Merton and Wandsworth Clinical Commission Groups
Safeguarding Adults at Risk
Annual Report

April 2018 – March 2019

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1. **Introduction**

1.1 CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, Section 11 audits and attendance at provider safeguarding committees.

1.2 CCGs are required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding - this includes the need to have in place the following:

- There is a clear line of accountability. The executive leadership role for safeguarding is delegated by the Managing Director to the Director for Quality and Governance.
- There are clear policies setting out commitment and approach to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate. The CCG complies with the National Statutory requirements and the Multi-Agency Pan London procedures for safeguarding adults.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision, and ensuring that their staff are competent to carry out their responsibilities for safeguarding. The CCG Safeguarding Team are up to date with their training and have access to appropriate supervision either on a one to one basis or via a London peer network at NHS England. Safeguarding training is part of the mandatory training programme for all staff employed by the CCG in line with the Safeguarding Training Strategy.
- Effective interagency working with local authorities, the police and third sector organisations, including appropriate arrangements to co-operate with local authorities in the operation of safeguarding children's partnerships, SABs and health and wellbeing boards.
- Ensuring effective arrangements for information sharing, Merton and Wandsworth CCGs have arrangements in place for sharing information across the health economy and with partner agencies. The CCG has safeguarding quality assurance systems in place through contractual arrangements with all provider organisations.
- The CCGs comply with the national statutory requirements and Pan London procedures for safeguarding children and adults. The Safeguarding Adult including the Mental Capacity Act & Deprivation of Liberty Safeguards policies are in operation within the CCG.
- The CCGs are effectively engaged with the work of the Local Authorities with clear membership of the SABs via the Director for Quality and Governance, ensuring effective arrangements for information sharing. The CCGs have arrangements in place for sharing information across the health economy and with partner agencies for adults. The CCG has safeguarding quality assurance systems in place through contractual arrangements with all provider organisations.

1.3 The process for gaining assurance from the main providers' trusts has focused on checking their respective Trust Board minutes to ensure that there is corporate responsibility for safeguarding. In addition, the safeguarding work of the CCG has been reviewed in relation to key achievements and challenges, as well as engagement with the Local Safeguarding Adults Boards.

1.4 This annual report identifies the extent to which Merton and Wandsworth CCGs can be assured that they and their commissioned services are effectively discharging their
safeguarding functions. It also highlights areas where improvements are required for the CCG to ensure that there are effective systems in place to safeguard adults at risk in the future.

2. **Purpose**

2.1 CCGs have a duty to make arrangements to ensure that their functions are discharged with regard to the need to safeguard vulnerable people who are at risk of abuse. CCGs are responsible for ensuring that commissioned services, including NHS funded services provided by non-NHS organisations, take account of national legislation, statutory guidance and other overarching NHS standards.

- Merton and Wandsworth CCGs have in place a Designated Safeguarding Adults, Mental Capacity Act (MCA) and Prevent Lead.
- Merton and Wandsworth CCGs have an Executive Director (Director of Governance and Quality) lead for Safeguarding (Children and Adults).
- The CCGs have representation on their Safeguarding Adults Boards (SABs) and sub-groups through the Director for Quality and Governance and the Designated Safeguarding Professional.

2.2 This report provides the Governing Bodies for Merton and Wandsworth CCGs with an overview of safeguarding adults across health services in the boroughs during 2018-19. The report reviews the work across the year, giving assurance that the CCGs have discharged their statutory responsibility to safeguard adults who are at risk of abuse across the health services the CCGs commission and the joint partnership working with both Local Authorities. It also identifies the areas for the work plan for 2019/20.

3. **Profile for Merton and Wandsworth**

3.1 Merton and Wandsworth Clinical Commissioning Groups as an LDU are GP led organisations responsible for planning and buying health services for people living in both South West London both boroughs.

3.2 CCGs were established on 1st April 2013 with the intention to improve the effectiveness of clinical care and the patient experience. Merton is made up of 23 General Practices and 40 in Wandsworth. In Merton and Wandsworth, the GPs are working in the localities areas of the boroughs to provide a more localised care, closer to home.

3.3 According to the Joint Strategic Needs Assessment (JSNA, 2014), Merton has a diverse and growing population. Merton’s population is projected to increase by 3,000 people between 2017 and 2020. The age profile is predicted to shift, with a notable growth in the proportions under the age of 16 years and those over 50 years old.

3.4 Merton’s 2014 population was 203,200 people living in nearly 80,400 occupied households. Population density is higher in the east wards of the borough compared to the west wards. Just over half the borough is female (50.6%) and the borough has a similar age profile to London as a whole. Greater London Authority (GLA) population data (2014) shows Merton’s current Black, Asian and Minority Ethnic (BAME) population is 76,188. BAME groups make up 35.1% of the population, lower than London (40.2%).

3.5 Wandsworth’s resident population is currently 323,257 (Office for National Statistics, 2017). According to the Joint Strategic Needs Assessment (JSNA, 2014) there is a projected increase in population size and density will increase with an increasing demand for statutory services, including housing, health and social care.
The population structure has a remarkably young demographic, with the highest proportion of the population aged between 30-44 of any council in the country (31%). For most part people are affluent, well educated, healthy, and in work. With the gradually aging population, pressure on services will increase.

A more ethnically diverse population in Wandsworth, some of whom may speak little English, will have implications for health promotion and service planning, particularly awareness programmes for screening and conditions such as diabetes and circulatory disease.

Health outcomes in Merton are generally better than those in London, and in line with or above the rest of England. However, there is a difference between the most and least deprived areas within the borough of about 7.9 years for men and about 5.2 years for women. Between 2009-11 and 2011-13 this gap increased by about one year for women. Premature mortality (deaths under 75 years) is strongly associated with deprivation; all wards in East Merton are more deprived and have higher rates of premature mortality.

Wandsworth has a 16% higher rate of emergency admissions per head that the South West London average for the over 70’s population, with higher levels of admissions from deprived communities.

There are approximately 800 care home residents in Wandsworth. Recognising the complexity of their needs and delivering appropriate and equitable services is an increasing pressure as people live longer at home then transfer later into a care home.

4. Legal Framework for Safeguarding Adults

4.1 Responsibilities for safeguarding are enshrined in international and national legislation. With the introduction of new legislation, creating duties and responsibilities which need to be incorporated into the widening scope of the NHS safeguarding practice.

4.2 Adults have a legal right to make their own decisions, even if they are considered unwise, as long as they have capacity to make that decision (which must be free from coercion or undue influence). However, if an “adult repeatedly makes unwise decision that put them at significant risk of harm or exploitation or makes a particular unwise decision that is obviously irrational or out of character” (Safeguarding Vulnerable People in the NHS, Accountability and Assurance Framework, 2015). There might be need for further investigation.

4.3 The legislation and guidance relevant to safeguarding adults at risk of abuse or neglect includes: The Care Act 2014; Care and Support Statutory Guidance (Chapter 14- Safeguarding) and the Mental Capacity Act.

5. The Context - safeguarding

5.1 Safeguarding is firmly embedded within the core duties of all organisations across the health system. However, there is a distinction between providers’ responsibilities to provide safe and high-quality care, and commissioners’ responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

5.2 The context of safeguarding continues to change in line with societal risks, large scale enquiries and legislative reforms.

5.3 Fundamentally, it remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties
of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do.

5.4 Every NHS funded organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively. Organisations need to co-operate and work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the Long-Term Plan (LTP).

6. **Clinical Commissioning Groups**

6.1 CCGs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, CCGs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place. CCGs need to demonstrate that their designated clinical experts (for children and adults), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

6.2 The Long-Term Plan states that Integrated Care Systems (ICSs) will have a key role in working with Local Authorities at ‘place’ level. Through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long-Term Plan implementation. Primary Care Networks (PCNs) will be at the centre of these ICSs; building on the core of current primary care services enabling greater provision of proactive, personalised, coordinated and more integrated health and social care.

6.3 It is crucial that designated safeguarding professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance, if appropriate services are to be commissioned that support children, young people and adults at risk of abuse or neglect, as well as effectively safeguarding their well-being.

6.4 Safeguarding forms part of the NHS Standard contract (service condition 32) and commissioners will need to agree with their providers, through local negotiation, what contract monitoring processes are used to demonstrate compliance with safeguarding duties.

6.5 CCGs are required to undertake regular capacity reviews to ensure that there is sufficient safeguarding expertise available via the designated professionals. The requirements for CCG designated capacity is outlined in the Intercollegiate Document which is built upon the legislative requirements for safeguarding.

6.6 NHS Merton and Wandsworth CCGs as a Local Delivery Unit (LDU) has a clear line of accountability for safeguarding, properly reflected in the CCG Governance arrangements. The CCGs and NHS England are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards adults at risk from abuse and neglect. NHS England is the policy lead for safeguarding and has safeguarding responsibilities for directly commissioned services. NHS England has a statutory duty to be a member of the safeguarding adults and provides oversight and assurance of the CCG’s safeguarding adults’ arrangements and supports the CCG in meeting the responsibilities.

7. **Safeguarding Adults Boards (SABs)**
7.1 The Care Act 2014, requires all local authorities to set up a Safeguarding Adults Board (SAB) with key statutory partners, i.e. the Police and local Clinical Commissioning Group (CCG). The SAB’s statutory core duties are to:

- Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
- Publish an annual report detailing how effective their work has been;
- Commission safeguarding adult’s reviews (SARs) for any cases which meet the criteria for these.

7.2 The Safeguarding Adults Board (SAB) is a statutory, multi-agency partnership coordinated by the local authority. It oversees and leads adult safeguarding arrangements. The main objective of the SAB is to ensure that safeguarding arrangements across the partnership, work effectively to prevent abuse and neglect and to protect people with care and support needs who may be at risk of abuse and neglect.

7.3 Wandsworth SAB - Safeguarding Adults Concerns:

7.4 During the year 2018/19, there were 2137 safeguarding concerns raised in Wandsworth, which is an increase from 1876 in 2017/18. There was an associated increase in the number of completed safeguarding queries to 656 in 2018/19, compared to 521 the year before. The percentage of concerns that progressed to enquiries is slightly reduced to 32%, compared to 37% in 2017/18.

7.5 The aim of adult safeguarding is to ensure that the risk of further abuse or neglect is removed or reduced. Risk was removed or reduced in 89% (264) cases. Risk remained in 8% (23 cases). Where the risk remained, the person could make their own decisions and they continued to be offered support and advice. No action was taken in 3% (11 cases) as a result of it being agreed at the end of the enquiry that there was no safeguarding concern.

7.6 The three main types of abuse remain proportionally similar to previous years: Neglect was 29%, higher than the 22.7% in 2017/18; Physical abuse was 20% similar to 22% in 2017/18 and financial abuse was 15%, comparable to 17% in 2017/18. Of note is that two enquiries concerned Modern Slavery, which indicates growing awareness within the partnership of this relatively new form of abuse.

7.7 An important measure of the success of safeguarding is the person’s desired outcomes being met and these were recorded for 436 people. 92% of people had their outcomes fully or partially achieved. In 8% of cases people did not achieve their outcomes. These cases mostly involve people who disengaged from the safeguarding process and have capacity to make the decision to do so.

7.8 In regard to the Deprivation of Liberty Safeguards, the total number of authorisations received is reduced compared to last year. This reflects improved understanding of the criteria. The number of requests received but not yet authorised is reduced to 140 this year compared to 278 last year. All requested authorisations are received and monitored to ensure that the most urgent are prioritised and there is a process in place to ensure renewals are addressed to minimize breaks in the authorisation.

7.9 Wandsworth SAB Board Priorities for 2019-20:

- Develop and strengthen the functioning of the Executive Group, shape the wider SAB partnership with a focus on safeguarding principles and develop effective and vibrant sub-groups which deliver on Board priorities;
• Identify common themes with other key partnerships and agree mechanisms to work on these collaboratively, also for information sharing and learning across wider partnership with other key members and to work collaboratively.
• Identify cost effective ways to undertake statutory Safeguarding Adults Reviews and to introduce a system of multi-agency live case reviews to embed learning from SARs.

7.11 **Merton SAB:**

7.12 Achievements for 2018/19 include:

- Partners have worked together during this period to develop a number of forums in order to prevent and respond to the local and national safeguarding agenda in areas of complex case management and safeguarding work and to develop robust multiagency pathways.
- Key achievements have been the development and implementation of Modern Slavery learning forums, safeguarding learning forums, Hoarding Group and SAM refresher training and working group.

7.13 In response to the key priority of strengthening the communication and engagement across groups and communities in Merton to increase public awareness of safeguarding adults, the Board partners undertook a commitment to commence a programme of awareness raising and outreach within the community; this work continues to be developed. Partners have implemented:

- A programme of Voluntary Sector and Provider Services safeguarding training has been delivered free of cost.
- Safeguarding team links have been established to all social care community teams to review and monitor the nature of open safeguarding concerns and enquiries. This work has helped to identify emerging risk in “hard to reach” areas of our community, whilst providing a supportive training and development opportunity for partners in addition to achieving a quality assurance mechanism in practice.

7.14 Although this year the Board has been unable to progress to a full workforce development strategy as required by the Board, targeted priority work has been undertaken by the partners to progress learning and confidence by ensuring:

- Coordination of the Safeguarding Adult Review (SAR) evaluation group.
- Commissioning of two SARs this year.
- Key training development and delivery

7.15 The Board recognises the importance of developing data reporting methods and analysis of that data in order to identify and respond to emerging local risks and trends. As such partners have committed to specific task and finish groups (in the absences of an established performance and quality subgroup) to identify and report to the Board on relevant data and analysis from the following achievements:

- The local authority safeguarding team have established links to all social care community teams to review and monitor open safeguarding concerns and enquiries.
- Modern Slavery group – There has been partnership working with Safer Merton and Adult Safeguarding to develop a Modern Day Slavery strategy and protocol for the Borough.
- The board have progressed the work on risks associated with hoarding this year by developing a dedicated meeting as part of the CMARAC (community multi-agency risk
assessment conference) meetings and are in the process of reviewing multi-agency protocol.

- The partnership has begun work on developing a dashboard format for the MSAB to enable accurate reporting and overview by the Board to improve its understanding and response to local emerging needs and trends.

7.16 **Merton SAB Priorities:**

7.18 The Board’s Business plan for 2018/19 provides detailed activity across the partnership in order to meet its priorities for the coming year:

- Development of multi-agency subgroups- Training and Development/ Performance and Quality/Communication and Engagement;
- Development of a MSAB website;
- MSAB Data and Performance Dashboard;
- Enhancing reporting mechanism into the MSAB;
- Maximizing opportunity to engage with the community, voluntary and provider sector of the work of the MSAB;
- Development of key strategies such as communication strategy, workforce development strategy;
- Ensuring a quality assurance framework for safeguarding adults at risk is achieved.

8. **Safeguarding Adults Reviews (SARs) in Wandsworth**

8.1 During the year, four SAR referrals were considered by the SAR sub group and three were agreed not to meet the criteria for a SAR. The SAR referral that met the criteria was taken forward and the SAR is due for completing in June 2018. Three SARs agreed during the previous years were completed during the year. One Wandsworth SAR agreed in 2017/18, remains paused pending the completion of a Mental Health Homicide Review by NHS England. It is anticipated this will be completed in 2019/20.

9. **Safeguarding Adults Reviews (SARs) in Merton**

9.1 There has been one SAR case in Merton which met the criteria and has been commissioned by London Borough of Merton. Lessons learnt will be discussed and disseminated upon completion of the SAR.

9.2 London Borough of Merton has developed a SAR evaluation sub group. The CCG Designated Safeguarding adults’ professional attends this sub group.

10. **Prevent in Merton and Wandsworth**

10.1 The CCG Designated Safeguarding Adults Professional sits on the Channel Panel chaired by the Community Safety Unit based at Merton Local Authority on a monthly basis. It is a multi-agency panel which consist of Health providers - South West London & St Georges Mental Health Trust, CCG, Local Police, Children Services, Local Authority representatives; where possible Prevent cases are discussed, including interventions. SO15 are a statutory partner at the Channel Panel and often introduce cases to the panel or provide input to cases brought to the panel by other care members.

10.2 Prevent referrals for adults and children are referred to the MASH team, who record the information and pass on the details to the Prevent Engagement Officer. Once the Police Officer receives the referrals an assessment is made to determine whether there are genuine...
counter terrorism risks. If counter terrorism issues are identified and the case meets the Channel threshold, they are formally considered for the Channel Process.

10.3 Analysis of the referrals shows that the majority of the borough’s referrals are made by schools, particularly primary schools. The referrals are made for various reasons but often because of comments made by a young person, e.g. stating that their parents are terrorists. On further investigations most of the cases required no further action because no counter terrorism risk was found.

10.4 in Merton, the themes of the referrals made are usually comments about terrorism, violent or threatening behaviours for example, making bomb threats, extreme right-wing views and concerns about travelling to Syria.

10.5 In October, both the Designated CCG lead, the borough’s Prevent Lead supported by SO15 analysts attended the West Cluster meeting with NHSE and the Home Office to develop the Counter Terrorism Local Profile (CTLP) - a framework for assessing potential risks and threats nationally, regionally and locally. The document highlights the terror threat for the borough and matters of concern locally.

10.6 The CCG is required to monitor the Prevent and Workshop to Raise Awareness of Prevent (WRAP) training compliance from commissioned providers on a quarterly basis, which they also send to NHS England via an electronic system UNIFY.

11. Learning Disability Review Mortality (LeDeR)

11.1 The Learning Disability Mortality Review (LeDeR) Programme has been established as a result of one of the key recommendations of the Confidentiality Inquiry into the premature deaths of people with learning disabilities (CIPOLD). The Programme is delivered by the University of Bristol. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. The LeDeR Programme is to support local areas to review the deaths of people with learning disabilities, so common themes, learning points and recommendations can be identified and taken forward into policy and practice improvement.

11.2 A LeDeR Steering Group has been established in both Merton and Wandsworth as a Local Delivery Unit (LDU) which is co-chaired by the Designated Safeguarding Adults Professional and representatives from both Merton and Wandsworth Local Authorities. The group convenes every quarter with a variety and multitude of healthcare professionals across the health economy, including GP representatives and service user representatives.

11.3 The role of the Designated Safeguarding Adults lead as the Local Area Contact (LAC) is the link between the LeDeR Programme team and the Local Steering Group. The role includes the following:

- Receive deaths notification from Bristol;
- Allocate cases to reviewers immediately;
- Monitor the progress of the reviewer;
- Provide advice and support for reviewers;
- Receive completed review documents and action plans;
- A member and chair of the Steering Group with strategic level oversight;
- Provide advice and guidance to the steering group in order that appropriate action is taken to improve the care of people with learning disabilities and to reduce premature mortality.

11.4 Since June 2017 to 31st March 2019, there were 17 notifications of death in Merton, of which 16 have been completed and archived by Bristol, whilst one review has not been completed
due to the nature and the complexity of an ongoing safeguarding concern. In Wandsworth, there were 17 notifications of death from Bristol of which 15 reviews have been completed. One review met the criteria for a section 44 statutory safeguarding adults review (SAR), while the other one was received in February 2019 is currently with the coroner.

11.5 A workshop was held in March 2019 following the successful completed reviews. Lessons learnt and recommendations locally was shared and disseminated. The learning event was mainly targeted towards family members/carers and advocates who were involved in the LeDeR process. The event was very well attended and received excellent feedback. Similar learning events have been replicated throughout SWL.

11.6 South West London LeDeR performance has been the best throughout London region and the best performing in the country, as the funding was appropriately utilised for a bank reviewer to clear the back logs.

12. Provider Services

12.1 South West London & St George’s Mental Health Trust:

12.2 During 2018, the Trust was inspected by the Care Quality Commission (CQC) and had an overall rating as “Good”. It was also noted that the Trust encouraged innovation to improve patient care, for example the recent introduction of crisis cafes which were highly rated by service users. There were many examples of outstanding practice identified in the report.

12.3 There is a new provision of a Psychiatric Decision Unit (Lotus Suite) to mitigate demand on section 136 and Health Based Places of Safety places, including robust care pathways and development of a London wide protocol for section 136 availability in place.

12.4 The Making Safeguarding Personal Group report recommendations have been implemented and the Executive Safeguarding Meeting (ESM) are keeping them under review and monitoring their progress and effectiveness.

12.5 The Safeguarding Leads have been supporting the monthly review of restrictive practices and highlighting areas required for exception reporting. There has also been a major overhaul of how learning is disseminated across the Trust. The report provided evidence of key learning for the quarterly performance framework report which provides good opportunities to streamline the commissioning and assurance process and provides focus on the areas that require attention.

12.6 All service lines were compliant with safeguarding adults training with the 95% target up until March 2019. In 2018/19 the Trust carried out 10 Workshop to Raise Awareness of Prevent (WRAP) sessions which equated to 91.1% compliance.

12.7 There were two cases of Safeguarding Adults Reviews that the Trust was involved in, one a tragic suicide, the second a homicide; both highlighted the importance of making sure all services always “think family”. This has been a major priority across service lines with roll out of training and briefings. The Quality Governance team have established tracking and monitoring systems and the actions identified in SARs/DHRs are uploaded to Ulysses (incident reporting system) to ensure robust governance.

12.8 The Safeguarding Adults Lead has been accessing peer supervision through the South London Partnership, including Prevent/Channel as topic. He has also continued to provide ad hoc supervision across all services as well as responding to requests to attend team meetings for case discussions. 83% of clinical staff complied with the supervision policy requirements.
12.9 The Executive Safeguarding Meeting receives quarterly reports on all safeguarding activity and is held to account through the Quality Governance Group and Quality and Safety Assurance Committee. During 2018/19 there were a total of 88 safeguarding concerns raised with Merton Local Authority with a slight increase as compared to 83 in 2017/18. A total of 324 concerns raised to Wandsworth Local Authority which is a decrease in comparison to 2017/18 which had a total of 383 referrals. There have been thirty-nine allegations made against Trust staff. The Heads of Nursing and HR Leads have taken them through due process and made sure service user and employee rights have been upheld throughout.

12.10 Several audits were conducted during 2018/19 including the use of Mental Capacity Act (MCA) as part of the ward-based audit cycle, focusing mainly on how the Brief Consent a Mental Capacity Form is completed on the electronic patient records system (RiO). The aim of the audit was to improve quality around the recording of mental capacity and best interest assessments for all patients.

12.11 Priorities for 2019/20:

- Develop measures to assess effectiveness of service developments;
- Review and update the Trust websites;
- Making Safeguarding Personal (MSP) group and Recovery College to develop educational sessions on safeguarding;
- Implement the intercollegiate training framework;
- Refresh the inter-agency working arrangements and thresholds for referrals;
- Audits on safeguarding management including sexual safety;
- Assess and develop services for domestic abuse.

12.12 St George’s Hospital NHS Trust:

12.13 St George’s Hospital’s safeguarding structure is in place with a Head of Safeguarding for both Adults and Children. They have a full time Safeguarding adults nurse, one full time administrator, one full time Mental Capacity Act lead, and two full time Learning Disabilities Nurses in their safeguarding team.

12.14 All staff working at St George’s University Hospital NHS Foundation Trust are required to undertake Level 1 safeguarding adults training. This training is delivered via the e-learning platform and requires users to complete the module and pass a short test after. The training target for this mandatory training is 85% compliance.

12.15 Safeguarding Adults training for Level 1 stands at 92%.

12.16 In May 2018, the Trust launched the Level 3 PREVENT training as an E-Learning product for the Trust to meet the compliance target of 85%. The Basic Awareness Prevent compliance is at 89.83% whereas the WRAP- Workshop to Raise Awareness of Prevent is at 91.66%.

12.17 The Trust employs a Clinical Nurse Specialist (CNS) for Domestic Violence and Female Genitalia Mutilation who works in close partnership with a Senior Independent Domestic Violence Advisor (IDVA) who is an employee of victim support based on site at St George’s Hospital. Both these staff members can be contacted by staff across the Trust, and work either directly with patients who may be experiencing domestic abuse, either during their time in hospital or after they have been discharged or provide advice and guidance to staff to support them in patient care in relation to domestic violence. From June 2019, the Trust will begin hosting a part time FGM advocate. This post is funded by the Home Office, and the advocate is employed by the Barnardos National FGM center.
12.18 Safeguarding activity – The Trust Safeguarding team received 882 contacts regarding safeguarding in 2018/19 of which 320 resulted in formal referral to the Local Authority safeguarding adults’ services. Those figures represent a slight increase on the previous year.

12.19 Of these referrals, 320 were formally referred to Local Authority Social Services as safeguarding concerns - 194 were raised at Wandsworth Local Authority and 79 with Merton Local Authority a slight rise on last year. Both Merton and Wandsworth have a team of social workers located at the hospital who can undertake safeguarding work alongside social care assessment and care management work; Wandsworth Local Authority is the lead authority.

12.20 Central London Community Healthcare NHS Trust (CLCH):

12.21 CLCH has assured the CCG that during 2018/19 arrangements were in place to safeguard and protect all those involved accessing and using CLCH services, including children, young people or adults. Safeguarding is the golden thread that is embedded across all their services including procurement, contracts and quality monitoring processes.

12.22 CLCH assurance is demonstrated by having a lead safeguarding professional to meet the statutory requirements as identified in the NHS England Accountability and Assurance Framework (2015) and Mental Capacity Act (2005) (MCA). This includes a strong governance arrangement in place to include the quarterly safeguarding committee chaired by the Chief Nurse where safeguarding concerns and risks are discussed and reviewed with external partners.

12.23 Active involvement with the Local Safeguarding Adults Boards, including developing Board priorities, procedures and working arrangements to safeguard and protect vulnerable people at both operational and strategic level, including the safeguarding adults Self-Assessment Frameworks, Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) for both Merton and Wandsworth.

12.24 Assurance has been provided evidencing that CLCH staff recognised and fulfilled their statutory duties by working in partnership to contribute to Section 42 enquiries, Best Interests Meetings and involving advocacy services. CLCH also have systems in place to respond to cases of Domestic Violence and abuse to ensure the physical and emotional well being of victim/survivor.

12.25 CLCH has systems in place to support staff in acknowledging their statutory duty to cooperate in reporting cases of human trafficking and modern slavery, in line with the Modern Slavery Act (2015). There is a robust safeguarding training Programme in place to ensure CLCH staff have received the requisite essential to role safeguarding training, including the MCA/Deprivation of Liberty Safeguards (DoLS) training. Safeguarding Adults training for Merton at level one was 100%, level 2 at 78.5% and in Wandsworth level 1 was at 100% and level 2 was 87%. The overall WRAP/Prevent training for CLCH was at 94.9%. MCA level 2 compliance was 88% and level 3 at 91%.

12.26 Safeguarding supervision is delivered by the safeguarding team and supported by staff in decision making and prioritising the needs and wishes of adults where there is a high level of complexity, risk and vulnerability.

12.27 The Safeguarding team registered and completed several audits both within CLCH and with the safeguarding boards and CCGs detailing areas of good practice and recommendations. Examples of audits included Female Genitalia Mutilation (FGM), Safeguarding supervision audit, the use of pressure ulcer protocol safeguarding risk assessment tool (PUP) in February 2019, MCA & DoLS, audit of a patient discharges from acute NHS providers in Wandsworth
following a S44 Statutory Review (SAR) and the Safeguarding Adults Self-Assessments audit under the Care Act 2014.

12.28 **Priorities for 2019/20:**

- To keep children, young people and adults at risk at the heart of what CLCH do;
- To influence, lead and champion safeguarding in CLCH and with external partners;
- To align the work with the CLCH Quality Strategy;
- To deliver assurance through the CLCH safeguarding work plan and work streams;
- To engage with and drive forward the work of the safeguarding boards and partnerships;
- To add value to the delivery of quality care across CLCH and wider health economy.

13. **Merton and Wandsworth CCG Priorities for 2019/20**

13.1 During the course of 2019/20, CCG priorities for Safeguarding Adults will be to:

- Have oversight that all safeguarding activity will be undertaken by the Independent Chair at the Merton and Wandsworth Safeguarding Committee.
- The Designated Safeguarding Adults Professional will maintain the responsibilities around Safeguarding Adults Boards sub groups arrangements in both Merton and Wandsworth and will work in conjunction with the Children Safeguarding Designated Professionals to carry out the safeguarding priorities such as Modern Slavery, transition, Liberty Protection Safeguards, the Mental Capacity Act and work around prevention.
- The Designated Safeguarding Adults Professional will continue to work with providers who are not meeting trajectory targets to give them advice and support to help them to meet training standards and training compliance of 85% and monitor their Safeguarding Adults compliance through their safeguarding committees and their Assurance Framework.
- For the CCG to be compliant with the new Legislations in Mental Capacity Act/Deprivation of Liberty Protection Safeguards and the changes in the Multi-Agency Pan London Safeguarding Adults at Risks. The Designated Safeguarding Adults will continue to update the CCG and Executive committee regarding the same.
- To continue with the South West London Safeguarding Adults Forum, to ensure a unified approach regarding safeguarding and to work collaboratively towards the priority of Integrated Care System (ICS) and continue to cascade the NHSE safeguarding priorities from the Safeguarding Adults National Network (SANN) to SWL.
- The Designated Safeguarding adults lead will ensure CCG safeguarding training compliance in line with the Intercollegiate Document including other safeguarding mandatory training such as MCA and Modern Slavery.
- The Learning Disability Review Mortality Programme (LeDeR) has been established since August 2017 in Merton and Wandsworth and is co-chaired by both Local Authorities, while the Designated Safeguarding Lead takes a lead role as the Local Area Contact and chairs the LeDeR Steering Group. This remains a priority for the CCG in terms of sustaining continuous improvement in services for people with Learning Disabilities and ensuring that all the LeDeR cases are reviews and completed within the set time frame.
- Ensuring that the CCG has a Modern Slavery statement in place and accessible to all on the CCG websites.

14. **Conclusion**

14.1 In conclusion, this safeguarding annual report from April 2018 to March 2019 details and outlines the work from our commissioned providers and partner agencies that have contributed
in promoting the welfare and wellbeing of adults; these important areas of practice, potentially being high risk for both individual adults and organisations.

14.2 The Care Act (2014) which is underpinned by the Human Rights Act (1998) affords protection and support to adults at risk, creating a legal framework for agencies and individuals with responsibilities for adults safeguarding to co-operate on working together to keep adults at risk safe. Under the Section 42 of the Care Act a Local Authority as a duty of enquiry when there is a reasonable belief that an adult in its area has care and support needs, is experiencing, or at risk of abuse and neglect and is unable to safeguard themselves as a result of their care and support needs.

14.3 The duties and responsibilities of health providers, commissioners and regulators is well documented in statutory guidance, with a requirement for there to be a board level focus on the needs of adults across health and that all health organisations include safeguarding adults as an integral part of their governance arrangements.

14.4 CCGs continue to carry significant responsibility for the whole health economy within their area, whilst commissioning for health services across that economy that is increasingly complex. CCGs are committed to safeguarding and promoting the welfare of children, young people and adults and so their commissioning intentions reflect the needs of that population across both Merton and Wandsworth CCGs.

14.5 The Designated Safeguarding Adults Lead continues to make every effort to ensure that adults at risks receive high quality services that contribute to their safety and wellbeing, whilst building networks and developing and forging relationship with other commissioning organisations in order to influence decision makers and manage risks as they emerge.