

# **SAFEGUARDING ADULTS IN PLYMOUTH**

## **PERFORMANCE DATA**

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**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?

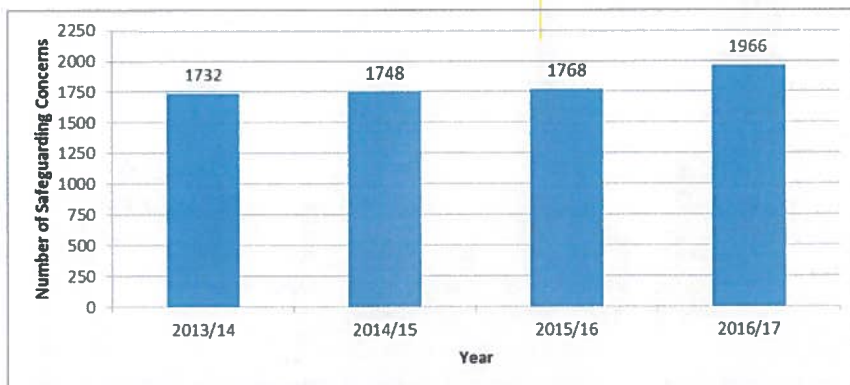
## DATA CONSIDERATIONS

1. 12 months period between 1<sup>st</sup> January 2016 and 31<sup>st</sup> December 2016
2. Benchmarking comparison used 1<sup>st</sup> April 2015 to 31<sup>st</sup> 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

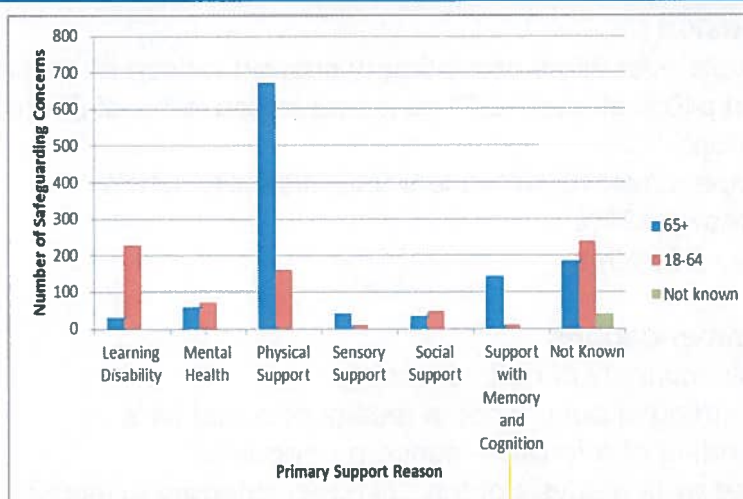
**1. Who** – are the people most at risk in the City?

1966 concerns in 2016

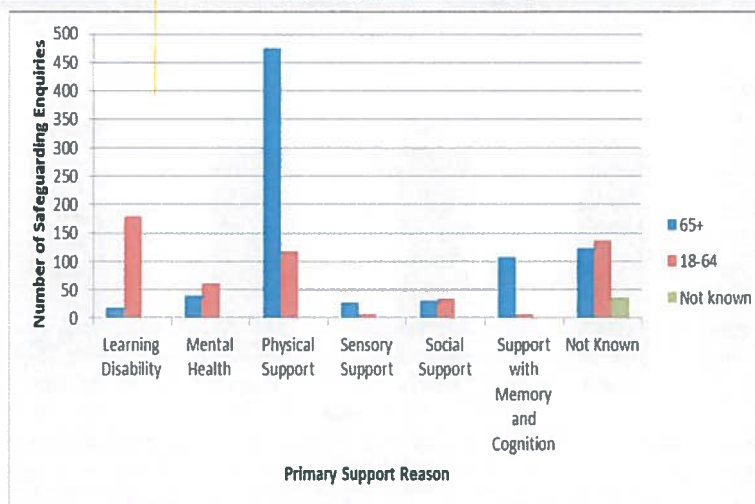
## COMPARISON OF CONCERNS BY YEAR



## 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

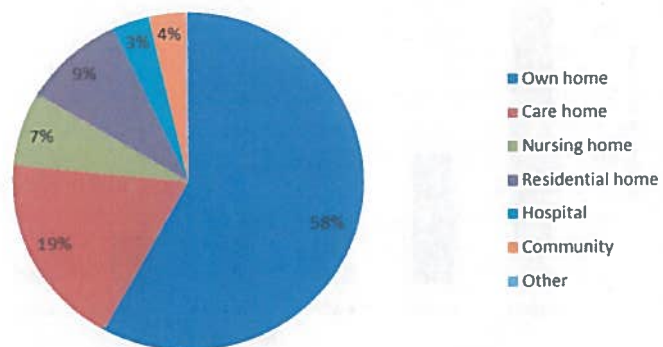
### Recommendations

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

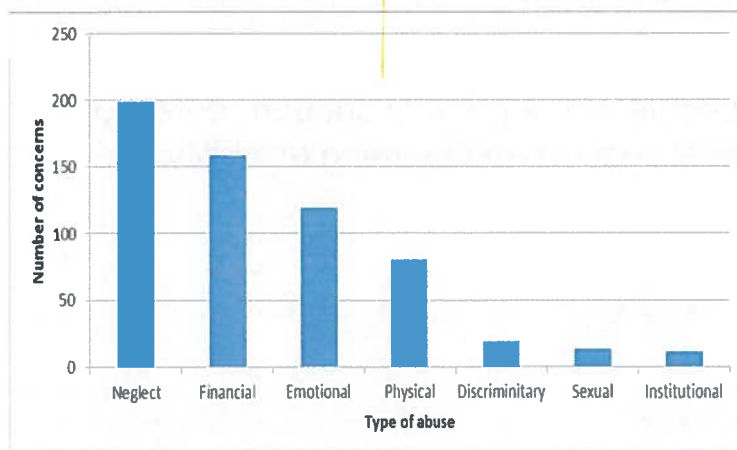
## WHAT – ARE THE CHARACTERISTICS?

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

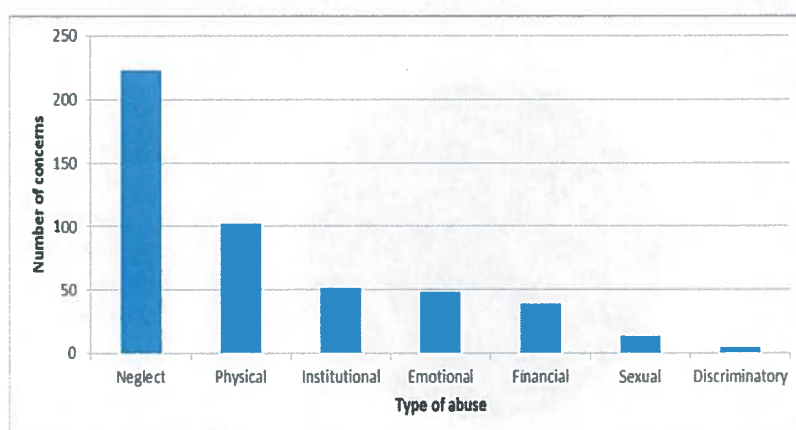
Chart four: Abuse against Physical Support clients by location of abuse



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

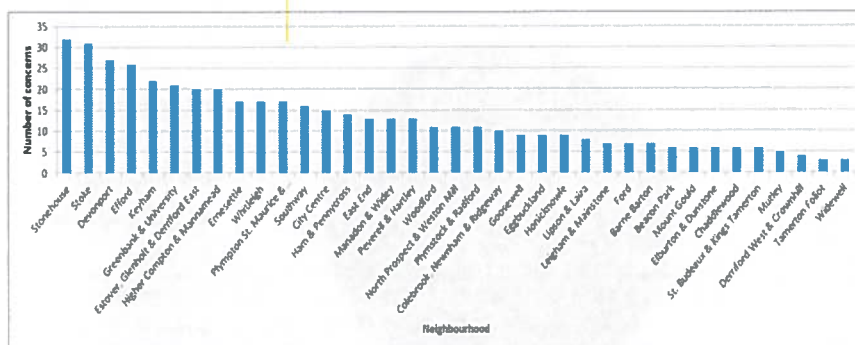


**Chart seven: Abuse against Physical Support clients in care not own homes by type of abuse**





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

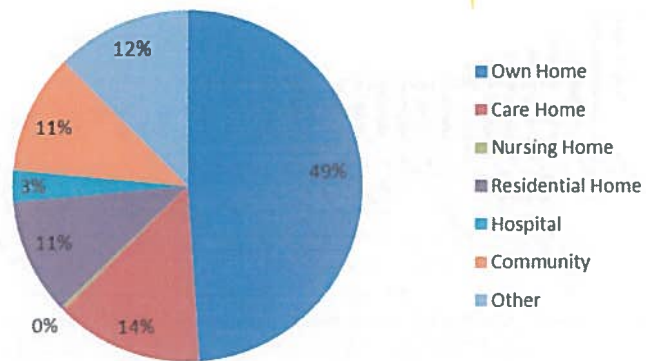


## WHAT – ARE THE CHARACTERISTICS FOR PRIMARY NEED OF PHYSICAL SUPPORT ?

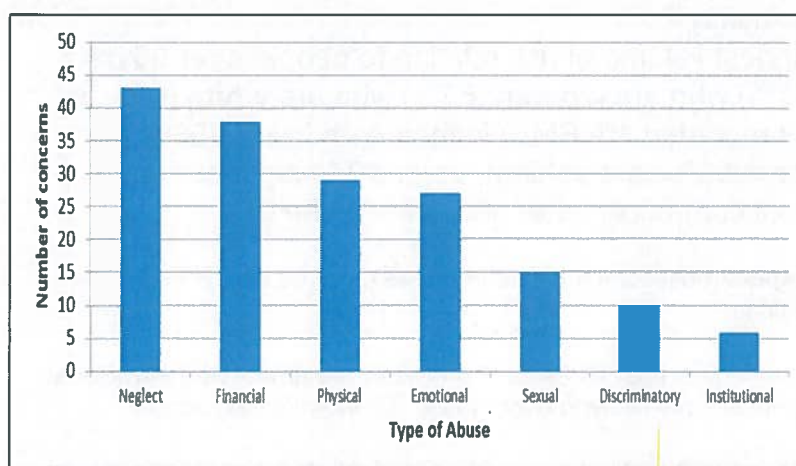
### Conclusion

- 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.

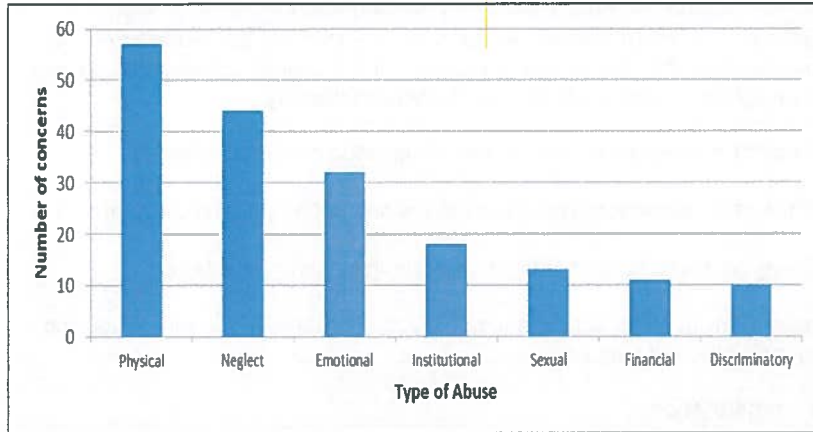
**Chart eight: Abuse against Learning Disability clients by location of abuse**



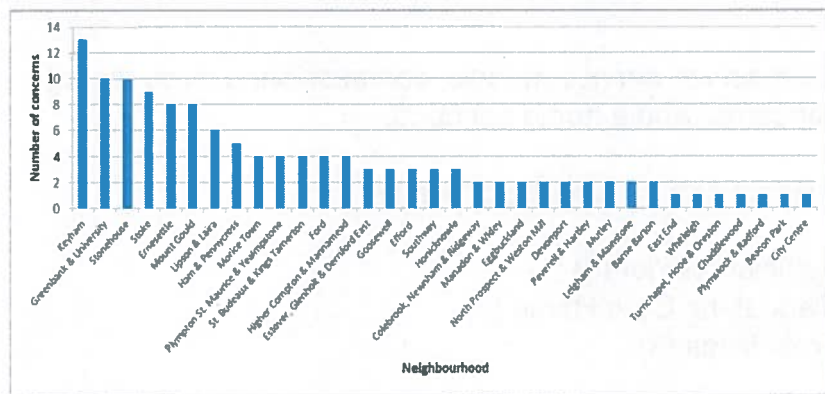
**Chart ten: Abuse against Learning Disability Support clients in 'own home' by type of abuse**



**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’



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’



- 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 (1<sup>st</sup> Jan 16 to 31<sup>st</sup> 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;

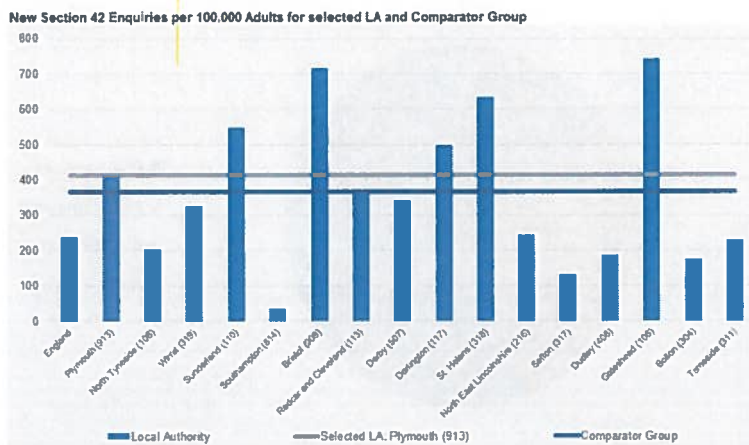
6/17 highest per 100,000 pop, almost double national average

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

Benchmark data for 16/17 not available until Aug 2017

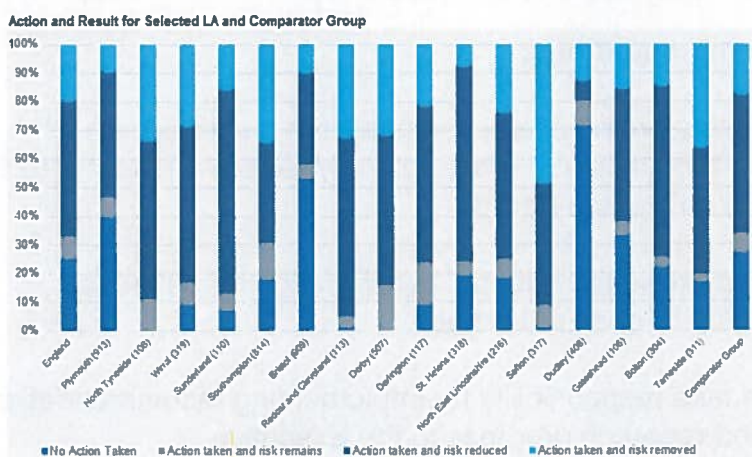
2016 local data suggests no action taken has reduced now from 46% to 27% 314 cases

## Chart fourteen Benchmarking the 2015/16 Safeguarding Adults Collection



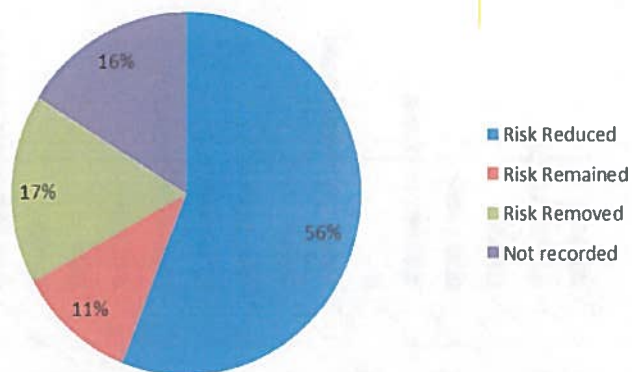
Data Source: SAC Table SG1b, 2015 Mid-Year Population Estimates from the Office for National Statistics

## Chart seventeen



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**

