



right care
right place
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**MERTON CLINICAL COMMISSIONING GROUP
GOVERNING BODY**

Date of Meeting: 25th May 2017

Agenda No: 9.4

Attachment: 16

Title of Document: Safeguarding Adults Quarter 3 (Oct – Dec 2016)	Purpose of Report: To approve
Report Author: David Parry, Head of Quality/Designated Adult Safeguarding Manager	Lead Director: Julie Hesketh
<p>Executive Summary: This Quarter 3 (Q3) report sets out Merton Clinical Commissioning Group safeguarding arrangements and activity within commissioning and provider services across the whole health economy of Merton for Q3. It provides the Clinical Quality Group 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 outlines progress made in priority areas that include:</p> <ul style="list-style-type: none"> • Assurance • Training • Prevent • Safeguarding referrals and Mental Capacity Act and Deprivation of Liberty Safeguards activity data • Safeguarding activity 	
<p>Key sections for particular note (paragraph/page), areas of concern etc: Table 1 and Table 2: Local Authority Safeguarding and MCA/DoLS data Table 3: Provider statistics, now reporting on five key Trusts Section 4: Training rate for Merton CCG Safeguarding Adults in quarter 3 is 89% up 10% on quarter 2.</p>	
<p>Recommendation(s): Governing Body is asked to approve the report.</p>	
<p>Committees which have previously discussed/agreed the report: SEG – March 2017 MCQC - April 2017 Executive Management Team – April 2017</p>	
<p>Financial Implications: None</p>	
<p>Implications for CCG Governing Body: Not required for the purposes of this Report.</p>	
<p>How has the Patient voice been considered in development of this paper: Not required for the purposes of this Report.</p>	

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 Commissioning Group
Safeguarding Adults at Risk Activity Report
Quarter 3
October 2016 – December 2016**

**David Parry Head of Quality/DASM
22nd February 2017**

1. INTRODUCTION

- 1.1. Merton Clinical Commissioning Group (MCCG) is committed to ensuring the safeguarding of adults who receive services it commissions. The welfare of the people who come into contact with MCCG commissioned services either directly or indirectly is paramount and all our staff have a responsibility to ensure that best practice is maintained, including compliance with statutory requirements outlined in MCCG's revised safeguarding adults policy.
- 1.2. Safeguarding activities within the CCG are the prime responsibility of the Designated Adult Safeguarding Manager (DASM). This is a half time role; the other half is as Head of Quality. The DASM role has continued to develop through a period of significant staff change and includes advising and supporting providers and commissioning and contracting managers on all aspects of adult safeguarding. To enhance this role, the DASM has developed and maintained excellent working relationships with our Local Authority (LA) colleagues in Merton, across the South West London region through the SW London Safeguarding Leads Forum (SWLSLF) and with NHS England's safeguarding adults team.
- 1.3. Oversight of safeguarding activity within MCCG is undertaken by the Clinical Quality Committee and the Safeguarding Executive Group. However, Merton Local Authority (LA) retains the statutory responsibility to coordinate all the work undertaken to safeguard adults at risk within the Merton health economy, supported by partner agencies.
- 1.4. These arrangements will change in the next quarter as the CCG reconfigures the structure of the teams and begins to work collaboratively with Wandsworth CCG.
- 1.5. The purpose of this quarterly report is to inform MCCG's Governing Body of the adult safeguarding arrangements and activity within commissioning and provider health services. It covers the period October to December 2016, (Quarter 3) and will also provide a level of assurance to MCCG's Clinical Quality Committee, Safeguarding Executive Group, and ultimately the Governing Body that MCCG is operating within the parameters of the Care Act (2014) and the Pan London Safeguarding Adults Multi Agency Procedures (2015).

2. MERTON LOCAL AUTHORITY SAFEGUARDING ACTIVITY DATA

- 2.1. Table 1 below details Safeguarding Activity compiled by London Borough of Merton. The data are taken from the Safeguarding Adults Performance Report which is part of the Adult Social Care Performance Framework and are based on safeguarding standards and performance (LGA & ADASS April 2012). The information was supplied by London Borough of Merton. None of the open cases are deemed to require a Safeguarding Adult Review (SAR) as directed by Merton Safeguarding Adults Board (SAB).
- 2.2. This is the first year in which safeguarding adults has been a statutory responsibility, with Local Authorities as lead agencies. They are required to report safeguarding data to NHS Digital (formerly HSCIC), but reporting protocols are still being developed and some variation in data quality remains.

- 2.3. This table represents a much more detailed reporting format for these data compared to previous quarters. This format has been agreed following extensive discussions with the CCG and was presented and agreed at the Merton SAB in December. However, this data set remains difficult to interpret and further discussions are necessary to achieve robust and transparent data reporting.
- 2.4. The data set shows a consistent pattern of 40 – 50 referrals per month, of which, about 60% are closed as an alert only. There is no obvious seasonal or monthly variation in these figures. On the other hand, the number of investigations that are closed varies dramatically (from 0 to 16 per month) but again, there is no obvious pattern across the year. The number of open investigations shows a tendency to rise over the year. In April, there are only 34, but towards the end of the current quarter, the number is approaching 80.

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Table 1: Safeguarding Activity: LB Merton

Performance & Outcomes Measure		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Safe (REF)	Number of safeguarding referrals started in the year (YTD)	70	129	181	222	262	322	368	417	458			
Safe (REF)	Number of safeguarding referrals started in the year, which are still open	4	8	11	18	22	36	47	57	61			
Safe (REF)	Number of safeguarding referrals started in the year and are closed as an alert only. (YTD)	51	86	127	152	174	210	238	267	290			
Safe (IN)	Number of safeguarding investigation closed as alert only YTD	3	5	11	11	13	16	20	22	24			
Safe (IN)	Number of safeguarding investigation cases - closed (YTD)	5	13	29	30	33	33	42	46	55			
Safe (IN)	Number of safeguarding investigation cases - open	34	36	43	47	54	63	76	85	78			

2.5. The table below (table 2) shows the number of DoLS referrals received by the Merton LA DoLS department in Quarters 1 - 3.

Table 2: MENTAL CAPACITY ACT (MCA) and DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS) Activity

Quarter	Month	Referrals	MCCG cases (joint funded)	Cases abandoned	Cases awaiting assessment	Learning Disability	Mental Health	Physical Disability
Quarter 1	April	59	3	Figures not available for Quarter 1				
	May	64	5					
	June	61	4					
Quarter 2	July	52	2 (0)	11	17	16	30	6
	August	53	8 (0)	5	24	11	30	12
	September	70	5 (14)	5	42	11	50	9
Quarter 3	October	63	3 (8)	Not available	Not available	19	30	14
	November	79	8 (15)	Not available	Not available	14	50	15
	December	42	8 (4)	Not available	Not available	2	35	5
Quarter 4	January							
	February							
	March							

- 2.6. Cases recorded as abandoned and awaiting assessment are not available this quarter. The LA has advised that they are currently do not share this information with stakeholders.
- 2.7 This data set is far too sparsely populated to draw any firm conclusions. There is some variation in the number of referrals, but these show no obvious pattern. The number of referrals specific to Merton, similarly, shows no obvious pattern but is consistently in single figures. Mental health cases predominate.

3. SAFEGUARDING IN COMMISSIONED SERVICES

- 3.1. The table below (Table 3) relates to MCCG's key providers and their safeguarding activity for Quarter 3. The now established SW London Safeguarding Adult Leads Forum has agreed that each CCG Safeguarding Lead will liaise with the provider for which they are the lead commissioner in order to obtain quarterly statistics and other information for the related quarter and share this with the other commissioners. Discussions are ongoing as to the most appropriate and effective format by which these figures are reported. This will be confirmed next quarter.

Table: 3 Safeguarding Adult data relating to MCCG's key providers for Quarter 3 2017

Safeguarding Adult data relating to MCCG's key providers for Quarter 2 2016	SW London & St George's Mental Health NHS Trust (MCCG Lead Commissioner)	Central London Community Healthcare NHS Trust (MCCG Lead)	St George's University Hospital Trust (Wandsworth CCG Lead Commissioner)	Epsom and St Helier University Hospitals NHS Trust (Sutton CCG Lead Commissioner)	Kingston Hospital NHS Foundation Trust (Kingston CCG Lead)
1. Safeguarding Alerts (Total)	242	Not available	193	546	93
2. Safeguarding Alerts, Merton Residents (where available)	Not available	33	34	48	3 informal concerns that were closed on referral
3. Safeguarding referrals that led to a section 42 investigation	Not available	6	11	4	48
4. DoLS Applications	2	0	33	220	51
5. DoLS authorised	2	0	15	17	24 (4 from Merton)
6. Prevent referrals	1	0	0	0	0
7. Safeguarding Adult Training (Level 1)	90.20%	96.5%	86% target 85%	94.61%	85.33%
8. Safeguarding Adult Training (Level 2)	Not recorded	85.3%		26.94%	Not available
9. MCA training	Not recorded	84.3%	Not recorded	Not recorded separately	Not available

10. Prevent awareness training	184	Included in Level 2 training above	300	80.42%	141
11. Workshop to raise Awareness of Prevent (Wrap)	26	64.5%	0	10.05%	48

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- 3.2. The first row of the table records the total number of safeguarding alerts made by each Trust in the time period; the second row the number of referrals that relate to Merton CCG residents. Variations in this second row probably relate to the numbers of Merton residents using these facilities, but it may also be due to differences in reporting. So, for example, more Merton residents receive care from CLCH and St George's than Kingston Hospital.
- 3.3. The third row records the number of the total referrals that led to an inquiry, having met the criteria laid out in the Care Act for a section 42 enquiry.
- 3.4. The fourth row records the number of DoLS applications made in the time period and the following row, those which were authorised. These figures, apart from Epsom and St Helier hospital are very low and the reason for this remains unclear.
- 3.5. Apart from one referral from SWLSTG MH Trust, there have been no Prevent referrals from other providers in this time period.
- 3.6. Rows seven to eleven record training levels attained by the providers. The targets are set locally by providers.

3.7. **Safeguarding Activity in Providers**

3.7.1. The lead responsibility for each of the providers is allocated to one of the SW London CCG's (see table 3). MCCG is responsible for SWL&SG MH NHS Trust and CLCH. The DASM has therefore concentrated on monitoring safeguarding practice in these two Trusts. Relevant information about the other providers is presented at the CQRGs, at which the CCG is represented and through the quarterly SW London Safeguarding Leads Forum.

3.8. **SW London & St George's Mental Health NHS Trust**

3.8.1. The DASM has met with the safeguarding lead for the Trust this quarter and had attended the CQRG.

3.8.2. This quarter the DASM and the chair of Merton Clinical Quality Committee spent the morning at the Wilson hospital with two community teams. The visit gave us an oversight into the types of referrals received and the extent and pressure of workloads and the demands placed on professionals with large caseloads. We were very impressed by the rapid response of the MDT for client in crisis. The service appeared well managed and coordinated.

3.8.3. We explored staff management, staff supervision and morale in our discussion with managers and it was good to hear that managers now manage a maximum of ten staff. We were informed that supervision is now on track and monitored electronically and issues regarding risk assessment can be explored openly at focus group meetings.

3.8.4. The CQC inspection in September 2016 led to the Trust's implementation of an action plan to address its 'requires improvement' domains. This quarter, the Trust

has announced that further to a follow up meeting with CQC, the overall rating has been changed from 'requires improvement' to 'good'.

- In March 2016, CQC rated 7 of the 10 core services as good.
- In response to the September 2016 inspection findings, CQC changed the ratings of one more core service from requires improvement to good. This is the core service for community based mental health services for older people.
- Also after the September 2016 inspection, CQC changed ratings of the following key questions from requires improvement to good:
- The effective key question for wards for older people with mental health problems, and the effective domain for mental health crisis services.
- In the services inspected, the Trust had acted promptly to meet the requirement notices issued after the inspection in March 2016.

3.8.5. The Trust received a number of serious allegations from a whistle blower in relation to Ward 2. The allegations relate to physical, psychological abuse and neglect. They include a patient who committed suicide and another involving an incident of arson. A multi-agency section 42 enquiry meeting is scheduled to take place in early January 2017.

3.9. Central London Community Healthcare NHS Trust

3.9.1. The DASM has liaised with and continues to forge a good working relationship with the Head of Safeguarding and the Lead Nurse for Safeguarding Adults and MCA Lead for the CCG's community provider, Central London Community Health (CLCH). The DASM has attended the CLCH clinical quality meetings. CLCH will be represented at the Merton SAB.

3.9.2. As table three shows the Trust has maintained a very good record of training compliance in all domains. Along with their good training record, the Trust boasts high levels of support to community frontline staff and managers to fulfil their statutory duty to safeguard and protect adults at risk.

3.9.3. The Trust recognises the need to engage with safeguarding champions within community service to enhance the patient experience. The safeguarding team has circulated an expression of interest to all staff and this role is hoped will be developed by next quarter.

3.9.4. The DASM is co-chair of the CLCH Continuing Healthcare (CHC) Panel. In this role, a good working relationship has developed with this new team. Where there are safeguarding concerns or issues raised by family members, for example, the DASM has been able to advise the team regarding safeguarding, MCA/DoLS and Prevent issues supporting their Safeguarding Adults Lead Nurse.

3.9.5. The Trust reported 33 incidents on the datix incident reporting system this quarter. Six incidents had a safeguarding concern. One case is related to physical abuse and five cases relate to concerns about neglect.

3.10. St George's University Hospital Trust

3.10.1. This quarter the DASM and the chair of Merton Clinical Quality Committee

made an announced quality visit to the main hospital site and visited a haematology/oncology care ward, the Moorfields Eye Hospital site at St George's outpatient clinic department and the Emergency Department (ED). We received a warm welcome throughout and observed good levels of care being delivered to vulnerable adults that included specialist care for those requiring isolation due to infection and end of life care.

3.10.2. The Matron and the Service Manager met us and gave us a complete tour of the ED department. We observed the very busy departments within ED and saw firsthand the pressures the staff are under.

3.10.3. CQC Inspection Outcome reported in November 2016:

Following a CQC inspection of the Trust carried out in June & July 2016, the trust was rated as inadequate and therefore placed under special measures.

3.10.4. In relation to Safeguarding Adults, it was found that there was a lack of formal mental capacity assessment and best interest decision-making as required under the Mental Capacity Act, (2005) and some patients had decisions made for them that they were capable of making themselves. This was the case both at St. George's (acute) and Queen Mary's (community) Hospitals. For example, on some medical wards, bed rails to prevent falling out of bed and mittens to prevent pulling out of nasogastric tubes, were used on patients who had not given their consent, or received mental capacity assessments. Most nursing staff did not have a good understanding of the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, although some staff had a theoretical knowledge of the implications of the Act and Deprivation of Liberty Safeguards. Wandsworth Local Authority DoLS team is working closely with SGH to address this issue.

3.10.5. The Trust has announced a full review of child and adult safeguarding services, the outcomes are expected to be reported to CQRG next quarter.

3.10.6. This quarter, the Trust has not met the requirement for Prevent training and awareness, as evidenced in their Prevent quarterly return for providers to NHS England. The Trust has consistently recorded low levels of awareness training for staff given the size of the organisation. No WRAP training has taken place and zero referrals to the Prevent team were recorded this quarter. This is surprising, given that Wandsworth borough is identified as one of the high risk areas in London.

3.10.7. Joint work will begin with one of the Prevent Leads at NHSE, the Wandsworth DASM, the Deputy Chief Nurse and Head of Nursing next quarter to plan a strategy to support the Trust in improving the quality of Prevent performance, especially with regard to awareness and WRAP training.

3.11. Epsom and St Helier University Hospitals NHS Trust

3.11.1. The CCG has maintained attendance at the provider's monthly CQRG. This quarter, the Trust reported on its revised action plan detailing 362 actions identified following CQC inspection in May 2016. 222 actions are recorded as complete, 119 actions are classed as in progress and 21 actions are overdue. This result could create a potentially unsafe environment for vulnerable patients with safety and risk being compromised resulting in possible enforcement action being taken by CQC. This action plan will be closely monitored at CQRG.

3.11.2. One of the key actions required by the CQC is to ensure that all patients that lack mental capacity have an MCA assessment and, if appropriate, a DoLS assessment and application completed, and that patients' consent is properly sought before treatment commences. This is expected to be completed early next quarter and will involve formal teaching about DoLS and MCA targeting primarily junior staff.

3.12. Kingston Hospital NHS Foundation Trust

3.12.1. Safeguarding assurance is monitored at the Acute CQRC. This quarter some key safeguarding achievements were noted. A new quarterly Learning Disability (LD) forum has been set up to support service users accessing services especially within the gynaecology, breast and sexual health departments. The Trust is undertaking a mortality review of LD clients. While not a designated pilot site the Trust has agreed to support the project.

3.12.2. The Trust is on track with its CQC action plan. This includes improving safeguarding training figures and referrals for and the staff members understanding of MCA/DoLS processes.

3.12.3. The Trust has recruited safeguarding Link Nurses from all wards and departments to support the Lead Nurses. This new team will receive formal training for the role.

3.12.4. All new band 2 and 5 nurses now receive Prevent awareness training on appointment.

3.12.5. The Trust has become a member of the Kingston multi-agency Suicide Prevention steering group. This quarter the Trust presented to CQRC group how it intends to meet the five recommendations leading from the National Confidential Inquiry into Suicide and Homicide by people with mental illness (July 2015 report).

3.13. Care homes with Nursing

This quarter, a joint visit with Sutton CCG took place at Sutton Court care home in Sutton where there had previously been safeguarding and CQC concerns following an inspection. CQC inspectors raised concerns to the manager regarding staff communication with a service user suggesting it was unprofessional and lacked standards of dignity and respect. The visit involved a discussion with home owner and manager. The concern did not reach the threshold for an enquiry. Identified staff had been suspended, the home owner had commissioned an independent investigation and we were satisfied that the service user had been supported and the home had implemented an action plan that addressed the safeguarding concerns. A follow up visit will be planned in quarter 4.

3.14. Independent hospitals

This quarter, visits were made by the DASM to two independent psychiatric hospitals, Shrewsbury Court, part of The Whitepost Healthcare Group situated in Surrey and Cambian Fairview hospital, Colchester, following safeguarding and quality concerns. Both hospitals are registered to provide care and treatment for clients with mental health and/ or learning disability health issues, some of which are chronic and enduring, and some clients are part of the NHSE led Transforming Care pathway.

None of the concerns reached the threshold for an enquiry however a visit to the hospital provided a level of assurance to the CCG and the Director of Quality and Performance that clients were safe.

4. SAFEGUARDING ACTIVITY WITHIN MERTON CCG

4.1. Training

This quarter, a cumulative total of 64 (89%) of MCCG staff has completed Level 1 awareness training. This includes substantive and interim staff. This represents an increase of 10% over quarter 2. It continues to be a challenge to roll out training to all staff, due to the high turnover of substantive and interim staff.

Safeguarding Adult training took place this quarter for all Governing Body members attending their away day event.

5. SAFEGUARDING DEVELOPMENTS THIS QUARTER

Safeguarding Adults Board

- 5.1. The DASM represented at Merton SAB in December. In attendance as an observer was Teresa Bell, the newly appointed Independent chair.
- 5.2. All agencies agreed to sign up to the final version of the Merton SAB Information Sharing Agreement document. This agreement sets out the basis upon which requests for information will be made and shared, and how those requests will be considered by the signatories.
- 5.3. This agreement does not create an absolute obligation to share information. It will not be a breach of the agreement for a signatory to refuse to share information where disclosure of such would constitute a breach of legal or professional obligations owed by that signatory in respect of that information.
- 5.4. Following on from the 'NO MORE' campaign that was well received last quarter, MCCG has continued to support the 'UK SAYS NO MORE' campaign to promote the use of a national symbol to express support for ending domestic violence and sexual assault. MCCG has made a contribution £250 along with other agencies to help with the purchase of 'NO MORE' badges to cascade locally with the aim of encouraging conversation, raising awareness and visibility of domestic violence and sexual assault.
- 5.5. The SAB seminar this quarter was led by Merton and Richmond Trading Standards on how they support vulnerable adults to manage nuisance and malicious telephone and cold callers. Targeting vulnerable adults and older people in this way has increased in recent months in the borough. Trading standards advised how they support individuals and work with banks and the metropolitan police and the voluntary sector to safeguard vulnerable adults, some of whom have handed over considerable amounts of money or bank details and pin numbers to bogus callers.

5.6. GP Safeguarding Training

In November, a joint training child and adult safeguarding level 2 event for GPs was held. The training included sessions covering domestic abuse, BRECK Foundation – online security, Prevent awareness and adult safeguarding in primary care. Approximately 40 GPs attended and the event was well evaluated. Further Prevent training is being planned for quarter 4.

5.7. Making Safeguarding Personal (MSP)

The DASM coordinated a training session led by Lorraine Stanforth of the Local Government Association Care and Health Improvement Programme for commissioners and contract managers within MCCG on how to build MSP into their commissioning and contracting practice. The aim of the session was to encourage participants to ensure safeguarding principles underpin policy, procedure and practice, linked to a person centred approach. The session was well attended and evaluated.

5.8. The DASM has attended formal safeguarding clinical supervision this quarter. This is providing support and an opportunity for discussion, reflection, advice and development. This will help to improve practice and maintain continuing professional development.

5.9. SW London Safeguarding Adults Leads support group forum met this quarter. The group includes safeguarding leads from Merton, Sutton, Kingston and Richmond CCG's and is designed to support individuals and identify and share best practice.

5.10. Merton's multi-agency Compact Board, made up of Merton CCG Commissioner, DASM, LA and the local CQC Lead Inspector has continued to liaise this quarter to discuss provider concerns and share soft intelligence. The DASM has forged particularly good relationship with the Merton CQC inspector. Areas we have worked well together include where there are CQC provider concerns relating to safeguarding, quality and/or performance in care homes.

6. PREVENT

6.1. Prevent has continued to attract mass media attention across London and the UK. Merton retains its low priority area classification. The DASM has maintained close links with NHS England's dedicated Prevent team and continues to represent the CCG at the Merton based Prevent/Channel panel. The DASM provides clinical input and support at these meetings. Current cases requiring monitoring relate mainly to younger adults and children within the education system.

6.2. CCG's are no longer required to submit quarterly statistical returns to the NHSE Prevent team. The returns are required from provider organisations only with copies sent to their host CCG.

7. THE WILSON HEALTH CENTRE

7.1. The DASM has attended a primary care operations group meeting this quarter to support primary care colleagues with regards to vulnerable adults re-registering with

a new GP when the intended closure of The Wilson Health Centre takes effect at the end of the current contract in March 2017.

The Wilson registered list dispersal was discussed to ensure that vulnerable groups are identified and all are supported to re-register.

8. TRANSFORMING CARE: A NATIONAL RESPONSE TO WINTERBOURNE VIEW HOSPITAL

- 8.1. The MCCG Transforming Care (TC) service user cohort are those clients who are in hospital registered services and who have either a learning disability (LD) or an autistic spectrum disorder (ASD). These may or may not also be co-morbid with mental illness. MCCG currently has four TC clients, one client having been discharged home this quarter. All clients are monitored by MCCG's Complex Care Clinical Recovery Manager who reports to the Senior Mental Health Commissioning Manager. Each client is monitored by the CCG and data is revised following a review and submitted to NHS Digital (formerly HSCIC) website data base for TC. Each client is subject to a periodic Care and Treatment Review (CTR) that monitors their current care and treatment regimen and strives to ensure each client is living in the least restrictive environment. Two weekly meetings are held to review each TC client.

The current CCG cohort distribution is:-

- 2 patients are resident in LD/ASD service. One client has a CTR in February 2017, the other client has mental capacity and is currently refusing to grant consent for a CTR
- 1 patient is resident in MH rehabilitation service – CTR due 10/03/17
- 1 patient is resident in open rehabilitation service as of 31/12/16 remains at placement to be reviewed in January 2017.

9. CONCLUSION

- 9.1. It is fair to say that the CCG has experienced another period of considerable change this quarter, particularly in relation to the departure of key members of the quality team. However this change has not detracted from the high profile safeguarding adults' activity. Staff have remained committed to completing their safeguarding adults training. The CCG has continued to maintain its statutory obligations and focus on safeguarding adults in Merton.
- 9.2. A consultation for the integration of the WCCG and MCCG safeguarding team was launched on 30th November following approval by the executive management teams for both CCGs. The changes agreed in this consultation are expected to begin to take effect in the next quarter.
- 9.3. The last two years have seen major changes in safeguarding adult policy, with the implementation of Care Act 2014, and the placing of adult safeguarding on a same statutory footing in line with that of children. This has placed significant pressure on a range of agencies, particularly the Local Authorities, who have been given significant additional lead responsibilities without the financial resources to manage the additional workload. It is understandable therefore, that the organisation of the SAB and reporting and oversight arrangements have taken longer than might be ideal to be established. Merton SAB now has an independent chair in post, it is hoped that by her leadership there will be improved reporting mechanisms that are robust.

9.4. The DASM will continue to engage fully with each provider's Safeguarding Adult lead and attend each provider's CQRG when the provider's safeguarding quarterly and annual reports are presented in order to ensure key performance indicators and quality standards meet acceptable levels. This will continue to provide a level of assurance to the SAB and MCCG's Governing Body that we are fulfilling our statutory responsibilities to protect adults at risk.

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