

Tameside Adults Safeguarding Partnership Board (TASPB)

Annual Report 2017/18



Contents

1. Foreword	3
2. Introduction	4
3. Safeguarding Activity	5
4. Partnership Working	10
5. Individual Organisations Reports	14
Tameside Adult Social Care Services.....	15
Greater Manchester Police Tameside District (GMP).....	16/17
Tameside & Glossop Clinical Commissioning Group (CCG).....	18
Greater Manchester Fire & Rescue Service (GMFRS).....	19/20/21
Integrated Care NHS Foundation Trust (ICFT).....	22/23/24
Healthwatch Tameside.....	25
6. Summary	26
7. Glossary	27

Foreword

Once again I am pleased to introduce and welcome all readers to the Annual Report of Tameside Adult Safeguarding Partnership Board for 2017/18. It is a statutory duty that we produce this report and we welcome the opportunity to evidence the Boards work and that of our partners surrounding the Safeguarding of adults within Tameside.

The Board is a statutory requirement of Local Authorities but is not a Local Authority Board it is a true partnership Board made up from the 3 statutory organisations the Local Authority, Health (Clinical Commissioning Group) and Police. Here in Tameside we involve other partners ensuring we engage with others who are involved in safeguarding. We have in place jointly agreed Policies and Procedures which give staff guidance and we believe if, they are considered along with professional judgement they do provide a sound platform to tackle the safeguarding of adults with care and support needs.

As the Independent Chair I give the assurance that the work carried out by the Board and partners is I believe fit for purpose. Hopefully this report will give you an insight to the work carried out during the past 12 months and our aims for the future.

Through a collaborative partnership approach we tackle incidents of abuse and neglect by raising awareness and when reported address the issues as soon as possible. It is, sadly a reality that such incidents do occur and hopefully as you read, you will see how we attempt to minimise the effects and offer solutions to individuals caught up in these awful situations. We use the term “Making Safeguarding Personal”, we don’t impose solutions on others, we engage with them directly or through advocacy. Any safeguarding enquiry undertaken takes account of the wishes and desired outcomes of the individuals from an early stage and are reviewed on conclusion.

We include in the report a small amount of data and activity information giving a flavour of the work carried out but I wish to say this does not give a full picture of how busy those involved in adult safeguarding are. Early actions and early interventions often prevent incidents escalating and not all safeguarding concerns require a full investigation. We have guidance tools in place to help staff make consistent decisions in order that a proportionate response is given.

The integration of Health and Social Care continues here in Tameside, the right care at the right time in the right place being the aim; this mirrors the approach of our Partnership Board. We recognise that we have to work together and look at the whole picture. We need to look at long term solutions to problems. I’m pleased to say we do have a vision and my role as Independent Chair is to hold all partners to account and encourage the joint work. The last line of this introduction says it all.

Hopefully you will find this report informative and of interest.

Finally may I take this opportunity to publicly thank my fellow board members and all the people working in adult safeguarding and especially the Adult Safeguarding Team from the Council who support the boards continuing endeavours....Thank you



Andy Searle
Independent Chair

PS. please remember

“Adult safeguarding needs to be everyone’s responsibility”.

Introduction

Tameside Adult Safeguarding Partnership Board is a multi-agency group which assure itself that local safeguarding arrangements and partners act to support and protect adults in Tameside who meet the criteria as defined in The Care Act 2014:-

Safeguarding duties apply to an adult who:-

- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- 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.

TASPB have continued to deliver a robust Safeguarding Adult Framework in Tameside during 17/18. Partnership working is fundamental to the success of this work and the Partners represented at the Board are:-

The statutory agencies represented at the Board are:-

- Tameside MBC
- Tameside and Glossop Clinical Commissioning Group
- Greater Manchester Police

Partner Organisations of the Board

- Tameside and Glossop NHS Integrated Care Foundation Trust
- Tameside and Glossop Strategic Commissioning
- Pennine Care NHS Foundation Trust
- Greater Manchester Fire and Rescue Service
- Cheshire and Greater Manchester Community Rehabilitation Company
- North West Probation Service
- Healthwatch Tameside
- Public Health
- NHS England
- North West Ambulance Service

Elected Members of the Board

- Councillor Brenda Warrington
- Councillor Ged Cooney

To respond to the TASPB Strategy 2016 -19 and Annual Plan, the six principles as defined in the Care Act are discussed in this report:-

Empowerment

People being supported and encouraged to make their own decisions and informed consent.
I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens.

Prevention

It is better to take action before harm occurs.
I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help.

Proportionality

The least intrusive response appropriate to the risk presented.
I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.

Protection

Support and representation for those in greatest need.
I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.

Partnership

Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me.

Accountability

Accountability and transparency in delivering safeguarding.
I understand the role of everyone involved in my life and so do they.

TASPB annual report 2017/18 reviews the Adult Safeguarding Board activity during the last 12 months. The report reflects on the Boards Achievements working in Partnership and confirms TASPB agreed priorities for 18/19.

Safeguarding Adult Activity in Tameside

This section of the report discusses the Safeguarding Activity in Tameside and the response taken, this could be in the form of a safeguarding concern which is a sign of suspected abuse or neglect or the safeguarding concern could lead to an enquiry in which further action is taken to respond to a concern.

There are two types of enquiry one where the Adult meets all the Safeguarding criteria:-

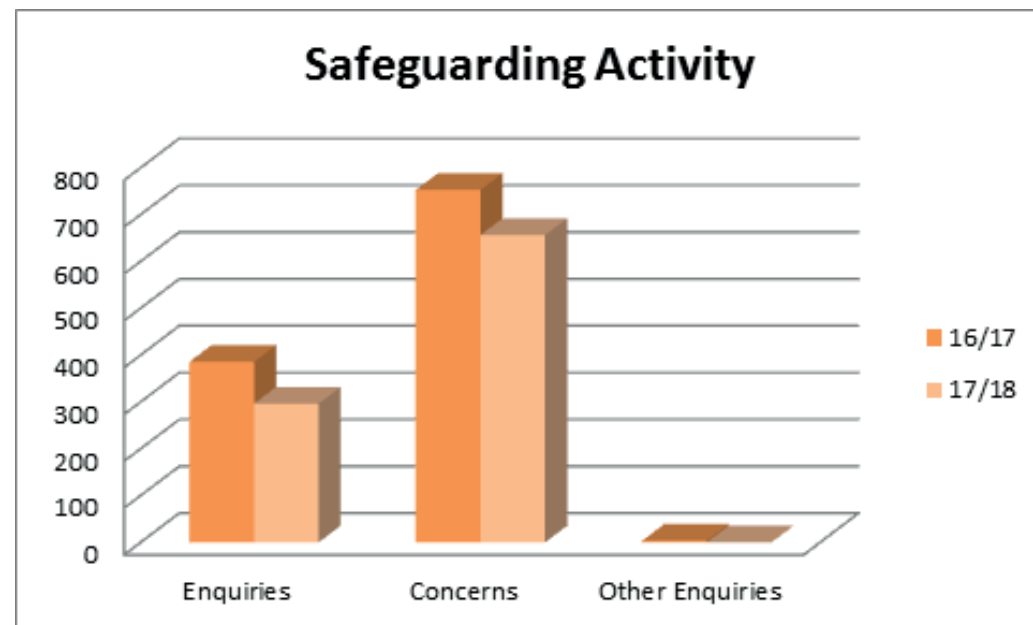
- has needs for care and support (whether or not the local authority is meeting any of those needs)
- is experiencing, or at risk of, abuse or neglect
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the
- experience of abuse or neglect.

This is a Section 42 Enquiry.

If the Adult does not meet all the criteria and it is considered to be necessary and proportionate to have a safeguarding enquiry this is a non-statutory enquiry.

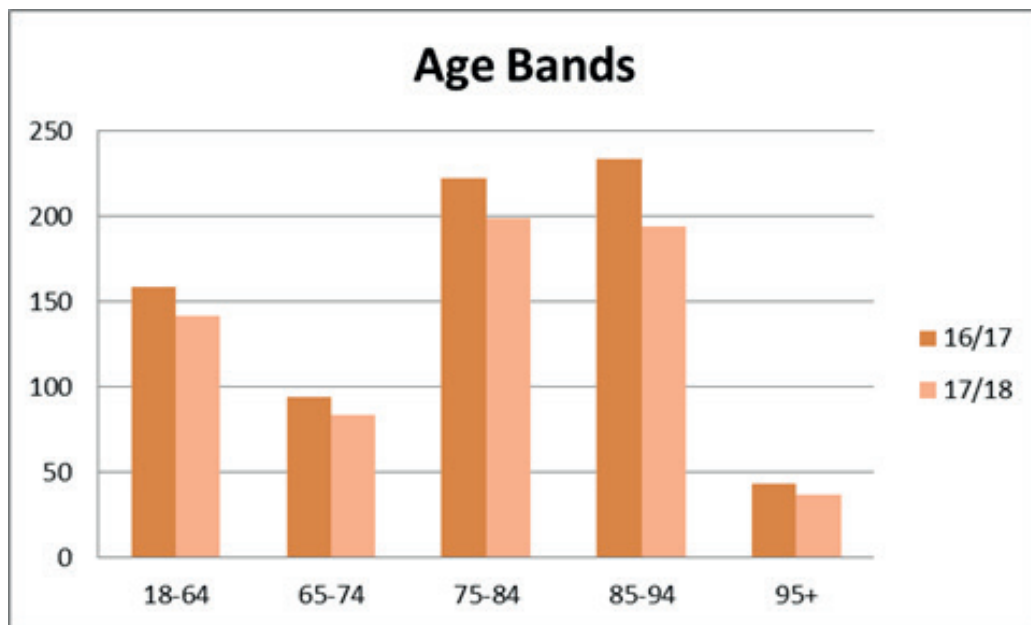
Adults who are at risk of abuse or experiencing abuse may also choose to approach other agencies for support and may choose not to receive support via the TASPb Safeguarding Adult framework. This reflects the Making Safeguarding Personal Approach to Adult Safeguarding, discussed later in the report.

The total number of safeguarding concerns raised for individuals during 17/18 is 656. To put this into perspective this equates to 0.03% of the adult population in Tameside.



The total number of concerns that progressed to an enquiry for individuals during this period is 296. In comparison to 2016/17 the numbers of concerns have reduced by 12% and the number of enquiries by 23%. This is as a result of TASPb preliminary work during 17/18 to educate staff regarding a proportionate, appropriate response to safeguarding in response to the Care Act. It was an expectation that this work would begin to influence practice and result in a reduction of section 42 enquiries and concerns.

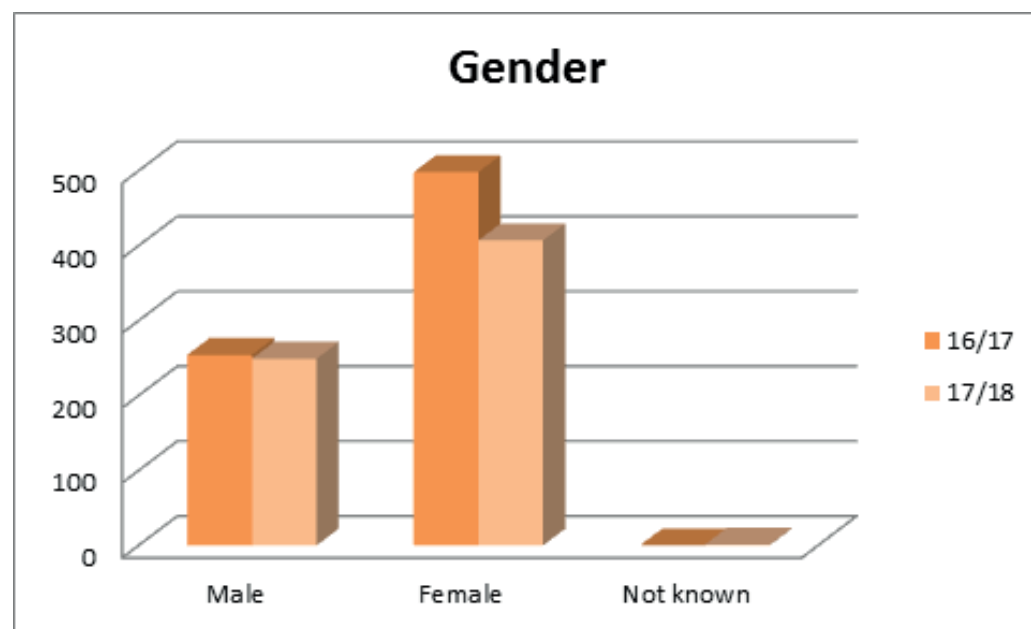
The 75-94 age bands have had the largest decrease. It's thought that this is due to the reduction in enquiries in care homes during 17/18. It is understood during 16/17 that the Care Quality Commission (CQC) inspections in the area had increased and as a consequence of the approach this had an impact on the number of safeguarding enquiries raised during this period.



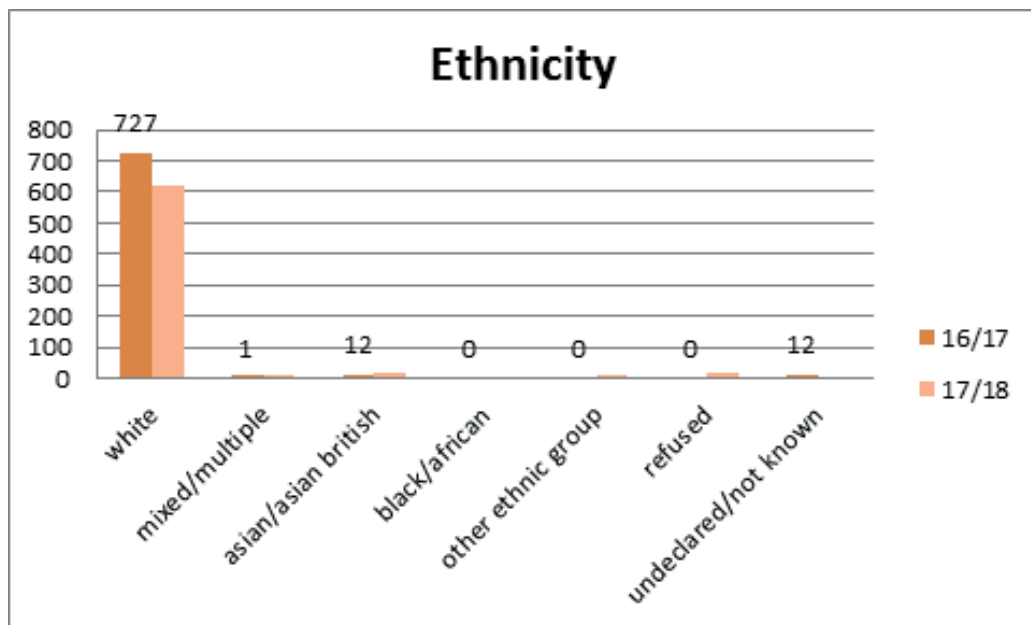
The numbers of concerns that have progressed to an enquiry have decreased during 17/18, compared to 16/17. This is again thought to be due to the reduction of enquiries in care homes. It is also thought that this decrease has been influenced by TASP initial work to encourage a proportionate response demonstrating a Making Safeguarding Personal approach.

There have been no 'other' (non-stat) safeguarding enquiries recorded this financial year. During 16/17 there were 3 'other' safeguarding enquiries.

As in previous years there are more concerns and enquiries for females than males. There is no evidence to indicate trends that females are more at risk than males.



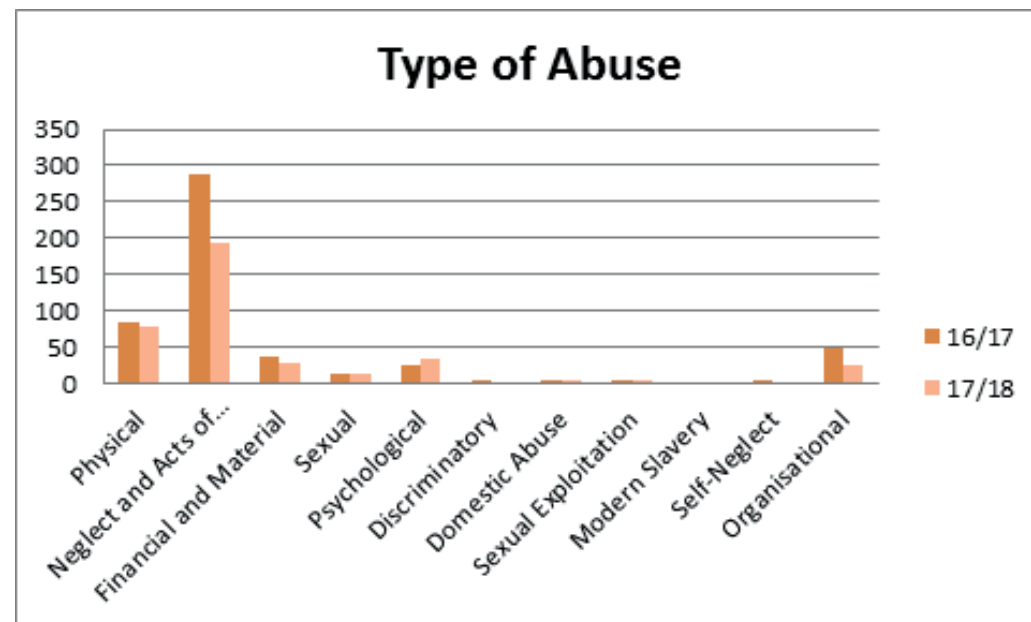
As in previous years counts of individual for those recorded as ethnicity 'white' indicates the most number of Section 42 enquiries and concerns, followed by Asian/Asian British. This data reflects the population in Tameside. There are no trends for concern regarding one ethnic community.



The overall number of concerns includes repeat referrals and totals 831. This is a reduction of 15% in comparison to 17/18. 351 concerns that were raised progressed to an enquiry which is a reduction of 34% again in comparison to last year's figures.

The data collated indicates the number of repeat concerns totals 301. Of these 301 concerns, 126 Adults had repeat referrals. The majority had 1 repeat referral which was not related to the previous safeguarding concern. The majority of these concerns raised were due to missed calls, medication errors and service user altercations.

As in previous years Neglect and Acts of Omission are reported as the most prevalent. However there has been a reduction during 17/18 in this type of abuse.



As discussed previously during 16/17 the CQC inspections in the area increased and as a consequence of the approach this had an impact on the number of safeguarding enquiries raised for neglect and acts of omission during this period. It was apparent that there was a focus on two particular care homes during 16/17 and as a result of this preventative work during 17/18 not as many concerns were generated for these homes. In addition there are no particular trends identified for organisational abuse which further indicates the issues raised in 16/17 have been addressed.

The overall figure for physical abuse has decreased compared to 16/17. This is because the overall number of enquiries has decreased, hence the number of enquiries for physical abuse illustrates a reduction but in reality as a percentage there has been 4% increase of physical abuse based on total number of enquiries. There are no specific trends identified.

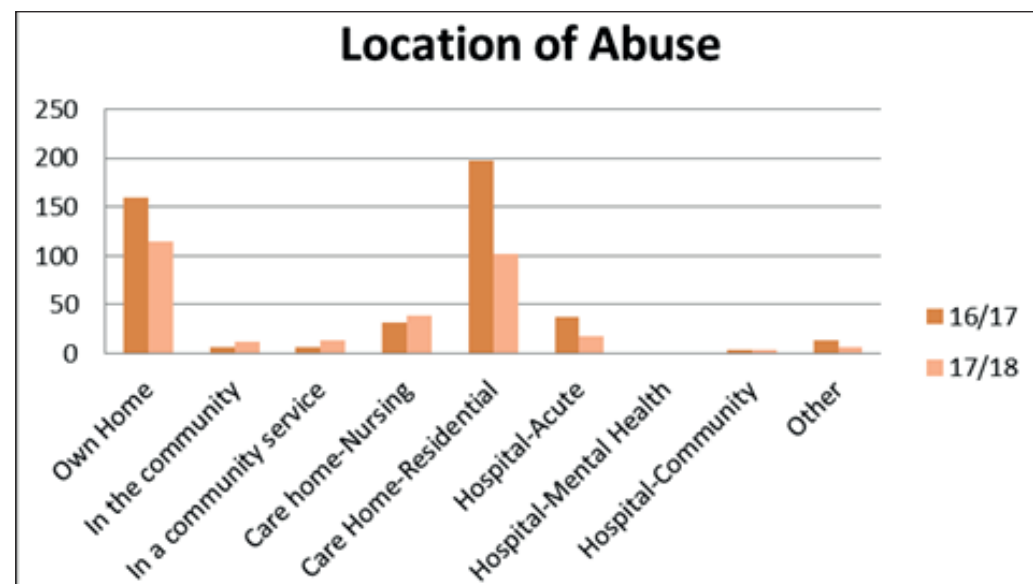
Incidents of domestic abuse could generate a Safeguarding Concern if the criterion as discussed earlier for a section 42 enquiry is met. Victims of domestic abuse who meet the criteria may also choose to contact other agencies for support. Consequently, not all cases of domestic abuse would automatically generate a section 42 enquiry. TASPb acknowledge that domestic abuse figures are low and these mirror last financial year's figures. However, the scrutiny of this data has also indicated that practitioners are not choosing to record domestic abuse where physical and financial abuse is evident. In these cases, it is recorded as either physical or financial abuse. It is acknowledged that how this data is recorded did not mean that the response to the safeguarding was impaired in anyway. However, TASPb will address this through the TASPb training strategy.

Allegations of sexual exploitation recorded are minimal for both 16/17 and 17/18. However, this has reduced during 17/18. This would indicate that further work is required to provide assurance to TASPb that organisations are recognising and supporting adults who are at risk of sexual exploitation.

The prevention strategy 17/18 has had a focus on raising awareness of financial abuse. It is an expectation that the reduction in financial abuse where the alleged perpetrator is unknown will have influenced this. However, it is apparent that many of the concerns regarding financial abuse remain as a concern only and are signposted to other agencies eg. Police.

All other types of abuse reported are consistent with last year's figures, all minimal and no trends identified.

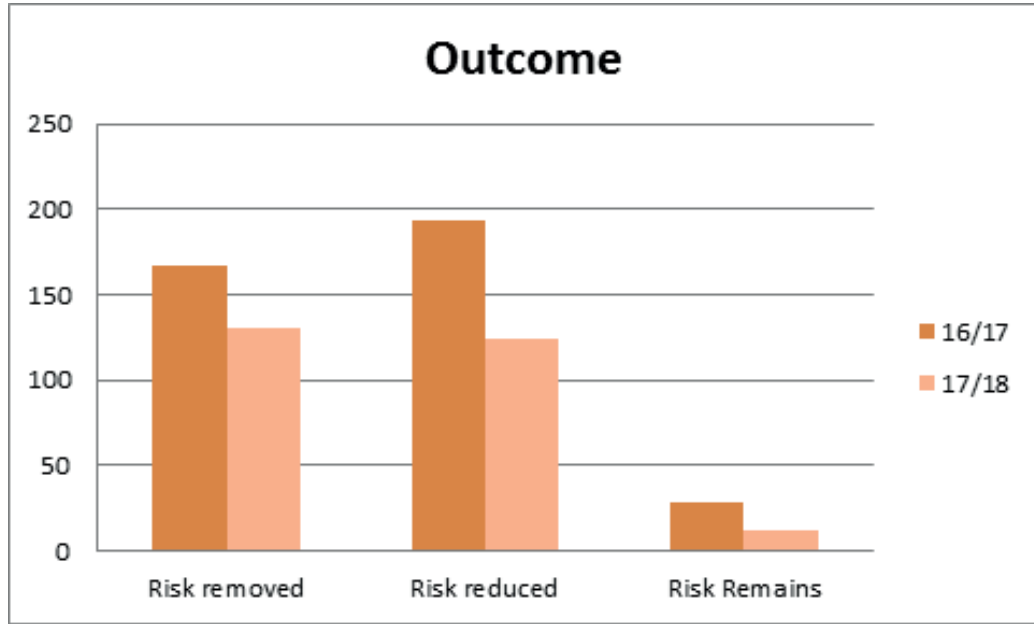
During 17/18, the most prevalent location of abuse recorded has been Care Homes, which includes residential and nursing. This is comparable to last year's figures. There has been a decrease recorded in abuse in Residential Homes during 17/18. This is consistent with the overall decrease of enquiries.



The number of allegations in which alleged abuse is in one's own home has decreased which is expected due to the number of the overall enquiries decreasing. However, as a percentage based on the number of the overall enquiries, an increase of 2% is illustrated for 2017/18 of abuse in one's own home. The majority of the alleged perpetrators in this context are defined as the service provider. The majority of incidents are relating to medication errors, missed calls, pressure ulcers and falls. However, there are no trends that identify that the 'service provider' is the same provider. Work is ongoing to reduce the incidents across all partner organisations and explore more options for reporting these incidents.

Abuse in the Community Service which includes locations such as leisure centre and dental practices appears to have increased by 50%. Having scrutinised the data, there appears to be confusion regarding the interpretation of the community service definition. TASPb will revisit this with practitioners.

The number of cases that indicate risk remains has reduced compared to last year. However, the outcome is case specific and as no trends have been identified in 16/17 or 17/18 this remains incomparable. However, following further analysis of the soft data in some cases actions have been taken to reduce risks but recorded as risk remains. Risk reduced indicates that actions have been taken to minimise the risk, as it is not always possible to totally eliminate the risk of abuse. This learning will inform the Safeguarding Adult training programme



All the cases recorded in which the Adult lacks capacity, an advocate was appointed. However, there has been an increase in recording of Adults where it is not known if they lack capacity or this information is not recorded. This is not consistent with a Making Safeguarding Personal approach. TASP will address this via the Learning and Accountability and Continual Improvement Principles.

Partnership Working

TASPB revisit the three year strategy regularly to ensure that the Annual Business Plan is responding to the business and the TASPB Principle work streams are aligned with this work. Further detailed information regarding this work is available www.tameside.gov.uk/adultabuse.

During the last 12 months the focus for the work streams has been:

Leadership/Partnership

TASPB will work together to safeguard adults at risk of abuse.

Develop a protocol with Health and Wellbeing Board (HWB), Tameside Safeguarding Childrens Board (TSCB) and TASPB to ensure aligned priorities and provide a joint strategy was a priority for 17/18. To respond to this TASPB have continued to work with Tameside Safeguarding Children's Board (TSCB) to identify and explore the crossover between the Boards and shared priorities. This has been productive and the outcome of this work is expected to inform and contribute to outcomes of the strategies for TASPB, TSCB, Community Safety Partnership (CSP) and Health and Wellbeing Board (HWB) in 18/19. This work will continue to be progressed as a priority over the next 12 months.

This work stream has also focused on supporting the wider Safeguarding Adult Agenda across Greater Manchester. This has been acknowledged receiving funding from the Mayor's Office to progress the work of the Annual Business Plan.

Protection and Proportionality

Victims of adult abuse are supported and helped to feel safe. Adults which have section 42 enquiries raised have Safeguarding Plans in place to keep them safe.

TASPB believe that the figures for financial abuse recorded as section 42 enquiries do not portray a true picture across Tameside. The understanding is that the figures are too low and people are not reporting this. Consequently, the Board recognised the need to raise awareness of financial abuse as a priority.

The work to respond to this priority was a joint venture with the Community Safety Partnership (CSP). TASPB focus was to provide opportunity for Practitioners to explore areas of material and financial abuse and have dedicated time to consider these issues and discuss the most proportionate response to addressing these concerns in practice. TASPB hosted an event in which 90 staff attended and presentations included Cuckooing and work in the Integrated Neighbourhood Service, Think Jessica, Stop Loan Sharking awareness, Banking Protocol, Social Isolation and doorstep crime.

Following this event TMBC Neighbourhood Services delivered interactive 1 hour scam awareness sessions. These were delivered across Tameside mainly to over 55's established groups i.e. Time of Your Life where approximately 40-100 people attend. Information relating to Home Security and home visits were also offered. This is one example of how TASPB responded to the priority for 17/18 to engage Community in the safeguarding agenda and empower individuals to take action

A priority objective this financial year for this Principle work stream, was to raise awareness of the Herbert Protocol. The Herbert Protocol is a national scheme introduced locally by Greater Manchester Police and other local agencies which encourages carers and family members to compile useful key information which could be used in the event of a person with dementia going missing. TASPB supported Greater Manchester Police (GMP) with the launch in Tameside of the Herbert Protocol. For more information regarding the scheme go to www.gmp.police.uk/live/nhoodv3.nsf/triage-category?ReadForm&l2=86365&l3=40081.



Learning and Accountability

TASPB Safeguarding Framework in Tameside is fit for purpose

This Principle introduced a Safeguarding Audit tool to provide assurance to TASPB that the Safeguarding Enquiries undertaken are robust and the TASPB Policy and Procedures remain fit for purpose. During 17/18, 6 audits have been undertaken during the course of the year across partner organisations. This work is evaluated quarterly. TASPB are assured that the Procedures are fit for purpose.

The continual development and support to the Safeguarding Adult Managers (SAM) across Tameside is fundamental to the effective and productive outcomes of TASPB Safeguarding Agenda. A development session was hosted in November 2017 for SAM's to inform their practice, raise their profile and provide opportunities to explore when a section 42 enquiry should be invoked. Presentations included reviewing the Safeguarding Activity in Tameside, understanding the role of the Public Protection Investigations Unit and the Care Quality Commission, opportunity to explore the links with the Integrated neighbourhood Services and an interactive session reviewing practice. The session was very well received and attended by 60 SAM's from partner organisations across Tameside. Evaluations indicated a request for an annual event. TASPB will respond to this and include this in the TASPB training programme.

A key piece of work this year to respond to the Safeguarding Adult Framework and the TASPB 17/18 priority to consider options to share learning regarding organisational abuse and Neglect and Acts of Omission and to ensure a proportionate and consistent response to Adult Safeguarding, reducing the number of Section 42 Enquiries has been the production of a Safeguarding Pathway to Decision Making Model. This document will assist individuals in the decision making process when concerns are raised around an adult at risk and aims to aid practitioners to make a proportionate and appropriate response to local incidents and safeguarding enquiries. This will support TASPB approach to the Making Safeguarding Personal agenda. Initial work with staff has contributed to a reduction in the number of enquiries as discussed earlier in the report. It is an expectation that organisations will embrace this guidance and embed in practice

This Principle has referred to the Learning Framework on 3 occasions during the 12 months. This is used for reference when considering cases for Safeguarding Adult Reviews. TASPB were assured that these cases didn't meet the criteria for a SAR or required further review. The learning from adopting this process has been used to inform the review of the Learning Framework Guidance.

Prevention

The Development of the Prevention Strategy was a priority for TASPB during 17/18. The strategy has now been published. A further priority was a directory of services to be available to staff and the Community to aid TASPB Prevention Strategy.

Work to progress this strategy and respond to the priorities, included a workshop to raise awareness of Safeguarding Adult forums in Tameside. This work then informed the development of an accessible directory for staff and the community of Safeguarding Adult forums in Tameside. TASPB worked with Public Health to deliver the Social Passport and Website 'My Life in Tameside and Glossop'. This will support the Safeguarding Adult Prevention agenda and provide information re. organisations across Tameside, which includes statutory services, community groups and networks, events and classes that will support Tameside residents to self-care and support staff across Partner Organisations to sign post patients and clients to support and help closer to home.

Self-Neglect in the context of a section 42 enquiry is complex and TASPB acknowledged that Practitioners require an opportunity to look at options to address this and share practice with colleagues. Consequently, TASPB hosted a Practitioner Event to review the approach to how organisations can protect and care for people who self-neglect, recognising signs and symptoms and how a partnership approach can support the Adult. This included reviewing options for support to build resilience and the approach to help Adults at risk of abuse to feel safe and confident.

The analysis of TASPB Safeguarding adult data for Domestic Abuse appears to be low. TASPB identified work to respond to this as a priority for 17/18. TASPB have ensured that this discussion is integral to the training programmes. In addition in response to this as well as revisiting training programmes, TASPB also commissioned the making of a video to raise awareness of Domestic Abuse in Older People. This was launched on the 15th June 2017 to also Promote World Elder Abuse Awareness Day (WEAAD).

Continual Improvement

TASPB are committed to supporting partner organisations with the staff development to support the Safeguarding adult framework. As well as the bespoke training sessions discussed above, TASPB have a training programme which includes Making Safeguarding Personal and Safeguarding Adult Manager training. During 17/18 120 staff accessed this training. The SAM training focuses on the TASPB policy and procedures and encourages managers to consider the additional support they may need in practice. The training has been well received as the comments from the evaluations indicate:-

'Training was very well delivered and very useful. Clear and informative with just enough on each section. Conference was a good exercise for everyone. Clear that the facilitators are very experienced'

'I feel better equipped following this training and I will be reading around the subject to keep me updated'

Making Safeguarding Personal (MSP)

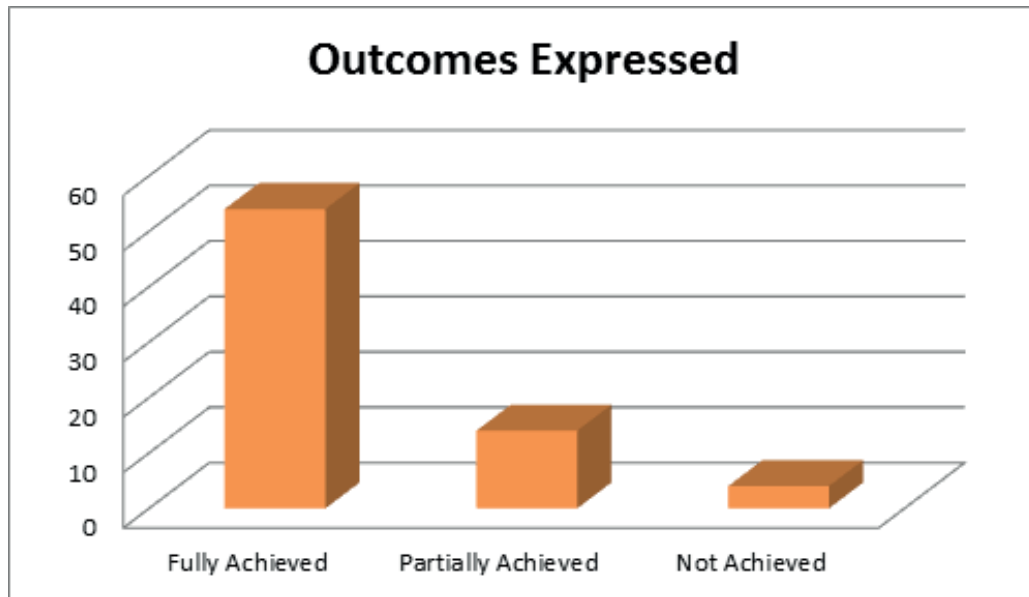
Making Safeguarding Personal is fundamental to the approach Practitioners apply when conducting Safeguarding Enquiries. Making Safeguarding Personal means that the Safeguarding Enquiry is Person led and outcome focused. The Adult should be engaged and contributing to how best to respond to their safeguarding situation, in a way in which enhances their involvement as well as their wellbeing and safety. TASPB are committed to ensuring that the MSP approach is integral to Practice across all partner organisations. It has been a challenge during 17/18 to complete the Making Safeguarding Personal Surveys. This has been due to timescales and capacity. However, TASPB have also continued to focus on activity that evidences the MSP arrangements.

All adults who are using the safeguarding adult arrangements are offered information regarding the safeguarding arrangements. The Adult is asked at the beginning of the safeguarding what outcome they would like and the practitioner asks again during the course of the enquiry.

The table below is an example of the outcomes that are recorded. The analysis also includes where the data has not been recorded. TASPB look at this in more detail and work is completed directly with Practitioners to address this.



TASPB analyse the data regularly to look at why outcomes were not achieved or partially achieved as illustrated in the table below. The majority of outcomes expressed are achieved.



Those not Achieved raised the following reasons:

- One person expressed to be supported by the same staff member at all times.
- One person expressed they would like the perpetrator to be removed from the home.
- One person expressed consistency in the care provided.
- One person expressed they wanted to go home.

Individual Organisations Reports

Tameside Adult Social Care Services.....	15
Greater Manchester Police Tameside District (GMP).....	16/17
Tameside & Glossop Clinical Commissioning Group (CCG).....	18
Greater Manchester Fire & Rescue Service (GMFRS).....	19/20/21
Integrated Care NHS Foundation Trust (ICFT).....	22/23/24
Healthwatch Tameside.....	25

Tameside Adult Social Care Services

Tameside Council's Adult Social Care Services continues to deliver a key role in identifying and responding to vulnerable people who are at risk of abuse or neglect. The managers, social workers and all Council staff within Adult Social Care ensure that they are adequately prepared to carry out their duties under the Care Act when suspecting that someone is at risk, and in carrying out investigations at both an informal and more formal, Section 42 level.

2017-18 saw a slight reduction in the number of safeguarding concerns raised from 957 in 2016-17 to 831. The last year has been consistent with previous years in terms of the volume of safeguarding activity that the service has been involved with. There were over 831 concerns raised as possible safeguarding of which 351 required further enquiry and investigation; a conversion rate of 42%. During 17/18, the most prevalent location of abuse recorded has been Care Homes, which includes residential and nursing. This is comparable to last year's figures. Based on this 2017-18 activity it would be expected that Service Provider is the most prevalent source of risk. In comparison to last year's figures, as section 42 enquiries have decreased overall in 2017-18, a decrease appears to be evident with this source of risk. However, based on the overall number of enquiries received for 2017-18 this would illustrate a 6% increase of this source of risk compared to last year. Abuse in one's own home has decreased which is expected due to the number of the overall enquiries decreasing. However, as a percentage based on the number of the overall enquiries, an increase of 2% is illustrated for 2017/18 of abuse in one's own home.

To put this number into perspective and to give some idea of the type and volume of activity that Tameside Adult Social Care Services are involved in we currently work with over 3000 service users and 3000 carers. Of these people around 950 people receive homecare from a number of different independent home care providers across the borough; a further 1500 people are in residential or nursing care homes in Tameside, some being financially supported by the Council and some paying for their care in full. Over 400 people use some form of day service either in specific day centres or as part of older people's day care in care homes. There are nearly 200 people living in Extra Care accommodation and a further 400 living in some form of supported accommodation commissioned by the Council. Tameside Adult Services also supports around 1200 people each year in its Reablement service which supports people supporting people who are in crisis in their own homes or who are being discharged from hospital or emergency respite care. There are also over 4000 people using the Council's Community Response Service which enables people to remain at home and feel secure in the knowledge that assistive technology is available to alert the Council if people are struggling with aspects of daily living.

The prevailing local market conditions and the quality of care have had an impact on safeguarding activity and quality concerns during 2017-18. The importance of maintaining good quality services remains as a fundamental principle of Adult Social Care in Tameside and managers and staff from the Service have been working closely with independent provider owners and managers, and with Strategic Commission colleagues to ensure that risk to people receiving these services is minimised and that quality across all social care services is improved. The majority of safeguarding concerns continue to be raised in the services that are delivered across the independent sector. The Quality Improvement Team, funded via the Better Care fund (BCF), is now fully staffed and is working with a number of providers; initially those rated 'inadequate' or 'requires improvement' by CQC, though not exclusively. Where issues are raised about practice and safeguarding the Team will offer support and guidance to the provider to improve practice.

Health and social care integration and transformation continued through 2017-18 with more teams either physically coming together in co-locations or beginning to work closer together on joint projects. This developing integration is having positive results in not only our ability to identify possible abuse and neglect but also to respond in a more effective and efficient way. Decisions about the best person to lead safeguarding investigations are now much easier to make and as a consequence the outcomes for users and families has improved.

A considerable amount of work has been undertaken to review and strengthen the Deprivation of Liberty Safeguards (DoLS) process to ensure it is timely and effective. This has included reviewing the team functionality and ensuring that DoLS authorisers have attended the appropriate training. Efforts have been made to reduce the backlog in authorisations.

Adult Services have committed resources to employing a social worker to focus on working to support the smooth transition of young people into Adult services. This post is based in Childrens Services and is tasked with supporting individuals and their families from 14 years through into Adults.

The Government's initiative to improve user and family experience of safeguarding investigations is firmly embedded in the practice of all staff within Tameside Adult Social Care Services. The Making Safeguarding Personal programme has led to staff not only thinking about the importance of ensuring that a person is safe and well but also about the safeguarding process itself and what that person wants from an investigation. Workers, as part of the safeguarding process now have much more in depth discussions with the person and their family, where appropriate in terms of identifying what outcomes they would wish to see following the safeguarding investigation. Results from follow up surveys are showing some really positive feedback from people who have been through the safeguarding process with most people feeling that their concerns were taken seriously and that their identified outcomes had been met.



Greater Manchester Police Tameside District (GMP)

Safeguarding Vulnerable People remains a force priority as well as a local one here in Tameside. Each day the Senior Leadership team chairs a daily management meeting to focus on serious incidents and managing the threat, risk and harm risk to our communities, however that presents itself.

The Integrated Neighbourhood Services (INS) model was introduced, in part, to improve the police and partnership response to the effective management, and response to, the needs of vulnerable adults in Tameside. This is in addition to the delivery of 'traditional' neighbourhood policing services.

The landscape and working environment for police and partners has evolved and developed since the introduction of the INS and new opportunities and challenges have presented themselves. For example, Hyde received national press coverage for anti-social behaviour and reported 'lawlessness' early in 2018, and St Peters remains one of the highest areas for recorded ASB in GMP. Both these issues have raised questions over capacity and capability within the current INS model in Tameside, and community concerns have also highlighted the developing need for our neighbourhood INS provision to listen, and effectively respond to, concerns within our communities.

Operation Ergo is a GMP Force pilot model for leading teams and the delivery of place, problem solving and leadership. This model is currently being piloted in the Tameside and Oldham Districts, with a plan for a wider roll-out. The Op. Ergo model has resulted in changes to the leadership of Tameside neighbourhood policing through the creation of four Neighbourhood Policing Teams; North/ EAST/ West/ South, each led by a Neighbourhood Inspector. This additional leadership and focus is a fantastic opportunity to develop the INS model, to retain elements which are working effectively such as multi-agency problem solving with partners, but also create space and capacity to develop our local neighbourhood policing offer and response to community priorities.

Unique to the Tameside District within Greater Manchester, our police officers and staff in the INS are the only Neighbourhood policing teams to lead on the management of Adult Investigations with partners. Other neighbourhood policing teams in Districts across GMP have limited and sporadic involvement in these cases- predominately where there are repeat demand, or community concerns, and when policing powers or expertise are required. This undoubtedly impacts on our neighbourhood team's ability to deal with other 'traditional' neighbourhood issues, which are important to communities, and also affects the ability of the supervisory team to lead and manage their officers, due to the significant administrative impact associated with these investigations.

As a partnership it is vital we ensure that adult safeguarding/ vulnerability, currently managed within the INS structure, continues to be addressed with partners through effective pathways which provide a high quality of care to the person, and also, is an effective and proportionate use of police resources.

The vision for local neighbourhood policing is the provision of Integrated Neighbourhood Services meetings which prioritises; ASB, crime, wider vulnerability and repeat demand and to enable to the four neighbourhood policing teams to deliver a local policing service which listens, responds and involves communities in designing solutions to issues affecting local people and communities.

In support of this wider work, is the development of a Multi-Agency Safeguarding Hub (MASH) which will triage and assess all incidents involving adults and children whether that be domestic abuse, child abuse, adult abuse or vulnerable people who go missing from home. The aim is to ensure that the right service is delivered to the individual to enable the best outcomes in the future. We are hopeful that the MASH will be up and running by the end of 2018, and I look forward to reporting its progress next year.

Below are a couple of examples of the types of outcomes we can achieve when working in partnership, and prove the value of working together:

Male In Crisis

In August to October 2017 there were 12 calls created relating to male 1 in a state of crisis stating he was suicidal resulting in Both Police and Ambulance attending.

Actions taken:

- Police and Action together visited on several occasions and formulated some actions to help male 1 to 'empower himself' to make changes in his life.
- Male 1's primary issues revolved around seeing his estranged children and alcohol misuse, with several illnesses including diabetes. We spoke with the GP to arrange a check-up for him.
- Male 1 would drink large amounts of alcohol daily. We liaised with CGL (Drug and Alcohol service) and arranged appointments for him (including calling him on the day of the appointments to ensure attendance).
- Male 1 started to attend CGL appointments which appeared to have a good effect on him and since October 2017 neither the Police nor other emergency services have had cause to attend the address of Male 1 in relation to any suicidal thoughts or alcohol related matters

Vulnerable Elderly Crime Victim

Male 2 first came to police attention as a concern for welfare after neighbours had not seen him and they knew he had not been well.

Actions taken:

- We did a re-visit after this concern and became involved with Male 2, liaising with adult social services, as well as members of the Deaf Team, who were brilliant. We put numerous safety measures in place for him after he revealed he felt he was being targeted by a local family.
- Male 2 was extremely vulnerable due to illness, age and his caring nature. Certain neighbours were always asking for money and he believed items were going missing from the house.
- Male 2 desperately wanted to move away from the area to start again. After liaising with professional from Jigsaw homes, it was suggested to Male 2 that Supported Housing would be the best option and although at first reluctant, he agreed after seeing first-hand how supported housing worked.
- We regularly visited Male 2 to make sure he wasn't receiving unwanted visits, we asked for his doctor to visit when he was too ill and for Social Services to assess him for additional support.
- Professionals from Jigsaw Housing found Male 2 suitable accommodation. Male 2 has now moved but keeps in touch.

His last message read "you are always welcome any day; I would not have safety and this lovely flat without your help. I really appreciate all you and your team have done for me"

He said he couldn't be happier and expressed how grateful he is to Police and New Charter.

As a partnership, we deal with hundreds of similar incidents each year, helping people through times of crisis and supporting them to a more stable future. This can only be achieved by forging strong links between services, which is fundamental to safeguarding the most vulnerable people in our communities.

Jane Higham (Superintendent, Thameside Police)

Tameside & Glossop Clinical Commissioning Group (CCG)

Tameside & Glossop Clinical Commissioning Group (CCG) are part of the Strategic Commissioning Organisation. We work in partnership with Tameside Metropolitan Borough Council (TMBC) to commission joined up services which will improve the health and social care offer for the people of Tameside & Glossop.

The strategic commission firmly believes that by joining up commissioning we will deliver high quality services which are more joined up as well as delivering better value for public money.

Safeguarding will continue to be at the heart of all commissioning decisions and remains embedded in all aspects of the commissioning cycle. Tameside and Glossop CCG is a statutory partner of Tameside Adult Safeguarding Partnership Board and supports and contributes to the business of the Board by ensuring representation and engagement at all Board Meetings and Sub Groups.

The Director of Quality and Safeguarding leads on safeguarding arrangements and together with the Designated Nurse for Safeguarding and Specialist Nurse for Adult Safeguarding we ensure that Safeguarding remains a priority throughout all the Organisation.

General Practitioners (GPs) are members of the CCG. In 2017/18 the Safeguarding Team supported Primary Care with the delivery of its statutory safeguarding duties by facilitating and leading Primary Care Safeguarding Leads Forums and developing a Safeguarding Web Page. In 2017/18 a safeguarding audit tool to seek assurance and monitor safeguarding standards was forwarded to Primary Care Partners in Tameside. Training has emerged as a theme and the CCG has been asked to support with this. In 2018/19 the CCG will commit to develop a level 3 Adult Safeguarding Training Package for Primary Care.

2018/19 the CCG will endeavour to continue to seek assurance across Primary Care in safeguarding arrangements with a refresh and relaunch of the audit tool and support offer.

The CCG continues to work closely with all its multi-agency partners. In 2017/18 the CCG's Adult Safeguarding Team contributed to the delivery of the TASPb safeguarding principles and making safeguarding personal agenda by its engagement with all Board Activities and Multi-agency Training.

2017/18 the CCG supported the delivery of Safeguarding Adult Managers training, Financial Abuse Awareness Training and the Launch of the Multi Agency Risk Management Tool.

2018/19 the CCG will continue with its support and will contribute to the development and launch of Version 8 Multi Agency Policy and Guidelines including additional guidance for Safeguarding Adult Managers and the delivery of Modern Slavery Training.

Safeguarding will remain at the heart of all our activity and lessons learned from all Statutory and Non Statutory Reviews will continue to be shared with Commissioners and Providers of services to drive quality initiatives and standards and safeguard Adults at Risk.

Greater Manchester Fire & Rescue Service (GMFRS)

Key officers from GMFRS have continued to attend and support the work of the Board and communicate back new local developments in relation to adult safeguarding. In addition, they have engaged with and supported other work streams including Domestic Abuse, Suicide Prevention, Dementia, Mental Health and Community Safety.

GMFRS continues to embed the principles of MSP and MECC within GMFRS culture, policy and practice. The existing GMFRS Safeguarding Policy was reviewed during 2017/18. The GMFRS Safeguarding Policy Review Group has continued to meet quarterly to keep up to date with national and local developments relating to safeguarding and is the governance group for ensuring new developments are communicated and actioned across the service. In addition, a Designated Safeguarding Officers (DSO) Operational Group also meets quarterly and reviews all safeguarding incidents that happen either within GMFRS or under GMFRS jurisdiction within the community, and ensures that standards are being met. These forums also provide an opportunity for staff to review cases and any emerging issues/risks/trends are discussed and appropriate action agreed. This group also considers any new legislation and decide, along with colleagues from within the HR function, whether any changes are required to existing GMFRS policy and procedure, and training.

Refresher training is carried out with all GMFRS DSO's, including the Community Safety Manager and Community Safety Team Leader for the Tameside area, every 2 years. A hierarchy of support is in place for staff to refer to in cases which are complex or sensitive. DSO's are available 24/7 to provide staff with advice and support to resolve or report cases in a way that achieves the best possible outcome for the individual at actual, or perceived risks.

GMFRS recognise the importance of working closely with or alongside staff from partner agencies and services. Examples of this include where we have staff embedded in Greater Manchester Police (GMP) Operation Challenger and the North West Counter Terrorism Unit. GMFRS also has a team of National Inter-Agency Liaison Officers (NILO) who receive specialist training to bridge the interoperability gap across the emergency services and other partners in extreme or emerging threat environments. Locally, the NILO officers provide a 24/7 point of advice on a range of issues, often bridging the intelligence and information sharing gap between partner agencies.

GMFRS has produced Hoarding Guidance for staff, which provides clarity on how to identify and assess the level of hoarding in a home using the Clutter Image Rating scale (CIR); and what actions to take following identification of hoarding. We acknowledge that whilst we cannot be expected to prevent a person from hoarding, we can reduce the risk of fire and the impact that hoarding can have on a person's functioning and wellbeing, through prevention activities by involving the person at all stages, and in partnership with local agencies. Capacity is often an issue in such cases and staff will work closely with partners, including mental health services, to assess capacity and balance this against the safety of the individual and also the residents of adjacent properties.

Safe and Well Visits

Safe and Well visits, for persons at increased risk of fire, have continued with 2,233 visits undertaken by operational firefighters and 294 by Community Safety Advisors (CSA's) in the Tameside area during the 2017/18. The visits are targeted towards those people whose fire risk may be increased by factors such as older age, mental health, substance misuse, smoking, physical disability, living alone, medication use and having social care needs. The aim of a Safe and Well visit is to reduce the occupier's fire risk, and to ensure that the fire risk assessment and advice that we provide is effective for each individual household. Taking a more person-centred approach to fire risk reduction means that we have an opportunity to give or signpost people to advice to improve their health and wellbeing, or refer them to specialist services. In doing this we can contribute to improving people's lives, improve public health outcomes, and further reduce fire incidents, injuries and deaths by addressing the underlying issues that increase an individual's risk of having a fire.

During all Safe and Well visits, consideration is given to any safeguarding concerns. Operational firefighters send in safeguarding referrals whilst carrying out visits, as well as then responding to 999 emergency calls. Safe and Well training and processes lend themselves well to the identification, capture and response to cases where there are concerns or emerging risks relating to adults with care and support needs. GMFRS staff attempt to mitigate immediate risk and also make immediate safeguarding referrals where needed 24/7. The Community Safety Team deals with cases where there are care and support needs that are not currently being met, and have excellent contacts with local partner agencies and support services who are able to arrange this.

GMFRS works closely with GMP and partners and receives regular referrals for priority Safe and Well visits. A priority Safe and Well visit can include the fitting of additional smoke alarms and letter box protection, and the giving of advice on how to reduce the risk of arson and accidental fires. GMFRS will aim to carry out priority Safe and Well visits within 24 hours of receiving the report of an actual threat of fire related crime or violence, or an attempted attack or a threat to kill.

Spotlight on Mental Health

GMFRS annually supports and promotes Mental Health Awareness Week and works in partnership with other agencies, such as the Alzheimer's Society. In July 2017, the service had a stall at The Alzheimer's Show, held at Event City in Manchester, where the GMFRS Safe and Well offer was promoted.

On World Mental Health Day, GMFRS reminded staff members from across the service and wider GMCA about our health and wellbeing team and the support its members offer to the workforce. Over the last year we have undertaken a number of activities to continue to fight stigma and promote wellbeing at work and have previously signed the MIND Blue Light pledge, showing a commitment to tackling stigma and making positive changes to improve mental health in the workplace.

Our Health and Wellbeing team and colleagues from the Prevention and Protection Directorate have delivered a series of mental fitness roadshows for operational firefighters, along with the Charity State of Mind, focusing on raising mental health awareness and sharing current work in this area. This was followed by an internal Extended Leadership Team conference focusing on mental and physical wellbeing.

GMFRS are working towards becoming a dementia friendly organisation. Guidance is now in place to ensure that estate refurbishments and new builds are dementia friendly, particularly within areas that are likely to be used by the public.

GMFRS Service and Referral Pathway Directories are available to all operational firefighters and Community Safety Teams, and include a decision making tree that provides first contact points under the banners of physical health, mental health, social care and support for carers.

During 2017, the service agreed to support the Herbert Protocol, a national scheme introduced by GMP which aims to help improve the chances of finding a vulnerable person if they go missing.

As part of the GMFRS Health and Wellbeing Strategy, a number of volunteer chaplains provide practical and emotional support to operational firefighters/dependents, and other staff members/volunteers.

Training/Learning

Approach to Safeguarding Adults e-learning training:

Over 2,000 (approx. 95%) members of staff have now successfully completed and achieved the required standard.

Advanced safeguarding training:

4 days' training delivered to 11 staff from Youth Engagement and Community Safety Teams.

Domestic Abuse - Everyone's Business training:

Training, provided by Women's Aid, delivered to 48 members of support staff. 6 further sessions are programmed to be delivered to operational firefighters as well as support staff. The aim of the training is for GMFRS staff to understand, identify and respond effectively to domestic abuse.

WRAP (Workshop to Raise Awareness of Prevent) training:

A 2 hour interactive facilitated workshop is being delivered to operational firefighters and support staff on a rolling programme. Aimed at frontline staff, the introductory workshop to Prevent is about supporting and protecting those people that might be susceptible to radicalisation, ensuring that individuals and communities have the resilience to resist violent extremism

Dementia Friends training:

As part of our journey to become a dementia friendly organization, 110 of our 155 operational watches have participated in Dementia Friends' sessions on stations, as well as the majority of our Community Safety Teams.

Mental Health First Aid at Work training:

This 2 day course, which qualifies participants as a mental health first aider, provides an in-depth understanding of mental health and the factors that can affect wellbeing. The training is being rolled out across the service to operational firefighters and support staff.

Quarterly safeguarding lunchtime learning sessions:

Sessions for staff and volunteers have taken place including:

- Countering Far Right Hatred and Division: delivered by a representative from Small Steps Ltd. (run by former members of far-right organisations who have rejected violence and far-right narratives and who are now committed to exposing and eradicating far-right extremism in the UK).
- Child Sexual Exploitation: delivered by Barnardo's.
- Domestic Violence and Honour-Based Abuse.
- Extremism and Radicalisation.
- Surviving and Thriving in the Workplace (looking at the importance of mental wellbeing in the workplace).

Trapped training:

Delivered by GMP's Operation Challenger team, the training involved 2 ad hoc sessions delivered to Community Safety Managers, raising awareness of the criminal exploitation of children and vulnerable adults by criminal groups.

Get Safe Online training:

Tameside Community Safety Team participated in training delivered by GMP, designed to equip participants with a basic level of knowledge sufficient to keep themselves safe and to provide information and advice to others on keeping safe whilst using the internet, including basic information on common terminologies and types of crimes involving an online element.

Challenges

GMFRS is currently experiencing a period of unprecedented change and review, having transferred over to the Greater Manchester Combined Authority (GMCA) in April 2017. In March 2018, the Mayor of Greater Manchester, Deputy Mayor, Interim Chief Fire Officer and GMCA Chief Executive announced a whole service review of GMFRS to look at leadership and culture within the service and ultimately redesign how fire and rescue services are delivered. This followed the postponement of some elements of GMFRS' Integrated Risk Management Plan 2016-2020 (IRMP) in December 2017, a significant change in senior management within the service, and the publication of the Kerslake Report. Although the review may present a number of challenges, it also provides the opportunity to look at the way we operate and how we can become a stronger, more cohesive, effective and efficient service.

Looking Ahead

- Roll out further safeguarding awareness training to Tameside operational crews.
- To have specific Domestic Violence guidance as an addition to our current GMFRS Safeguarding Policy.

Louise Atkinson (Community Safety Manager, Greater Manchester Fire & Rescue Service)

Integrated Care NHS Foundation Trust (ICFT)

This is the Tameside and Glossop Integrated Care Foundation Trust (ICFT) annual Adult Safeguarding Report for the period April 2017 to March 2018.

The ICFT recognises that all health professionals have an obligation to safeguard Service Users and their families. They do so by utilizing multi-agency policies and protocols, sharing information and pursuing their professional curiosity. At the heart of effective safeguarding arrangements is the principle of partnership. Throughout the year the ICFT has been able to demonstrate a visible commitment to this, evidenced by participation on a number of integrated Boards and sub groups, which clinicians and Named professionals have actively contributed to.

During 2017/18 the ICFT has remained an active participant in the Tameside Adults Safeguarding Partnership Board; (TASP). The Named Nurse for Safeguarding Adults and Prevent has regularly attended the partnership meeting and has had significant involvement in establishing the anti-terrorism/anti-radicalisation Channel Panels as well as leading on the introduction of the Greater Manchester Police Herbert Protocol within the ICFT.

Internally, the ICFT Integrated Safeguarding Committee (ISC) has led a number of developments - achievements of both the committee and the Adult Safeguarding service are described in this paper. Looking forward, the ISC has formulated annual training plans and performance score cards for 2018/19. These are being used to drive improvement and provide assurance to the ICFT Board. Central to the delivery of the plans for 2018/19 will be the creation of an Integrated Operational Safeguarding Group (IOSG). This will be led by the Deputy Chief Nurse and will be the engine room for integrated activity across safeguarding domains and operational services. The score cards will be used by the Operational Safeguarding Group to ensure that performance in areas such as mandatory training and safeguarding supervision is improved, and agreed targets are achieved.

Safeguarding Adult Managers (SAMs)

The ICFT has continued to effectively respond to Section 42 enquires through an embedded Safeguarding Adult Managers (SAMs) empowerment framework. This model maximizes the competencies of the specialist named professionals and advisors by developing and empowering Safeguarding Adult Managers (SAMs) to safeguard adults at risk of harm or abuse. During 2017/18, this work has continued in terms of developing confidence in effective decision making and maintenance of a required level of safeguarding expertise. ICFT were involved in the launch of the multiagency SAM toolkit at the annual TASP SAM development event in November 2017, in recognition of the challenges and complexities associated with Section 42 enquiries and concerns. Over 100 SAMs are currently available across the ICFT to respond to/ manage multi agency processes, including named SAMs within several community services located in the neighbourhood localities. Whilst a number of SAMs (61) were involved in leading safeguarding concerns, the model encourages SAMs to champion and raise awareness of the wider training and policy requirements associated with the Care Act. During 2017/18 the Named Nurse also developed a framework for safeguarding adults' supervision, to support all SAMs for instance those within high risk areas to effectively manage enquiries.

Performance Indicators

A small number of local operational performance indicators were identified during 2017/18 by the safeguarding team to support delivery of essential outputs. These have been incorporated within the ICFT Safeguarding Adults annual plan and training trajectory framework for 2018/19 to provide ongoing assurance.

Mandatory training competencies in safeguarding adults are aligned to the local and national Care Act requirements, with an expectation of a minimum 3 yearly update. A blended approach, which includes both E-Learning and classroom opportunities for staff to meet their Mental Capacity Assessment training requirements, is in place. Reviewing training requirements is an ongoing process which will continue into 2018/19 and it is good to note an increase in training compliance at the end of year position (61.6%).

Where training targets were not achieved during 2017/18, urgent plans of action were introduced by the Safeguarding service, including the delivery of a number of bespoke training sessions, review of internal training recording models and targeted training for staff for in hard to reach areas including medical and volunteer staff.

Key achievements and training progress is described in the table below.

Safeguarding Adults Performance Outputs 2017/18	Achievements
75% of section 42 cases related to the ICFT to be closed in 45 days	Achieved
All Safeguarding adults cases to be closed within 6 months	Achieved
Achieve 95% L2 Safeguarding adults mandatory training	89% end of year position – improvement plan in place and on track. Status at Q1 2018/9 is 94.6%
90% of inpatient cases with a MAPPA restriction will have electronic safeguarding alerts in place within 48hours	Achieved
Achieve 85% Wrap L3 statutory training requirements	51.5% end of year position - improvement plan in place and currently exceeding trajectory. Status at Q1 2018/19 is 92%.

Making Safeguarding Personal (MSP)

To maximize the potential for further learning, all section 42 ICFT-related Safeguarding enquiries are followed up by the Safeguarding service. To strengthen this further the 2018/19 annual plan includes the completion of an audit to review all ICFT related cases with a substantive outcome to assess if ‘what we said we would do’ was implemented and the voice of the adult at risk is ‘heard’ to provide ongoing assurances and prevent re-occurrence of any abuse or harm. This approach supports the launch of the ICFT “MSP” statement posters detailing Care Act principles to ensure making safeguarding personal remains a key driver in decision making processes and that decisions made centre around the individual at risk.

Trends & Activity

As in previous years, the main safeguarding concerns raised relating to ICFT during 2017/18 concerned neglect or acts of omission (i.e. unsafe discharge, pressure ulcer management, missed district-nursing visits), followed by physical abuse, and self-neglect. The safeguarding team is closely linked with the divisional leads to feedback and address work associated with these areas, resulting in the review of discharge processes, introduction of training for pressure ulcer verification and review of care models for district nursing. The high number of reported neglect or acts of omission is reflective of the local and national picture.

The ICFT has supported the safe Deprivation of Liberty Safeguards (DoLS) for adults who lack capacity and made a cumulative 152 referrals to supervisory bodies within Tameside and Derbyshire Council, a decrease of 34 compared with the previous year (186). Of these referrals, 43 received standard authorisations - an increase of 11 compared to 2016/7. Notably, the majority of these patients were discharged, transferred or died before formal assessment/ formal authorisation could be completed by the local authority. To maximize staff competence and awareness, the ICFT introduced a new practical DoLS “practical paperwork” training and weekly spot checks to increase staff awareness of the Cheshire West DoLS criteria and use of a DoLS care plan. Aligned to this, the ICFT awaits the outcome of the anticipated changes and recommendations made by the Law Commission in March 2018 for the future shape to the current statutory DOLS responsibilities, with proposals for the introduction of new Liberty Protection Safeguards (LPS)

During 2017/18, there were 3 new Prevent related incidents, reported through the local Prevent systems bringing the number of cases reported by the ICFT to 13 to date. Each case was risk assessed by the Named Nurse and the local Prevent Police lead as low risk. This reflects the drive to support staff in meeting their statutory responsibilities by providing WRAP Level 3 and Basic awareness (L1 -2) training, so that a proportionate response can be undertaken.

During 2017/18, the Named Nurse assumed the lead role for Multi Agency Public Protection Agency (MAPPA) activity to provide focused leadership within this area. Several systems were introduced during this period to provide closer monitoring of activity (previously not recorded) and the development of a robust governance framework for tracking both high and low risk MAPPA cases accessing ICFT services. This work has included developing strong interfaces with the local Probation and Police services (Nexus House), children and community services and the development of a care plan to sensitively manage and coordinate any identified legal restrictions(S). The number of MAPPA related attendances to the ICFT during this period was 15 from a starting position of 0 in 2016/7.

Partnership Working

The ICFT continues to play an active role in the Tameside Adult Safeguarding Partnership Board (TASPB) with representation in all key sub-groups of the Board. In particular, the ICFT has played an active role in the SAM development events and in supporting the annual national World Elder Abuse Awareness day, which focused on domestic abuse in older people. Of note, the TASPB has seven strategic priorities for the period 2016-19; partnership, leadership, empowerment, prevention, protection and proportionality, accountability and learning and continual improvement. The ICFT annual development programme for integrated safeguarding improvement and associated milestones is aligned to these strategic multi-agency priorities together with the commissioning requirements outlined in the NHS England Performance contract for 2018/19. Work will continue as the ICFT progresses its strategic ambitions in relation to its wider integration agenda, proposals for integrated Adult Health and Social Care framework and its statutory safeguarding responsibilities. Staff within ICFT will also access multi agency training events set to take place in 2018/19 with places reserved for staff to meet new challenges associated with MAPPA cases, requests from Coroner's office and legal matters associated with adults at risk of harm and abuse. This will also support collaborative working with the sharing of joint agendas with colleagues within Children's' Safeguarding Board/Teams.

Conclusion

The ICFT remains committed to building effective and sustainable relationships with its partner's agencies and meeting its wider strategic and operational Care act obligations outlined and as will continue to build up new opportunities and work with colleagues to address any new and forthcoming challenges in the next 12 months.

Paula Flint (Deputy Chief Nurse) and **Naz Khadim** (Named Nurse and Head of Safeguarding Adults & Prevent)

Healthwatch Tameside

Healthwatch Tameside is the consumer champion for health and social care services. It represents the voice of service users in Tameside in relation to their experiences of safeguarding practice. The primary focus is on understanding the needs, experience and concerns of people of all ages who use services, and to speak out on their behalf.

The skills and expertise of Healthwatch Tameside make a significant contribution to Tameside Adults Safeguarding Board Principle of Empowerment: that 'people are supported and encouraged to make their own decisions and informed consent'.

Healthwatch Tameside undertakes this role in four key areas. These are to:

- Ensure the voices and experiences of service users are heard and fed into the planning of services
- Help shape the design and delivery of health and social care services
- Hold services to account
- Support the resolution of any NHS and Social Care complaints and aim to ensure lessons are learnt.

Healthwatch Tameside achieves this by:

- 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
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Enabling people to monitor and review the commissioning and provision of care services
- Providing information and signposting support
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with a network of health champion to improve services and to empower local people
- Providing an independent complaints support service.

During the past year Healthwatch Tameside has undertaken a range of work with the people of Tameside including contact with over 2,500 people. This has been via outreach sessions, community events, surveys, focus groups and the complaints service.

The information received was analysed and anonymous data provided information about services and experiences. This was used to inform service commissioners and improve service delivery.

The independent complaints service has supported people to raise concerns appropriately, to be addressed promptly and prevent escalation; it has enabled the most vulnerable people to have their voices heard. The complaints service has supported people to make speedy referrals to statutory agencies where any potential safeguarding concerns have arisen.

Healthwatch Tameside is proud to be a member of the Tameside Adult Safeguarding Board, meeting the Care Act requirements, and working with partner agencies to protect and promote the welfare of vulnerable adults in Tameside.

Viki Packman (Manager, Healthwatch Tameside)

Summary

The Safeguarding Activity for Tameside Adult Safeguarding Partnership Board facilitates the opportunity for TASPb to interrogate the data to increase the Boards understanding of the prevalence of abuse and neglect locally. The reduction in Safeguarding Adult concerns and enquiries evidences the focus is on prevention and proportionality. The partnership approach has contributed to TASPb successful response to the 17/18 priority '...to ensure a proportionate and consistent response to Adult Safeguarding, reducing the number of Section 42 Enquiries.' However, despite a reduction of section 42 enquiries, Board acknowledge there are areas that may be under reported such as Domestic Violence and Sexual Exploitation. Further work with Staff and the Community to raise awareness of abuse in these areas will continue. In addition the work to develop a proportionate response and embed the Safeguarding Pathway to Decision Making Model will remain a priority for TASPb.

Additional evidence of Partnership working is the development of a joint protocol across the Safeguarding and Childrens Board, Community Safety Partnership and Health and Well Being Board. TASPb are assured the approach will be productive the initial work to confirm shared priorities supports this. The development of these agendas via the proposed joint working approach will be a key driver for TASPb during 18/19, ensuring effective use of resources.

Each partner agency has a responsibility to ensure the protection of adults. The single agencies reports illustrate this. There are occasions individual TASPb Leads frequently champion specific areas of work. The launch of the Herbert Protocol in Tameside is a good example of this and also demonstrates how TASPb work in Partnership to support preventative Strategies.

It is evident TASPb are committed to ensuring that the Safeguarding Adult Framework is effective. The introduction of the Audit Tool provides assurance to TASPb that the procedures are fit for purpose. In addition TASPb adopt this approach to provide an opportunity for challenge and ensure that practitioners and the Adults contribute to the development of the Safeguarding Adult Framework in Tameside.

The Board acknowledges the responsibility to carry out Safeguarding Adult Reviews as appropriate. TASPb had cases presented for consideration and used the opportunity to develop and improve the Learning Framework. This demonstrates Board Commitment to facilitating opportunities for learning.

TASPb constantly strive to be effective and build on existing good practice. The 'My Life in Tameside and Glossop' website demonstrates this. Board intend to continue to support the development of this with the knowledge that going forward this area of work will inform TASPb prevention strategy.

Training is well attended and the TASPb Training programme is productive in supporting

Practitioners to deliver the Safeguarding Adult arrangements. It is an expectation that Boards will work together in 18/19 to promote safeguarding agendas and deliver joint training. This will ensure that resources are used effectively providing learning opportunities for Practitioners and empowering the Adults in the Community.

Empowerment is the principle which applies to all the work streams. The Making Safeguarding Personal approach TASPb adopt clearly evidences the Boards commitment to this. Despite the challenge to complete the MSP surveys, TASPb have continued to be assured that Adults identify their outcomes and where possible these are achieved. During 18/19 TASPb will focus on strengthening these arrangements.

TASPb have been successful during 17/18 in meeting their identified priorities. The Board is assured the Safeguarding Adult Framework in Tameside is fit for purpose. However, TASPb acknowledge there remains further work to strengthen this agenda. As during previous years this can only be successfully achieved working in Partnership. To ensure effectiveness of the Board, the development of this agenda within existing resources will inevitably put more emphasis on the need for partnership working. TASPb embrace the opportunity to work with other Partnerships and Boards in Tameside to assure itself that local safeguarding arrangement and partners act to help and protect adults in Tameside. Subsequently, TASPb priorities for 18/19 are:-

- work to engage the Community in the safeguarding agenda and empower individuals to take action
- collaboration between partners to create a framework of inter-agency arrangements and encourage joint working to ensure an effective approach to safeguarding
- secure long term financial arrangements and contributions from Partner Organisations

Glossary

Glossary of Terms

BCF	Better Care Fund
CCG	Clinical Commissioning Group
CSP	Community Safety Partnership
CQC	Care Quality Commission
DoLS	Deprivation of Liberty Safeguards
GMFRS	Greater Manchester Fire and Rescue Service
GMP	Greater Manchester Police
HWB	Health and Wellbeing Board
ICFT	Integrated Care Foundation Trust
MSP	Making Safeguarding Personal
SAM	Safeguarding Adult Manager
TASPB	Tameside Adult Safeguarding Partnership Board
TSCB	Tameside Safeguarding Childrens Board