



**Plymouth
Safeguarding
Adults Board**

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
13 July 2017

PLYMOUTH SAFEGUARDING ADULTS BOARD

Thursday 20 July 2017
10.00 am
Windsor House

Members:

Andy Bickley, Chair
Councillor Lynda Bowyer, Carole Burgoyne, Gary Wallace, Craig McArdle, Matt
Garrett, Jane Elliot Tonic, Julian Moulard, Laura Collingwood-Burke,
Greg Dix, Geoff Baines, Joanna Robison, Craig Downham, Chris Rogers, Jon McLeavy, Sandy
Magee, Jonathan Nason, Kerri Nason, Sue Baldwin, Gary Walbridge, Bel Davies and Jon Cox

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 - 8)**
- 3. CHAIR'S UPDATE:**
- 4. BUDGET 2016 - 17: (Pages 9 - 12)**
- 5. QUALITY & PERFORMANCE: (Pages 13 - 30)**
- 6. SCR/SAR UPDATES: (Pages 31 - 32)**
- 7. NATIONAL REGIONAL UPDATES
SAFEGUARDING MANAGERS REPORT: (Pages 33 - 36)**
- 8. 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 20 July 2017
10am to 1pm
Windsor House, Tavistock Road, Plymouth, PL6 5UF**

AGENDA

1.	10.00 – 10.05	Welcome and Apologies	Andy Bickley	Dissemination
2.	10.05 – 10.15	Minutes and Matters Arising	Jane Elliott Tonic	Discussion and Decision
3.	10.15 – 10.25	Chair's Update	Andy Bickley	Dissemination
4.	10.25 -10.35	Budget 2016 -17	Julian Moulard	Dissemination Discussion Decision
5.	10.35 – 11.15	Quality & Performance	Geoff Baines Rob Sowden	Dissemination Discussion Decision
		BREAK 11.15 - 11.30		
6.	11.30 – 12.30	SCR/SAR updates	Julian Moulard Kate Spreadbury	Dissemination, Discussion Decision
7.	12.30 -12.40	National Regional updates Safeguarding Managers Report	Jane Elliott Tonic	Discussion
8.	12.40 – 13.00	AOB	Andy Bickley	Discussion

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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
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 Tonicic	Adult Safeguarding Manager	Plymouth City Council
Julian Moulard	Adult Safeguarding	Plymouth City Council
Sandy Magee	Children's Services	Plymouth City Council
Craig Downham	Superintendent	Devon & Cornwall Constabulary
Daniel Monck	Representing - 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
Lorna Collingwood-Burke	Chief Nursing Officer	New Devon CCG
Matt Garrett,	Head of Community Connections	Plymouth City Council

Greg Dix	Director of Nursing,	PHNT
Gary Walbridge	General Manager	Plymouth City Council
Angela Holloway	Representing - Assistant Chief Executive	Plymouth and Cornwall LDU Dorset, Devon and Cornwall CRC
Megan Cleaves	Safeguarding Administrator	Plymouth City Council

Also in attendance:

Karen Marcellino , Healthwatch, PCC for item 7

Ally Hood, Healthwatch, PCC for item 7

Rob Sowden, Performance Advisor, PCC for item 8

1. Welcome/Apologies

Andy Bickley welcomed everyone to the meeting

Apologies from:

Kerri Nason, Assistant Chief Executive, Plymouth and Cornwall LDU Dorset, Devon and Cornwall CRC

Chris Rogers, Named Professional Safeguarding Paramedic, SWAST

Bel Davies, Inspection Manager, CQC

Craig McArdle, Assistant Director, PCC

Joanna Robison, Criminal Justice, Commissioning and Partnerships Manager, Office of the Police and Crime Commissioner

Jonathan Nason, Head of Plymouth, Cornwall & IoS Local Delivery Unit, National Probation Service

Declarations of Interest.

AB declared an interest in item 6 as he had prior involvement in his previous role.

2. Minutes and matters arising

Item 4 heading to be amended to SCR V.

Matters Arising

No matters arising, all actions from previous meeting are completed.

3. Chair's Update

- AB met with the SAB Chairs from Cornwall, Torbay and Devon on 25 April 2017. They discussed performance and quality assurance for Boards. Improved links to prison services with Plymouth leading on Dartmoor. There was a proposal to look at holding a joint conference.
- AB presented the Annual Report to CMT offering organisations to hold the Board to account. AB offered to present the report to other agencies.

4. Budget 2016-17

- There is a £16000 underspend this year. This is due partly to a reduction in training costs and the SAR for RM starting in the 2nd part of the year, although there have been 2 further SAR referrals.
- The underspend will not be able to be rolled forward and will go back to the

<p>Local Authority.</p> <ul style="list-style-type: none"> • There is a new policy being developed looking at a pooled budget the LA finance team will advise further. • For 17/18 the proposal is that the contributions remain the same. The OPCC contribution has been set at 9% across all Boards. Previously Probation gave £3000 to be split between the Children’s and Adults Boards. • To be discussed further at the next PSAB Executive Group meeting. 	
<p>5. PSAB Strategic Plan 2016-19 review</p> <ol style="list-style-type: none"> 1. The Risk Management and Self Neglect work is now complete work is ongoing regarding the policy launch. 2. Update regarding the Crisis Concordat has been sent to Board members. JET and SB will be looking at what information would be useful for future updates. 3. (i) There has been a delay in starting the communication strategy due to the revamp on the PCC Communications Team. 4. GB will update the Executive meeting in June. 5. Work is being completed by LOG 6. a) This is on track b) We have had the go ahead from the web team for the updates. c) Discussion took place regarding members self assessments/appraisal. Suggestions included organisations demonstrating are taking safeguarding seriously and are meeting the requirements of the Board. Having 1-1 sessions for support and to be challenged, to be encouraged to contribute as much as possible. Open evaluation as a Board what’s working well and not working well. <p>To be discussed further at the next PSAB Executive Group meeting.</p> <p>Safeguarding Managers Report</p> <ul style="list-style-type: none"> • Any questions regarding the report please contact JET. • Regional Thematic Review of SCR/SAR – Michael Preston-Shoot is collating the themes for ADASS JET will provide further feedback at the next meeting. 	
<p>6. SCR/SAR Updates</p> <ul style="list-style-type: none"> • The latest version of the report has been circulation any feedback/comments are due by 28 April 2017. • The SAR sub group will monitor the recommendation and feedback to PSAB. • There have been regular Communication meetings, we now have the majority of agencies’ media statements. • Due to the General Election being called the guidance from NHS England strongly advise not to publish until after the election (Purdah). • After further discussions the decision was made to let the family have a copy of report on 4 May as already agreed. JM and Karen Grimshaw will meet with the family for further questions, feedback or comments regarding the report. 	

<p>Media leads will have reactive statements prepared in case the family go to the media before publication. The report would be published after the election on Monday 12 June.</p> <ul style="list-style-type: none"> • JM will write to the IPCC regarding the publication of the report. <p>SAR RM</p> <ul style="list-style-type: none"> • A learning workshop led by Kate Spreadbury is planned for 3 May 2017. The family have requested the report not to be shared until after 26 June. 	
<p>7. Engagement and Participation Update</p> <ul style="list-style-type: none"> • Ally Hood gave a presentation on the work completed so far by Healthwatch on engagement and participation. Information from Healthwatch is included in the agenda pack. • They contacted 30 services/organisations and have met with 16 with further dates planned. A number of the groups spoken to are interested in further engagement. • Ally spoke about phase 2 and returning to the groups she asked the board to consider what priorities they would like to focus on. • Healthwatch have been commissioned to March 18 to complete this piece of work. 	
<p>8. Performance Scorecard</p> <ul style="list-style-type: none"> • RS went through the key headlines on the Performance Scorecard. • There has been an increase of 500 referrals to the previous year. This is an increase of 84% from pre Care Act (2014/15) 56% of referrals did not proceed to a Safeguarding concern. • There has been an increase in safeguarding concerns to the previous year also an increase in the number of enquiries undertaken. • 68% of closed enquiries showed that action had been taken which is an increase in the previous years. Of the 32% of enquiries where no action was taken these were ceased at the victim's request. <p>Quality and Performance Update</p> <ul style="list-style-type: none"> • GB has completed an audit of 12 months data looking at the following questions <ol style="list-style-type: none"> 1. Who are the most at risk in the city 2. What are the characteristics' of these people at risk 3. How are the people most at risk currently safeguarded - what systems are in place 4. How effective are we at safeguarding people. • He has 10 recommendations which are linked strongly to the Plymouth Plan. He will discuss further at the PSAB Executive Group meeting on 9 June 2017. 	
<p>9. HMIC Crime Data Integrity Audit</p> <ul style="list-style-type: none"> • The report is not about ignoring victims it is more about data integrity issues. There are issues with IT with not recording every crime numbers, crimes are 	

<p>being missed on data systems. There is training for Sergeants and above to address the level of understanding regarding this.</p> <ul style="list-style-type: none"> On a positive note the crime figures which are out this week show a 9% increase for recording for Plymouth. 	
<p>10. Creative Solutions Update</p> <ul style="list-style-type: none"> The Creative Solutions Forum was developed from the work completed by the Risk Management and Self Neglect sub group. The Forum meets monthly and has received 29 referrals. The referrals are for individuals with complex needs often dual diagnosis. Issues covered include drug and alcohol dependency, homelessness, mental health problems, medical issues etc. The Forum is made up of Commissioners, Practitioners, Housing, Harbour, Service providers (PATH, The George, Broadreach, Hamoaze), ASC Livewell, MH and LD Services. M is a gentleman aged 47 years old he has a brain injury and has issues with Alcohol. He was previously in rehab in North Devon this broke down and he returned to Plymouth. He reported to the 1st Stop Shop as being homeless. Hostels were reluctant to accommodate him due to his behaviour when drunk they did not have the staff to support him. He went briefly to a rehab centre in Plymouth this again broke down and he was going to be made homeless. At the CSF the George offered to house him if there was a package of care they could call on as required this was agreed by Commissioners. M wanted to have his own place to live, he was supported to bid for social housing, he was successful and has just been allocated a flat. A care package has been developed to support M and assist him in sustaining this tenancy. There has been a lot of interest both regionally and nationally in the work of the Creative Solutions Forum. 	
<p>11. AOB</p> <p>None raised</p>	
<p>12. Future Meetings</p> <p>Thursday 20 July 2017</p> <p>Thursday 12 October 2017</p> <p>Thursday 18 January 2018</p> <p>Meetings are 10:00 to 13:00 and are held at Windsor House</p>	

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The following relates to exempt or confidential matters (Para(s) 3 of Part 1, Schedule 12A of the Local Govt Act 1972). Any breach of confidentiality could prejudice the Council/person/body concerned & might amount to a breach of the councillors /employees codes of conduct.

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SAFEGUARDING ADULTS IN PLYMOUTH

PERFORMANCE DATA

G Baines

Director, Livewell Southwest

20 July 2017

Supporting people to be Safe, Well and at Home

PART OF THE PLYMOUTH PLAN

**The Plymouth Plan and the
Safeguarding Adults Board...**

STRATEGIC VISION:

One of Europe's finest, most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone.

PLAN VISION:

To provide an integrated and holistic long term plan for how the city will change between 2014 and 2034.

**Supporting narrative**

Adults should be treated with dignity and respect, receive high quality, compassionate care and be safe from harm and abuse. The City will ensure people are safeguarded from harm through prevention, empowering people to make their own choices and decisions, protecting and representing people in greatest need, and working in partnership to develop local solutions with communities. There will be transparency in local safeguarding process and clear accountability for decision making.



Policy HEA3 - Supporting adults with health and social care needs

1. Creating opportunity to give people more control over how their health, care and support is provided.
2. Delivering high quality services that meet individual outcomes.
3. Implementing a system of whole person care.
4. **Providing effective safeguarding services to protect adults from harm and ensure they are treated with dignity and respect.**
5. Supporting carers to carry out their caring role and have a full life outside of caring.
6. Supporting people to manage their condition(s) to reduce their dependence on professional help.

4 KEY QUESTIONS TO START?

1. **Who** – are the people most at risk in the City?
2. **What** – are the characteristics of those most at risk?
3. **How** – are we protecting those most at risk?
4. **Performance** – how effective are we at safeguarding people with our multiagency policies and procedures?

DATA CONSIDERATIONS

1. 12 months period between 1st January 2016 and 31st December 2016
2. Benchmarking comparison used 1st April 2015 to 31st March 2016
3. Sole source - PCC collected for Safeguarding Adults Collection
 - Counts primary support reason linked to receipt of social care only
 - reports concerns and enquiries, not referrals
 - Identifies volume not severity of risk
 - Reported activity can predict future risk

1. Who – are the people most at risk in the City?

1966 concerns in 2016

COMPARISON OF CONCERNS BY YEAR

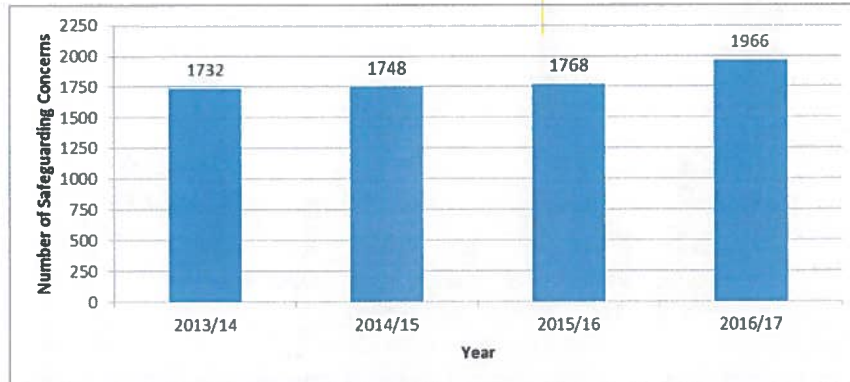


Chart one – 1,936 Adult Safeguarding Concerns (01/01/16 – 31/12/16) by primary support reason

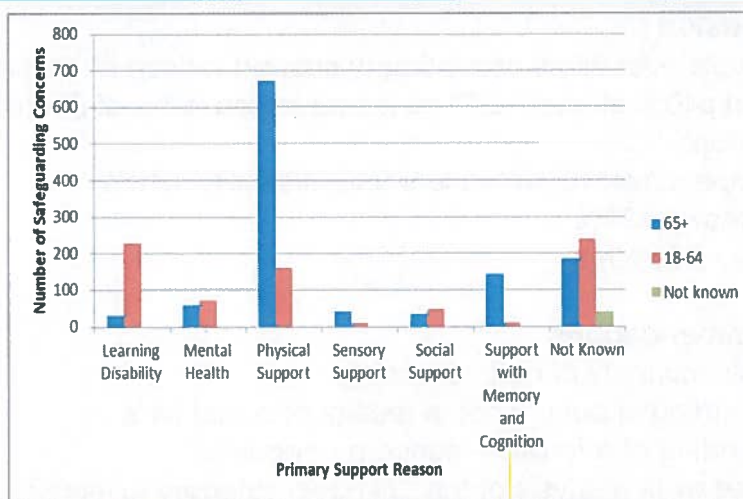
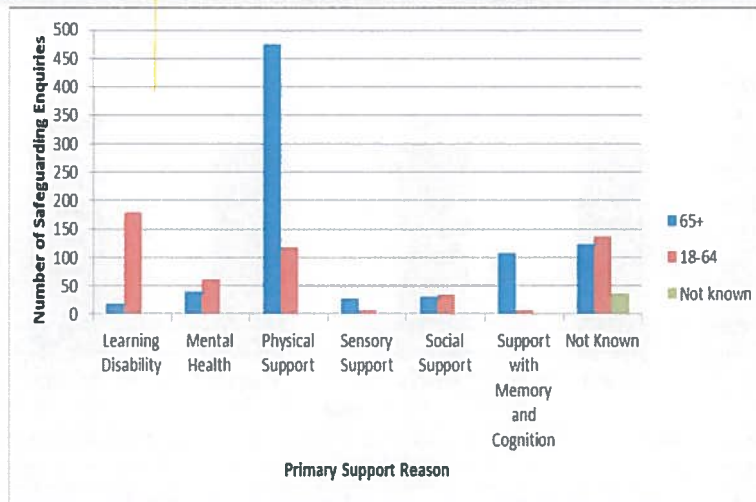


Chart two – 1,361 (71%) Adult Safeguarding Enquiries (01/01/16 – 31/12/16) by primary support reason



WHO - CONCLUSION & RECOMMENDATIONS

Conclusion

1. People over 65yrs with primary support reason of physical support c40% of total - 672 concerns raised (67% of people in this group)
2. People under 65 with a learning disability c13%
3. Unknown c27%
4. 20% - 349 other

Recommendations

1. Audit accuracy of data recording
2. Recording of people not in receipt of social care
3. Reporting of referrals – concern - enquiries
4. Case work analysis of the unknown category to identify need

WHAT – ARE THE CHARACTERISTICS?

For people with a primary support reason of physical support and learning disability.

Chart four: Abuse against Physical Support clients by location of abuse

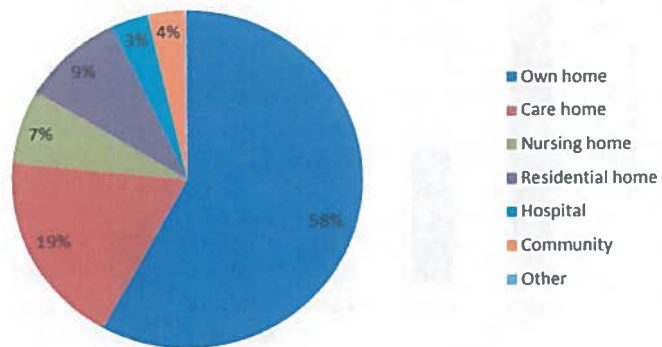


Chart six: Abuse against Physical Support clients in 'own home' by type of abuse

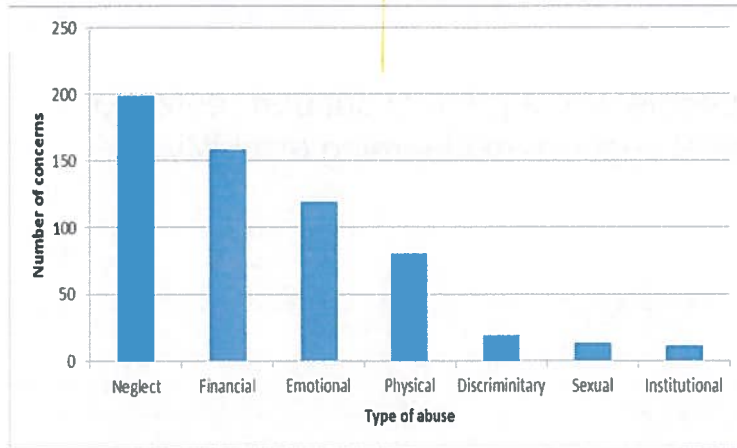


Chart seven: Abuse against Physical Support clients in care not own homes by type of abuse

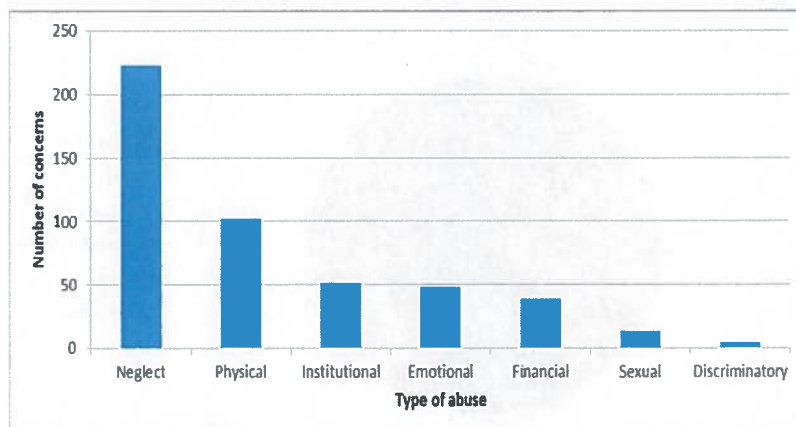
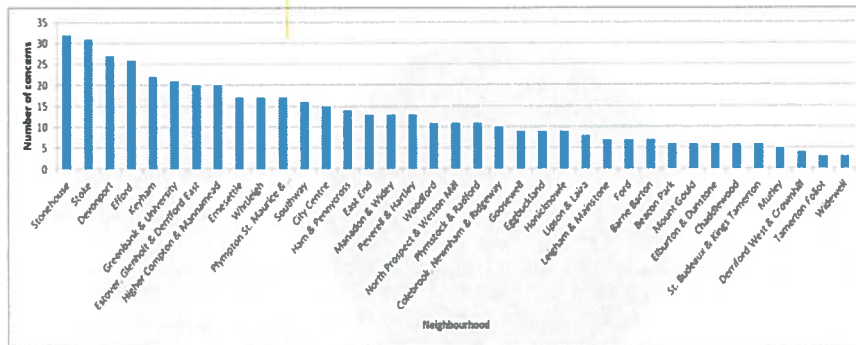


Chart five: Abuse against Physical Support clients 'own home' by neighbourhood



WHAT – ARE THE CHARACTERISTICS FOR PRIMARY NEED OF PHYSICAL SUPPORT ?

Conclusion

- Highest volume of risk relating to people **over 65yrs** (81%) who are **women** (65%) who are **white** (91% 8% not recorded 1% BME) in their **own home** (58% own home/35% care setting), across 37 neighbourhoods most commonly Inner and West of the City
- **Neglect** most common type of abuse reported across both care settings
- After neglect (self and acts of omission), **financial and emotional** abuse is more likely to occur within the victim's own home.
- After neglect (acts of omission), **physical abuse** is more common within a care home setting.

Chart eight: Abuse against Learning Disability clients by location of abuse

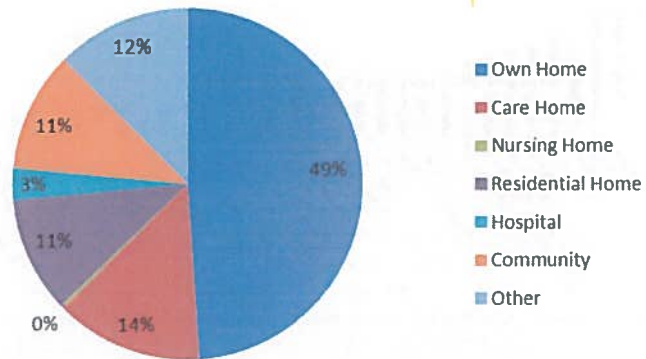


Chart ten: Abuse against Learning Disability Support clients in 'own home' by type of abuse

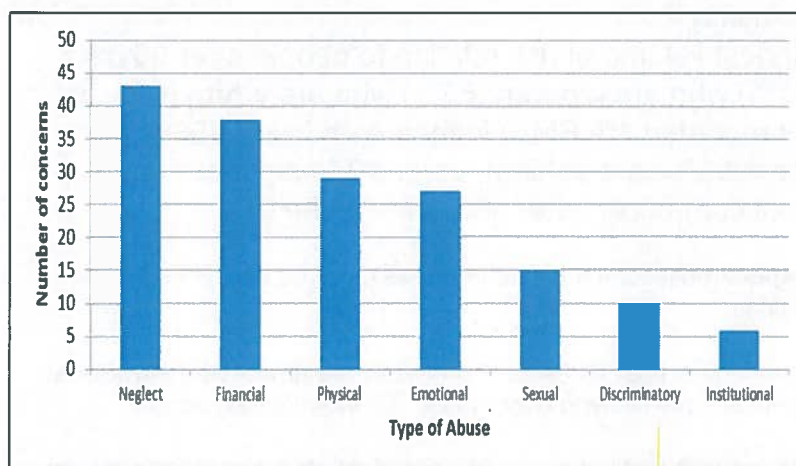


Chart eleven: Abuse against Learning Disability clients not in 'own home' by type of abuse

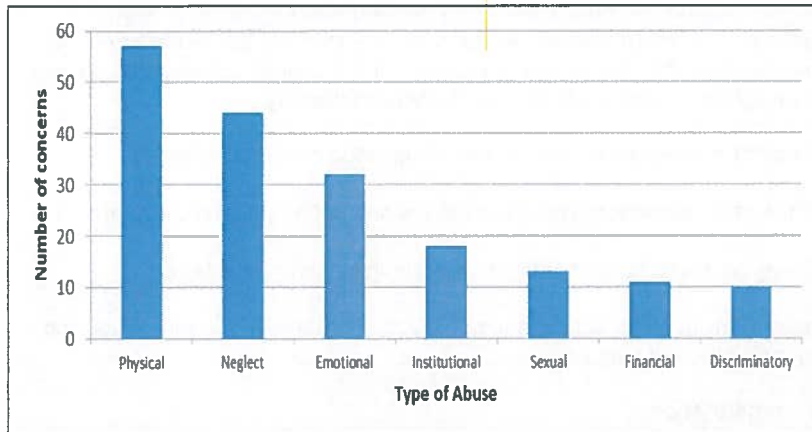
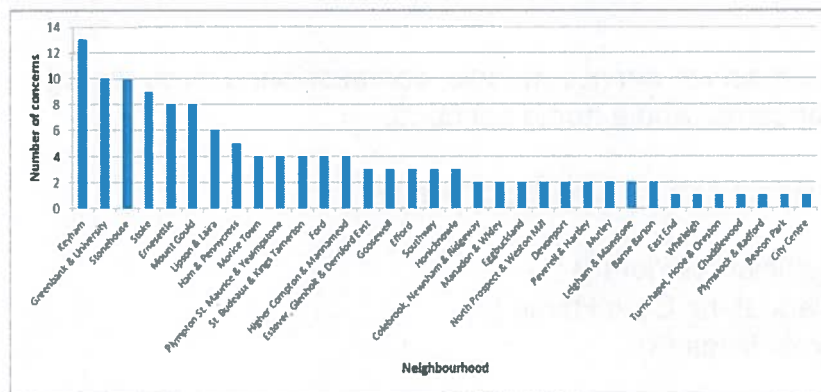


Chart nine: Abuse against Learning Disability clients 'in own home' by neighbourhood



WHAT – ARE THE CHARACTERISTICS FOR PRIMARY NEED OF LEARNING DISABILITY?

Conclusion

- Higher proportion of risk relating to people **under 65yrs** (80%) either gender (55% men) who are **white** (98% /2% BME) in their **own home** (49% own home/25% care homes/ 23% other or community /3%hospital), across 33 neighbourhoods most commonly West of the City
- **Neglect** most common type of abuse reported across all settings
- Physical and emotional abuse is the second and third most common
- Financial abuse is most likely to occur in the victim's own home.
- more likely to suffer sexual abuse (8%/28 compared to 2% for clients who receive physical support.)

Recommendation

1. Case work analysis on own home community 11% and other setting 12%

HOW ARE WE PROTECTING THOSE AT RISK?

Care sector, service models, commissioned care, repeat concerns, whole home concerns

3 whole home repeated concerns;

Ashleigh Manor (3)

Maddalane Care Home (3)

Freshfields (3)

BY CARE SUPPLIER – ‘SOCIAL CARE SUPPORT’ **Livewell**
Southern

3 categories used to identify the source of risk

1. Social Care Support
the risk is the support or the service provider
2. Other – known to individual
e.g. member of the family, is a carer, the Police or works in health care.
3. Other-unknown to individual
a stranger to the victim regardless of who they are, so this could also include
health workers or Police for example.

35% or 673 concerns where identified as ‘Social Care Support’.

- Approx 150 different providers subject of at least one concern.

BY CARE SUPPLIER – ‘SOCIAL CARE SUPPORT’ **Livewell**
Southern

- 462 /69% of the ‘Social Care Support’ concerns proceeded to enquiry, although only 51% of these were closed with a risk having been identified using national return definitions.
- The table below identifies those care providers subject to the most enquiries, 126 cases the service provider is not recorded. (e.g. private funded, CHC, Section 117).

Rank	Care supplier	No. of ‘Social Care’ enquiries
1	DIRECT PAYMENTS TEAM	39
2	HUMAN SUPPORT GROUP (HSG)	19
3	MADDALANE	14
4	FARM LANE HOUSE	11
=5	ROBOROUGH HOUSE	10
=5	MI HOME CARE	10
=6	CONSORT VILLAGE CARE CENTRE	8
=6	HIGHER PARK LODGE	8
=6	ASHLEIGH MANOR	8
=6	MEARS CARE LTD	8
=6	DEVONSHIRE HOUSE AND LODGE	8

Source: Adult Social Care Safeguarding dashboards (1st Jan 16 to 31st Dec 16)

HOW ARE WE PROTECTING THOSE AT RISK?

Recommendations

1. Identify the process for monitoring repeat referrals
 - 1a. Clarify severity of risk for repeat referrals
 - 1b. Identify any additional action required
2. Reflect highest risk within our strategic priorities

PERFORMANCE

15/16 national data shows;

6/17 highest per 100,000 pop, almost double national average

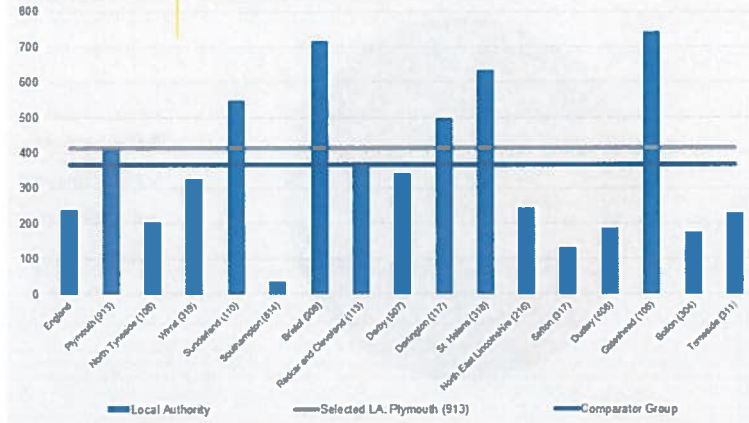
3/17 highest for no action taken no risk reduced at 46%

Benchmark data for 16/17 not available until Aug 2017

2016 local data suggests no action taken has reduced now from 46% to 27% 314 cases

Chart fourteen Benchmarking the 2015/16 Safeguarding Adults Collection

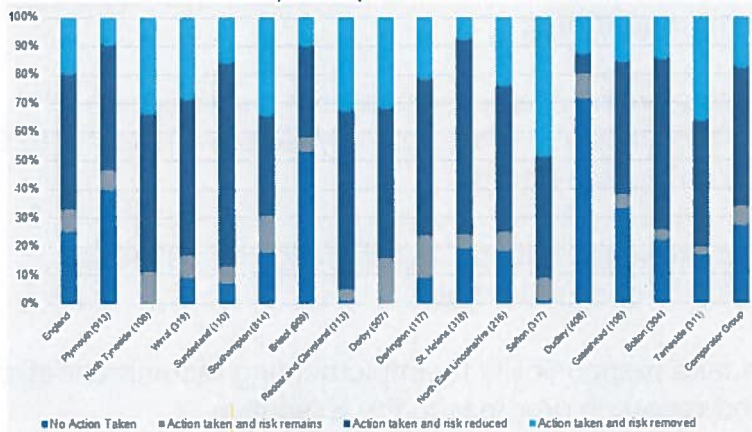
New Section 42 Enquiries per 100,000 Adults for selected LA and Comparator Group



Data Source SAC Table SG1b, 2015 Mid-Year Population Estimates from the Office for National Statistics

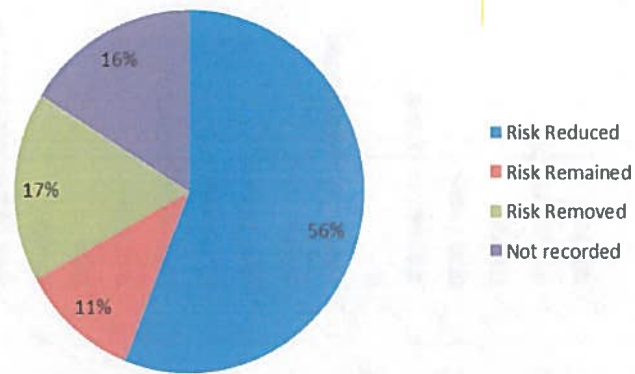
Chart seventeen

Action and Result for Selected LA and Comparator Group



Data Source SAC Table SG2c

Chart thirteen: 2016 All safeguarding enquiries by risk assessment outcome



PERFORMANCE

Recommendations;

1. Safeguarding Board to establish a multi agency performance sub group to analyse data and report to the Executive and Board
2. to analyse the national benchmark information for 2016/17 once published
3. to take responsibility for implementing recommendations and reporting progress to the Executive

ALL RECOMMENDATIONS

Recommendations;

1. Audit accuracy of data recording
2. Recording of people not in receipt of social care
3. Reporting of referrals – concern - enquiries
4. Case work analysis of the unknown category to identify need
5. Case work analysis on 'own home' 'community' and 'other' setting
6. Identify the process for monitoring repeat referrals
 - 6a Clarify severity of risk for repeat referrals
 - 6b Identify any additional action required
7. Reflect highest risk within our strategic priorities
8. Safeguarding Board to establish a multi agency performance sub group to analyse data and report to the Executive and Board
 - a. to analyse the national benchmark information for 2016/17 once published
 - b. to take responsibility for implementing recommendations and reporting progress to the Executive

THANK YOU

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SAFEGUARDING MANAGER'S REPORT

Plymouth Safeguarding Adults Board July 2017



<p>1 PSAB Executive Group highlights:</p>	<p>The group last met 09 June, and areas for discussion included:</p> <p><u>Sub Group Updates:</u></p> <p>SAR:</p> <ul style="list-style-type: none"> - Group has met to look at two referrals, further information is being gathered - SCR V: agenda item. Report published on 12 June: http://web.plymouth.gov.uk/serious_case_review_v_2017.pdf - SAR RM: agenda item <p>Quality and Performance: agenda item</p> <p>LOG: Issues discussed include:</p> <ul style="list-style-type: none"> - Review of ToR and membership - Learning and Development Competency Framework and alignment with the awaited NHS England Intercollegiate Document. Task and finish group under development - Planning for further targeted circulation of the Risk Management, Self Neglect and Hoarding policy <p><u>SAB Strategic Plan 2016 -19 tracking:</u></p> <ul style="list-style-type: none"> - Risk Management and Self Neglect policy - Mental Health: to look at setting up an audit group informed by agencies' updates, with a view to ensuring lessons from the SCR and SAR are embedded in practice. - Engagement and Participation: Stage 2 and future focus of the work by Healthwatch is being planned. - Quality Assurance : agenda item - Learning and Development strategy - SAB Management arrangements: work with PSCB on a joint communication strategy is underway, consideration being given to a consistent constitution across the peninsula SABs <p><u>Budget:</u></p> <ul style="list-style-type: none"> - 2017-18 contributions to be discussed with partners. - To develop a policy for managing reserves and costs.
<p>2 Safeguarding Adults Collection (SAC) 2016-17</p>	<p>The purpose of the national data collection is to monitor safeguarding activity, with reference to the Care Act 2014, within Local Authorities in England; the main output is an annual report which is deemed to be a national statistic. It presents aggregated information about adults at risk for whom there were active safeguarding concerns or enquiries which were opened and/or closed during the reporting period.</p> <p>We completed our initial return to NHS Digital in May; the key headlines (all comparisons to 2015/16) are:</p> <ul style="list-style-type: none"> - we received 3548 referrals in total; an increase of 8% - total number of concerns (those referrals triaged as safeguarding) rose from

	<p>1,768 to 1,957; an increase of 10.6%</p> <ul style="list-style-type: none"> - total number of section 42 enquiries rose from 1,163 to 1,449; an increase of 24.6% - total number of other safeguarding enquiries rose from 21 to 31; an increase of 47.6% - one area of concern previously was the percentage of closed safeguarding enquiries where we recorded that 'no action' had been taken. In 2015/16 this percentage was 39% but has reduced to 29% in 2016/17 and is reducing further still this year, attributed to education in terms of criteria interpretation and further recording guidance <p>Initial regional benchmarking information suggests similar patterns, and in conjunction with regional colleagues we are looking at developing mechanisms to better manage service quality and low level concerns. Following receipt of national information, expected in August, we will be in a position to provide further analysis.</p>															
<p>3 CQC report on Adult Social Care Services 2014-17</p>	<p>This recently published report has attracted much media attention, particularly in relation to people's safety. It is one of a series of reports across the sectors that CQC regulates, and looks at what the regulator has found about the quality of care across the whole range of adult social care services that they regulate. It is based on more than 33,000 inspections of around 24,000 different locations published up to May 2017, including care homes, care in people's own homes, Shared Lives schemes and supported living services:</p> <p>http://www.cqc.org.uk/publications/evaluation/state-adult-social-care-services-2014-2017</p> <p>For the local comparison of overall ratings in May 2017:</p> <table border="1" data-bbox="363 1162 1362 1435"> <thead> <tr> <th>RATING</th> <th>ENGLAND</th> <th>PLYMOUTH</th> </tr> </thead> <tbody> <tr> <td>Outstanding</td> <td>353 (2%)</td> <td>5 (4%)</td> </tr> <tr> <td>Good</td> <td>16,351 (77%)</td> <td>101 (80%)</td> </tr> <tr> <td>Requires Improvement</td> <td>4,073 (19%)</td> <td>15 (12%)</td> </tr> <tr> <td>Inadequate</td> <td>343 (2%)</td> <td>4 (3%)</td> </tr> </tbody> </table> <p>In CQC terms, Plymouth sits in the upper 20-40% of Local Authority areas for overall services, and in the top 20% for Domiciliary Care services. We meet regularly with CQC to ensure an overview of the local picture. For those services with a current rating of Requires Improvement or Inadequate, we have robust safeguarding and commissioning meetings in place which monitor action plans, and are informed by the regulator's legal process.</p>	RATING	ENGLAND	PLYMOUTH	Outstanding	353 (2%)	5 (4%)	Good	16,351 (77%)	101 (80%)	Requires Improvement	4,073 (19%)	15 (12%)	Inadequate	343 (2%)	4 (3%)
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<p>4 Plymouth Multi-Agency Adult Safeguarding Policy and Procedures</p>	<p>The annual review of the online manual has been completed, and the latest version went live in May: http://plysab.proceduresonline.com/</p> <p>Regarding the previously reported development of a protocol for PSAB members to co-ordinate responses to allegations or concerns about people in a position of trust (PiPoT), the SW ADASS group is looking at a regional policy which will inform our local approach.</p>															

5	<p>Operation Baddeck- conclusion of the case against Atlas Projects Ltd</p> <p>The extensive and complex investigation into care home abuse at Atlas Projects Ltd that began in 2011, concluded on 7 June 2017 at Bristol Crown Court. The investigation led to three trials involving 24 people, resulting in 13 convictions primarily for conspiracy to false imprison, false imprisonment, perverting the course of justice, and contraventions of health & safety legislation. This led to a 28 month custodial sentence for one manager, a substantial 6 figure fine for a Director, suspended sentences, unpaid work and conditional discharges.</p> <p>In October 2011 safeguarding alerts were raised regarding the unlawful use of restraint and the use of a quiet room to detain individuals living in homes run by Atlas Projects Ltd in North Devon. A subsequent multi-agency safeguarding investigation uncovered further evidence of poor practice, warranting a whole service investigation. A police led investigation was set up and continued until the beginning of the first of three trials in November 2015.</p> <p>In December 2011 a multi-agency safeguarding process, involving the Police, CQC, the NHS and Local Authorities, coordinated by Devon County Council, agreed that alternative placements should be found for all residents living in Atlas Projects Ltd services. Consequently work was undertaken with individuals and their families to find appropriate alternative care services and local accommodation. Independent advocates were appointed to provide additional support and ensure the wishes of residents regarding their care and living arrangements were taken into account.</p> <p>In June 2012 Atlas Projects Ltd entered administration and by the end of July all fifteen homes (seven in Devon and eight in the South of England) had closed. The CQC cancelled their registration in August 2012 and the company ceased trading.</p> <p>Those individuals affected continue to be well supported locally by skilled service providers; who together with health and care professionals have successfully supported individuals to enjoy greater independence, make choices and live in their own home. To minimise further distress families have been kept informed when possible, and specialist health professionals continue to support individuals and advise service providers.</p> <p>Since 2012 there has been substantial change in how we commission support for people; all individuals involved now have person-centred support and accommodation. The providers, in conjunction with the families, deliver bespoke care and support in the person's own home.</p>
6	<p>SW ADASS Safeguarding Leads Group</p> <p>Commissioning of the regional review of SCR/SARs has been finalised and the work commenced, findings will be presented by Prof. Preston-Shoot at a conference in Taunton on 20 November. Each SAB will be allocated 8-10 places, and an email has gone out to members asking for expressions of interest.</p> <p>There are plans to further develop links between the group, SAB Managers and the national Independent Chairs network, with a view to developing consistent protocols and agendas going forward. An editorial group is under development to look at shared policy areas, to include prevention strategies. Having an overview of such strategies in its area is described as a core responsibility of SABs in Ch. 14.140 Care Act Statutory Guidance.</p>
7	<p>Modern</p> <p>In collaboration with colleagues in Torbay, Safer Plymouth has produced a toolkit</p>

Slavery agenda	<p>which aims to explain Modern Slavery and Human Trafficking, along with the National Referral Mechanism (NRM) and how we use it in Plymouth. It has been promoted on the intranet and widely circulated to partners across networks and sectors.</p> <p>https://www.plymouth.gov.uk/sites/default/files/TacklingModernSlaveryHumanTrafficking.pdf</p>
8 ADASS Financial Abuse and Scamming guidance	<p>We have promoted the recent guidance to the relevant partner agencies, and are developing stronger links between our Trading Standards colleagues and the PSAB through their representation at PLOG:</p> <p>https://www.adass.org.uk/media/5799/top-tips-financial-abuse-and-scams.pdf</p>