

REPORT TO MERTON CLINICAL COMMISSIONING GROUP GOVERNING BODY

Date of Meeting: 26 November 2015

Agenda No: 6.2

Attachment: 06

Title of Document: Adult Safeguarding Annual Report 2014/15	Purpose of Report: To Approve
Report Author: Jackie Dodds, Interim Head of Quality safeguarding Adults	Lead Director: Lynn Street, Director of Quality and Performance
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Executive Summary: <p>As a commissioning organisation Merton Clinical Commissioning Group (CCG) is required to ensure that all health providers from whom it commissions services (both public and the independent sector) have comprehensive, single and multi -agency policies and procedures in place to safeguard and protect vulnerable adults from abuse and the risk of abuse. Merton CCG confirms it has fulfilled their responsibility to ensure adults at risk are safeguarded by:</p> <ul style="list-style-type: none"> • Using safeguarding principles to shape strategic and operational safeguarding arrangements • Setting safeguarding adults as a strategic objective in commissioning health care • Using integrated governance systems and processes for assurance to act on safeguarding concerns in services • Working with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients • Providing leadership to safeguard adults across the health economy • Ensuring accountability and use learning within the service and the partnership to bring about improvement. <p>On reviewing safeguarding activity in 2014/15 it is clear Merton CCG has made progress in formalised safeguarding adult arrangements in which to quality assure the work of providers it commissioners healthcare from and to prepare for the implementation of the Care Act (2014) in April 2015, placing safeguarding adults on a statutory footing in line with safeguarding children.</p> <p>The report summarises the key areas the CCG will focus on 2015/16 to further embed the principles and responsibilities for safeguarding adults within the organisation.</p>	
Key sections for particular note (paragraph/page), areas of concern etc: Section 3: Demonstrating performance – detailing the self assessment and audit processes undertaken and preparation for the implementation of the Care Act 2014. Section 6: Working in Partnership – detailing how Merton CCG works with partner agencies to assure adults are safeguarded. Section 8: Priorities and planned improvements for 2015/16	
Recommendation(s): Merton CCG Governing Body is asked: <ol style="list-style-type: none"> 1. To Agree the Annual Report 2. To endorse the priorities for 2015/16 	

<p>Committees which have previously discussed/agreed the report: Merton CCG Clinical Quality Committee agreed the report on the 16 October 2015</p>
<p>Financial Implications: N/A</p>
<p>Implications for CCG Governing Body: Merton CCG Governing should be assured that the CCG has fulfilled their responsibility to ensure adults at risk are safeguarded.</p>
<p>How has the Patient voice been considered in development of this paper:</p> <p>The patient voice has not been sought in preparing this paper. Merton CCG supports the Making Safeguarding Personal (MSP) agenda. MSP is about person centred and outcome focussed practice using the standards of:</p> <ul style="list-style-type: none"> • Involving people from the start and throughout the process • Safeguarding with people and not taking decisions without them • Risk enabling and not risk averse • Putting people before process • Supervising practice over process
<p>Other Implications: (including patient and public involvement/Legal/Governance/Risk/Diversity/ Staffing) Risk Register 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</p>
<p>Equality Assessment: Merton CCG is required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.</p>
<p>Information Privacy Issues: N/A</p>
<p>Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) The report will be available on our public website following approval by Merton CCG Governing Body</p>



Merton

Clinical Commissioning Group

Safeguarding Adults Annual Report 2014/15

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1. Executive Summary

1.1 As a commissioning organisation Merton Clinical Commissioning Group (CCG) is required to ensure that all health providers from whom it commissions services (both public and the independent sector) have comprehensive, single and multi -agency policies and procedures in place to safeguard and protect vulnerable adults from abuse and the risk of abuse. Merton CCG confirms it has fulfilled their responsibility to ensure adults at risk are safeguarded by:

- Using safeguarding principles to shape strategic and operational safeguarding arrangements
- Setting safeguarding adults as a strategic objective in commissioning health care
- Using integrated governance systems and processes for assurance to act on safeguarding concerns in services
- Working with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients
- Providing leadership to safeguard adults across the health economy
- Ensuring accountability and use learning within the service and the partnership to bring about improvement.

1.2 On reviewing safeguarding activity in 2014/15 it is clear Merton CCG has made progress in formalised safeguarding adult arrangements in which to quality assure the work of providers it commissioners healthcare from and to prepare for the implementation of the Care Act (2014) in April 2015, placing safeguarding adults on a statutory footing in line with safeguarding children.

1.3 The report summarises the key areas the CCG will focus on 2015/16 to further embed the principles and responsibilities for safeguarding adults within the organisation.

2. Merton Clinical Commissioning Group's Responsibilities for Safeguarding Adults

2.1 Introduction

The purpose of this report is to assure the Governing Body and members of the public that Merton CCG has discharged its responsibilities to safeguarding adults in Merton. The responsibilities for the CCG for this reporting period (April 2014- March 2015) are clarified through the following national and local guidance.

2.2 Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board 2013)

2.2.1 In 2013, the NHS National Commissioning Board issued its comprehensive guidance on safeguarding for all the constituent bodies of the reformed NHS:

Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework (2013). This describes the roles and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the health system.

2.2.2 Specifically, Merton CCG must have in place appropriate systems, including:

- Staff training plans on recognising and reporting safeguarding issues.
- A clear line of accountability for safeguarding properly reflected in governance arrangements.
- Appropriate arrangements to cooperate with the Local Authority in the operation of safeguarding boards.
- Ensuring effective arrangements for information sharing
- Having a Safeguarding Adults Lead Nurse and a lead for MCA supported by the relevant policies and training.

2.2.3 Local Authorities have the lead role in co-ordinating work to safeguard adults and are responsible for establishing local Safeguarding Adults Partnership Boards. With the implementation of the Care Act on 1 April 2015 the CCG also has statutory responsibilities in respect of safeguarding adults. Legislation in respect of safeguarding adults at risk has been strengthened, placing safeguarding adult boards on the same statutory footing as safeguarding children boards.

2.2.4 Each local Partnership Board has been asked to adopt the pan London policy and procedure so there is consistency across London in ensuring adults at risk are safeguarded from abuse.

2.2.5 Merton CCG is committed to working in conjunction with our Local Authority partners in advancing all work relating to the protection of vulnerable adults.

2.3 The Care Quality Commission (CQC)

The Care Quality Commission (CQC), 2010 defines safeguarding as:
“Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children and adults in vulnerable situations need to be safeguarded. For children, safeguarding work focuses more on care and development: for adults on independence and choice.”

2.4 The Care Act (2014)

2.4.1 The Care Act (2014), effective from 1 April 2015, places a statutory responsibility on CCGs in adult safeguarding. In particular there is the requirement to create a culture that supports safeguarding principles and to participate in multi-agency working.

2.4.2 Local authorities (LAs) were given lead responsibility for adult safeguarding over a decade ago in ‘No Secrets’ (DH, 2000), although there were few

stipulations about how to organise this work. The Care Act (2014) makes adult safeguarding statutory but it is still non-prescriptive about service organisation.

2.4.3 Section 42 of the act places a duty on the local authority to make (or cause to be made) enquiries, to decide whether any action should be taken where reasonable cause to suspect an adult:

- Has needs for care and support
- Is experiencing, or is at risk of, abuse or neglect
- As a result of those needs is unable to protect him/herself against the abuse or neglect or the risk of it.

2.4.4 Sections 43-45 of the act relate to the role and responsibilities of Safeguarding Adults Boards from April 2015 to include:

- Duty to establish a Safeguarding Adults Board (SAB) to include the local authority, CCG and police
- Undertake a Safeguarding Adults Review (SAR) where a person has died through abuse or neglect, or a person has experienced serious abuse or neglect
- Duty to publish an annual strategic plan. In doing so must:
 - Consult Healthwatch
 - Involve the community
- Duty to publish an annual report.

2.5 Pan London Safeguarding Policy and Procedure (2011)

2.5.1 Merton CCG uses the Pan London Safeguarding Policy and Procedure, 'protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse.' Since its launch in January 2011, the Pan London Guidance has served as the leading reference for how people in need of care and support are safeguarded from abuse or potential abuse. A review of this guidance was commenced in 2014.

2.5.2 The aim of the review is to ensure that the guidance is aligned with the Care Act 2014 and encapsulates national and regional initiatives. It further aims to capture developments from all organisations working collaboratively to improve the outcomes for safeguarding adults at risk.

2.5.3 The Guidance also aims to make sure that the six principles of adult safeguarding are a recurrent theme throughout.

- 1) Empowerment – presumption of person led decisions and informed consent
- 2) Prevention – it is better to take action before harm occurs

- 3) Proportionality – proportionate and least intrusive response appropriate to the risk presented
- 4) Protection – support and representations for those in greatest need
- 5) Partnerships – local solutions through services working with their communities
- 6) Accountability – accountability and transparency in delivering safeguarding activities

2.5.4 The Guidance is steered by the personalisation of health and adult social care through the national Making Safeguarding Personal (MSP) agenda. MSP is about person centred and outcome focussed practice. The procedures will assist practitioners to meet the MSP standards which are:

- Involving people from the start and throughout the process
- Safeguarding with people and not taking decisions without them
- Risk enabling and not risk averse
- Putting people before process
- Supervising practice over process

2.5.6 The Guidance is inclusive of all organisations. The aims for these policy and procedures are to ensure that:

- the needs and interests of adults at risk are always respected and upheld
- the human rights of adults at risk are respected and upheld
- a proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- all decisions and actions are taken in line with the Mental Capacity Act 2005 and Care Act 2014

2.6 Merton CCG Safeguarding Adults at Risk Policy

2.6.1 In order to discharge commissioning responsibilities Merton CCG developed a Safeguarding Adults Through Commissioning Policy.

2.6.2 This policy supplements the Pan London policy and describes specific roles and responsibilities within Merton CCG until the launch of the revised Pan London guidance.

3. Demonstrating Assurance

3.1 Merton CCG Governance Arrangements

3.1.1 Ultimate CCG accountability for adult safeguarding lies with the Chief Officer who is responsible for ensuring the CCG has measures in place in order to meet statutory and non-statutory constitutional and governance requirements.

3.1.2 The Governing Body Lead for Safeguarding Adults is fulfilled by the Independent Nurse member. Executive Leadership for Safeguarding adults

lies with the Director of Quality, with the responsibility to ensure ensuring adult safeguarding arrangements are managed and effective, that all incidents are monitored and that there is suitable reporting to the Governing Body on all adult safeguarding and vulnerable adult issues. The Director of Quality represents the CCG at Merton Safeguarding Adults Board.

3.1.3 An Interim Head of Quality joined the Quality Directorate in January 2015 and has taken responsibility for the operational aspects of Safeguarding Adults, with a substantive post holder due to take up position on 1 October 2015 as Head of Quality and Designated Adult Safeguarding Manager.

3.1.4 Merton Clinical Quality Committee is a subcommittee of the Governing Body; both have a responsibility to provide assurance that the CCG has the required safeguarding systems in place to fulfil safeguarding adult responsibilities. The Executive Management Team provides scrutiny for the operation aspects of safeguarding adults (Figure 1).

Figure 1: Governance



3.1.5 During 2014/15 the CCG explored the option of introducing a Safeguarding Executive Group. Initial meetings were held to discuss areas of work and draft Terms of Reference. This is a priority for development for the coming year.

3.1.6 During the reporting period the CCG updated the Safeguarding Adults Self-Assessment and Assurance Framework for Health Care Services. This is a self assessment tool developed by the Department of Health for organisations and has been used to provide the basis for the CCG the work plan for safeguarding adult activity (see section 3.2).

3.1.7 The CCG completed an assessment requested by NHS England who asked for assurance from all CCGs that they have the capacity and capability to respond to the increased expectations placed on CCGs and NHS commissioned organisations to meet their statutory duties to safeguard adults following the implementation of The Care Act (2014).

3.2 The Safeguarding Adults Self-assessment and Assurance Framework for Health Care Services

3.2.1 Section 5 of the self assessment tool Standards for Commissioning requires CCGs organisations to assess themselves against the following seven standards and provide evidence of how they are being met:

3.2.2 Each section of the self-assessment uses a basic scoring system for each standard as detailed in Table 1.

Table 1: Self Assessment Scoring Criteria

Score	Criteria
0	Not applicable
1	Not effective
2	Working toward
3	Effective
4	Excelling

3.2.3 Table 2 details the standards in Section 5 for commissioning and the self - assessment score.

3.2.4 The assessment demonstrated four key themes that inform the areas of work:

- Governance of the safeguarding function of the CCG and our provider organisations
- Development of a safeguarding culture
- Communications within the CCG and for the people who use services
- Amendments to the Adult Safeguarding policy

3.2.5 The self assessment formed the basis of the safeguarding adult workplan.

3.3 Internal Audit

3.3.1 An audit of Safeguarding Adults at Risk was undertaken as part of the approved internal audit periodic plan for 2014/15. The audit was required to focus and build on the weaknesses identified by management, assessing that the measures in place are appropriate and complete. It was noted that work had already taken place to refresh the Safeguarding Adults at Risk tool (self-assessment framework) to inform the CCG's work plan for 2015/16, and other activities relating to implementation of the Care Act 2014.

3.3.2 The findings detailed within this section were present to the CCG Audit and Governance Committee.

3.3.3 Adult safeguarding management is achieved by the Interim Head of Quality being the designated Safeguarding Manager, and the Local Authority where the CCG's key contact is the Adult Safeguarding Lead. It was noted that these arrangements will change from October 2015.

Table 2: Section 5 standards for commissioning and self -assessment score

	Standard	Self Assessment Score
5.1	There is a commissioning strategy for safeguarding adults.	3
5.2	Systems are in place to set safeguarding adults into all contracting and procurement processes.	2
5.3	Commissioners have robust assurance for safeguarding adults standards and processes to escalate concerns and risks.	2
5.4	Commissioners report on safeguarding adults as part of assurance and accountability.	3
5.5	Workforce -commissioning workforce for safeguarding adults	1
5.6	Effective working relationships and partnership working are in place.	3
5.7	Commissioners can demonstrate how they discharge their roles and responsibilities as a supervisory body as required by Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.	3

3.3.4 Adult safeguarding within the CCG is managed in partnership with social care colleagues at the Local Authority. The Local Authority is the lead agency in safeguarding adults and as such they organise the Safeguarding Adults Board (SAB). Whilst there is no Local Authority Safeguarding Adults Local Protocol in place the CCG formally networks with the Local Authority through the SAB and there is ongoing informal networking between the CCG and Local Authority.

3.3.5 The Safeguarding Adult Board was established to oversee the effective safeguarding of adults and the operation of the Mental Capacity Act (2005) across the Merton area and also monitors the performance indicators for Safeguarding. It is the responsibility of this high level, multi-agency group to ensure that the appropriate systems, structures and procedures are in place in order to safeguard adults in Merton. Membership includes representation by officers from the Local Authority and the CCG and a variety of bodies, such as:

- Metropolitan Police;
- London Ambulance Service;

- London Probation Service; and
- Stakeholder organisations (e.g. Circle Anglia, Health Watch).

3.3.6 A CCG Clinical Quality Committee is established with responsibility to provide assurance to Merton CCG that all commissioned or contracted services have quality assured systems in place for safeguarding adults and to alert the Governing Body of any areas of risk and to monitor those risks, although this may need some clarification in the Committee's Terms of Reference. The Clinical Quality Committee meets monthly with the Governing Body reserving the right to call a meeting at any time should an urgent matter arise. The standard route for any adult safeguarding issues is through the Executive Management Team, Clinical Quality Committee, to the Governing Body.

3.3.7 The CCG has a Safeguarding Adults through Commissioning Policy which is under review; the Policy is being updated to reflect the Care Act.

4. Commissioned Services in Merton

4.1 Merton has a resident population of approximately 211,000 which is set to increase by over 21% by 2021.

4.2 A significant feature of Merton's population is the changing age profile of the borough's residents. We have an increasing birth rate and at the same time an aging population. The young and the old have more complex health needs.

4.3 Overall Merton's population is comparatively healthy and life expectancy exceeds the national and London average for both men and women. Life expectancy for men is 80.7 years and for women it is 84.6 years. However, there are stark differences between different areas of the borough and life expectancy is significantly lower in the most deprived areas in East Merton than the least deprived areas in the West of the borough.

4.4 Premature mortality (deaths under 75 years) is very strongly associated with deprivation, with all wards in East Merton being more deprived and having higher rates of premature mortality than their West Merton counterparts.

4.5 Demographic data for Merton's health need was taken from the Joint Strategic Needs Assessment for Merton 2013-14 and used in 2014/15. Health care provision is by 25 GP practices (reduced to 24 from April 2015) and five key providers of health care (see Figure 2):

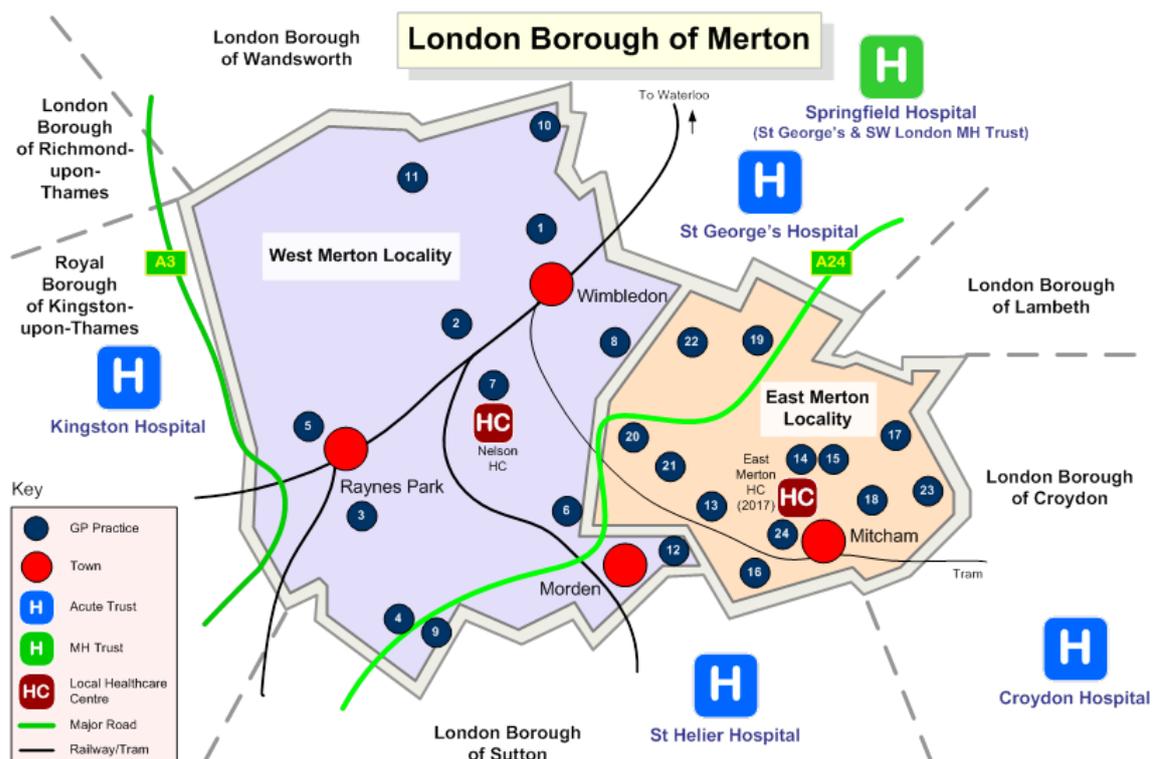
- St Georges University Hospital NHS Foundation Trust
- Epsom and St Helier University Hospital NHS Trust
- Kingston Hospital NHS Foundation Trust
- South West London and St Georges Mental Health NHS Trust
- Royal Marsden - Sutton and Merton Community Services

- 4.6 There is a private hospital, Parkside, within Merton and Out of Hours services for Merton residents are provided through Care UK.
- 4.7 Merton CCG hosts the Sutton and Merton Community Services contract. During 2014/15 work commenced in preparation for the reprocurement of this service, with a new contract for community services to be awarded from April 2016 for Merton only services. The Director of Quality has provided advice and support through working groups to develop the specifications for the service to ensure safeguarding adult services meet their safeguarding responsibilities.

5. Safeguarding assurance in commissioned services

Merton CCG provides clinical representation at the Clinical Quality Review Groups of all its provider services. Although many performance and quality issues addressed in the CQRG may indicate adult safeguarding concerns; the following assurance is sought on Safeguarding Adults at risk, either from the performance target or evidence that risk mitigation plans are in place when the target is not achieved:

Figure 2: Health Landscape



- Compliance with Safeguarding Adults training at 80% which is the NHS London determined standard
- A designated Adult Safeguarding Lead is in post
- There is a narrative around staffing numbers that clarifies whether staffing is considered safe
- Identification of serious incidents and never events that may reflect safeguarding issues.

5.1 Safeguarding Activity

5.1.1 Table 3 below details Safeguarding Activity compiled by London Borough of Merton. This is part of the Adult Social Care Performance Framework and is based on safeguarding standards and performance (LGA & ADASS April 2012).

5.1.2 Data is submitted to the Health and Social care Information Centre (HSCIC) by the Local Authority and the verified full year data will be published on 28 October 2015.

5.1.3 2014/15 was the second year of mandatory data collection by 152 councils in England with adult social services responsibilities. The data for 2013/14 was experimental.

5.1.4 The purpose of the mandatory collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

5.1.5 The availability of verified data will provide the opportunity to review Merton safeguarding activity, with the opportunity to benchmark performance across the region and nationally.

Table 3: Merton Safeguarding Adults Activity*

2014/15	Q1	Q2	Q3	Q4
Safeguarding referrals received	128	113	108	126
Cases closed as an alert	76	49	56	60
Cases closed as an investigation	35	35	25	18
Cases open	50	36	44	26

*Figures are based on a snapshot view at the end of each quarter

5.1.6 Analysis by the local authority identified social care staff as the largest group of referrers, followed by health staff. This provides a level of assurance that professional staff are aware of the safeguarding process and are ensuring that these are reported.

5.1.7 The three single main types of abuse reported through safeguarding referrals were consistent throughout 2014/15 and fall into the categories of neglect, physical and financial abuse. In Merton these three types of abuse are consistently higher than other categories year on year, but do change in their order throughout the year.

5.2 Deprivation of Liberty Safeguards (DoLS)

5.2.1 Since March 2014 the threshold for a DoLS application has changed as a result of the Cheshire West Supreme Court Judgement. The threshold is now significantly lower creating a significant increase in referrals in Merton, consistent with a national picture of an overall increase in referrals.

5.2.2 Data from the Health and Social Care Information Centre (HSCIC) showed that in the nine months from March 2014 there was a ten-fold increase on previous DoLS activity levels.

5.2.3 The Department of Health announced that they would provide local authorities with a one-off non-recurrent contribution to the cost of DoLS of £25m for the upcoming financial year (2015/16). This was made available to local authorities through the Relative Needs Formula. The allocation for Merton was £79K.

5.2.4 This additional funding was not ring-fenced. Local authorities had the flexibility to decide how this money is spent according to local circumstances. The Local Authority will be required to make short returns to us as to how this additional funding is used.

5.2.5 Merton CCG actively encouraged the Local Authority to ensure this funding goes directly to support the ongoing provision of Best Interest Assessors for Merton.

6. Working in Partnership

6.1 Merton Safeguarding Adults Board (SAB)

6.1.1 Merton SAB met quarterly during the report period 2014/15 with specific focus to ensure that mechanisms are in place to give assurance of Care Act compliance. The SAB routinely reviews performance reports on Safeguarding Alerts and DoLS, key performance indicators and feedback from partner agencies. Key activity supported by the SAB during the reporting period included:

6.1.2 Pressure Ulcer Decision Guide and Safeguarding

- NHS England launched the pressure ulcer protocol in May 2014 to provide clarity and to assist with standardisation in reporting of pressure ulcers as safeguarding alerts.
- The decision guide was developed by a task and finish group with representation from Merton by the Adults Safeguarding Lead in Sutton and Merton Community Services.
- Sutton and Merton Community Services have been instrumental in developing the guide, assisting front line staff to provide a consistent response to reporting pressure ulcers.

Box 1: Case Study

To gain assurance of the pressure ulcer review process the Director of Quality attended the Community Services Pressure Ulcer Review Panel in August 2014.

The purpose of the panel is to review the care and service delivery issues for Serious Incidents related to Grade 3 and Grade 4 Pressure Ulcers. Nursing staff directly involved in patient care are invited to the panel and discussion is centred on learning and embedding best practice

The panel was held in an area identified by the community services provider as requiring an increased focus on pressure ulcers.

The panel was attended by senior staff, to include risk management to ensure issues are captured across the organisation. Discussion included the use of the pressure ulcer review tool to identify individual or service safeguarding issues.

Attending the panel provided a source of assurance that the Pressure Ulcer Decision Guide was being used in practice

6.1.3 Sutton and Merton Human Resources Multi Agency Safeguarding Good Practice for Human Resources (HR) Practitioners (September 2014)

- Sutton and Merton Human Resources Multi Agency Safeguarding Good Practice for HR Practitioners has been developed by the HR Multi Agency Safeguarding Group with support from Merton Vulnerable Adults Strategy Team and Merton Children Safeguarding Board.
- The document has been developed to support HR practitioners in their safeguarding role, working with frontline managers in organisations across Sutton and Merton that work with children, young people and adults at risk of harm.

6.1.4 A development day was held in October 2014 attended by the Director of Quality to review the legislation and develop a forward plan for the Board in preparation for implementation of the Care Act from April 2015. The Board identified its key purpose to:

- Ensure staff are appropriately trained
- Ensure quality of practice across all agencies (including data collection)
- Respond to developments in legislations and guidance and learning from safeguarding Adult Reviews (SARs)
- Ensure effective communication between agencies and with the community
- Listen to the community and ensure the service user and carer experience is heard
- Publish an annual strategic plan and annual review
- Commission Safeguarding Adults Reviews as necessary
- Share learning between agencies
- Ensure effective coordination between agencies

6.1.5 The draft strategic plan and communications strategy was circulated at the meeting in March 2015 for review by all agencies and will be ratified at an away day planned for October 2015.

6.1.6 An interim safeguarding procedure is in place awaiting the Pan London Update due in September 2015

6.2 Liaison with local authority and the Care Quality Commission (CQC)

6.2.1 An initial meeting was held with the local authority and the CQC in November 2014 to agree a format for sharing intelligence on the quality of care delivered by any one of the 77 domiciliary care providers, residential and nursing homes commissioned in Merton.

6.2.2 It was agreed that an eight weekly meeting will be convened with key partners and that safeguarding data would be considered as part of this meeting. The CCG is represented by the Director of Quality and supported by the Continuing Healthcare commissioning team members.

6.2.3 Terms of reference have been agreed to include any information sharing issues.

6.3 Merton Health and Wellbeing Board

Merton CCG's Chief Officer, Clinical Chair, Locality Lead for East Merton and the Director of Commissioning and Planning are members of Merton Health and Wellbeing Board (HWB). The HWB has a key role in ensuring joined-up services across health and social care in Merton. The Health and Wellbeing strategy identifies priorities for Merton which includes the theme of 'Community Participation and Feeling Safe' which contributes to the aim to safeguard adults from the risk of abuse and harm.

6.4 Multi-Agency Risk Assessment Committee (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA)

The scale and prevalence of domestic violence has been highlighted within national reports. This is an area of work that links closely with the safeguarding children function within the CCG. Research demonstrates that domestic violence is a common feature within Serious Case Reviews for children. The Safeguarding Children Designated Nurses are arranging to represent the CCG on both of these groups in order to quality assure the health response to both the victims of domestic violence, their children and the perpetrators of domestic violence; ensuring access to Mental Health and drug and alcohol services.

6.5 Sutton and Merton Community Services

The case study in Box 1 represents how the CCG has worked in partnership with the local provider of community services to assure the safety of individuals in receipt of Intermediate Care in Merton.

6.6 NHS England – GP Practices

6.6.1 General practice is commissioned by NHS England. The General Medical Council (GMC) has provided guidance to all GPs outlining GPs individual responsibilities in achieving and maintaining their professional competences. As independent GP contract holders, monitoring of compliance with these professionals standards is a function of NHS England through the GP revalidation process.

6.6.2 In meeting the requirements of registration with the CQC a number of Merton GP practices have already been subject to inspections. Following these visits reports are made publicly available and allow the public to see if GP practices and other primary medical services are meeting the essential standards. Support has been available to any practice who does not meet the CQC standards required around safeguarding.

Box 2: Case Study

Sutton and Merton CCGs were in the process of separating their commissioning arrangements in order to localise the provision to the local communities with discussions underway to increase the numbers of Intermediate Care beds in Care Home YZ.

This work was suspended following a safeguarding alert arising from two issues – one regarding staffing levels and the other about two patients transferred from the home with grade 3 pressure ulcers.

A spot check was carried out the following day and a more structured review a week later to give a clearer picture of the situation. Strategy meetings were held two weeks apart during this period and it was agreed that placements could continue with some underpinning stipulations.

A second spot check highlighted further concerns and these were shared with quality, community services; contracting and safeguarding leads with a view to finding a way of supporting Care Home YZ in delivering appropriate nursing provision and care. In the meantime placements to the Care Home YZ were suspended. Support included input from the local community nursing provider; daily spot checks; and approval for improved provision of nursing leadership in Care Home YZ by the creation and funding of new senior nursing roles which enabled provision of a long term agency nurse to provide continuity whilst recruitment took place.

Once these measures had been put into place the daily checks confirmed that care had improved and there was no risk to patients in Care Home YZ.

The fundamental aim as originally stated was to rationalise the commissioning plans and enable a more localised model of provision – this work is on-going and the aim remains to increase the capacity in Intermediate Care provision to improve rehabilitation services thus releasing pressure on acute hospital beds.

This study illustrates how a safeguarding issue focussed the resources of providers and commissioners to work together to enable an improvement in service provision for the benefit of service users, and to address the broader needs of the local health economy.

- 6.6.3 The Care Quality Commission (CQC) has significantly raised the profile of the Mental Capacity Act (MCA) in its inspection regime, which is now a 'key line of enquiry.'
- 6.6.4 Merton CCG, in its duty to support improvements in the quality of primary care and its safeguarding function, has provided support to general practice in 2014/15 by offering the opportunity for practices to receive MCA training. Services of an independent trainer were commissioned with funding secured from NHS England jointly with the Local Authority. The outcome of the training will be evaluated in the next year.

6.7 NHS England – Quality Surveillance Group

The Director of Quality represents the CCG at the South London Quality Surveillance Group, chaired by NHS England. Attendance provides the opportunity to share intelligence and concerns about the quality and safety of commissioned services, to include safeguarding adult issues.

7. Training

Merton CCG staff are required to undertake Safeguarding Adults at Risk training on a three yearly basis. Staff were able to access eLearning during 2014/15. On review of compliance, noting the poor take up of online training, the CCG commissioned face to face training for staff. It is expected that the CCG will be compliant by 30 September with the Pan London requirement of 80% of staff trained at level 1.

8. Priorities and Planned Improvements 2015/16

8.1 Assurance

8.1.1 Maintain the Safeguarding Adults Board and CCG reporting framework through CQRG process.

8.1.2 Monitor and manage risks to safeguarding identified in the organisation through the Safeguarding Executive Group

8.1.3 Lead on embedding and implementing learning from safeguarding adult review process and serious incidents.

8.1.4 Seek assurance on the implementation of new policies, procedures and guidance.

8.1.5 Seek assurance that all services have escalation processes and comply with procedures for allegations.

8.1.6 Gather and build the file evidence for Merton CCG against NHS England Deep Dive and CQC lines of enquiry.

8.2 Training

8.2.1 Maintain the three year rolling programme for CCG staff to achieve level 1 Adult Safeguarding Training.

8.2.2 Evaluate the effectiveness of MCA training in Primary Care to support Safeguarding adult responsibilities.

8.3 Prevent and Mental Capacity Act

8.3.1 Merton CCG will strengthen the arrangements in place to gain assurance from the services they commission in respect of both Prevent and the Mental Capacity act.

8.3.2 The Head of Quality/Designated Adult Safeguarding Manager will take on the responsibility as the lead for the CCG for Prevent and the Mental Capacity Act with support from the Director of Quality.

8.3.3 As part of the commissioning process, Merton CCG will expect to see evidence from hospitals and other services providing care to adults (aged over 16) who lack capacity to consent to the arrangements for their care and treatment.

8.3.4 For CCG staff training will be provided through safeguarding updates and included within training at induction. Consideration will be given to build this into the annual assurance process.

8.4 Quality Alert system

Develop and commission a robust Quality Alert System to provide the platform for GP practice to report quality concerns.

9. References and sources of evidence

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