

SAFEGUARDING ADULTS BOARD – QUARTERLY REPORT, Q2 2015-16

The report below outlines the key data for Safeguarding Adults in York in the period July – September 2015 ('Quarter 2'). This period is the second reportable quarter since The Care Act 2014 was implemented, and as such reflects some of the key changes in terminology that the Care Act has brought about.

Previous Safeguarding Adults Board reports have been based around the national Safeguarding Adults Return, which concentrated upon Safeguarding *Alerts* and Completed *Referrals* (investigations). This report uses the new terminology of Safeguarding *Concerns* (which for the purpose of this report replace alerts), and completed *Enquiries* (which for the purpose of this report replace Completed referrals).

Where possible we have drawn comparisons with previous quarters where the two terms directly relate. However, there are instances where the new terminology actually effects the statistics reported (specifically around a difference in number of completed referrals and completed enquiries), and it may not be possible to compare like with like. This is further explained in section 3 below.

1. CITY OF YORK DEMOGRAPHIC INFORMATION

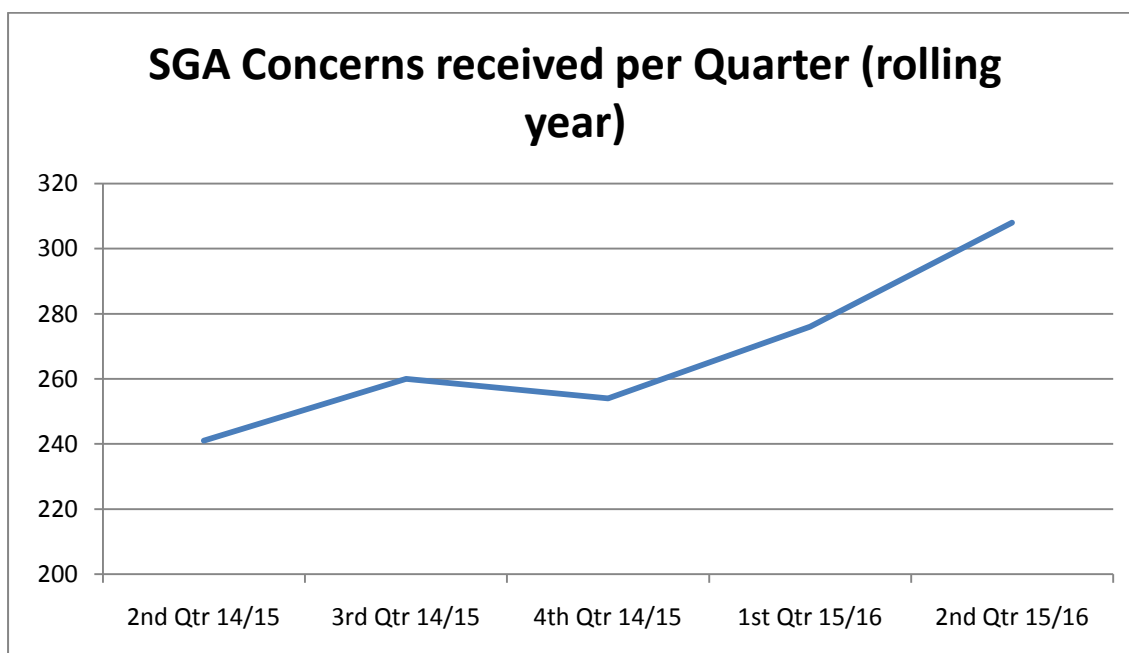
York's population at mid-year 2014 is 204,439. The 18-64 population is 131,357, and the 65+ population 36,459. The over 65 group can be further subdivided into 65-74 (53%), 75-84 (33%) and 85+ (14%).

The male/female ratio is 49:51, and the main ethnicities recorded in the 2011 Census were White British (90.2%) and Chinese (1.2%).

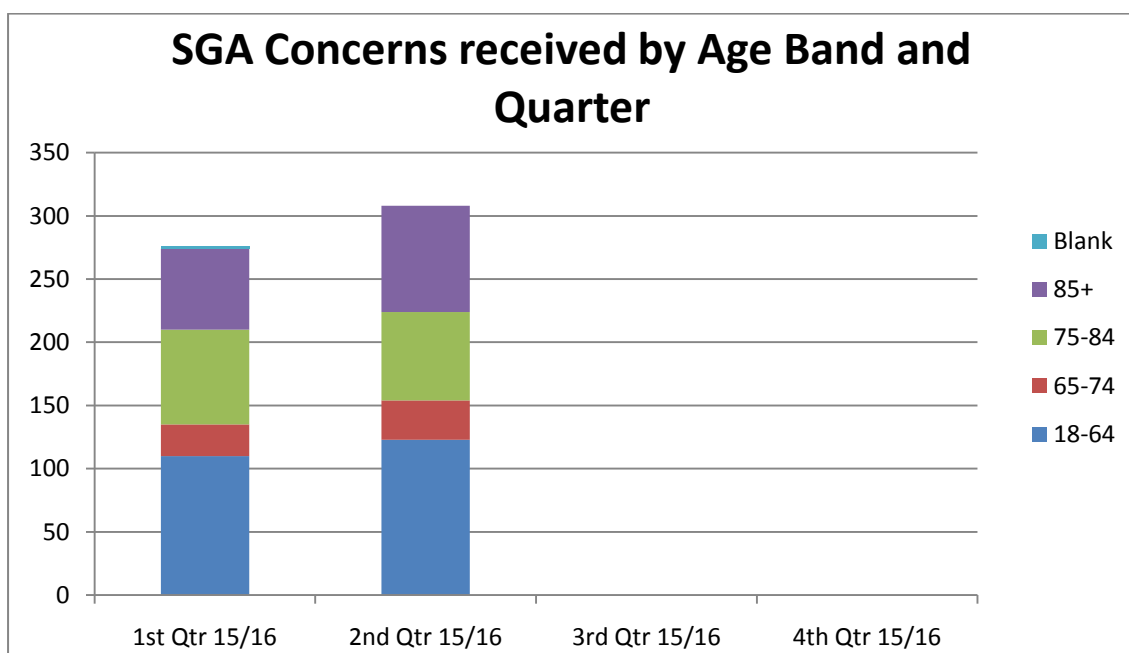
The anticipated prevalence of those with learning disabilities (adults 18+) is 0.4% (Source: PHE LD profile 2013-14), while the prevalence of mental health issues varies by type of issue and age band, from 0.07-0.17% for schizophrenia to 11.4% for depression (source: York JSNA: <http://www.healthyyork.org/health-ill-health-in-york/mental-health.aspx>).

2. VOLUME AND DEMOGRAPHICS OF SAFEGUARDING CONCERNS RECEIVED

For the period July–September 2015, 308 Safeguarding concerns were raised with City of York Council, Safeguarding Adults service. This is an increase of 32 on the last quarter, and an increase of 67 on the same quarter in 2014/15.



40% of the safeguarding concerns raised related to people aged 18-64 and 27% related to people aged 85+.

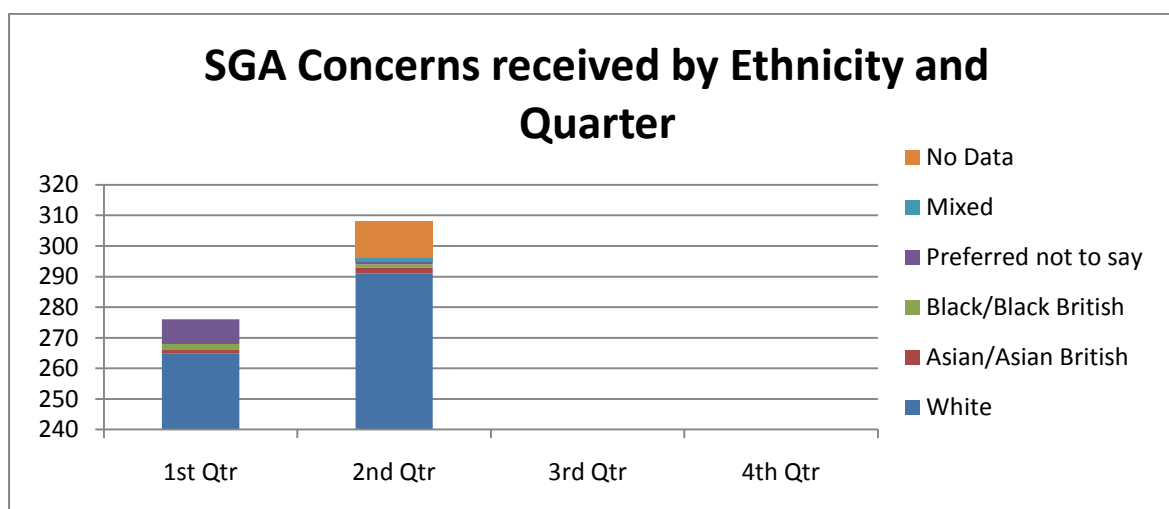


APPENDIX 3

Age Band	1st Qtr	2 nd Qtr
18-64	110	123
65-74	25	31
75-84	75	70
85+	64	84
Blank	2	0
Grand Total	276	308

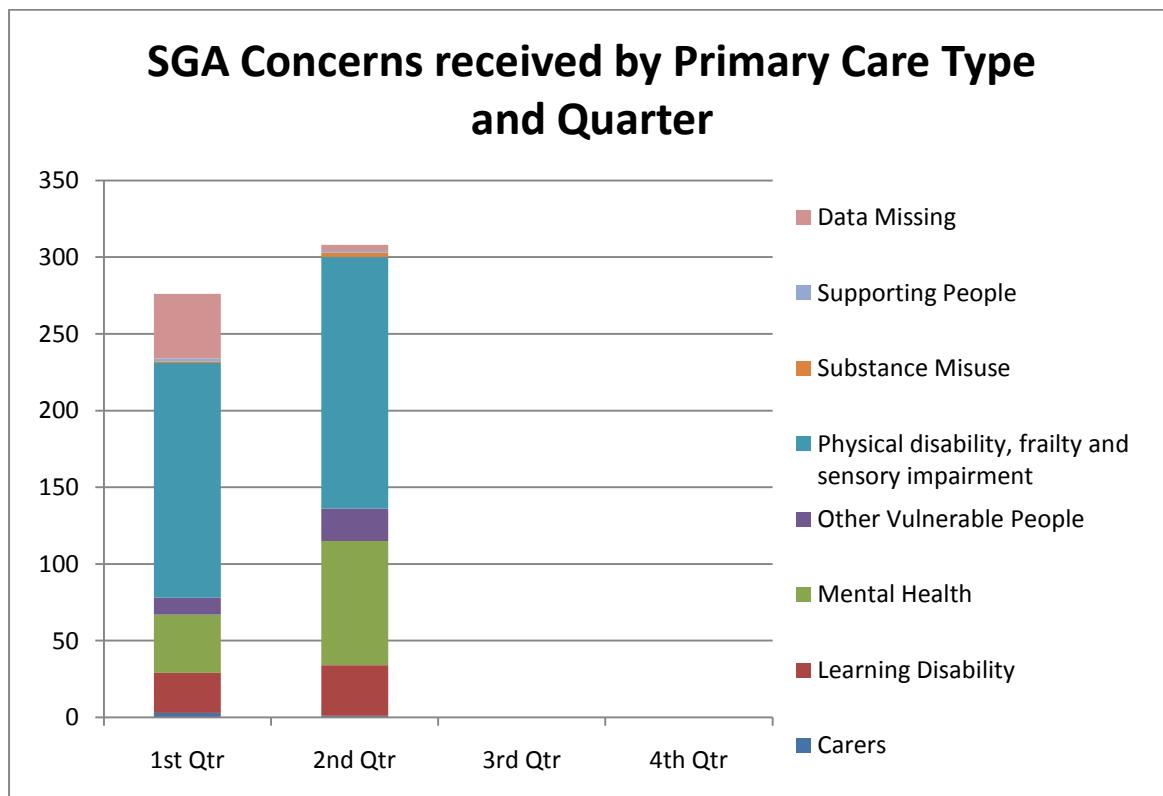
Out of the 308 Safeguarding concerns received, 64% were for females and 36% for males. This is in line with national averages, with the national SAR for 2013-14 finding 60% of safeguarding concerns to pertain to females at risk (source: <http://www.hscic.gov.uk/catalogue/PUB15671>).

The ethnic group that received the greatest number of safeguarding concerns was White (94%), which is expected with the demographic of York.



Ethnicity	1st Qtr	2 nd Qtr
White	265	291
Asian/Asian British	1	2
Black/Black British	2	1
Preferred not to say	8	1
Mixed	0	1
No Data	0	12
Grand Total	276	308

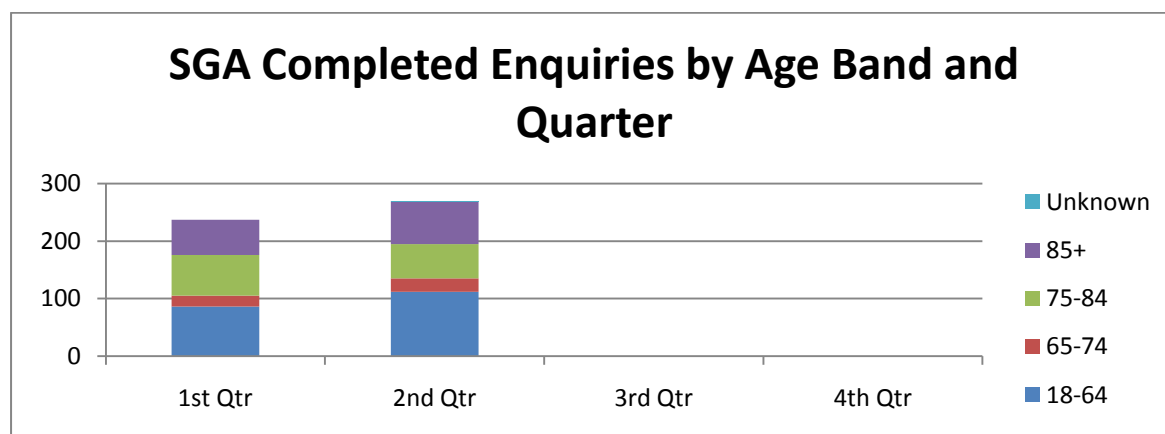
There were more safeguarding concerns received for customers with a Primary Care Type of *Physical disability, frailty and sensory impairment* than for any other Primary Care Type (53%). Again this is in line with the SAR of 2013-14 (51% of national concerns related to people within this PCT), and is understandable given the breadth of conditions covered by this category (it includes access and mobility, dual sensory, hearing impairment, personal care support, memory and cognition and visual impairment). This is the same as for quarter 1.



Primary Care Type	1st Qtr	2 nd Qtr
Carers	3	1
Learning Disability	26	33
Mental Health	38	81
Other Vulnerable People	11	21
Physical disability, frailty and sensory impairment	153	164
Substance Misuse	1	3
Supporting People	2	1
Data Missing	42	4
Grand Total	276	308

3. VOLUME AND DEMOGRAPHICS OF SAFEGUARDING COMPLETED ENQUIRIES

For the period July – September 2015 there were 270 completed enquiries, of which 41% were for the 18-64 age band and 58% were for the over 65 age bands.



Age Band	1st Qtr	2 nd Qtr
18-64	86	112
65-74	19	23
75-84	71	60
85+	61	74
Unknown	0	1
Grand Total	237	270

A *Completed Enquiry* could be any range of response to a safeguarding concern, from a series of brief telephone conversations, to a full multiagency response involving meetings with the adult at risk, the person alleged to have caused harm and professionals from multiple agencies. It is the latter response only that was recorded as a *Completed Referral* in the Safeguarding Adults Return.

The complexity of a Safeguarding Enquiry should be in line with the 6 principles of safeguarding work enshrined in the Care Act 2014 statutory guidance (section 14.13), and importantly with the wishes of the adult at risk regarding what outcome they want safeguarding intervention to achieve.

An example of a case which may be resolved through a fairly short enquiry and one which may require a lengthier enquiry is appended.

3A. MENTAL CAPACITY AND ADVOCACY

In 48% of all Completed Enquiries, the individual was assessed to have the capacity to safeguard themselves, with 52% assessed as not having the mental capacity to make decisions to safeguard themselves.

Out of the 140 people assessed as not having the mental capacity to safeguard themselves, 132 people used an advocate (94%). Looking at the 8 cases in which no advocate was used, the reasons for this appear to have been different each time, but ranged from the customer being deceased at the time of enquiry, to a change in circumstances removing the risk and the IMCA referral being ceased.

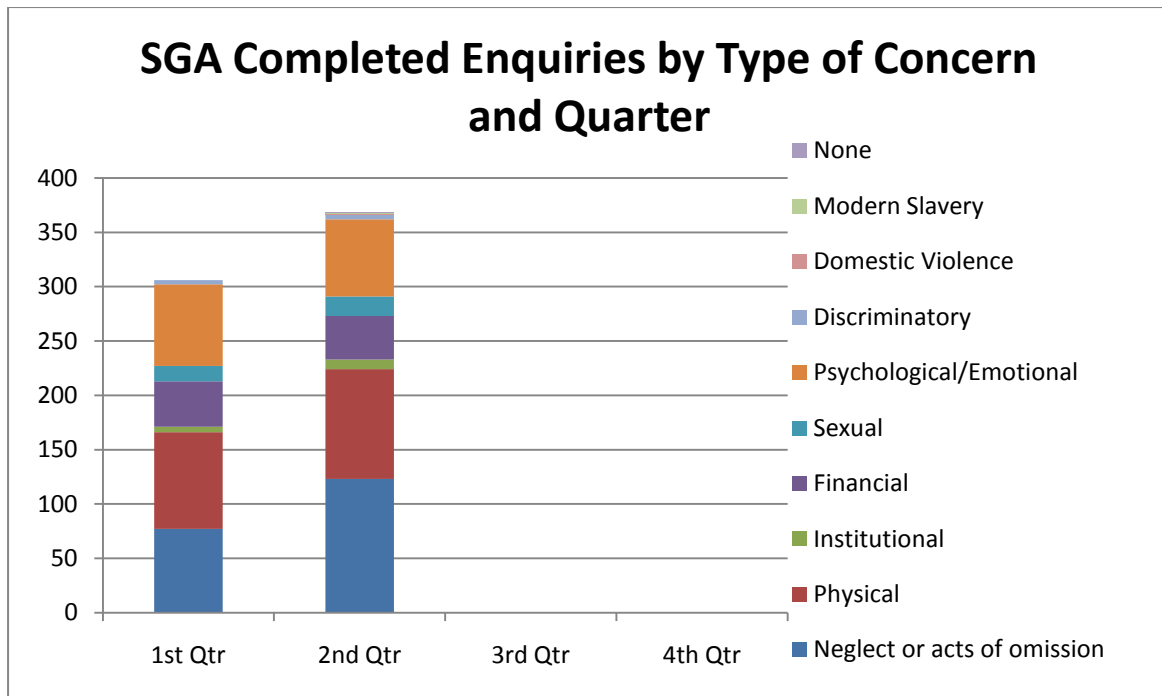
The total number of people recorded as using an advocate was 175, or 65%.

Advocate Used	1st Qtr	2nd Qtr
Yes	134	175
No	103	95
Grand Total	237	270

4. TYPE, SOURCE AND LOCATION OF CONCERN

Of the completed safeguarding enquiries, the main types of safeguarding concern related to issues of neglect, physical harm and psychological/emotional harm.

The three main types of concern in the previous quarter were physical harm, neglect and psychological/emotional harm. Nationally, the SAR 2013-14 found the most common type of harm to be neglect and acts of omission, which accounted for 30 per cent of allegations, followed by physical abuse with 27 per cent.



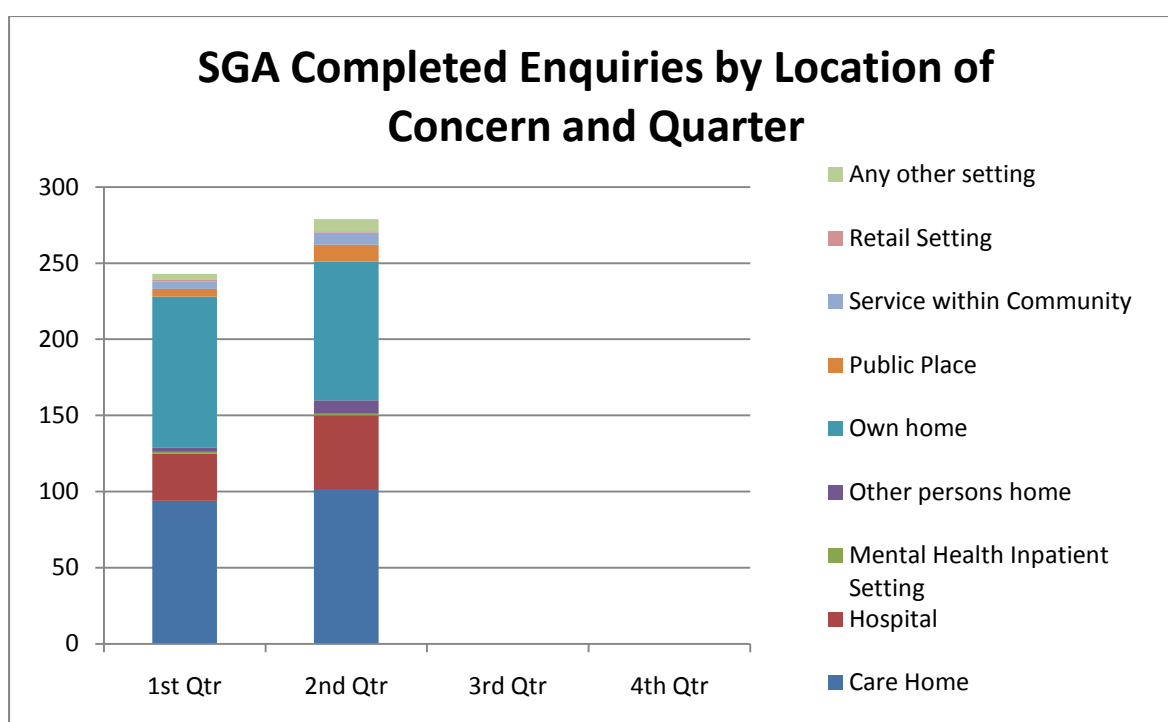
Type of Concern	1st Qtr	2 nd Qtr
Neglect or acts of omission	77	123
Physical	89	101
Institutional	5	9
Financial	42	40
Sexual	14	18
Psychological/Emotional	75	71
Discriminatory	4	4
Domestic Violence	0	1
Modern Slavery	0	1
None	0	1
Grand Total	306	369

(NB: Total is greater than 270 because more than one type of concern may be alleged.)

The persons alleged to cause harm were most likely to be known to the individual (52%), or to be their commissioned care support or service provider (42%). Again this is similar to the national picture documented in the 2013-14 SAR (49% and 36% respectively) and is the same as in quarter 1.

Source of Concern	1st Qtr	2 nd Qtr
Commissioned Care Support/Service Provider	73	113
Known to the individual	150	141
Unknown to the individual	15	16
Grand Total	238	270

The location of the concern was most likely to be in a care home (36%) followed by the customer’s own home (33%). In quarter 1, the location of the concern was most likely to be in the customer’s own home, followed by in a care home.



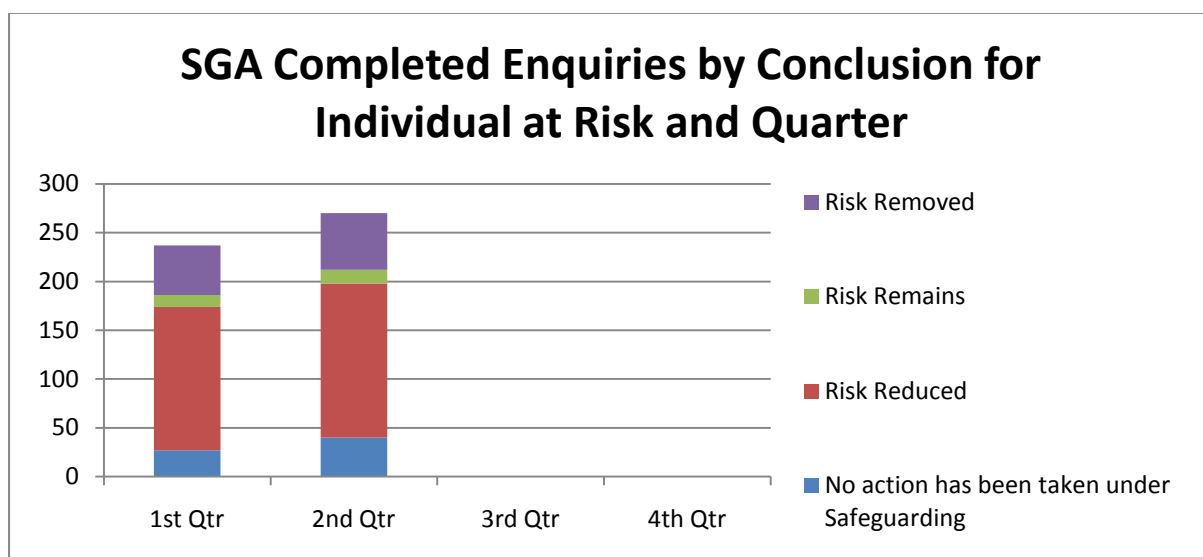
Location of Concern	1st Qtr	2 nd Qtr
Care Home	94	101
Hospital	31	49
Mental Health Inpatient Setting	1	1
Other persons home	3	9
Own home	99	91
Public Place	5	11
Service within Community	5	8
Retail Setting	1	1
Any other setting	4	8
Grand Total	243	279

(NB: Total is greater than 270 because more than one location of concern may be alleged.)

5. OUTCOMES

Of the total completed enquiries, 21% were reported to have removed risk, 15% required no further action and 59% had reduced risk levels.

In 5% of cases, the risk remained. The reasons for this were manifold but in the main, the reason given was that the customer decided that they wanted to remain in the situation and manage the risk themselves.



Conclusion for Individual at Risk	1st Qtr	2nd Qtr
No action has been taken under Safeguarding	27	40
Risk Reduced	147	158
Risk Remains	12	14
Risk Removed	51	58
Grand Total	237	270

APPENDIX A: ILLUSTRATIVE CASE EXAMPLES**AN EXAMPLE OF A SHORT ENQUIRY**

Mr J receives care from Ace Carers. On Thursday, Mr J's carer accidentally gave him his lunchtime medication at breakfast. She noticed the error immediately and rang the office to report it. They then contacted Mr J's representative, his GP and Safeguarding.

Through an initial enquiry we established that Mr J and his representative were happy with the actions that had been taken and did not wish for any further intervention. The GP had given advice about possible side effects and how to remedy these; and the care agency had spoken with the carer in question and booked them onto refresher medication training. CQC had been notified and CYC contracts and commissioning informed. No further enquiry was needed and the case was closed.

AN EXAMPLE OF A MORE COMPLEX ENQUIRY

Mrs R has been referred to adult social care on a number of occasions over the last 8 years. She has always declined support and had capacity to make this decision. Mrs R was referred recently by the Yorkshire Ambulance Service, as she was reported to be living in squalor, and local drug users had moved in, using her flat as a base.

Mrs R was reported to have no food or money; she was sleeping on the sofa as the PATCHs were using her bed; the flat was dirty, there were no bulbs in the lights and no utilities working. The flat had become known locally as an 'easy target'.

Mrs R had agreed to a referral to safeguarding whilst in hospital. On reviewing the information given, a decision was made to arrange weekly visits initially to establish a rapport, rather than immediately offer a service which was likely to be declined.

Through a series of visits, Mrs R decided that she would like to work together towards seeking alternative accommodation and would like to feel safe at home. CYC safeguarding worked alongside Mrs R,

community policing, housing and the hospital social work team to achieve these goals.

Through ongoing involvement Mrs R also accepted support with her care needs, and now reports that she is happy and settled in a new care environment. This enquiry required multiple agencies to commit to supporting Mrs R over a period of time; and a steady process to ensure that Mrs R was able to achieve her goals.