

Adult Safeguarding Plymouth City Council Windsor House Plymouth PL6 5UF Please ask for Megan Cleaves T 01752 304270 E megan.cleaves@plymouth.gov.uk www.plymouth.gov.uk/democracy

20 April 2017

## PLYMOUTH SAFEGUARDING ADULTS BOARD

Thursday 27 April 2017 10.00 am Windsor House

#### **Members:**

Andy Bickley, Chair Councillor Lynda Bowyer, Carole Burgoyne, Gary Wallace, Craig McArdle, Matt Garrett, Jane Elliot Toncic, Julian Mouland, Laura Collingwood-Burke, Greg Dix, Geoff Baines, Joanna Robison, Dave Thorne, Chris Rogers, Jon McLeavy, Sandy Magee, Jonathan Nason, Kerri Nason, Sue Baldwin, Gary Walbridge, Bel Davies 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 - <u>http://www.plymouth.gov.uk/accesstomeetings</u>

Tracey Lee Chief Executive

# PLYMOUTH SAFEGUARDING ADULTS BOARD

Ι.	WELCOME AND APOLOGIES:	
2.	MINUTES AND MATTERS ARISING:	(Pages I - 6)
3.	CHAIR'S UPDATE:	
4.	BUDGET 2016-17:	(Pages 7 - 10)
5.	PSAB STRATEGIC PLAN 2016-19 REVIEW SAFEGUARDING MANAGERS REPORT:	(Pages 11 - 18)
6.	SCR/SAR UPDATES:	(Pages 19 - 22)
7.	ENGAGEMENT & PARTICIPATION UPDATE:	(Pages 23 - 54)
8.	PERFORMANCE SCORECARD QUALITY & PERFORMANCE UPDATE:	(Pages 55 - 56)
9.	HMIC CRIME DATA INTEGRITY AUDIT:	
10.	CREATIVE SOLUTIONS FORUM UPDATE:	

II. AOB:



Core Priorities: Risk Management and Self Neglect Mental Health Engagement and Participation Quality assurance Learning and Development Strategy SAB management arrangements

PLYMOUTH SAFEGUARDING ADULTS BOARD FULL BOARD MEETING Thursday 27 April 2017

I0am to Ipm Windsor House, Tavistock Road, Plymouth, PL6 5UF

# AGENDA

١.	10.00 - 10.05	Welcome and Apologies	Andy Bickley	Dissemination
2.	10.05 - 10.15	Minutes and Matters Arising	Jane Elliott Toncic	Discussion and Decision
3.	10.15 - 10.25	Chair's Update	Andy Bickley	Dissemination
4.	10.25 -10.40	Budget 2016 - 17	Julian Mouland	Dissemination Discussion Decision
5.	10.40 – 10.55	PSAB Strategic Plan 2016-19 review Safeguarding Managers Report	Jane Elliott Toncic	Dissemination Discussion
6.	10.55 – 11.15	SCR/SAR updates	Julian Mouland	Dissemination Discussion
		BREAK 11.15 am - 11.30am		
7.	11.30 – 12.00	Engagement & Participation update	Healthwatch	Dissemination, Discussion
8.	12.00 - 12.20	Performance scorecard Quality & performance update	Jane Elliott Toncic Geoff Baines	Dissemination Discussion
9.	12.20 - 12.30	HMIC Crime Data Integrity Audit	Ch Supt Dave Thorne	Discussion
10.	12.30 - 12.45	Creative Solutions Forum update	Julian Mouland Gary Wallace	Discussion
11.	12.45 – 13.00	AOB	Andy Bickley	Discussion





Core Priorities: Risk Management and Self Neglect Mental Health Engagement and Participation Quality assurance Learning and Development Strategy SAB management arrangements

## PLYMOUTH SAFEGUARDING ADULTS BOARD

#### FULL BOARD MEETING

Thursday 2 February 2017

10am to 1pm

## WINDSOR HOUSE, TAVISTOCK ROAD, PLYMOUTH, PL6 5UF

#### MINUTES

Present:		
Andrew Bickley	Independent Chair	
Cllr Lynda Bowyer	Portfolio Holder for Health and Adult Social Care	Plymouth City Council
Carole Burgoyne	Director for People	Plymouth City Council
Jane Elliott Toncic	Adult Safeguarding Manager	Plymouth City Council
Julian Mouland	Adult Safeguarding	Plymouth City Council
Elaine Shotton	Representing Children's Services	Plymouth City Council
David Thorne	Detective Superintendent	Devon & Cornwall Constabulary
Jonathan Nason	Head of Plymouth, Cornwall & IoS Local Delivery Unit	National Probation Service
Gary Wallace	Public Health	Plymouth City Council
Geoff Baines	Director of Professional Practice, Quality and Safety	Livewell Southwest
Sue Baldwin	Designated Safeguarding Nurse	NEW Devon CCG
Jon Mcleavy	Head of Business Services	Housing Support Devon and Cornwall Housing
Megan Cleaves	Safeguarding Administrator	Plymouth City Council
Also in attendance:		
Caroline Marr, Policy and Planning Officer, PCC for item 3		
Katy Shorten, Strategic Commissioning Manager, PCC for item 3		

I. Welcome/Apologies				
- Andy Bickley welcomed everyone to the meeting				
- Apologies from:				
Lorna Collingwood-Burke, Chief Nursing Officer, New Devon CCG				
Kerri Nason, Assistant Chief Executive, Plymouth and Cornwall LDU Dorset, Devon and Cornwall CRC				
Sandy Magee, Safeguarding Service Manager, Children's Services, PCC				
Chris Rogers, Named Professional Safeguarding Paramedic, SWAST				
Matt Garrett, Head of Community Connections, PCC				
Jo Renton, Inspection Manager, CQC				
Greg Dix, Director of Nursing, PHNT				
Craig McArdle, Assistant Director, PCC				
Phil Smale, Safeguarding Coordinator, City College Plymouth				
Joanna Robison, Criminal Justice, Commissioning and Partnerships Manager,				
Office of the Police and Crime Commissioner				
Declarations of Interest.				
- AB declared an interest in item 4 as he had prior involvement in his previous				
role.				
2. Minutes and matters arising				
- Minutes of the previous meeting were agreed.				
Matters Arising				
- No matters arising, all actions from previous meeting are completed.				
3. Plymouth Plan Presentation				
- Caroline Marr and Katy Shorten gave a presentation on the Plymouth Plan and its relationship to SAB priorities. Presentation will be sent out to Board	MC			
members.				
- The Plan will go before Full Council on 27 February 2017 and then there will be a period of consultation before adopting the Plan in the autumn of 2017.				
- Discussion took place about the supporting narrative and how the Board relates to this. Suggestions to be considered within the narrative included capturing the Care Act definition, the priorities of the Board and Making Safeguarding Personal. Caroline explained that any changes will need to be completed by 10 February.				
<ul> <li>Further information regarding the Plymouth Plan can be found on the Plymouth City Council website. <u>http://www.plymouth.gov.uk/planningandbuildingcontrol/plymouthplan</u></li> </ul>				
4. SCR				
- Version 4 of the report is included in the agenda pack.				
- LOG reviewed all the recommendations at its last meeting on 3 December 2016. JM has received some feedback any final feedback/comments needs to be sent to JM by 10 February.	All			
<ul> <li>JM will make any final changes and send out the final version with tracked changes.</li> </ul>	JM			

	-	Discussion took place regarding the action plans and whether they should be included in the final report. It was decided that they would be removed but the recommendations in appendix 9 would remain.	
	-	Chris Gomm has completed a draft Comms Plan and electronic copy will be sent out. Any feedback regarding this to be sent to JM.	All
	-	The family will receive the report one week before publication with JM and JET being available for any questions.	
	-	The media will be invited to a briefing the following day. All agencies will be invited to attend and will be individually represented. Carole Burgoyne will represent the SAB as Vice Chair with either Cllr Bowyer or Craig McArdle representing the Council.	
	-	Discussion took place regarding the length of time required to complete the SCR. Delays included the length of time the IPCC took to conclude their enquiry, the delay in the Coroner's Inquest and the challenges the family made after the Inquest.	
	-	JM had been told that the IPCC report was not going to be published DT said he would clarify this.	DT
	-	The meeting discussed how the Board would seek assurance that the recommendations were completed. This will be covered in two stages: a letter will be sent out to all SAB Partners requesting a date where appropriate evidence and assurance in the areas can be identified, then LOG will evaluate the information provided by agencies and report to SAB.	
5.	5. Sub Group Updates		
	SAR for RM		
	-	Agencies' briefing took place in November 2016. Reports have been submitted and they are currently being quality assured by the lead reviewer KS.	
	-	KS will speak to agencies during February for any further questions and clarification.	
	-	SAR Sub Group meeting on 1 March 2017 for updates with a learning event proposed later in March.	
	-	KS will produce a formal written report after the learning event.	
	-	Discussion took place regarding sign off by PSAB as the report would not be completed by the next meeting in April; decision to be made by the SAB Executive Group.	
	Q	uality Assurance	
	-	The first cut of data was available 31 January 2017. It shows clear indicators of those most at risk and the top areas of risk. The majority of the information collected is the data for the LA annual Safeguarding Adults Collection. This information should help focus the PSAB priorities.	
	-	GB will provide a full update at the PSAB Executive Group meeting on 7 March 2017.	
	L	earning and Development Strategy	
	-	The Learning & Development Competency Framework was sent out in the agenda pack. For agencies to look at the framework to see what is achievable and feedback to JM by the 28 February.	All
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	-	For agenda PSAB Executive Group meeting 7 March 2017.			
	Risk Management and Self Neglect				
	-	The Risk Management &Self Neglect group has now completed this piece of work. The policy is ready to be signed off and included in the online policy and procedures manual. LOG will plan awareness strategy for all agencies.			
	-	The Creative Solution Forum has been a result; the pilot took place June, July and August last year and meetings have continued monthly.			
	-	There has been interest in this from other Local Authorities and Torbay has recently attended a meeting. GW will produce an evaluation paper which will include some case studies.			
	-	There has been excellent engagement from agencies especially Livewell staff from Harbour who have provided a number of the solutions. JM suggested a letter from PSAB to CEO Steve Waite in recognition.			
			AB/JM		
6.	В	udget			
	-	Not expecting any substantial changes to the budget.			
	-	CCG and OPCC have committed the same amount for the 17-18 budget.			
7.	Ρ	SAB Strategic Plan 2016-19			
	-	There will be an update on the Mental Health Crisis Care Concordant in papers for April SAB meeting			
	-	There will be an update on Engagement and Participation work in April			
	-	The Communication strategy is ongoing			
	-	Consideration is being given to models for member's reviews.			
8.	S	afeguarding Managers Report			
	-	Any questions regarding the report please contact JET.			
	-	JET reminded the board of the half day event on 14 March to raise cross-			
		sector awareness of modern slavery; speakers to include police leads,			
		National Crime Agency, Gangmasters Assoc. and Restore. Please send expressions of interest in places, or any contacts in other sectors or agencies			
		to mel.hayward@plymouth.gcsx.gov.uk			
	-	AB asked for further information on the implications of the County Lines			
		agenda for Plymouth. JET to source from Devon & Cornwall police contacts			
9.	Α	ОВ			
	-	None raised			
10	10. Future Meetings				
	-	Thursday 27 April 2017			
	-	Thursday 20 July 2017			
	-	Thursday 12 October 2017			
	-	Thursday 18 January 2018			
	-	Meetings are 10:00 to 13:00 and are held at Windsor House			

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## PSAB meeting 27.04.17

## Strategic Plan 2016-19 Tracking

Priority	Action	Comments
<u>I) Risk Management &amp; Self</u> <u>Neglect</u> To develop the 'Creative Solutions Forum', finalise policy and plan launch	<ul> <li>(i) Pilot the Creative Solutions Forum, evaluate and establish</li> <li>(ii) Finalise and present draft risk management &amp; self-neglect (RM &amp; SN) policy and guidance in conjunction with the RM &amp; SN sub-group and share with stakeholders for feedback</li> <li>(iii) RM &amp; SN multi-agency policy agreed by Exec Group</li> <li>(iv) Plan and deliver policy launch</li> </ul>	(i) Completed (ii) Completed (iii) Completed (iv) In planning
2) Mental Health (i) To gain assurance from commissioners that safeguarding principles are embedded and actively promoted throughout the mental health system. (ii) To ensure that learning from SCRs & SARs are embedded in operational practice	<ul> <li>(i) The Clinical Commissioning Group (CCG) to provide quarterly updates to the SAB of how safeguarding principles and practice are reflected in commissioning mental health services.</li> <li>(ii) For the CCG commissioners and mental health services, as part of the annual self-assessment, to provide examples of how learning has been used to improve outcomes for people.</li> </ul>	<ul> <li>(i) In progress, CCG presented to SAB Nov 16, update provided for April 17 meeting</li> <li>(ii) Process TBC</li> </ul>

Priority	Action	Comments
3) Engagement and Participation i)Communications increase understanding of adult safeguarding across the city ii) Engagement Ensure local people (with care and support needs) and carers are involved in the safeguarding plan and that feedback is collated and used to improve practice	<ul> <li>(i) Develop a SAB communication strategy to encompass proactive and reactive communications, using varied and appropriate methods including social media.</li> <li>(ii) <ul> <li>a) Commission a provider to deliver Engagement and Participation specification with user groups throughout Plymouth to feedback to SAB.</li> <li>b) Develop a proposal for a sustainable method of gathering feedback from service users who have direct experience of safeguarding enquiries so that this can inform practice.</li> </ul> </li> </ul>	<ul> <li>(i) In progress, phased focus for 12 month periods. Nominations received for Member agencies' comms officers, next steps in planning.</li> <li>(ii)(a)Completed, work begun 1.12.16. First report to SAB April 17</li> <li>b) To follow first report</li> </ul>
<u>4) Quality Assurance</u> To develop a multi-agency Quality Assurance and Performance mechanism to analyse information from the Performance Framework, and evaluate trends and patterns for which the SAB will seek assurance and /or action plans from relevant agencies	<ul> <li>(i) Identify a SAB partner to lead on Quality Assurance (QA) for the Board</li> <li>(ii) SAB QA Lead develop and present work plan to the SAB/Executive.</li> <li>(iii) SAB QA Lead to report progress against the work plan, making recommendations to the SAB Executive and Board.</li> </ul>	(i) Completed (ii) Exec Group June 17 (iii) TBC

5) Learning & Development Strategy To produce and monitor an agreed competency framework for Board partners and related agencies and organisations.	<ul> <li>(i) Task &amp; finish group to present draft competency framework and recommendations to the Lead Officer Group (LOG).</li> <li>(ii) Present draft competency framework to the SAB Executive</li> <li>(iii) Present competency framework to the SAB for agreement</li> <li>(iv) Develop an implementation plan</li> <li>(v) Implementation of Competency Framework</li> </ul>	<ul> <li>(i) Completed</li> <li>(ii) Completed</li> <li>(iii) Completed</li> <li>(iv) TBC in view of</li> <li>NHSE Intercollegiate</li> <li>Document</li> <li>(v) TBC</li> </ul>
<ul> <li><u>6) SAB management</u> <u>arrangements</u> <ul> <li>a) Design and establish                  appropriate SAB                  management                 processes and</li> </ul> </li> </ul>	<ul> <li>(i) Draft and agree board management plan, covering calendar of board and sub-group meetings, budget &amp; resource planning and reporting.</li> <li>(ii) To explore interaction with partnership boards in order to inform the SAB annual report and learning from SCR/SAR.</li> <li>(iii) Annual review of the Board and Sub-group terms of reference</li> </ul>	(i) Completed (ii) ongoing (iii) completed for 2016
procedures. b) To develop a SAB	(i) Draft an initial communication proposal for consideration by SAB Chair.	(i) completed (ii) completed (iii) ongoing
communication strategy, including revised web pages and use of social media	<ul> <li>(ii) Draft communication strategy to be taken to the SAB development day for consideration.</li> <li>(iii) Develop strategy and phased implementation plan.</li> <li>(iv) First phase implementation – Safeguarding Website.</li> <li>(v) Second phase implementation.</li> </ul>	<ul> <li>(iv) Review completed.</li> <li>Options for PSAB</li> <li>web pages agreed</li> <li>and in development</li> <li>(v) TBC</li> </ul>
c) Board partner agency self-assessment and member appraisal	<ul> <li>(i) Research SAB partner agency self-assessment/audit models for decision at the Board Development Day.</li> <li>(ii) Undertake SAB partner agency self-assessment/audit.</li> <li>(iii) Collate and present outcome to SAB, outcome to inform Strategic Plan.</li> <li>(iv) Develop and agree model/ToR for membership and member appraisal</li> <li>(v) Annual appraisal of Board partners and members</li> </ul>	<ul> <li>(i) Research completed</li> <li>(ii) Delayed by issues matching PSCB member 'reviews'</li> <li>(iii) TBC</li> <li>(iv) TBC</li> <li>(v) To be agreed</li> </ul>

# SAFEGUARDING MANAGER'S REPORT Plymouth Safeguarding Adults Board April 2017



I	PSAB Executive Group	The group last met 07 March, and areas for discussion included:
	highlights:	
		Sub Group Updates:
		SAR: There are 2 new referrals; further information is being sought for both. Two case reviews continue. PSAB agenda items
		LOG: Issues discussed include:
		<ul> <li>concern regarding recent attendance; LOG circulation list has been widened, expressions of interest received and new members attending.</li> <li>multi-agency circulation and awareness raising of the risk management and self-neglect guidance, and the suggestion of a SAB lead/champion.</li> <li>further work required on the Learning and Development Framework, in view of likely publication of the NHS England Intercollegiate Document which is currently being reviewed and approved.</li> </ul>
		Engagement and Participation strategy: PSAB agenda item
		SAB Communication Plan: we have received nominations from Livewell Southwest, PHNT, CCG and police, and work has begun with PCC Comms team to establish a virtual group to take this work forward. There may be shared areas of work with PSCB.
		Quality Assurance and Performance: PSAB agenda item
		SAB Strategic Plan 2016 - 19 tracking: PSAB agenda item
		Budget update: PSAB agenda item
		<u>National/regional updates:</u> Update received on development of the Peninsula SAB Independent Chair's network. The first meeting is planned for 25 April 17 in Plymouth.
		<u>Regional Thematic Review of SCR/SARS:</u> ADASS have provisionally commissioned Michael Preston-Shoot to complete this piece of work through the Regional Safeguarding Leads Group. ADDAS has provided some of the funding and the remainder has been proposed as a shared cost amongst the relevant SABs. Plymouth has fed back on the proposed ToR for the review and agreed a share of the funding.
		Inspection reports/audits: agreed it would be useful to have information on any issues of interest to SAB from recent reports, e.g.
		<ul> <li>HMIC Crime Data Integrity Audit: <u>https://www.justiceinspectorates.gov.uk/hmic/publications/devon-and-cornwall-crime-data-integrity-inspection-2016/</u>; PSAB agenda item</li> <li>CQC inspections of Livewell SW, SWAST and PHNT: the CCG will be reporting on relevant issues to the next Exec Group meeting 09 June</li> </ul>
		<u>Development Day:</u> Acknowledgment of the need for feedback on the development day held November 16. Provisional date for the 2017 day planned for 03 November.

2	PSAB web pages review	We have established options with the PCC web team and are in the process of revising and redesigning the PSAB web pages. The amended version will be aimed at raising awareness of the board and its work, providing links to reports and information on associated issues, and reflecting the board priorities.
3	Plymouth Multi- Agency Adult Safeguarding Policy and Procedures	The annual review of the online manual has been completed, and the latest version is expected to be live by mid May. In addition we are developing a protocol for PSAB members to co-ordinate responses to allegations or concerns about people in a position of trust (PiPoT). Following revision by the Dept. of Health of the Care Act guidance, and the removal of the requirement for agencies to have a Designated Adult Safeguarding Manager (DASM), DoH has clarified the repsonsibilities of the SAB to "establish and agree a framework and process for any organisation to respond to allegations against anyone who works, (in either a paid or an unpaid capacity,) with adults with care and support needs." We have an established local process and little will change in practice, but partner agencies and their commissioned services will need to formally agree "clear recording and information-sharing guidance and the setting of explicit timescales for actions".
4	Modern Slavery agenda	Across the safeguarding network, local and regional partnership work and regular multi-agency meetings continue. A well-received half day conference, organised by PCC Community Connections staff and the local Anti-Slavery Partnership colleagues, was delivered on 14 March 17. It was aimed at agencies and staff who may come across potential victims or perpetrators in their line of work, and identified the signs and related processes required to notify the relevant authorities. Over 200 representatives from a variety of agencies and sectors attended, including port and transport staff, hotel and guest house owners, letting agents and advice agencies.
5	National Crime Agency (NCA) 'County Lines: Gangs and Safeguarding' agenda.	Following the launch in 2016 of the cross-government Ending Gang Violence and Exploitation strategy, a multi-agency group is scoping the local issues and developing guidance and plans to raise awareness of 'County Lines'. Meetings are arranged to discuss individuals who are vulnerable to being 'cuckooed', review risk assessments and decide on appropriate actions, along with future planning for the group's focus. Devon & Cornwall police are increasingly aware of an associated changing picture in relation to the supply of and demand for drugs, and the consequent impact on community health and wellbeing. They have recently launched Operation Moonstone as part of their response and we are
		<ul> <li>circulating their request throughout the safeguarding network.</li> <li>The request is for agencies to take a broader view of the drugs information they hold to help police identify hidden harm, with a focus on <ul> <li>any increase in signs of violence/information that weapons are being carried</li> <li>safeguarding questions: <ul> <li>is the individual in question being exploited by a drugs gang under the 'County Lines' modus operandi?</li> <li>Child Sexual Exploitation: is a youth being provided with drugs</li> </ul> </li> </ul></li></ul>

		<ul> <li>in exchange for sex?</li> <li>Modern Slavery: is there coercion and/or labour exploitation involved in the production and supply of drugs?</li> <li>Domestic Abuse: is there coercion and/or control at the centre of an individual's involvement?</li> </ul>	
		<ul> <li>This will hopefully lead to better understanding regarding:</li> <li>the level and nature of drugs activity</li> <li>types of change in the drugs market and related effects</li> <li>key locations</li> <li>vulnerable victims and/or suspects where the threat, risk and harm is high</li> </ul>	
6	Financial Fraud Action UK (FFA UK) training for financial agencies	FFA UK is the name under which the financial services industry co- ordinates its activity on fraud prevention, representing a united front against financial fraud and its effects. We are developing links between their initiatives, the activities of PCC Trading Standards and enforcement teams and safeguarding.	
		Under the latest initiative, known as the Banking Protocol, there is a plan is to train every front-facing employee of banks, building societies and Post Offices to spot signs that a customer may be withdrawing cash under duress or to give to a fraudster. Aims include that the scheme will help to reduce financial crime by spotting scams before money has been handed over. Cash payments to fraudsters are typically much harder to trace than online payments with the vast majority of cases going unsolved; typical frauds of this kind include rogue builders, romance scams and elderly abuse.	

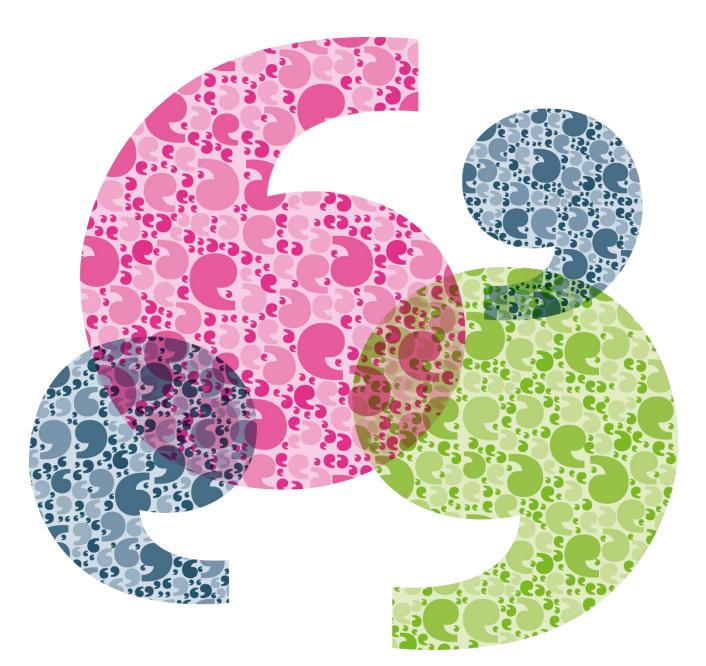
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Service User/Carers Engagement & Participation Report for Plymouth Safeguarding Adults Board April 2017

Healthwatch Plymouth is the consumer champion for health and social care in England. We give children, young people and adults a powerful voice to influence and challenge how services are provided in the city by making sure their views and experiences are heard by those who run, plan and regulate local health and social care services.

In 2012 the Health and Social Care Act set out that each local authority should establish a local Healthwatch. In 2013, Plymouth City Council undertook a competitive tender process and awarded the contract to an established local organisation called Colebrook (SW) Ltd.

Experienced in public and patient involvement, Colebrook launched Healthwatch Plymouth in April 2013, ensuring independence through its governance structures and a memorandum of understanding between those working in and delivering the services, and the organisation itself.

## Background

As defined in the Care Act 2014, the Plymouth Safeguarding Adults Board (PSAB) are required to involve existing local groups with care and support needs, in the work of the board.

In agreement between the PSAB and Healthwatch Plymouth (HWP), it was established that HWP would conduct a 12 month project to identify and establish links with existing local service user groups. The agreed purpose of the project is to raise awareness of the PSAB's work around adult safeguarding, facilitating consultation and to establish a two way communication between groups and the PSAB around its agenda and strategic plans. It was established that HWP would report quarterly to the PSAB Executive Group providing updates on the project to date. The final report will also contain HWP recommendations from the outcome of the overall engagement process.

## **Mapping Process**

HWP conducted a comprehensive mapping process starting services known to us that met the outlined health and social care needs criteria set by PSAB (Appendix A, Table 1). HWP also made full use of Plymouth's Online Directory (POD) to identify other potential groups, but to ensure other groups were not overlooked an online search was also conducted. HWP were conscious that the list was not exhaustive, as some groups may not have an online presence. However, as the process of engagement commenced, we became aware of additional groups through networking with contacted services/groups and made contact with them as well.

From the outset HWP also identified there were very few groups that met the criteria of being set up for the purpose of shaping and influencing health and social care services. Consequently HWP widened the scope and included any groups that

met the identified health and social care needs criteria that expressed an interest in having a voice within the PSAB.

Additionally, the mapping process identified that there were very few groups at all, support or otherwise, for visual impairment and a low number of groups representing hearing and substance use (Appendix A, Table 1), either through existence or interest in getting involved.

## Engagement Overview & Challenges - Round 1

To date, HWP has made contact with 30 organisations/services/groups to explore potential engagement opportunities (Appendix A, Table 1). All fall within the defined range of health and social care needs, as denoted by PSAB. This has resulted in setting up initial engagement opportunities for round 1 with 16 different groups. To date HWP have conducted 5 (6 by the time the Board meet) of these with dates booked up over the next few months for the remaining 10 (Appendix A, Table 2).

HWP have met a number of challenges to engaging with service user groups, which include:

- Initially trying to engage and make contact with groups, some proving more difficult than others (Appendix A, Table 3)
- Interpreters required for engagement with service users at Blake Lodge (PSAB have met this additional cost)
- Additional staff support required to take notes in challenging communication environments i.e dementia, learning disability
- Identifying groups and securing engagement with some of the identified health and social care needs; particularly, visual, hearing and substance misuse
- Barriers to engaging with some groups due to having their own scheduled programme, booked up for the next 12 months (Appendix A, Table 3)
- Communication with advanced dementia and learning disability service users
- Fitting in with group's meeting frequency and existing schedules has meant that some of the round 1 engagement opportunities are scheduled up to May and June (Appendix A, Table 2)

## Consultation Focus & Observations - Round 1 (to date)

Without specific criteria for initial engagement set by PSAB, HWP decided to focus the first round of engagement on sharing with service users the role of PSAB and their priorities for this year. Consultation was focused on what service users understood about both the PSAB and their priority to engage with them; inviting service users to take up the opportunity to have a voice. The key questions used for consultation were:

- What do you think safeguarding is?
- Do you know what the PSAB is/do?

- Are you interested in the work of the PSAB?
- Why do you want the PSAB to hear your voice?
- How do you want to be engaged with?
- Co you have any comments to make regarding the PSAB's current priorities?
- What are your own comments about safeguarding?/What would you like the PSAB to hear?

Please take note that feedback to date (Appendix B) is a mix of relevancy to both the PSAB and Adult Social Care. Therefore, a copy of the report will also be forwarded to the Head of Adult Social Care for consideration. A notable observation that HWP have made throughout engagement to date, is the surprise from service users that adults are actually safeguarded.

# Always thought it was just children that were protected. This is nice to know and reassuring.

The reality of engaging with different client groups, presenting different needs and understanding, required HWP to respond sensitively and adapt the overall approach to engagement to the specific needs of each group. One of these occasions in particular, was instigated by the following comment from a service user at SCOPE (Appendix B-8):

# It's hard to talk about abuse because I am concerned about getting the person into trouble.

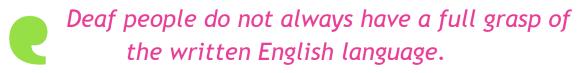
Furthermore, at times this required limiting and rephrasing the questions asked but also altering the questions to find a more suitable focus for consultation to be able to feedback relevant information concerning that specific health and social care need group for the PSAB. Where this occurred, it is noted within the feedback (Appendix B).

Another notable group comment from service users with Learning Disabilities, in response to being asked if they want to have their voice heard by the PSAB, was:

# Yes, to stop people looking right through us and being invisible.

All the groups engaged with to date have expressed an interest in having a voice within the PSAB, however HWP observation is that some groups better understood the role of the PSAB and offered up some meaningful feedback in relation to the Board's current priorities. In contrast, other groups may require a different approach in round 2.

Another area of significance is communication for service users that may have learning difficulties, or hearing or visual impairments.



Worthy of note, the deaf community made the point that it should not be assumed that all deaf people are able to read English, even though they may communicate with British Sign Language standards, thus text services are not always suitable. It was suggested that a video relay service (VRS) would serve to help accessibility if made available at various services and associations, speeding up and improving communications. Additionally, whilst there is easy read information available through the PSAB webpage, not all people have access to or are comfortable with going online. The standard leaflet does not detail how to access information in different formats.

## **Future Engagement**

Moving forward with follow on engagement, HWP would like to request that the PSAB consider the following, to enable round 2 of engagement and consultation to be of value:

- Which of the current priorities in particular, would you like to focus further consultation on?
- What else you would like to consult with service users about?
- Reflection on feedback to date, considering further consultation with individual groups regarding what is uniquely relevant to them concerning safeguarding.

To date, HWP have secured initial engagement with 16 different service user groups. However, it is clear that progressing into round 2 the number of groups may need to reduce, particularly within the identified health and social care needs groups that are well represented. Whilst some reduction may occur organically, HWP invite the PSAB to comment on those groups they would like HWP to pursue further engagement consultation with. To support that review, HWP make the following observations for consideration:

- Engaging with the advanced dementia group at Age UK did not appear to be beneficial to the service users or greatly beneficial in terms of consultation.
- Engagement with learning disability groups was at times complex and challenging.

HWP's suggestion is to consider an alternative angle for consultation with Age UK; focusing instead perhaps on their carers' at home and maybe even staff within the day care centre. Furthermore, when engaging with service users identified as having a learning disability, the consultation needs to be very specific and focussed on what is relevant to them.

#### Interim recommendations

1. Healthwatch Plymouth recommend consideration of providing safeguarding awareness training for service users/carers.

It would seem that where a service user identifying a having a learning disability but is reasonably independent, they seldom have access to a support worker or network and are potentially missing out on accessing essential knowledge and understanding concerning safeguarding. This training would need to be tailored to meet their needs and support them in recognising abuse and neglect, how to keep themselves safe, who they can speak to and comprehending that it is the right thing to do to speak up.

Additionally, service users with a learning disability that are less independent, need also to be receiving appropriate tailored safeguarding training and through training, discussion or promotional literature, to be frequently reminded how to keep themselves safe and that speaking up is crucial.

Learning and understanding more about safeguarding, as service users or carers, would be beneficial both to themselves, others and services.

- 2. As we move into the second round of engagement with some groups, and encounter questions from others; it would be prudent for the Board to identify specific topics for engagement and involvement.
- 3. Communication outgoing and incoming for those with additional needs to be considered, acknowledging issues faced when trying to use current methods.

## Healthwatch Plymouth

## April 2017

## **Appendices:**

- A. Engagement Overview
- B. Safeguarding Feedback

## Engagement Overview

#### Identified Health & Social Care Needs

Health & Social Care Needs	Services/Organisations Identified & Contacted	Confirmed Engagement To Date	
Hearing Impairment	3	1	
Visual Impairment	3	1	
Physical Disabilities	6	4	
Mental Health Needs	4	1	Page
Dementia	2	3**	Je 29 
Learning Disabilities	7	4	
Substance Use	2	1	
Carers	3	1	
TOTAL	30*	16	

\*5 of these are services delivered by Plymouth guild

\*\* 2 of these groups are within Age UK Plymouth

Table 1

## Programmed Engagement

Group	Contact Name/Org	H&SC Need	Initial Mtg (if applicable)	Initial Engagement 1	Outcome/N otes	Follow Up Engagement 2	Outcome/Notes	FollowUup Engagement 3	Outcome/Notes
Patricia Venton Day Centre	Age UK Plymouth	Dementia (advanced)	7 <sup>th</sup> February	24 <sup>th</sup> February 1.30-3.30	Difficult to engage due to nature of condition				
Riverview Day Centre	Age UK Plymouth	Dementia (early onset)	7 <sup>th</sup> February	3 <sup>RD</sup> March 1.30- 3.30	Interested in further engagement and having a voice				
Leadership Group	Alzheimer's Society	Dementia		28 <sup>th</sup> April, 2.30- 3.30pm					
Dementia Carers Group	Carers Hub	Carers/Dem entia	Meeting with Lee 11 <sup>th</sup> Jan, 12 noon	15 <sup>th</sup> March, 10.30 at Guild House	Interested in further engagement				
Plymouth People First Executive Committee	Highbury Trust	Learning Disability	n/a	21 <sup>st</sup> March, 1.30- 3 St Barts	Interested in further engagement				
-	Plymouth Independent Living	Learning Disability		10 <sup>th</sup> March Friday's 9.30-3 Cobourg House	Interested in further engagement				
Autism Social Group	Autism Assemble	Learning Disability	3 <sup>rd</sup> Feb, 9.30 @ Freedom Cafe	Need to book after half term					
Centre Drop-In	SCOPE	Learning Disability	n/a	8 <sup>th</sup> March, 11am Cornwall Street	Interested in further engagement				

Appendix A

Group	Contact Name/Org	H&SC Need	Initial Mtg (if applicable)	Engagement 1	Outcome/N otes	Engagement 2	Outcome/Notes	Follow up Engagement 3	Outcome/Notes
MS Society	-	Physical		June, 3 <sup>rd</sup> 11-1 @ Colebrook Community Centre		Sept, 21 <sup>st</sup> , 11-1 @ Colebrook Community Centre		Ad Hoc Coffee morning??? DTBC	
PADAN General Meeting	PADAN	Physical		28 <sup>th</sup> April, Guildhall time 10.30-1 (spk 11- 12)					
Drop-In Group	Headway	Physical/LD /MH		29 <sup>th</sup> March, 10.30am	Interested in further engagement				
Ehlers Danlos Syndrome	-	Physical		6 <sup>th</sup> March, 10.30- 11.30 @ Jack Rabbit	Interested in further engagement				
Blake Lodge Social Group	Plymouth Deaf Association	Hearing	Tue, 7 <sup>th</sup> Feb 12-1	15 <sup>th</sup> March, 7.30pm	Interested in further engagement				
Macular Society	-	Visual		3 <sup>rd</sup> May, 2-3 Rear of St Andrews					
Bipolar Group	MIND	Mental Health		2 <sup>nd</sup> March, 11am @ MIND	Interested in further engagement				
Service User Group	Hamoaze	Substance Misuse	Weds 19 <sup>th</sup> April 1.00pm	ТВА					

Table 2

## Overview of Additional Organisations & Groups Contacted

Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
Plymouth Carers Forum	-	Carers	Email 10/1 - initial enquiry	Didn't hear back but advised they are more of a craft group now.	
Carers Group	Colebrook SW	Carers	Email 10/1 - initial enquiry	Received response advising they are not set up as a service user involvement group but available if we need them.	On hold
Borderline Personality Disorder	-	Mental Health	Face to face conversation with member 23/1 Email 24/1 - initial inquiry to group organiser Tel 1 <sup>st</sup> Feb - no answer	No response received.	
Drop-In	CHIL Plymouth	Mental Health	Email 10/1 Tel 19/1 - message left Tel 24/1 - suggested I speak to named person about their face to face groups. Advised they would bring my email to right person's attention. Email resent to ensure they have it. Tel 23/2 - spoke to named person who said they would speak to drop-in group on Tuesday 1-4 but advised they were busy right up til the end of March Email sent 23/2 - confirming telephone conversation and sending basic presentation across.		To be chased up
Ridleys	Plymouth Guild	Learning Disability	Email 10/1 - initial enquiry Tel 19/1 - spoke to member of staff	Suggested we speak to Plymouth People First (Jill Singh), which we already had.	
Adult	National Autistic Society	Learning Disability	Email 19/1 - initial enquiry Tel 20/1- left message to request a call back Tel 24/1 - left another message to call me back. Rec'd details of group organiser. Email sent 24/1 to Elinor Scott Reply rec'd 30/1 - confusing our purpose with guidance to their internal policies. Email reply sent 2/2 - explaining it is about giving service users a voice not about policies	No further response received to email sent explaining that we want to give service users a voice not advise about internal safeguarding policies.	

					Appendix /
Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
-	Working Well With Autism		Emailed 11/1 - initial enquiry	Didn't have any groups to access themselves but advised of other groups to contact.	
			Tel 18/1 - directed towards Autism Assemble &		
			adult NAS group in central library		
Insight Xtra	Plymouth	Visual	Tel 19/12 with follow up Email sent 19/12	Essentially no interest in getting involved. Contact	
	Guild		Email rec'd 20/1 - fully booked up for 12 months	offered to put any info in connection with this in	
			but offered to speak to group at next mtg in Jan	their resource centre (needs to be large print.)	
			Tel 24/1 - spoke to contact who offered 20 people		
			in attendance if they wanted to get involved and		
			they either feel content the council are already		
			doing things or don't want to get involved		
-	RNIB	NIB Visual	Tel 14/2 - left message	Small charity, provide equipment no groups.	
			Phone call rec'd - 21/2 - explaining they are a small		
			charity providing equipment only and not groups		
DIAC	Plymouth		Email 10/1 - initial enquiry	No further responses received.	
	Guild		Email rec'd 16/1 - DIAC do not run any specialist		
			groups, suggested I contact Carers Hub		
			16/1 I emailed and asked if they had any service		
			user groups at all		
Long Term	Plymouth	Physical	Email sent 10/1 - initial enquiry	No further communication received.	
Condition Self-	Guild	GuildTel 19/1 - left messageTel 24/1 - Spoke to someone who said there weren'tany groups that meet, they do run courses though.			
Manageme	inageme		Tel 24/1 - Spoke to someone who said there weren't		
nt (Expert Patients			any groups that meet, they do run courses though.		
Programme			Suggested I speak to the manager, to see if she is		
)			aware of any suitable groups within Plymouth.		
			Advised they would flag up my email with manager.		

Group	Organisation	H&SC Need	Dates Contacted	Outcome	Notes
Hearing &	Plymouth	Hearing/Vis	Tel 19/12 - initial enquiry	Advised that no current groups exist and that people	
Sight Centre	Guild	ual		tend to manage themselves. There was a tinnitus	
(HAS)				support group but most people work.	
-	Action On	Hearing	Emailed 10/1 - initial enquiry	With no groups themselves in Plymouth, they	
	Hearing Loss		Tel 19/1 - message left	suggested we speak to Guild and Blake Lodge, which	
		Tel call rec'd 20/1 - only groups they run are in	we had done.		
		Kingsbridge and Liskeard.			
-	Harbour Substan Centre Misuse		Tel 19/12 - advised no service user involvement	No further responses received.	
			groups		
			Tel 24/1 - asked about any service user groups that		
			meet face to face. Given a co-ordinator email		
			address.		
			Email 1/2 - info sent to co-ordinator		
		Tel 28/2	Tel 28/2 - co-ordinator not available		
			Email 28/2 - to ask if I can book a date		

Table 3

# Safeguarding Feedback Round 1

# Day Centre H&SC Need: Dementia (advanced) Organisation/Location: Age UK, Riverview Number of service users: 6 plus a member of staff Date: 24/2/17

**HW Reflection**: first engagement with service users and provided a huge learning curve, adapting to service users level of involvement and engagement. These service users were all identified as having advanced dementia. Consequently, it was clear that discussion and questions needed to be limited and rephrased.

#### Do you know what safeguarding is?

No understanding.

If someone was taking things from you or hurting you, who would you talk to?

Each offered up a family member or friend that they said they would speak to.

# It was then posed to them, if this was the person taking things from you or hurting you, who could you speak to instead to get help?

With encouragement, each then suggested either a different family member, a neighbour or the police.

#### Asked if they might feel comfortable speaking to a member of the day centre staff?

One service user responded that 'they might help' but the overall impression was that the service users didn't understand what safeguarding is or who they could speak to if they had a problem.

#### General Comments:

Police are not interested, they've got their own problems.

**HWP Observation:** is there a role for a mobile safeguarding trainer to visit groups such as this one?

## Bipolar Group H&SC Need: Mental Health Organisation/Location: Plymouth MIND, Woodside Number of service users: 9 plus a member of staff Date: 2/3/17

**HW Reflection**: very responsive group, engaged well and keen to be involved. Whilst most service users contributed, one or two didn't speak at all.

## What do you think safeguarding is?

- Identifying risk and reporting immediately, either as a victim or a professional.
- Reporting immediately any concerns.
- When issues are identified, how to prevent it happening again.
- What's a police issue and what's a safeguarding issue confusion?
- Sounds similar to advocacy services??

## Do you know what the Plymouth Safeguarding Adults Board is/do?

- Always thought it was just for children that were protected. This is nice to know and reassuring.
- Good to know that even neglect is considered as a safeguarding issue.
- Didn't know there was such an organisation.
- Never heard about them before.
- Everyone should get one of these safeguarding adults' leaflets.

## Are you interested in the work of the Plymouth Safeguarding Adults Board?

The consensus of opinion was a positive yes, however it is only fair to say that a minority of the group did not vocalise their thoughts concerning this, positive or negative.

## Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- Because we know what it feels like to be a service user.
- Because we experience services and situations where we are left at risk.
- As a service user it is difficult to know how to navigate the system for different types of abuse/neglect, where to go to report it and to seek help/advice.

## How do you want to be engaged with?

General consensus was open discussion like today but as previously outlined, a minority of the group did not vocalise their thoughts positive or negative.

# Do you have any comments regarding Plymouth Safeguarding Adults Board's identified priorities?

## Mental Health

- The gaps in mental health provision due to lack of funding.
- We know what state the funding for mental health is in.
- They are just covering their \*\*\*\*\*. If you aren't suicidal, help is not there.
- The PSAB don't do enough to recognise and address emotional abuse.
- Very difficult to fit into categories and long waiting lists. You go round in circles and people with multiple problems are left vulnerable without support.
- You never see the same psychiatrist for long!
- I was lucky I got to see the same psychiatrist for 3 years and this is unheard of!

- I rang to inform that I was running late for my psychiatric appointment and was not allowed to have the appointment when I arrived and the psychiatrist wouldn't even come down to see me. They do not show the same respect to patients as they expect of us. Double standards!
- The whole framework of mental health needs adjusting, as it currently stands people are at risk.
- It's a big problem even if you do meet the criteria as you are then left out in the ether on your own. As whilst undergoing therapy I still feel alone with no CPN. I have not seen a psychiatrist in the last 12 months, even though I am supposed to have one!
- Surely it is better to spend money on community support than when an individual is at crisis point and in need of hospital or worse? Prevention is key!
- Been told I can't have a CPN but OT does same job. \*\*\*\*\*\*\*\* they do! OT's are about therapy.
- I'm very lucky to have a supportive GP who is offering support, my previous GP didn't do this.
- I am on the books with a psychiatrist but have seen no one.

#### Quality Assurance

- Quality and consistency of services needs to be monitored across the city.
- There is massive disparity across the community health teams and no consistency and no one monitoring them.
- They've a lot of work to do concerning this!
- e All depends on where you live! In Plymouth I am getting help but in Torquay I got nothing.
- Equality v. Equity...how are resources shared? Does Plympton get the same amount of funding as St Budeaux or more?
- There is inconsistencies across the city in terms of getting an appointment to see someone when you need help. For some they can see a GP today, for others they can be made to wait for 2 weeks! And that's before getting a referral for specialised services, when the waiting times are even longer!
- I know about safeguarding through my work in the care sector. However when I needed it, when I was being put at risk emotionally, financially and physically I was dismissed as needing safeguarding because I had the ability to say no! My only relief was that the perpetrator is now in prison for something else. Emotional abuse IS NOT recognised!
- The PSABs criteria for being at risk needs revising!
- I know of people who are drunk on the streets with a number of mental health issues, they are referred but told there is no CPN for them and given no help at all. However, people who are middle class are given a CPN and mental health support.

#### Learning & Development Strategy

- What are the PSAB doing as service users don't know about them?
- They need to visit all the support groups! It's about prevention!! Better to spend 1 hour informing people about what safeguarding is, what abuse is, what is whistleblowing and how to report safeguarding concerns. That 1 hour can save money in the long term set against many different services!!!

#### What are your own comments concerning safeguarding? What would you like the PSAB to hear?

- Feel only way to access care and support is to say I am suicidal as just being depressed is not enough.
- I was referred for CBT after a suicide attempt and then still had to wait 19 months to see anyone without any support in the interim.
- Plymouth Options will not address self-harm service users, it is left for voluntary/charity organisations to deal with this, such as MIND. Self-harm IS a risk!!!
- Information is required about where to go if you fall through the gaps and do not meet 'their' criteria. Not all people are able or in the right place emotionally/mentally to source information concerning where to access alternative support (private or charity) for

themselves. Such as where to go if you don't fit into the parameters set out by commissioners of services? What are the private/voluntary sector options?

There is also very little support for dealing with services, i.e. advocacy support.

HWP Observation: no specific observations.

# Day Centre H&SC Need: Dementia (early onset) Organisation/Location: Age UK, Patricia Venton Centre Number of service users: 5 Date: 3/3/17

**HW Reflection**: Age UK were very accommodating, bringing together a lovely group of service users to find out more about safeguarding. The group engaged well, although one member of the group contributed much less than the others. We were accompanied by a member of staff who encouraged group participation.

## What do you think safeguarding is?

- Thought it was about safeguarding your home. Including easy access to your room, care if using ovens and smoke alarms.
- I thought it was making sure you know who people are that come to your door, are who they say they are i.e. window cleaners.

#### Do you know what the Plymouth Safeguarding Adults Board is/do?

- In contact with the police.
- Look out for the welfare of people vulnerable like us.
- Are you interested in the work of the Plymouth Safeguarding Adults Board?
- Interested but don't want to join. (thought they had to attend)
- You're coming out with some interesting stuff and asking things that's making us think, so why not!
- Yes if we've got something to say.

#### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- e Because they get ideas from us that will broaden your ideas in looking out for us.
- We are very old members of the community and have always served the community.

#### How do you want to be engaged with?

e As we are today but with biscuits and cheese!

#### Do you have any comments to make regarding the PSABs current priorities?

- Living Alone hang phone up on scam calls.
- I know a lady who opened up her post and sent money off. I act the idiot when they call, it soon gets rid of them.

#### If someone was taking things from you or hurting you, who would you talk to?

Each offered up a family member they said they would speak to.

# It was then posed to them, if this was the person taking things from you or hurting you, who could you speak to instead to get help?

There was a general consensus of opinion that it would either be another family member or they would speak to the police.

#### HWP Observation: no specific observations.

# Ehlers-Danlos Syndrome Group H&SC Need: Physical Disability Organisation/Location: none Number of service users: 4 Date: 6/3/17

**HW Reflection**: Small group, mixed locations but 3 were users of Plymouth services. 1 member was a mum of someone with EDS.

## What do you think safeguarding is?

- Conduct realise adults were safeguarded, thought it stopped at 18 and I know about safeguarding because I am/was a teacher.
- e Didn't realise safeguarding was outside of establishments.

## Do you know what the Plymouth Safeguarding Adults Board is/do?

• Yes now!

## Are you interested in the work of the PSAB?

• Yes definitely.

## Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- I don't feel we are properly being listened to and think services could be improved across the board by listening to our needs and experiences.
- We shouldn't have to beg for support.
- Fine line defining between ignorance of public and systematic neglect & abuse.
- I was asked how I would cope when I get home after a complex operation putting rods into my shoulder. I was high on strong pain killers at the time and I simply said my mum (who's in her 70s as my husband works full time). However, when being discharged I asked about a reablement package and was told this was not available to me whilst in a cast. The attitude was 'we don't care, community social services will pick it up, we need the bed' but community social services don't work that fast. I was also advised by the OT at the hospital that next time I ask, I shouldn't have my hair and make-up done, as I look too well to need the support!!! I fell down the stairs 2 weeks after discharge and ended up back in hospital in ED. I questioned the reablement package with the nurse when having my cast taken off and I was simply given the 668000 number, no information about who to ask for. When I did get visited by the OT from social services, she was astonished.
- I have been waiting since October for a community OT to visit me.

## How do you want to be engaged with?

Informal like this!

#### Do you have any comments to make regarding the PSABs current priorities?

## QUALITY ASSURANCE

- Not enough time given for carers to care, often leaving one patient abruptly to get to another patient.
- Carers are not given enough travelling time either.
- People without care qualifications are being taken on due to high need for carers. They are not trained or qualified with little experience if any.

• We are paying for a service that is not being delivered. I requested a carer to prepare my meals for me and often they are asking me what to do. Very often I have to throw it away because it is inedible.

### RISK MANAGEMENT

- This is not happening. We are not getting the service and we are being put at risk.
- When I fell at home, the handrail was only on the bad arm side. I was not assessed at home by the OT, my husband had to put one in for me. However, the community OT said I should have a lift because of my level of need.

## MENTAL HEALTH

- We are not assessed fully about the strain of coping with our condition and having to put up with service provider ignorance and brush offs.
- It is stressful having to fight for recognition from doctors and care services, meeting our kids needs who often have this condition also, and somewhere in there meeting our own needs.
- Grey areas creates the problem in trying to get recognition.
- Relying on someone else to push you in a self-propelled wheelchair, because services won't let me have an electric one, takes away my independence.
- My mum was in a care home on a temporary basis and they were not functioning appropriately and so I contacted CQC, which raised issues of safeguarding and they came and did an inspection. As a result of this, both my mum and I have been punished by the management at the care home (it is management more than the carers themselves). Some people were moved but being only there temporary, my mum didn't want to be moved. However, this has severely affected my mum's mental health. Following contacting CQC, there has been emotional abuse to me, where I have been threatened with being banned from visiting my mum, glared at by staff, whispering, talking to my mum about me and my mum is constantly being victimised. Carers have been told not to speak to my mum outside of general care and to only enter her room in pairs. It is worse now than before reporting them to CQC. Thankfully my mum is now moving out.

HWP Observation: no specific observations.

# SCOPE H&SC Need: Learning Disability Organisation/Location: none Number of service users: 12 Date: 8/3/17

**HW Reflection**: It was held in a very open setting in their shop front location on Cornwall Street. Whilst most of those attending that day gathered to listen, some sat quite some way away from the presentation itself. There was a sense of disjointedness. Consequently, it was clear that some engaged more than others but it was also difficult to gauge how much was understood, however those few that were vocal in the group expressed interest in being engaged with.

#### What do you think safeguarding is?

- Keeping yourself safe from nasty people, from anywhere.
- Not getting yourself beaten up and carrying something like an umbrella to protect ourselves.

#### Do you know what the Plymouth Safeguarding Adults Board is/do?

- Ceneral sense of not knowing! (despite having just had a presentation outlining this)
- Two then said they had heard before but only a little.
- Asked how they know that things are being done within the city to keep them safe, the response was 'nothing becomes of anything'.

#### Are you interested in the work of the PSAB?

It's hard to talk about abuse because I am concerned about getting the person into trouble.

# Sub question 1: who might you talk to if you felt someone was hurting you or stealing something from you?

Parents or friend.

# Sub question 2: if your friend told you that someone was hurting them or stealing things from them, who would you tell them to talk to?

• Staff at SCOPE or a social worker.

# Sub question 3: so what would you advise your friend if they said they were afraid to tell because they didn't want to get someone into trouble?

- That they should tell.
- The result of this conversation was a general consensus amongst the vocal members of the groups, in wanting to know that there are people responsible for making sure they are safeguarded.

#### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- We want some assurance that the PSAB are going to listen to us.
- It's good for us to be more aware of who we can speak to.

#### How do you want to be engaged with?

• Just like today (informal chat with a cup of tea and biscuits).

#### Do you have any comments to make regarding the PSABs current priorities?

More awareness. People need to get confidence back so need to do more of this.

# What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

- I want to know about assurance they are going to protect me and how accountable they are.
- Are they going to listen to us?
- Hard to report because I feel I am getting them into trouble.

**HWP Observation:** is there a role for a mobile safeguarding trainer to visit groups? More awareness required about recognising abuse and neglect, how to keep themselves safe, who they can speak to and to know that it is the right thing to do to speak up.

# Cobourg House Drop In H&SC Need: Learning Disability Organisation/Location: Plymouth Independent Living Number of service users: 7 Date: 10/3/17

**HW Reflection**: Took a while for the group to warm up as at first I felt they were wary of engaging. As with all groups, some engaged more than others but staff were supportive and encouraged members to participate and help break down what they were wanting to say, offering their own comments too.

#### What do you think safeguarding is?

- Keeping ourselves safe from rape.
- Keeping safe from abuse, mental and physical.
- Keeping safe when going out.

#### Do you know what the Plymouth Safeguarding Adults Board is/do?

• Help you out with safeguarding/managing abuse.

#### Are you interested in the work of the PSAB?

- 🥊 Yes 2
- e Don't care 1
- Don't know 2
- Not bothered 2

#### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- So we can get it into their thick skulls.
- So we can get people to take notice of what we are saying.
- Yes, to stop people looking right through us and being invisible.

#### How do you want to be engaged with?

Like this but bring biscuits! (informal)

#### Do you have any comments to make regarding the PSABs current priorities?

- Mental health services are so behind, people are waiting ages for appointments and consequently people are going into crisis. (staff member)
- Self-neglect and service users becoming more vulnerable because mental health takes a dip when their needs are not being met. It impacts on many areas of their life, including being susceptible to abuse and neglect due to their vulnerability. (staff member)
- Corporate neglect is an issue to, when organisations do not take on board what people are saying to them about their needs.

# What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

- I don't feel safe around the public, getting on the bus and being verbally abused.
- I don't like people who are perfectly well taking funding from us.
- I didn't like what I heard in the news about how the police dealt with a boy with LD and he died. I wouldn't want to go to them because of that.
- Police and other organisations need to learn how to treat people and deal with those with LD.

- Lack of understanding of how to support and work with those with LD by Plymouth Community Homes.
- This place PIL (Plymouth Independent Living) is the only place that's helped me and I've lived in Exeter and I only found this place by chance. We are independent people who need a little bit of help now and then or reassurance/signposting/encouragement regarding who/where we need to go to sometimes to help ourselves.
- Best training I ever received was assertiveness training, 'learning to say no' was really helpful to me.
- PIL helped me.
- I can't read so it's no good giving me a leaflet, there needs to be other ways of letting people know about things.

**HWP Observation:** concern that when service users are more independent, that they miss out on safeguarding training due to less contact with support workers or network supports. Is training with these groups offered? Future consultation needs to be tailored, broken down for ease of understanding and relevance to service users.

## Carers H&SC Need: Dementia Carers Organisation/Location: Carers Hub Number of service users: 25 Date: 14/3/17

**HW Reflection:** Emotive session with engagement from the whole group, sharing passionate feelings concerning safeguarding for their loved ones and themselves as carers.

### What do you think safeguarding is?

- Looking after someone you love.
- Protecting ourselves as carers, loved ones and others.
- Protecting 'care for' from ourselves, keeping them out of danger and making sure their environment is safe.
- No one safeguards the unpaid carers. We are just as vulnerable but who safeguards for us? No one can keep me safe as an unpaid carer.

#### Do you know what the Plymouth Safeguarding Adults Board is/do?

- Never heard of them before today.
- We were totally unaware of them.
- Think they are part of a team looking out for the 'care for'.
- I don't know what they do.

#### Are you interested in the work of the PSAB?

• General consensus of a 'yes'.

#### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- We need a voice, we need safeguarding too!
- Carers are 'grey' people, they have no help!
- If 'unpaid carers' downed tools, this country would be bankrupt!

#### How do you want to be engaged with?

A large open group for discussion like we are today.

#### Do you have any comments to make regarding the PSABs current priorities?

#### LEARNING & DEVELOPMENT

- When loved ones are diagnosed we are told nothing.
- We were told nothing about safeguarding when our loved ones were diagnosed or since.
- One member of the group said she had attended safeguarding training but that was due to her job.
- Someone else only found out about safeguarding when their 'cared for' went into a care home.
- No one expressed that they had been informed about any aspects of safeguarding as unpaid carers.

# What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

At discharge meetings unpaid carers should be present. Currently only the OT and SWs but there should be a united approach to discharging and safeguarding the 'care for' and 'unpaid carers' should not only be aware of decisions being made but also have our voices listened to

- When my husband was diagnosed I was told I should make sure that I also look after myself. I was given a load of literature and phone numbers to ring but never had the energy to do so. It was all too much.
- What I would have liked is some training to support to help me understand and know what I am entitled to both financially and day care etc. Trying to care for our loved ones and do our own research to find help is frustrating and time consuming. Time I don't have.
- Help for 'unpaid carers' does not knock on the door to give us a comprehensive overview of available support. We have to fight every inch of the way. Carers Hub is all we have.
- I am so tired I can't be bothered after fighting for advice and support.
- 'Respite care' needs to be changed to 'planned care', where 'unpaid carers' are given a break to look forward to.
- We need respite breaks!
- When respite beds were not being used (paid for each year by PCC), they were withdrawn 2-3 years ago but people didn't know they were available. I spoke to Rachel Silcotts (Commissioner), who said she was going to review carers' needs but I haven't heard anything since and that was 12 months ago.
- We are not told what the condition is and how they impact on us as carers
- My wife was diagnosed 10 years ago and I've never heard of 'respite care' before today.
- I'm having hospital tests and I was advised that I need to have someone taking care of me afterwards for 48 hours but have no family and as an 'unpaid carer' I was concerned about my husband. Our SW advised my husband was entitled to 'respite care', however when I rang with the dates I was advised I can't book 4 weeks ahead, maximum 5 days but then you aren't guaranteed where that bed will be. I have now taken it upon myself to organise somewhere for my husband to have respite but PCC will only pay up to £495 and I am responsible to pay the short fall. It's ridiculous that you can't access help until you are in crisis. And I still have to sort out someone to care for me after the tests. SW advised that lots of people have tests and go home and look after themselves. Respite care only makes me accessing healthcare for myself very difficult.
- We need crisis care!
- I am living on my own savings to care for my father.
- I would never have survived without Carers Hub and I call them 'my friends' now.
- I have no control!
- I only found out about Carers Hub because I saw a poster on my GP surgery's notice board. I was out there alone before I came here.
- There used to be a 'pack' given out to 'unpaid carers' on diagnosis, what happened to this pack? It contained lots of useful information, such as understanding dementia and about support and groups available.
- I have no choices, I have to put up with violence from the person I care for.
- If dementia is not an illness how can we get help?
- Authorities refer to it as a 'condition' not an illness, therefore you die 'with' dementia but not because of it. Yet on my father's death certificate it said 'cause of death, dementia'.
- I suffered a number of strokes and contacted an agency to care for my husband. The CSW told me to cancel this care as they refused to pay for it. I discharged myself as soon as I could and when I got home a carer turned up on the doorstep. I asked who had booked her services and she didn't know. It turned out it was the CSW. I asked why I had not been informed that this had been done and the excuse given was that she had rung the hospital but it was too noisy to be heard, she said she rang a second time and spoke to someone 'foreign' and this time she was not understood!!! This is a complete lack of sufficient communication!

On May Bank holiday weekend 2016 my wife disappeared. I went to the police and various other services for help to find her. She was eventually found thankfully. I was advised by the police at the time that a report of this would be sent to ASC and they would be in touch with me. I've still not heard anything over 9 months later. What resources do the council actually have to respond to those being cared for, let alone the needs of 'unpaid carers'? Without resourcing properly, nothing is going to happen positively to improve safeguarding for either the 'cared for' or the 'unpaid carer'!!

**HWP Observation:** a fundamental trend here is lack of knowledge concerning safeguarding, both for the 'cared for' and the 'unpaid carer'. HWP recommend that further consultation should not only be generic work related to what PSAB are looking at but also to focus some specific consultation concerning what is relevant to each individual group. Perhaps looking at feedback from this first round of consultation to determine this.

# Blake Lodge Social Group H&SC Need: Hearing Loss Organisation/Location: Plymouth Deaf Association Number of service users: 8 Date: 15/3/17

**HW Reflection:** A fascinating session with 8 services users and two signers. Really good feedback about the issues that deaf people have in communicating and accessing services.

## What do you think safeguarding is?

- Looking out for family and/or neighbours who are having issues around abuse/neglect.
- Knowing who to engage with to pass on concerns.
- Deaf people being sworn at recognising that this is a form of abuse.
- Evidence of issues being experienced by deaf people is hard to gather unless proper communications are available through an interpreter using British Sign Language.

## Do you know what the Plymouth Safeguarding Adults Board is/do?

- Ensuring services work together.
- Taking feedback from the public.

## Are you interested in the work of the PSAB?

General consensus of Yes.

## Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

• To understand issues faced by deaf people around communication

## How do you want to be engaged with?

- Further group discussion.
- e Accessible leaflets.
- Communication with those that are house bound.

## Do you have any comments to make regarding the PSABs current priorities?

- Access needs to be improved for all disabilities.
- Understanding the unique needs of specific condition groups.

# What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

- Access to information/services that recognises the difficulties faced by deaf people.
- How does a deaf person contact PSAB as information given is phone numbers for ASC and Police?
- How to report safeguarding issues as the phone is not an option either in general or crisis circumstances.
- Is texting an option?
- Is a web based contact available?
- Use of a video relay service via an interpreter?
- Use of Skype/Facetime although an interpreter would need to be available.
- Access to an interpreter is an issues for deaf people and therefore it can take longer to work through information or issues.
- A computer or laptop available with VRS accessible at council offices/helplines and at various services and associations to speed up communications.

- PSAB to provide education about safeguarding/abuse for at risk groups.
- Online access to information in British Sign Language, which is the first language for deaf people. Deaf people do not always have a full grasp of the written English language.
- Text services rely on a good understanding of the English language, which a deaf person may not have.
- Online access to information is equally relevant for individuals with Learning Disabilities.
- Problems in phoning to acknowledge appointments unless able to text type (not available to all).
- Development of an app for smart phones to allow deaf people to contact services.
- PSAB need to work on communications with the Deaf Association around reporting/accessing services.

**HWP Comment:** HWP recommend that PSAB work with the Deaf Association to make communication more accessible and easier for deaf people by acknowledging the issues they face when trying to use current methods. The point about written English NOT being a deaf person's first language needs to be noted.

# Plymouth People First Executive Committee H&SC Need: Learning & Physical Disabilities Organisation/Location: Plymouth People First/Highbury Trust Number of service users: 8 Date: 21/3/17

**HW Reflection**: I was very grateful to have the support of a professional from Plymouth People First, helping to ensure people understood the presentation, words used and safeguarding itself. However, this took up a lot of the limited time available and at times I felt feedback was heavily focussed on issues the professional saw as a priority, such as the leaflet and safety video. Consequently, feedback about safeguarding itself was limited and there was no time to explore the wider priorities the board are focussed on.

#### What do you think safeguarding is?

- Making sure you as an individual are kept safe.
- Looking after yourself.
- Keeping yourself safe.

#### Do you know what the Plymouth Safeguarding Adults Board is/do?

- We don't know.
- We've not seen any action!
- Do people know about them?
- e How do they promote themselves?

#### Are you interested in the work of the PSAB?

- 🥊 Yes.
- There are 1000 people in Plymouth with LD, 800 of which are not in contact with Highbury Trust. (professional comment)

#### Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

- People have to hear our voice!
- We want to make the board more aware of LD, how people communicate and the importance of easy read information.

#### How do you want to be engaged with?

Consultation event/focus group with food so that more people with LD can be invited to attend and have their voices heard.

#### Do you have any comments to make regarding the PSABs current priorities?

Note: Due to amount of time, this question was not followed up with clients after presentation.

What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

#### MISC

- What happened to the easy read leaflet that was being put together following a visit and consultation from Gloria? Cornwall have good easy read stuff available.
- We don't get a choice about who is supporting us which creates anxiety.
- We get used to a carer and then they leave and we get another. (JS advised that they can address this issue making most of advocacy service).

- They are taking for granted that people can talk how are they encouraged to have a voice/report?
- Makaton Signs support people who are non-verbal and ALL services need to know this and be trained.

## SAFETY VIDEO

SAFE Video - safety advice for everyone, is this available on PSAB Web page?

## SAFEGUARDING LEAFLET

- e Leaflet is poor.
- We do not like dark background.
- People with visual impairments can only read bold.
- Leaflet needs pictures.
- Leaflet is shocking.
- Doesn't say about how to obtain leaflet in different formats.
- Poesn't say who to contact if it's out of hours.
- Leaflet not clear about keeping self safe.
- It needs to link up with the 'safe places scheme logo' so that is recognisable and consistent with understanding for this group's needs.

**HWP Comment:** Safeguarding project worker invited to attend a series of different group meetings but due to HWP resource limitations, project worker suggested a consultation/focus group event to invite wider LD community. Group welcomed the idea. However, some work needs to go into ensuring there is both easy read information available and streamlined and unambiguous questions that keep smaller groups focussed. Independent facilitators on each table will be a must.

Whilst easy read is available online, it would be great to have versions available to distribute at future engagement with LD client group. However, not sure if this is just a glitch but currently audio associated with PSAB webpage and easy read leaflet does not work.

# Headway Drop In H&SC Need: ABI inc Learning Disability, Mental Health and Long Term Physical Organisation/Location: Headway Number of service users: 7 Date: 14/3/17

HW Reflection: Very varied understanding.

## What do you think safeguarding is?

- Making sure people are safe depending on what needs they have.
- Being safe in a hospital.
- Not being taken advantage of when vulnerable.
- Not just for everyone else but for me and everyone else.
- Aware of my personal safety, keeping myself safe 'self awareness'.
- Tailor made to every individual as we all deserve to have the life we wish to have so long as it doesn't encroach on anyone else's.
- A fine line that people shouldn't cross.
- 🥊 Financial.
- Taking sexual advantage of someone.
- Cenerally mistreating a human being.

**Note:** not aware of self neglect. Group did not understand. Manager suggested she and staff run more regular safeguarding awareness sessions for clients.

## Do you know what the Plymouth Safeguarding Adults Board is/do?

- Protection for us and everyone
- I now have awareness

## Note: Some knew, most did not.

## Are you interested in the work of the PSAB?

• A general consensus of yes.

## Why do you want the Plymouth Safeguarding Adults Board to hear your voice?

## *Note*: initially, the group did not understand what it meant to have a voice.

- e Because everyone has opinions and views.
- Because if we need help we would go to them.
- Yes it is important to have a PSAB
- We have a right to express our voice.

## How do you want to be engaged with?

e As we are.

## Do you have any comments to make regarding the PSABs current priorities?

- Everyone should be treated respectfully and equally given care according to their needs.
- It's hard to say things sometimes and speak up.

# What are your own comments/thoughts about safeguarding? What would you like the PSAB to hear?

- Everyone should be treated respectfully and equally given care according to their needs.
- It's hard to say things sometimes and speak up.
- Can there be an audio disc available? Particularly for those that cannot read or require unfeasible size font to necessitate one letter per page.

### Headway Staff Comments:

- Reaching people who aren't connected to a service
- Cetting the message out about safeguarding and keeping people safe who don't know how/or like to have a voice.
- Put info about safeguarding on Big Screen in town everyone goes shopping!

**HWP Observation:** Again, it's about raising safeguarding awareness, concerning recognising abuse and neglect, how to keep themselves safe, who they can speak to and to know that it is the right thing to do to speak up. Query role for mobile safeguarding trainer to visit groups? Service group professionals can also be trained in order to maintain regular awareness sessions for clients.

		,	<u></u>			Plymc	outh Safegua	arding Adul	its Board - D	ata Set Quar	te r 42016/17			<u></u>	1		
Ref Data Set		Data frequency	2015/16 Outturn	2014/15 QI	2014/15 Q2	2014/15 Q3	2014/15 Q4.	2015/16 QI	2015/16 Q2	2015/16 Q3	2015/16 Q4	2016/17 QI	2016/17 Q2	2016/17 Q3	2016/17 Q4	Trend	Performance Comment
QI does our safeguarding system prod1Total number of referrals	ect people in a timely way and in kee	eping with their desire Quarterly			500	505	505	6.40	700			770	050	0.2.4	004		Ref 1 - Safeguarding demand continues to increase with the number of safeguarding
1a   Concerns from OOH / Retained / I	ivewell	Quarterly	3,004	366	506	535	525	648	788	882	686	778	852	934	984		referrals in 2016/17 numbering 3,548, this is an increase of 544 on 2015/16. Post $$ Care Act implementation the demand on safeguarding has as predicted increased, in
1b Number of Safeguarding Referrals		Quarterly	829	140	162	231	194	226	210	192	201	223	220	246	168		2014/15 the number of referrals received was 1,932.
			2,175	226	344	304	331	422	578	690	485	555	632	688	816		Ref 2 - In 2016/17 56% of referrals <u>did not</u> progress to a concern, despite this the number of safeguarding concerns (Ref 4) and therefore enquiries (Ref 3) has
2 Number of completed Safeguardin		Quarterly	2,275	211	354	292	337	554	562	663	496	554	636	645	743		increased.
2a Number not proceeding to concerr	(Contact Centre)	Quarterly	1,240	47	93	89	115	279	267	422	272	279	311	376	498		Ref 3 - Increasing numbers of safeguarding enquiries started has continued in 2016/17, 1,507 enquiries were started last year, compared to 1,167 in 2015/16 (+340)
2b % of completed Safeguarding refe Concern	rrals (Contact Centre) not proceeding to	Quarterly	55%	22%	26%	30%	34%	50%	48%	64%	55%	50%	49%	58%	67%		Ref 3a - The percentage of new referrals that progressed onto a enquiry in 2016/17 is
3 Number of new safeguarding enqu	iries started	Quarterly	1,167	138	137	136	148	238	297	310	322	420	416	379	292		43%, compared to 39% in 2015/16.
3a % of referrals progressing to enqu	ry	Quarterly	39%	38%	27%	25%	28%	37%	38%	35%	47%	54%	49%	41%	30%		
Safeguarding concerns																	
4 Number of safeguarding concerns		Quarterly	1,833	474	422	433	419	460	509	449	415	506	545	512	403		Ref 4 - Safeguarding concerns increased for the year. In 2016/17 there have been 1,966 safeguarding concerns recorded, compared to 1,768 in 2015/16.
4a of which Individual		Quarterly	1,747		Information	not captured		423	492	433	399	499	530	498	397		
4b of which care home		Quarterly	86		Information	•		37	17	16	16	7	11	14	6		
5 % of concerns from Care Home		Quarterly				•							14				
6 % of concerns from Community S	arvice	Quarterly	36%	34%	41%	40%	42%	33%	34%	39%	37%	34%	29%	36%	36%		
			4%	4%	2%	5%	1%	5%	5%	4%	3%	6%	3%	3%	5%		
7 % of concerns from Hospital		Quarterly	3%	3%	2%	3%	3%	2%	3%	4%	3%	3%	5%	5%	3%		
8 % of concerns from own home		Quarterly	52%	43%	45%	42%	47%	50%	54%	51%	54%	55%	55%	44%	47%		
9 % of concerns from other		Quarterly	11%	7%	11%	12%	11%	13%	10%	12%	10%	12%	9%	12%	3%		
10Average time taken to complete a	referral and concern (days)	Quarterly															
Safeguarding enquiries outcomes11Average time taken to complete a	safeguarding enquiry (days)	Quarterly															
12 ACTION TAKEN Risk Identified ar		Quarterly		New	v method of ca	pture		40.50	34.90	43.50	61.00	71.60	69.70	87.00	84.70		% Note
						New	method of ca	pture				41%	43%	46%	53%		Nationally the way in which outcomes to enquiries has been recorded has changed and we have adapted this change locally to fulfill our statutory
13 ACTION TAKEN Risk Assessmen	inconclusive and action taken	Quarterly				New	method of ca	apture				13%	12%	9%	12%		obligation to conform with national return requirements.
14 ACTION TAKEN No risk identified	and action taken	Quarterly				New	method of ca	apture				11%	14%	11%	9%		Ref 12-14
15 NO ACTION TAKEN Risk Identifie	d and no action taken	Quarterly						·									Action has been taken in 74% of completed enquiries in quarter four, an imcrease or quarter three (66%). For the whole year action has been taken in 68% of enquiries.
16 NO ACTION TAKEN Risk Assess	nent inconclusive and no action taken	Quarterly				New I	method of ca	pture				5%	5%	3%	5%		Ref 15-18
TO NO ACTION TAKEN KISK ASSESSI	Terre inconclusive and no action taken	Quarterry				New	method of ca	pture				7%	3%	4%	6%		32% of closed enquiries 'no action' has been taken, the majority (69) were ceased at the request of the victim.
17 NO ACTION TAKEN No risk ident	ied and no action taken	Quarterly				New	method of ca	apture				8%	10%	7%	7%		Ref 25-26
18 NO ACTION TAKEN Enquiry ceas	ed on request - no action taken	Quarterly				New	method of ca	apture				15%	14%	19%	9%		In quarter four the majority of enquiries have resulted in risk having been removed (21%) or reduced (65%). This is a very slight increase on quarter three.
19 Not entered		Quarterly						·									
20 No risk identified - Risk Remained		Quarterly				New	method of ca	pture				1%	0%	0%	0%		
20 NO TISK IGENTINEG - MISK MEIHAINEG		Quarterry				New	method of ca	pture				5%	5%	8%	5%		
21 No risk identified - Risk Reduced		Quarterly				New	method of ca	apture				24%	22%	27%	28%		
22 No risk identified - Risk Removed		Quarterly				New	method of ca	apture				4%	9%	8%	8%		
23     No risk identified - Not entered		Quarterly						·									
24 Risk identified - Risk Remained		Quarterly				New I	method of ca	pture				21%	16%	9%	2%		
		Quarterry				New	method of ca	pture				2%	4%	5%	6%		
25 Risk identified - Risk Reduced		Quarterly				New	method of ca	apture				33%	31%	32%	37%		
26 Risk identified - Risk Removed		Quarterly				New	method of ca	apture				5%	10%	10%	13%		
27 Risk identified - Not entered		Quarterly						·									
37 % of enquiries where the individua	I or individual's representative are asked	Quarterly				New	method of ca	pture				5%	3%	1%	1%		Ref 38 - Decrease in the percentage of individuals/ representatives whose outcomes
what their desired outcomes were	>		60%			Information r	not captured			51%	69%	67%	75%	77%	78%		were fully achieved (69%). Increase in the percentage who have stated that outcome were partially achieved (25%), and a reduction in not achieved (6%).
38 For each enquiry, where the individent of their desired outcomes were, were	dual or individual's representative asked wh these outcomes;	nat Quarterly				Information r	not captured										
Fully Achieved		Quarterly	70%			Information r	not captured			70%	70%	70%	74%	76%	69%		
Partially Achieved		Quarterly	23%			Information				22%	23%	26%	21%	17%	25%		
Not Achieved		Quarterly				Information r						20%	2170				
			8%			Information r	not captured			8%	7%	4%	5%	7%	6%		
Q2 Is the workforce fit for purpose?39Number of Complaints received		Quarterly	0					Inform	nation not yet	captured							
40 Number of Compliments received		Quarterly	0					Inform	nation not yet	captured							
41 Number of professionals trained in	safeguarding awareness	Quarterly	2220	545	584	748	671	482	568	631	539	411	473	239	Not available		
42 Percentage of professionals who f		Quarterly						Inform	nation not yet o	captured							
43 Number of Domestic Homicide Re		Quarterly	2	0	0	0	0	0	0	2	2	2	2	2	Not available		
Q3 Are we satisfied with the quality o																	
44 Number of CQC providers with a (		Quarterly	1%			Inforr	mation not cap	otured			1%	3% (3)	3% (3)	3% (3)	4% (4)	n/a	CQC Ratings - Performance updated in March for quarter four - increase in the number and percentage of care homes who are CQC rated as outstanding (now 4%
45 Number of CQC providers with a		Quarterly	81%				mation not cap				81%	81% (75)					from 3%). Inadequate unchanged.
<ul> <li>46 Number of CQC providers with a</li> <li>47 Number of CQC providers with a</li> </ul>	CQC rating of require improvement	Quarterly Quarterly	17%				mation not cap				17%		15% (15)				
48 Domiciliary Care Block provider w		Quarterly	1%				mation not cap				1%	1% (1)	0% (0)	4% (4)	4% (4)	n/a	Within Plymouth there are 9 domiciliary care providers, 7 of which have been subject
49 ASCOF 4A The proportion of peop		Annual	-				mation not cap	itured		 700/	-	100% (6)	100% (6)		100% (7)		to an inspection. 100% of these have a rating of 'Good'. The England averages for Dom Care providers are 1% Oustanding, 79% Good, 19% requires improvement and
		Annual	70%		68	8%			7	70%			Annual	Survey		n/a	1% Inadequate.
50 ASCOF 4B The proportion of peop	le who use services who say that those	Allinua	1	1							1						

Plymouth Safeguarding Adults Board - Data Set Quarte r 42016/17
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