

Record of discussion, decisions, and actions for the Salford Safeguarding Adult Board (SSAB)

Date	12 th December 2024
Time	9.30am until 12.00pm
Venue	Ms Teams
Chair	Francine Thorpe
Minute Taker	Hilary Byles
Agenda planned by	Jane Bowmer/Francine Thorpe

Item 1 Welcome, Introductions and Apologies

Introductions were made and apologies noted. JB chaired the meeting until FT arrived during Item 3 due to technical issues.

Item 2 – Minutes/Action Log

The minutes of the last meeting were approved, and the action log was discussed and updated.

Item 3 – Business Manager’s Update

JB discussed the headline information from the document distributed with the meeting minutes.



Item 3 Dec 2024
Business Managers I

Key points from the Board discussion:

- In relation to PiPoT, there is no central place where people are identified if they move between agencies. This has been identified as a gap and needs to be discussed with partners as it pertains to resources and data sharing.

GW mentioned this has come up at another board about this and is under discussion GM-wide. JB is not aware of this, but it could be happening in other forums.

MS suggested the SSAB needs to be wary of maintaining a database about whom unsubstantiated allegations have been made. The DBS (Disclosure and Barring Service) system is already in place– so this may be the solution.

The NCA is currently reviewing their PiPoT policy.

FT asked members for comments on the exception reports for the subgroups. No comments were given, and it was agreed that the members were satisfied with the content of the exception reports.

Item 4 – Revised Self Neglect Policy and Toolkit

- A Self-neglect policy has been in place since 2017. This has been reviewed. Engagement and feedback on the policy was sought and the feedback was that the policy is very wordy and not easy to use.

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A working group reviewed the policy and changed it into guidance and a toolkit to be more interactive for practitioners; none of the information is significantly different, but it is more user friendly. The guidance will be published, and the toolkit will be continually reviewed and updated with any new/emerging resources.

JB asked if the SSAB supports the revised guidance and toolkit so that it can be published and relaunched in the spring 2025.

The SSAB has supported the National Research on Self-Neglect which has been undertaken by David Orr. David's funding ends at the end of December so he will be unable to support the re-launch.

The board was paid for contribution to the research and this money has been received.

Key points from the Board discussion:

- The Self-Neglect toolkit was approved by the board, subject to a launch in the new year and sharing information with Children's Services to ensure a Think Family approach.
- The Bridge was not included in the development of the guidance and toolkit, but it can be shared with it them.
- FT thanked everyone for their hard work.

Item 5 – Update on SSAB Training and Development

MH gave an update on training and development



Item 5 Training and
WFD Review 2024.ppt

Additional Points:

- The 24/25 figures for 'Growth of Training' are for the first three quarters of the year.
- The figures do not include the 'Lads like us' joint event with SSCP which was attended by 200 people.
- ASC have asked MH to pause her training about Exploitation in the Care Sector due to some ongoing work they are doing to ensure sure that it aligns.

Key points from the Board discussion:

- There was a discussion about NCA training data; they can staff to release staff to attend bespoke safeguarding training, but staff are 98% compliant with their training; if this data was submitted to the SEG this would strengthen what is already in place. The NCA delivers bespoke training on Mental Capacity. There is a plan for a newly-developed NCA Exception report to cover all areas which will include the training data and other information. This will be shared with each SEG and also with the other areas within the NCA.

Single agency training data is collected as part of the SSAB annual report returns and this is considered for the training offer.

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- In ASC, historically the availability of data has been sporadic, but over the past 9-12 months it has improved. There is ongoing work on the variance in ASC data between the number of safeguarding concerns received against the numbers that turn into safeguarding enquiries. It was suggested that if consistent patterns are emerging where organisations or professional groups raise concerns which do not migrate into a safeguarding enquiry this could be addressed from a training perspective when more information about this is known.

The manager of the Adult Health and Social Care Contact Team (ASCCT) has completed two training sessions on making referrals to ASC, which looks at the difference between a safeguarding referral and a social care referral, it was suggested that rather the ASCCT training, particular individual providers who frequently make safeguarding referrals when there are no safeguarding concerns, may need to be targeted.

- The responsiveness of the SSAB training was praised as themes from SARs are picked up and addressed in training throughout the year; training is not just planned at the end of the year.

Feedback surveys would be helpful to receive to get a sense of what is working well.

MH was thanked for all her hard work on the comprehensive SSAB training.

- FT highlighted the importance of gaining evidence of the impact of training on practice and agreed the usefulness of linking in with the SCCP to identify if they are doing anything better than the SSAB in this area.
- Work by the SWDG is needed to look at joint working between the SCCP and SSAB in relation to measuring the impact of training.
- Non-attendance rates were discussed; there is a percentage of people who drop out of sessions, particularly the bitesize briefing sessions. However, the SSAB have a relaxed approach to this, as opposed to charging when booked sessions are not attended. In the past, there has been a reluctance to do this as the board contributes to the training. If the places are unlimited, this is not an issue, but for sessions with limited places, MH reiterates the importance of attending to participants if there is a high drop-out level.
- It was suggested that if managers were asked to return a survey explaining the impact of the training on their team, there may be more of an impetus for managers to encourage staff members to attend the training.
- FT proposed partners may want to reflect on training as part of their contribution to the annual report.
- FT asked if there are any partners who do not attend the board meeting that this could be communicated to but noted that MH is already aware of these points.
- FT highlighted the positive comments about SSAB training and development posted in the chat and thanked MH for the good job that she is doing.

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Item 6 – Exploitation in Salford

YW commented on the Exploitation Spotlight Report from GMP which was included within the agenda:



Item 6 Joint SSAB
SSCP Exploitation Sp

Key points:

- **Modern slavery** - there has been a reduction in foreign nationals being exploited to cultivate cannabis.

At least one case of potential modern slavery within the care sector has been identified which is linked to immigration, tax evasion and exploitation.

There has been a small number of incidents where there has been sexual exploitation of adult females, where Air B&Bs have been used; these offences are conducted on a national scale with limited links to Salford.

- **Cuckooing** –Organised crime gangs (OCGs) are known to use cuckooing to facilitate criminality, however there is also an increase in cuckooing used to store firearms.

There has been an increase in reported cuckooing cases and there are still hotspot areas that are being targeted. Eccles is a hotspot area, and the most common mode of operation is where vulnerable individuals purchase drugs from drug lines and following this, their addresses are taken over by children/young adults supplying these lines. The children supply the victim with drugs and use threats in order to maintain compliance.

There are some frustrations around GMP's ability to prosecute cuckooing offenders. The Centre for Social Justice completed a 'Justice in care' report earlier this year and GMP were heavily involved with this.

- **The exploitation subgroup** – this has a busy agenda due to the four areas of work covered (criminal exploitation, sexual exploitation, modern slavery, human trafficking and cocaine). Operational groups have been established for adults and children to try and drive the work and provide assurance to the subgroup.

The Children's Operational Group is well established but there has been difficulty in getting the adult task and finish group going; there have been some struggles with getting the required membership at the group.

Understanding of the issues continues to be an issue around child criminal exploitation and cuckooing. People do not fully understand the term 'cuckooing'; this is being raised at a national level. GMP are considering establishing a cuckooing policy, but this will be complex work due to the number of districts and local authorities involved.

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Getting an adult exploitation worker within Adult Social Care had been a challenge and a lot of work was put into getting this post in place, but due to staffing issues, the worker was temporarily removed, so there is a push for this post to be reinstated.

Key points from the Board discussion:

- The recruitment of the Adult Exploitation worker is being considered by Adult Social Care.
- When issues are raised, attempts are often made to move a victim to a safe place rather than tackling the perpetrator. FT asked if this is linked to a need for a national change in legislation.

YW explained that this is also to do with the involvement of serious organised crime and the risk that is posed to the victim if they remain in the area. Salford has a serious organised crime footprint which means there is a significant risk posed to victims in a relatively small geographical area.

- FT thanked YW for her leadership in this area and reiterated that this is an area of work that needs to be progressed and overseen by the board.
- YW reflected on the progress that has been made in this area; there is stability within the subgroup and a lot has been achieved, board members are needed to support this work so that the work can be progressed.

Item 7 – Cuckooing Needs Analysis

A number of years ago Manchester University were approached to do a needs analysis on the Salford position on Cuckooing at the time; this was funded by the old CCG Innovation Fund. It has taken some time for the work to be completed, but a final copy of the report has now been received and was presented to the exploitation subgroup. The report has not raised any new insights, but the board was asked to sign off the report and accept the recommendations as the CCG is no longer in existence.

Most of the recommendations are about having clear protocols in place, and since the research was completed, the SSAB has published guidance on cuckooing; a pathway is published on the board's website. Training and awareness raising is recommended and a Cuckooing event took place a couple of years ago, and a training needs analysis has been undertaken in relation to exploitation.

The report reinforces the need for early MDT discussion, so representation from adult services within the Connect Team in Children's services is required. The challenges with housing are mentioned in the report and there is an ultimate aim for a GM agreement, so that when there is a rehousing need, housing services across Greater Manchester can be accessed without unnecessary bureaucracy.

An action plan has been created as a result of the recommendations; this will be reported back to the exploitation subgroup for assurance.

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JB asked the board if they accept the recommendations and explained that if so, feedback will be given to the UoM to say it has been through the SSAB's governance process.

Key points from the Board discussion:

- FT asked if the ICB has any expectations around this work since this was funded through CCG money. It was explained that this has been through the NHS GM governance process as it has been taken to the meetings that used to be led by the CCG Innovation. They are satisfied that the methodology has met the requirements of the initial request, and this has been signed off.
- The board accepted the recommendations of the Cuckooing needs analysis.
- The board agreed for ND to share the Cuckooing Needs Analysis at a GM level within the ICB.

Item 8 – Transforming Care – LD and Autism

LD shared the Salford All Age Mental Health Board Programme Highlight Report:



Item 8 Salford
Building the Right S

Key points:

- This an all-age report which focuses on building the right support programme to help prevent people becoming an inpatient in hospital.
- It focuses on people who have LD or Autism who are eligible for a care and treatment review; this is a review for people who are at risk and are in hospital; it looks at their care and treatment in hospital.
- The Winterbourne Review (as a result of the Panorama TV programme) highlighted the institutionalization of people in hospital with LD or autism.
- LD presented a register of adults currently in hospital who have learning disability and autism, or autism alone. The register is split into two sections. The first section includes NHS Commissioned patients who are managed by NHS case managers as they are in secure hospital settings. The second section includes local Salford patients who are managed by LD's team and LD chairs their care and treatment reviews.
- The presentation gave a detailed overview of individuals on the register and provided the Board with assurance that regular reviews are being undertaken and treatment plans being progressed.
- There is a gap where a person doesn't have a learning disability but has autism; the team does not usually find out about them until after admission. Salford is one of four pilot areas nationally that's doing work with the Local Government Association to help them shape their dynamic support register for when someone has autism but no learning disability.
- A lot of finance is required for community discharge options; often people need bespoke packages of care to support their discharge.
- There was a risk around the targets set by GM due to the long term stays of patients who were not fit for discharge. However, in Salford this target has been met

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- From a local perspective, the target for long-term stays for patients who are not fit for discharge, has been met. Conversations about how this will be met next year will need to take place.
- The Inpatient comparison from last year is very positive

Key points from the Board discussion:

- LD was thanked for her hard work discharging these patients and the challenge posed by situations where some people are having to be placed out of area was acknowledged.
- The input of the multiple professionals involved in discharge coordination such as social workers and nurses was noted.
- LD has attended the Transforming Care Greater Manchester meeting and LD plans to take the report to the group.
- One of the initial purposes of the report was to use an analysis of what gaps there were which led to the hospital admission. It was suggested it would be good to get feedback as a board about this, so the data could be used to shape and influence the provider market and training and development.
- The importance of the children and adults risk register was highlighted; this picks up young people and adults who have a learning disability and autism – there is a gap where people have autism alone, so work around this is ongoing. Now that a lot of people are on a discharge plan, there will be a focus on prevention plans.
- LD and Dave Williams meet with the commissioning team in Children's services so there is a phased approach; they are currently planning on mapping out what providers are available across Salford and the next approach will be to look at people approaching transition who will be added to the dynamic support register.
- There is a growing cohort of people detained under the Mental Capacity Act, who are approaching transition; some of the learning from this process about prevention can be transferred to this area. The board needs to be aware consideration of the least restrictive option is not just relevant for people detained under the Mental Health Act, but also to people but people detained under Mental Capacity Act or Inherent Jurisdiction of the court. Consideration needs to be given to the least restrictive options for those people. Assurance on this is to be given at a future board meeting.
- There are lots of people coming through Children's Services that end up in unregulated placements and there are other groups of people in similar situations where this approach is increasingly relevant.
- This links with the action plan within the new housing strategy; one of the actions is about producing a strategic plan for supported housing.
- FT commented that it is great to have the assurance that there is a focus on individuals who have complex needs and there was then a discussion about whether Salford has enough oversight of the placements that are commissioned by NHS England.

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- FT thanked LD for her presentation and the great work undertaken by LD and her team, and Dave Williams and his team.

Item 9 – Threats to Life

Alison Barber (AB)– Detective Sergeant at the Threats to life Unit in Salford and Heather Davis (HD), Social Work Lead in Children’s Services at the Threats To Life team joined the meeting and gave a presentation on the Threats To Life 2024 report:



Key points from the Board discussion:

- There has been an improvement in the Think Family approach in Salford. Consideration has not yet been given to integrating the risk assessment with developments made by Community Solutions and their IT systems; this is important to support a ‘tell me once’ approach.
- FT thanked HD and AB for their presentation and hard work and noted the inclusion of information relevant to adults within the presentation.

Item 10 – Information Sharing – agreed information to be shared with other Boards/Partnerships and Subgroups.

Issues to be taken to GM BM and Chairs meetings as discussed earlier in the agenda.

Item 11 – Risk Register

No new or emerging risks were identified.

Regarding the GMMH risk about data sets - there is some work to do on this, but the board agreed this could be removed from the risk register.

Item 12 – AOB

Adult MASH – MC advised MS has done a lot of work with Children’s colleagues around a Children’s and Adult MASH which adopts a think family approach with practitioners across both services in the same room. This will be a preventative model. It is hoped that by the end of January the infrastructure will be in place for this to be commenced.

There are plans to look at how to move the point of contact from one single point to community hubs; enough notice of any changes will be given so changes to the website can be made.

New members - FT welcomed new members of the board – ND from the ICB, LS from GMMH and CL from Adult Social Care.

MC leaving Salford - FT thanked MC for his commitment to the board and wished him well in his new role. MC noted this is one of the best safeguarding boards he has been part of, and he has been a member of several boards. MC commended both FT and SP as chairs and commented on JB’s phenomenal work.

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FT thanked everyone for their contributions and closed the meeting.