Safeguarding Adults Annual Report
2017/2018
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1: EXECUTIVE SUMMARY

Purpose

The purpose of this report is to inform Governing Body members, the Integrated Governance Committee, stakeholders and members of the public on the activity of the adult safeguarding team as well as developments locally and nationally on any issues relating to adult safeguarding. To report on risk, challenges and assurances that Kingston Clinical Commissioning Group is ensuring that its statutory duties and requirements for safeguarding adults at risk are being met and operating within the parameters of the Care Act 2014.

2: Introduction

Kingston Clinical Commissioning Group (KCCG) Safeguarding Adults Annual Report 2017/2018

This is Kingston Clinical Commissioning Groups third safeguarding adult’s annual report.

As an organisation we are committed to working with stakeholders and commissioned services to ensure the health, safety and well-being of the local population. Protecting and supporting adults at risk is a key part of our approach to commissioning and working together, with a continued focus on quality and patient experience.

Our approach to safeguarding is underpinned by making safeguarding personal, close partnership and collaborative working and having contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.

As a commissioning organisation KCCG is required to ensure that all health providers from whom it commissions services (both the public and independent sector) have comprehensive single and multi-agency policies and procedures in place to support and protect adults at risk of abuse.

We expect that all the services we commission have in place policies and procedures that are in line with and follow the “London Multi Agency Safeguarding Adults Policy and Procedures 2015.”

Since the Care Act 2014 came into force, safeguarding adults is a legal requirement for all commissioned services as well as for the CCG.

This annual report provides an overview relating to the local challenges and developments specific to safeguarding adults. It will also highlight achievements and areas for development.

As part of next year's objectives, additional focus will be on modern slavery and human trafficking, domestic violence, and financial abuse. There will also be a
special focus on working closely with primary care and GP colleagues in the area of the Mental Capacity Act 2015 and the Deprivation of Liberty Safeguards.

The report provides assurance that the CCG is fulfilling its statutory duties and responsibilities for safeguarding adults at risk

Key Risks:
No major new risks identified.

3: Statutory responsibilities of Clinical Commissioning Groups

The Safeguarding Adults Annual Report 2017/2018 provides the KCCG Governing Body with the necessary assurance that it is compliant with the statutory safeguarding requirements. In this reporting period, governance and accountability of the NHS is maintained through the NHS Safeguarding Assurance and Accountability Framework (2015).


KCCG has governance and accountability arrangements in place, which include regular reporting of quality and patient safety assurance to the Governing Body through the Integrated Governance Committee.

The KCCG delivers its legal responsibilities by:

- Adhering to the NHS outcomes framework
- Being a member of the Kingston Safeguarding Adults Board (KSAB)
- Having policies and procedures that are regularly reviewed and current
- Overseeing, scrutinising and supporting the work of agencies from whom we commission services
- Engaging service users in issues related to adult safeguarding

Our main aim is to stop abuse of adults at risk and work together with all our service users, colleagues and partner agencies to achieve this aim.

This report is produced to give our service users, KCCG governing body and partners an update into our work and to outline work plans for the coming 12 months and beyond.
4: Safeguarding adults within the NHS

Safeguarding adults is everybody’s business; it is the responsibility of NHS funded organisations and all healthcare professionals working in the NHS have a duty to ensure that the principles underpinning adult safeguarding are applied; by delivering safe and high quality care and support.

Working with the principles of the Mental Capacity Act (2005) healthcare professionals need to respect the decision making of the individual who is experiencing or is at risk of being abused and neglected.

There is a distinction between provider responsibilities and those for commissioners who need to assure themselves of the safety and effectiveness of the services they have commissioned and that the Mental Capacity Act (2005) is embedded in the work of organisations.

Good partnership working is important and healthcare commissioners and professionals should have well developed relationships and collaborative working arrangements with colleagues across the safeguarding system.

5: Safeguarding Adults National Context

The statutory safeguarding duties of CCGs have in this reporting period (2017/2018) been clarified through national documents and via recent changes to legislation, for example the multi-agency statutory guidance on female genital mutilation (HM Government, 2016).

6: NHS Accountability and Assurance Framework:


This framework describes the safeguarding roles, duties and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the health system. During 2014 NHS England announced a set of revised arrangements within the framework; these were required in order to take account of:

- The wider context for safeguarding which has changed in response to the findings of large scale inquiries, incidents and new legislation.
- The planned new and revised statutory and intercollegiate guidance.
- The changes to the NHS commissioning system - with the introduction of co commissioning from April 2015 it was seen as important that safeguarding roles were made clear.
- Feedback from practitioners working across the health system.
- The restructuring process in NHS England at regional and local levels.
Following consultation in early 2015 the refreshed “Accountability and Assurance Framework” version was published in July 2015.

This framework describes the relationships, legal frameworks, principles and attitudes that enable the health system to effectively safeguard adults, it also reinforces the shift in focus outlined in “Making Safeguarding Personal” in its aim.

“to promote empowerment and autonomy for adults, including those who lack capacity, for a particular decision as embodied in the Mental Capacity Act 2005 (MCA), implementing an approach which appropriately balances this with safeguarding” (July 2015 pg. 8)

These changes reinforce all agencies responsibilities in focussing adult safeguarding work away from process and procedures to one of giving those people who are using safeguarding services more engagement and control in the resolution of their circumstances.

7: Care Act (2014)

The Care Act (2014) now provides the following definitions in respect of Adult Safeguarding:

Adult Social Care must carry out an investigation if they have reasonable cause to suspect that an adult in their area: -

a) has needs for care and support (whether or not the local authority is meeting any of those needs);

b) is experiencing, or at risk of, abuse or neglect; and

c) as a result of those needs is unable to protect her/himself against the abuse or neglect, or the risk of it.

It is the decision of the local authority how to carry out the investigation.

The Care Act guidance lists the following possible forms of abuse and neglect:

- physical abuse
- domestic violence
- sexual abuse
- psychological abuse
- financial or material abuse
- modern slavery
- discriminatory abuse
- organisational abuse
- neglect and acts of omission
- self-neglect
Implementation of the Care Act legislation commenced in April 2015 and, whilst work was ongoing in Kingston to ensure that requirements in the Act were met, these obligations are now statutory.

Local authorities are now required to promote integration with the NHS and other key providers.

It places a statutory duty on agencies to cooperate to help and support adults in need and their carers; it fundamentally aims to place people at the centre of their care and support and to maximise their involvement.

The Act requires a local authority to make enquiries, or cause enquiries, if they believe an adult is, or is at risk of, being abused or neglected.

This means that local authorities must cooperate with each of their relevant partners as described in section 6 (7) of the Care Act and that those partners must also cooperate with the local authority in the exercise of their functions relevant to care and support, including those to protect adults.

This means the CCG maybe requested to start an investigation process if requested by the local authority

8: Summary of Duties required by The Care Act 2014 and other legislation that impacts adult safeguarding.

The Care Act (2014)

As the Care Act (2014) brings adult safeguarding onto a statutory footing, CCGs and other NHS partners now have to take note and account of a range of duties and responsibilities including:

- The need to cooperate with the Safeguarding Adults Board (SAB) in publishing a 3-5 year strategic plan which addresses short and long term actions for protecting people in its area.

- The publishing of an annual report detailing the SAB’s activity during the year including what it and each member has done to contribute to achieving the objectives and to conduct Safeguarding Adults Reviews (SARs)

The Criminal Justice and Courts Act 2015

The Criminal Justice and Courts Act came into force 13th April 2015 (applying to offences committed after this date) and includes both individual care workers and provider organisations in offences of ill treatment or wilful neglect. This care provider
offence can be committed by a range of organisations, by hospitals or by partnerships, e.g. a GP partnership.

**Domestic Violence, Crime and Victims Act 2004 (updated 2014)**

Places a duty on Community Safety Partnerships to make arrangements for Domestic Homicide Reviews; health agencies including CCGs are required to participate in these.

**The Modern Slavery Act, 2015**

On 1 November 2015, a provision of the Act came into force for public authorities to notify the Home Office when they encounter a potential victim of modern slavery. This is to help build the picture of modern slavery in the UK and improve the response from all public services. Doctors, GPs, nurses and other healthcare workers are not bound by this duty.

They are, nevertheless, encouraged to make a voluntary notification.

Notifications must be limited in how much information they divulge if the victim is an adult who has not consented to it, so that they cannot be identified personally.

Any notification made is in accordance with the regulations and must not breach any obligation of confidence owed in relation to that information.

**9: Mental Capacity Act (2005) and Deprivation of Liberty Safeguards**

**Mental Capacity Act**

The Mental Capacity Act (MCA) aims to empower people to make decisions for themselves as much as possible and to protect people who may not be able to take some decisions.

The MCA is supported by a Code of Practice and health staff members are specifically highlighted as a category of professionals who are required to have knowledge and expertise in this Code of Practice.

The interdependencies between the MCA and safeguarding can only be addressed if staff members are fully aware of their responsibilities.

NHSE expects, as a legal duty, all NHS funded providers meet the requirements of this Act. KCCG must also be assured that the services it commissions are compliant for all members of the population who are over 16 years of age.
Deprivation of Liberty safeguards

The Deprivation of Liberty Safeguards (DoLS) within the MCA provides a legal protective framework for those vulnerable/at risk people who are deprived of their liberty and not detained under the Mental Health Act 2005.

The safeguards apply to people in hospitals and homes (whether privately or publicly funded) and their purpose is to prevent decisions being made which deprive vulnerable people of their liberty.

In the event of it being necessary to deprive a person of their liberty, the safeguards give them rights to representation, appeal and for any authorisation to be monitored and reviewed.

An update to the published guidance on Deprivation of Liberty Safeguards this year was given by the Chief Coroner which has now been published in new guidance on DoLS.

The new guidance note, 16A, came into force on 3rd April 2017 to coincide with commencement of changes introduced by Policing and Crime Act 2017 on the same day.

The guidance states

"50. With a death occurring on or after 3rd April 2017 any person subject to a DoL (i.e. a deprivation of liberty formally authorised under the MCA 2005) is no longer ‘in state detention’ for the purposes of the 2009 Act.

51 When that person dies the death should be treated as with any other death outside the context of state detention: it need only be reported to the coroner where one or more of the other requisite conditions are met.

52. Of course, where there is a concern about the death, such as a concern about care or treatment before death, or where the medical cause of death is uncertain, the coroner will investigate thoroughly in the usual way. There will always be a public interest in the careful scrutiny of any death in circumstances akin to state detention. As in all cases there must be sufficiency of coroner inquiry."

Deprivation of Liberty in domestic settings

In March 2014, the Supreme Court handed down a significant ruling that lowered the threshold for people being deprived of their liberty (DoLS) so that this can now occur in domestic settings.

This does have an impact on health services and CCG’s, as many more applications and assessments for DoLS may be required as more and more people are receiving care within their own homes.
If someone is being deprived of their liberty in a domestic setting and is having their care funded by the CCG then it is the CCG’s responsibility to make an application to the court of protection for to legally deprive someone of their liberty in their own home.

10: NHS England (NHSE)

NHS England’s role has been to ensure that robust processes are in place to learn lessons from cases where adults die or are seriously harmed and abuse or neglect is suspected.

NHSE held responsibility for ensuring that the health commissioning system as a whole was working effectively to safeguard and improve the outcomes for adults at risk and their carers.

It’s role has been to provide oversight and assurance of each CCG’s safeguarding arrangements and to support CCG’s in meeting their responsibilities.

It achieves this through working closely with CCGs and with the local authorities and by maintaining local CCG networks.

KCCG is an active member of the London Safeguarding Adults Leads network.

11: PREVENT Duty

This Act came into force in February 2015 and created a new duty on certain bodies to have due regard to the need to prevent people from being drawn into terrorism. This duty applies to some NHS bodies, amongst a range of others.

Associated guidance sets out the main expectations of the main bodies subject to the duty.

Key duties of the Act were also included in the 2015/16 NHS Standard Contract with requirements for a Prevent Lead, Policies and Procedures and compliance with the principles contained in Government Prevent Strategy/ Guidance Toolkit.

This included the need to have a programme to raise awareness amongst all staff and volunteers as supported by new Prevent Training and Competencies Framework developed in conjunction with the 2014 Intercollegiate Document (ICD).

The Core Standards for Emergency Preparedness now require Acute Trusts, NHSE, CCG’s and NHS Funded Providers to define how they are meeting the Prevent Strategy’s objectives of:

1. Responding to the ideological challenge of terrorism and the threat faced from those who promote it.
2. Preventing people from being drawn into terrorism and ensuring that they are given appropriate advice and support.
3. Working with sectors and institutions where there are risks of radicalisation which need to be addressed.

The safeguarding team in Kingston CCG are working closely to raise the awareness of PREVENT and increase the number of health staff who have attended “Workshops for Raising Awareness of Prevent, WRAP”.

A joint PREVENT Conference took place in January 2018 and this was well attended by representatives from both Kingston and Richmond area GP’s and practice staff as well as staff from Kingston Hospital Trust.

12: Partnership working

Performance and Assurance from KCCG commissioned service

The effectiveness of the safeguarding system is assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- The Kingston Safeguarding Adults Board
- External regulation and inspection - CQC and Monitor
- Effective commissioning, procurement and contract monitoring.

All provider services, now including every General Practice, are required to comply with the Care Quality Commission Essential Standards for Quality and Safety which include safeguarding standards (Standard 7).

KCCG performance manages each provider organisation via formal contract review meetings led at director level. In addition the following arrangements are in place to strengthen the CCG’s assurance processes:

- Safeguarding Leads are members of each Provider Trust’s internal Safeguarding Committees.
- Joint commissioner/provider quality contract meetings always consider safeguarding issues/priorities and receive updates on action plans from Serious Case/Domestic Homicide Reviews.
- Systematic reviews of serious incident reports are routinely received from NHSE.
The Kingston Safeguarding Adults Board (KSAB)

The Kingston Safeguarding Adults Board is the main forum for agreeing strategies for organisations to work together to safeguard and promote the welfare of adults at risk.

Since the care act 2014 coming into force having a Safeguarding Adults Board is now a statutory duty for all areas.

KCCG work with the KSAB

The KCCG safeguarding team are proactive members and participants of the KSAB and have 100% attendance at all board meetings.

The KCCG safeguarding adults lead is the chair for the KSAB communications sub group as well as a member of the KSAB training sub group and Safeguarding Adult Review sub group.

The KCCG safeguarding team are leading on the community engagement work and have lead on the development and publication of an explanatory safeguarding leaflet and card for members of the public, as well as leading on the development of new web pages for the KSAB.

Joint work with the board is guided by legislation and by statutory obligations but also informed by information we receive via data and statistics received on safeguarding adult’s concerns.

The KCCG safeguarding team are leading work to strengthen the knowledge and understanding of safeguarding for groups that have been identified as more at risk of abuse, such as older women, by working together with other board members to provide direct training and support to local voluntary groups and organisations.

Safeguarding Adults Self-Assessment Audit (SAAF)

The Safeguarding Adults at Risk Audit Tool was developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London.

It reflects statutory guidance and best practice.

The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Safeguarding Adult Board (SAB) in ensuring effective safeguarding practice across the Borough.

The audit tool is a two-part process:

- Completion of a self-assessment audit
A safeguarding adult board challenge and support event.

The purpose of the tool is to provide the SAB with an overview of the Safeguarding Adult arrangements that are in place across the locality identifying:

- Strengths, identifying these so that the practice can be shared
- Common areas for improvement where organisations can work together with support from the SAB
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the SAB

The KCCG safeguarding team and Director of Quality have supported and provided input into the most recent safeguarding adult’s self-assessment framework audits and the Director for Quality has co-chaired the challenge events.

Last year’s safeguarding self-assessment audits were completed by all statutory board partners as well as all services that have membership of the Board.

At this year’s SAB strategy and planning event held in March 2018 it was agreed by all partners to change the format of how the board will use the Self-Assessment Audit this time around. The focus this time is on reviewing and having updates from partners on areas in the previous year that were rated as either red or amber.

**Safeguarding Adults Reviews (SAR)**

A Safeguarding Adults Review is a process for all partner agencies to identify the lessons that can be learned from particularly complex or serious safeguarding adult’s cases, where an adult in vulnerable circumstances has died or been seriously injured and abuse or neglect has been suspected.

Safeguarding Adults Reviews are normally commissioned by the Safeguarding Adults Board and overseen by the SAR sub group of the board.

The focus of the Safeguarding Adult Review Sub-group in 2017/18 has been to agree the methodology for considering referral and managing Safeguarding Adult Reviews.

A full days training on the role of the SAR chair has been provided to board members and senior staff members from provider organisations who volunteered to support this work. This now enables the Kingston SAB to have a local pool of trained SAR chairs to work more effectively on local cases when these arise.

In 2017/2018 there have been 3 SARs identified and these are now undergoing the initial stages of investigation. Once these have been completed learning will be shared via the most appropriate forums and if necessary via learning events.
14: Assurance provided by Provider Trusts to Kingston CCG

All contracts for 2017/18 held by Kingston CCG with their providers included clear standards in relation to safeguarding adults (‘Minimum Safeguarding Standards Expected of Providers’). These are included within the Kingston CCG Safeguarding Adults Policy.

The CCG’s main care providers produce safeguarding adult’s annual reports relating to 2017/18. These provide the CCG with the assurance that the minimum safeguarding standards expected of providers are being met as well as giving information on staff training statistics and information on alerts raised by and about the organisations. The annual reports are sent to the KSAB for information and discussion as well as being presented to the relevant care quality review groups.

15: Regulatory Reviews (Care Quality Commission CQC)

Under the Health and Social Care Act 2008, CQC’s main statutory objective is to protect and promote the health, safety and welfare of people who use health and social care services. CQC monitor safeguarding arrangements for people using the services they regulate and their objective is making sure that providers fulfil their responsibilities to keep all adults safe.

KCCG scrutinise and monitor the CQC inspection reports of all the services they commission and specifically when they broker care for Continuing Health Care (CHC) clients.

The Office of London CCGs commissions the London Purchased Healthcare (LPH) to deliver a collaborative commissioning framework for Continuing Healthcare for all London CCGs across 217 nursing homes. LPH monitors the quality for Continuing Healthcare provision across London and increasingly they are helping CCGs manage relationships with domiciliary care providers.

LPH recently established an online service to monitor Care Home availability across London. Care Pulse Capacity Management System (CPMS) was launched November 2017 and they have developed a new quality dashboards as an online portal. The dashboards are interactive and display monthly quality data for all registered homes.

Key features and information available from the quality dashboard for each Nursing Home

- **Profile** – this includes number of beds and admissions, Continuing Healthcare (CHC) and funded nursing care (FNC) clients and CQC rating

- **Exception reporting** – data that is beyond the normal range for each home is highlighted. i.e. number of complaints, emergency admissions, medication
errors. London Ambulance Data includes monthly data on attendances, conveyances and blue calls.

- **Safe** – includes data on pressure ulcers, falls, urine tract infections, healthcare acquired infections.

- **Responsive** – includes Deprivation of Liberty (DoLS) referrals made. DoLS that have been authorised. Number of clients on the end of life care pathway. Number of deaths.

- **Well led** – includes number of staff and staff turnover.

All new data is available as soon as a home submits their monthly report. KCCG safeguarding team supports the LPH where there are delays in reporting from any of the Kingston Any Quality Provider (AQP) care homes.

**16: Safeguarding leadership**

There have been changes over the past 12 months that have led to Kingston and Richmond CCGs working more closely together as a local delivery unit. This means that the overall responsibility for adult safeguarding now lies with the accountable chief officer for the South West London CCG’s. The Director of Quality within Kingston CCG is the director with responsibility for safeguarding adults and leads the safeguarding adults and children’s team across both Richmond and Kingston CCG’s. The KCCG lead nurse for safeguarding adults is also the MCA and DoLS lead.

Duties of the safeguarding adults lead include acting as clinical advisor to the KCCG on all safeguarding matters and works closely with the RBK safeguarding adults team.

KCCG safeguarding team is now made up of

- Director of Quality, executive lead for safeguarding adults and children
- Designated Nurse for Safeguarding Children
- Lead Nurse for Safeguarding Adults

**Reporting mechanism for Kingston CCG**

Quarterly and annual reporting assured through submission of the report to internal assurance processes, to Board level and to the clinical quality groups. A bi monthly
16 report is produced and presented to the integrated governance committee for noting and if necessary actioned.

17: Training

Safeguarding adults training is mandatory and all KCCG staff should be trained and competent to be alert to potential indicators of abuse and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with the London multi agency safeguarding adult’s policy and procedures 2015.

KCCG’s staff have the opportunity to conduct online training which has now been incorporated into the online “workforce” system, this makes tracking of attendance and need for individual staff update more visible and facilitates better data collection.

Staff also have the opportunity to have face to face training conducted by the safeguarding adults lead.

Up until early in 2017 the KCCG staff team were on target for required percentage of staff to be trained in adult safeguarding. However due to staff changes and the setting up of the local delivery unit the percentage of staff across the CCG trained and updated in basic adult safeguarding has fallen from 80% to 76%.

This is being addressed by the safeguard lead who is organising and presenting direct face to face basic awareness training to all CCG staff by the end of June 2018.

The safeguarding team continues to provide training on current safeguarding themes and relevant updates on adult safeguarding to the primary care half education day as well as organising presentations from external presenters.

18: Learning Disability Mortality Review (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) Programme aims to make improvements to the lives of people with a learning disabilities.

It clarifies any potentially modifiable factors associated with a person's health, and works to ensure that these are not repeated elsewhere.

The LeDeR Programme is delivered by the University of Bristol. It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. Work on the LeDeR programme commenced in June 2015 for an initial three-year period.

A key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities aged 4 and above.
The programme intends to make an identifiable difference to the lives of people with learning disabilities and their families.

The aim is that the reviews of deaths lead to reflective learning which will result in improved health and social care service delivery.

People with learning disabilities and their families will be encouraged to contribute to all aspects of the reviews and a holistic perspective looking at the circumstances leading to deaths of people will be the priority.

The LeDeR Programme collates and shares the anonymised information about the deaths of a person with a learning disability so that common themes, learning points and recommendations can be identified and taken forward into policy and practice improvements both locally and nationally.

A London Learning Disability Mortality Review Steering Group has been formed to oversee and support the implementation of the programme across the London region. This group report to the London Transforming Care Board, the Regional Quality Surveillance Group, London Safeguarding Adults and Children’s Board and NHS England LeDeR Steering Group.

Kingston was originally a pilot area for this project which has now been fully rolled out across the country and all health and social care services are required to take part and support any mortality reviews that have been identified and initiated.

The safeguarding adults team have now established and chair a local area steering group that covers both Kingston and Richmond and which is attended by all health service partners, local authority representatives and parent carer service user representation and Mencap.

The Safeguarding Adult Lead for the CCG is the Local Area Contact (LAC) for the LeDeR programme and they oversee all allocations of reviews to local trained reviewers as well as monitoring the number of trained reviewers available.

At the time of writing this report there have been four notifications of deaths of people with a learning disability in Kingston borough and two notifications of deaths of Kingston residents who live outside the borough.

Two reviews of the people who were living in borough have been completed and learning is being shared.

The two other notifications of people who were living in the borough are recent and these reviews are now underway.

The two Kingston residents who died and who were living in placements out of borough are being investigated by the CCG local to where they were living and any
learning and feedback will be given to the KCCG safeguarding adult lead for information and sharing.

19: Work to date/key achievements of the KCCG safeguarding adult’s team

We work in close partnership with all our provider services as well as our partners in the local authority and health and social care organisations in neighbouring NHS trusts and London Boroughs. Through our specialised work we have also developed close links with NHS trusts across the country, especially in the areas of mental health and learning disability services provision.

The Safeguarding adults is agenda is continually changing and expanding due to the raised awareness of safeguarding issues with the public and the need to ensure adults at risk are safe. The area of safeguarding is broad and as new issues arise out of reporting, investigations and current concerns the safeguarding team keep themselves update and informed via networks and research. This ensures that we have contemporary knowledge to challenge and support the services the CCG commissions.

All safeguarding is a priority but within this we as a team have identified some key areas to focus on where there has been greatest need over the past year.

Key Achievements within the last year

- Richmond and Kingston CCG’s coming together as a local delivery unit with both leads engaging in joint work and focusing across both boroughs on individual areas of specialism.

- Working together with the safeguarding team at Richmond CCG to co produce a joint work plan and strategy.

- Working smarter and bringing together meetings and projects across both Richmond and Kingston.

- Developing and maintaining close working partnerships with both local authorities for Richmond and for Kingston.

- Successfully leading on the safeguarding communication strategy for the KSAB.

- Leading on community engagement with service user groups presenting safeguarding awareness sessions tailored to individual group’s needs.
• Being successful in our bid to NHSE London for money to support training and its sustainability to GPs and primary care on MCA 2014 and DoLS across Kingston and Richmond. To begin implementation in May/June 2018

• Lead on the design, publication and funding of safeguarding adult’s leaflets and cards to raise awareness of adult safeguarding in the community.

• The setting up and chairing of the local learning disability mortality steering group for Kingston and Richmond and being local area contact for all mortality reviews for people with a learning disability from Kingston.

• Working with the Local Safeguarding Children’s Board (LSCB) to support those young people in transition who have care and support needs and who have experienced child sexual exploitation.

Further key achievements

• Recruited to full time post for safeguarding adults lead in Richmond CCG

• High scoring on London safeguarding self-assessment framework

• Regular contribution to primary care education sessions covering modern slavery, MCA and DoLS and self-neglect, hoarding and PREVENT.

• Revised joint objectives and work plan that cuts across both CCG’s

• PREVENT event for GP’s and practice staff held at Kingston hospital in January 2018. Supported by NHSE London PREVENT team and Kingston CCG Safeguarding Children’s lead.

20: Overview of the ongoing work and objectives for the coming year 2018

The following objectives are briefly described here but are given in more detail within the safeguarding teams work plan

• Agreement and implementation of a standardised dashboard that will be used by CCG’s covering the South West London area to collect safeguarding adults data from providers. Once this has been agreed across the SW London sector the CCG safeguarding leads will organise a training event for implementation of the dashboard for all commissioned services.
• Implementation, project management and evaluation of MCA and DoLS training programme aimed at GPs and primary care.
• Scoping the potential Court of Protection community deprivation of liberty cases that the CCG commissions care for and to follow up any work as necessary.

• Arranging training for CHC staff on COP DoLS.
• Continuation of chairing and organising the learning disability mortality review local steering group and the organisation and oversight of learning events as outcomes from the reviews.
• To lead on the project for raising awareness of LeDeR review project and raising awareness and importance of annual health checks for people with a learning disability with GP’s and practice staff.
• To lead on allocation of any mortality reviews for people with a learning disability who were Kingston residents.
• To chair a SAR as requested by the KSAB.
• Chair for SW London CCG leads peer supervision group.
• Reviews and audit of smaller commissioned services.

Further work required as an ongoing programme

• Raising awareness of adult safeguarding at the primary care education events and networking with GP’s and practices. Providing bespoke training to practices as and when required.
• Being a direct point of contact within the health economy to support the queries raised by health colleagues when they are confronted with a safeguarding concern and they require signposting to the most appropriate person or professional.
• To continue to support the strategic priorities of KSAB. Including embedding learning from Safeguarding Adult Reviews and other learning events.
• Continue to respond as appropriate to national and local reviews and enquiries; and continue to support and monitor health agencies recommendations and actions from such reviews.
• Continue to support health agencies in preparation for external inspections and reviews.
• Monitoring of statutory duties and adherence to published guidance.

• Monitoring and assurance of provider services and partnership working to address learning and continuous quality improvement.

• Monitoring of Nursing, Care Homes and Domiciliary Care in conjunction with the Local Authority.

21: Summary of safeguarding adult’s statistics as collected by the local authority safeguarding adult’s team

A new dashboard that highlights safeguarding data from all board partners and that is successfully in use in other SAB’s across London has been adopted by the KSAB. This dashboard holds quarterly statistical data which is provided from each partner organisation to the board and is used to highlight areas of concern and need presented in a clear and standardised format.

As this is a new system some data has not yet been collated and given statistical analysis to support presentation in easy to understand graph format. However the safeguarding team will give a brief presentation of the data available at the time of compiling this report.

Adult Safeguarding Performance Information and Summary Data 2017/18

Safeguarding Concerns

With the introduction of the Care Act on 1st April 2015, and introduction of significant changes in terminology and safeguarding requirements; for the purposes of this report, we are comparing concerns and enquiries in 2016/17 to alerts and referrals in previous years. Although a different definition, it allows some comparison to previous performance.

A safeguarding concern occurs when any safeguarding issue is first raised with Adult Social Care. After a concern is received it is reviewed, considered and risk assessed. It will either be dealt with through another route if not considered to be a safeguarding matter, or it will advance to the next stage of the safeguarding process for fuller investigation and formal intervention. This is called a Section 42 enquiry.

The following information is a snap shot of the current information available.

In the financial year 2017/18 there were 1067 contacts made for concerns regarding adult safeguarding. Of these contacts 294 went onto a full safeguarding enquiry and...
111 went through the safeguarding route but did not meet the Section 42 enquiry thresholds.

**Chart 1 number of safeguarding adults Concerns and Enquiries by age and gender.** This data is important because monitoring it will assist the KSAB in evaluating if local safeguarding arrangements are robust accessible and responsive.
Chart 2: Making Safeguarding Personal (MSP)

Percentage of service users whose outcomes from the safeguarding process were met. This measure is important because it measures the effectiveness of the safeguarding process in listening to what people want out of the process and demonstrates to the KSAB how MSP is being implemented.

Chart 3: Concerns by type of abuse.

This measure is important because it gives the KSAB an overview of the incidence of different types of abuse being raised.
Chart 4: Safeguarding enquiries by location.

This measure is important because it provided the KSAB with an overview of the level of safety in various locations including regulated services.

Chart 5: Outcome of safeguarding concluded enquiries- risk reduced, removed, remains.
This measure is important because it indicates to the board the outcomes of safeguarding enquiries and gives a measure of abuse that is prevalent in the local area.

![Outcomes of Concluded Enquiries](image)

**How does this data inform our work?**

- This data enables closer joint working, sharing of responsibilities and connects all the safeguarding teams together by highlighting a full cross section of safeguarding issues throughout the borough. This has helped with sharing information between teams, understanding which team is most appropriate to lead an investigation and further effective liaison with our key agencies such as the Care Quality Commission.

**22: Conclusion to the report**

This year saw staffing changes to the safeguarding team as well as changes to the CCG management structure.

Our main aim for the safeguarding team is to keep the people we serve safe in our health and social care services. We are committed to partnership working and our aim is to work as collaboratively as possible with the people we provide services for, with stakeholders and commissioned services.

We have now moved into shared office space with Richmond CCG which is a positive move, enabling both the CCG safeguarding leads to support each other, work smarter and utilise each leads area of specialism and expertise for example:
Acute services and MCA and DoLS for the Richmond lead and mental health and learning disabilities for the Kingston lead.

Through our lead work on chairing and organising the SW London CCG leads peer supervision we facilitate close joint working and sharing of information with our CCG colleagues in the SW London STP. This enables us to keep abreast of any sector wide issues that may arise as well as facilitating our joint work and shared projects.

We also keep in close communication with our peers across the London CCG network and regularly meet with our senior colleagues at NHSE London region for support and advice.

Our challenges, now that we are not based in the same building as the local authority, is to ensure we continue to have close working relationships with the local authority safeguarding services. To overcome this challenge, we meet with our colleagues on a weekly basis and ensure we have regular phone and email contact for updates and information sharing.

It is our priority to ensure that the safeguarding message is kept at the top of the agenda across health and social care as well as having members of the public understand what safeguarding is and how to report on any issues and concerns they may have.

Our biggest focus is continuing to keep our partner agencies updated with any changes in the safeguarding agenda as well as monitoring and supporting commissioned services to maintain their legal and professional responsibilities in relation to adult safeguarding.

Through our self-assessment audit, analysis of statistical information and via continual review of the work we do, we have been able to identify areas of work that need a particular focus for the coming year and we have incorporate these in our work plan and objectives for the next year.

This report was prepared in April 2018 by

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On behalf, of

Fergus Keegan, Director of Quality for Kingston and Richmond Clinical Commissioning Groups