrals

**4691** assessments completed

**34.4 days** - average timelines of assessments

**560** children with a child protection plan as of March 2018

**1802** open children in need cases as of March 2018

**256** Child in Need cases with a disability as of March 2018

**553** children and young people looked after as of March 2018

**1547** children identified with a risk of domestic violence within the household

**22.5** rate of domestic abuse incidents recorded by the police per 1,000 population

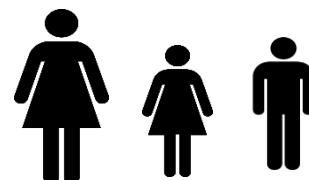
**244** allegations against staff working with children and young people

**5** private fostering arrangements as of March 2018

**47.7%** of 5 year olds have one or more decayed, missing or filled teeth

**183** admitted to hospital for an extraction of one or more teeth

**29.9%** of households are single parent families



A key priority for the Board during 2017-18 was the development of performance data to ensure that it was reflective of partnership activity. Significant work has been undertaken to identify and gather key performance data from other agencies in particular Police, Health and Education.

By the end of quarter four the data set was updated to include indicators relating to schools absenteeism and exclusions, Multi Agency Risk Assessment Conferences (MARAC) information, Children involved in the Criminal Justice System including those who are looked after and Mental Health admissions broken down by reason for admission.

A review of the Early Help indicators was also undertaken and a revised set of indicators was agreed that would be more indicative of volume of work undertaken.

### **Deep dives**

In addition to the revised data set the Performance Management subgroup introduced a deep dive process to allow further scrutiny to be given to areas of performance that were causing concern. The first of these deep dives focused on the timeliness of Initial Child Protection Conferences.

In April 2017 the timeliness of Initial Child Protection Conferences dropped to 7.7% that were convened within the statutory timescales. This was attributed to an increase in the number of cases requiring a S47 assessment and subsequent capacity issues within the Safeguarding Unit. The Board sought immediate reassurance from the Executive Director of Children Services (DCS) about the measures being put in place by Children's Social Care.

Daily performance meetings were introduced, led by the Director for Children's Social Care and Early Help and attended by Heads of Service, Service Managers and Performance officers. Investment was made into the Safeguarding Unit to increase the capacity and robust processes were embedded to ensure conferences were progressed.

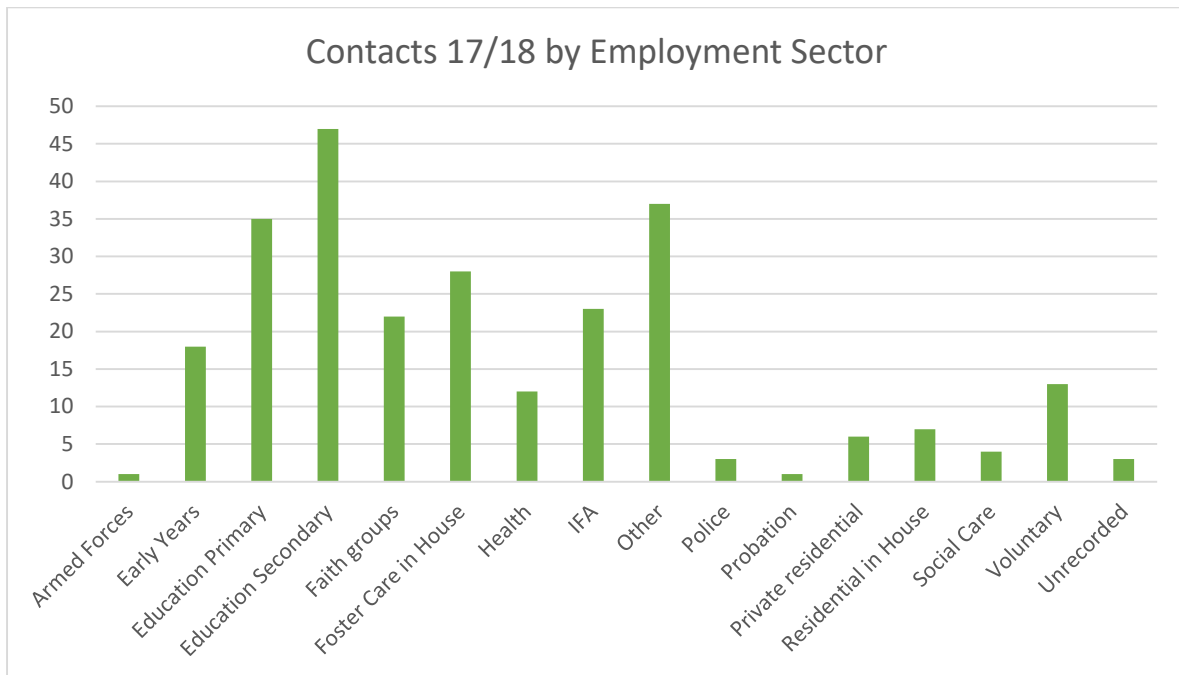
As a result of the measures taken rapid improvement was seen and by the end of Quarter 1 timeliness was up to 42.3% and had improved further to 86.5% by the end of Quarter 2. Between Quarter 2 and Quarter 4 the rate of ICPC held in time remain consistent between 86.5% and 84%.

The second deep dive is planned for 2018-19 focusing on children missing from education data including children who are electively home educated, following the concerns highlighted in the two Multi Agency Concise Reviews into peer on peer abuse and the Multi Agency Case Evaluation into children at risk of CSE.

## 4.5 Allegations against Professionals

There were 277 allegations in the 17/18 period with 112 of these leading to an Allegations Management Meeting (AMM).

The Local Authority Designated Officer (LADO) noted that this is the first year where a spread across employment sections has been evident suggesting that the role of the LADO is much better understood compared to previous years.



The majority of allegations continue to relate to physical harm (40%) or risk of harm (38%) however this year also saw an increase in emotional harm and neglect being referred to the LADO.

The LADO consistently received referrals relating to mosques and madrassas. In an attempt to reduce these incidents of physical harm the LSCB worked closely with Oldham Mosque Council to provide two training sessions for both male and female madrassa teachers covering safeguarding and dealing with challenging behaviours. On 29 March the teachers were invited to attend a celebration event during which they were presented with a certificate from the Mayor of Oldham for the completion of their training.



#### 4.6 Private Fostering

During 2017/2018 there were five cases open as Private Fostering. One of these cases closed due to a move out of borough. Most of the children were known to Children's Social Care prior to being privately fostered. Three below the age of seven, two children aged 14 plus.

The private fostering subgroup met during this period however there was a delay in the action plan being progressed following the nominated Social Care lead leaving the authority and a new lead being identified.

First Choice Homes Oldham developed a training presentation for use with staff to ensure that they were fully aware of Private Fostering and how to notify it to the Local Authority. Similarly Private Fostering awareness was included in all Whole School and Designated Safeguarding Lead training delivered during this period.

The corporate version of the Children in Care Council/Youth Service's YouTube video about Private Fostering was re-produced and placed on the LSCB website



[https://www.oldham.gov.uk/lscb/info/14/parents\\_and\\_carers](https://www.oldham.gov.uk/lscb/info/14/parents_and_carers)).

#### 4.7 Communications

A refresh of the LSCB website was agreed as it was noted that professionals find it difficult to navigate and as a result don't often use it to access safeguarding information as evidenced during the Serious Case Review for Child H.

A web designer has been commissioned and the website is currently being redesigned in consultation with the Youth Council and Children in Care Council.

## 5 Are we making a difference?

This section outlines the progress made against the Board's priority areas for 2017-18.

### 5.1 Missing From Home and Child Sexual Exploitation

Oldham's shared key strategic priorities for 2017-2018 in this thematic area were:

- Prevention;
- Safeguarding;
- Bringing offenders to justice;
- Scrutiny and Governance of Services;
- Identifying emerging trends and issues.



#### Profile and data analysis

In 2017/2018, the specialist CSE Phoenix team and/or Multi Agency Safeguarding Hub (MASH) received 113 referrals concerning 103 young people. 32 of the 103 young people who were referred to MASH/the Phoenix Team in this period, had been known to the Phoenix Team before; the re-referral rate was therefore, 31%. Further work is required to understand the reasons behind why almost a third of the young people for whom there were concerns about CSE, have been involved with the Phoenix Team previously.

The majority of the referrals to the MASH/Phoenix Team, in respect of CSE concerns, were made by social workers (52), equating to 46% of all referrals. The Police Service were the second highest referrer, accounting for 13% of all new referrals in this period.

When exploring why referrals from a number of partner agencies are low, it is suggested that informative, relative and up to date daily governance ensures timely information sharing between the Police Service and the Phoenix Team, enabling the ability to recognise and respond to concerns about potential CSE, at the earliest opportunity.

The majority of young people referred to the MASH, or directly to the Phoenix Team, in 2017/2018 are White British (68%), which is reflective of the current demographic of Oldham. Similarly, the majority of young people within this group of children are female (87% during 2017/2018); there continues to be concerns that the sexual exploitation of young males remains unreported. However it should be noted that Oldham has a higher percentage of open cases that are male compared to most other phoenix teams, as a direct result of having a dedicated male family support worker.

During 2017/2018, there were referrals in respect of children as young as 10 years and 11 years old being vulnerable to CSE; although the majority of the young people



referred to the MASH/directly to the Phoenix Team for CSE concerns this year have been between 13 and 17 years old, accounting for 86% of referrals. It is evident from the content of many referrals received in respect of younger children that earlier and easier access to smart phones poses a serious risk of them being exploited online, via social media or by the use of various apps.

The majority of young people for whom there were concerns about CSE lived at home (72%). Of the young people who were deemed, by the referrer, vulnerable to exploitation, 12% were subject to child protection plans, and 12% were subject to child in need plans; 6% were subject to Child and Family Assessments. 28% of children were looked after by Oldham Council. The highest cohort of children who repeatedly go missing however, are looked after children.

Peers and associates were identified as a risk factor in 18% of all young people for whom there were CSE concerns in 2017/2018, either in terms of their associations with other vulnerable young people, or risky associates. Substance misuse was a concern in 22% of cases, either in terms of alcohol misuse, drug misuse, or both, and mental health a significant concern in 13% of all cases. 20% of the young people Phoenix worked with alleged having been sexually assaulted either during this period, or historically.

45% of all young people for whom there were concerns about CSE during the 2017/2018 period had been missing from home/care, and for the majority of these young people, these missing episodes were multiple. There is further work to be done in respect of young people who go missing, certainly in respect of the requirement to understand their lives and intervene at the earliest opportunity, in order to prevent escalation.

### **Partnership activity during 2017-18:**

The Phoenix team has:

- Spoken to all hotels in respect of being alert to the indicators of CSE in customers using their hotel;
- Approached all takeaways during the week of action in 2017 with leaflets given in respect of CSE;
- Maintained good links with licensing and all taxi ranks in Oldham have been approached in relation to being alert to the indicators of CSE;
- Attended two Foster Carer Forums, both in March 2017 and March 2018;
- Attended one interfaith forum, where information in respect of CSE was delivered to thirty Imams;
- Met with Neighbourhood Police Officers in respect of indicators of CSE;
- Attended two Home Watch meetings, in order to educate the wider community about the signs of CSE to be alert to;

- Reached out to pharmacies, who may well have contact with young people seeking emergency contraception, however only one pharmacy opted to participate in CSE training;
- Provided refresher training to the majority of social work teams, with only the After Care Service remaining outstanding;
- Provided training to the Army Cadets, Air Cadets, Sea Cadets and the Boys Brigade;
- Delivered CSE and Missing from Home training to fourteen local children's residential homes.

Keeping Our Girls Safe (KOGS) is a registered charity, established in 2011, working with children and young people to educate them about unhealthy relationships, child sexual exploitation (CSE), grooming and risks; to empower them to have confidence and self-esteem; and inspire them to make positive life choices ([www.kogs.org.uk](http://www.kogs.org.uk)). In the period between 01.04.2017 and 31.03.2018, KOGS had referrals for 136 young people. This number was made up of six 12-week group programmes, two ongoing group programmes, and 25 one-to-one therapeutic interventions. There is currently no similar intervention for young males.

The Youth Justice Service have worked with 24 cases whereby there has been a risk of CSE identified, following which they would make a referral directly to the MASH, unless the Phoenix Team are already involved with the young person. In terms of themes identified by this service, they have noted a significant reduction over recent years in relation to young people known to the Phoenix Team (females in particular) entering the Criminal Justice System, which is positive; however, those that have come through recently have been for serious violent offences as opposed to petty low level offences which has been their experience previously.

Between 01.04.2017 and 31.03.2018, the National Probation Service worked with a total of six offenders who are flagged as CSE perpetrators. Three of these are alleged perpetrators and work has been undertaken following Police intelligence in each of these instances re concerns pertaining to CSE, one individual having been issued with an abduction notice. One of these 3 is known for sexual offences against an adult female, the other two are known for non-sexual offending (violence, driving and acquisitive matters). There is no evidence of engagement in organised criminality within these cases. 1-1 work has focused on risks associated with CSE. In terms of ethnicity, four self-identify as Asian males (1 Bangladeshi; 1 Pakistani; 2 British); the other 2 are white males. 1 is subject to potential deportation. They vary in age from 20-65, with no significant pattern to this, nor - with the exception of 2 a pattern to the way in which they have groomed their victims. All victims in these instances were white British teenage girls (12-15 years).

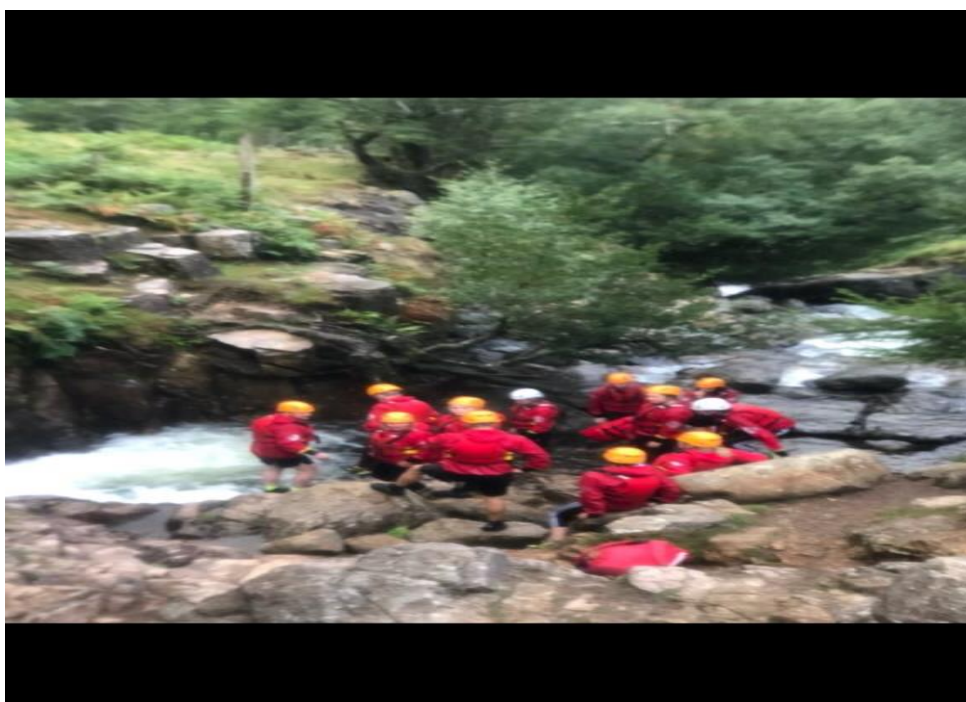
It has been difficult for the National Probation Service to identify themes, and consider these to be significant, with such a small sample. However, given the very specific definition of CSE, the National Probation Service will be undertaking a review of all cases of sexual offending against children to see if they fit the definition but have not been flagged; once this has occurred, the National Probation Service would be more confident with any localised patterns.

It is becoming increasingly more frequent that younger children are engaging in inappropriate image sharing due to their access to smart phones; training has been provided to primary schools via the LSCB (see 4.2.4).

During the 2017/2018 period, it was identified that the work undertaken in respect of missing from home/care, was reactive, rather than pro-active, and there was insufficient capacity within the Phoenix Team to ensure that Tier 1, Tier 2 and Strategy Meetings were being held within appropriate timeframes, that missing episodes were being recorded appropriately, and that there was a clear analysis of the information collated from the Police Service and from Positive Steps in terms of young people who go missing, enabling identification of themes. As such, a business plan was proposed, and agreed; there is now a Senior Practitioner within the Phoenix Team responsible for missing from home/care, and the Police Service are sourcing a PSCO for this work too. The scope of this practitioner will include children missing from education, and will consider children who are electively home educated; this was highlighted as a vulnerability within the CSE Multi Agency Case Evaluation.

In addition, it was identified that the Local Authority did not have a strategy or a service to respond to County Lines, which is often closely linked with missing episodes and potentially, CSE; similarly, there was no assessment tool or dedicated practitioner to undertake assessments of young people possibly engaged in County Lines. As such, the risks were not being formally identified and responded to, to reduce the risk of escalation into further exploitation and the criminal justice system. As such, this was included within the business proposal, and will form part of the role for the Senior Practitioner, who is now in post.

During 2017/2018, the Phoenix Team took ten young people who were difficult to engage, on a residential trip which included numerous outdoor activities; some very positive relationships were built between the young people, the Police personnel and the Social Care personnel, and a similar excursion is planned for July 2018.

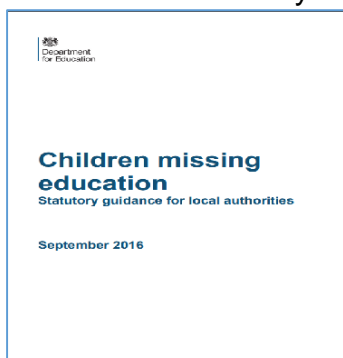


### What impact has this work had?

- ❖ There is clear evidence of Phoenix Team personnel (both Social Care and Police Service staff) having formed excellent relationships with the young people they work with, and that young people benefit from having a stable and consistent professional support network in their lives.
- ❖ Increased awareness of the indicators of CSE, particularly regarding the vulnerability of young males

## 5.2 Missing from Education

Following an update of the Statutory DfE guidance relating to children missing education, a local protocol was drafted that sought to define children missing from education and clearly outline the responsibilities of schools and other education



establishments when responding to absences and behaviour management. The ongoing implementation of this guidance is being overseen by the new Safeguarding and Wellbeing in Education Partnership which has clear links to the Behaviour and Attendance Partnership, thus ensuring that any safeguarding concerns arising from children being missing from education are appropriately addressed.

Further work is underway with the Local Authority's inclusion team to support the implementation of the Inclusion policy and to work with schools to consider any wider safeguarding implications of exclusions, part-time tables and elective home education.

## 5.3 Peer on Peer abuse

This task group was established to support the multi-agency concise reviews into the two incidents of peer on peer violence and to lead on the implementation of any recommendations arising from the reviews. See 4.2.2 for details. Ongoing work relating to peer on peer violence has been incorporated into the action plan for the Safeguarding and Wellbeing in Education Partnership, where appropriate.

## 5.4 Domestic Abuse

Responsibility for domestic abuse is devolved from the LSCB to the Domestic Violence Partnership (DVP), whose governance lies with the Community Safety Partnership.

Secondary reporting into the LSCB occurs via the LSCB Executive Board on a bi-monthly basis by the chair of the DVP.

During 2017-18 the DV strategy, "Changing Hearts and Minds" was refreshed and identified seven key priorities:

- Protecting children and young people from harm
- Early help, intervention and support
- Developing healthy relationships
- So called honour based violence and abuse, forced marriage and female genital mutilation
- Exploitation (CSE, human trafficking, modern slavery and sham marriages)
- The impact of DV on health and wellbeing
- Training, governance and collaborative working

Domestic abuse continues to be a significant factor in families known to social care with 2506 notifications being made to social care by police for incidents of domestic abuse where a child is living in the home. The number of repeat incidents, however has seen a decrease from 41 repeat addresses to 15 (reduction of 63.4%) and a decrease in incidents at those addresses from 96 to 37 (reduction of 61.4%).

The implementation of Operation Encompass, a project that seeks to inform schools when an incident of domestic abuse has taken place so that appropriate support can be offered to any children involved, has been a key priority for the DVP during 17-18. Schools are welcoming of the project however issues relating to the most effective means of delivery had resulted in some delays. This has now been resolved and the project is expected to be rolled out fully during the 18-19 year.

A mapping exercise has begun to understand the support offer to victims, children and perpetrators across Oldham. This was a key recommendation arising from the LSCB's Thematic Review. The Victim's Services Co-ordinator from GMP is leading this piece of work on behalf of the partnership.

The original Operation STRIVE pilot in Oldham was not formally commissioned for 17/18 as the Police Innovation funding period expired, however the local delivery continued with a committed police resource, pending a decision from the GM Mayor's Office about the future model of working, with the Officer working in partnership with colleagues from other services within the MASH. In addition the referrals to INSPIRE following the Victims Champion Network model continued, complimented by funding for the Community Connectors Project from the Community Safety Fund.

Following the GM evaluation of STRIVE the GM Mayor's Office committed funding for a three year period, with a potential further funding extension, in order to rollout a single cluster model for the future delivery of STRIVE based upon the learning from the successful volunteer re-visit model adopted in Trafford. A single GM provider is being commissioned and Oldham will be in the 2<sup>nd</sup> rollout cluster.

## **5.5 Transitions**

The focus of the Transitions subgroup during 17-18 was to provide reassurance to the Board that the transitions arrangements for the following three areas of business were robust and effective:

- Youth Justice
- Substance Misuse
- Mental Health

The group found that arrangements were robust and that services were clear about their responsibilities with regard to safeguarding and processes to be taken if safeguarding was identified as an issue in day to day practice. It was noted that the response from the After Care Team was to be commended with the flexibility and young person focus with their work and the fact that they work hard to ensure a wraparound approach to young people that present to them. The Positive Steps Oldham model with its range of services aims to bolster this.

However there were major concerns and vulnerabilities resting with young people not connected with services that tend to present in crisis. It can be difficult to effectively engage and support young people who do not have a framework of support around them and to generally have the need to react in crisis. A wide range of issues is likely to confront them and in the absence of effective housing, family or structure within an education or training placement, their vulnerability to offending, substance misuse and mental health difficulties are far greater. Linked to that is a theme that the preventative arm of services have been reduced in recent years which can impact upon early identification and intervention to support or deflect the presenting issues.

Furthermore work is needed and ongoing regarding children and young people with a disability. It is to be hoped that this will also bring a focus upon young people with a diagnosis of autism.

The recommendations arising from the subgroup's review will be fed into existing work plans for health and social care transitions groups with regular reporting being presented to the LSCB.

## **5.6 Early Help**

Oldham's Early Help offer commenced in 2015 with delivery being shared across the Local Authority and Positive Step Oldham.



A review of the current all age offer was undertaken by Red Quadrant in May 2017 and found that:

- It's a good model in terms of aspiration, design and (for the most part) performance. There appears to be increasing demand for work with single adults or childless households. Some service improvements can be made which will enhance delivery
- There are known financial risks from 18/19 onwards relating to ongoing education contributions and whether or not to continue to deliver health checks and smoking cessation as part of the offer. The current cost of the service is around £3 million. Highlighted lack of partner contribution in spite of positive impact across a number of issues benefitting Oldham as a whole.
- Since the Early Help offer commenced the landscape has changed with the development of the Thriving Communities approach and the roll out of place based working as well as the proposal to establish a Wellness Service. This presents opportunities to expand Oldham's Early Help approach
- The 'two provider' model may no longer be the best option as services have evolved

The reviewers were highly impressed with the Positive Steps delivery and recognised effective resource management with evidence of good use of volunteers and VCS partners.

In order to address the findings from the review a new Early Help and MASH subgroup has been introduced. It is proposed that services will remain the same for the 2018-19 year whilst a wider review is undertaken to establish a revised Early Help vision for Oldham.



## 6.Future priorities for 2018-19

In addition to the Board’s focus on the development and implementation of new safeguarding arrangements by September 2019 the following areas have been identified by Board members as the key strategic business aims over the next three years:

1. Excellent practice is the norm across all practitioners in Oldham
2. Partner agencies hold one another to account effectively
3. There is early identification of new safeguarding issues
4. Learning is promoted and embedded
5. Information is shared effectively
6. The public feel confident that children are protected

### The Safeguarding priorities for 2018-2021 will be:

**Domestic Abuse:**  
 To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children affected by domestic abuse. This will be led by a clear domestic violence and abuse strategy that is fully reflective of children’s safeguarding priorities.

**Complex and Contextual Safeguarding:**  
 To have a clear understanding of the scale of complex and contextual safeguarding within Oldham, with a clear multi- agency response to raising awareness with children and young people, assessing their needs and providing appropriate support

**Children missing from education including elective home education:**  
 All children in Oldham are accessing suitable education and where children are electively home educated that this provision is of a suitable standard.

**Child’s lived experience**  
 To be confident that all professionals recognise and fully reflect the child’s lived experience, including those who are non- verbal and that all children and young people have the opportunity to be involved in the work of the board and its partners

**Transitions:**  
 To have a clear transitions process from children’s services to adult services that ensures that that agencies work together to develop a transition plan that begins at an early stage, involves the young person and their family/carers and ensures that appropriate safeguarding information is shared.

**Understanding the impact of trauma on children and young people:**  
 To have professionals appropriately trained to utilise a continuum of tools including the ACES toolkit and the TSCC in order to fully assess the impact of trauma on children and young people and to commission appropriate support to meet the needs identified.



## Appendices

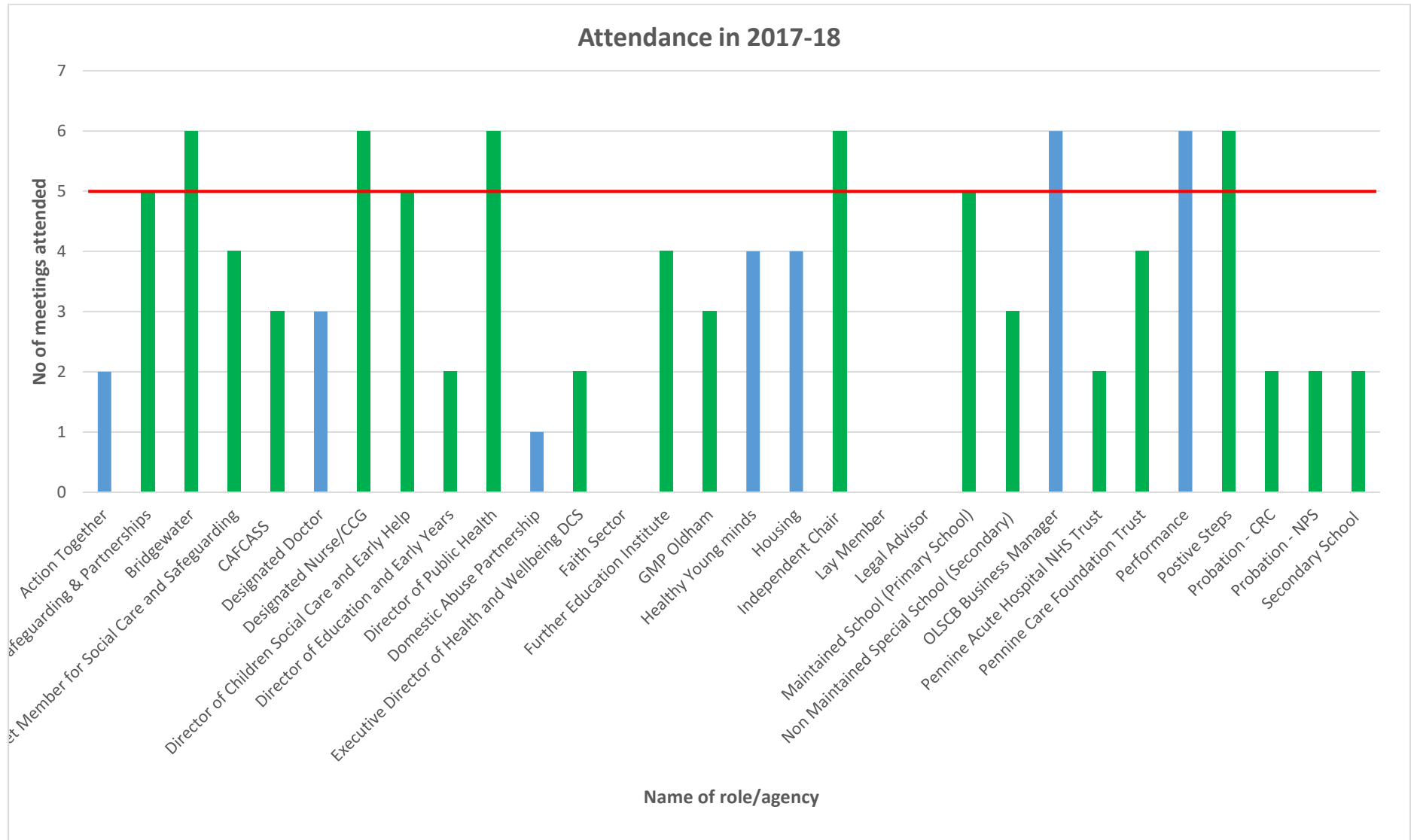
### 1. Governance and Accountability

#### 1.1 Membership

Role	Agency	Membership
Independent Chair		
Cabinet Member for Social Care and Safeguarding	Oldham Council	Full member
Executive Director for Health and Wellbeing (DCS)	Oldham Council	Full member
Director of Children's Social Care and Early Help	Oldham Council	Full member
Director of Education and Early Years	Oldham Council	Full member
Head teacher	Primary school	Full member
Director of Community Health Services	Pennine Care NHS Foundation Trust	Full member
Executive /Designated Nurse	Oldham CCG	Full member
Superintendent	GMP	Full member
Assistant Director of Safeguarding and Partnerships	Oldham Council	Full member
Imam	Oldham Inter-faith forum	Full member
Service Manager	CAFCASS	Full member
Head teacher	Non maintained special school	Full member
Director of Public Health	Oldham Council	Full member
Associate Directorate Manager	Healthy Young Minds	Full member
Women and Children's divisional nurse director	Pennine Acute Hospitals NHS Trust	Full member
Public Health Manager	Oldham Council	Full member
Associate Director for safeguarding	Bridgewater Community Health NHS Foundation Trust	Full member
Head teacher	Secondary school	Full member
Assistant Chief Executive	National Probation Service (NPS)	Full member
Chief Executive	Positive Steps	Full member
Community Director	Community Rehabilitation Company (CRC)	Full member

Deputy Principle	Oldham College	Full member
Lay member		Full member
Lay member		Full member
Designated Doctor	Pennine Care NHS Trust	Advisory member
Oldham Housing Investment Partnership Manager	Oldham Housing Investment Partnership	Advisory member
Domestic Abuse Partnership chair	GMP	Advisory member
Legal Advisor	Oldham Council	Advisory member
Chief Executive	Action Together	Advisory member
LSCB Business Manager	Oldham Council	Advisory member

## 1.2 Member attendance

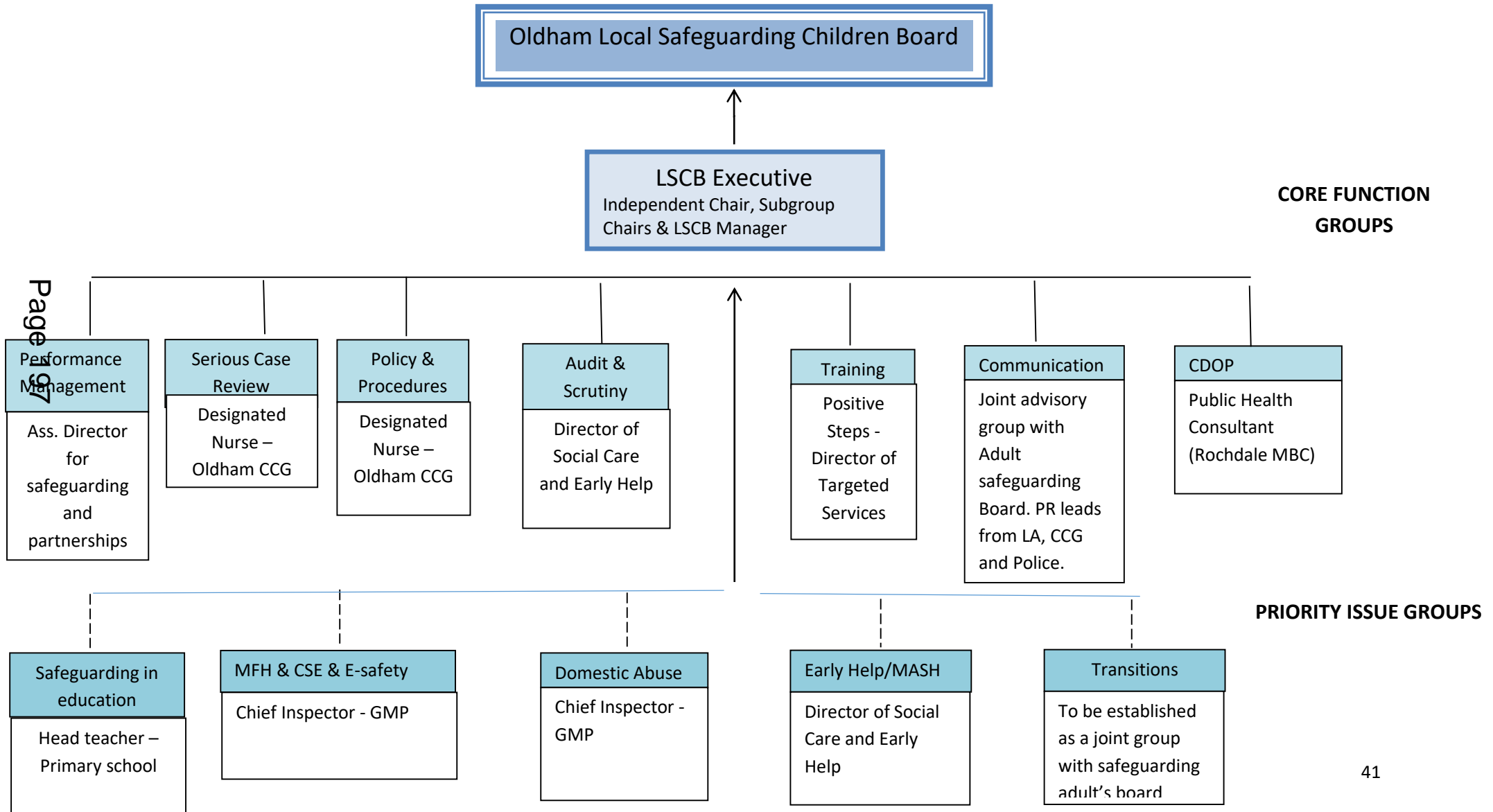


Core members of the Board are indicated in green on the above chart. Those in blue are advisory members. The agreed attendance target for core members is 85% (as indicated by the red line). As the chart indicates only 40% of core members attended for the target number of meetings. In May 2018 the Independent Chair of the Board wrote to all members to ask them to reflect on their present position and, if necessary, take measures to ensure that their agency would be able to meet the requirements of Board participation for the next business year 2018-19.

The position of lay members was advertised on two occasions with little interest. Further work is to be done during 2018-19 period to identify a lay member for the Board.

At the time of writing the report there has been a notably improvement in attendance. Furthermore a new lay member has been invited to join the Board. The lay member will also represent the local faith communities via links with Oldham Interfaith forum.

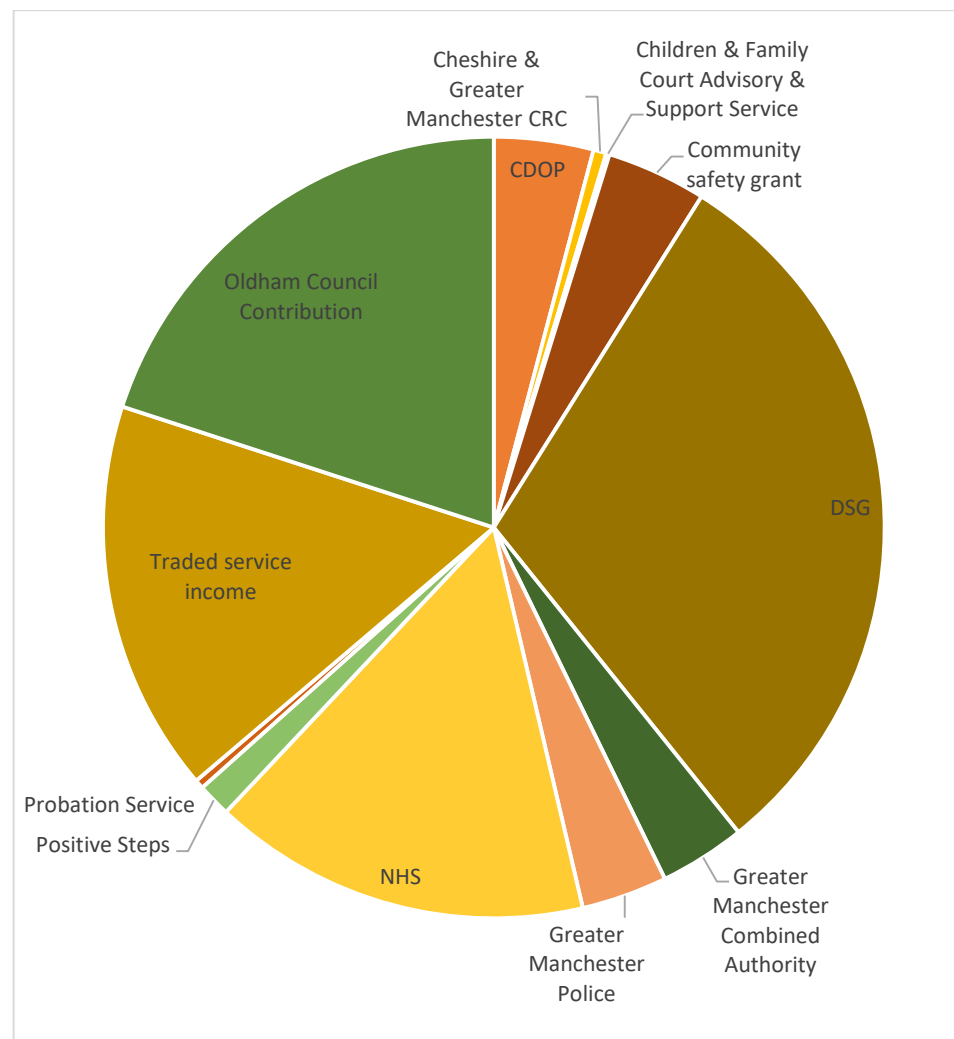
### 1.3 Structure



Page 1 of 7

## 1.4 Budget 2017-18


2017/18 Outturn	
Expenditure	
Description	Amount (£)
Employee Costs	221,416
Room Hire	2,060
Transport and Travel	1,038
Supplies and Services	39,632
Support Services	98,750
<b>Total Expenditure</b>	<b>362,897</b>
Income	
Description	Amount (£)
CDOP	14,921
Cheshire & Greater Manchester CRC	1,944
Children & Family Court Advisory & Support Service	505
Community safety grant	15,000
Designated Schools Grant	110,000
Greater Manchester Combined Authority	12,900
Greater Manchester Police	12,900
NHS	56,890
Positive Steps	5,050
Probation Service	1,345
Traded service income	58,901
Oldham Council Contribution	72,541
<b>Total Income</b>	<b>362,897</b>



## 1. Priority: Development of the new safeguarding arrangements for Oldham

**Aim:** To have a new model of accountability for safeguarding children supported by relevant agencies identified with a role in safeguarding and promoting the welfare of children.

**Link to strategic aim:** The public feel confident that children are protected

Objective	Date for completion	Who Responsible	Outcome Measure	What difference will it make for children and young people?	Progress and Evidence RAG
1.1 Establish a task and finish group to develop the statement of future arrangements for Oldham	April 2018*	Lisa Morris	A task and finish group will have been established with relevant partners engaged	This will ensure that key agencies are committed and contribute to a shared responsibility and co-ordinated response to safeguarding children and young people from the start of the process.	Complete  new safeguarding arrangements group
1.2 Development of a proposal for future arrangements	September 2018	Task and Finish group	Partnership proposal will have been developed	This will clearly outline the role and commitment of safeguarding partners and relevant agencies to work	Options paper has been developed

**RAG:**

**Green:** if on or better than target



**Amber:** if worse than target, but within an acceptable tolerance level

**Red:** if worse than target, and below an acceptable tolerance level

**Grey:** If complete

**Blue:** carry over to 2019-20

Version 10 March 2019

				together to achieve the best outcomes for children and young people.	 Safeguarding Arrangements optio
1.3 Consultation on proposed future arrangements with a wide range of key stakeholders including children and young people	October 2018	Task and finish group	Key stakeholders will have had the opportunity to comment and contribute to the proposal	This will ensure that children and young people have the opportunity to be involved in the development of the arrangements that will aim to co-ordinate safeguarding services across partners in Oldham.	Complete – Consultation responses considered and potential new model presented to LSCB development day on 24 January 2019   New arrangements structure (Jan 2019).
1.4 Independent scrutiny of proposed arrangements	May 2019	Task and finish group	Proposals will have been independently scrutinised and open to challenge	This will ensure that the proposed arrangements for Oldham are effective in safeguarding and promoting the welfare of all children in the area.	Carry over  This will be undertaken by the Independent chair of the LSCB.  The process spans two business plans years as such target date has been agreed as May 2019

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1.5 Submission of proposed arrangements to secretary of state	June 2019	Lisa Morris	Proposal submitted at time of publication		Carry over The process spans two business plans years
1.6 Publication of proposed arrangements	June 2019	Lisa Morris	Arrangements publicised	This will provide reassurance to children and young people that partners will work together to ensure the best outcomes are achieved and will be subject to independent scrutiny in order to ensure high quality provision.	Carry over The process spans two business plans years
1.7 Implementation of proposed arrangements	September 2019	Task and finish group	New arrangements implemented		Carry over The process spans two business plans years

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<b>2. Priority: Enhancing the partnership’s role in challenge and scrutiny</b> <b>Aim:</b> To continue to develop the Board’s learning and improvement process leading to improved practice across all partner agencies <b>Link to strategic aim:</b> Partners hold one another to account effectively					
Objective	Date for completion	Who Responsible	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
2.1 Develop a performance and quality assurance framework for the Board	June 2018	Lisa Morris Audit & Scrutiny subgroup Performance subgroup	A clear framework, is owned and understood by all key partner agencies, that enables the Board to fulfil its duty to challenge effectively	The framework supports the Board’s challenge and scrutiny function ensuring that partners are working together effectively and achieving the best outcomes for children and young people in Oldham	What good looks like has been added to the document. The final version will go to the Executive Board in October 2018 for sign off   Learning and Improvement framev
2.2 Develop of a greater understanding across all	September 2018	Audit & Scrutiny	A consistent, multi-agency agreed vision	A consistent vision of what good looks like will support	Complete

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<p>agencies of “what good looks like”</p>		<p>subgroup Training subgroup</p>	<p>of good practice</p>	<p>practitioners across the partnership to achieve the best outcomes for children and young people.  It will also enable practitioners to effectively challenge each other if they feel that decision making and practice is unlikely to achieve a good outcome.</p>	 What does good look like V2.pptx
<p>2.3 Embed a culture of effective and confident challenge across safeguarding partners</p>	<p>March 2019</p>	<p>Audit &amp; Scrutiny Subgroup  Performance subgroup  Training subgroup</p>	<p>Partners feel confident and competent to challenge and be challenged</p>	<p>Effective and confident challenge across the partnership will ensure that practitioners are able to reflect on decisions and seek to continuously improve practice resulting in the best outcomes for children and young people.</p>	<p>Training has been delivered to the first cohort of professionals. Due to the level of demand additional training sessions are being added.  The impact of the training will be monitored via the training subgroup and via the Multi Agency Case Evaluations undertaken by</p>

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					the Audit and Scrutiny subgroup during 2019-20
2.4 Encourage transparency and escalation of concerns via agreed pathways	March 2019	Policy & Procedures subgroup	Partners understand the escalation pathway and feel confident escalate their concerns	Clear understanding and use of the escalation policy ensures that professional disagreements are resolved in a timely manner and that partners continue to work together to achieve the best outcomes for the child	<p>The escalation policy for resolving professional disagreements has been re-circulated to LSCB representatives via email on 3 July 2018.</p>  <p><b>Policy for Resolving Professional Disagreements</b></p> <p>The escalation policy was presented to school safeguarding leads on 16 June 2018.</p> <p>The LSCB business manager now keeps a spreadsheet of all escalations that come to the attention of the Board. Escalations is a standing Exec Board</p>

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					agenda item to monitor numbers and themes
2.5 Invite and engage with independent scrutiny of the work of the Board and its partners	March 2019	Audit & Scrutiny subgroup  Performance subgroup  SCR subgroup	The Board and its partners receive independent evaluations of the work and drive improvement based on recommendations	Independent scrutiny supports partners to continually drive improvement in their response to safeguarding and promoting the welfare of children and young people	Six SCRs, Two MACRs and four SARs for Health have been commissioned by the SCR subgroup since Feb 2018. Two have reached their conclusion and are being finalised ahead of being sent to the National Panel.   SCR overview (Feb 2019).docx  An independent evaluation of the partnership’s response to Child Sexual Abuse in the family environment was commissioned as part of the MACE process. The findings of which were

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					presented to the Board development day in January 2019. Final report from the reviewer has been presented to the Audit and Scrutiny panel and the action plan is being developed.
2.6 Support the development of multiagency supervision for case holders working across the system, sharing the learning from the pilot and developing opportunities for training.	December 2018	Serious Case Review subgroup	Professionals are given the opportunity to discuss cases and identify ways to improve the multi-agency response	Multi-Agency supervision provides an opportunity for a core group of professionals to reflection on a case they are working with. The aim of supervision is the improvement of the quality of work to achieve the agreed outcomes for children	 Multi Agency supervision report fi This was considered at the Executive Board and it was agreed to include it within the current Innovation fund application with a view to embedding it within the new model of operation.

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<p><b>3. Priority: Complex and Contextual Safeguarding</b></p> <p><b>Aim:</b> To have a clear understanding of the scale of complex and contextual safeguarding within Oldham, with a clear multi- agency response to raising awareness with children and young people, assessing their needs and providing appropriate support.</p> <p><b>Link to strategic aim:</b> Early identification of safeguarding issues</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome measure	What difference will it make for children and young people?	Progress & Evidence RAG

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<p>3.1 Develop a profile analysis for each of the elements of complex safeguarding:</p> <ul style="list-style-type: none"> <li>• CSE</li> <li>• Forced Marriage/ HBV/ FGM</li> <li>• Radicalisation</li> <li>• Modern day slavery</li> <li>• Organised and gang crime</li> </ul>	<p>July 2018</p> <p>March 2019</p> <p>August 2018</p> <p>March 2019</p> <p>March 2019</p>	<p>Performance subgroup to lead and task to:</p> <p>MFH/CSE subgroup</p> <p>DV Partnership</p> <p>Prevent steering group</p> <p>Challenger silver group</p>	<p>Partners have a clear understanding of the profile of the issues and the levels of concern within in Oldham</p>	<p>Understanding the profile of these new and emerging issues allows partners to develop a consistent and effective multi-agency approach to safeguarding children and young people</p>	<p>Meeting held with DCI Faulkner on 5 February 2019 and agreed the following:</p> <p>CSE profile has been updated.</p> <p>Radicalisation report received from Bruce Penhale in August 2018.</p> <p>Modern Day Slavery – numbers are reported to be very low – approximately eight reports per year.</p> <p>Organised and gang crime – agreed that the profile from 2016 would be updated however noted that whilst number of OCG has reduced the demographics remain consistent to the 2016 analysis.</p> <p>Forced Marriage/HBV/FGM will fall to the DVP performance work which</p>
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					forms part of the DVP action plan.  All of the above available information will be fed into a meeting being arranged by Head of Safeguarding to progress work on complex safeguarding.
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3.2 Develop a complex and contextual safeguarding strategy for Oldham	March 2019	Lisa Morris	Partner agencies understand and own a multi-agency approach to addressing complex and contextual safeguarding	A clear strategy supports the development of a multi-agency response to new and emerging safeguarding concerns	Carry over  Following the discussion at the development day in Jan 2019 it has been agreed to carry this over to 2019-20 business plan.  Activity mapping will be completed by end of March to inform ongoing work.
3.3 Identify existing groups across the Partnerships to own and progress work relating to the elements of complex safeguarding	February 2019	Lisa Morris	Each issue is placed with the most appropriate subgroup to progress the work	A clear structure for addressing issues of complex safeguarding ensures that the partnership response is co-ordinated and effective	Carry over  Following the discussion at the development day it has been agreed to hold a meeting with relevant partners to discuss the introduction of a complex and contextual safeguarding subgroup of both children and adult boards.

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					Head of safeguarding from CSC will chair this meeting. To be arranged for April 2019.
3.4 Embed clear lines accountability for reporting with regards complex safeguarding	February 2019	Lisa Morris	Governance for complex safeguarding is clear and partners understand where responsibilities for work streams lie	Clear accountability allows the Board to effectively challenge and scrutinise the multi-agency response to complex safeguarding resulting in improved provision for children and young people	As above
3.5 Implement the peer on peer pathway and ensure professionals are aware of the process	July 2018	Policy and Procedure subgroup	A clear multi-agency process is embedded which allows agencies to develop plans to address instances of peer on peer abuse/violence	A clear pathway ensures professionals are able to recognise and respond to peer on peer abuse effectively.	Peer on peer guidance has been signed off and the briefing session was attended by 37 multi-agency professionals on 2 July 2018.   Policy Peer on peer Oldham Safeguarding

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					 2nd July 2018 peer on peer briefing att
3.6 Work in partnership with schools to support the delivery of key messages relating to complex and contextual safeguarding	August 2018	Safeguarding and wellbeing in education partnership	Schools/colleges with have a clear and consistent process for the delivery of key safeguarding messages to children of all ages.	Delivery of key messages in schools highlights emerging concerns for children and young people and ensure children, young people, parents and practitioners are aware of and understand these issues and to respond effectively	Carry over  In addition to work already undertaken in 2018-19 it has been agreed to carry this action over to 2019-20 business plan. It will form part of the complex and contextual safeguarding strategy for Oldham.

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#### 4. Priority: Domestic Abuse

**Aim:** To have a competent and confident workforce who are able to recognise and appropriately respond to the needs of children affected by domestic abuse. This will be led by a clear domestic violence and abuse strategy that is fully reflective of children’s safeguarding priorities.

**Link to strategic aim:** Excellent practice is the norm across all practitioners in Oldham

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
4.1 Work closely with the Community Safety and Cohesion Partnership and the Safeguarding Adults Boards to ensure that safeguarding is integral in the Domestic Violence and Abuse Strategy for Oldham	May 2018	Lisa Morris DA Partnership	Safeguarding is a key consideration within all domestic abuse related priorities and work streams	Embedding safeguarding children within the domestic abuse strategy will ensure that the impact of domestic abuse on children and young people is fully considered in assessments and provision of services.	Governance of the DV Partnership has been reviewed. Agreed that it will remain with Community Safety and Cohesion Partnership with secondary reporting into both children and adult safeguarding boards.  Assistant Director for Early Help and Communities will chair

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					<p>the DVP, with Head of Safeguarding from CSC as deputy chair.</p> <p>New action plan has been drafted and new strategy is due to be written in 2019.</p>  <p>DOMESTIC VIOLENCE AND ABU</p>
4.2 Work with the Domestic Violence Partnership to review the use of Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) risk indicator checklist across agencies to support understanding of risk	March 2019	DA Partnership	A better understanding of how well the DASH RIC is being used by professionals and agencies understanding of risk	A review of the use of the DASH risk assessment will ensure that all agencies are effectively assessing the risk to families as a result of domestic abuse enabling more timely and effective risk management and interventions	<p>Carry over</p> <p>Audit and Scrutiny Panel will be undertaking a desktop audit of the use of DASH risk assessments starting with CSC.</p> <p>This will conclude in April 2019 and will be presented to the DVP to action.</p>

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<p>4.3 Review multi-agency access and impact of training in line with the domestic abuse competency framework</p>	<p>August 2018</p>	<p>Training subgroup</p>	<p>An understanding of the level of training being accessed by professionals, the appropriateness of the access and the impact on their work</p>	<p>The framework ensures that practitioners are supported to access the appropriate level of training resulting in a more competent response to safeguarding children and young people who have experienced domestic abuse</p>	<p>The domestic abuse competency framework has been finalised and is with PR for graphics.</p> <p>The training offer has been mapped against the framework and a gap relating to perpetrator typologies has been identified. The LSCB training consultant is working with CRC to develop a training session.</p> <p>The training subgroup will monitor agency attendance against the competency framework to ensure appropriate training is being accessed.</p>
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### 5. Priority: Children missing from education including elective home education

**Aim:** All children in Oldham are accessing suitable education and where children are electively home educated that this provision is of a suitable standard.

**Link to strategic aim:** Information is shared effectively

Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
5.1 Embed robust reporting processes from schools with regards children missing from education including elective home education	July 2018	Safeguarding and Wellbeing in education partnership  Performance subgroup	Partners have a clear understanding of the number of children missing from education and are able to identify possible safeguarding concerns as a result	Clear sharing of information from schools ensures that appropriate enquiries can be made in a timely manner and safeguarding concerns identified at the earliest opportunity.	MFE flowchart has been agreed and circulated to schools   CME Flowchart 24.7.18 (6).pdf  New EHE guidance has been developed by inclusion manager
5.2 Develop local guidance for education	June 2018	Safeguarding and Wellbeing	Schools/ colleges are aware of and	Schools are clear and confident in the responsibility	Flow chart has been developed and approved

**RAG:**

**Green:** if on or better than target



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**Grey:** If complete

**Blue:** carry over to 2019-20



establishments about what to do if children are missing from education		in education partnership	understand the process they must follow when children are missing from education	to share information with the local authority in order to promote early identification of safeguarding concerns	by Partnership and DCS.  CME Flowchart 24.7.18 (6).pdf
5.3 Support the development of processes which allow the local authority to undertake welfare checks before a child is taken off roll from school	September 2018	Safeguarding and Wellbeing in education partnership	A process is embedded across all schools and colleges that allows appropriate safeguarding checks to be undertaken before a child is taken off roll	This will ensure that any safeguarding concerns have been identified prior to children being taken off roll	This has been factored into the flowchart for school notifications when a child is missing from education.  CME Flowchart 24.7.18 (6).pdf
5.4 Explore options to establish a threshold and response for “educational neglect” when a child is regularly missing from education and/or there are concerns	December 2018	Safeguarding and Wellbeing in education partnership	Partners recognise the links between safeguarding and children missing from education and an appropriate multi-agency response is made available	This supports a more holistic assessment of any potential safeguarding concerns for children who are missing from or not accessing education.	Carry over Following the development day it has been agreed that this will be carried over into 2019-20

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about safeguarding					
<p><b>6. Priority: Transitions</b></p> <p><b>Aim:</b> To have a clear transitions process from children’s services to adult services that ensures that that agencies work together to develop a transition plan that begins at an early stage, involves the young person and their family/carers and ensures that appropriate safeguarding information is shared.</p> <p><b>Link to strategic aim:</b> Information is shared effectively</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
6.1 Develop a joint Transitions subgroup with the Safeguarding Adult’s Board	May 2018	Lisa Morris	A joint group is established to ensure a full understanding of safeguarding issues relating to transitions	This will ensure appropriate professionals are working together to improve the response to transitions in Oldham	New subgroup has been established by Board managers. This will be chaired by DCS. 1 <sup>st</sup> meeting will be 1 March 2019.
6.2 Review current policies and pathways for identified areas relating to transitions	March 2019	Transitions group	Each area identified in the strategic plan is reviewed and action plans established	The review will ensure existing pathways are effective and result in the best outcome for children	Carry over  Following the development day it has been agreed that all

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			where necessary	and young people	actions relating to transitions will be carried over into 2019-20 under the new Transitions subgroup
6.3 Involve children and young people, family and carers in the review of existing policies and pathways	March 2019	Transitions group	Policies and pathways are appropriate to meet the needs of the people that they serve	This will ensure that the response to transitions is reflective of the needs and children and young people	Carry over Following the development day it has been agreed that all actions relating to transitions will be carried over into 2019-20 under the new Transitions subgroup
6.4 Establish clear policies regarding information sharing about safeguarding concerns when children are moving to adult services	March 2019	Transitions group Policy and Procedures subgroup	Clear policies are established and partners, families and communities are aware of what they are	Clear policies relating to sharing of information will ensure that safeguarding concerns are managed and considered effectively at the point of transition	Carry over Following the development day it has been agreed that all actions relating to transitions will be carried over into 2019-20 under the new Transitions

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					subgroup
<p><b>7. Priority: Understanding the impact of trauma on children and young people</b></p> <p><b>Aim:</b> To have professionals appropriately trained to utilise a continuum of tools including the ACES toolkit and the TSCC in order to fully assess the impact of trauma on children and young people and to commission appropriate support to meet the needs identified.</p> <p><b>Link to strategic aim:</b> Excellent practice is the norm across all practitioners in Oldham</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
7.1 Work with partners from the local authority and health to understand the range of trauma tools available and how they can best be utilised.	July 2018	Training subgroup	A clear understanding by partners of the range of tools available to assess trauma in children and young people	The development of trauma tools will enable more effective support of children’s emotional and mental wellbeing	Complete - Work around TSCC and ACES has been streamlined into the CAHMS transformation / whole school approach work of the partnership offering a greater understanding of the existing trauma offer.  A task and finish subgroup of the

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					emotional wellbeing and mental health partnership has been agreed to progress this work
7.2 Provide cost benefit analysis for both ACES toolkit used within the Family Nurse Partnership and the TSCC used within Children’s Social Care, Healthy Young Minds and Youth Justice Service.	August 2018	Training subgroup	An understanding of the benefits across agencies of using trauma tools to appropriately assess need	This will support future commissioning of improved trauma responses for children and young people	Carry over  Following the development day it has been agreed that this will be carried over into the 2019-20 plan
7.3 Work with commissioning colleagues to develop a business case for continued workforce development in relation to use of the tools and to ensure	October 2018	Training subgroup	Appropriate levels of support are available following trauma assessments	Increasing the range of practitioners trained to use trauma tools will increase the availability of the support for children and young people	Carry over  Following the development day it has been agreed that this will be carried over into the 2019-20 plan

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appropriate support is available to meet the needs identified.					
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8. Priority: Child’s Lived Experience					
<p><b>Aim:</b> To be confident that all professionals recognise and fully reflect the child’s lived experience, including those who are non- verbal and that all children and young people have the opportunity to be involved in the work of the board and its partners.</p> <p><b>Link to strategic aim:</b> Learning is promoted and embedded</p>					
Objective	Date for completion	Who Responsible / linked plan	Outcome Measure	What difference will it make for children and young people?	Progress & Evidence RAG
8.1 Change our terminology to refer to the “Child’s lived experience” rather than the child’s voice	January 2019	All subgroups	A greater understanding across professionals of the need to reflect the experience of the child, irrelevant of	This will support practitioners to consider the experiences of a child rather than solely focusing on the verbal communication	As documents are being updated terminology will be amended.  New website will be launched before the end of

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			whether this is communicated verbally		March 2019
8.2 Continue to assess the child's lived experience via multi agency case evaluations and serious case reviews	March 2019	Audit and Scrutiny subgroup	To ensure that the child's lived experience is reflected across all agencies' work	this continued assessment will lead to improved practice with the child at the centre of decision making	Child's lived experience is included in all multi agency case evaluations and is a key feature in serious case reviews and other reviews.  This will be reflected in the annual report from the two relevant subgroups.
8.3 Support the development of a new assessment model for use across the partnership	March 2019	Policy and Procedures subgroup	A holistic model of assessment that is owned and utilise by all partner agencies	A consistent model will ensure holistic assessments are undertaken by all agencies resulting in better outcomes for children.	Carry over  It has been agreed that this is carried over to 2019-20 to coincide with the timescale for implementation of CSC
8.4 Explore opportunities to work with wider groups of	September 2018	Lisa Morris	Wide range of young people are involved in and are able to	A wider engagement with children and young people will ensure that we have a better	Social media account has now been agreed for both safeguarding

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<p>children and young people to support the work of the Board</p>			<p>influence the work of the Board and its partners.</p>	<p>understanding of the needs and wants of children and young people, leading to improved practice across the agencies</p>	<p>boards and will be launched at the same time that the new websites are launched</p> <p>Further work will continue in 2019-20 with the exploration of a young people’s panel of the Board.</p>
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## Report to HEALTH AND WELLBEING BOARD

### Update on Tobacco Control

**Portfolio Holder:**

Cllr Chauhan, Cabinet Member for Health and Social Care

**Officer Contact:** Katrina Stephens, Director of Public Health

**Report Author:** Lianne Davies, Public Health Business & Strategy Manager.

**Ext.** 5713

**26<sup>th</sup> March 2019**

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#### **Purpose of the Report**

This paper provides an update on tobacco control across Oldham.

#### **Recommendations/Requirement from the Health and Wellbeing Board**

To note the progress made against the three key actions set out in the tobacco control action plan

Request that the Board commits to continued support of the tobacco control agenda including:

- Consider next steps of the CLear self-assessment process
- Support the implementation of the CURE project in Royal Oldham Hospital
- Support the continuation of the Supporting a Smokefree Pregnancy Scheme
- Support the improvement of access to stop smoking treatments including e-cigarettes

## **Update on Tobacco Control**

### **1 Background**

1.1 On 14<sup>th</sup> March the Health and Wellbeing Board (HWB) agreed the outcomes and actions for Oldham's Tobacco Control Action Plan and a vision to create a smoke free borough. The outcomes were:

- Outcome 1: Reduce the number of tobacco users in Oldham
- Outcome 2: Reduce exposure to second-hand smoke (focusing on children and young people)
- Outcome 3: Reduce tobacco related health inequalities

1.2 Three key actions from the plan were identified as priorities to lay the foundation of the overall plan and contribute to the achievement of the outcomes outlined above, they are:

- Complete the first phase of the CLear process
- Review the Council's smoking policy
- Reduce the number of women who smoke during pregnancy

1.3 CleaR stands for Challenge, Leadership, Results and is a self-assessment tool that local areas can use which provides time out to review work on tobacco control scoring themselves against a range of questions that look at local priorities, services, leadership and results.

A workshop took place in October 2017 facilitated by Public Health England. A range of partners both internal and external to the Council attended and contributed. A focus was given to Oldham's position on leadership, smoking in pregnancy and mental health due to time constraints and identified need.

### **2 Current Position**

#### **2.1 CleaR**

The workshop that took place in October 2017 highlighted areas which are working well and gaps across the system, connections were made between attendees and actions formed as to how gaps could be addressed. This has resulted in some positive joint working for example; between the Council, the provider of stop smoking services and Pennine Care who have been preparing to go smoke free on mental health wards from 1<sup>st</sup> April 2019.

The next step of the CLear process offers Councils the option to invite a 'peer-assessment' team to add rigour. The peer-assessment team make a report for the Council to decide how to move forward. The assessment which has since released version 2, can be done year after year to track progress.

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## 2.2 Smoke free policy

The Council's smoke free policy goes live on 1<sup>st</sup> April 2019. The lead in time to the implementation has been well planned and commenced in January. There has been regular consultation throughout with managers and unions alongside a comprehensive communications plan, which has so far been received well.

To date signage has been provided for 74 Council sites and railing banners for 110 children's play sites, 23 parks, 7 cemeteries and 2 country parks. It has also provided posters and leaflets as part of the communications plan. However, this does not cover every Council site in Oldham, it includes the highest used sites by both staff and the public.

A press release will go out on 1<sup>st</sup> April informing the public of the Smoke Free Oldham policy.

## 2.2 Supporting a Smokefree Pregnancy Scheme (SaSFPS)

The primary aims of the SaSFPS are to improve the health of pregnant women and to reduce health risks to their unborn children. In this context, the key objective of the intervention is to encourage pregnant smokers to stop smoking.

The main goals of the scheme are;

- to support pregnant smokers to set a quit date and achieve a CO validated 4-week quit
- to provide enhanced support to those women who have set a quit date and achieved a 4-week quit, within the scheme, to remain smokefree throughout the pregnancy and for 3-months post-partum

Which is structured around the following elements;

- Enhanced cessation support
- A financial incentive/ reward for achieving and maintaining smokefree status
- Support from a Significant Other (SOS)

Data from the first year shows (although a delay in some data):

- 104 women recruited onto the scheme
- 16% of participants are teenagers and 56% of women are 25 yrs. and above
- 78% of participants identified as white British
- 5% any other white background
- 2% mixed white and Caribbean
- 8% Asian or Asian British Pakistani
- 74% of women identified themselves as either never worked or unemployed for more than 1 year (51%) or in routine and manual occupations (23%)
- 56% of women live with 1 or more smoker
- 40% of the women participating in the scheme, set a quit date and remained quit at the 4-week quit key monitoring point

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Training for midwives in risk perception has recently been completed, which should further increase the engagement of pregnant women with the stop smoking service.

Funding for this scheme which includes a Maternity Support Worker (MSW) has been funded through GM, this funding will come to an end in May 2020. Discussions about the sustainability of the scheme including the MSW post are set to begin with providers and commissioners.

This work sits alongside the Saving Babies Lives care bundle element 1: Reducing Smoking in Pregnancy and the recently published NHS Long Term Plan.

## 2.4 CURE (Conversation, Understand, Replace, Experts and Evidence-base treatments)

The Greater Manchester tobacco control plan Making Smoking History (MSH) advocates a comprehensive, whole system approach to tackling tobacco. The CURE programme is an integral component of delivering this plan and is included in its strategy, delivering a service and pathway for patients admitted to acute care, taking advantage of a unique teachable moment.

The Royal College of Physicians document 'Hiding in Plain Sight: treating Tobacco Dependency in the NHS' is a call to action for the NHS to deliver comprehensive treatment for tobacco addiction as part of core activity and responsibilities.

Rollout has begun with a launch of CURE at Wythenshawe hospital in October. This is the flagship hospital leading this transformation funded pathway for Greater Manchester Cancer and the highest priority for improving the health of our local population. Greater Manchester Cancer has secured transformational health funds to help develop and implement this service across Greater Manchester. Royal Oldham Hospital is in the first wave of hospitals asked to rollout CURE and an initiation meeting has been scheduled for 10<sup>th</sup> April.

By implementing the CURE model in Oldham the following benefits have been estimated:

Reduction in re-admission numbers	973.44
Cost savings from reduction in re-readmissions	£1,566,265
Lives saved within 1 year	495

More information can be found in Appendix 1.

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## 2.5 Great Manchester Fire & Rescue Service (GMFRS)

In October 2018 Oldham launched the annual Stoptober campaign with a town centre event hosted by GMFRS, Turning Point (provider of drug and alcohol services), Positive Steps (provider of stop smoking services) and Oldham Council.

The event also saw the official signing of a partnership agreement between the organisations named above. The agreement aims to encourage close partnership working and sets out a number of common objectives such as;

- Provide commissioned public health services and service users with training and information on how to refer or self-refer to GMFRS for a Safe and Well visit.
- Provide GMFRS personnel with training and information on public health and its commissioned services with a particular focus on Stop Smoking and Drug and Alcohol services.
- Increase the number of appropriate referrals from GMFRS to Stop Smoking and Drug and Alcohol services.
- Integrate advice about Stop Smoking & Drugs and Alcohol Services into assessments, advice and interventions delivered by GMFRS.
- Raise awareness of the public health services commissioned by Oldham Council amongst GMFRS personnel and service users.
- Work together on mutually beneficial initiatives and campaigns including Stoptober, Mental Health awareness week, Drug and Alcohol awareness and other campaigns appropriate for this partnership.
- Identify and utilise opportunities to share resources and assets

An action plan for the next 12 months accompanies the agreement.

## 2.6 E-cigarettes - latest findings

The National Institute for Health Research has recently released its findings from its trial of e-cigarettes (EC) versus nicotine replacement therapy (NRT) within UK stop smoking services (TEC).

It was found that:

- The % of people abstinent for 52 weeks using; EC 17.7% v NRT 8%
- High ongoing EC use in abstainers; 9% still using NRT v 80% still using EC
- Cost of NRT (1 product) for 3 months = £120
- Cost of EC starter pack including 30ml bottle of tobacco flavoured liquid = £30.25

In conclusion:

- EC generate higher quit rates than NRT
- They achieve this at a much lower cost
- EC starter packs (with advice to clients to find and buy further supplies that fit their needs) should become one of SSS treatment options

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The trial also found:

- E-cigarettes are far less harmful than smoking
- In the UK EC are well regulated
- Regular use among young people remains low
- There is little risk from passive exposure
- EC are helping smokers to quit... but not as much as they could
- We risk scaring smokers out of quitting
- e-cigarette friendly services draw more quitters and deliver better quit rates

### 3 Stop Smoking Services

3.1 The number of people accessing stop smoking services has been decreasing year on year both locally and nationally.

The table below shows the number of 4-week quits and quit rates from 2015/16 to 2017/18. The decrease in 4-week quits saw a greater reduction from 2015/16 to 2016/17 than in subsequent years and quit rates have been maintained.

	<b>Number of quits</b>	<b>Quit rate</b>
2015/16	787	52%
2016/17	637	46%
2017/18	606	46%

(2018/19 data is available June 2019)

Stop smoking services have been in existence for almost 20 years and although models of delivery have evolved over this time, some of the processes and mechanisms that support delivery haven't developed with the changing landscape such as the introduction of e-cigarettes. We know that the people who are continuing to smoke are some of the most addicted smokers such as those suffering from poor mental health, routine and manual workers and pregnant women. These groups require more intensive support and easier access to services and treatments.

One example of this, is access to stop smoking treatments such as nicotine replacement therapies and e-cigarettes. Currently treatments are requested by the stop smoking service from a GP practice, which takes up to 48 hours. This is because the money sits within the CCG prescribing budget. This is a barrier for people wanting to start their quit attempt at the point they decide to do so. Having a delay between a stop smoking consultation and receiving products can be the difference between a person starting a quit attempt or returning to the stage of contemplation. This has also been highlighted as a barrier to the success of the Support a Smokefree Pregnancy Scheme.

Access could be improved by utilising pharmacies so that people could go directly to a pharmacy (many of which have extended opening hours) from their stop smoking consultations and collect their stop smoking products immediately. Pharmacies could then claim the cost back from the CCG, similar to the minor ailments scheme. This would eliminate the need for GP involvement, saving them time which could better utilised, given the current pressures in primary care.

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Another option could be to disaggregate the costs of stop smoking treatments from the prescribing budget so that it could be managed in a different way which could also include an e-cigarette offer.

These options will be further explored as part of the Thriving Communities and Health Improvement workstream of Oldham Cares.

#### 4 **Recommendations**

##### 4.1 The Health and Wellbeing Board is asked to:

To note the progress made against the three key actions set out in the tobacco control action plan

Request that the Board commits to continued support of the tobacco control agenda including:

- Consider next steps of the CLear self-assessment process
- Support the implementation of the CURE project in Royal Oldham Hospital
- Support the continuation of the Supporting a Smokefree Pregnancy Scheme
- Support the improvement of access to stop smoking treatments including e-cigarettes

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# Comms Brief - Update

## Background - Background - Making Smoking History

The Greater Manchester tobacco control plan Making Smoking History (MSH) advocates a comprehensive, whole system approach to tackling tobacco. The CURE programme is an integral component of delivering this plan and is included in its strategy, delivering a service and pathway for patients admitted to acute care, taking advantage of a unique teachable moment.

The Royal College of Physicians document 'Hiding in Plain Sight: treating Tobacco Dependency in the NHS' is a call to action for the NHS to deliver comprehensive treatment for tobacco addiction as part of core activity and responsibilities.

## The CURE Programme - Rollout across Greater Manchester

Rollout has begun with a launch of CURE at Wythenshawe hospital in October. This is the flagship hospital leading this transformation funded pathway for Greater Manchester Cancer and the highest priority for improving the health of our local population. Greater Manchester Cancer has secured transformational health funds to help develop and implement this service across Greater Manchester.

The first wave of hospitals that will be asked to rollout CURE will be:

1. The Royal Oldham Hospital
2. Fairfield General Hospital (Bury)
3. Salford Royal Hospital
4. Stepping Hill Hospital
5. Tameside General Hospital
6. Royal Albert Edward Infirmary (Wigan Infirmary)





## GM Rollout Transformational Funding

### First Steps

The CURE Project Team will contact each hospital as part of wave 1 to set up a meeting between key stakeholders that would be critical in helping oversee the development and implementation of CURE.

We will present the background and need for the CURE programme as well as the initial results and learning from Phase 1 at Wythenshawe Hospital.

The numbers for the potential benefits for each trust including admission savings, lives saved and (based on your current admission numbers) will also be determined.

From this a tailored implementation plan will be developed, identifying any potential risks to a planned launch of June/July 2019.

## PHASE 1 WYTHENSHAW HOSPITAL



### The CURE Stands for:

**C**

#### Conversation

The right conversation every time

**U**

#### Understand

Understand the level of addiction

**R**

#### Replace

Replace nicotine to prevent withdrawal

**E**

#### Experts and Evidence-based treatments

Access to experts & the best evidenced based treatments

CURE has successfully launched at Wythenshawe Hospital in October 2018, with this initial phase being majority funded by the Making Smoking History Programme.

Already over 900 smokers have been identified, with almost 95% being given brief advice or being offered NRT by their admitting nurse or doctor. Then of those, over 300 have gone on to have a specialist assessment with one of the CURE team.





## What resources will be available?

There are a number of resources available to those Trusts involved with wave 1, as well as any other Trusts that wish to implement CURE themselves. These are including (but not limited to):

- e-learning modules,
- patient information,
- patient pathways & protocols
- business cases templates
- job descriptions.

Extensive learning has already been gained from the first phase at Wythenshawe Hospital about the systems needed to support CURE across the Hospital. The CURE Project team will be supporting with programme management and liaising with primary care and community services that will support patients following discharge from hospital.

All of these documents will be available on our CURE website which is currently being developed and will be available early 2019.

## Who will need to be involved?

CURE will require system wide engagement to ensure the patient's pathway does not stop when they are discharged from hospital. Although the CURE Project is a secondary care based service, the continued support and treatment needed to ensure a long sustained quit for each patient is something that needs to be included in our work.

Therefore the CURE GM Operational Group will oversee and lead the design and implementation of the rollout - with the expertise of Consultants, Specialist Nurses, GPs, Commissioners, Medicines Management, IT developers and other clinical forums across the GM Health & Social Care Partnership.



## How is success defined?

Patients admitted to hospitals with the CURE pathway will have their smoking status recorded

Identified smokers will be offered treatment for their addiction by their admitting nurse or doctor, and then be assessed by a Specialist Nurse during their admission.

After discharge all patients will be provided appropriate follow up either within secondary or primary care

Treatment will continue to be provided if required by GPs or community pharmacies to enable long term sustainable quits for patients after discharge

All staff will be trained in how to offer Very Brief Advice (VBA) to smokers on site

Hospital staff both clinical and non-clinical will be able to access training that will increase their knowledge and understanding of tobacco addiction

A consistent treatment protocol will be used to treat tobacco addiction across primary and secondary care





## Interested in CURE

If you have any queries, would like to know more or want to be involved in the Operational Steering Group for across GM please see contact details of the CURE team below:

CURE Project Manager	<b>Freya Howle</b>	f.howle@nhs.net
	<b>Jonny Hirst</b>	jonathan.hirst1@nhs.net
CURE Clinical Lead	<b>Dr Matthew Evison</b>	m.evison.nhs.net
GM Cancer Programme Lead	<b>Alison Armstrong</b>	alison.armstrong7@nhs.net

