

## Salford Safeguarding Adult Board (SSAB) Meeting Minutes

**Meeting Date:** 3<sup>rd</sup> March 2022

**Location:** Virtual meeting, Microsoft Teams

**Time:** 10:00am to 12.30pm

**Chair:** Dr. Stephen Pugh

**Minute taker:** Michelle Hulme

### **Statutory Partners Present:**

Stephen Pugh, Joint Independent Chair

Francine Thorpe, Joint Independent Chair

Mark Albiston, Divisional Director of Adult Social Care, Salford Royal Foundation Trust

Cath Gormally, Director Adult Social Care, Salford Royal Foundation Trust

Gareth Jenkins, Detective Chief Inspector, Greater Manchester Police (GMP)

Elizabeth Walton, Assistant Director Safeguarding and Quality/ Designated Nurse, Clinical Commissioning Group (CCG)

Judd Skelton, Assistant Director Integrated Commissioning, Salford City Council (SCC)

Jacque Purser, Head of Continuing Care, Salford CCG

### **Attendees:**

Jane Bowmer, Business Manager, Salford Safeguarding Adults Board (SSAB)

Guy Twemlow, Shared legal service, Manchester City Council

Jane Whittaker, Adult Safeguarding Lead, North West Ambulance Service (NWAS)

Diane Ferris, Advocacy Service Manager, MIND in Salford

David Cope, Finance Manager, Salford City Council

Cathryn Buckley, Head of Adult and Child Safeguarding, GMMH

Michelle Hulme, Training and Development Officer, Salford Safeguarding Adults Board (SSAB)

Julie Craik, Service Manager, Housing Strategy Team, Salford City Council

Michelle Warburton, Voice and Influence Manager, Salford Community Voluntary Sector (CVS)

Sue Sutton, CEO, Salix Homes

### **Apologies**

Charlotte Ramsden, Strategic Director Children and Adults, Salford City Council

Councillor Merry, Salford City Council

Councillor Bailey, Salford City Council

Anthony Shimelt, Head of Safety and Decency, Sodexo, HMP Forest Bank

Ben Whalley, Head of Operations, Gaddum centre

Cath Barningham, Director of Care & Support Service, Age UK Salford

Carole Holland, Assistant Director of Nursing, Salford Royal Foundation Trust

Danielle Buckley, Community Rehabilitation Company

Gail Winder, Assistant Director of Nursing, Salford Royal Foundation Trust

Andy Pownall, Community Safety Manager, Greater Manchester Fire and Rescue Service (GMFRS)

Alex Leach, Chief Officer, Healthwatch Salford

Ann Brooking, Head of Social Work, Salford Care Organisation

## **Item 1 Introduction and Apologies**

Introductions were made and apologies were noted.

## **Item 2 Previous Minutes, Actions, SSAB Workplan, Risk Register and Budget**

### **2.1 Minutes**

MH stated that she had attended the December meeting but this wasn't captured in the minutes, and Emma Ford had left the authority sometime prior to the meeting so suggested she should be removed from the apologies.

The minutes were otherwise agreed to be an accurate record of the previous meeting.

**Action:** MH / JB to amend the previous minutes.

### **2.2 Action log**

The action log was shared. All actions had been completed.

### **2.3 SSAB Workplan**

MH updated that the workplan had been produced for the first year of the 3-year strategy. Many workstreams had progressed well with a number of things being completed. She explained that they were about to update the plan for the new financial year and a number of things would carry over, including the policy review and commissioning Tri-X and the communications with diverse communities. She added that some engagement work with regards to this had recently begun, including the Adult Social Care sensory team, the Deaf community and the Orthodox Jewish community.

JS asked about the Orthodox Jewish community and whether this was being done jointly with Bury and Manchester as the community cuts across all three LAs. MH responded that she was aware of this and had already contacted colleagues in both areas.

FT asked about people's stories, she felt that when these had been shared in the past, they had been really powerful. MH explained that the process was still in place for people to share their stories, but unfortunately people were not being identified and referred in. This had been picked up in other sub-groups and Ann Brooking / Eileen Coneely had taken steps to try and address this.

In addition, MH and JB met with Diane Ferris from Mind to explore how they might be able to support this either by identifying people who might be willing to share their stories or by obtaining stories.

### **2.4 SSAB Risk Register**

JB explained that updates for March 2022 were still needed. She also explained that the risk regarding the creating of the GM Integrated Care System may need to be amended and split and asked EW to explain more about this. EW advised that when considering the risk, there were 3 areas she had identified and she felt that the level of risk they presented was different. The 3 areas were:

1. Ability of the ICB to fulfill its statutory functions with regards to safeguarding;
2. Concerns around potential resource, currently filled by the CCG at place level; and
3. Funding contribution to the SAB.

She added that she felt the first one (statutory functions) was less of a risk as this would likely transfer over and the current governance would help to fulfill those statutory functions. However, for the resource, EW explained that we don't have appropriate people in post or clarity of how it might look and similar for financial contribution, we've had confirmation for the next 12 months but beyond that is unclear.

FT responded that from what EW had said, she didn't feel the first one was a risk and needed to be on the risk register, however the other two elements did present a level of risk. It was agreed that the risk register would be amended to reflect the discussion.

**Action:** EW / JB to amend the risk register to reflect this discussion; to break down into the different risks and score them.

SP added that he was concerned regarding the potential loss of resources, but also the quality and standards, particularly as Salford CCG has been consistently performing as outstanding.

## 2.5 SSAB Budget

JB explained that David Cope had sent apologies and was going to be leaving the authority at the end of March so we would be having a new finance officer appointed.

SP stated that the budget was in a healthy position. Members approved the budget.

JB added that recruitment was underway for the 2 vacant posts within the SSAB team and if both posts were filled then this would impact on staffing costs within the budget.

## 3. Business Managers update

JB explained that the report was quite extensive due to the amount of work going on. She wanted to bring members attention to the items highlighted in blue.

1. Assurance Areas – work is taking place to develop an assurance framework and strengthen this. JB has had some discussions with colleagues in the other partnerships (CSP, Children's and Health and Wellbeing) with the aim of aligning this and reducing duplication. Proposed assurance areas for 2022-23 are: Exploitation, Safeguarding Effectiveness, Domestic Abuse, Safeguarding Training including from commissioned providers. A joint spotlight report on Exploitation is being produced.
2. SSAB Workplan – work taking place to update this for 2022-23.
3. National research that we will be involved with. David Orr has produced a short video (10 mins) which explains more about this, including the next steps. SP added that David had been in touch with him regarding the governance arrangements of the SAB and the research. SP has responded and he explained that the first stage of NHS approval has been given but until that full approval is given nothing can be done. FT queried whether the CCG Research Team needed to be made aware given that it is linked to NHS research. EW confirmed she will do this as it also links with self-neglect research being conducted locally.  
**Action:** EW to share information about the research with the CCG Research Team.
4. Recruitment – JB explained the closing date for both vacancies (P&Q and Business Support) has now passed. JB will be checking responses and will be shortlisting next week.

5. JB explained that she has changed the SSAB agenda so that sub-group updates are now included in the Business Manager's update to allow for more discussion during the main agenda.

### 3.1 Safeguarding Effectiveness Group (SEG)

EW explained that there were challenges around the developing dashboard, which she and JB are currently trying to resolve / seek some clarification on. It seems that some issues are linked to Liquid Logic and the migration of data (including some things not being moved over as intended), and some linked to BI resource.

EW stressed the importance of the data as an absence of it means the SEG is unable fulfil its function on behalf of the SSAB.

MA explained that the BI element is provided by the council. He explained that Liquid Logic is national system used by many local authorities that is designed to produce the statutory returns and in addition to this each area has individual requirements. MA felt that there needed to be an understanding of all the asks of council BI team to provide the necessary assurance. Currently different services will be making different requests from the BI team. As a system, we need to take responsibility and determine priorities and timelines to prevent the demands and competing priorities being seen in isolation.

FT agreed this sounded like a sensible way forward but queried whether this could be explored prior to the next joint chairs meeting with Tom (Stannard) and Charlotte (Ramsden). She stressed that the SSAB would need to produce an annual report and lack of data to do this would create a problem.

MA suggested a short meeting with JB, EW and Paul Walsh to determine the absolute must haves and the timeline so that a plan can be agreed.

JB confirmed that the Joint Chairs Meeting is on 22<sup>nd</sup> March 2022, but they are held quarterly.  
**Action:** Meeting to be arranged with MA, JB, EW and Paul Walsh to discuss dashboard data and current concerns.

SP asked what the consequence of not being able to complete the statutory requirement to produce the annual return. MA explained that he had not been in that position but Liquid Logic is built to return statutory data, and stressed that this is not a position we would want to be in.

JS confirmed that it had been escalated to Charlotte Ramsden. JS agreed a piece of work needed to clarify the absolute minimum data set, the way in which to obtain this and what's required. He will follow up with Charlotte Ramsden and let her know it will be raised at the joint chairs meeting.

**Action:** JS to let Charlotte Ramsden know that this will be brought to the joint chairs meeting.

JB asked whether the concerns regarding data needed to be added to the risk register.

It was agreed that work to be carried out first to clarify the position and then review whether this needs to be added to the risk register.

**Action:** JB to put this on the agenda for the next SSAB Meeting, under the risk register review.

EW updated that the CCG had shared some of their data with partners to encourage them to consider what they might be able to also share as part of development of a multi-agency dashboard.

### 3.2 SAR Panel Update

JB also gave a brief update on the current position regarding SARs which is also included in the Business Manager's report. The current situation is as follows:

- 2 Mandatory SARs ongoing
- 1 mandatory / joint DHR ongoing
- 4 discretionary SARs
- A number of decisions pending

FT noted that the report also included some information about new law on restraint and asked whether CB would like to bring something to a future meeting, or whether this is being overseen by any of the sub-groups. She clarified that this would be in relation to work already being done. JB confirmed this had been discussed briefly at the IIN sub-group.

**Action:** CB to clarify what's happening and whether anything needs to come to a future meeting.

### 4 Mind Advocacy Service – Diane Ferris

Due to only having 10-minute slot, MH circulated some additional information provided by DF prior to the SSAB meeting.

DF explained that Mind in Salford have provided statutory and non-statutory advocacy for 10 years. She explained the different types of advocacy services provided including IMHA (Independent Mental Health Advocacy), IMCA (Independent Mental Capacity Advocacy), Care Act, NHS Complaints and community advocacy.

Included in the documents shared is:

- Presentation to inform professionals about different types of advocacy, how and when to refer which was recently delivered as a bite-size briefing arranged by MH.
- 12-month report so members could see details about advocacy provided over the last year. DF explained that there were 1394 new referrals and the service advocated for 2005 people. She explained the difference in the figures (611) was because they sometimes support people for a period of time so some will have been referred in the previous year.
- Safeguarding addendum report – looking specifically at safeguarding cases in the last 12 months.
- The reports also include case studies which give examples of the different work that's carried out.

DF explained that they have continued to work throughout the pandemic but had to work differently e.g., home visits done in garden, over phone etc. One of the main challenges they have faced is being unable to attend appointments with people although this is starting to change. She said that Mind had also made several safeguarding referrals where concerns were identified by the advocate.

MA – asked whether there had been any challenges getting a follow up to a safeguarding concern, if the adult didn't have ongoing care and support needs. MA was keen to ensure that everyone

has a clear understanding that the statutory safeguarding duty is a stand-alone duty and is about presence of risk, not linked to care and support needs.

DF clarified that they would work with the person regardless as the community advocacy affords that flexibility. She went on to say that a challenge for them is often being involved in the process very late on and this needs to happen at the earliest opportunity to afford them time to get to know the person.

MA agreed that this is important and suggested that any barriers to preventing advocacy could be a future assurance topic.

JS thanked DF and fed back that he thought the information shared was great. He commented that it was brilliant to see the numbers relating to Care Act and IMCA advocacy. He asked about resource and capacity within the team, queried the impact of demand for statutory advocacy on non stat / community advocacy which was felt to be important and advocacy for Carers (under the Care Act).

DF responded that they have a great team who are committed and work flexibly across the different types of advocacy. She explained how many areas don't have community advocacy, however there are huge preventative benefits of this and she felt this reflected the forward thinking nature of Salford.

She confirmed that they are seeing quite a lot more referrals for Carers / Care Act and many of which are linked to children's services and children's safeguarding processes.

EW felt the data was really helpful and she felt it would be good to get this type of data to the SEG. She asked about connectivity to the neighbourhoods and queried whether this would lead to a rise in referrals in some of those neighbourhoods where the numbers are quite low.

DF responded that she felt referrals from GPs was quite low, however they are often the first point of contact. She said they were planning to do further sessions to raise awareness. EW also felt that there may be a role for Advocacy in supporting the high-risk panel.

**Action:** DF / EW to consider advocacy data that could be shared with the SEG.

FT agreed that this was really helpful presentation; she felt that it articulated the voice of the adults and felt it would be great if Mind could help to secure stories from people who they had supported; she felt that the data showed more people were being supported in the more deprived wards which she felt was a positive. FT referred to a recent SAR (Mathew) and asked whether an advocate may have made a difference in this case. JS queried whether in mental health services, they tend to think of advocacy as the IMCA, rather than considering the community advocacy for people who may need some support but not necessarily meet the threshold for IMCA. He also added that the new Living Well service which was on the agenda later is intended to help people like Mathew.

JB commented that DF had been invited to attend the SSAB meeting to provide assurance in respect of SAR Kannu.

DF confirmed that she has begun to work with JB and MH to look at how they can support the SSAB to obtain people's stories.

MA invited DF to attend an ASC leadership meeting. He felt that there was an opportunity to look at other cases where there are different view points from the adult and family members and

explore what more can be done to ensure people's wishes and feelings are guiding the action taken.

**Action:** MA to send invite DF to ASC Leadership Meeting.

JB referred to the Bite Size briefing and said the link to the recording would be shared.

**Action:** MH / JB to share the link to the recording.

## 5 Area of Assurance – GMP

GJ has sent an assurance report with more details.

He gave background, explaining that a HMI (Her Majesty's Inspectorate) Report in 2020 found GMP to be inadequate with regards to crime recording and it was effectively put into special measures. GJ said explained that since then, things have begun to improve. A new Chief Constable, Steve Watson has been appointed and 15-16 months on from that report things are starting to feel significantly different.

He explained that a further HMI report had been published today and that is up to September last year, so improvements have continued since then. GJ outlined some of the changes which include:

- Changes to the Leadership Team including bringing in senior leaders from other areas.
- Uplift in leadership resource – previously had senior leaders managing clusters. Now each district has it's own Chief Superintendent who is accountable.
- The uplift has been replicated across Superintendents and Chief Inspectors.
- New – 'Plan on a page' - encouraging back to basics.

GJ explained that many officers want to do a good job and need to know what this looks like. He felt that they are starting to see a culture shift. He explained that they will aim to respond quickly, investigate crimes, arrest offenders, look after victims etc. Previously and partly due to austerity, some crimes were being 'screened out' and filed with no action taken.

Crime recording has improved and GMP are now in the top quarter of all forces with regards to crime recording.

GJ said it is recognised that the greatest asset is frontline officers so there has been significant investment in training called Think Victim 1 and Think Victim 2 which includes safeguarding. They are the ones who go out and provide the response.

He also said that GMP are improving arrangements for auditing and benchmarking with the aim of identifying any issues early so that remedial action can be taken at the earliest opportunity.

Mr. Terry Woods, Deputy Constable – produced a short video report which refers to green shoots of recovery.

**Action:** GJ to provide the link to this video / report.

CG Felt this was a really positive presentation and asked if GMP are seeing any results in key metrics, although felt it might be too soon. She also talked about prevention of crime, she gave a personal example and asked how prevention of crime is captured.

GJ responded saying that they are starting to see improvements including responding faster, arresting quicker, less retained open incidents. He said that waiting times had reduced from what in some cases was 7 weeks to a couple of days.

FT thanked GJ for the report and confirmed that she felt assured by the update, that there were metrics being tracked and clear governance arrangements in place.

GJ added that previously GMP weren't working in most effective way and neighbourhood policing was lost. This has been recognised and work ongoing to rectify this and restore public confidence.

SP thanked GJ for his input which was very positive. He suggested that GJ return in 6-months to provide a progress report.

**Action:** JB to add this to the agenda for the September SSAB meeting.

## 6 Area of Assurance – Key challenges from Covid and building back

FT referred to a session that she and SP attended in November (a link to the minutes was circulated). FT asked, as a SAB, how do we get assurance that safeguarding hasn't been adversely affected during the pandemic.

A few examples were given including, moving to remote working, remote MCA assessments, lack of oversight and scrutiny of providers, whether there are certain groups who have been greater / less affected. FT felt that partners would already be considering this as they build back and adapt to living with covid but asked what information is needed for the SAB to provide assurance regarding this.

MA explained that a substantial safeguarding issue had emerged due to a lack of intelligence emerging due to the remote working arrangements and stressed the importance of casual observations. MA felt that there is a need to get back to face to face safeguarding meetings.

JS referred to a piece of work currently being completed which is a risk assessment in relation to adult social care and this includes impact of the pandemic. JS suggested that this could be used to feed back to the board.

SP asked how partners how this should be managed and how partners wanted to report back.

CG talked about learning and benefits during the pandemic but also the need to ensure efficiency and convenience doesn't prevent the important work based in building relationships. She stressed that whilst some people will like remote appointments, others will not so it is important that everything is done in an inclusive way.

**Action:** SP / FT / JB / JS to agree a format for requesting the information and reporting back at the next board meeting. FT suggested agreeing a series of questions to generate a consistent response.

## 7 Living Well Model

JS referred to SAR Mathew mentioned earlier and suggested that it is hoped that this service would have supported Mathew. JS explained this has been a 3-year piece of work. The model was developed initially in Lambeth and was intended for people who are too complex for Step 3 IAPT

(Improving Access to Psychological Therapies) services but not meeting criteria for community mental health services. This tends to lead to them not getting the support they need and often leads to further mental health decline. Salford applied to be one of 4 pilot sites and was selected. JS explained that throughout the development, they have tried to work in a co-productive / co-designed way with people with lived experience, with the voluntary sector and mental health trust. The aim was to develop a model that's strengths-based, person centred etc.

There were various stages during the design phase, including ethnographic research with people who were in that cohort to really understand what worked or them.

There has also been the development of Wellbeing Matters so it was important to have a good interface with this. People can be stepped up from Wellbeing Matters into Living Well or vice versa; or stepped down from Living Well into Wellbeing Matters for ongoing support.

The Interim evaluation was extremely positive with regards to performance data but there was also great feedback from people who had received support.

JS explained that they are currently in phase 3 of the project with is full roll out of Living Well across the city. He outlined the model, which includes a Living Well hub which includes a range of multi-disciplinary colleagues, and 5 neighborhood teams and people will work across the whole community to provide support. It is estimated that 5000 people will be supported by this service.

FT commented that it was fantastic to see how far this work has come. She was pleased to hear that JS believes it may have supported Mathew and it's really positive that we are learning from people's experiences.

MA asked about substantive funding of posts. JS confirmed that funding is in place for all posts and there is a recruitment drive for all vacancies.

**Action:** JS / MA to discuss funding for posts outside of the meeting.

JC asked how the housing options worker is linking in with the housing advice team. JS responded that this post isn't currently filled so conversations are just starting to take place.

## 8 Harms Level Guidance

MA updated that SSAB was expecting a guidance note (as opposed to policy); to provide guidance on how to interpret and respond to concerns that are care quality and issues that are adult safeguarding, including when it's appropriate to cause an enquiry to be undertaken by a provider. MA has reviewed the draft document and felt that some changes were needed before it comes to the SSAB. He felt that it is important to have the appropriate arrangements in place to inform the work of the QIN (Quality Improvement Network).

MA clarified that further work will be done and this will be brought to the SSAB in June.

**Actions:** MA to finalise the Harms Level document and JB to add to the agenda for the SSAB in June.

## 9 National and Regional Updates

JB advised that at the end of January a new practice guidance document was published, 'Revisiting Safeguarding Practice' – a link was shared in the agenda. JB confirmed that a piece of

work is currently being done to review ourselves against this document with the aim of providing assurance.

JB updated that a national SAR library is being created so we've provided links to our published SARs since 2019. Once it's live, JB will share the link with members.

#### **10 Agreed information to be shared with other Boards / Partnerships and/or sub-groups**

- National research to be connected with the CCG / IIN sub-group
- SEG dashboard work ongoing
- Escalation of issues with BI to be raised at the joint chairs meeting.

#### **11 AOB**

JB asked partners to let her know asap if there was anything that needed to be included on the SSAB workplan and advised partners that requests for information for the annual report will be made around April 2022.

SP thanked attendees for their contribution and brought the meeting to a close.

Approved by chair on	15 <sup>th</sup> March 2022
Minutes distributed on	17 <sup>th</sup> March 2022