



right care  
right place  
right time  
right outcome

**MERTON CLINICAL COMMISSIONING GROUP  
GOVERNING BODY**

**Date of Meeting:** 21<sup>st</sup> July 2016

**Agenda No:** 7.5

**Attachment:** 13

<b>Title of Document:</b> Safeguarding Adults Quarter 4 report (January – March 2016)	<b>Purpose of Report:</b> To approve
<b>Report Author:</b> David Parry, Head of Quality/Designated Adult Safeguarding Manager	<b>Lead Director:</b> Lynn Street, Director of Quality and Governance
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<b>Executive Summary:</b> This Quarter 4 (Q4) report sets out Merton Clinical Commissioning Group safeguarding arrangements and activity within commissioning and provider services across the whole health economy of Merton for Q4. It provides the Governing Body with assurance that MCCG is meeting its statutory duties and requirements for safeguarding adults at risk by operating within the parameters of the Care Act 2014 and the Pan London Policy and Practice guidance 2015. The report focusses on progress made in priority areas identified within the Safeguarding Adults Annual Report: <ul style="list-style-type: none"> <li>• Assurance</li> <li>• Training</li> <li>• Prevent</li> <li>• Mental Capacity Act and Deprivation of Liberty Safeguards</li> </ul>	
<b>Key sections for particular note (paragraph/page), areas of concern etc:</b> Section 2: Safeguarding and MCA/DoLS data Section 5: Training rate for Merton CCG Safeguarding Adults in quarter 4 was 52.17% Section 10: Recommendations	
<b>Recommendation(s):</b> The Governing Body are asked to approve this report.	
<b>Committees which have previously discussed/agreed the report:</b> Safeguarding Executive Group – 24.6.16 MCCG Clinical Quality Committee – 6.7.16 Executive Management Team – 5.7.16	
<b>Financial Implications:</b> None	
<b>Implications for CCG Governing Body:</b> Not required for the purposes of this Report.	

**How has the Patient voice been considered in development of this paper:**

Not required for the purposes of this Report.

**Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing)**

Relates to risk number 791: If the CCG fails to establish appropriate systems and processes for safeguarding adults, vulnerable adults may be at risk of harm

3 x 2 = 6

**Equality Assessment:**

Not required for the purposes of this Report.

**Information Privacy Issues:**

Not required for the purposes of this Report.

**Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution)**

This document will be available on MCCG website when signed off as part of Governing Body papers.



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**NHS**  
Merton  
Clinical Commissioning Group

# Merton Clinical Commission Group Safeguarding Adults at Risk Quarter 4 Report January 2016 – March 2016

**David Parry Head of Quality/DASM**

DRAFT



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## 1. INTRODUCTION: SAFEGUARDING IS EVERYBODY'S BUSINESS

- 1.1 The purpose of this quarterly report is to build on the previous reports for this year and ultimately inform MCCG's Governing Body, of the adult safeguarding arrangements and activity within commissioning and provider health services across the whole health economy of Merton. This report covers the period 1 January 2016 – 31 March 2016, (Quarter 4). It will provide a level of assurance to MCQC that MCCG is continuing to ensure that its statutory duties and requirements for safeguarding adults at risk are being met and operating within the parameters of the Care Act 2014.
- 1.2 Merton CCG's substantive DASM came into post in October 2015. This has provided a level of leadership and consistency for the CCG. Over the last two quarters the DASM has been able to develop the post within the CCG that has included advising and supporting commissioning and contracting colleagues on all aspects of adult safeguarding. The DASM has now established excellent working relationships with our Local Authority colleagues in Merton, across the South West London region and at NHS England.
- 1.3 MCCG discharges its responsibility to ensure adults at risk are safeguarded by:
- Use of safeguarding principles to shape strategic and operational safeguarding arrangements
  - Setting the safeguarding of adults as a strategic objective in commissioning health care
  - Using integrated governance systems and processes across all agencies to ensure that safeguarding concerns in services are dealt with consistently and effectively
  - Working with the local Safeguarding Adults Board, patients and community partners to create robust safeguards for patients
  - Providing leadership to safeguard adults across the health economy
  - Ensuring accountability and sharing learning within the service and the partnership to bring about improvements.

## 2 PROGRESS IN QUARTER 4

- 2.1 The safeguarding adults' agenda has developed significantly over Quarter 4. In February the long awaited new Pan London Adult Safeguarding Policy and Procedure document was launched at a celebratory event at MBA House, Tavistock Square. MCCG's Designated Safeguarding Adult Manager (DASM) attended this event.
- 2.2 The new policy supersedes the 2011 version, incorporates key aspects of the Care Act 2014 and aims to deliver continued consistency across London in the way that all organisations respond to concerns about adults at risk. It is the first time that such a policy has been agreed between the Association of Directors of Adult Social



Services (ADASS), the Metropolitan Police and NHS England with the intention of creating a more effective multi-agency integrated approach London wide. The policy can be <http://www.scie.org.uk/adults/safeguarding/policies/>

### 3. SAFEGUARDING ACTIVITY DATA

3.1 Table 1 provides Safeguarding Activity Data compiled by London Borough of Merton for 2015/16. The data is taken from the Safeguarding Adults Performance Report which is part of the Adult Social Care Performance Framework and is based on safeguarding standards and performance (LGA & ADASS April 2012). The information was supplied by Shamal Vincent, Performance Manager, at London Borough of Merton (LBM).

3.2 **Table 1: Merton Safeguarding Adults Activity 2015/16**

Performance & Outcomes Measure	Q1	Q2	Q3	Q4
Number of safeguarding referrals.	177	344	494	607
Number of safeguarding cases closed as an alert only.	120	144	175	229
Number of cases closed as an investigation.	18	35	65	80
Number of safeguarding cases open.	53	25	26	15

3.3 The table details the cumulative total of referrals received by LBM for the period 1 April 2015 to 31 March 2016. The figures include referrals from all sources, including providers of healthcare services within the borough.

3.4 Section 42 of the Care Act (2014) places a duty on local authorities to make safeguarding enquiries, or cause other agencies, such as NHS Trusts, to establish whether action is needed to prevent abuse, harm, neglect, or self-neglect to an adult at risk of harm.

3.5 For all safeguarding section 42 enquiries related to CCG commissioned clients, the local authority liaises with MCCG's DASM who provides advice and attends strategy meetings as required.

### 4. DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

4.1 LMB provides data relating to the number of DoLS referrals received by month.



#### 4.2 **Table 2: Referrals that generated a DoLS assessment Q3 and Q4**

October	November	December	January	February	March
71	50	60	72	53	37

4.3 A breakdown of DoLS referral data during the final two quarters indicates the proportion of referrals by client group as follows:

- Learning disability clients 18%
- Clients with dementia 11%
- Mental health/other clients 54%
- Physical disability 17%

4.4 A further 39 cases within this period did not require a full assessment.

### 5. **QUARTER 4 SAFEGUARDING ACTIONS**

5.1 Work was undertaken to update MCCG's Adult Safeguarding Policy incorporating the new Pan London Adult Safeguarding Policy and Procedure document. The document informing staff of Merton's safeguarding reporting arrangements (part 1) will be expected to be read in conjunction with the Pan London document (part 2).

5.2 This document will be presented to Merton's Safeguarding Executive Group and Quality Committee in June 2016.

5.3 MCCG began completing a self-assessment Safeguarding Adults at Risk audit tool (2015-2016) in February. The audit is a two-part process. The first stage is completion of the self-assessment audit.

5.4 The second stage comprises a safeguarding adult board challenge and support event (away day) in May where the audit will be presented to our Merton colleagues.

5.5 The audit has been developed by the London Chairs of Safeguarding Adults Board (SABs) network and NHS England. It reflects NHS England's Safeguarding Adults and Children's Deep Dive audit presented to NHS England in November 2015. Its purpose is to:

- provide SAB with an overview of Safeguarding Adult arrangements in Merton
- identify strengths
- share good practice
- identify Common areas of improvement where organisations can work together with support from the SAB
- identify Single and partnership agency issues that need to be addressed

5.6 The outcome of the audit will be included in the Quarter 1 report.



- 5.7 Woodlands Care home has continued to raise safeguarding adult concerns this quarter. Intermediate care services are still failing to provide a consistently safe environment for residents. Concerns continue to be raised with this home despite the organisation attempting to make improvements in its staffing levels and skill mix to effectively work with this client group. MCCG has maintained excellent joint working with CCC Older Persons' Commissioner, DASM, SMCS and Local Authority partners is on-going. Safeguarding strategy meetings have convened following an enquiry concerning medicine errors. A follow up action plan is now in place to reduce the risk of recurrence and regular CCG led meetings with the provider are scheduled.
- 5.8 A section 42 safeguarding enquiry was raised by a relative of a lady receiving end of life care commissioned by Continuing Healthcare at the patient's home. The enquiry involved allegations that two domiciliary care agencies were failing to preserve the patient's dignity and failed to show respect when delivering personal care. The matter was initially reported to and investigated by the Metropolitan police. Merton CCG's Continuing Healthcare team (CSU) has met with and supported the family regarding the allegations raised. The DASM has attended multi-agency strategy meetings to consider this case and an action plan for the two agencies involved has been developed to address their failure to address areas of dignity, respect and communication.
- 5.9 The DASM participated in the 111/OOH procurement as a member of the evaluation panel that commenced in October 2015, reviewing bids of the potential providers in respect of their safeguarding adults policies, integrated service delivery, clinical governance and quality.
- 5.10 The DASM attended NHS England's Inaugural Safeguarding Adults summit in March, opened by the Chief Nursing Officer, Jane Cummings. This proved an to be an excellent forum to network and liaise with NHSE Safeguarding Leads, other CCG Leads as well as Provider Trusts and Designated Professionals.
- 5.11 Following on from CCG's NHSE Safeguarding Adults and Children Deep Dive reported in quarter 3, MCCG received feedback in Q4. The aim from NHS England London Region is to share areas of good practice identified during the process and feed into NHSE's overall CCG assurance process. The outcome of the review is highlighted in Table 3.



**Table 3: MCCG Safeguarding Deep Dive Overall Findings**

<b>Safeguarding Deep Dive Review Components</b>	<b>Outcome</b>
<b>Governance /Systems/ Processes</b>	<b>Assured as Good</b>
<b>Workforce</b>	<b>Assured as Good</b>
<b>Capacity levels in CCG</b>	<b>Assured as Good</b>
<b>Assurance</b>	<b>Assured as Good</b>

5.12 Of the 33 areas assessed there are five areas related to safeguarding adults where the CCG was awarded limited assurance. These are;

- Clear Policies Children's/Adults/Prevent (do they include CSE and FGM)
- Effective arrangements for information sharing
- Named Adult GP
- CCG grip on providers including independent sector, primary care. Evidence of links with CQC and systems in place to receive reports/alerts from CQC
- MCA Lead - Evidence of monitoring, implementation, undertaking audit, to include care homes and domiciliary care.

5.13 MCCG's information has been shared with the London wide SAB's and more recently been included in NHSE's London overview report.

5.14 MCCG will develop a workplan in response to the feedback to ensure the areas of limited assurance are addressed.

5.15 Merton's multi-agency liaison meeting, made up of Merton CCG Commissioner, DASM, LA and the local CQC Lead Inspector has continued to meet to discuss provider concerns and share soft intelligence. This meeting relates to health and social care and is on-going with the focus on safeguarding, quality, performance concerns and trends.



## 6. TRAINING

- 6.1 Merton CCG is committed to safeguarding and promoting the welfare of adults at risk. As a commissioning organisation, we must ensure that our employees and volunteers are trained to the right level and competent to recognise when an adult may need to be safeguarded and know what to do in response to concerns about their welfare. Staff are required to undertake safeguarding training on a three yearly basis. Staff training for all CCG staff at level 1 is being planned for roll out in the next quarter.
- 6.2 MCGG plans to roll out Learning and Development section of Workforce system in Q1 to provide a robust method of capturing training data for CCG staff. The training rate for Quarter 4 dropped to 52.17% largely due to a number of interim employees joining the CCG within the quarter. This group of staff will be targeted in the next quarter to complete level 1 training along with our substantive colleagues. Work is underway to develop a level one training course that all staff can access easily and complete. This will include a face to face meeting with the DASM.
- 6.3 A Workshop to Raise Awareness of Prevent (WRAP) event took place at the CCG on 11 February led by Matt Tarrant, Metropolitan Police Prevent Liaison Officer for Merton, Sutton and Richmond. 19 CCG staff attended. It was well received; MCGG's DASM has become a member of the Merton Prevent/Channel group led by LBM providing clinical input into the meetings.

## 7. SAFEGUARDING IN COMMISSIONED SERVICES

- 7.1 MCGG role as lead commissioner for South West London and St George's Mental Health Trust is now well established. MCGG's DASM has liaised with the Quality and Safeguarding Adults leads in the Trust and attends the Trust's Quality and Safety Assurance Committee. This has helped forge good professional working relationships, and at the same time ensured that safeguarding adults remains firmly on their agenda.
- 7.2 Safeguarding Adults activity for Sutton and Merton Community Services is not available at the time of report writing. The contract with the current provider ends on 31 March 2016 with a new provider Central London Community Health (CLCH) providing services to Merton from 1 April 2016. An extraordinary meeting is planned in Q1 with the outgoing provider to review the final quarter activity, to include safeguarding.
- 7.3 Safeguarding Adults activity for the three acute providers, St Georges University Hospital NHS FT; Epsom and St Helier University Hospital NHS Trust; Kingston Hospital NHS Foundation Trust, is monitored via the Clinical Quality Review Groups (CQRMs).
- 7.4 Concerns have been raised in Q4 in respect of Safeguarding Training rates for Safeguarding Adults training at the St Georges CQRMs. The trust reported difficulties



in capturing data. They are reviewing the system to collect data and targeting areas of poor compliance and expect rates to improve in the next quarter.

## **8. MERTON SAFEGUARDING ADULTS BOARD**

- 8.1 The Director of Quality and DASM met with Simon Williams, Director of Community and Housing for LBM during the quarter to express concern that the Q3 Safeguarding Adults Board (SAB) was cancelled with no alternative date arranged.
- 8.2 The SAB met on 9 March 2016. It was chaired by Simon Williams, as the board does not currently have an independent chair. All parties agreed at this meeting on the need for an away day to re-focus on the SAB three year 2014/17 strategy, to review proposals for 2016/17, and to consider what we as a group want from a new independent chair when appointed.
- 8.3 The new Pan London Adult Safeguarding Policy and Procedure document was discussed, accepted and signed off at the meeting.
- 8.4 An away day is expected to take place in May 2016 to focus on the above issues.

## **9. MENTAL CAPACITY ACT STEERING BOARD**

- 9.1 The DASM attended the final of three meetings on 18 March organised by London Purchased Healthcare (LPH) team. The purpose of the steering board is to equip CCG MCA leads with the required tools (a toolkit) and understanding to ensure MCA compliance within the services they commission.
- 9.2 The scope of the work covers acute settings, care homes, domiciliary care, mental health facilities and offender health facilities. Planning work is underway regarding the CCG's implementation of the toolkit, an update will be provided in quarter 1.

## **10. PREVENT**

- 10.1 A key role of the DASM at the CCG is to continue to remind staff that we all have a duty by law to act to prevent radicalisation. This duty, introduced as part of the Counter-Terrorism and Security Act 2015, requires health bodies as well as schools, local authorities, prisons and police to have 'due regard to preventing people from being drawn into terrorism'. The 'Prevent' agenda is outlined in the Department of Health document Building Partnerships, Staying Safe – The Healthcare Sector's contribution to HM Government's Prevent Strategy: For Healthcare Organisations.
- 10.2 Prevent delivery is now also a specified requirement within the NHS Standard Contract for provider organisations. The Prevent agenda requires healthcare organisations to work with partner organisations to contribute to the prevention of



terrorism by safeguarding and protecting vulnerable individuals who may be at a greater risk of radicalisation.

- 10.3 Key elements of this work for Merton CCG are to raise awareness of the requirements among staff by training; there is an accredited eLearning package available, and staff have been encouraged to access this following the WRAP training in February.
- 10.4 The DASM has maintained close links with NHS England's dedicated Prevent team and attended the NHS England London Region's Prevent forum on 18 February 2016.
- 10.5 MCCG's DASM has built up a good partnership relationship with Merton's Metropolitan Police Prevent and Channel liaison and engagement officers. Merton CCG's DASM has attended two meetings of the Channel panel, providing clinical input into a multi-agency forum that receives and discusses Prevent referrals.
- 10.6 Merton CCG has maintained the quarterly statistical returns to the NHSE Prevent team relating to staff training and Prevent concerns/ referrals.
- 10.7 MCCG's DASM received one referral this quarter from a GP practice. This was investigated and deemed by the Prevent liaison and engagement officer not to be a risk to the public.
- 10.8 Further Prevent awareness training for MCCG staff in partnership with MCCG's Children's safeguarding lead is in the planning stage for quarter 1.

## **11. CONCLUSION**

- 11.1 MCCG continues to maintain its statutory obligations and focus on safeguarding adults within the Merton health economy. This work has been enhanced and strengthened by the publication this quarter of revised Pan London Safeguarding Adults statutory guidance.
- 11.2 It is anticipated that MCCG will build on its existing good relationships with its partner agencies; this will be strengthened when the SAB is working more effectively under the leadership of a new independent chair.

