



Plymouth Safeguarding Adults Board

Adult Safeguarding
Plymouth City Council
Windsor House
Plymouth PL65UF
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18 April 2016

PLYMOUTH SAFEGUARDING ADULTS BOARD

Friday 22 April 2016
10.00 am
Windsor House

Members:

Andy Bickley, Chair
Councillor Tuffin, Carole Burgoyne, Gary Wallace, Craig McArdle, Matt
Garrett, Jane Elliot Tonic, Julian Moulard, Laura Collingwood-Burke,
D/Supt Keith Perkins, Greg Dix, Geoff Baines,
Antonia Reynolds, Georgia Webb, Kerri Nason, Sue Baldwin and Phil Smale.

Members are invited to attend the above meeting to consider the items of business overleaf.

For further information on attending Council meetings and how to engage in the democratic process please follow this link - <http://www.plymouth.gov.uk/accesstomeetings>

Tracey Lee
Chief Executive

PLYMOUTH SAFEGUARDING ADULTS BOARD

- 1. WELCOME AND APOLOGIES:**
- 2. MINUTES AND MATTERS ARISING: (Pages 1 - 4)**
- 3. CHAIR'S UPDATE:**
- 4. SERIOUS CASE REVIEW 'V':**
- 5. SAFEGUARDING MANAGER'S REPORT: (Pages 5 - 10)**
- 6. HEALTH PATHWAY UPDATE:**
- 7. STRATEGIC REVIEW UPDATE: (Pages 11 - 16)**
- 8. MHCCC UPDATE: (Pages 17 - 18)**
- 9. STRATEGIC PLAN 2015-16: (Pages 19 - 34)**
- 10. PERFORMANCE FRAMEWORK: (Pages 35 - 36)**
- 11. AOB:**
- 12. FUTURE MEETINGS:**

PSAB**21 January 2016, Windsor House****Present:**

Andrew Bickley	Independent Chair	
Cllr Ian Tuffin	Portfolio Holder for Health and Adult Social Care	Plymouth City Council
Matt Garrett	Head of Housing Services	Plymouth City Council
Jane Elliott Tonic	Adult Safeguarding Manager	Plymouth City Council
Carole Burgoyne	Director for People	Plymouth City Council.
Julian Moulard	Independent Chair	Plymouth City Council
Keith Perkins	Head of Public Protection Unit	Devon & Cornwall Constabulary
Gary Wallace	Snr Specialist Drug & Alcohol Team Manager Office of the Director of Public Health	Plymouth City Council
Greg Dix	Director of Nursing	Plymouth Hospitals NHS Trust
Geoff Baines	Director of Professional Practice, Quality and Safety,	Livewell Southwest
Daniel Monck	Representing the Head of Plymouth, Cornwall & IoS Local Delivery Unit,	National Probation Service
Sue Baldwin	Designated Safeguarding Nurse	NEW Devon CCG
Phil Smale	Safeguarding Coordinator	City College Plymouth
Chris Rogers	Named Professional (Safeguarding)/Paramedic	SWAST
Kerri Nason	Assistant Chief Executive,	Plymouth and Cornwall LDU Dorset, Devon and Cornwall CRC
Craig McArdle	Assistant Director for Strategic Co-operative Commissioning	Plymouth City Council
Jon Mcleavy	Head of Business Services	Housing Support Devon and Cornwall Housing
Megan Cleaves	Safeguarding Administrator	Plymouth City Council

Also in attendance:

Catherine Cotter SCR Author
Diane Bunyan Equalities Advisor for SCR

<p>1. Welcome/Apologies</p> <ul style="list-style-type: none"> - Andy Bickley welcomed everyone to the meeting - Apologies from: <ul style="list-style-type: none"> - Laura Collingwood-Burke, Director of Nursing, New Devon CCG - Antonia Reynolds, Inspection Manager, CQC - Judith Harwood, AD, Education Learning and Families, PCC - Karen Marcellino, Manager, Healthwatch - Georgia Webb, Head of Plymouth, Cornwall & IoS Local Delivery Unit, National Probation Service - Ian Ansell, Office of the Police and Crime Commissioner 	
<p>2. Minutes and matters arising</p> <ul style="list-style-type: none"> - Minutes of the previous meeting were agreed. <p>Matters Arising</p> <ul style="list-style-type: none"> - AB has emailed Paul Northcott to thank him for his support for the PSAB. - Claire Cotter's Quality Review has been delayed – to be brought to the Executive Group. - Work on the PSAB website is on-going an update will be provided at the Executive Group. - Work with Healthwatch is on-going an update will be provided at the Executive Group. - JM has requested chronologies for the potential SAR this work is on-going. - AB will ask for an update on the Mental Health Crisis Care Concordat and bring to the Executive Group meeting. - Work has started on the performance data and is currently refining the Thurrock model. JET will update at the next Executive. <p>AB noted a letter from the Chief Constable of Devon & Cornwall Constabulary to the Chief Executives of local authorities in the force area. The letter relates to changes to the Police response to requests for welfare checks, due to start in March 16. KP gave some background on why this decision has been made he stressed that that if there is any threat to life or harm the Police would respond as before. KP said he is happy to talk about this in more detail at the next Board meeting. JET said she would circulate a copy of the letter to the Board.</p>	<p>JET/CC</p> <p>JET</p> <p>JM</p> <p>AB</p> <p>JET</p> <p>JET</p>
<p>3. Declarations of Interest</p> <ul style="list-style-type: none"> - AB declared his interest in this SCR due to his previous role. 	
<p>4. Chairs Update</p> <ul style="list-style-type: none"> - n/a 	
<p>5. Serious Case Review</p> <ul style="list-style-type: none"> - The full report and appendices were circulated last week. - AB noted that no agency has been untouched by this case and we now need to take forward the recommendations and learning. The Board needs to have confidence that this will be done and that no points are missed. AB handed over to CC. - CC started by thanking the Panel members, the Chair Karen Grimshaw, IMR (Individual Management Reviews) authors, JM and MC for their hard 	

work over the last couple of years and the responses to further questions throughout the SCR.

- She has been in contact with the family throughout the process and they had input into the Terms of Reference for the report and contributed to the recommendations. 'V' is being used to identify the person concerned at the family's request.
- The delay in the SCR was due to not receiving the Police IMR until September 15; they were not able to finalise their IMR until the IPCC investigation had been completed. Discussions had taken place whether to go ahead without the Police IMR but this would have produced a flawed report.
- CC met with one of V's sisters and their solicitor before the first panel meeting and she has kept them informed of the delay. She had offered to meet with them again before today but they did not reply until yesterday.
- CC went through the facts and chronology in the SCR, agency explanations from IMRs, common themes, lessons learnt and the recommendations.

The following comments related to the recommendations were noted

- The Police confirmed actions have been implemented and the action plan will be updated
- SWAST confirmed their action plan has been implemented
- Housing – MG and JMc met 20 January 2016 to look at the recommendations. The action plan for Housing is not just for Devon and Cornwall but for all providers. MG and JMc will look at these jointly and go to Housing Forums to speak to all 17 providers. AB stated he would support this action plan if required via escalation to the Chief Executives of the Housing Providers
- JMc and MG had a query regarding recommendations 8.44 and 8.47, CC will review and redraft prior to circulation.
- Plymouth Community Healthcare (since renamed Livewell Southwest) confirmed their action plan has been implemented
- GP and Pharmacy recommendations are being looked at jointly by CCG and NHS England. SB will speak to Mandy Cox.
- To reflect organisational change and agency progress in this case JMc suggested reviewing V's case against current systems in place to establish how learning has been embedded. JM suggested this proposal could be taken to the Lead Officers Group to consider and action. In response to AB comments regarding taking forward the learning, JM suggested that the report recommendations and action plans could be progressed and monitored by the SAR Sub Group which reports back to Board.
- The Board would need a risk and impact assessment before publishing the report.
- The report would need to be legally assessed as being fit for publication.
- Communication strategy - this would include a number of media statements (Board and Agencies involved) and inform other Boards e.g.: the

<p>Health and Wellbeing Board, other SABs.</p> <ul style="list-style-type: none"> - The Board will need assurance that the recommendations and action plans are in place and are working. Lead officers will need to take responsibility within their agencies to ensure that these are working and report back to Board. It was suggested this could be done within the quarterly SAR Sub-group, Board and Executive meeting process or in a separate process outside Board. . - CC asked about sharing the report with V's family. AB stated that the family should receive a copy of the report at least 2 weeks before being published. CC explained she informed the Solicitor that she would make contact after today's meeting regarding sharing the contents of report and providing feedback to the family. AB indicated we need to take legal advice before sharing the draft report to the family and asked JM to do this. - CC will make the amendments as discussed today and the report will be recirculated once these have been completed. 	
<p>6. Development Day</p> <ul style="list-style-type: none"> - To be taken to the PSAB Executive Group 	
<p>7. Strategic Plan Update</p> <ul style="list-style-type: none"> - To be taken to the PSAB Executive Group 	
<p>8. Safeguarding Managers Report</p> <ul style="list-style-type: none"> - Report is attached to the agenda pack any comments or questions please send to Jane Elliott Toncic 	
<p>9. AOB</p> <ul style="list-style-type: none"> - None raised 	
<p>10. Future Meetings</p> <ul style="list-style-type: none"> - The next meeting of the PSAB will take place on Friday 22 April 2016 	

SAFEGUARDING MANAGER'S REPORT

Plymouth Safeguarding Adults Board April 2016



THE CARE ACT 2014 – ONE YEAR ON:

In March DoH published the revised edition of Care and Support statutory guidance to underpin the Care Act. The new edition supersedes the version issued in October 2014, and takes account of regulatory changes, feedback from stakeholders and the care sector and developments following the postponement of social care funding reforms to 2020. Changes and links have been circulated to partner agencies and the relevant PSAB sub groups, and a table summarising the changes in total can be found at:

http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/7740017/ARTICLE

Changes in the Safeguarding Chapter 14 include:

- addition to the aims of safeguarding
- addition to the Self Neglect section
- additional section and mention of new offences relating to Domestic Abuse
- additional section on scamming
- highlighting of documents regarding Financial Abuse of Older People, Risk Guidance for People with Dementia, and Self Neglect policy
- links to the concept of wellbeing in the Act
- clarification of the expectations regarding allegations against People in a Position of Trust (PiPoT) following removal of the requirement for agencies to have a Designated Adult Safeguarding Manager (DASM).
- additional section on multi-agency working, legal implications of intervention in a persons best interest, role of a Principle Social Worker

<https://www.gov.uk/guidance/care-and-support-statutory-guidance/safeguarding>

The number of cases raised to adult safeguarding teams doubled in the first six months of the Care Act, figures published in the latest LGA Care Act Stocktake suggest. Previous surveys measured councils' readiness to deliver the legislation but this stocktake, which was carried out in November 2015, covers implementation of the act itself.

Councils made, or caused others to make 100,000 safeguarding enquiries between April 2015 and October 2015, and the figures show councils handled 103,900 safeguarding referrals in the full 12-month period up until April 2015, when the Care Act came into force.

Social care sources have suggested the rise was likely to reflect a combination of factors. These included increased reporting, greater awareness of the need for safeguarding interventions in cases involving issues like modern slavery and self neglect. In addition the Care Act's statutory threshold may be broader than the local definitions previously used by councils.

However, there are also concerns among sector leaders that the figures could at least in part mark problems in the quality of care services nationally. As at March 7, a third of social care services inspected by the Care Quality Commission were deemed to be inadequate (3%) or require improvement (30%). In further figures, based on performance so far, adult social care teams are expected to carry out 1.65 million social care assessments by the end of the financial year, an increase of 56,000 on last year.

MODERN SLAVERY:

Home Office SW regional pilot in response to their review of the National Referral Mechanism

We are awaiting updates from the Home Office regarding the call from both pilot areas for confirmation of the provision of outstanding training. In addition we are expecting detail regarding the duration of the pilot, muted as until Summer 2016, in order to plan our future approach.

Anti-Slavery Partnerships (ASPs)

Regular meetings of the force-wide Devon & Cornwall and local Plymouth ASPs continue. With our colleagues in Safer Plymouth we are feeding into the police evaluation of the recent operation involving fifteen Romanian nationals.

PSAB EXECUTIVE GROUP HIGHLIGHTS:

The group met 4th March 2016, and the agenda included:

SCR 'V' update

Update received on the timeline and rationale for any delays.

Acknowledgement that a date was awaited from the family to meet with the author

Agreement for the final report to go to PSAB for sign off on 22.4.16, and for the SAR Sub Group to monitor action plans and feed back to PSAB.

Agreement that impact and risk assessments, communication plan, and legal advice all required prior to publication.

Health pathway update

Acknowledgement of delay of the Strategic Review of Safeguarding and revised timeline

Acknowledgement of provider recruitment problems

Request from Chair for a meeting with all relevant parties to resolve the issues and update

Strategic Plan 2015-16 update

- i) Service Development priorities:

Risk Management and Self Neglect:

- Update received that the working group has been productive, policy is in draft, and launch of city wide plan is in planning.
- Decision to link with the Creative Solutions Forum being developed to look at complex MH and substance use cases once care management and CPA approaches have been exhausted. A multi agency/disciplinary forum to include commissioners who can give permission for contracts to be utilised differently or grant extraordinary funding. ToR is in draft, with plans to pilot the forum over 2-3 meetings, report back and evaluate.

MCA:

- LPA and Advanced Decision training has been delivered to around 200 people across sectors. The LPA& AD leaflet design has been printed and is in circulation, related links will be included in the web pages.
- MCA & DOLS working group - to be carried forward
- CCG has provided MCA training to 65 GPs and have provided leaflets and information for GPs.

Engagement and Participation:

- PAUSE service user group: the new co-ordinator has recently resigned, JET in discussion with provider agency and commissioners. SAB Chair has attended some meetings in the last year, and will attend again when dates are confirmed. UPDATE: new facilitator in place and links being re-established.
- Healthwatch have had to withdraw from a number of city committees, including membership of PSAB and LOG
- Agreement to continue to identify increased capacity to progress the Engagement and Participation priority. Update: A task & finish group will be dedicated to completing the Equality Impact Assessment regarding access to the safeguarding process. Another group is being developed to take forward the wider Engagement & Participation work and will report into the Executive Group.

ii) Board Development priorities:

Care Act compliance:

- The PSAB is Care Act compliant, as is the multi-agency online policy and procedures manual.

Quality & Performance Framework:

- Work has been completed on the adaptation of the identified model to one of three core questions, and indicators identified. Recommended to be taken to April's PSAB for sign off.

Annual report framework:

- Agreement that the annual report will be completed in Q1 of 2016. A number of different formats from various SABs have been researched and a decision reached on the preferred option.
- Agreement to ask SAB members to report on their activity against the PSAB Strategic Plan
Update: current suggestion for report to comprise:

1. Independent Chair's Foreword
2. Who we are and what we do – structure, members reports
3. Safeguarding data
4. Review of progress during 2015/16 - strategic plan objectives and updates from subgroups
5. SCR – 'V'
6. Priorities and plans for the year/s ahead

Appendix: budget

Learning & Development:

- Agreement for task & finish group to bring review and strategy back to the next Executive Group meeting for sign off at July PSAB.

Strategic Plan 2016-17

- Discussion regarding PSAB priorities for next year. Suggestions included mental health, domestic abuse, concerns with care homes, asylum seekers, SAR outcomes and learning, modern slavery. To be discussed at board meeting and Development Day

STRENGTHENING LINKS:

The Executive Group will be asked to consider a model of joint protocol governing the relationship between PSAB, PSCB and the Health & Wellbeing Board. It will aim to set out the distinct roles and responsibilities, the interrelationships between them in terms of safeguarding and wellbeing, and the means by which effective co-ordination and coherence between the Boards will be secured.

We are adopting the template used by PSCB for feedback to full board by sub-groups and task & finish groups. This is aimed at tightening relationships, consolidating links and a consistent format for information to Board

ADASS/LGA SAFEGUARDING ADULTS POLICY NETWORK WORK PLAN 2015/16:

We had committed to having input to the Quality & Safeguarding workstream, aimed at identifying the key factors and interdependencies that impact on quality and safeguarding, and scope the priorities objectives and outcomes.

Task and Finish networks, which included CQC, have been reviewed and while Commissioning/Performance/Quality remain priorities, work in high level coalition has not achieved its goals. However, we are linked in through the SW regional Safeguarding Leads network and in collaboration with the Chair of this group, who is DASS for Bristol, we are in discussion regarding a joint working group to develop a local approach.

CATHOLIC SAFEGUARDING ADVISORY SERVICE:

The CSAS have sent all SABS and SCBs an update on their contribution to the independent inquiry led by Judge Goddard, and their revised safeguarding structure. For further detail the letter is included in this pack.



Plymouth Safeguarding Adults Board
Plymouth City Council
Ballard House
West Hoe Road
Plymouth
PL1 3BJ

08th April 2016

Dear Sir / Madam

Safeguarding and the Catholic Church in England and Wales

This year will see an increased focus on safeguarding in the Catholic Church in England and Wales with the start of the Independent Inquiry into Child Sex Abuse, led by Judge Lowell Goddard.

It is timely therefore to write to advise you about the engagement of the Church with the Inquiry and inform you about the current safeguarding structures within the Catholic Church in England and Wales. The safeguarding of children, young people and vulnerable adults is at the heart of the Church's mission and there is no place in the Church for abuse. Today, the safeguarding of children and the vulnerable is a Church priority from the top down, and there will be no place to hide for offenders.

Victims have not always come first and it is recognised and accepted that things have not always been done in the way that they should have been. The Church deeply regrets all instances of sexual abuse and the abuse of minors and vulnerable adults.

After years of addressing these issues, the Church is looking forward to assisting the Inquiry in any way possible and learning from its findings and recommendations.

The Conference of Bishops and the Conference of Religious in England and Wales has established a 'Council', chaired by Baroness O'Loan, to oversee the Church's engagement with the Inquiry by for example:

- Coordinating overarching submissions made to the Inquiry about, for example, Church structures and canon law;
- Identifying for the Inquiry the procedures that have been put in place over the past 20 years and the improvements/initiatives currently in progress with respect to safeguarding and child protection;

As the Inquiry progresses, and the interim reports that have been promised by Justice Goddard become available, the Council will work collaboratively with the NCSC, the National Catholic Safeguarding Commission, to ensure that:

- issues identified by the Inquiry and its recommendations regarding areas still requiring improvement to protect children are recorded and communicated to the relevant church authorities;

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Registered Address: 39 Eccleston Square, London SW1V 1BX
Registered in England & Wales
Registered Charity No: 1097482

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- any recommendations made in the Inquiry report are recorded and communicated to the relevant church authorities for their implementation.

Current safeguarding structures

The National Catholic Safeguarding Commission (NCSC) is the independent body which is responsible for setting the strategic direction of the Church's safeguarding policy for children and vulnerable adults, and for monitoring compliance.

The NCSC directs the work of the Catholic Safeguarding Advisory Service (CSAS), which was established to implement improvement in practice.

Each Catholic diocese within England and Wales has a Safeguarding Coordinator who is responsible for working closely and collaboratively with the statutory authorities. Additionally, there are Safeguarding Coordinators representing different Religious Congregations in England and Wales. Any allegation against a person working in the name of the Catholic Church should be referred to the relevant Safeguarding Coordinator who has a critical role in ensuring that appropriate action is taken to protect others, once an allegation is received by the Church. They ensure that all allegations of abuse are immediately passed on to the police and participate in statutory processes to ensure that information is shared and risk is assessed and managed. Importantly, the Safeguarding Coordinator ensures that following investigation by the statutory authorities, the Church conducts its own internal investigation, following Canon law.

Lastly, I would like to make you aware of national developments that are being established to complement the work already being done by Safeguarding Coordinators to support victims and survivors. The National Catholic Safeguarding Commission has appointed a Survivor Advisory Panel to act as a point of reference on safeguarding matters and is also developing a model of support for victims and survivors to be implemented across all dioceses and Religious Communities.

I do hope that you have found this letter to be informative and if you have any questions arising from its content, please contact me.

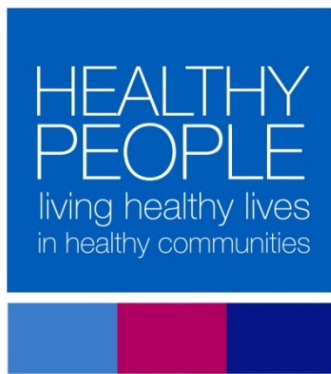
Yours sincerely

A handwritten signature in black ink, appearing to read "Colette Limbrick".

Dr Colette Limbrick
Director
Catholic Safeguarding Advisory Service

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Report to Plymouth Safeguarding Board

Update on Delivery of the Mental Health Crisis Care Concordat

Background

In 2014 the Department of Health published the Mental Health Crisis Care Concordat as a process for all health communities to address the clear failings in mental health crisis care across the country. It required local communities to form partnerships and develop an action plan to deliver the key outcomes identified in the Concordat document.

A partnership agreement was signed up in November 2014 and an action plan developed and published in March 2015.

The Action Plan is necessarily a high level document which reflected the substantial deficits within our local system and the inadequate partnerships that defined the experience for people experiencing a mental health crisis.

Progress So Far

In the past 12 months there has been substantial progress on delivering the requirements of the Concordat across Devon which are a cause for celebration:

- Development of 24 hour staffed places of safety, including for children;
- Investment in psychiatric liaison services in Emergency Departments;
- Development of Street Triage;
- Development of Liaison and Diversion services;
- Mapping of the existing crisis care pathway;
- Development of a new model of crisis care;
- Scenario testing of proposed models;
- Development of a robust and sustainable partnership between the Commissioners, NHS providers, local authorities, ambulance service, Police and people with lived experience;
- Routine review of operational issues and thorough response to untoward incidents.

These represent the product of shared commitment to change as well as the benefits of enhanced investment and the impact is felt across the whole system. It is however clear that this is not an end point for the Concordat delivery but is instead an opportunity for us to reflect on the work that has been done so far and refocus our efforts.

Future Delivery of the Crisis Care Concordat

There is a recognition from all partners that the work done so far has been system-wide and largely foundational. There is now a requirement to make sure key infrastructure is developed and that there is a much more local focus to delivery.

In terms of key deliverables for the whole system the following actions are the priority for the Concordat team:

- The development of a single point of contact model as part of the 111 service reprocurement (Mental Health clinical hub);
- Integration of the above with the single points of access of the mental health providers for adults and children;
- Development of authentic “all age” services;
- Further reduction of the use of police custody as a place of safety (zero usage for children and single figures per annum for adults);
- Delivery of comprehensive 24 hour liaison services in the ED (Plymouth);
- Delivery of a Psychiatric Intensive Care Unit (PICU);
- Development of crisis services with a view to ensuring greater flexibility to meet the needs of patients on current caseload and for those not known to services or discharged;
- Ensure that performance monitoring is based around experience of those receiving services as well as other routine performance indicators.

In order to deliver this there will be a workshop to deliver both an updated action plan with new priorities and a renewed partnership commitment from all partners. The current partnership under the Concordat has been the foundation of the progress achieved so far and it is crucial to what has thus far been achieved. The latest iteration of the action plan will therefore be the final version of this plan and will be replaced by a newly constituted version (It is anticipated the workshop will be in late May with a new plan uploaded to the national Crisis Care Concordat website in June).

Priorities for Plymouth

As noted above the new action plan will have greater focus on detail and addressing local issues. In Plymouth there are key concerns in the following areas:

- Delivery of an effective single point of contact;
- Investment in psychiatric liaison services;
- Development of PICU;
- Enhancement of crisis team and out of hospital care;
- Enhancement “all age” functions;
- Sustaining effective local relationships between NHS and Police;
- Developing improved transport for mental health patients detained under powers of the Mental Health Act.

All of these priorities will be enshrined within the updated action plan with (where they are shared with other areas) clear emphasis on local delivery implications. This list will be refined and updated via the workshop process.

Plymouth Safeguarding Adults Board Strategic Plan 2015/16



PLYMOUTH
CITY COUNCIL



**Plymouth
Safeguarding
Adults Board**

Strategic Plan 2015/16

Introduction



Plymouth Safeguarding Adults Board consider:

Everyone has the right to live their life free from violence, fear and abuse.

All adults have a right to be protected from harm and exploitation.

Not everyone can protect themselves.

All adults have the right to independence, which may involve risk.

The Government has set out the following six principles which provides the Board with a safeguarding framework:

- *Empowerment*
- *Protection*
- *Prevention*
- *Proportionality*
- *Partnership*
- *Accountability*

Under the Care Act 2014, Safeguarding Adult Boards are for the first time within a legislative framework. The Council, the Clinical Commissioning Group and the Police will work with the people of Plymouth, Board Partners and Stakeholders to achieve these principles

Strategic Plan 2015/16

Care Act Duties



Care Act 2014

Safeguarding duties apply to an adult who:

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

The Board has three core duties:

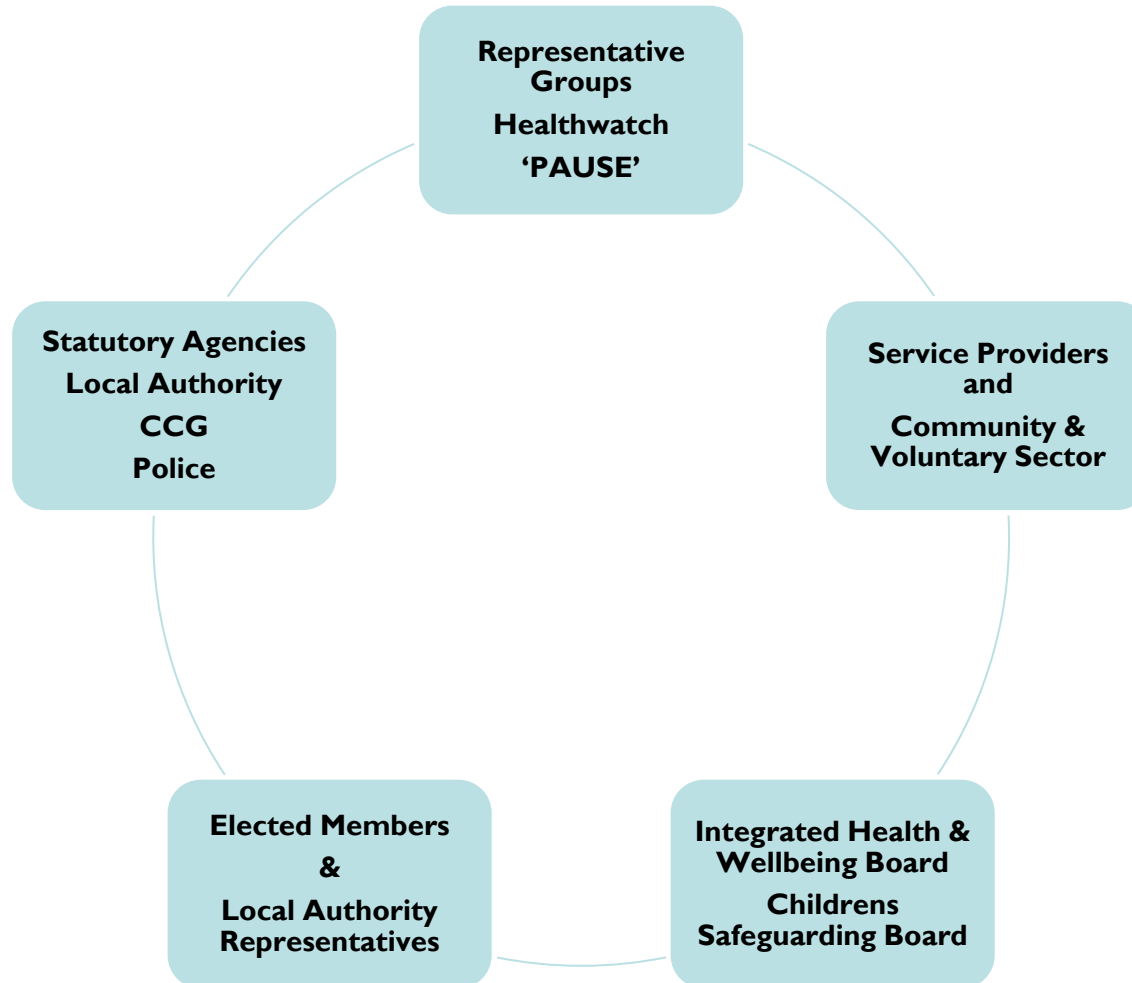
- It must publish a Strategic Plan each year
- It must publish an annual report
- It must conduct Safeguarding Adult Reviews

However the Strategic Plan is service driven and underpinned by:

- Quality & Performance
- Assurance & Governance
- Equality & Diversity

Strategic Plan 2015/16

Board Partners



Principles



- SAB member's commitment to supply staff and resources
- Commitment to user engagement throughout
- SAB partners/agencies/staff delegated actions within the strategic plan are accountable to the Board
- Any proposed changes to the Strategic Plan must be via the Executive Group in the first instance under a 'Proposal to Change'
- Delegated officers have the authority to agree actions on the behalf of the agency they represent
- Use of the escalation procedure up to and including the Executive Group for mediation and decisions

Strategic Plan 2015/16

Development Priorities



I. Service Development

I.1 Self Neglect

Developing strategies for responding to self neglect and people with complex needs who do not engage with services

I.2 Mental Capacity Act

Increase awareness of Advance Decisions and Lasting Powers of Attorney within services to ensure compliance with people's rights under the Act

I.3 Engagement & Participation

Undertake a review and make recommendations to increase engagement and participation with citizens and stakeholders. Develop further awareness of MSP (Making Safeguarding Personal) ensuring safeguarding should be person centred and outcome focused

Strategic Plan 2015/16

Development Priorities



2. Board Development

2.1 Care Act compliant

To comply with the duties under the Care Act and its statutory guidance relating to safeguarding

2.2 Quality & Performance Framework

Informed by Government and ADASS adult safeguarding policy and principles develop and agree a suitable quality and performance framework

2.3 Annual Report Framework

Develop and confirm an appropriate framework to report the work of the Board in 2015/16

2.4 Safeguarding Learning & Development Strategy

Review current learning and development activity in order to produce a revised strategy

Strategic Plan 2015/16

Service Objectives



Service Objectives	Action	Timescale	Responsible agency/name
1.1 Risk Management and Self-Neglect City Plan	The Board has recognised this work is a high priority based on local and national learning and research and commissioned a multi-agency working group to begin to address the issues	March 2016	Local Authority & SAB Partners
1.2 Mental Capacity Act	The Board has been advised agencies knowledge of <i>Advance Decisions and Lasting Powers of Attorney</i> is limited. Action for this year includes further awareness training and provision of information.	March 2016	Local Authority
1.3 Engagement and participation Making Safeguarding Personal (MSP)	The SAB self assessment identified the need for increased levels of engagement and participation. The Board Members will support work of the Lead Officer Group in progressing the MSP action plan	March 2016	SAB Partners

Strategic Plan 2015/16

Board Objectives



Board Objectives	Action	Timescale	Responsible agency/name
2.1 Care Act Compliance	Comply with duties under the Care Act and its statutory guidance related to Safeguarding	April 2015	Local Authority & SAB
2.2 Quality and Performance Framework	Agree self-assessment framework for Board assurance to inform the strategic plan 2016-17	July 2016	SAB Partners
2.3 Annual Report Framework	Develop and agree an annual report framework	October 2015	SAB Partners
2.4 Learning & Development Strategy	Review current learning and development activity, making recommendations to the Board	October 2015	Local Authority & SAB

Strategic Plan 2015/16

Actions



Plymouth
Safeguarding
Adults Board



PLYMOUTH
CITY COUNCIL

Service Objectives	Action	Timescale	Responsible agency/name
<p>1.1 Risk Management and Self-Neglect City Plan</p>	<ol style="list-style-type: none"> 1. Review existing Risk Management and Serious Self-Neglect Guidance 2. Develop person centred self-neglect policy and guidance in line with the Care Act 2014 3. Ensure a City wide multi-agency risk management and escalation processes are in place 4. Confirm lead agency responsibilities 5. Establish a single point of contact for coordination 6. Establish support systems for the named or key worker/coordinator 7. Develop a standard City wide multi-agency support plan process 8. Review Risk Management/Self-neglect meeting processes 9. Describe record keeping processes 10. Plan a consultation event to share findings with SAB Partners 	<p>Action Plan to be completed by March 2016</p>	<p>Local Authority Lead</p> <p>Multi-agency Working Group</p>

Strategic Plan 2015/16

Actions



Plymouth
Safeguarding
Adults Board



PLYMOUTH
CITY COUNCIL

Service Objectives	Action	Timescale	Responsible agency/name
<p>1.2 Mental Capacity Act Awareness</p>	<p>The Board has been advised agencies knowledge of Advance Decisions and Lasting Powers of Attorney is limited. Action for this year includes further awareness training and provision of information.</p> <ol style="list-style-type: none"> 1. Deliver Advance Decisions and Lasting Powers of Attorney training sessions 2. Provide 24 sessions in 2015/16 for up to 25 staff per session from targeted multi-agency partners 3. Provide Internet based and leaflet information to support awareness messages 	<p>Action Plan to be completed by March 2016</p>	<p>Local Authority Lead</p>

Strategic Plan 2015/16

Actions



Plymouth
Safeguarding
Adults Board



PLYMOUTH
CITY COUNCIL

Service Objectives	Action	Timescale	Responsible agency/name
<p>1.3 Engagement and participation</p> <p>Making Safeguarding Personal (MSP)</p>	<p>1. Utilise links with Healthwatch to provide engagement and participation information for the Board to be assured Safeguarding awareness is increasing year on year</p> <p>2. Continue to support and develop the PAUSE Group engagement and participation, and to consult members and people with care and support needs to increase their safeguarding awareness and provide feedback to the SAB</p>	<p>March 2016</p>	<p>SAB Executive</p>
	<p>3. Identify a task & finish group to develop an MSP work plan to ensure that multi-agency processes and organisational approach across agencies reflect the need for them to be person-led and outcome-focused.</p>	<p>August 2015</p>	<p>SAB Partners</p>

Strategic Plan 2015/16

Actions



Board Objectives	Action	Timescale	Responsible agency/name
2.1 Care Act Compliance	1. Review Policy, Procedures, Guidance, Training and Public Information in line with Statutory Guidance	August 2015	Local Authority Lead
	2. Review the SAB Terms of Reference	July 2015	SAB Partners
	3. Review SAB Membership	April 2015	SAB Partners
	4. Undertake Safeguarding Adult Reviews (SAR)	As required	SAR Sub-group
	5. Publish a SAB Strategic Plan	July 2015	SAB Partners
	6. Complete a SAB Annual report	March 2016	Local Authority & SAB Partners

Strategic Plan 2015/16

Actions



Plymouth
Safeguarding
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PLYMOUTH
CITY COUNCIL

Board Objectives	Action	Timescale	Responsible agency/name
2.2 Quality and Performance Framework	1. Identify Board Partners to form a task and finish group to research and develop an appropriate self assessment framework for option appraisal	July 2015	SAB Partners
	2. Task & Finish Group to present option appraisal to the SAB Executive Group	August 2015	SAB Partners
	3. Agree self assessment framework option	August 2015	SAB Executive Group
	4. Present self assessment framework option to SAB	October 2015	SAB Chair
	5. Agree timescales for completion of self assessment by Board Partners	October 2015	SAB Partners

Strategic Plan 2015/16

Actions



Plymouth
Safeguarding
Adults Board



PLYMOUTH
CITY COUNCIL

Board Objectives	Action	Timescale	Responsible agency/name
2.3 Annual Report Framework	1. Identify Board Partners to form a task and finish group to research and develop an appropriate annual report framework	July 2015	SAB Partners
	2. Task & Finish Group to present annual report options to the SAB Executive Group	August 2015	SAB Partner
	3. Agree annual report framework	August 2015	SAB Executive Group
	4. Present annual report framework to SAB	October 2015	SAB Chair
	5. Completion of annual report	January - March 2016	Local Authority & SAB Partners
	6. Present findings to SAB Partners and Stakeholders	April 2016	SAB Chair

Strategic Plan 2015/16

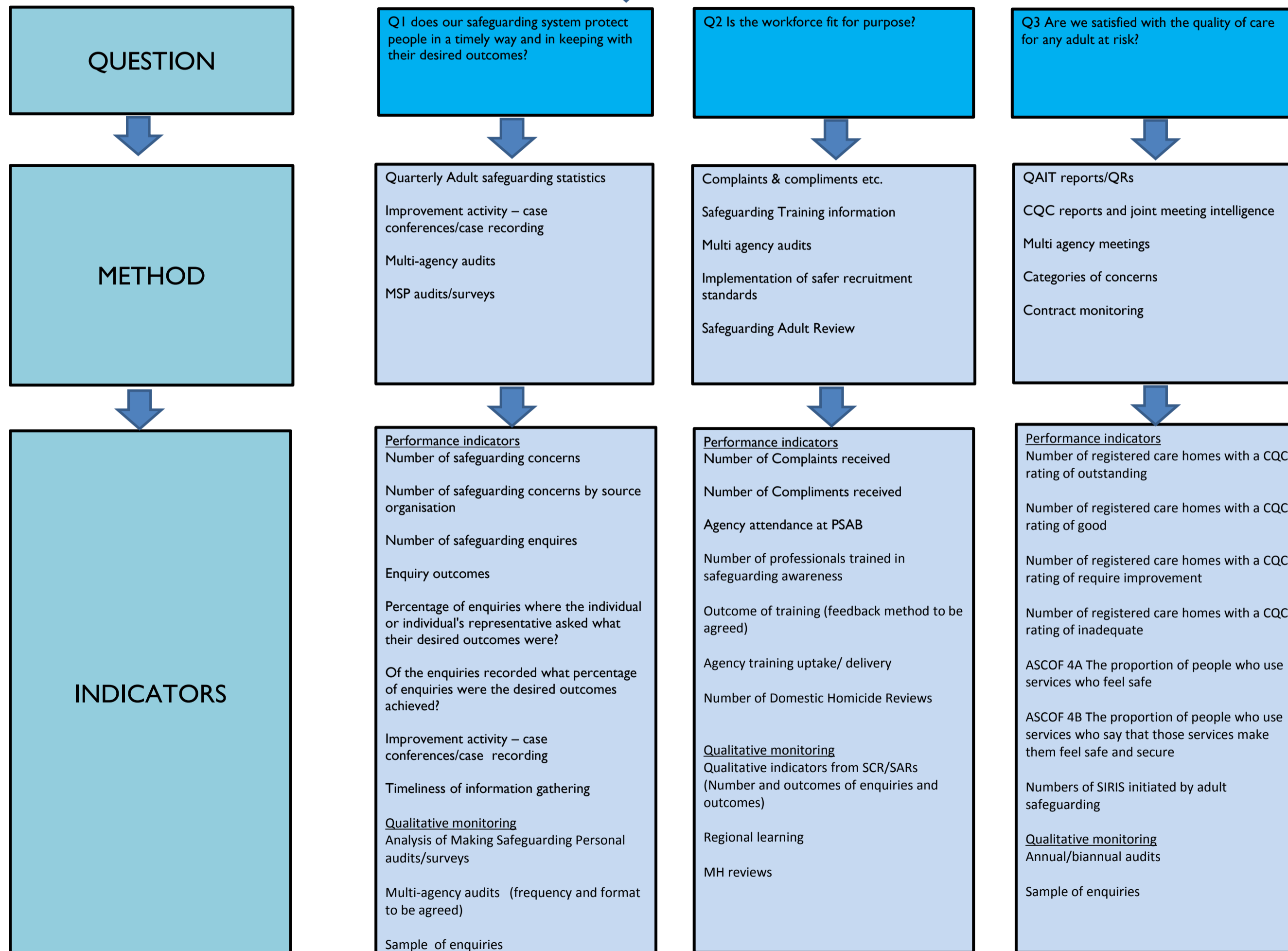
Actions



Board Objectives	Action	Timescale	Responsible agency/name
2.4 Learning & Development Strategy	1. Identify Board Partners to form a task and finish group to review current safeguarding learning and development arrangements and make recommendations	July 2015	Local Authority & SAB Partners
	2. Task & Finish Group to present findings and recommendations to the SAB Executive Group	August 2015	Local Authority & SAB Partners
	3. Present recommendations to SAB and agree implementation for the revised learning and development arrangements	October 2015	Local Authority
	4. Report progress of implementation on revised learning and development arrangements	March 2016	Local Authority

SAFEGUARDING ADULTS IS EVERYONE'S BUSINESS WITHIN A LEARNING CULTURE

PLYMOUTH ADULT SAFEGUARDING BOARD PERFORMANCE FRAMEWORK



Plymouth Safeguarding Adult's Board - Data Sets Quarter 2015/16

Ref	Data Set	Data frequency	Eng Ave	CIPFA Comparator	14/15 Outturn	2014/15 Q1	2014/15 Q2	2014/15 Q3	2014/15 Q4	2015/16 Q1	2015/16 Q2	2015/16 Q3	2015/16 Q4	2015/16 Target	Trend	RAG	Performance Comment
Ref 1	Number of safeguarding concerns	Quarterly	243/100,000	252/100,000	277/100,000	474	422	433	419	460	509	449	415				Ref 4 - Across the whole year the percentage of concerns leading to enquiry is 66%, compared to 33% in 2014/15. Ref 6 - Enquiry outcome to victim - Between August 2015 and March 2016 the percentage of outcomes recorded as 'no action taken' has dropped, reducing to a low of 13% for those closed in March 2016. For the whole year the percentage of outcomes recorded as 'no action taken' was 40%. This is an improvement on 2014/15 when 63% of enquiries were closed as 'no action taken' - performance that was queried by the Information Centre.
Ref 2	of which Individual	Quarterly								423	492	433	399				
Ref 3	of which care home	Quarterly								37	17	16	16				
Ref 4	Number of safeguarding enquires	Quarterly				138	137	136	148	238	297	310	322				
Ref 5	% of concerns progressing to enquiry	Quarterly				29%	35%	30%	37%	56%	65%	66%	75%				
Ref 6	% of completed enquiries where 'no action taken under safeguarding'	Quarterly	30%	34%	62%	71%	61%	58%	61%	58%	55%	29%	23%				
Ref 7	% of completed enquiries where Risk remains	Quarterly				3%	6%	9%	11%	7%	7%	8%	6%				
Ref 8	% of completed enquiries where Risk reduced	Quarterly				20%	24%	27%	22%	27%	33%	52%	58%				
Ref 9	% of completed enquiries where Risk removed	Quarterly	63%	59%	31%	6%	8%	6%	6%	8%	6%	12%	13%				
Ref 10	% of allegations fully substantiated	Quarterly				20%	21%	24%	23%	31%	43%	33%	31%				
Ref 11	% of allegations partly substantiated	Quarterly	42%	44%	34%	9%	13%	11%	14%	6%	7%	14%	10%				
Ref 12	% of allegations found to be inconclusive	Quarterly				18%	29%	25%	21%	19%	11%	18%	20%				
Ref 13	% of allegations found to be non-substantiated	Quarterly				48%	33%	29%	31%	30%	26%	23%	25%				
Ref 14	% of allegations ceased at individual's request	Quarterly				5%	4%	11%	10%	15%	13%	13%	14%				
Ref 15	% of enquiries where the individual or individual's representative asked what their desired outcomes were?	Quarterly															
Ref 16	Of the enquiries recorded what % of enquiries were the desired outcomes achieved?	Quarterly															
Ref 17	% of concerns from Care Home	Quarterly				161	172	174	174	152	174	176	152				
Ref 18	% of concerns from Community Service	Quarterly				17	7	23	5	21	23	16	12				
Ref 19	% of concerns from Hospital	Quarterly				16	9	12	12	8	16	17	14				
Ref 20	% of concerns from own home	Quarterly				206	188	180	195	228	277	228	224				
Ref 21	% of concerns from other	Quarterly				35	48	52	48	59	50	56	42				
Ref 22	Number of Complaints received	Quarterly															
Ref 23	Number of Compliments received	Quarterly															
Ref 24	Number of professionals trained in safeguarding awareness	Quarterly															
Ref 25	Number of professionals who find	Quarterly															
Ref 26	Number of Domestic Homicide Reviews	Quarterly															
Ref 28	Number of CQC providers with a CQC rating of outstanding	Quarterly															ASCOF 4A - For the second year running the percentage of people who state that they feel safe has fallen, result is based on the responses of people surveyed who are in receipt of long term social care packages. Provisional results show that 63% of respondents feel safe, down from 68% in 2014/15 and below national and comparator averages. ASCOF 4B - The percentage of respondents who state that services make them feel has fallen in the 2015/16 survey (from 93% to 88%). However performance is still above
Ref 29	Number of CQC providers with a CQC rating of good	Quarterly															
Ref 30	Number of CQC providers with a CQC rating of require improvement	Quarterly															
Ref 31	Number of CQC providers with a CQC rating of inadequate	Quarterly															
ASCOF 4A	ASCOF 4A The proportion of people who use services who feel safe	Annual	69%	70%	68%												
ASCOF 4B	ASCOF 4B The proportion of people who use services who say that those services make them feel safe and secure	Annual	85%	88%	93%												
Ref 27	Number of SIRIS initiated by Adult Safeguarding	Quarterly															