

NHS City and Hackney Clinical Commissioning Group Safeguarding Adults Annual Report 2018/19

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1. Introduction

City and Hackney Clinical Commissioning Group (CCG) has continued to deliver on its safeguarding responsibilities and develop leadership of preventative safeguarding activity.

City and Hackney CCG have developed and strengthened Adult Safeguarding in 2018 with a number of significant achievements. In the 2017/18 annual report we identified seven key priorities for 2018-19, and we are pleased to report all of these have been actioned. Four of our key priorities have been completed whilst work on the remaining three is ongoing. Our structural development highlights within this year include:

- Permanent appointment of a Designated Adult Safeguarding Manager with an additional 33% capacity in this role.
- The successful appointment of a GP clinical lead for Adult Safeguarding with a commitment to continue this role in 2019/20.
- A 75% increase in funding commitment to the City and Hackney Safeguarding Adults Board.
- Publication of a new CHCCG Adult Safeguarding Policy and CHCCG Safeguarding Through Commissioning Policy.
- Adoption of the RCN (2018) *Adult Safeguarding Roles and Competencies for Health Care Staff* guidance with appropriate revision of training and development pathways.
- Publication of the first Learning Disability Mortality Review LeDaR report presented to key partners.

Key priority actions for 2019/20 are:

- Enhance our mechanisms for quality assurance of care and nursing placements particularly those commissioned out of borough.
- Support the CCG and our partners to manage the transitions associated with changes to the Deprivation of Liberty legislation.
- Embed safeguarding in the neighbourhood model and the further integrated commissioning developments.
- Continue to monitor training compliance among providers with specific actions in relation to transition to level 3 training at ELFT, Homerton, Bart's and across primary medical care.
- Continue to embed learning and development arising from Safeguarding Adults Reviews (SARs) and expand GP learning opportunities.
- Policy development in liaison and partnership with colleagues across the North East London Commissioning Alliance (NELCA)
- Improve CCG staff safeguarding training levels

2. CCG adult safeguarding arrangements and how services are assured

The CCG appointed a permanent Designated Adults Safeguarding Manager (DASM) Mary O'Reardon in March 2018 as 0.6wte. This provision was increased in October to 0.8wte. The CCG named Doctor for adult safeguarding is an integral part of safeguarding leadership in the CCG and this role was successfully filled by Dr. Liliana Risi in June 2018. The named Doctor contributes to the Safeguarding Adults Board (SAB) and leads on SARs which involve primary care.

Executive level safeguarding leadership is provided by Dr Nikhil Katiyar. CCGs are required to have a Prevent Lead who can act in accordance with Section 26 of the Counterterrorism and Security Act 2015 (the Act), and a Mental Capacity Act Lead. The Designated Adult Safeguarding Manager performs both these functions.

The CCG has a Safeguarding Assurance Group (SAG) Chaired by a Board Non-Executive Director with a membership that reflects the CCG's commissioning arrangements and includes the CCG Managing Director. An adult safeguarding report is prepared quarterly for the Safeguarding Adults Group (SAG) by the Adult Safeguarding Manager. This report comments on the effectiveness of the CCG safeguarding adults' systems and keeps the SAG informed of all issues relevant to safeguarding and promoting wellbeing. The Chair of the SAG reports to the governing body following each SAG meeting.

The CCG is a statutory member of the City and Hackney Safeguarding Adults Board and works in partnership with the London Borough of Hackney (LBH) and the City of London Corporation (CoL) to jointly fulfil our statutory safeguarding responsibilities towards adults. The CCG regularly and consistently attends Board meetings, is a member of its various subgroups, chairs the quality assurance subgroup, and contributes to these meetings and activities.

The CCG uses, triangulates and benchmarks a range of data to quality assure local providers including national and local data on incidents, serious incidents, complaints, NHS safety thermometer, pressure ulcer prevalence, safeguarding reports and referrals, referral to treatment times, occupancy levels in mental health wards, peer reviews, mortality data, staff safeguarding training levels, staff vacancies and turnover, patient feedback, staff satisfaction and engagement, CQC reports, quarterly safeguarding dashboard reports, GP quality alerts and NHS Improvement ratings. These data are used to maintain and improve quality of care and safeguard adults at risk of harm. These data are reported quarterly to the CCG Board and actions are taken where concerns are identified.

During 2018/19 City and Hackney CCG held monthly Clinical Quality Review Meetings (CQRMs) with our main acute and mental health providers where quality issues were identified, discussed and actions agreed to address under performance. A range of data is reviewed including staff safeguarding training. CQRMs also hold an annual discussion about adult and child safeguarding where the provider's annual report is scrutinised, and actions agreed. These annual meetings are also attended by the CCG safeguarding leads to provide challenge. In addition, the DASM is an invited member of the safeguarding assurance committees at each of our main providers. The DASM follows the activities and progress of each of these committees and maintains a positive working network within the provider organisations.

3. CCG key achievements in 2017/18

3.1 Training

Mandatory training for safeguarding adults is provided by the CCG at a level appropriate to the RCN (2018) Roles and Competencies. The CCG has ensured that staff training is provided in-house for level one adult safeguarding and awareness of the Mental Capacity Act, DOLS and Prevent is also available. Training Compliance has been approximately 60% across the year which requires improvement. The DASM will seek assurance from the HR department on how this can be improved next year.

The CCG ensures that Adult Safeguarding updates including changes in legislation or publication of local Safeguarding Adult Reviews (SARs) are disseminated across the organisation. The DASM supports the individual work-streams with specific learning from SARs events and information.

In 2018/19 the CCG extended the Adult Safeguarding training and development offer available to all City and Hackney GPs and plans to continue to increase this offer in 2019/20. This included:

- Provision of statutory Level 3 Adult Safeguarding Training for GPs
- Bespoke level 3 training sessions provided at GP practice level when requested.
- Innovative development of level 3 Safeguarding Adults Training for non-clinical practice staff including practice managers in recognition of their unique face to face role within the community.
- Joint Children and Adults Safeguarding Reflective forum for GPs who hold safeguarding lead roles within their surgeries.
- Regular dissemination of learning updates including Learning from Safeguarding Adult Reviews (SARs), and specific support to provider agencies in achieving action arising from SARs where relevant.

3.2 Policies

During 2018/19, there were two significant policy alterations, the 'Safeguarding through Commissioning Policy' and the revised 'Adults Safeguarding Policy'. Policy development will continue to be a key activity in 2019/20, including plans to create a joint Children and Adults Safeguarding Policy. The DASM is part of a working group along with peer colleagues across North East London Commissioning Alliance (NELCA) with the view to sharing developments and streamlining where possible policy innovation across the STP footprint. For example, the group created a revised 'Safeguarding Supervision Policy' and 'Modern Day Slavery' statement both of which were accepted by City and Hackney CCG.

3.3 Working with partners to identify and prevent safeguarding concerns

In September 2017 the CCG, Care Quality Commission and the London Borough of Hackney (LBH) established an Information Sharing Forum which meets every six weeks with the aim of sharing and addressing any risks to quality in the services they commission including Hackney social care providers. In addition, the CCG has joined the London Borough of Hackney High-Risk panel to support primary care engagement with this forum and develop creative approaches to working across complex safeguarding cases.

The CCG continues to support the innovative work of the MARAC (Multi Agency Risk Assessment Conference – managing domestic violence) liaison nurse role, linking primary care practice staff with the MARAC to enable safe information sharing and enhance GP multi-agency working in relation to domestic violence.

3.4 A Sample Case Study:

In 2018/19 the CCG supported primary care practitioner across City and Hackney to manage complex safeguarding concerns via the DASM role. For example, Dr. B contacted the CCG seeking advice in relation to the following case-study:

Ms. A and Dr B

Ms A is a young adult (care leaver) currently living with her partner. They both struggled to source employment and have had to work casually in zero-hour contracts reporting that they struggle to manage on their income, let alone to enjoy a quality of social life commensurate with their age. Ms A. experiences difficulties in relation to low mood, depression, anxiety, substance use, poverty, lack of support network and physical health difficulties. In addition, Ms A displays positive help seeking behaviours, pro-active engagement with services and a striking ambition to improve her wellbeing / circumstances. Ms A is known to the MARAC service as there had been previously an incident of violence perpetrated by Ms A B against her partner.

Dr B met with Ms A. at the surgery as part of a routine appointment. During the consultation Ms A disclosed that she has been working for a home care agency delivering home care services to older adults in their homes. She reports to enjoy this work but struggles with the ad hoc nature of her zero hours contract. She also stated that on occasion she takes food items from her client's homes. She disclosed feeling stressed and that the pressures of her situation tend to enhance her cycle of drug and alcohol use. It was suspected that Ms A might be using drugs and alcohol prior to attending work. Dr B felt concerned about Ms A in many respects, but also worried about the potential safeguarding implications of her disclosure around theft from service users. Dr B contacted the DASM at the CCG to discuss the concerns and consider her options to safeguard the welfare of all involved.

Dr. B agreed that there was a considerable safeguarding risk to the service users, particularly given the presentation of Ms A as someone who had a history of assaulting others in the context of difficulty coping with stress. Ms A was informed that there was a safeguarding duty to inform her employer and protect the service users from potential harm – she accepted this and stated that by telling her GP she had hoped that the situation would stop in some way. She reported feeling out of control in her own circumstances and seeking support to change. Dr. B contacted the Adult Social Care team at the London Borough of Hackney seeking to make a safeguarding adult referral in relation to Ms A's clients but also hoping to seek additional support for Ms A – though she was unsure in what format. The adult safeguarding team initiated a safeguarding investigation and discovered that as a care leaver Ms A was entitled to access social care support, and in fact was known to that service. The information about her disclosure was shared with the allocated team and Ms A was offered additional support.

3.5 Mental Capacity Act and risks to quality

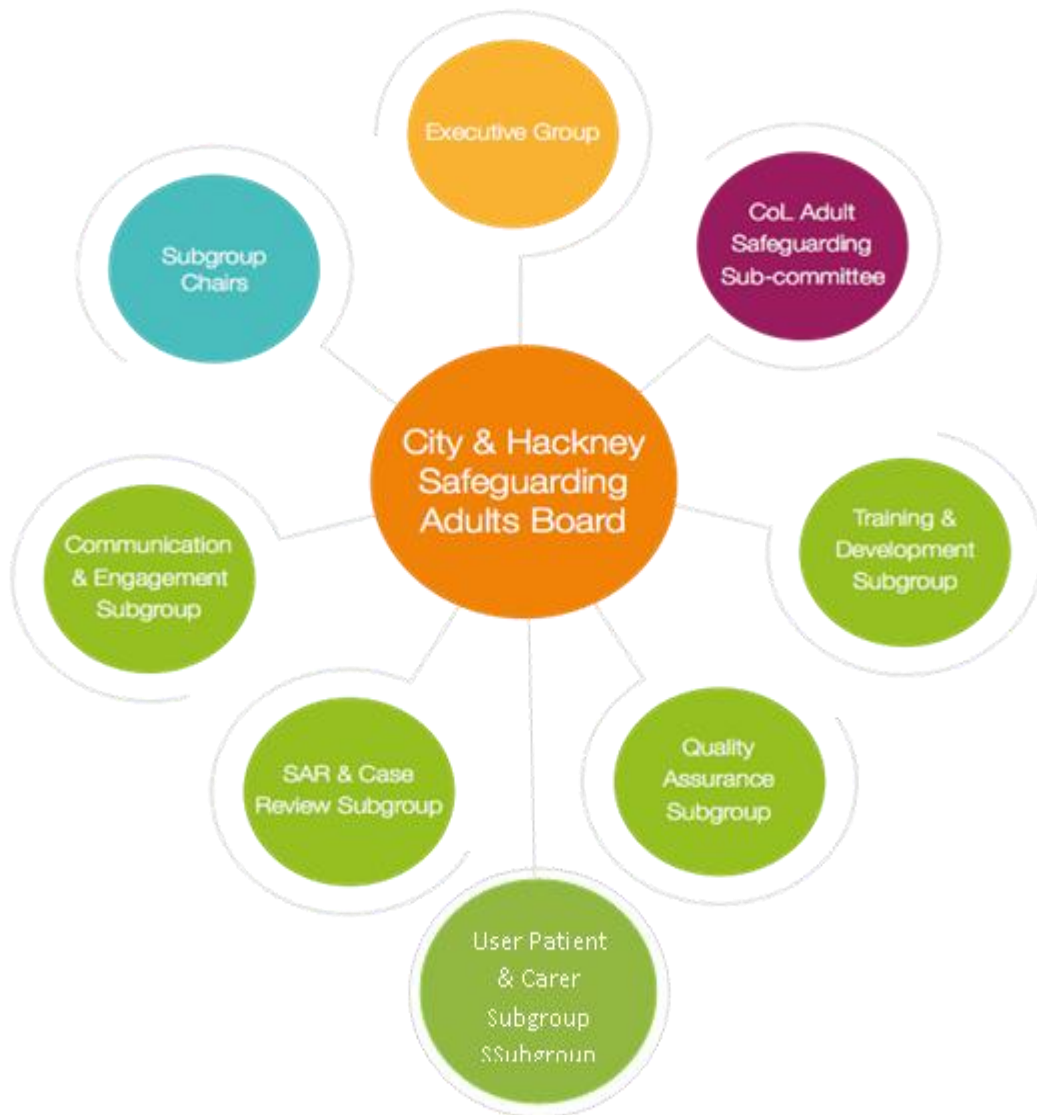
The DASM is the Mental Capacity Act 2005 (MCA) lead within the CCG and holds responsibility for maintaining quality and development in relation to all MCA activities. In January 2019 the CCG engaged in a cross-agency City and Hackney MCA quality audit to assess the quality of MCA assessment activities within provider sites. The results of the audit shaped and influenced the training materials used within the CCG and across partners. In 2018/19 the CCG developed preparation activities in advance of the forthcoming changes in Deprivation of Liberty legislation. The DASM engages with the cross London CCG safeguarding network in ensuring that City and Hackney CCG have access to the most up to date legal developments and shared ideas on preparation for changes expected in October 2020.

4. City and Hackney Safeguarding Adults Board

The CHSAB partnership consists of representation from:

- City of London Corporation
- London Borough of Hackney Adult Social Care
- City and Hackney Clinical Commissioning Group
- East London NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust
- London Ambulance Service
- Bart's Health NHS Trust
- Safeguarding Children's Partnership
- Metropolitan Police Service (Hackney)
- City of London Police
- London Fire Brigade
- Hackney CVS
- Hackney Healthwatch
- City of London Healthwatch
- City & Hackney Public Health
- Community Rehabilitation Company
- The Advocacy Project
- National Probation Service
- Housing Providers Representative
- City and Hackney Public Health

The CHSAB has established eight multi-agency subgroups to help it deliver on its objective and annual priorities. The CCG contributed to a SAR MS 'F' that was published in January 2018 (see below) as well as JoJo published in June 2019. The CCG supported the various work-streams to meet their commitments to adopting lessons from SARs and embedding recommended changes. The CCG also made an increased financial commitment to the board and has maintained this commitment for next year to reflect the growing work of the board. The overall structure is illustrated below:



4.1 SAR & Case Review

The SAR & Case Review subgroup published one SAR report Ms F in 2018/19 and an additional SAR JoJo, was completed in June 2019. The learning from Ms F was circulated widely across the CCG, primary care and commissioned Continuing Health Care agencies. The SAR action plans for both Ms F and JoJo are in progress. The subgroup has considered three other cases, two of which did not progress to SARs and one of which was a multi borough concern commissioned as a SAR in Enfield. The SAR subgroup are awaiting the final report from the Enfield SAR and will take forward the learning actions in 2019/20. In addition, the subgroup led on a number of activities to embed the learning and development from previous SARs.

4.2 Early Help and Prevention

The CHSAB aims to build community resilience by raising awareness in the community and within the Local Authorities to ensure that people look out for those unable to look out for themselves, understand what

abuse is, and know how to report it. In 2018/19 there were specific campaigns in relation to financial abuse, social isolation, rough sleepers and modern slavery.

4.3 Safeguarding Data

The safeguarding data for the year 2018-2019 is presented separately for the two authorities.

City of London. Summary

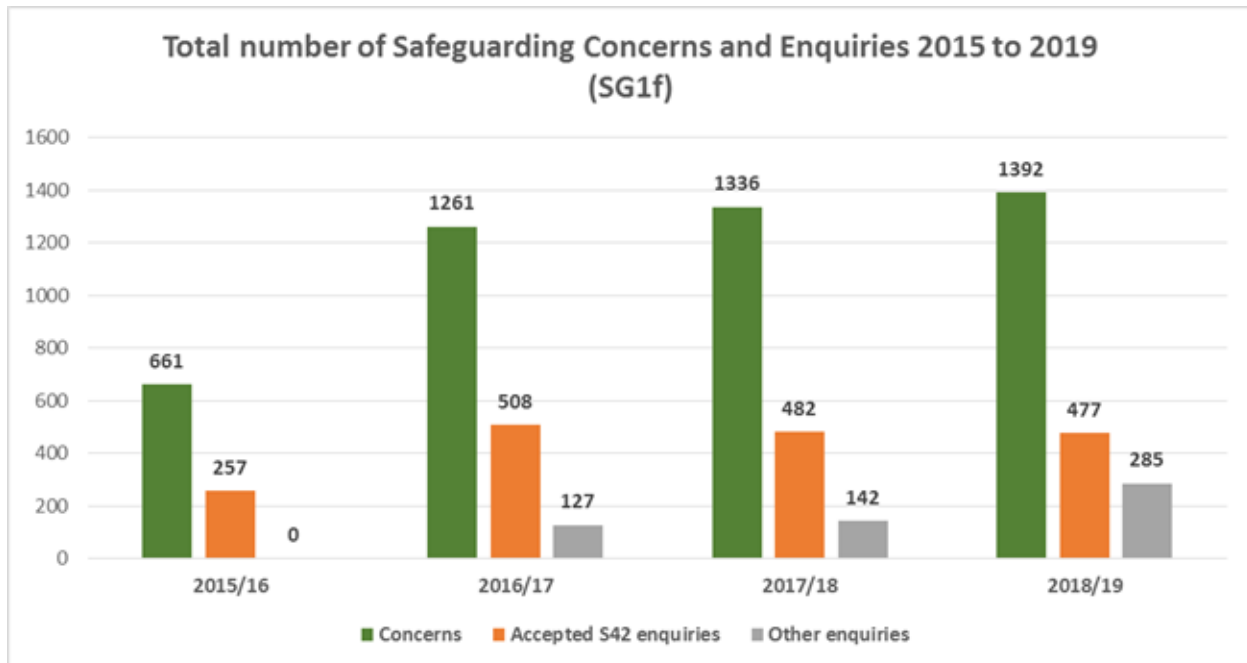
Concerns Raised	Led to Sec. 42	Concluded Cases	Outcomes Expressed	Outcomes Achieved.	Outcomes partially achieved
39 (13 repeats)	22	13	11	11	11

- Two most common types of abuse were the same as those cited in the two previous years.
 - (1) Neglect and Acts of Omission
 - (2) Financial abuse – frequently an allegation attributed at the hands of a carer/ family/ friend
- In 2018/19, both service provider and an individual known to the service provider were the most commonly recorded alleged source of risk. This is in contrast to 2017/18 where the majority of enquiries listed the service provider as the alleged source of risk. There were four cases where there was alleged to have been multiple sources of risk, these typically involved a service provider, and someone known to the individual.
- The City of London had an increase in DoLS requests for the 5th year in succession.

Reporting Period	Number of DoLS Requested	Number of DoLS Granted
2013 – 2014	Less than 5	Less than 5
2014 – 2015	13	12
2015 – 2016	34	29
2016 – 2017	39	29
2017 - 2018	43	36
2018 - 2019	45	41

London Borough of Hackney Safeguarding Activity. Summary

Safeguarding Concerns /Section 42 Enquiries.



Continued increase in the number of concerns in Hackney in 2018-19, but a slightly lower number of Section 42 enquiries. Of the 416 concluded cases, 311 expressed their desired outcomes. 165 people had their desired outcomes fully achieved and 120 partially achieved.

Safeguarding concerns were raised by a range of agencies and by individuals. The majority of referrals were received from the health sector.

The pattern of decreasing abuse within the home has continued into 2018/19. In contrast, there has been a significant increase in abuse taking place in hospitals. However, there has been more safeguarding awareness training in hospitals leading to more safeguarding incidents being reported to the local authority.

As in 2017/18, this year most of the abuse reported in Hackney happens in people's homes.

The main forms of abuse in the home continue to be

- 1) Neglect and acts of omission
- 2) financial abuse.

There has been a significant increase in self-neglect being reported, as self-neglect was only formally recognised as a form of abuse since 2015 this may be due to a better awareness of self-

neglect and its indicators. The CHSAB has specifically provided training in relation to self-neglect as well as this being the focus of a number of our SARs, which has also helped raise awareness.

Deprivation of Liberty Safeguards

Year	No of DoLS
2018/19	766
2017 / 18	697
2016 / 17	810
2015 / 16	690
2014 / 15	358
2013 / 14	24

Hackney Overview.

- Figures are starting to illustrate more of a “plateau”, as providers recognise their obligations to recognise and refer any situations where there is likely to be a deprivation of liberty taking place.
- The data shows that there were 766 new or renewal applications processed, an 11% increase on last year’s statistics. However, there was a reduction on the number of ‘unique people’ subject to a DoLS which has reduced from 570 to 537 people.
- It was interesting to note that there has been a 12% increase in DoLS applications being refused

5. Plans and challenges for 2019/20

In the 2018/19 Annual Report specific priorities were presented for 2018/19. All of these priorities have been tackled, with several completed and some ongoing work set to continue.

Identified Priorities for 2018/19	Our Progress
<p>Improve training figures on adult safeguarding so they are maintained at 85% or more consistently throughout the year.</p>	<p>There was a significant improvement in training figures, Level 1 safeguarding remained above 90% and Level 2 approaching 80% or above. Continued improvements required in relation to MCA and Prevent training.</p>
<p>Ensure CCG staff are aware of the need to include adult safeguarding requirements and KPIs when they are monitoring their contracts, designing or changing contracts and they are aware of the safeguarding through commissioning policy;</p>	<p>The Safeguarding through commissioning policy has been shared and is widely accepted. The DASM provides support to work-streams in relation to contracting as required.</p> <p>Learning from SARs is disseminated across the organisation and partners.</p>
<p>Improve the safety and monitoring of continuing care services and fully implement the Careplus working party recommendations;</p>	<p>The recommendations have been actioned and completed including a flow chart for out of borough placements that are of concern. There is work in progress to develop a more robust strategy for monitoring out of borough placements.</p>
<p>Improve information sharing and joint working with adult social care to reduce risks relating to continuing care and funded nursing care;</p>	<p>Information Sharing Forum has been set up with LBH and the CQC Co-Chaired by the CCG Head of Quality. There are ongoing strategic developments in relation to joint working such as engagement with the provider's forum, the High-Risk Panel and liaison with neighbouring CCGs to develop activity in relation to monitoring out of borough placements.</p>
<p>Increase capacity of the team in the light of the GP vacancy;</p>	<p>Additional funding secured to increase Adult Safeguarding Lead and GP Lead capacity both by 50%. Both posts have been filled.</p>

<p>Clarify where adult safeguarding sits in the new integrated commissioning work streams;</p>	<p>Adult Safeguarding has been determined not to sit in any one work stream but rather to act as an umbrella across all work streams. The governance structure reflects this positioning.</p>
<p>Maintain a clear focus on safeguarding assurance of our main providers and hold them to account for their safeguarding arrangements as the STP develops and integrated commissioning matures.</p>	<p>The adult safeguarding lead is an active participant in the STP safeguarding working group. Specific aspects of policy development are in progress jointly across the STP with relevant adjustment for local need.</p>

5.1 The main priorities for 2019/20 are:

- Enhance our mechanisms for quality assurance of care and nursing placements particularly those commissioned out of borough.
- Support the CCG and our partners to manage the transitions associated with changes to the Deprivation of Liberty legislation.
- Embed safeguarding in the neighbourhood model and the further integrated commissioning developments.
- Continue to monitor training compliance among providers with specific actions in relation to transition to level 3 training at ELFT, Homerton, Barts and across primary care.
- Continue to embed learning and development arising from SARs and expand GP Learning Opportunities.
- Policy development in liaison and partnership with colleagues across the North East London Commissioning Alliance (NELCA).

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