

Oldham

Safeguarding Adult Board



# 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  |
|--------------------------------------|---|--|
| <p>Integration and joint working</p> | <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> |

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|  |  | <p>:</p> <ul style="list-style-type: none"><li>• redesign and recommission care at home services along a cluster based approach</li><li>• review the safeguarding service and opportunities for more integrated working with CCG colleagues</li><li>• 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</li><li>• 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%.</li></ul> |
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| <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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| Prevent | <p>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.</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> |
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| Domestic<br>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>  |  |
| 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> |

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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Common Thresholds and Operational Sub-group</p> | <p>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.</p> <p>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.</p> <p>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.</p> | <p>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.</p> <p>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.</p> <p>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> |
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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Workforce Development</p> | <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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| <b>Performance Management</b> | <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="text-align: center;">Quality Assurance and<br/>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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| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">PR and Comms</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 successfully held in June 2017.</p> <p>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.</p> <p>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 &amp; 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: <a href="mailto:child.mash@oldham.gov.uk">child.mash@oldham.gov.uk</a> or <a href="mailto:adult.mash@oldham.gov.uk">adult.mash@oldham.gov.uk</a></p> | <p>The ambition for 2018/19 is to progress the development of the website and branding for the board.</p> |
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## 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

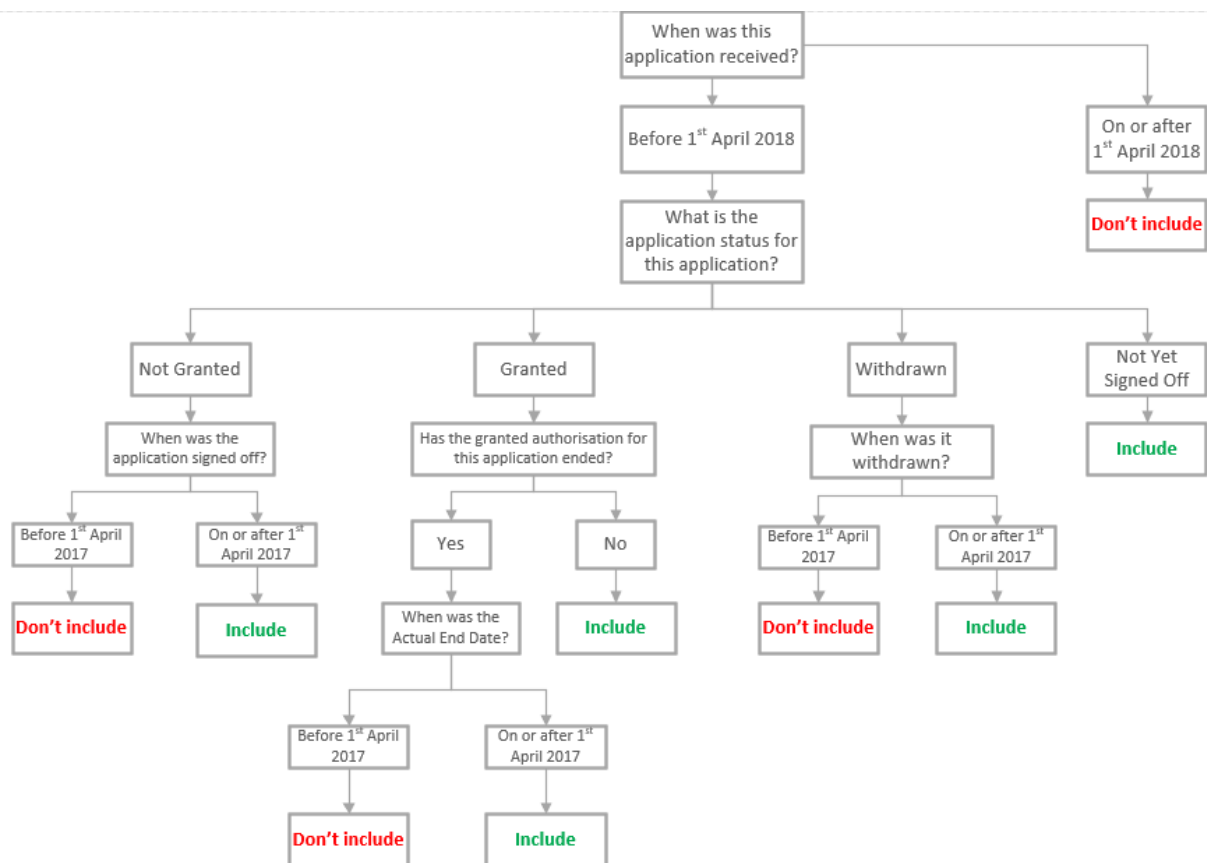
- 7.1 In September 2017, the Safeguarding Adults Board agreed that it would be helpful to progress the ADASS Sector Led Improvement process and commission a peer review with another safeguarding adults board. The purpose of the challenge process is to undertake an audit and seek strengths and areas for 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<br/>– 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; margin-top: 10px;">    </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> |

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|   | <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>   |

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|   | <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> |
| <p><b>National Probation Service (NPS)</b></p>  | <p>Please see section below.</p>   |
| <p><b>Pennine Care NHS Foundation Trust</b></p> | <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

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|                                      | <p>April 2018.</p> <p style="text-align: center;"> <br/> Safeguarding<br/> 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>  |

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|                             | <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> |



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|   | <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>   |

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|                                  | 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>  |

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|   | <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>   |

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|   | <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> |

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|                      | 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> |

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|  | <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> |
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**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**

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| <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> |
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|   | <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> |

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|   | <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> |



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| <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> |

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|   | <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> |

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|   | <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>  |
| <p><b>Care at Home representative</b></p> | <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>  |
| <p><b>First Choice Homes Oldham</b></p>   | <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> |

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|   | <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 style="text-align: center;"><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>  |

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|   | <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<br/>Clinical<br/>Commissioning<br/>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> |

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|   | <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>  |

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|                                      | <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>  |

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| <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>   |



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|   | <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>  |

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|                                  | 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   |

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| <p><b>Service (NPS)</b></p> | <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> |
| <p><b>Turning Point</b></p> | <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>  |

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|  | <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>  |

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|   | <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

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|   | <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>   |

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|  | 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>   |



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|  | <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> |

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|                                   | 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>  |

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|   | <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>  |
| <p><b>Your organisational achievements in respect of safeguarding adults during 2017/18</b></p> |  |
| <p><b>Greater Manchester Fire and Rescue Service (GMFRS)</b></p>                                | <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> |

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|  | <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> | <p>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.</p>   |
| <b>Greater Manchester Police (GMP)</b>               | <p>Please see above section.</p>   |
| <b>National Probation Service (NPS)</b>              | <p>Please see above section.</p>   |
| <b>OMBC Adult Social Care</b>                        | <p>Safeguarding policy being applied consistently across the Adult Social care provider.</p>   |
| <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>  |

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|                                  | 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>   |

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|   | <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>   |
| <p><b>Pennine Acute Hospitals NHS Trust</b></p> | <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> |
| <p><b>Turning Point</b></p>                     | <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>  |

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|  | <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> |
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| <b>What internal training/information sharing have you delivered in respect of Safeguarding Adults, MCA and DoLS (if applicable) during 2017/18</b> |  |
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| <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> |
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|   | <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>  |

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|  | <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>  |
| <p><b>Greater Manchester Police (GMP)</b></p>  | <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>   |
| <p><b>National Probation Service (NPS)</b></p> | <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> |

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|  | <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>   |

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|   | <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> |
| <p><b>Pennine Acute Hospitals NHS Trust</b></p> | <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>   |
| <p><b>Care at Home representative</b></p>       | <p>As detailed above in question 1: Workforce Development</p>  |

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|   | 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   |

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| <p><b>Trust</b></p>                             | <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;"> <br/> MHA-or-DoLS-chart-April-2018.pdf </p>   |
| <p><b>Pennine Acute Hospitals NHS Trust</b></p> | <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>  |
| <p><b>Care at Home representative</b></p>       | <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>   |
| <p><b>Age UK Oldham</b></p>                     | <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> |

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|   | <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> |

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|  | <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>  |

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|   | <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<br/>NHS<br/>Foundation<br/>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>  |

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| <b>OMBC Adult Social Care</b>            | <p>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.</p>   |
| <b>Pennine Acute Hospitals NHS Trust</b> | <p>Please see above sections.</p>  |
| <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>       | <p><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.</p>   |
| <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>   |

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| <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> |

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|   | <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.<br/>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> |

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|   | <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> |

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|  | <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>   |
| <p><b>Greater Manchester Police (GMP)</b></p>  | <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>  |
| <p><b>National Probation Service (NPS)</b></p> | <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> |

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|   | <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<br/>NHS<br/>Foundation<br/>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<br/>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>   |



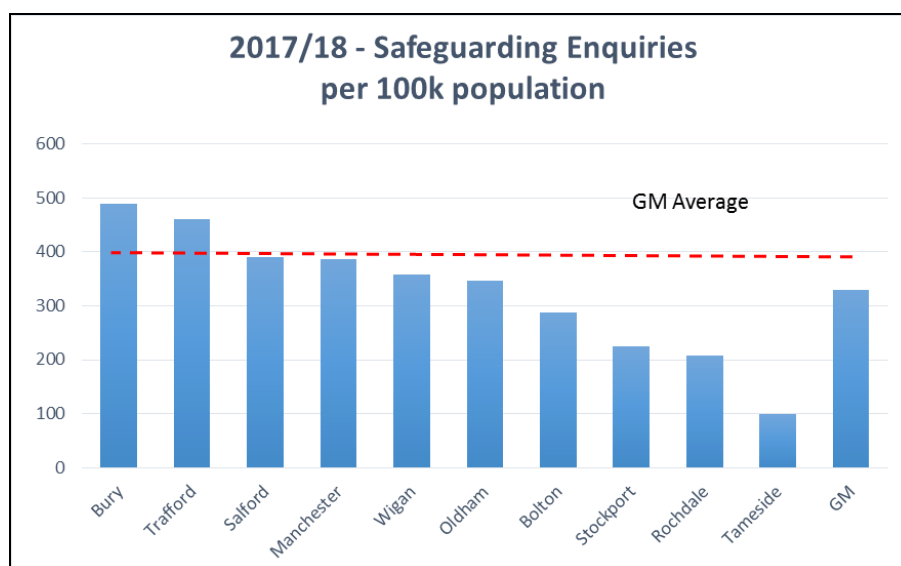
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|                                  | <p>The links between the clusters and MASH will be further developed as the cluster teams evolve.</p> <p>Auditing of work will take place to ensure safeguarding policies and procedures are being adhered to. This 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>   |

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| <p><b>First Choice Homes Oldham</b></p>         | <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> |
| <p><b>Pennine Acute Hospitals NHS Trust</b></p> | <p>Please see above sections</p>   |
| <p><b>Care at Home representative</b></p>       | <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>  |
| <p><b>Turning Point</b></p>                     | <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<br>(37%) | 363<br>(63%) | 330<br>(40%) | 484<br>(60%) |
| Individuals Involved in <b>Section 42 Safeguarding Enquiries</b> | 108<br>(40%) | 165<br>(60%) | 203<br>(41%) | 286<br>(59%) |
| Individuals Involved in <b>Other Safeguarding Enquiries</b>      | 12<br>(40%)  | 18<br>(60%)  | 44<br>(41%)  | 62<br>(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<br>(84%)                                  | 695<br>(85%) | 224<br>(82%)  | 426<br>(86%) | 21<br>(70%)  | 92<br>(86%) |
| Mixed / Multiple                            | 7<br>(1%)                                     | 6<br>(1%)    | 3<br>(1%)   | 3<br>(1%)    | 1<br>(3%)  | 1<br>(1%)   |
| Asian / Asian British                       | 35<br>(6%)                                    | 58<br>(7%)   | 16<br>(6%)  | 31<br>(6%)   | 7<br>(23%)   | 9<br>(8%)   |
| Black / African / Caribbean / Black British | 4<br>(0.7%)                                   | 10<br>(1%)   | 1<br>(0.4%)   | 4<br>(1%)    | 0  | 2<br>(2%)   |
| Other Ethnic Group                          | 1<br>(0.2%)                                   | 4<br>(0.5%)  | 0   | 2<br>(0.4%)  | 0  | 0           |
| Refused                                     | 0   | 0            | 0   | 0            | 0  | 0           |
| Undeclared / Not Known                      | 43<br>(8%)                                    | 47<br>(6%)   | 29<br>(11%)   | 27<br>(6%)   | 1<br>(3%)  | 3<br>(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**

| <b>Safeguarding Cases</b>                                | <b>2016-17</b> | <b>2017-18</b> |
|--|----------------|----------------|
| 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**

| <b>Type and Source of Risk</b> | <b>2016-17 Concluded Section 42 Enquiries</b> |                                    |                                      |              | <b>2017-18 Concluded Section 42 Enquiries</b> |                                    |                                      |              |
|--------------------------------|---|------------------------------------|--------------------------------------|--------------|---|------------------------------------|--------------------------------------|--------------|
|                                | <b>Service Provider</b>                       | <b>Other – Known to Individual</b> | <b>Other – Unknown to Individual</b> | <b>Total</b> | <b>Service Provider</b>                       | <b>Other – Known to Individual</b> | <b>Other – Unknown to Individual</b> | <b>Total</b> |
| 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 | <b>47</b> | 23  | 2  | 0 | <b>25</b>  |
| Neglect and Acts of Omission | 27 | 9  | 5 | <b>41</b> | 125 | 23 | 2 | <b>150</b> |
| Domestic Abuse               | 0  | 23 | 0 | <b>23</b> | 0   | 29 | 0 | <b>29</b>  |
| Sexual Exploitation          | 0  | 0  | 0 | <b>0</b>  | 0   | 0  | 0 | <b>0</b>   |
| Modern Slavery               | 0  | 0  | 1 | <b>1</b>  | 0   | 1  | 0 | <b>1</b>   |
| Self-Neglect                 | 0  | 1  | 0 | <b>1</b>  | 0   | 13 | 0 | <b>13</b>  |

**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                             | <b>2</b> | 3                                 | 11                          | 1                             | <b>15</b> |
| Sexual Abuse                | 0                                 | 2                           | 0                             | <b>2</b> | 0                                 | 0                           | 0                             | <b>0</b>  |
| Psychological Abuse         | 0                                 | 2                           | 1                             | <b>3</b> | 0                                 | 7                           | 1                             | <b>8</b>  |
| Financial or Material Abuse | 0                                 | 3                           | 2                             | <b>5</b> | 4                                 | 14                          | 1                             | <b>19</b> |
| Discriminatory Abuse        | 0                                 | 0                           | 1                             | <b>1</b> | 0                                 | 0                           | 0                             | <b>0</b>  |
| Organisational Abuse        | 0                                 | 1                           | 0                             | <b>1</b> | 1                                 | 0                           | 0                             | <b>1</b>  |



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

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                            | <b>115</b> | 63                                     | 147                         | 8                             | <b>218</b> |
| In the Community (excluding community services) | 2                                      | 1                           | 4                             | <b>7</b>   | 4                                      | 8                           | 3                             | <b>15</b>  |
| In a Community service                          | 0                                      | 0                           | 0                             | <b>0</b>   | 4                                      | 0                           | 0                             | <b>4</b>   |

|                          |    |    |   |    |    |    |   |    |
|--------------------------|----|----|---|----|----|----|---|----|
| 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<br/>(29%)</b> | 0                                 | 1                           | 0                             | <b>1<br/>(2%)</b>   |
| Risk Reduced  | 0                                 | 1                           | 2                             | <b>3<br/>(18%)</b> | 5                                 | 15                          | 2                             | <b>22<br/>(59%)</b> |
| Risk Removed  | 5                                 | 3                           | 1                             | <b>9<br/>(53%)</b> | 7                                 | 7                           | 0                             | <b>14<br/>(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.

## Appendix 1

### 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.