Bolton Safeguarding Adults Board

Annual Report 2022—2023

"We are committed to continuous improvement, learning from experience, and enabling adults at risk of neglect and abuse to have a voice"

Bolton Safeguarding Adults Board
Preventing abuse and neglect together

Contents

Message from the independent chair

This year's annual report provides assurance that the Safeguarding Adult Board continues to demonstrate highly effective leadership in cultivating a safeguarding culture where good safeguarding practice is standard practice across all organisations in Bolton working with adults at risk and their carers.

As a Board we recognise that safeguarding adults at risk and their carers cannot be achieved in isolation. At the heart of any good safeguarding system is a strong culture of constructive challenge, our ability to question, and assure ourselves of the effectiveness of our systems, policy, and practice. This also allows agencies to raise concerns about practice so that they feel confident that their concerns will be taken seriously and appropriately addressed. Relationship based safeguarding is also modelled in our partnership working with each other.

As an Independent Chair, I am acutely aware of the wider social issues that we are all facing; the longer-term impact of the pandemic and the cost of living, potentially attributing to some of the spikes we are seeing in safeguarding alerts, such as self-neglect. These factors have imbalanced impact on adults at risk, carers and families living within our diverse community and family contexts. We recognise that good quality intelligence is the life blood of an effective collaborative safeguarding system. Over the next 12 months we will continue to strengthen our intelligence processes sharing information to identify the links between wider social factors and the increased demand for Early Help. The combined use of organisational data and good intelligence will enable us to be forward looking and effectively support a continuous improvement approach to safeguarding adults.

Despite the challenges we face I am heartened by the incredible compassion, dedication, and skill of our workforce and unpaid carers who work tirelessly in the face of adversity. It is essential that we continue to provide the necessary support to all concerned.

This year we have communicated and engaged widely with the communities across the Borough, increasing public participation to develop a Poster Campaign to promote a culture of safeguarding across Bolton. This resulted in the successful development of a Safeguarding Z-Card containing advice and contact numbers to seek help and support if they are being abused, but also to know who to contact if they are worried someone else is being abused. Every Bolton resident will now receive a Z-Card.

Over the next 12 months, we will strengthen our work with the Bolton Community through the Communication and Engagement sub-group, so the lived experiences of adults at risk are heard at the highest level and that our new strategic plan targets the right interventions to support people. We will also develop a sharper focus on Evidence, Assurance, Impact and Learning to reflect what outcomes are important to adults at risk, their carers, as well as the adult safeguarding workforce.
I would like to take the opportunity to thank the adult workforce and the partners of our Board for their continued support and commitment. Together, we can ensure that all adults at risk, and their carers can live a life free from harm, abuse and neglect.

Neil Smith
Independent Chair for Bolton Safeguarding Adults Board

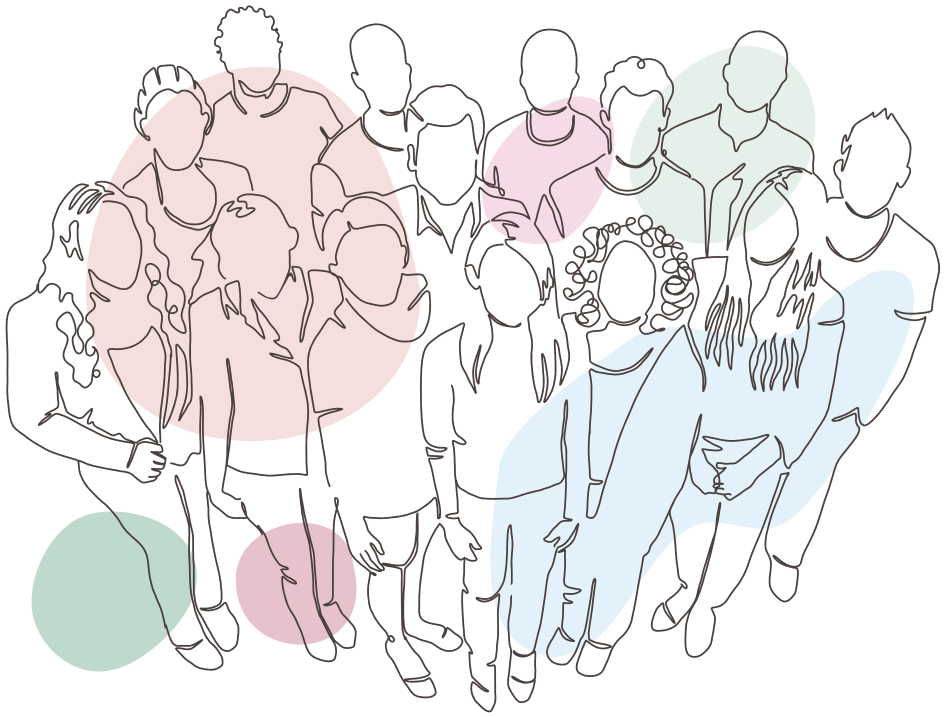
Who are we?

The Bolton Safeguarding Adult Board (hereinafter 'BSAB' or the 'Board') is established in line with the duties set out in Section 43 of the Care Act 2014, as the statutory mechanism for agreeing how partner agencies cooperate to protect adults at risk, prevent neglect and abuse and promote the wellbeing of adults in its area.

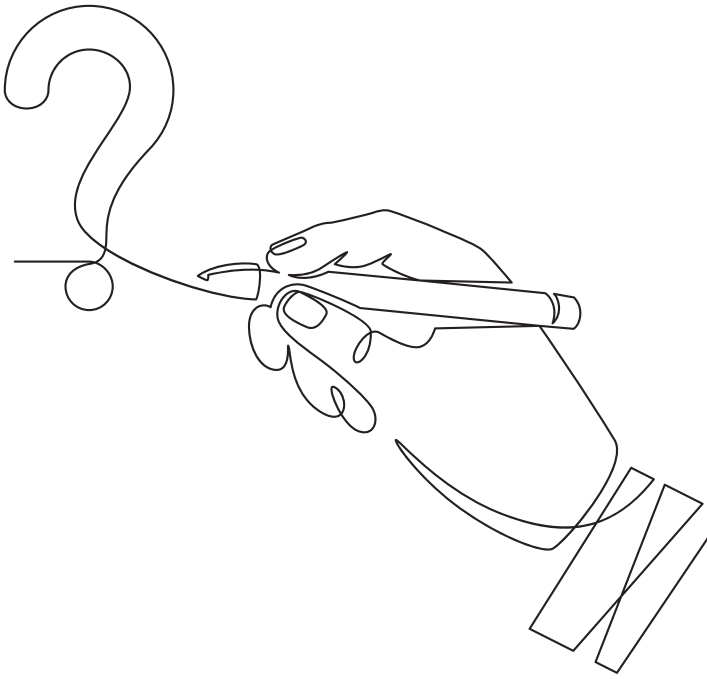
In line with the Care Act, 2014 the three statutory safeguarding partners, who hold equal responsibility for safeguarding adults at risk are; Bolton Council, Bolton Integrated Care Board and Greater Manchester Police. The statutory partners are supported by other relevant agencies to safeguard and promote the welfare of all adults at risk in their area.

In Bolton the membership of the board is:

- Bolton Borough Council – Adult Services.
- Bolton CVS (Community and Voluntary Services).
- Bolton NHS Foundation Trust.
- National Probation Service.
- Greater Manchester Mental Health Trust.
- Strategic Housing Partnership.
- Northwest Ambulance Service NHS Trust.
- Department for Work and Pensions.
- Bolton Public Health.
- Be Safe Partnership.
- Elected Member.
- Greater Manchester Fire and Rescue Services.
- Legal Services.
- Bolton Safeguarding Children Partnership.



What do we do?

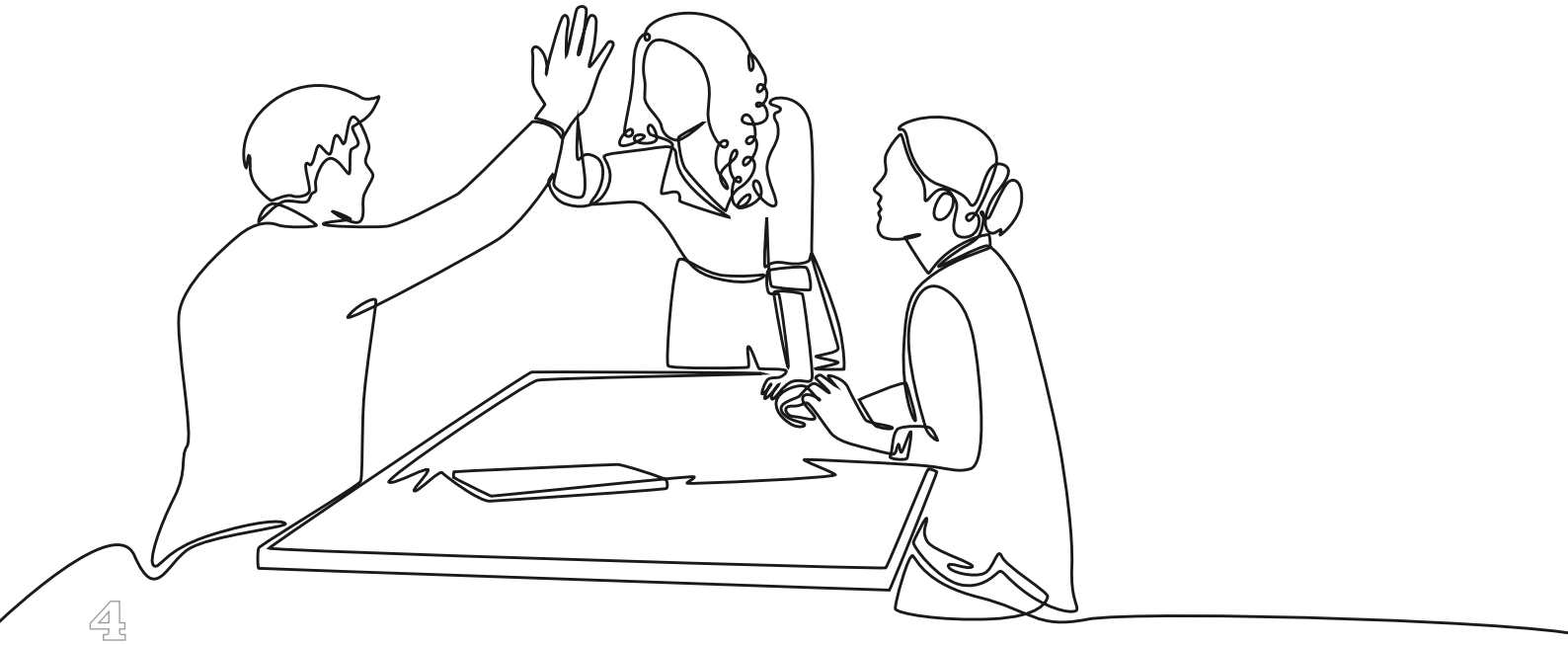


As a Bolton collective, we work together to safeguard any adult that is at risk of harm or exposed to harm through abuse, exploitation, violence/threat, or neglect as defined in legislation and guidance to prevent and reduce the harms, whilst supporting individuals to take and maintain control over their lives.

How do we do it?

We do this by developing prevention strategies that are delivered through the BSAB strategic plan and by embedding our vision, and the six principles of safeguarding.

At the heart of our work, is actively listening to, and understanding the lived experiences of adults at risk and their carers, so we can deliver positive outcomes, so that the people of Bolton, can live free from abuse and neglect, and to promote widely the message that, in Bolton safeguarding is everybody's responsibility.



Vision of the BSAB

1. **Empowerment:** supporting and encouraging people to make their own decisions with informed consent.
2. **Prevention:** it is better to take action before harm occurs, working together on any new or emerging safeguarding issues, themes and trends.
3. **Proportionality:** the least intrusive response appropriate to the risk presented.
4. **Protection:** support and provide representation for those in the greatest need.
5. **Partnership:** work with all agencies, and the Bolton community in recognition that safeguarding is everyone's business. Communities have a part to play in preventing, detecting, and reporting safeguarding issues.
6. **Accountability:** accountability and transparency by ensuring the effectiveness of safeguarding practise across all single agency members of the BSAB and wider organisations working with adults at risk, and their carers, and as a board seeking impact in how we are currently performing in meeting our statutory duties with a sharp focus on real time learning and embedding a learning and improvement culture.

Core duties of the Board

The Care Act, 2014 sets out three core duties that the board must undertake:

1. **To develop and publish a strategic plan, setting out how we will meet our objectives and how our member and partner agencies will contribute.**

   The strategic plan sets out our safeguarding adults' objectives, showing what we need to do to achieve these, and how we plan to do it. The plan is based upon a range of intelligence and evidence, such as analysis from last year's annual report, data and performance information, multi-agency professional expertise, Local and National Reviews such as Safeguarding Adult Reviews, Domestic Homicide Reviews, LeDer Reviews, Independent Scrutiny and most importantly the voices and lived experience of adults at risk, children, their carers, and the Bolton community.

   A new three-year Strategic Plan is currently being developed and will be published early 2024.

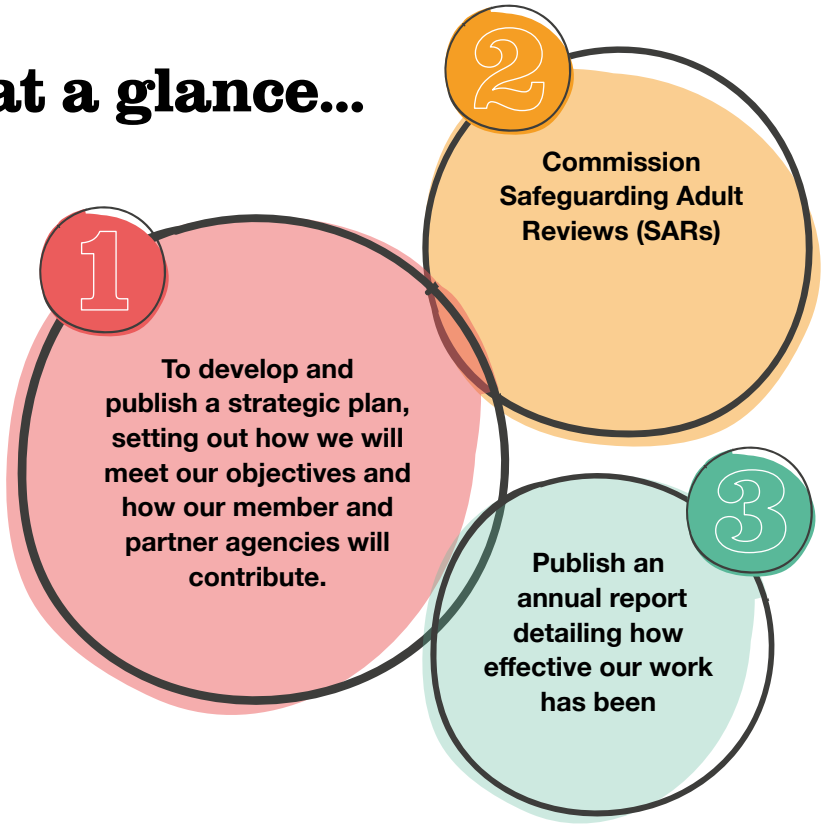
2. **Commission Safeguarding Adult Reviews (SARs)**

   Under Section 44 of the Care Act 2014, Safeguarding Adult Boards are the statutory body required to undertake Safeguarding Adults Reviews (SARs). The aim of every SAR is to review multi-agency practice that may provide invaluable insights to promote effective learning and improvement action to prevent future deaths or serious harm occurring again.

3. **Publish an annual report detailing how effective our work has been**

   The annual report is a public report that details how we have all worked together to deliver the strategic plan each year and provides assurance from our wider partners how they have contributed to safeguarding in Bolton.

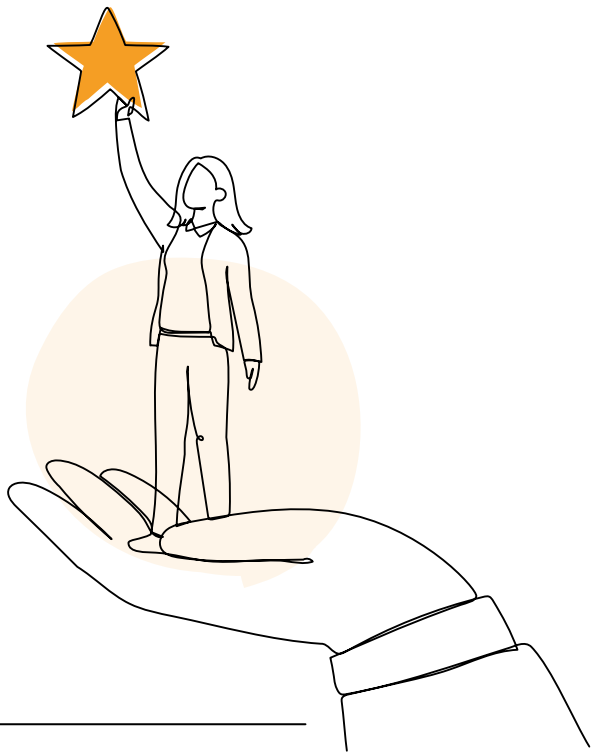
Core duties at a glance...



How have we made a difference?

Insights and reflections at a glance...

- In collaboration with Bolton residents, we co-designed a Z-Card and Poster campaign 'In Bolton Safeguarding is EVERYONE'S business', to help promote a culture of safeguarding across Bolton and to empower individuals to seek help and support if they are being abused, but also to know who to contact if they are worried someone else is being abused.
- Facilitated a highly innovate programme of learning and development sessions for Adult Safeguarding Week with over 400 members of the adult's workforce in attendance.
- As part of Adult Safeguarding Week, we developed a suite of communication and engagement activities of key safeguarding messages through a Tweet schedule and radio interviews on Bolton FM.
- Delivered Safeguarding Awareness sessions across the Bolton Community to enable citizens recognise safeguarding concerns and to know what to do when concerns arise.
- (87%) Of care comes in Bolton are rated good and above.
- (90%) Of the community service providers are rated good or above.
- Expanded the Living Well primary care level mental health service in Bolton to be in each area of the town by 1st April 2024.
- Launched the Foundation Trusts Urgent Treatment Centre (UTC) in November and Implemented the winter recovery schemes.
- Expanded the admissions avoidance team into Bolton to Provide enhanced support to care homes.
- Facilitated specialist domestic abuse champion training across multi-agencies.
- Supported the development of the carer's strategy.
- Trained over 2,000 staff and volunteers on mental wellbeing and suicide prevention.
- Actively participated in Hate Crime Week of Action. Grants worth £10,000 were provided to local community groups to raise awareness about hate crime. A social media campaign included press releases and awareness raising through the local radio station, neighbourhood policing teams visited several community groups and schools to raise awareness of hate crime where they distributed hate crime promotional materials.
- The Central Bolton Partnership is a Membership scheme between business, Greater Manchester Police, NCP management of CCTV monitoring and the council with the aim of improving town centre safety. The scheme's key benefits include a dedicated team to support with day-to-day issues, regular business meetings, and radio links which give a direct link to all other licensed premises and CCTV.
- Alignment of Statutory Boards has taken place to ensure synergy across strategic priorities and to develop a more cohesive approach to safeguarding.



A new focus - we said,we did!

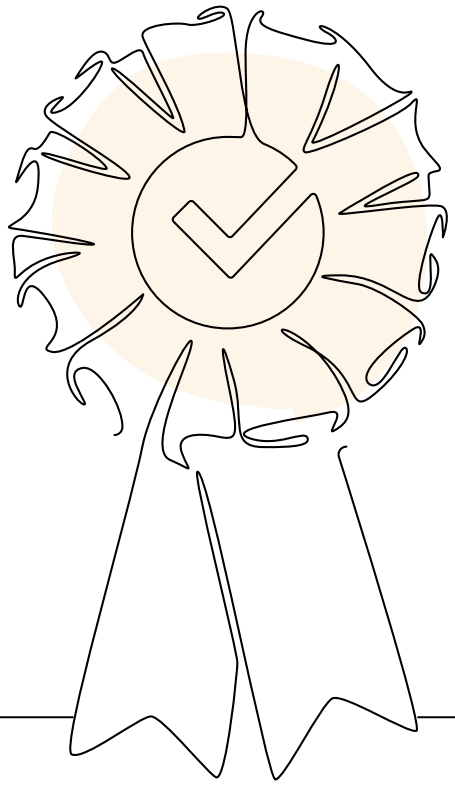
In last year's annual report, we set ourselves an ambition to have a stronger focus on assurance, accountability and to develop an intelligence and evidence led approach.

This year the BSAB met for a development session and considered 'what does good safeguarding practice look like in Bolton?'

Effective leadership was identified as the single most important factor in the delivery of excellent safeguarding practice which creates the organisational and a partnership culture within which it takes place. As an action from the development session, we refreshed the BSAB's constitution to further embed and ensure that our safeguarding arrangements provide stronger collaboration, scrutiny, assurance, accountability, and drives safeguarding activity across the highest level of the Board through to adults at risk, their carers and families.

The BSAB Quality Assurance and Performance subgroup developed a strategic Quality and Effectiveness Framework, the framework supports the BSAB to create a culture where good safeguarding practice is standard practice and ensures robust and systematic reporting of a range of information including; early identification of new safeguarding issues and emerging threats, analysis of practise that enables respective challenge and calls to account those areas where practice or safeguarding arrangements are not robust or effective and equally identifies and celebrates success.

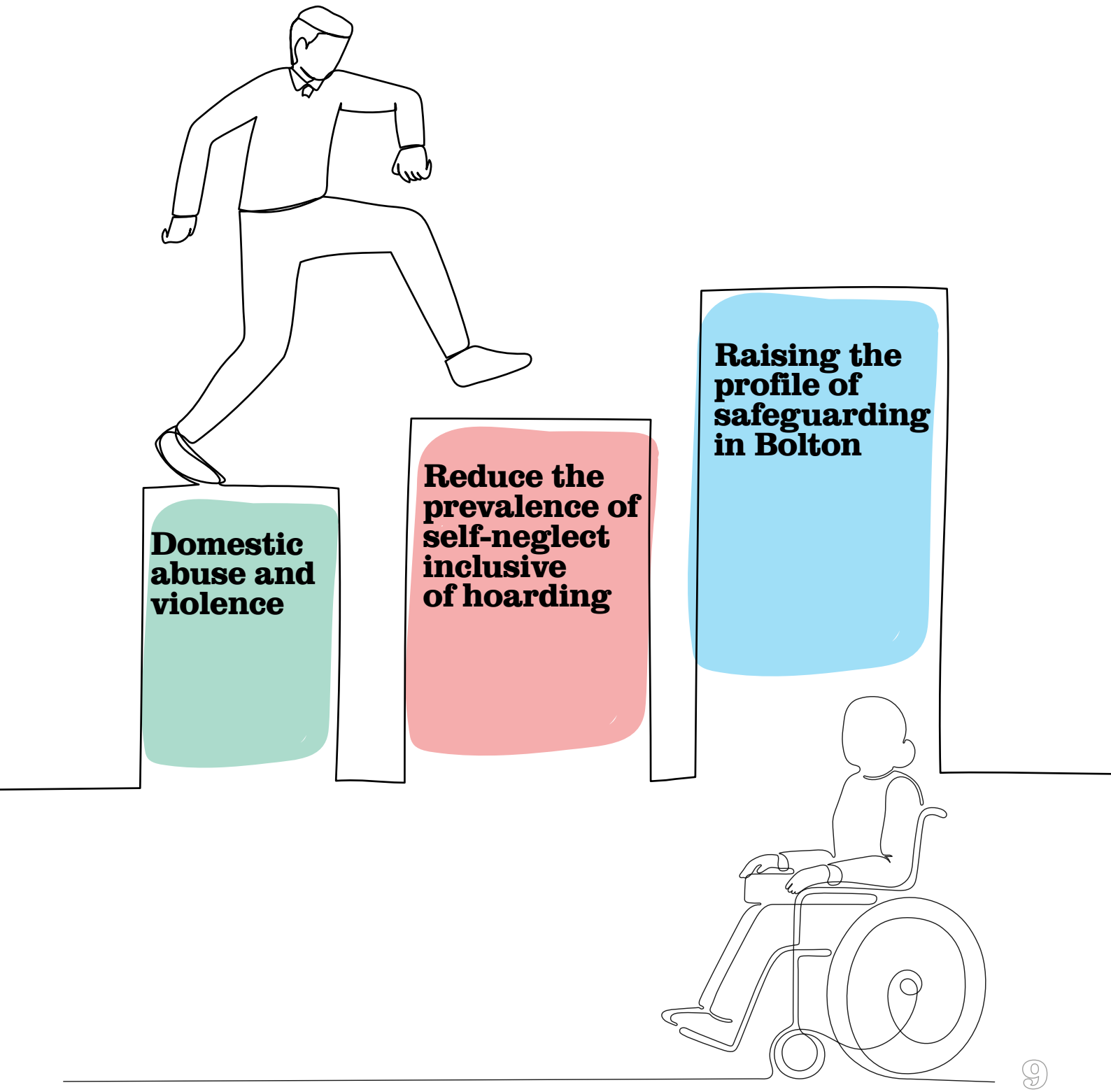
As part of the Quality Assurance and Effectiveness framework we have strengthened our approach to developing an intelligence led approach. A new multi-agency data dashboard has been developed, the dashboard is reviewed at every BSAB meeting and provides a 'weathervane' on the multi-agency safeguarding system from safeguarding referrals through to outcomes and the impact of safeguarding activity.



Our strategic priorities

In 2022 – 2023 our strategic priorities are:

At the time of this annual report a three year strategic plan is currently in development and will be published early next year.



Progress against our strategic priorities

Domestic violence and abuse

Over the last 12 months Greater Manchester Police (GMP) has seen a significant and positive shift in its response to tackling domestic abuse across Greater Manchester, ensuring justice prevails and the voices of victims are heard.

In the last year, GMP has recorded over 20,000 domestic abuse related arrests for physical, emotional, psychological, sexual, and financial abuse crimes, plus stalking, harassment, and honour-based violence. This is a 66.2% increase when compared to the previous year (June 2021 to June 2022). GMP has also seen a 46.8% increase in the number of people who are being charged and remanded with the last 12 months seeing 3,270 people being taken to court to face justice.

There are also several other measures which police across the UK can use to better protect victims of domestic abuse, such as Domestic Violence Protection Notices and Orders (DVPN/DVPO).

A Domestic Violence Protection Notice (DVPN) is the initial notice of immediate emergency protection that is issued by a police force. Officers can serve a DVPN on any individual aged over 18 who they believe has been violent or threatened violence against another person and the victim requires protection.

Overall, GMP issued 43.6% more DVPNs and granted and enforced 34.6% more DVPOs in the last 12 months compared to June 2021/22.

As a collective working in collaboration with strategic boards such as the Be Safe Bolton Strategic Partnership, and the Bolton Safeguarding Children Partnership, the BSAB have supported the development of a city-wide domestic abuse strategy in Bolton, the thematic BSAB Domestic Abuse Violence Group will have a focus on adults at risk in the context of tackling and supporting victims of domestic abuse. A borough wide response to tackling Domestic Abuse and Violence is due to be published shortly.

Reduce the prevalence of self-neglect inclusive of hoarding

This year, the thematic Self-Neglect and Hoarding task and finish group scoped national best practise in safeguarding and self-neglect and convened a development day. Suzy Braye, Emerita Professor of Social Work, University of Sussex, delivered a seminar to the group that featured cutting edge research from the national project led by Dr David Orr, at the University of Sussex on self- neglect and hoarding. Drawing on the learning from the development day, the group have developed a draft self-neglect and hoarding policy, that will be finalised this year.

In addition as part of Adult Safeguarding week, Professor Suzy Braye delivered a seminar with a focus on learning from safeguarding adult reviews, to identify how to effectively tackle challenges when working with people who self-neglect, and how positive outcomes can be achieved, the sessions were attended by a diverse range of the multi-agency adult safeguarding workforce; social workers, private, independent and voluntary sector practitioners, nurses, frontline managers health and social, care provider, service managers and trained investigating officers.

Raising the profile of safeguarding in Bolton - you said, we did!

A key ambition for the BSAB is to ensure the voice of the adult at risk is actively listened to and shapes every element of our work at the highest level, through to adults at risk and their carers.

To ensure this approach, each BSAB meeting and all sub-group meetings comprise of reflective practise questions that challenges how the meetings have ensured that the Voice of the adult at risk and their carers is ever present in all that the BSAB do.

As part of the Board structure there is a Communication and Engagement Sub-Group. The main purpose of the subgroup is to raise public and professional awareness so that communities and professionals across Bolton as a collective, play their part in preventing, identifying, and responding to abuse and neglect. The group also seek to develop creative ways to ensure that the voice of the adult at risk shapes and influences the work of the BSAB. As part of safeguarding adults' week, that took place on 21st-27th November 2022, the communication and engagement sub-group developed a range of communication and engagement activity that included community safeguarding awareness sessions that were facilitated across different locations in Bolton during the week. The aim of the sessions was to enable Bolton citizens to recognise safeguarding concerns and to know what to do when concerns arise.

A consultation activity was carried out as part of the briefings, which revealed that older members of the Bolton community felt that they were unaware of the role and function of the BSAB and would not know how to identify some forms of abuse such as financial abuse or report a safeguarding concern other than that of the Police. They also felt that they were 'invisible' in society and their voices were not heard or listened to.

Responsive to need, the Communication and Engagement Sub-Group developed awareness raising campaign posters, and a pocket-sized z-card with key safeguarding messages with useful numbers of how to report a concern and who to contact if support was required with a range of issues such as the cost of living. A launch of the resources took place with service user groups. Throughout Safeguarding Adults Week, a tweet schedule and radio interviews with members of the BSAB complemented the public briefing sessions to promote key Safeguarding messages across Bolton.

At present, an overarching communication and engagement strategy is in development. The strategy will undertake a co-productive methodology with experts by experience to gain perspectives on understanding the reality of what an adult at risk and carers daily life is like and to support the BSAB in seeking innovative and creative ways to raise awareness about adult safeguarding within the Bolton community, ensuring that all the information is accessible, and reaches diverse groups in Bolton. However, we recognise this is a challenge, and an area of improvement for the BSAB particularly in securing the voice of groups that are marginalised in society such as adults at risk who are refugees and asylum seekers. We will ensure that this becomes an explicit part of our work and will seek to innovate approaches to further engage with the Bolton community, to help enrich our understanding of areas for action and to ensure that the BSAB further embeds a shared culture of safeguarding across the Bolton community.

Our statutory partners

The Care Act places a duty on three statutory safeguarding partners: the Local Authority, Police, and Integrated Care Board (formally Clinical Commissioning Group) to work together, with other relevant agencies to safeguard adults at risk.

As a mature partnership we understand that safeguarding adults at risk, is one of the most complex tasks carried out across all services and all sectors. Effective leadership is the single most important factor in the delivery of excellent safeguarding practice which creates the organisational and partnership culture within which it takes place. Effective safeguarding takes place when cultures are open and transparent, where informed senior leaders are close to and sighted on front-line issues, where those senior leaders are accessible and visible and where risk is owned throughout organisations and the Board as a collaborative. Our governance structures ensure that our safeguarding arrangements provide strong collaboration, scrutiny, assurance, accountability, and drive safeguarding activity, across the whole Board at the highest level through to adults at risk, carers people, and families. All of our statutory partners and wider partners actively contribute to the work of the Board.

Bolton Intergrated Care Board

Bolton Integrated Care Board (ICB) at Place have continued to work in partnership with the Safeguarding Adult Board and its relevant subgroups to deliver on the safeguarding board strategy and in partnership with the Community Safety Partnership. Bolton Integrated Care Board (ICB) at Place continued to offer support and advise to Primary Care GP Practices and to the nursing home sector and to the wider health and care system. The Bolton Integrated Care Board (ICB) at Place safeguarding team continue to seek safeguarding assurance from healthcare providers the Bolton Integrated Care Board (ICB) at Place commissioned services to. Bolton Integrated Care Board (ICB) at Place safeguarding team are active in supporting the BSAB in all safeguarding board activities and we will continue to offer support to safeguard the Bolton population.

Adult Social Care

This financial year, Adult Social Care saw increased demand on the safeguarding system, and despite the system pressures adult social care continue to actively support the Board in achieving the Boards strategic priorities. We have reviewed our Strategic Delivery footprint - to focus on enabling greater person centred and place-based working, to enable working closer with people in communities and supporting closer collaboration with key partners including primary care. Safeguarding Managers continue to support and contribute to multi-agency MARAC, MAPPA and Channel meetings and decision making. There has been significant work undertaken to ensure an outcome focused approach to safeguarding practise is in place, to support people and improve or resolve their circumstances, this has been evidenced in the “Making Safeguarding Personal” data required nationally. Finally, we have supported the development of a Bolton wide carers strategy to ensure carers are fully supported to prevent abuse from occurring and raising awareness of safeguarding and how to access support.

Police

GMP are active members of the BSAB and are key members on all of the Sub-Groups of the Board. This reporting year, as a force we have seen significant improvements in the performance of GMP. GMP are now fourth out of 43 forces nationally in the Home Office league table for speed of answering 999 calls. GMP are also responding to incidents quicker and solving more crimes. In Bolton, GMP work collaboratively with wider agencies and have supported the introduction of the Prevention Hub which is a multi-agency arrangement led by GMP to address repeating issues around crime, anti-social behaviour, and disorder through a problem-solving model.

Our wider partners

Greater Manchester Fire and Rescue Service

This reporting year, GMFRS established a combined Safeguarding Board with Greater Manchester Combined Authority (GMCA) with the aim of increasing focus on embedding safeguarding throughout the service. In addition, a Culture Board has been established with an independent co-chair, the board aims to scrutinise all major projects and programmes and ensure a positive and respectful culture is at the heart of our work.

Additional activity has included the refresh of the GMFRS Safeguarding and Development Framework to support the organisation and staff. Workstreams for 2024 include strengthening approaches to engaging with communities to evaluate the impact of our services and interventions and improving approaches to quality assurance, internally and externally, with safeguarding partners. The Prevention Manager, Bolton & Wigan, is a member of the Board and supports the work of the Boards varied sub-groups.

Greater Manchester Mental Health Trust

Over the past 12 months, the Trust enrolled into the National Recovery Support Programme in response to the significant allegations relating to the care and treatment of patients in secure care at the Edenfield Centre and placed into Segment 4 of the System Oversight Framework. Throughout the year, the Trust have and are continuing to work closely with local and national partner organisations to ensure the safety of our services. Our Improvement Plan includes several immediate actions to tackle the most urgent quality and safety issues, alongside a comprehensive set of long-term ambitions to improve everything we do at the Trust, grouped into five themes:

- Patient Safety.
- Clinical Strategy and Professional Standards.
- An Empowered and Thriving Workforce.
- An Open and Listening Organisation.
- A well-governed and well-led trust.

In addition, the trust has Implemented new GMMH safeguarding governance arrangements which includes the appointment of two newly established posts, an Associate Director for Safeguarding, and a Safeguarding Workforce Development Officer. The Trust have also revised the membership and refreshed the terms of reference for the GMMH Strategic Safeguarding Sub-Committee and Operational Safeguarding Group. A new GMMH Safeguarding Strategy which sets out our strategic vision and approach to our safeguarding arrangements for the next three years and beyond has been developed. A review of the Trusts safeguarding arrangements has been undertaken by an external Integrated Care Board lead, the report and recommendations will be considered at Board level to inform the future delivery and staffing model both at a strategic and operational levels within the organisation. Ongoing delivery of safeguarding training across the organisation and impact of training audits have also been developed and completed to measure the impact of training on knowledge, skills, and practice of the GMMH workforce.

The Voluntary Community and Social Enterprise Sector Care

Bolton Community Voluntary Sector continues to support the Voluntary Community and Social Enterprise sector by providing advice and support on safeguarding to organisations within the sector. The support provided includes the adoption of suitable policies, training and safe recruitment of both staff and volunteers and assistance in obtaining Disclosure and Barring Service checks. Training sessions provided by Bolton CVS include basic Safeguarding Adults and Safeguarding in the VCSE Sector, which is based on Charity Commission guidance on safeguarding. In addition, we also provide bespoke sessions when requested by organisations who have specific requirements for staff and volunteers. This year we have provided training across 44 different organisations.

Bolton NHS Foundation Trust

Bolton NHS Foundation Trust has robust governance processes in place to ensure that safeguarding adults at risk and children is everyone's responsibility across the Trust. The Trust Board Executive Lead for safeguarding adults at risk, children and looked after children is the Chief Nurse, who represents the Trust at the Bolton Safeguarding Children Partnership. The Deputy Chief

Nurse represents the Trust at the Bolton Safeguarding Adult Board, and is responsible for the management of the safeguarding teams in the Trust and chairs the safeguarding committee. In addition, the safeguarding committee provides assurance that policies, procedures and training are in place to ensure the Trust fulfils its statutory and regulatory requirements.

The Trust safeguarding teams provide an integrated and consistent approach to safeguarding and the safeguarding committee meets monthly to ensure there are robust arrangements in place, which are regularly reviewed. In addition to monthly meetings, a wider safeguarding assurance meeting takes place on a quarterly basis where all divisions present evidence of compliance with adult and children safeguarding.

Bolton Foundation Trust are committed to supporting the Board in ensuring that there is joined up work streams across all services to keep adults at risk safe, and in ensuring that the BSAB achieves its strategic objectives. Throughout 2022/23 and in supporting the development of the Board's strategic priorities, the Trust aligned their strategic priorities with that of the Boards and delivered against each strategic priority:

Priority 1: Domestic Violence and Abuse:

- Bolton Foundation Trust have updated the Domestic Abuse policy and are working with partners to ensure robust training is available for staff, procedures are in place to recognise, respond and escalate Domestic Abuse Cases.

- Bolton Foundation Trust are fully represented at Multi Agency Risk Assessment Conference meetings.

Priority 2: Reduce the prevalence of self-neglect inclusive of Hoarding

- Self-Neglect is included in training and well embedded across the Trust to ensure professional curiosity regarding living circumstances.

- Bolton Foundation Trust are represented on the BSAB Self-Neglect and Hoarding task and finish group and supports the development of a Bolton Wide strategy.

Priority 3: Raise the profile of Safeguarding in Bolton

- Across the Trust ensuring, the voice of the adult at risk and their carers is central in all we do. Representatives of the Foundation Trust have been active members of the BSAB Communication and Engagement Sub-Group.

Safeguarding priorities for 2023/24 will align with Boards strategic objectives, to ensure the people of Bolton are afforded the best care and protection when in our care. 2023/24 will inevitably bring further pressures in safeguarding with the impact of the cost of living on families. The teams will rise to this challenge to ensure that safeguarding remains the golden thread through all services.

North-West Ambulance Service NHS Trust

The Trust has a statutory responsibility to safeguard children and adults who are at risk of harm from abuse. This commitment is underpinned by specific legislation, namely Children's Act (1989 & 2004) and the Care Act (2014). The Trust works in partnership with other organisations to ensure that the response to individuals who are at risk of harm from abuse or neglect or who are vulnerable, is communicated in an effective manner which results in an appropriate response. Safeguarding child and adult standards are determined nationally for NHS Provider organisations and are monitored via the regulator (Care Quality Commission) and further through internal audits.

In addition to safeguarding practice and processes, the audit standards relate to policies and procedures, human resources, recruitment processes, and leadership.

The specific standards are contained within:

- Safeguarding Assurance Framework (SAF) which are completed on an annual basis and submitted to the NWAS lead Commissioner.

- Mersey Internal Audit Agency (MIAA) who conduct safeguarding audits on behalf of the Trust Audit Committee have been auditing bi-annually.

- Care Quality Commission (CQC) inspection of the Trust including safeguarding arrangements which took place in 2018 and 2020.

- Safeguarding assurance is reported throughout the year to the Patient Safety Sub Committee, via the Safeguarding Forums which are held on a quarterly basis, and via biannual reports to the Quality and Performance Committee.

Safeguarding Achievements 2022/23 have included:

- Going live with a new system for safeguarding referrals CLERIC. This system now allows staff to determine whether referrals are 'safeguarding or 'early help' and has provided a more accurate recording system.

- Identification and engagement with staff across the Trust who have expressed an interest in safeguarding and provided workshops and updates to these champions in relation to Cleric and safeguarding in general. These will continue during 2023/2024.

- The development and initial introduction of the NWAS Sexual Safety campaign for all staff across the Trust. This has been done in collaboration with the Women in Leadership network and the Violence, Prevention and Reduction Group and will continue to be strengthened and developed during 2023/2024.

- Continued partnership working with Social Care departments in improving the feedback received for safeguarding concerns which are raised through the introduction of the new Cleric system.

- Ensuring high quality safeguarding training is available across the Trust and compliance levels are monitored, including the level 3 ESR module.

- Full review of the training needs analysis for safeguarding training against the level required for roles against the Intercollegiate document.

- Private providers assurance reports gained from all 19 Private Providers in relation to safeguarding, restraint, safe recruitment, policies and procedures and governance.

- All safeguarding and maternity alerts are now placed onto the Cleric system.

- Two bespoke safeguarding packages have been written and developed and are now live on ESR. New packages and scenarios developed for face-to-face mandatory training.

- Development and introduction of a pathway for missing and absconding people. Review of the domestic abuse procedure.

Ambitions 2023-24

- Alignment with the safeguarding systems within the ICS footprints covered by the Trust. We currently cover 46 Adult and Children safeguarding boards. However, due to the changes that have taken place within both Local Councils and Integrated Care Board's (ICB), some of these boards are now being reconfigured, and a review of our engagement structure is required to ensure we remain aligned to the new structures.

- Delivery of phase 2 of the Safeguarding Cleric system – Embedding of Phase 1, development of data dashboards for assurance reporting, roll out of Cleric to 111 and the Clinical Hub.

- Review of the Managing allegations against staff policy and procedures to include additional information for managers and Practitioners. Undertake a 'deep dive' audit of cases from 2023 to review processes, identify any additional support, themes and trends and additional training needs for managers.

- Review of Level 3+ training needs analysis (TNA), development and implementation of training packages to meet the needs of the TNA in relation to those groups of staff who require additional safeguarding training as part of their role. Review of delivery methods across different areas of the trust. At the Board, NWAS is represented by the GM Safeguarding Practitioner.

Healthwatch

As the independent champion for people who use health and social care services. Healthwatch make sure that those running services, put people at the heart of care. Their purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

This year across Bolton, 887 people shared their experiences of health and social care services with Healthwatch in helping to raise awareness of issues and improve care.

266 people came to Healthwatch for clear advice and information about topics such as access to primary care, or how to raise concerns or a complaint.

This year's key achievements were:

- Reaching different communities by engaging with students to plan health and wellbeing events.
- Visiting local foodbanks and sharing information and gathering feedback.
- Ensuring feedback in our intelligence reports is shared with our integrated Care Board commissioners and providers.
- Undertook Primary Care Extended Hours Consultation that led to - Weekend and evening primary care appointments systems implemented, taking into account the feedback from our recommendations.
- Submitted evidence to the Health and Social Care Select Committee Enquiry into NHS Dentistry. We used real life stories from people to show how people are struggling with inadequate access to an NHS dentist and how this has impacted on their health and wellbeing.
- Impact of cost of living on health and wellbeing- This work has fed into work the Local Authority have been doing on looking for ways to support people in the community. Further engagement on specific projects will be done throughout 2023.

Over the next year, we will continue our role in collecting feedback from everyone in our local community and giving them a voice to help shape improvements to services. We will also continue our work to tackling inequalities that exist and work to reduce the barriers you face when accessing care, regardless of whether that is because of where you live, income or race.

Public Health

Bolton Councils Public Health Team have continued to work jointly with services users, partners, and key stakeholders to lead on work around Population Mental Wellbeing, the Prevention Concordat, and a Suicide Prevention Strategy. The Director of Public Health has a statutory responsibility to undertake a Suicide Audit each year and these are published on Bolton's JSNA website. www.boltonjsna.org.uk

These audits identify patterns and trends to inform action on prevention. Multi-agency codesign workshops have been utilised in Bolton to work on these agendas and they include representation of safeguarding board members, this is where key priorities and actions are identified. Some of the key actions and drive for improvement has resulted in the offer of free mental wellbeing and suicide prevention training in Bolton.

This training to date has enabled over 2000 staff and volunteers to build their knowledge and capacity to enable them to:

- Look after themselves and their wellbeing.
- To support others through their personal and professional roles by engaging in positive wellbeing conversations.
- To know the key warning signs of poor mental health and possible suicidal ideations, enabling them to signpost or refer to timely and appropriate support.

Bolton Public Health team are linked into a Greater Manchester & Coroner led workstream which is considering 'suspected suicide' real time surveillance, and this continues to develop as part of the National Suicide Prevention Strategy (Sep 2023) objectives. The release of this new national plan will further steer local priority developments via strong multi-agency partnership work. www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy.

In addition, work is ongoing to improve our Public Health Commissioned Drug and Alcohol Specialist Treatment and Recovery Services in line with the National Strategy 'From Harm to Hope (2021)' to support people with co-occurring mental health problems, criminal justice involvement, rough sleeping, and homelessness. Work is

ongoing with colleagues from the Adults Directorate and Greater Manchester Combines Authority colleagues to share learning from wider initiatives and approaches such as 'Changing Futures' and 'Making Every Adult Matter' (MEAM) helping us to build up a better understanding of complexity and multiple disadvantages within Bolton. Public Health have also recently tendered our adult Integrated Sexual Health Service which forms part of a population wide service offer. The service will also be responsible for escalating any safeguarding concerns that come to their notice such as sexual exploitation, modern day slavery etc.

Bolton Council Quality Assurance and Improvement Team

Last year we advised that we needed to move back to "business as usual" as our focus had been on supporting our social care providers and colleagues through the Covid pandemic. We have achieved this ambition by stepping up our assurance interventions with our commissioning social care provider services in order to ensure that they are safe, effective, caring, responsive and well-led.

So, what have we done?

- Conducted over 300 provider interventions. These have included:
- Seeking the view of people who use our services (and their representatives).
- Seeking the views of staff within those services.
- Conducting in-depth audits which test a range of aspects of the care provided and the policies and procedures underpinning that care.
- Utilising supplied data to assess quality of care.
- Ensuring providers are meeting the requirements of the contract.

Before, during and after our interventions, we also utilise information obtained from compliments, complaints, safeguarding enquiries, and intelligence from other partner agencies to build a holistic picture of the service and work collaboratively with our providers and other key partner organisations to make improvements where needed or indeed celebrate good practice.

Information received for this approach led this year to the decommissioning of one home care provider as we felt that that their practice and care was not of a sufficient standard to support our residents effectively and safely. In addition to the above interventions, we also re-established our provider forums which have covered topics such as:

- Key information around infection, prevention and control management and best practice.
- Learning from complaints.
- How to support residents thought speech and language therapy and the falls pick up project.
- Information around the mandatory duties on providers in relation to autism training, in response to the Oliver McGowan campaign.
- Oral health care.

Networking opportunities are afforded at these forums for our providers to meet with colleagues from adult social care including our safeguarding leads.

We have also established a bi-monthly provider newsletter which ensures our providers are kept up to date with key information, legislation changes and best practice information and, we have re-established our Safeguarding Intelligence Forum which bring partners together to share concerns, issues and best practice relating to social care providers.

This next year is again going to be a busy year for our Team. Some of the key activities we will be undertaking include:

- Working with colleagues from Care Quality Commission (CQC) and pharmacy to drive improvement in relation to medication management within provider services, as we have found that providers are not always meeting the required CQC standards in this area.
- Refreshing the terms of reference and the membership for the Safeguarding Intelligence Forum to reassure ourselves that we are effectively monitoring our local providers robustly from a multi-agency perspective. This will also include refreshing our PRIM (Provider Risk Information Matrix) which will enable the consideration of further data when assigning risk levels relating to the quality of provider care.

- Further developing our provider forum offer.
- Consulting on and then reviewing our provider QAF (Quality Assurance Framework).
- Review and refresh of our Provider Failure Protocol – which will enable us to effectively manage emergency or planned failure of a provider service.
- Develop an induction programme for new or aspiring provider managers – to ensure that they are aware of the standards of care in Bolton, are engaged with our service and other key services i.e., safeguarding, GMIC, pharmacy etc.
- Support or providers to understand and navigate the new CQC single-assessment framework.

Probation Service

In Bolton, the probation service is represented on the Board by the Head of Bolton Probation Delivery Unit. HM Prison and Probation Service is an executive agency of the Ministry of Justice (MoJ). The role of HMPPS is to carry out sentences given by the courts, in custody and the community, and to rehabilitate people in our care by addressing education, employment, accommodation and health and substance misuse needs.

As part of the MoJ, we deliver two of the department's long-term Outcome Delivery Plan priority outcomes:

1. Protect the public from serious offenders and improve the safety and security of our prisons – effecting the order of the courts and increasing prison capacity to run safe and healthy regimes that enable every prisoner to turn their lives around.

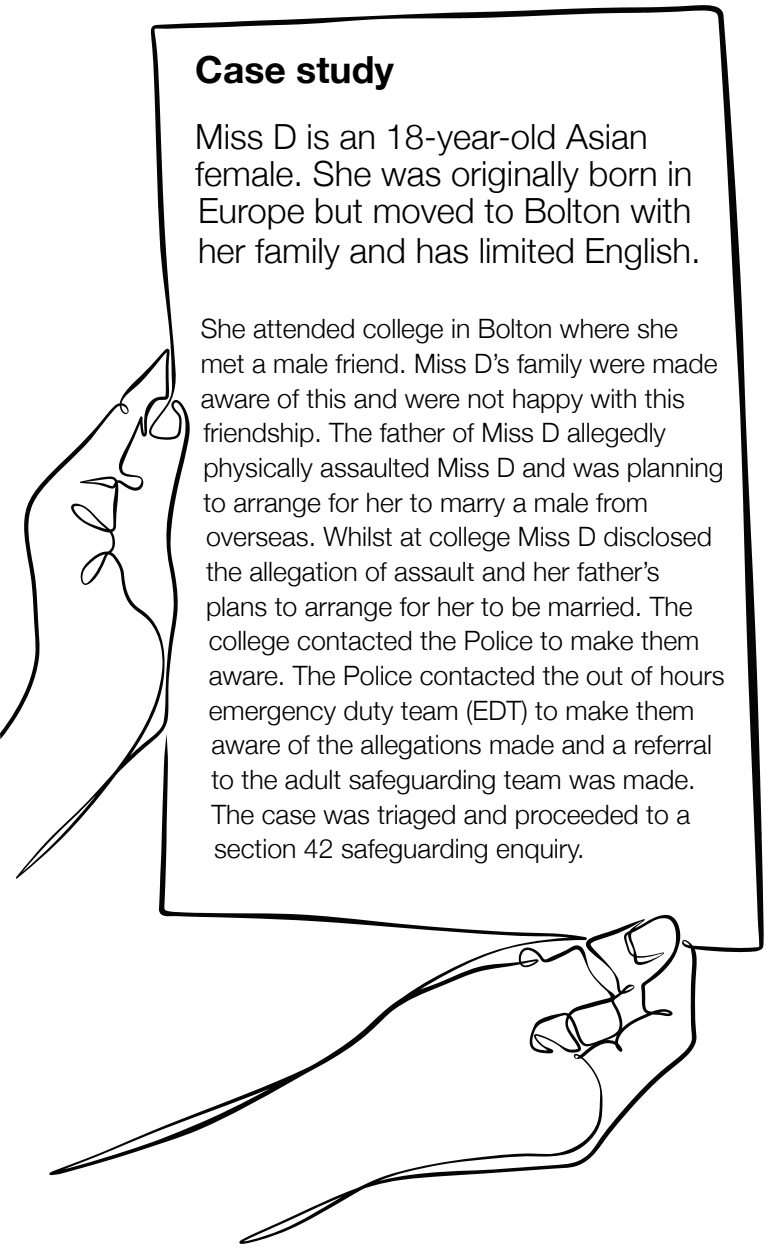
2. Reduce reoffending – working with cross government partners to reduce crime, tackling the known drivers to reoffending by improving prisoners' and prison leavers' access to employment, accommodation, substance misuse treatment, and tackling anti-social behaviour.

We are committed to driving improved outcomes across the criminal justice system. We maintain our relentless focus on front line delivery.

Our One HMPPS Programme introduced a new area model for operational delivery on 2 October 2023. The new model sees regional probation directors and prison group directors come together under the line management of seven new area executive directors to make sure our frontline staff have the right support across both prisons and probation. Our new structure will give more devolved authority to the areas and facilitate(MoJ).

We continue to review our safeguarding practices and will launch a national safeguarding strategy policy in 2023. Plans for next year include developing closer alignment with adult safeguarding processes.

Making safeguarding personal



Case study

Miss D is an 18-year-old Asian female. She was originally born in Europe but moved to Bolton with her family and has limited English.

She attended college in Bolton where she met a male friend. Miss D's family were made aware of this and were not happy with this friendship. The father of Miss D allegedly physically assaulted Miss D and was planning to arrange for her to marry a male from overseas. Whilst at college Miss D disclosed the allegation of assault and her father's plans to arrange for her to be married. The college contacted the Police to make them aware. The Police contacted the out of hours emergency duty team (EDT) to make them aware of the allegations made and a referral to the adult safeguarding team was made. The case was triaged and proceeded to a section 42 safeguarding enquiry.

What needed to be done?
The Emergency Duty Team had initially ensured that Miss D was placed in a hotel. This immediately provided the initial safeguarding protection for Miss D, her passport was ceased to prevent her from being taken out of the country. Through working with Miss D and gaining her views and wishes the safeguarding team worked alongside housing colleagues to ensure Miss D had a place to live on a more permanent basis. As Miss D had relied on her family for support, she needed staff to support and assist her with access to food, access to finances through supporting with benefit claims. As part of the safeguarding process there were several safeguarding strategy meetings convened to look not just at Miss D but to alert Childrens Services she had siblings who were potentially at risk from forced marriage.

What happened?
The Police seized the passport of Miss D. The Police acquired proof that Miss D was eligible for benefits, this enabled her to evidence eligibility to access the right support and services. Children's Services also applied to court for a forced marriage protection order which was granted for Miss D and her siblings.

Who was involved?
- A young person's domestic abuse advocate.
- The Police Criminal Investigation Department (CID).
- The chair of the multi-agency risk assessment meeting.
- Childrens Services.
- Adult Safeguarding Team.
- Bolton Council Housing Services.
- Benefit of mankind (charity who provide food).

How did you overcome any difficulties along the way?
Both Adults and Children's Safeguarding Teams work alongside GMP within the same office which enables onsite discussions to take place which reduce time delays. Officers within Castle Hill also offer advice and can support dialogue if needed with other GMP teams and provide updates.
Miss D's case and actions were discussed through several safeguarding strategy meetings. These meetings helped formulate a plan of action and through Making Safeguarding Personal Miss D was supported to contribute. As a result, Miss D is now in a place of safety, with a robust protection plan supporting her and her siblings.

Developing an excellent adults workforce

‘We are committed to continuous improvement, learning from experience, and enabling adults at risk of neglect and abuse to have a voice’.

A key ambition of the BSAB is developing an excellent Adults Workforce. The BSAB Workforce Development Sub-Group, have a key role to provide assurance to the BSAB that all organisations across Bolton, working with adults at risk their carers, have access to high quality learning and development opportunities. The sub-group leads on the identification and delivery of local, regional, and national learning opportunities. In line with the development of the BSAB three year strategic plan, the Workforce Development Sub-group are developing a workforce development strategy, over the next three years.

Adult Safeguarding Week took place on 21-27th November 2022. The Workforce Development Sub-Group facilitated a highly innovate range of safeguarding seminars across the course of the week. National experts who are lead in the field of adult safeguarding who took part in the week events were; Professor Michael Preston Shoot, who delivered two seminars on the learning for practice identified in the first national analysis of Safeguarding Adult Reviews (SAR’s) in England, and learning identified through SAR’s when working with self-neglect, multiple exclusion, and homelessness.

- Dr Jane Monckton Smith delivered a seminar focused upon her ground-breaking research in tracking risk escalation in domestic abuse related suicide, honour killing and a framework for identifying so-called ‘hidden homicides’, that are sudden and unexpected deaths that have a history of domestic abuse.

- Suzy Braye, OBE Emerita Professor of Social Work, University of Sussex delivered a seminar focussing on Safeguarding People Who Self-Neglect.

- Professor Christine Cocker, from the University of East Anglia delivered a presentation on Transitional Safeguarding: Addressing the gap between child and adult safeguarding.

- Dr Hannah Bows delivered a seminar with a focus on Domestic Abuse and Older Adults.

- The Disclosure and Barring service also delivered a presentation on the importance of identifying harmful or inappropriate conduct.

- More locally, seminars on Adult Exploitation were delivered by Greater Manchester Police.

- Dr Sarah Keily delivered a session that explored Safeguarding Asylum Seekers and Refugees.

- Bolton Trading Standards delivered sessions on Fraud Awareness.

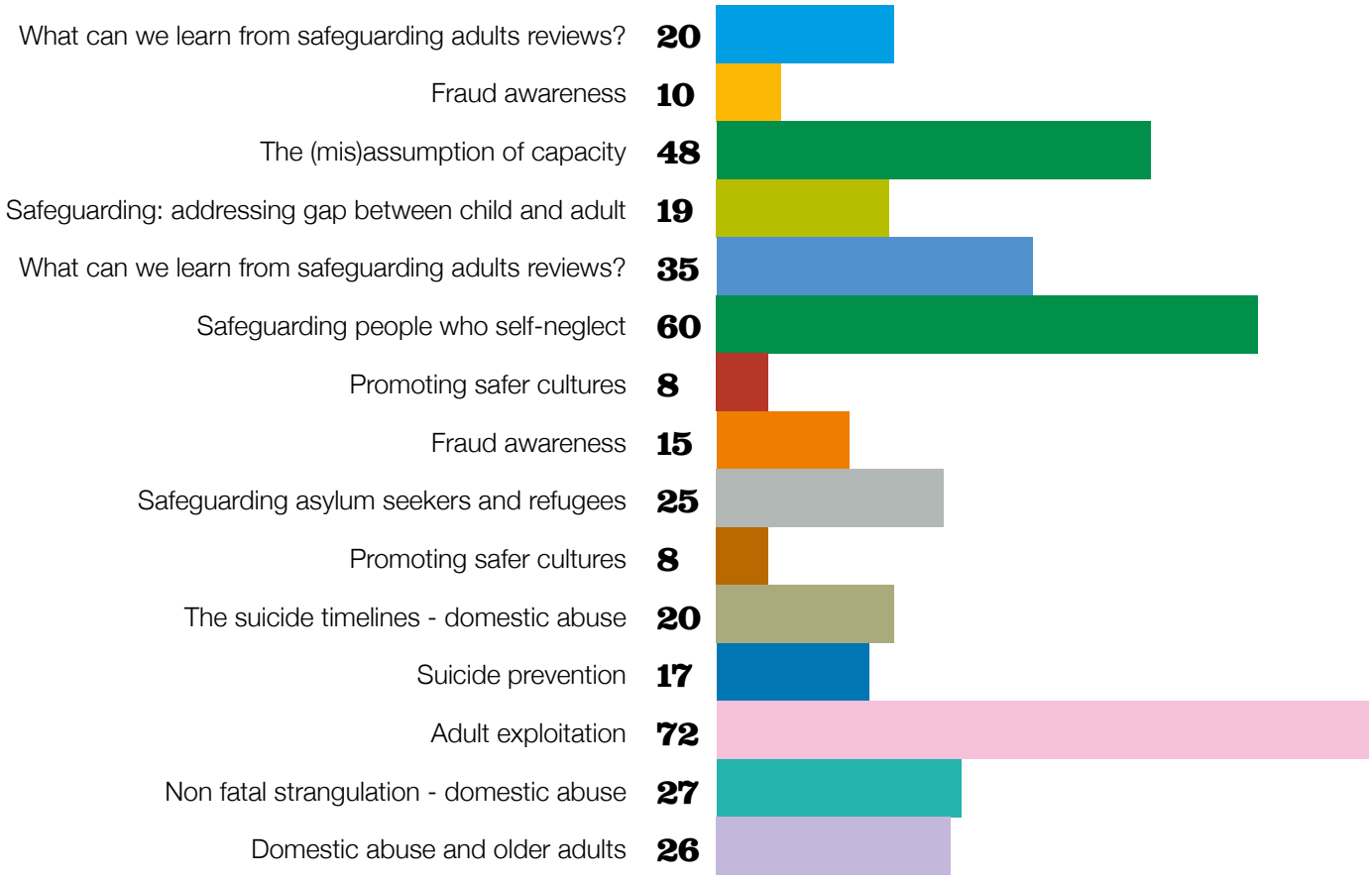
- Local domestic abuse providers, Fortalice focussed their seminar on Non-Fatal Strangulation and the Domestic Abuse Act, 2021.

- The University of Manchester facilitated a session on the Mental Capacity Act.

- A Master Trainer, with Living works, facilitated a session on Suicide Prevention.

In total 410 members from multi-agencies of the adult’s workforce attended the sessions. A breakdown of attendees via course can be viewed on the chart below.

Breakdown of 410 attendees via courses



Educating the Bolton community in safeguarding

Community safeguarding awareness sessions were facilitated at different locations across Bolton as part of Adult Safeguarding Week. The aim of the sessions was to enable citizens to recognise safeguarding concerns and to know what to do when concerns arise.

Embedding a learning and improvement culture

Safeguarding Adult Reviews (SAR's) were established on a statutory basis under Section 44 of the Care Act 2014.

The purpose of a SAR is to review multi-agency practice, so that it may provide invaluable insights to promote effective learning and improvement action to prevent future deaths or serious harm occurring again. A SAR is not an inquiry into how an adult at risk has died or was seriously harmed or re-investigating a case. These are matters for coroners and criminal courts, respectively, to determine as appropriate. It is also not to apportion blame to any individual or organisation.

Safeguarding Adult Boards are the statutory body required to undertake Safeguarding Adults Reviews when the following criteria has been met:

Criteria from s44 of the Care Act 2014:

1. A Safeguarding Adults Board (SAB) must arrange for there to be a review of a case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs) if:

    - There is reasonable cause for concern about how the SAB members of it or other persons with relevant functions worked together to safeguard the adult, and

    - Condition 1 or 2 is met.

2. Condition 1 is met if:

    - The adult* has died, and

    - The SAB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

3. Condition 2 is met if:

    - The adult is still alive and

    - The SAB knows or suspects that the adult has experienced serious abuse or neglect.

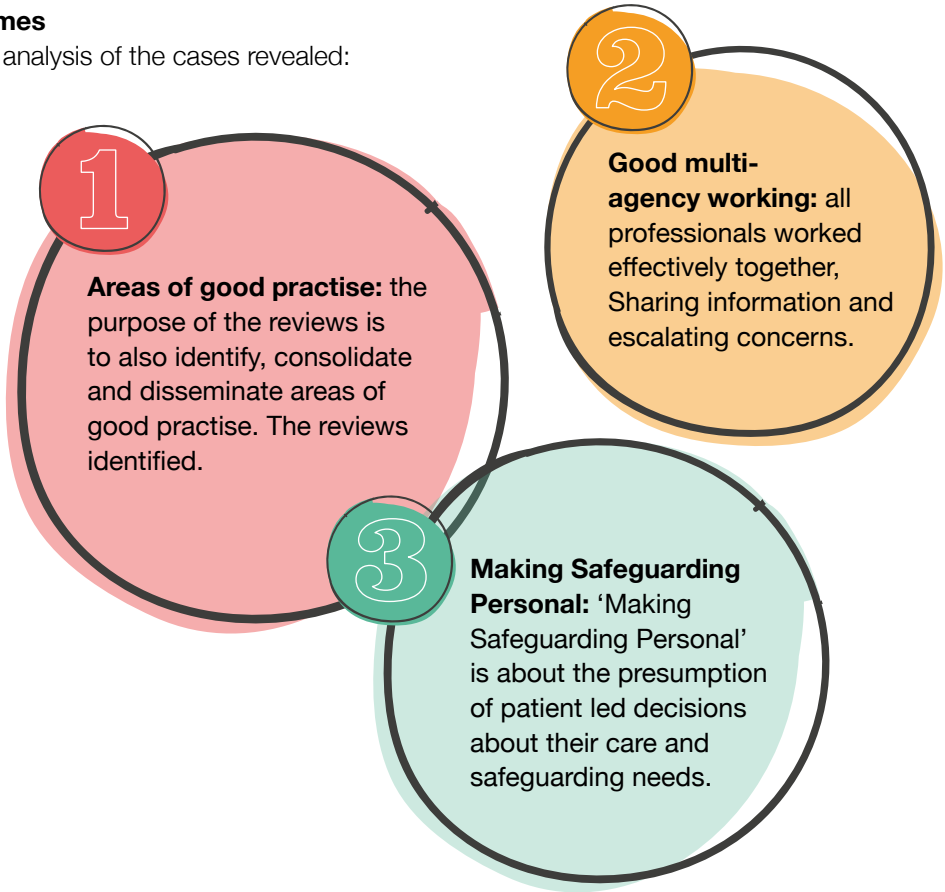
4. A SAB may arrange for there to be a review of any other case involving an adult in its area with needs for care and support (whether or not the local authority has been meeting any of those needs). The adult must be in the SABs area and has needs for care and support (whether or not the local authority has been meeting any of those needs).

** Something can be considered serious abuse or neglect where, for example the individual would have been likely to have died but for an intervention or has suffered permanent harm or has reduced capacity or quality of life (whether because of physical or psychological effects) as a result of the abuse or neglect.

The SAB has discretion to undertake a SAR in other situations when a SAR referral does not meet the statutory criteria as set out in paragraph 2 of this policy, but the circumstances of a case yields learning in preventing or reducing abuse and neglect this review is known as a discretionary SAR.

This year, the BSAB SAR-sub group considered three SAR referrals. One referral met the criteria, to conduct a SAR, at the time of this report the SAR is currently underway, confidentiality of the review is to be maintained until publication, probity prevents any further detail being shared here. In regard of two further SAR referrals, the SAR criteria had not been met, however it remained the opinion of the SAR-Sub group and the Independent Chair to commence discretionary SAR's, in regard of both referrals.

Emerging themes
The cumulative analysis of the cases revealed:



Areas for learning

End of Life/Advanced Care Planning: to ensure that there are clear pathways so that effective delivery of health and social care interventions are targeted to ensure patients' priorities are recognised and, where possible, met.

Misassumptions of Mental Capacity: assessments of capacity, need to include a focus on executive decision-making.

Taking a trauma informed approach in cases of self-neglect: a professionally curious and trauma informed analysis in individual risk and need assessment is required to understand self-neglect in an individual's life context and exploration of the extent that apparent choices are the capacious wish of an individual.

Carers assessment: ensuring carers have a carer assessment.

How lessons are being learnt: learning is shared at the earliest opportunity; this includes the dissemination of anonymised briefings across organisations.

Individual agencies will implement recommendations identified through review processes as soon as practicable without waiting for publication and as such may organise activity specific to their own needs.

Multi-agency learning events are held following each review to share the learning across organisations. The recommendations and general findings arising from reviews contribute to the overall priorities and are delivered through the BSAB strategic action Plan.

Members of the BSAB met with representatives of the Bolton Research and Intelligence forum (BRAIN) with a view of ensuring thematic learning from all statutory reviews is distilled and disseminated effectively.

Learning from national reviews

The published National Learning from Safeguarding Adult Reviews, represents the most in-depth quantitative analysis of Safeguarding Adult Reviews (SARs) to date. Analysis of Safeguarding Adult Reviews: April 2017 - March 2019 | Local Government Association.

The analysis was commissioned by the Care and Health Improvement Programme with the ambition that the findings can inform sector led improvement in safeguarding adults in England. As part of Adult Safeguarding week, Professor Micheal Preston Shoot facilitated seminars on the findings of the analysis, across the multi-agency adult's workforce. The BSAB workforce development sub-group will be integrating the findings of the report and key learning from local and national reviews, to support the development of a multi-agency workforce development strategy.

National Learning is also disseminated through national networks, such as the National Network of Safeguarding Adult Board Chairs, Directors of Adult Social Services regional and national meetings and national and regional Safeguarding Adult Board Business Managers meetings.

Safeguarding adults collection return 2022/23

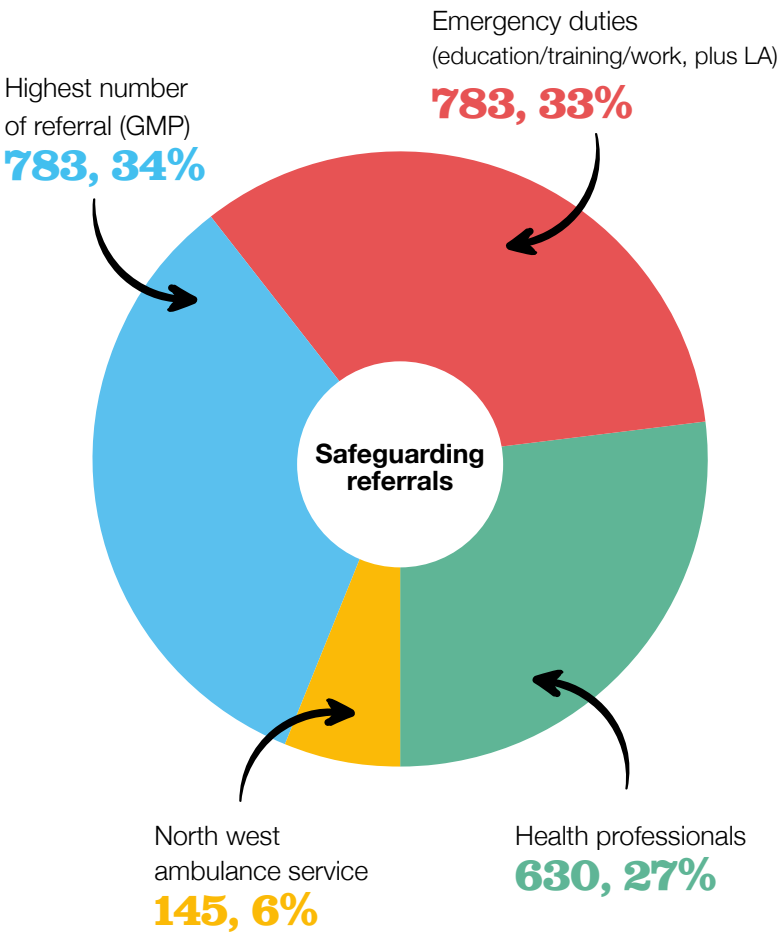
During 2022-23, adult social care received 1,594 safeguarding concerns, which represents an increase of 105 concerns compared to the rate of concerns in 2021-22.

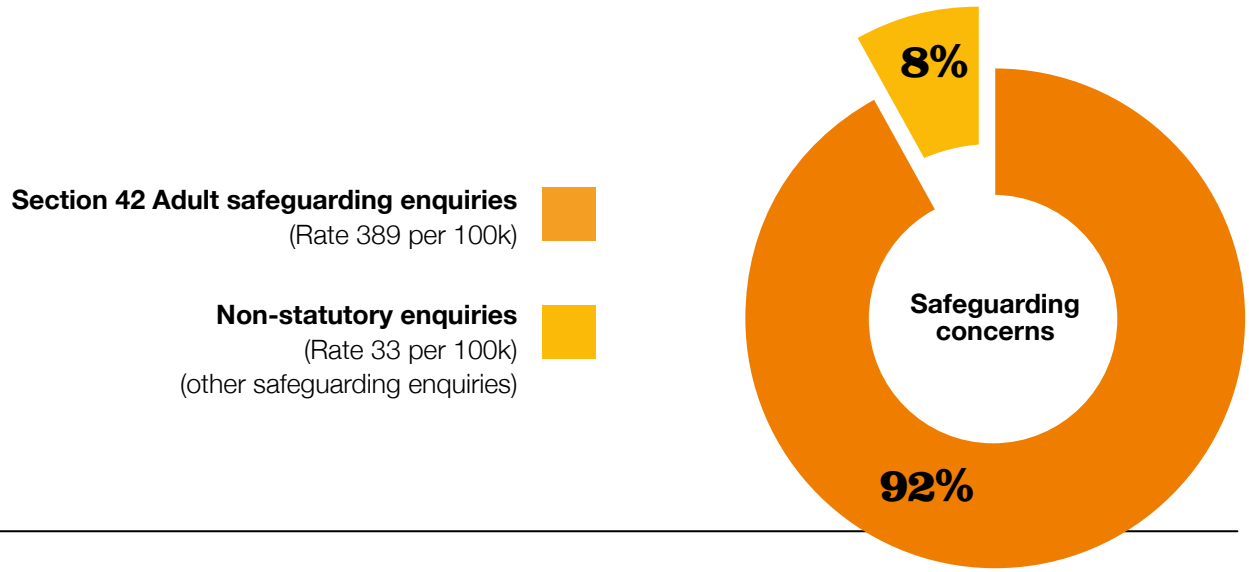
Over the last five years, there has been an increasing trend analysis of concerns of safeguarding of adults at risk. In 2022, the Directors of Adult Social Care report: Spring Budget Survey 2022, evidenced nationally significant levels of need for help and support in local communities. The longer-term impact of the pandemic and wider societal factors such as the cost of living are attributing to the spike.

In keeping with previous years, safeguarding referrals made can be seen in the chart below. The highest number of referrals received was from Greater Manchester Police. Other referrals made were from education/training/workplace (including the Local Authorities Emergency Duty Team), health professionals and the north west ambulance service.

Improved reporting levels can be attributed to stronger visibility of adults at risk and their carers post pandemic and an indication of a skilled safeguarding workforce in the identification adults at risk of abuse.

Below is a chart showing number of safeguarding concerns that resulted in a Section 42 safeguarding enquiry being undertaken as well as concerns that resulted in non-statutory enquiries (known as 'other safeguarding enquiries') being undertaken.





Demographic data

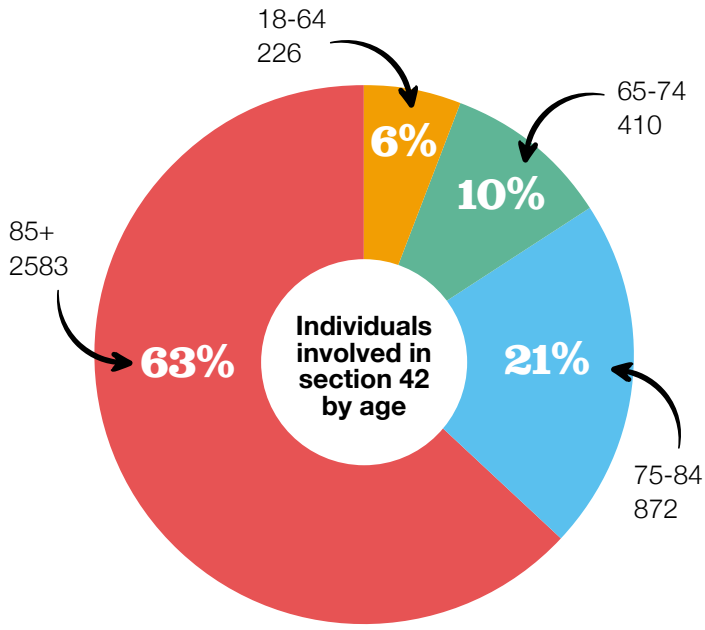
The largest cohort of safeguarding concerns were adults at risk aged 85 years and older, with the females experiencing more abuse than males. The World Health Organisation report that globally around 1 in 6 people 60 years and older experienced some form of abuse in community settings during the past year.

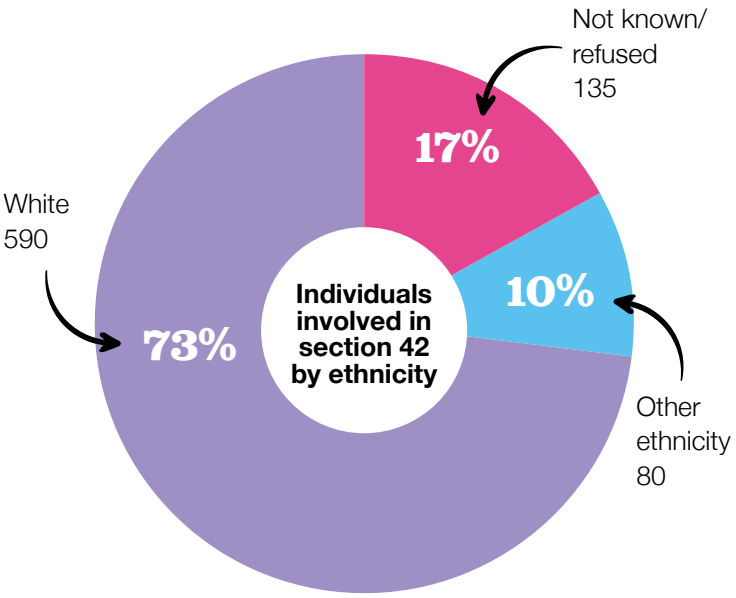
Neglect and acts of omission were ranked the highest category of abuse, with the highest location of abuse occurring in peoples' own homes followed by care homes.

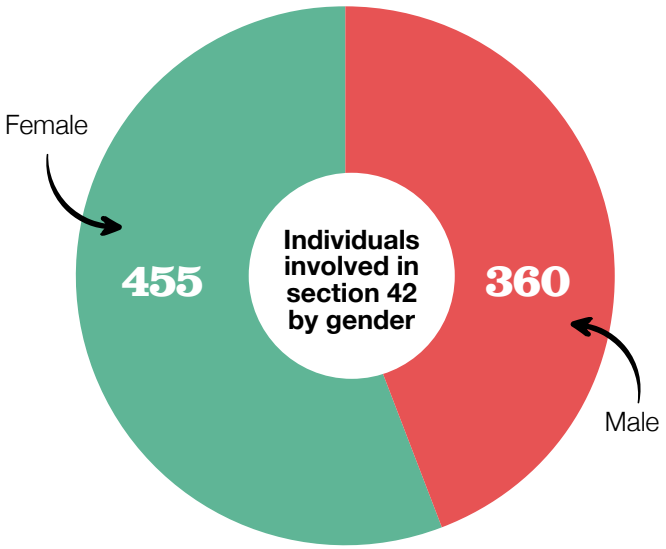
Adults of white ethnicity were the most overrepresented group, this is representative of the population of Bolton. However, a more in-depth breakdown of remaining ethnic groups is required to generate a robust intersectional approach to explore how ethnicity, age, gender, sexuality, and other social factors such as poverty impact adults at risk and their carers.

Over the last year, the Board has undertaken work to tackle abuse by highlighting 'safeguarding is everyone's business' through a poster campaign across the Borough and the dissemination of z-cards to our older adult community to widen adult safeguarding awareness and how to access support. The BSAB Quality Assurance sub-group will consider how they undertake a wider analysis of the factors that are contributing to the year-on-year increase in referrals. This may include analysis of any links between wider societal factors and the increased demand for adult safeguarding services.

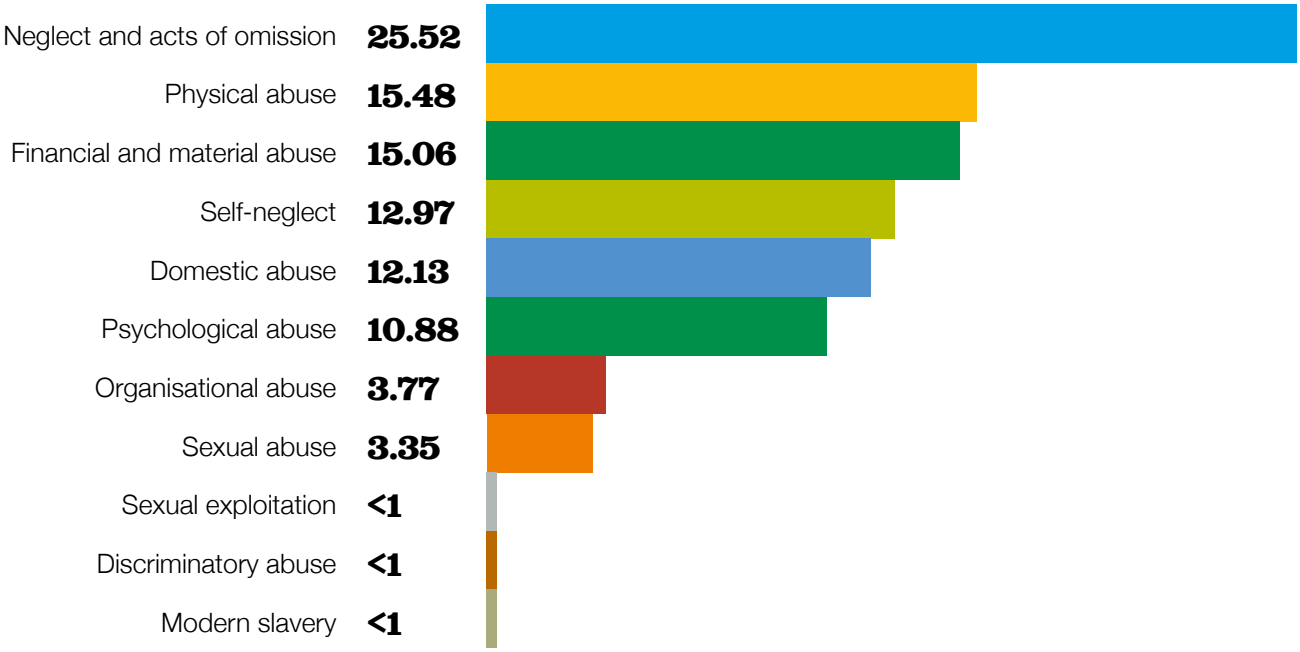
Next year, we will have a stronger focus on more community engagement in respect to raising awareness of safeguarding within the community and specifically underrepresented groups following further analysis of our population within Bolton, such as asylum seekers and refugees. The refreshed strategic plan will target further interventions to tackle other high levels of abuse, such as Physical abuse, financial abuse and self-neglect.

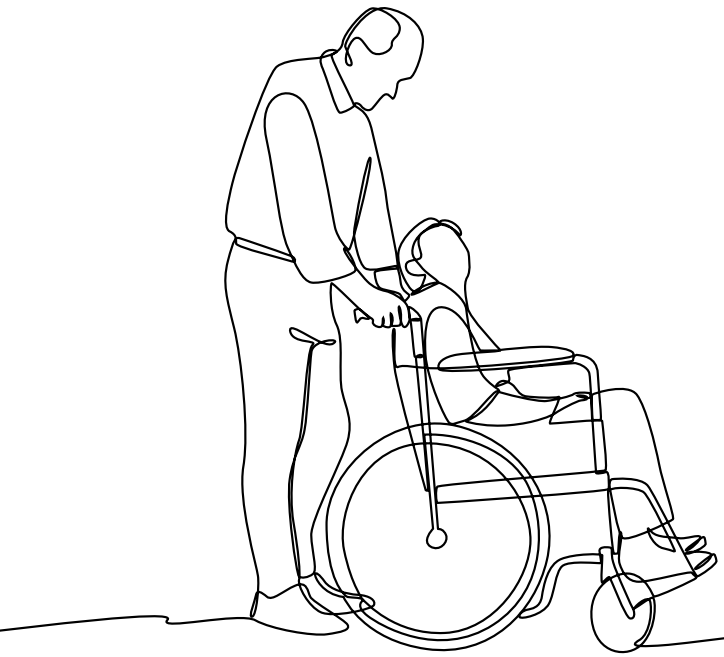




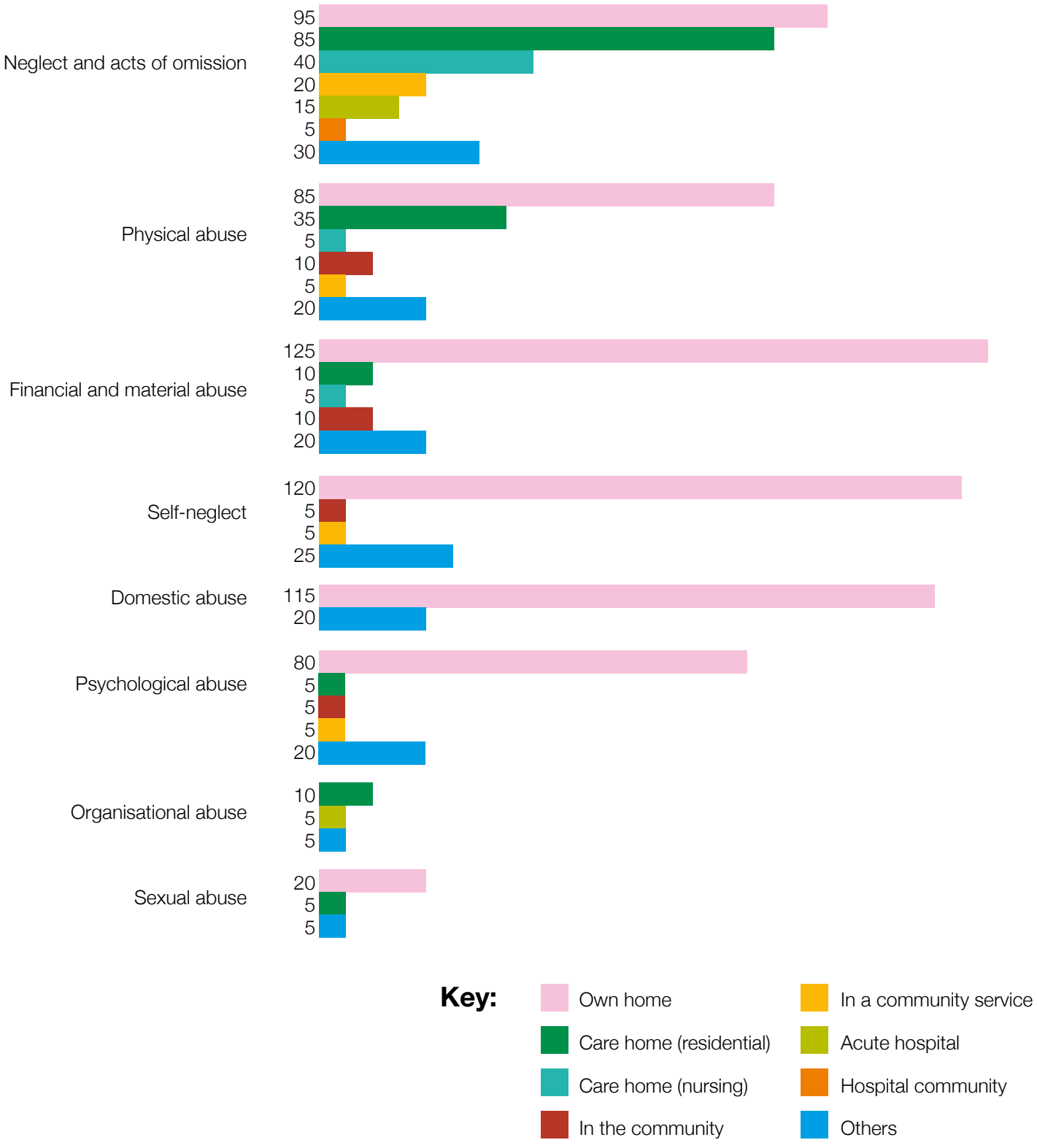


Types of abuse by percentage





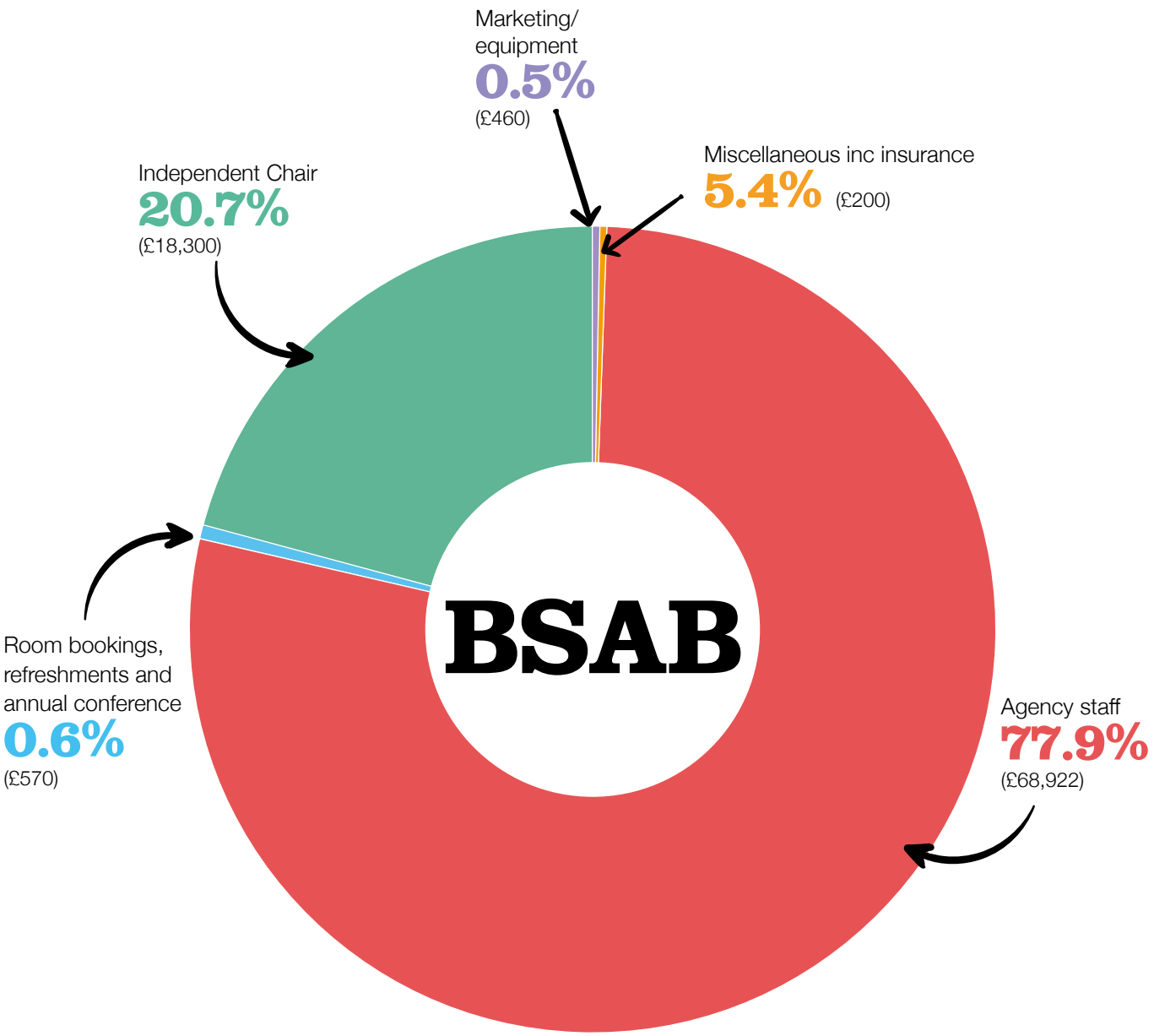
Type of abuse Vs location and reported numbers



Sources:
digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2022-23
Shown here as published in accordance with NHS suppression and rounding rules, therefore totals won't match across analysis.
2023 03 SAB Dashboard and MI Report (for number of referrals by source only)

Financial summary

The Local Authority, Greater Manchester Police and NHS Greater Manchester Integrated Care Bolton Locality have continued to fund the BSAB. Other organisations have contributed 'in kind' to the board, by allowing access to venues free of charge, and contributing to the Board's sub-groups recognising that the board continues to operate on a relatively small and carefully managed budget.



A year ahead

Over the next 12 months you can hold us to account for...

Evidence, impact, assurance and learning.

Assurance

Overseeing the effectiveness of safeguarding arrangements.

We will develop further assurance activity to continuously measure the impact of safeguarding practise.

To assure that good safeguarding practise is standard practice and importantly in identifying emerging safeguarding risks and trends, with a sharp focus on intelligence, leading and embedding a learning and improvement culture across the system in real time and in assuring the overall impact of the BSAB.

By refreshing the strategic quality and effectiveness framework.

The revised framework will reflect a toolkit that comprises of a suite of multi-agency outcome-based assurance activity to measure outcomes for adult at risks and their carers. The toolkit will reflect what outcomes are important to adults at risk and their carers as well as the adult safeguarding workforce.

Evidence

We will continue to develop an Intelligence and Evidence Led approach.

We will establish a specific data analysis function, to strengthen our intelligence to:

Develop a three-year strategic plan and a detailed 'live' business plan, which evidences progress made against actions, and identifies which subgroup will be leading on the task, timescales for achieving the action, and how impact will be evidenced and measured.

Develop a robust intersectional approach to explore how ethnicity, age, gender, sexuality, and other societal factors such as poverty impact adults at risk and their carers. Work closely with wider partnership boards such as the Community Safety Partnership, Safeguarding Children's Partnership and the Active Connected Prosperous (ACP) Board, to gather intelligence in relation to the demographic data on adults at risk and their carers to conduct robust analysis to target effective and robust interventions.

Impact

We will strengthen the links between our safeguarding arrangements and the lived reality and experiences of adults at risk and their carers.

How?

We will finalise and implement the communication and engagement strategy to include the development of an expert by experience reference group.

The group will bridge the lived experiences of adults at risk and their carers and the BSAB, to ensure that the BSAB hears directly about the reality of the lived experiences of adults at risk and their carers, in regard to emerging safeguarding and wellbeing issues. We will strengthen our strategic response and scrutiny mechanisms to safeguarding issues.

Learning

How?

We will further develop a strategic local learning framework.

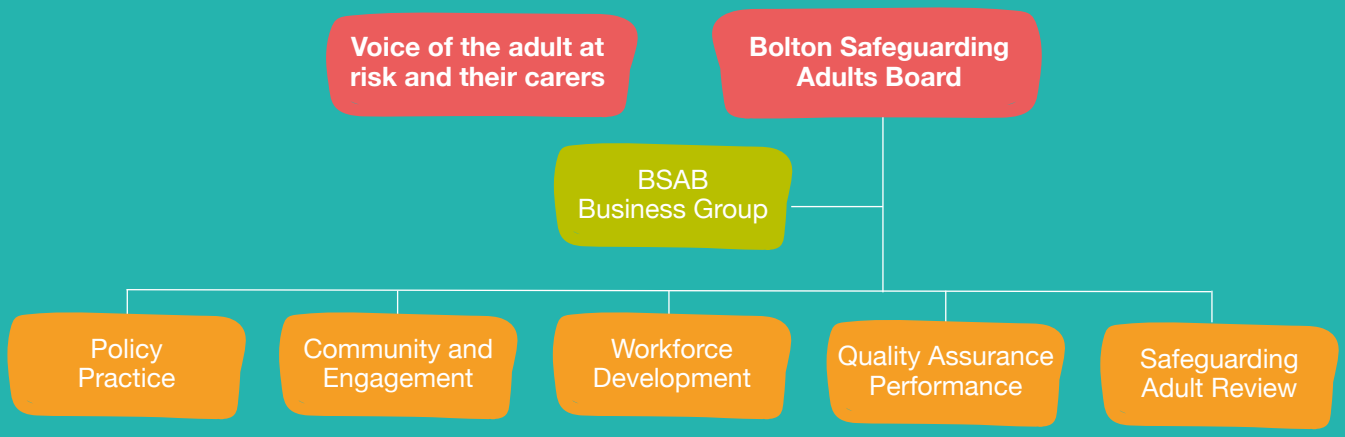
We will work closely with wider partnership boards such as the Community Safety Partnership, Safeguarding Children's Partnership and The Active Connected Prosperous (ACP) Board, to fully develop and implement a strategic local learning framework based on an outcomes-based accountability framework to gather and build evidence to demonstrate the sustained cultural change in agencies as a result of all statutory Reviews.

The framework will:

- Focus on developing a high quality skilled adult safeguarding workforce by learning from the most serious and tragic events.
- Deliver best practice in single and multi-agency reviews.
- Develop an accreditation system of highly skilled reviewers.
- Develop a local repository of learning from all reviews.
- Conduct thematic analysis across statutory reviews to inform the wider work of commissioning.
- Develop a coherent approach to quality assurance, scrutiny, and challenge in evidencing the impact of reviews in readiness for joint targeted area inspections.

Appendix

Bolton Safeguarding Adult Board Structure



Key

BCH - Bolton Community Homes

BSAB - Bolton Safeguarding Adults Board

DHR - Domestic Homicide Reviews

DoLs - Deprivation of Liberty Safeguards

ICP - Bolton Integrated Care Partnership

LPS Liberty Protection Safeguards

MAPPA - Multi Agency Public Protection Arrangements

MARAC - Multi Agency Risk Assessment Conference

MCA - Mental Capacity Act

SAR - Safeguarding Adult Reviews

ACP - The Active Connected Prosperous (ACP) Board

BRAIN - Bolton Research and Intelligence forum

DAV - Domestic Abuse Violence

GMFRS - Greater Manchester Fire and Rescue Service

GMMH - Greater Manchester Mental Health Trust

ICB - Bolton Integrated Care Board

MARAC - Multi Agency Risk Assessment Conference

MoJ - Ministry of Justice

For further information about the arrangements, to share your experiences of Safeguarding in Bolton get in touch via our website:

www.bolton.gov.uk

or call
01204 337000

Bolton Safeguarding Adults Board
Preventing abuse and neglect together