

## **Brent Clinical Commissioning Group**

### **Safeguarding Adults Annual Report**

**2015/17**

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## Introduction

### **Safeguarding is everybody's business.**

Brent Clinical Commissioning Group (BCCG) is committed to working with stakeholders and commissioned services to ensure the health, safety and wellbeing of the local population. Protecting adults at risk is an integral part of BCCG's approach to commissioning, and together with a focus on the quality triangle, patient experience, patient care and clinical expertise, informs its commissioning arrangements. There are distinction between the role of commissioner and commissioned services. BCCG as the commissioner of services are required to seek assurance from commissioned services.

The lead agency responsible for Adult Safeguarding across the Borough is Brent Local Authority. BCCG works in partnership with the Local Authority, NHS Trust, Independent /Private Organisations and London Ambulance Service to safeguard the residents of the London Borough of Brent.

This annual report will provide assurance on how BCCG is meeting its statutory obligations for adult safeguarding. The report will also offer an overview of achievements as well as identify on-going work with some key challenges for years 2015 to 2017.

Safeguarding is defined as 'protecting an adult's right to live in safety, free from abuse and neglect'.

Adult Safeguarding is about Preventing and responding to concerns of abuse, harm or neglect. Staffs work in partnership with adults so that they are:-

- Safe and able to protect themselves from abuse and neglect.
- Treated fairly and with dignity and respect.
- Protected when they need to be.
- Able easily to get support, protection and services that they need.

### **The aim of safeguarding is to:**

- Stop abuse or neglect whenever possible.
- Prevent harm and reduce the risk of abuse to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole alongside professionals play their part in Preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help adults understand the different types of abuse, how to stay safe and what to do to raise a concern about their safety and wellbeing.
- Address what has caused the abuse.

## **Purpose**

The purpose of this report is to inform Brent Clinical Commissioning Group (BCCG) governing body members, stakeholders and members of the public of the activity of the adults safeguarding team. It is also to report on assurance that BCCG is carrying out its statutory duties and requirements for safeguarding adults at risk and operating within the parameters of the Care Act 2014.

## **Safeguarding Adults within the National Health Service (NHS)**

Safeguarding adults is the responsibility of funded NHS organisations, and all healthcare professionals working in the NHS have a duty to ensure the principles underpinning adults safeguarding are applied, these are:

- Deliver person centred, safe and high quality care.
- Work with the principles of safeguarding.
- Work with the principles of the Mental Capacity Act 2005 and the Care Act 2014 by respecting the decision making of individuals and identifying those who require support to reach a decision.
- Adhere to the PREVENT duties.

## **Safeguarding Adults National Context**

Significant changes in light of Winterbourne View (2011), Francis Report (2013), Lampard (2013 and 2015), Safeguarding Vulnerable People in the Reformed National Health Service (NHS): Accountability and Assurance Framework (NHS Commissioning Board 2013 and National Health Service England (NHSE) June 2015), Counter-Terrorism and Security Act 2015 and the Care Act (2014) have influence and changed the landscape of adults safeguarding, particularly for the NHS. These documents have shaped the statutory safeguarding duties of the Clinical Commission Groups (CCG) policy and guidance locally.

## **NHS Accountability and Assurance Framework:**

The Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS Commissioning Board 2013 and NHSE June 2015) describes safeguarding roles, duties and responsibilities of NHS Clinical Commissioning Groups, NHS providers and various other bodies within the health system. The framework describes the legal relationships, legal structures, principles and attitudes that enable the health system to effectively safeguard adults. It reinforces the shift in focus to Making Safeguarding Personal.

*“Promote empowerment and autonomy for adults, including those who lack capacity for a particular decision as embodied in the Mental Capacity Act (2005)”.*

This focus is on ensuring that all adult safeguarding work are not process driven, but gives people who use safeguarding services, more engagement and control in the

resolution of their concerns. The framework is used by Brent Quality and Safety Team in formulating commissioned quality contracts.

### **Care Act (2014).**

The Care Act came into force on the 1st April 2015 and is a significant legislation. The Act requires local authorities to promote integration with NHS and other key providers; this includes working through local Health and Wellbeing Boards. The Act fundamentally aims to place people at the centre of their care and/or support needs and to maximise their involvement.

The Care Act statutory guidance states that safeguarding is about 'protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to Prevent and stop both the risk and experience of abuse or neglect, while at the same time making sure the adult's wellbeing is promoted. This includes where appropriate, having regard for adults views, wishes, feelings and beliefs in deciding any action.

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

- Have care and support needs (whether or not the local authority is meeting any of those needs).
- Is experiencing, or at risk of abuse or neglect.
- As a result of those care and support needs the adult is unable to protect her/himself against abuse, neglect or risk.

The Care Act (2014) lists the following forms of abuse and neglect:

- Disability hate crime
- Hate crime
- Mate crime
- Discriminatory abuse
- Domestic violence and abuse
- Female genital mutilation
- Financial or material abuse
- Forced marriage
- Honour based violence
- Human trafficking
- Modern slavery
- Neglect and acts of omission
- Physical abuse
- Psychological abuse
- Restraint and restrictive practices
- Sexual abuse/exploitation

The Act requires local authority to make enquiries or raise enquiries if they believe an adult is being abused or at risk of being abused or neglected. Local authorities must cooperate

with each other and their relevant partners in order to exercise their functions under the Care Act (2014). It is the decision of the local authority to carry out investigations. BCCG works in partnership with Brent Local authority Safeguarding Adults Board (SAB). The Designated Nurse Safeguarding Adults works in corporation with the Local Authority SAB to support delivery of the boards' priorities and to ensure commissioned health services are Care Act compliant.

In 2011 the Government issued a policy statement setting out the six principles of Safeguarding Adults. These principles are embedded in section 42 of the Care Act (2014) and underpin all safeguarding work.

### The Six Principles

<b>Principle</b>	<b>Description</b>	<b>Outcome for adult at risk</b>
<b>Empowerment</b>	Presumption of person led decisions and informed consent	"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."
<b>Prevention</b>	It is better to take action before harm occurs	"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."
<b>Proportionality</b>	Proportionate and least intrusive responses appropriate to the risk presented	"I am sure that the professionals will work for my best interests, as I see them and will only get involved as much as needed."  "I understand the role of everyone involved in my life."
<b>Protection</b>	Support and representation for those in greatest need	"I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able"
<b>Partnership</b>	Local solutions through services working with their communities. Communities have a part to play in Preventing, detecting and reporting neglect and abuse	"I know that staff will treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me."
<b>Accountability</b>	Accountability and transparency in delivering safeguarding.	"I understand the role of everyone involved in my life."

## **New Duties**

The Care Act (2014) includes new duties for Safeguarding Adults Boards (SABs) to work more closely and to share information with its core statutory members and partner agencies. Safeguarding Adults Boards have three core duties:

- To publish a 3-5 year strategic plan each financial year to address the short and long term actions for protecting people in its area.
- To publish an annual report detailing the SABs activity during the year. This will include reporting of any Safeguarding Adults Reviews (SAR) and on-going reviews.
- To conduct Safeguarding Adults Reviews.

The Act also introduces the role of Designated Adult Safeguarding Managers (DASMs) in organisations concerned with adult safeguarding. This role is undertaken by the Designated Nurse Safeguarding Adults for Brent.

## **Duty of Candour**

The key recommendations from the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis Inquiry 2013) saw in November 2014 the introduction of a statutory Duty of Candour which became a statutory requirement for the NHS and is regulation 20 of the Care Quality Commission (CQC) standards. This regulation is now part of the standard that applies to all NHS bodies, defined as NHS trusts, NHS foundation trusts and any special health authorities. The Duty of Candour replaces the previous essential standards. Providers are required to establish this duty throughout their organisations, ensuring that honesty and transparency are the norm in organisation registered by the (CQC).

The Designated Nurse Safeguarding Adults is assured the Duty of Candour is carried out by auditing of health providers response to complaints and any report from investigations of serious untoward incidents requested by BCCG, Local Authority and National Health Service England (NHSE). Assessment of this duty is an essential criteria for all review visits to providers carried out by the Designated Nurse Safeguarding Adults, Continuing Health Care Team, other BCCG staff and the Local Authority staff.

## **Fit and Proper Persons Test**

The Francis Inquiry also introduces the Fit and Proper Persons Test which is regulation five of the CQC standards, applicable to all directors of NHS bodies or those acting in an equivalent role. On assessing this regulation the CQC will consider whether NHS Directors or their equivalent are physically and mentally fit, of good character, qualified with the necessary skills and experience for the role, and are compliant to the Disclosure and Barring Service (DBS) check and have a full employment history. Brent Human Resource Management Department are charged with the authority to carry out these statutory checks on all employees working for BCCG.

## **Criminal Justice and Courts Act 2015**

Criminal Justice and Courts Act 2015 came into force 13th April 2015; Sections 20-25 and Schedule 4 of the Act apply to individual care workers and care providers. The Act recognises that care provider offence can be committed by a range of organisations, hospitals or partnerships e.g. GP practices, care and residential homes, statutory services.

The sections and schedule are a response to the recent scandals in care homes and hospitals concerning the abuse of vulnerable adults and the elderly. This Act establishes new criminal offences for ill-treatment or wilful neglect of vulnerable adults. Previously, the offence of ill-treatment or wilful neglect was only applicable under the Mental Capacity Act 2005, where a person lacks capacity, or is subject to the Mental Health Act 1983. This Act widens the scope of protection to all individuals receiving care, by ensuring the 'gap' is effectively closed and quality of care is improved. There has been no prosecution for ill treatment or wilful neglect by BCCG commissioned services.

### **PREVENT**

This is part of the Government's overall counter-terrorism strategy CONTEST2 introduced in 2011 by the Home Office. PREVENT interventions have been further strengthened by the Counter-Terrorism and Security Act 2015. This places a duty (the 'Prevent duty', section 26) on NHS organisations in the exercise of their functions, to have 'due regard to the need to Prevent people from being drawn into terrorism'. PREVENT became a statutory responsibility for the NHS in February 2015.

There are four key principles:

Principles	Description
Protect	To strengthen our protection against a terrorist attack
Prepare	To mitigate the impact of a terrorist attack
Pursue	To disrupt or stop terrorist attacks
Prevent	To stop people becoming terrorists or supporting terrorism

This statutory responsibility aims to reduce the threat to the UK from terrorism by stopping people becoming or been drawn into terrorist acts or extremism and to divert vulnerable people from radicalisation.

### **PREVENT Requirements for CCG and Providers are to:**

- Identify staff that can support the Prevent Lead, by delivering training across the workforce. The staff details including the name of the local authority in which they represent are required to be forwarded to the Regional Prevent Coordinator.
- Use the guidance framework which categorise which staff is required to undertake training and at what level.
- CCG and Providers organisation are required to have 85% training compliance by 2018 in line with the Prevent training strategy.

- Agency and contractors need to have a good understanding of Prevent
- At induction all staff is required to be given information about Prevent.

All staff is expected to know:

- How to recognize vulnerability and those at risk of being drawn into terrorism.
- When and how to refer concerns
- Where to seek advice
- How to raise an alert.

## **PREVENT Assurance**

Commissioned organisation have provided assurance to BCCG against the NHS contract that they have a Prevent delivery plan in place and can demonstrate that they have nominated a Prevent Lead. Within BCCG is role forms part of the Designated Nurse Safeguarding Adults role. The Lead is required to attend national, regional and local forums and network events.

Brent CCG has develop a Prevent policy which includes ensuring that all staff, permanent or subcontractors have Prevent training and they raise awareness of Prevent as per the NHS Prevent training competencies. The Designated Safeguarding Adults Nurse attends the Safeguarding and Prevent Provider Forum sub group. The aim is to have participation from a number of key agencies to ensure multi-agency safeguarding oversight and discussion of cases. From these discussions action plans are drawn that identify specific interventions used in order to Prevent vulnerable people been drawn into terrorism. These action plans are reviewed and evaluated monthly by the group. Prevent Leads identified within organisation, are tasked with ensuring that NHSE obtain assurance via quarterly returns of incidents and training. Prevent training has been delivered to Brent CCG staff by the Local Authority Borough Prevent Lead.

Prevent work depends on effective partnership working. For providers, that means attending Channel Panels, working closely with the, Designated Nurse Safeguarding Adults, Community Safety Partnerships, the local authorities and Local Prevent Coordinators.

## **Domestic Violence and Abuse**

The term 'domestic violence and abuse' is used to mean any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners. This includes psychological, physical, sexual, financial and emotional abuse. It also includes 'honour'-based violence and forced marriage.

NICE launched an updated quality standards for domestic abuse on the 29th February 2016, which gives guidelines for commissioners and clinicians to be used in conjunction with the NICE guidelines published in 2014. The quality standard is expected to contribute to improvements in the following outcomes:

- Harm from domestic violence and abuse
- Mortality from domestic violence and abuse
- Emergency attendances for domestic violence and abuse
- Quality of life
- Personal safety
- Duration of domestic violence and abuse
- Re-occurrence of domestic violence and abuse.

Domestic Violence and abuse is a Brent Safeguarding Adults Board and BCCG priority for 2016/2018.

### **Statistic on Domestic Violence**

It is estimated that one in four women and one in six men will experience abuse by a partner /ex-partner or family member their lifetime. (Living Without Abuse 2016)

One in twenty children are sexually abused 30% of all children tell no one at the time. Of the children who are abused by parents or carers they are around 3 times more likely to also witness family violence (Radford et al, 2011)

Every week two women are killed by a current or former partner, every week three women commit suicide due to domestic abuse, every day nearly 30 women attempt suicide due to domestic violence (Refuge 2016).

Disclosure of abuse is significantly underreported especially where it occurs within a family context.

### **Multi Agency Risk Assessment Conference (MARAC)**

A Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting. The conference discussed high risk domestic violence cases. It is attended by a number of key agencies, police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), Designated Nurse Safeguarding Adults, Probation and other specialists from the statutory and voluntary sectors.

The role of the MARAC is to facilitate, monitor and evaluate effective multi agency information sharing to enable appropriate actions to be taken to keep individuals and their family and friends safe and to increase public safety. In a single meeting, MARAC combines up to date risk information with a timely assessment of victim's needs and links this directly to the provision of appropriate safeguarding measures and services for all those involved in domestic abuse: victim, children and perpetrator.

## MARAC Data

### MARAC Referrals 2015/16

Referrals	Q1	Q2	Q3	Q4	Cumulative
Case discussed	99	86	95	101	381
Repeat cases	7	13	10	7	37
% of Repeat cases	7%	15.1%	10.5%	6.9%	10%

### MARAC Referrals 2016/17

Referrals	Q1	Q2	Q3	Q4	Cumulative
Case discussed	133	125	81		339
Repeat cases	15	25	21		61
% of Repeat cases	11.3%	20%	26%		18%

## Analysis

The average repeat referral rate for Q1 has increased compared to the same period of the previous year by 4.3%. 87% of repeat referrals are for women. The average repeat referral rate for Q2 has increased compared to the same period of the previous year by 15.1%. 100% of the repeat referrals are for women. The average repeat referral rate for Q3 has increased again compared to the same period of the previous year by 10.5%. 100% of the repeat referrals are for women. The total number of MARAC referrals has decreased significantly Q3 2015/16 there were 95 referrals compared to 81 for 2016/17. The most common primary abuse reported is physical across years 2015/16 and 2016/17.

## MARAC Assurance

The Designated Nurse Safeguarding Adults attends the monthly MARAC forum and the IDVA monthly meetings a specific forum for violence against girls and women. This forum has increase the level of awareness within diverse communities and has been able to host a number of community event aimed at women and girls who are seeking support for domestic violence.

Brent`s safeguarding adults training have been amended to include information on Female Genital Mutilation (FGM) recording and reporting responsibilities. Events were held throughout the year to raise awareness, disseminate leaflets, and share good practice.

The Designated Nurse Safeguarding Adults attends the UK Domestic Violence and Health Research Forums. Current research has commenced looking at how adults who present to emergency departments after sexual violence are managed. This research is a survey of health care professionals` attitudes and clinical practice. This is of particular interest to BCCG as they commission London North West Hospitals who are the major Accident and Emergency department in Brent. Information from this survey will be used to influence practice.

## **Mental Capacity Act (2005)**

The Mental Capacity Act (MCA) 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It sets out a clear framework of who can take decisions, in which situations, and how this should be done. The Act also enables people to plan ahead for a time when they may lose capacity.

In order to increase compliance to the MCA a number of training events on MCA has occurred in care homes across Brent carried out by the Designated Adult Safeguarding Nurse. Assurance regards to compliance to the Act is also gained by provider services completion of the quarterly monitoring Safeguarding Health Outcomes Framework (SHOF) which demonstrates the numbers of staff that are trained on MCA. The Monitoring and Evaluation Subgroup of the Local Safeguarding Board reports on provider organisation MCA training that is provided by Brent Local Authority.

BCCG is accountable for ensuring all services commissioned for adults in need of care and support services are compliant with MCA. All staff working within health and social care services has a duty to ensure they are aware of their responsibility and accountability under this Act.

## **Mental Capacity Act and NHS London Commissioning Project**

In March 2014 the House of Lords Select Committee published their final report and concluded that the Act has suffered a lack of awareness and understanding. From this report in 2014/15 the National Safeguarding Steering Group funded MCA and Deprivation of Liberty Safeguards projects across the regions to support the achievement of the House of Lords recommendations. The report has been shared with NHSE and all London Commission MCA services. The House of Lords recommendations are directly concerned with commissioning. The report highlighted the following:-

- MCA leads play a role in raising awareness and working with CCG colleagues in commissioning and contracting to ensure that MCA is visible within commissioning.
- Support required for effective MCA implementation across providers
- Support for commissioners to implement MCA compliance
- Implementation the MCA toolkit to services
- Key themes bedded into the work of the CCG as part of the on-going work of the Designated Adult Safeguarding Nurse is required going forward.

The report also mentions the key achievements, including training of frontline staff including GPs on MCA and their statutory duties. They also noted an increase of Best Interest Assessors and the development of tools to support staff such as z cards and apps.

## **Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DOLS) published under sections 42 and 43 of the Mental Capacity Act 2005 provides a legal protective framework for vulnerable adults who are at risk of been deprived of their liberty and who are not detained under the Mental Health Act 1983 amended in the 2007. The Deprivation of Liberty Safeguards (DOLS) Code of Practice provides extensive guidance and information about practice and is the main point of reference for staff working with Deprivation of Liberty concerns.

### **Deprivation of liberty in Community settings**

In March 2014 the Supreme Court made a significant ruling that lowered the threshold for people being deprived of their liberty (Article 5 of the European Convention on Human Rights). This ruling means people can be deprived of their liberty in settings other than hospitals and care homes. Supported living accommodation is now considered settings where DOLS can be applied. In such cases the deprivation can only be approved by the Court of Protection and applications for authorisations in such circumstances should be made to the Court.

BCCG Continuing Health Care team (CHC) are aware of the impact that Community DOLS will have on the CCG and have already beginning to review their CHC patients. This process is be managed by the BCCG Head of Continuing Care. The consequences for the Local Authority and health services are that many more applications and assessments for DOLS will be required.

### **Brent Local Authority DOLS Service**

Brent Local Authority DOLS Service is responsible for processing, commissioning, assessing and collating the information regards to DOLS applications from hospitals, care homes, residential homes and supported living homes in Brent.

This is the first point of contact for any MCA/DOLS related issues. In addition, the DOLS Service provides advice and guidance on MCA/DOLS related issues to practitioners, hospital staff and the Continuing Health Care Team.

There has been noticeable increase in the amount of requests for authorisations and advice queries following the recent Supreme Court judgment (P & Q and Cheshire West).

## DOLS Data

### DOLS Total Assessment for 2015/16

Assessments	Total for 2016/17
600 DOLS application	510 granted

### DOLS Assessment in 2016/17

Assessments	Quarter
227	Quarter 1
221	Quarter 2
206	Quarter 3
226	Quarter 4
Total 880	2016/17

### Analysis

2016/2017 data showed an increase of 280 more application for DOLS from what was received in 2015/16. This has impacted on the timeliness of assessments and is the contributing factor why a high proportion of assessments are being completed outside statutory time scales. Timeliness of assessments is an issue locally, regionally and nationally.

The DOLS service is struggling to meet statutory responsibilities in terms of completing the assessments within time scales. This delay would be significantly changed by the recruitment of additional support staff to undertake Best Interests Assessments (BIA's). A dedicated BIA would give increased capacity to carry out more assessments. This would ensure hospitals, care homes etc. are provided with the appropriate authorisation to deprive an individual of their liberty within the legal framework, in a timely manner when providing treatment for those who lack capacity. At present, due to lack of BIAs, the ability to respond to applications within timeframes is reduced; patients are either being discharged from hospitals before assessments can take place or treated without the appropriate legal framework in both hospital and community settings. Brent CCG Continuing Health Care Team has two best interest assessors who carry out assessment on behalf of Brent.

### Achievements of the Safeguarding Adults Board 20015/17

The appointment of an independent chair in June 2016 saw the board restructured and subgroups established with membership and terms of reference. Sub Groups are effective in enabling different components of safeguarding to be robustly attended to via monthly, bimonthly or quarterly meetings.

The development of a self-assessment audit tool enable partner agencies to self-assess their organisation/services against a number of key national drivers and themes that has been developed. The self-assessment tool allows providers not only the capacity to bench mark themselves against national standards but also to present what they are doing really well regards to safeguarding. As a methodology of sharing good practice there will be challenge events hosted by the local authority giving partners an opportunity to present their achievements and areas for development.

Making safeguarding personal principles imbedded in the Care Act 2014 has been implemented across all partner agencies. There will be a multi-agency audit later in 2017 to enable further intelligence in understanding where agencies are in their implementation of this fundamental legislation. The audit will also correlate information regards to a move from process driven practices to improving the outcome and experience for people experiencing abuse or neglect by engaging with the person through the process of establishing personalised care packages.

All partner agencies have engaged with the Mental Capacity Act, continued awareness rising has been carried out in order to achieve the board priority around self-neglect identified in the Care Act as a category of abuse. To ensure further engagement in MCA and DOLS new forms have been created in order to simplify the referral process for DOLS and a continued program of staff training supported by a DOLS newsletter has been led by the SAB with the Designated Adult Safeguarding Nurse involvement.

Brent SAB and partner agencies have a Safeguarding Information Sharing Agreement which has been signed off by the SAB and forwarded to the BCCG for sign off through the BCCG governance processes.

2016 saw the launch of The Pan London Safeguarding Adults Procedures, the procedures have been adopted by Brent Adults Safeguarding Board.

### **Local Authority Safeguarding Team Performance**

The Local Authority is responsible for the investigation of an adult concern that meets the criteria for a section 42 inquiry as stated in the Care Act 2014. The data from the Local Safeguarding Board offers some assurance for ensuring those in need are being seen and made safe.

The data in the tables are for 2016/2017; this data was compared to data received in 2015/2016 and an analysis has been triangulated across both.

### **Data for March 2016 to April 2017**

<b>Number of Concerns Reported</b>	<b>Quarter</b>
426	Quarter 1
437	Quarter 2
407	Quarter 3
442	Quarter 4

## Analysis

Q4 figures show an increase compared to 2015/16 when an average of 420 concerns were reported each quarter. 1712 concerns recorded in 2016/17 compared to 1680 in 2015/16

### Concerns and Enquiries March 2016 to April 2017

Number of concerns resulted in enquiries	Quarter
50%	Quarter 1
60%	Quarter 2
59%	Quarter 3
57%	Quarter 4

## Analysis

These figures refer to all enquiries and not Section 42 Enquiries.

There is a small increase compared to the figures for the previous year, in real terms this means an average of 246 enquiries are made in each quarter in the year to date. In 2015/16 56% of concerns resulted in enquiries.

### Section 42 Enquiries

Number of enquiries were concluded	Quarter
169	Quarter 1
155	Quarter 2
172	Quarter 3
132	Quarter 4

## Analysis

National and regional figures for concluded Section 42 Enquiries are not available.

More generally, the available figures show that a high number of enquiries are carried out in Brent. An average 157 Section 42 Enquiries were closed each quarter in 2016/17. For example, the previous year's figure was 21% higher than the regional average (London) and 3.5% higher than the national average

### Making Safeguarding Personal

The Local authority Safeguarding team have clear and robust case recording and work flow to evidence Adult At Risk (AAR) views. This data links to key thematic views of wellbeing and dignity principle within the Care Act.

The AAR's outcomes of concluded cases	Quarter
83%	Quarter 1
78%	Quarter 2

<b>84%</b>	<b>Quarter 3</b>
<b>81.5%</b>	<b>Quarter 4</b>

### Analysis

Regional and national figures are not available for this indicator. In 2016/17 the AAR's outcomes were fully met in 81.5 % of cases. There has been a slight improvement compared to the baseline measure in 2015/16, the AAR's outcomes were fully met in 75.6% of cases in that year.

### Risk-Removed Reduce or Remain

<b>Risk was reduced or removed</b>	<b>Quarter</b>
<b>99.5%</b>	<b>Quarter 1</b>
<b>99.5%</b>	<b>Quarter 2</b>
<b>92%</b>	<b>Quarter 3</b>
<b>94%</b>	<b>Quarter 4</b>

### Analysis

In 2016/17 risk was removed or reduced in 94% of cases. The Borough has consistently performed well in this area compared to baseline:

The 2015/16 figure for Brent was 82%

The 2015/16 figure for London was 65%

The national 2015/16 figure was 67%

### Types of Harm

<b>% of specific harm reported</b>	<b>Types of Harm</b>
15%	financial abuse
26 % of	physical abuse
38%	neglect
6%	emotional abuse

### Analysis

Concerns involving financial abuse and emotional abuse were relatively low in Quarter 4  
The core four still accounted for 85% of safeguarding concerns in LBB in Quarter 4

### Pressure Ulcers

Reports of self-neglect notable across Brent are due to the reporting of pressures ulcers. There is consistent decrease in the amount of pressure ulcers reported at grade 3 and 4. Across London North West this has decrease by 40%.

### Pressure Ulcers Concern and Inquires

Concerns 2016	Inquires 2016	Quarter	Concerns 2015	Inquires 2015
37	20	Quarter 1	39	35

50	28	Quarter 2	44	37
47	36	Quarter 3	41	32
60	33	Quarter 4	31	24

### **Analysis**

Enquiries in 60% of cases this year which is a large reduction compared to last year's figures when 78% of concerns resulted in enquiries. 194 concerns were raised about pressure ulcers in 2016/17 compared to 151 in the previous year. There were 117 enquiries this year compared to 128 enquiries in 2015/2016. The number of concerns about pressure ulcers increased in 2017/17 but the number of enquiries reduced. This is due to improve education and training within the care homes and the work of the CCG Primary Care Team especially the Tissue Viability Nurse who offers consultation assessment and treatment recommendation.

London North West Hospitals have experience an impressive reduction of pressure ulcers graded 4 and 3 by 50% across all its hospitals. Accident and Emergency (A&E) staffs have had additional training in recognising patients early who may develop pressure ulcers. The Monitoring and Evaluation Subgroup of the Safeguarding Adults Board will be carrying out a survey on London Ambulance Service regards to their assessment of patients who have tissue viability concerns in order to prevent the development of pressure ulcers often observe by A&E staff.

### **Priorities for the Brent Local Authority Adults Safeguarding Board 2016/17**

To have effective measures and arrangements in place, in collaboration with partner agencies to reduce the risk of abuse and neglect, of vulnerable adults who may be at risk of abuse in the Brent. This will include meeting the needs of those who are involved in domestic violence, abuse, drug and alcohol misuse and mental health issues (the toxic trio).

To ensure partners understand and provide an appropriate response to vulnerable adults who require support with mental health, ensuring that those who need it receive an appropriate response.

Ensure that all agencies place Making Safeguarding Personal at the centre of their response to vulnerable adults.

To ensure Brent Safeguarding Board has the capability and tools too effectively hold agencies to account in order to satisfy themselves that vulnerable adult are safeguarded in the Borough.

### **On-going work of the SAB**

Survey of staff across the Borough commence in March 2017 to May 2017. The purpose of the survey was to obtain a snapshot of knowledge and awareness of safeguarding and safeguarding procedures within Brent Safeguarding Adults Board partnership workforce. Partnership workforce includes staff working for organisations on the Safeguarding Adults Board and within its wider partnership within Brent.

The results of the survey will be used to identify any gaps in knowledge and this will inform the Board’s response. The Learning & Development and Monitoring & Evaluation Subgroups will take forward any actions agreed by the SAB.

The SAB have two on-going case reviews and will be at the stage within the next couple of months where lessons learnt from the investigation, recommendations and action plan will be shared partners.

**BCCG Assurance**

This section of the report provides an overview of the work the CCG has undertaken in the last year and key achievements in embedding adult safeguarding within the organisation and by provider organisation.

**BCCGs Statutory Obligations**

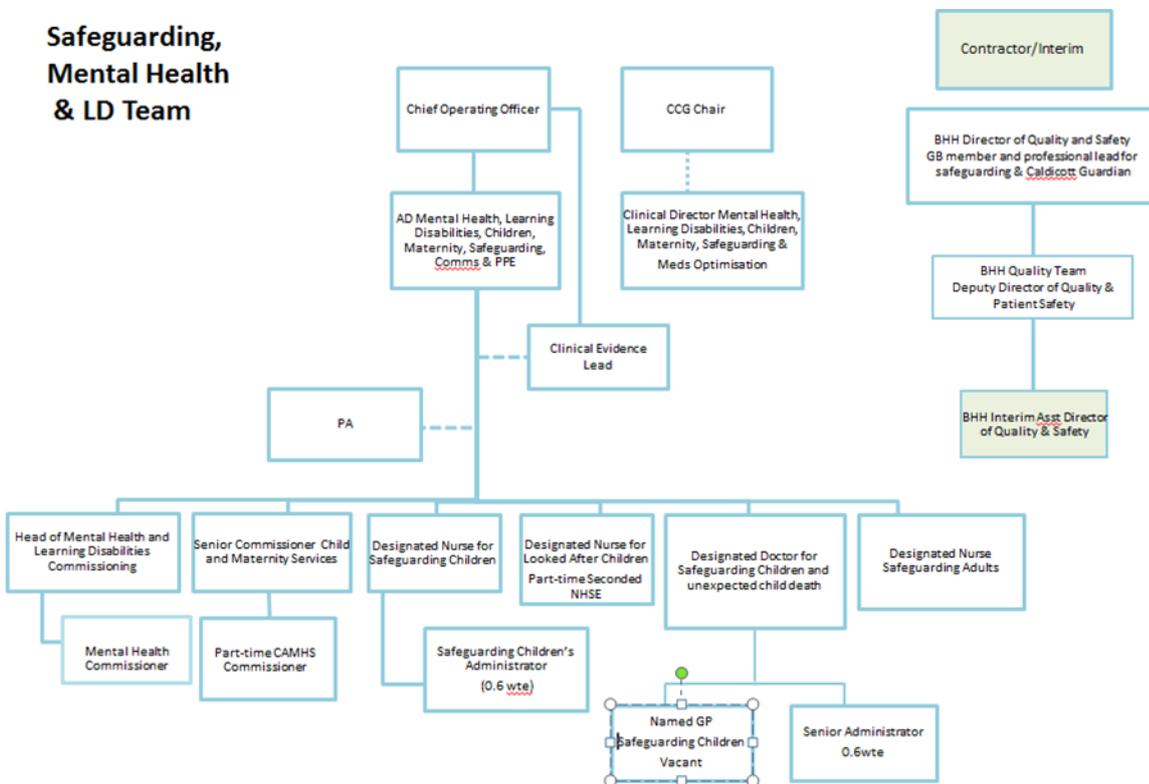
- Improve the health and wellbeing of people in Brent by commissioning high quality, safe and sustainable models of care.
- Involve and empower Brent’s diverse communities to focus on Prevention and self-care so that they have greater control of their health and wellbeing.
- Implement the Brent Local Services Strategy to improve local services through integration and new models of care.
- Manage resources effectively ensuring innovation and best value for public resources to deliver CCG financial plan.
- Engage Brent residents and patients in shaping the design of services to improve patient experience.
- Collaborate with our partners and stakeholders to strengthen local partnerships to deliver the Brent Sustainability and Transformation Plan.

**Brent CCGs Strategic Framework**

Key Objectives	Governance
<ul style="list-style-type: none"> <li>• To demonstrate strong partnership working with the local authority and other partners.</li> <li>• Demonstrate that safeguarding adults is essential to the commissioning strategy, all policies and procedures.</li> <li>• To provide assurance that all organisations both statutory and voluntary commissioned by BCCG are meeting Safeguarding standards</li> <li>• To provide strategic and operational; leadership across the health economy</li> </ul>	<ul style="list-style-type: none"> <li>• The CCG discharges its statutory duty as a core member of the Brent Safeguarding Adults Board and has representation on the 6 subgroups.</li> <li>• The CCG governing body and Integrated Governance Committee will receive a quarterly safeguarding adults report and will be alerted to areas of concern through the CCG reporting processes.</li> <li>• The Designated Safeguarding Nurse Adults, Prevent and MCA Lead nurse will provide strategic and clinical leadership expertise to the governing</li> </ul>

To support continuous quality improvement whilst maintaining patient safety	group.
<b>Reporting</b>	<b>Outcomes</b>
<ul style="list-style-type: none"> <li>Enhancement and development of new monitoring systems by NHSE for assurance in relation to the quality of service provision including contracts.</li> <li>In collaboration with provider services seek improvement and growth of monitoring systems for education and training across all organisations.</li> <li>BCCG to support innovation and continuous quality improvements in providers self-assessment and review of organisations</li> </ul>	<ul style="list-style-type: none"> <li>BCCG to demonstrate discharged of its statutory duties and compliance with national and mandated standards and directives.</li> <li>BCCG engaged with partnership working and supported innovation across Brent</li> <li>BCCG produces safeguarding adults annual report demonstrating and reporting on the quality of the provision commissioned in Brent.</li> <li>BCCG ensures adequate service user, carer/family involvement across all commissioned services</li> </ul>

### Brent CCG Safeguarding Governance Structure



### BCCG Safeguarding Leadership and Accountability

**Brent CCG Governing Body:** is responsible for ensuring that the CCG has robust adult safeguarding systems, which are monitored. They are also responsible for ensuring that all commissioned provider services have effective arrangements in place to meet their statutory duties in relation to adult safeguarding. They ensure that adult safeguarding and promoting the welfare of adults experiencing or at risk of abuse and neglect is fully implemented across the local health economy, through commissioning arrangements and through the responsibilities of commissioned provider services' boards and committees. The Governing Body will receive an annual adult safeguarding report and be kept informed of adult safeguarding enquiries and issues.

**Brent CCG Chief Operating Officer (COO):**

The COO is accountability for ensuring the CCG has appropriate strategies, structures, policies and procedures in place. This is to guarantee adults experiencing or at risk of abuse and neglect are safeguarded and the commissioned provider services comply with relevant national legislation and discharge their duties effectively.

**The BHH CCG Director of Quality and Safety:**

Is the Board Executive Lead with responsibility for confirming adult safeguarding is represented at Board level. The Director of Quality and Safety is also, a member of the local Adult Safeguarding Board and has a professional oversight of safeguarding in supporting designated professionals particularly in relation to clinical matters.

**Brent CCG Assistant Directors/Commissioning leads:**

They confirm adult safeguarding principals are integrated with the CCG commissioning cycle at each stage. By ensuring existing contracts have adult safeguarding explicitly stated and all commissioned provider services and contractors are fully aware and adhere to the agreed CCG and multi-agency procedures. They are responsible for supporting the Designated Adult Safeguarding Nurse in obtaining assurance.

**Brent CCG Designated Adult Safeguarding Nurse:**

Is the strategic, professional and operational lead with responsibility for providing senior clinical leadership and overseeing the development of adult safeguarding governance, systems and organisational focus. This role ensures robust assurance arrangements and monitoring systems are in place within the CCG and the wider health economy, and reports progress to the Board. The Designated Nurse is also the Designated Adult Safeguarding Manager (DASM) as required by the Care Act, and lead for Mental Capacity Act and Prevent.

**Assistant Director of Safety and Quality:**

They are responsible for the monitoring of the contractual compliance of providers with quality standards, including safeguarding under Service Condition 32. They also have oversight of safeguarding concerns raised in commissioned health services and will lead on complex health safeguarding enquires or investigations, or allegations of abuse or neglect where a staff member is the alleged perpetrator.

**CCG Continuing Healthcare Manager:**

Is responsible for ensuring adult safeguarding concerns identified by Continuing Health Care (CHC) are raised with the CCG's Designated Adult Safeguarding Nurse where

appropriate. The CHC Manager is responsible for ensuring CHC representation at adult safeguarding strategy meetings, case conferences, and for confirming the provision of relevant and timely information to multi-agency adult safeguarding meetings.

**CCG Continuing Healthcare Nurse Assessors:**

Responsible for ensuring they attend multi-agency adult safeguarding meetings as determined by the CHC manager, as well as providing relevant and timely information to multi-agency adult safeguarding meetings. They also review individuals placed in commissioned services and carry out whole care home, residential and domiciliary placement reviews in conjunction with the Designated Adult Safeguarding Nurse where appropriate.

**CCG Communication Team:**

This team is responsible for identifying communication plan, for working with relevant colleagues both internally and externally to support effective management of adult safeguarding concerns.

**NHS England (London Region):**

Responsibility for assuring the Department of Health, that all NHS organisations in London are complying with government legislation as it relates to adult safeguarding and for commissioning independent investigations/inquiries in adult safeguarding cases which meet national agreed criteria.

**Monitoring Performance and Assurances**

Performance and assurance from Brent commissioned service on the effectiveness of safeguarding infrastructures is assured and regulated by a number of bodies and mechanisms. These include:

- Provider internal assurance processes and Board accountability
- Brent 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 Standards for Quality and Safety which include safeguarding standards (Standard 7).
- Brent performance manages oversee a number of 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/organisations internal safeguarding committees, boards, and task and finish groups etc.
- Joint commissioner/provider quality contract meetings always consider safeguarding issues/priorities.

- Updates on action plans from Serious Case/Domestic Homicide Reviews are sent to the safeguarding leads.
- Systematic reviews of serious incident reports are routinely received from NHSE and lessons to be learnt are shared.

Further safeguarding of adults and leadership of the process is assured by the attendance by the Designated Adult Safeguarding Nurse at these meetings:-

Brent Local Authority Executive Safeguarding Adults Board  
Sub Committees of the Safeguarding Adults Board are:

- BSAB Case Review Subgroup
- BSAB Community Engagement and Awareness
- BSAB Multi Agency Establishment Concerns Group
- BSAB Monitoring and Evaluation Subgroup
- BSAB Learning and Development Subgroup

Additional assurance for Brent CCG on the effectiveness of safeguarding is given by the attendance and contribution of the Designated Adult Safeguarding Nurse to the following meetings:

- Care Home Managers Forum
- Brent Care Home Project Board
- Violence against Women and Girls Delivery Group
- MARAC Steering Group
- CHANNEL Panel
- PREVENT Delivery Group
- NHSE Safeguarding Adults/PREVENT Forum
- Strategy Meetings and Case Conferences
- Brent Harrow Hillingdon (BHH) Designated Safeguarding Committee
- Brent Harrow Hillingdon Designated Professional Safeguarding and LAC Forum
- Integrated Governance Committee
- London Ambulance Safeguarding Committee

### **NHS England Safeguarding Deep Dive**

Between October 2015 and January 2016 NHSE England London Region conducted a deep dive review into the CCGs safeguarding governance arrangements and processes. Brent CCG participated in NHS England London Region Deep Dive scrutiny of all London CCG Safeguarding practices and procedures.

The CCG's were assessed against the following:

- Governance / Systems / Processes
- Workforce
- Capacity levels in the CCG
- Assurance

## **Deep Dive Actions and achievements**

- Review of the Adult Safeguarding
- BCCG Safeguarding Adults Policy was ratified 2016
- A Safeguarding Adults and Children's Strategy is in draft.
- The CCG has recruited to the vacant designated nurse post
- BCCG Domestic Violence and Abuse policy is in development.
- BCCG Safeguarding Supervision policy is in development.
- BCCG PREVENT policy was ratified in 2015.
- Face to face Safeguarding Adults level 2 training delivered to the Governing Body in 2016.
- Brent received excellent in its maintenance of its Learning Disability Register for managing health checks for all its Learning Disability Clients.

In order for providers to assure the CCG that they are Care Act compliant and are meeting their statutory obligation under the Mental Capacity Act and Prevent duty Safeguarding Standards have been developed. These standards were presented to Providers on Monday 7th March 2015, and there have been follow up events held in order for providers to familiarise themselves with completing the new assurance tool the, Safeguarding Health Outcomes Framework (SHOF). Providers across the North West of London are now using the new assurance tool quarterly.

## **Partnership Working**

All contracts for 2015/16 and 2017/2018 held by BCCG include clear standards in relation to safeguarding adults.

The provider trust/organisations produce quarterly reports via the Safeguarding Health Outcomes Framework (SHOF). The SHOF report contains information relating to Safeguarding activity:

- Training figures
- Information on concerns raised by and against Providers
- PREVENT Data
- Numbers of Domestic Violence and Abuse referrals
- Number of Deprivation of Liberty referrals made (DOLS)

The provider trust/organisations participate in a Safeguarding Adults Self-Assessment, the results of which are shared with the Safeguarding Adults Board Partners, and this offers an opportunity to share good practice and discuss challenges.

An annual safeguarding adult's report is produced which is presented at the BCCG Integrated Governance Committee and to the Providers internal governance structures. Provider Safeguarding Policies are shared with the CCG for comment.

Brent CCG Designated Adult Safeguarding Nurse attends the service provider's internal (London North West HealthCare, London Ambulance all SAB and subgroups) safeguarding committee, to gain assurance that key issues are discussed and information relating to serious incidents is deliberated, action plans produced and assured evidence of lessons learned has influenced practice.

## **Care Homes**

The health economy of care homes has undergone continual scrutiny from the media regards to the level of care given to its residence. There remain substantial on-going safeguarding concerns relating to quality care issues of an institutional nature. This is against a back drop of potential reduction of beds available for Brent's ageing population; BCCG primary concern is for the resident experience.

Organisational abuse occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice. It can take the form of an organisation failing to respond to or address examples of poor practice brought to their attention. This can also include concerns around:

- Effective personalised care planning
- Quality and governance issues
- Not meeting carers and family expectations
- Ineffective management and leadership both clinical and operational
- Challenges regards to staffing numbers including staff skills, competence, knowledge and practice
- Management of residents' behaviours and wellbeing
- Service resisting the involvement of external people
- The manner in which services are planned and delivered
- The quality of basic care and the environment of the home
- Understanding legislation such as the Mental Capacity Act, DOLS and the Care Act 2014

## **BCCG Assurance**

To address these issues and concerns the Designated Adult Safeguarding Nurse works collaboratively with the Continuing Health Care Team, Quality and Safety Team, other CCG teams (Care Home Pharmacist), Local Authority Safeguarding Board/Subgroups and Care Quality Commission in relation to improving, monitoring and investigating concerns in care homes. Formal and informal communications are firmly embedded with the aim to maintain safe care in nursing care and residential homes.

Whole care home investigation and early detection of any safeguarding concern are shared between agencies through effective partnership working to improve standards and quality of care. This is in order to provide a robust, proactive and responsive multi agency workforce to work with the care homes to improve practice. Brent, Harrow and Hillingdon Designated Safeguarding Adults and the Quality and Safety Team meet bi monthly to

provide regular updates on the monitoring and assurance regards to safeguarding concerns and commissioning of nursing and residential homes.

Brent has been unfortunate to have had two major safeguarding concerns regards one care home and The Kingswood Centre for learning disability clients. Both involved NHS England oversight regards responding to request for monthly updates from the action plan. The Designated Adult Safeguarding Nurse with the Continuing Health Care Team and Quality and Safety Team carried out a number of quality assurance review visits, assessments on the clinical and operational functions of the care home and The Kingswood Centre with the provider. This enabled development and implementation of an action plan with a clear reviewing time frame for the provider to demonstrate clear progress. Lessons learnt from this incident were shared with internal and external providers. Both organisations were placed on an embargo to admission until all the action was met. The action plan included assessing training and competency of staff, by evidence of training and viewing records that training was provided or updated with dates and observation of their work. Assessment and review of individual patient care and support needs was carried out and patients who required to be moved were moved as appropriate.

The management and leadership within the organisations were assisted and given guidance and support to put appropriate safeguarding measures in place and encouraged to have an open and transparent culture across the home. The care home changed their management structure to incorporate a Quality and Compliance Manager whose role is to ensure policies and procedures are followed by observation of staff carrying out their duties, as well as developing monthly auditing, teaching and training of the staff. Organisations have had Care Quality Commission inspection in 2017, one obtained a rating of outstanding overall and the other received a rating of good overall. The organisation's safeguarding process has been recommended to be closed by the Designated Adult Safeguarding Nurse. NHS England has agreed this recommendation.

### **Family and Carers Test / Compliments and Complaints**

It is important for providers to obtain direct feedback from family members and carers regards to the care and support of their relative/friend and to have an opportunity to state what they find challenging and not so good about the provider. The result from these audits allows the provider to reassess and readjust the quality of the care they provide. The yearly audit by relatives and carers are displayed in communal areas and it is an aspect of what is reviewed at the review carried out by the Designated Safeguarding Adults Nurse and the CQC. Effective management of complaints process is also studied.

The Designated Safeguarding Adults Nurse, CQC and the CHC reviewers have made recommendation to providers on how to be compliant in applying the duty of candour in the management of the complaints process. The importance of auditing and reviewing complaints and carrying out the family carer and patient experience is also stated so that lessons learnt can be cascaded to staff.

### **Brent CCG Care Homes Project Board**

The Brent Care Home Project Board project is a joint programme of work across BCCG, Local Authority, health and social care commissioned services. It is governed within the Better Care Fund programme and is part of the Frailty STP work stream of Brent Health and Care Plan. The project has identified these aims:

- Joint commissioning of care homes, both nursing and residential, across Brent
- Enable a care home market that delivers high quality care based around patient needs in support of more complex health and social care needs.
- Integrated operational pathway of care provided to care homes through primary, community, acute and social care services.

The CCG and Local Authority commissioners need to develop an integrated approach to commissioning from the market and establish coordinated model of care in care homes to ensure improve quality and capacity as well as manage the price of provision more effectively. More specifically there is a need to:

- Reduce London Ambulance Conveyances (LAS)
- Reduce A&E attendances and admissions from Nursing care homes
- Improve the quality of care in local nursing home provision - including development of the workforce
- Increase capacity locally of nursing care provision
- Reduce delay discharge of care especially where the discharge destination is a nursing home placement.
- Ensure local nursing care homes can support patients with greater/more complex health needs/dementia.
- Develop different models in the community to deliver nursing care outside of a nursing home environment e.g. extra care nursing provision.
- Reduce requirement for costly 1 to 1 support within nursing homes to reduce costs

BCCG are responsible for funding a large proportion of domiciliary community care, residential and nursing care. Care home services are putting additional demand on local ambulance and acute services. In 2016/17 the London Ambulance Service reported a total of 1103 call outs from Brent care homes and of these 175 was not conveyed to the hospital. That gives 928 of ambulance call outs to local homes that resulted in A&E attendances. The local acute trust, North West London Hospitals NHS Trust, is reporting for 2016/17 that 151 patients came through their A&E from care homes and of these 111 once assessed in A&E were admitted. These issues for call outs and A&E attendances with care home residents/patients are having a significant impact on demand and capacity on the local health economy.

The numbers of nursing placements that is demanded and needed have continued to incrementally increase year on year since 2011. This is predominantly due to a more significant increase in the requirement for nursing dementia placements which has impacted on the number of vacancies available locally. Capacity is also further reduced due to increased demand across the North West London sector for nursing and residential placements. The impact of this bottleneck is delayed in discharges from the hospital and increasingly the BCCG have to agree fees above agreed market rate. Expense is also

raised by the requirement for one to one nursing within secure placements for people with complex needs including mental health needs. This may be a contributing factor to patient experience of lack of choice and may give some insight into factors like poor clinical and care outcomes.

The Care Home Project Board is accountable for driving forward the delivery plans which consist of 4 work streams:

**Joint intelligence and performance:** To develop an overall understanding across contributing stakeholder organisations and service agencies of what is happening on a regular basis within local commissioned care homes

**Model of care:** To create a model that puts people at the heart of decisions and delivery

**Joint commissioning and market management:** To establish joint commissioning in support of joint contracts, performance and quality monitoring as well as training of workforce with Brent care home

**Integrated training programme:** To support improvement in quality and confidence of workforce through designed and delivered training programmes with Brent care homes

The Integrated training programme work streams has seemed effect joint working with Local Authority and BCCG to develop a comprehensive training programme for care homes. Although substantive work has been carried out with the Local Authority already such as an audit of training skill level with the care homes and the CCG's Safeguarding Nurse has also carried out training within identified care homes on Mental Capacity Act, DOLS and personalised care plan. This project offers a welcome contribution in the development of a structured sustainable training programme for care homes. The Integrated training programme will carry out the following objectives:

- Develop a localised training plan which includes key timelines for delivery
- Training plan to maximise resources for short and long term and developed mandatory training across all care services in order to stop duplication.
- Utilisation of existing multimedia training ie., Starrs videos, E-learning
- Identification of training needs for different providers.
- Costing implications partner agencies (Primary Care, CCG) contributions and cultivate relevant business case.

The project has a clear training model that incorporates training needs analysis, inclusion of training within assessment framework for providers. Also established is the learning programme that will be available for care homes which will be delivered through either face to face, online or learning sets.

## **Project Proposal**

To ensure the delivery of this framework, the proposal from the Board is establishing a Coordinator role to manage all aspects of the training programme to:

- Support the needs analysis through collation of all training needs identified through performance monitoring, primary and community care services input and identification through care homes.
- Enable an integrated approach to training to encompass alignment with the assessment framework to ensure competency standards and quality assurance as well as monitoring the needs and development of the work force;
- Delivery of direct training needs within care homes coordinating training programmes through community acute and social care services from face to face to online approaches; and evaluate the impact of the training on the key outcomes and equality of care.

### **Care Homes and Medicines Management Project Report 2015/2017**

The need to improve the management of medicines in care homes has been highlighted by the CHUMS study, NICE and the Royal Pharmaceutical Society (RPS) The report by British Geriatrics Society, 'Quest for Quality 2011' indicates that 67% of GP's did not carry out regular 6 monthly medication reviews on each resident in a care home. The report also highlights that a co-ordinated, multidisciplinary approach is needed to reduce poly-pharmacy with key roles for pharmacists to conduct medication reviews.

Brent CCG currently has 74 care homes of which 12 are registered nursing homes representing 800 beds with mixture of nursing and residential care beds. The homes cater for frail elderly, dementia, respite and palliative care. Of the 12 registered nursing homes, 2 of the homes have a Harrow GP.

A seven month pilot in 14/15, commence in seven large care homes with three Prescribing Advisors in medicines management interventions, resulted in an estimated annualised savings of £58K. Following on from the pilot, funding was approved for a dedicated Care Home Pharmacist to continue the medicines management service. The pharmacist is employed as part of the Medicines Optimisation Team and links in with Brent CCG's GP's Proactive Care in Nursing homes scheme.

The key objectives of the pilot are:

- To support the care home in achieving the standards for medicines management required by the CQC
- To provide a medicines optimisation service to improve the effectiveness, appropriateness and safety of medication
- To support the care home staff and GP practices in managing patients with complex medication
- To reduce the avoidable medication waste generated by the care home
- To identify residents requiring nutritional assessment or dietetic intervention and referring to the local network to arrange dietetic support for the resident
- To identify and avoid medicines related admissions to hospitals

### **Outcomes of the Care Homes and Medicines Management Project**

For the period April 2016 – March 2017, structured medication reviews were conducted at seven care homes with nursing and one residential care home. The care home pharmacist attended the GP led rounds and the pilot STARRS Geriatrician led round at Birchwood Grange nursing home as part of the medication review process.

Guidance and training was delivered to care home staff on medicines management, covert administration of medicines and nutrition and hydration.

The pharmacist has produced standardised guidelines on repeat ordering of prescription, using EMIS access to order repeat prescriptions, appropriate use of barrier creams and covert administration.

The care home pharmacist has also been involved in building strong working relationships with the dispensing pharmacy, GP practice and care homes, which is a key component of improving the medicines management process within the homes.

A good working relationship has also been made with the Brent CCG Adult Safeguarding, Local Authority and CQC. In response to a safeguarding alert raised at one of the care homes, the care home pharmacist and the safeguarding nurse delivered joint training session around care planning to address the deficiencies highlighted in the alert.

Overall the GP's and care home staff valued the contribution of the Care Home Pharmacist input into the medicines management process. A recent CQC inspection report at one of the care homes acknowledged the care home pharmacist work as having a positive impact, with noticeable improvements in the handling of medicines within the home.

Challenges in visiting all the care homes in Brent and completing the medication reviews in the care homes were associated with limited capacity by the care home pharmacist, patient turnover, constantly changing needs of the residents and poor communication from the care home staff

### **Recommendations of the Care Homes and Medicines Management Report**

A key recommendation is that medication reviews should be carried out for new residents to care homes and post discharge with a programme of targeted 3 monthly reviews as part of a multidisciplinary team review. Many care home residents have multiple and complex conditions which require multiple medications to treat and manage. These conditions can change and the medication they receive to treat these conditions needs to be reviewed. It is also important that residents are monitored on a regular basis when there are changes made to their medication.

There is a need to invest in additional pharmacist support for all the care homes in Brent. Sustainability of the medicines management interventions requires a regular presence from the care home pharmacist in every home.

To increase awareness and knowledge of the medicines management service to residents and family members, development of pre-review questionnaires and communications such as posters and leaflets should be explored.

Extending the use of NHSmail and Summery Care Records should be explored. This would establish effective methods of communication between healthcare professional and care home staff.

### **Education and Training Brent CCG**

The CCG Safeguarding Adults Lead and GP lead are working on the development of a safeguarding adults training package for GPs and their practice staff. The training package development is in its infancy and will be concentrating on the use of community DOLS and the Mental Capacity Act.

Since the implementation of the Care Act 2014 the Brent Safeguarding Adults Board (BSAB) Training Sub group have been revising the contents of the training to include making safeguarding personal and other elements of the Act.

### **Training Figures for Brent CCG staff only April 2016- March 2017**

<b>Competence</b>	<b>Compliant</b>	<b>Non compliant</b>	<b>Headcount</b>	<b>Compliance rate</b>
Safeguarding Adults	259	59	318	81.45%
Safeguarding Children & Young People	257	61	318	80.82%
Prevent Awareness	251	67	318	78.93%

The CCG has met the target for Prevent awareness training at 78.93% the target set for 2016/17 is 85%. Prevent training this mandatory requirement undertaken by all staff, interims and contractors. CCG Staff must complete the training via the link provided then send their certificates of completion to ESR mailbox where upon their mandatory training record on ESR is updated accordingly. This is then recorded and reported by HR. Prevent training sessions have been provided by the Prevent lead from Brent Local Authority to the CCG team.

The performance target for the CCG is to have 95% of all staff trained in safeguarding training for children and adults. The CCG should meet this target by March 2018. Due to the recording system within CCG Human Resources Department (HR) safeguarding training for children and adults level 1 training only is record and report. Due to this anomaly HR does not record or report training undertaken at higher levels.

Joint work with the Children Safeguarding Nurse has begun in identifying staff requiring level 2-5 safeguarding training and levels 2-7 children safeguarding training. Training at these levels will be delivered via eLearning, through Brent Local Authority or face to face by the designated nurse. A training record of those trained above level 1 for adults and children will become operational and managed by the Designated Adults and Children Nurse.

## **Brent CCG Achievements**

Brent Harrow Hillingdon CCGs (BHH) host a bi-monthly Designated Professionals Safeguarding Meeting, the meeting chaired by the BHH Director of Quality and Safety and attended by representatives from adults and children's safeguarding nurses, LAC nurses and Doctors, Designated Doctors and Associate Directors of Quality. The meeting is an opportunity to share good practice, disseminate information, develop policies and ensure guidance is adhered to. Action planning against work plans audits and CQC reports.

Joint quality visits to care homes with the Local Authority and Continuing Healthcare. Visits have highlighted areas of good practice and established areas for improvement. The designated Nurse has delivered training to homes on the following topics: Person Centred Care Planning, Safeguarding Level 2 and Mental Capacity Act. A further visit will establish if the training has had an impact on practice has been carried out with findings of more challenges requiring further training.

The updated BCCG Safeguarding Adults Policy has been reviewed and will be going to the Integrated Governance Committee in 2017 for ratification and will be on the internet for use by partner agencies once approved.

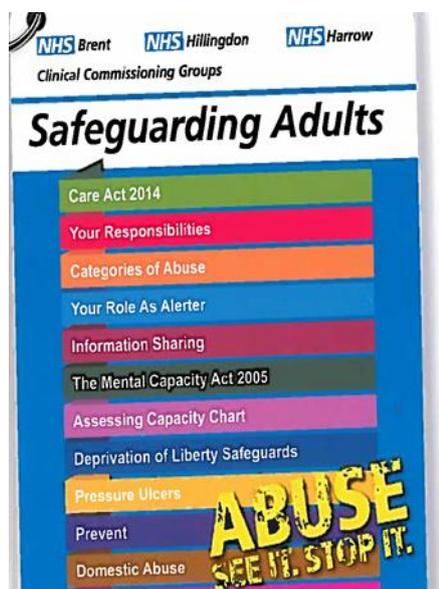
NHS Brent CCG has provided funding for each of the three GP Networks to purchase an on-line training tool called Relias Learning for all of their GP practice staff. This means that staff in GP practices will have access to a broad range of training modules including mandatory and statutory training modules such as safeguarding adults. This will be of great benefit to practice staff that will be able to access the training from their desktop at work or at home.

The Relias tool has been peer reviewed by the Designated Safeguarding professionals for level 1 and level 2 safeguarding. The tool was found to be useful, informative, and easy to navigate. All the links to national guidance allow increase knowledge and acts as a point of reference. The assessment at the end of the modules was straight forward and certificates are available in paper or electronic format.

Designated Safeguarding Nurse Adults vacant post has been successfully recruited to.

BCCG Board Partners compiled their bi annual self-assessment, the findings are being analysed to inform the Board of progress against areas of development and areas of excellence. An event was held in March 2017 which gave partners an opportunity to present their audit and for others to critique and share good practice.

To further improve the knowledge of safeguarding especially for care homes, the Designated Adult Safeguarding Nurse for Brent, Harrow and Hillingdon have updated the Adult Safeguarding Adults flash cards to reflect the changes within the Care Act 2014. The cards have been distributed to providers, care homes and GP practices across Brent.



### **Priorities for 2016/2017**

The objectives for 2016/17 are drawn from feedback from the NHSE Deep Dive, the CCG Safeguarding Self-Assessment, CQC reports for providers, the Safeguarding Adults at Risk in London-NHSE stocktake report, Brent Harrow and Hillingdon Clinical Commissioning Groups 2016-2019 Safeguarding Strategy and the Mental Capacity in London NHS Commissioning Project Report published June 2016 and the Brent Safeguarding Adults Board priorities.

### **Safeguarding Priorities' for BCCG 2016/2017 are:**

The Designated Nurse Safeguarding Adults is recommending CCG appoints a Named GP Safeguarding Adults, as described Safeguarding Adults intercollegiate Document 2016, (waiting approval and publication in August 2017). This role could be an extension of the Named GP for Safeguarding Children. It will act as the Named Professional for the primary care contractors, in order to support them, carrying out their statutory duties and responsibilities for safeguarding adults.

Ensure the Designated Safeguarding Adults Nurse has worked closely with the local authority and the BCCG quality team, contracts team and commissioners to develop the Safeguarding standards and practice across the London Borough of Brent

To support the Local Authority and the CCG to plan and secure appropriate services for people with learning disabilities and/or autism spectrum disorder and their carers as well as define the health and social care outcomes required. This will be done through the Transforming Care Partnership.

To enhance person centered care through Whole Systems Integrated Care model – smooth pathways and transitions between services and care at home improving clinical and patient related outcome.

The CCG is not patient facing so relies on reports from commissioned services to feedback lessons learnt; processes are being strengthened through governance lines to ensure that assurance is robust.

Safeguarding training, supervision and structures are in place across all commissioned services. There is further working on the development of additional training program to support the training of GP`s and practice staff. Attend task and finish groups i.e. the education and training subgroup to ensure the mandatory and statutory elements are covered in training that is delivered by SAB partners and assurance is available that staff are competent post training.

The CCG with partner agencies ensures that treatment modalities` in concordance with NICE Quality Standards launched on the 29th February 2016, in conjunction with the NICE guidelines published in 2014 for domestic violence and abuse are utilized.

Integrate safeguarding within other CCG functions and contractual arrangements, such as quality and safety, patient experience, healthcare acquired infections, management of serious incidents, pressure ulcers.

Ensure Designated Professionals have appropriate capacity and support to complete Health Overview Reports as required where a Serious Case Review/Case Review has been commissioned and fulfill the statutory requirement to participate in multiagency case reviews and Domestic Homicide Reviews (DHR) as identified by Home Office/Community Safety Partnerships.

Ensure CCG staff, including the Governing Body, is trained to embed safeguarding within the commissioning process and are able to recognise and report safeguarding concerns

Ensure the CCG, through the Designated Professionals, will actively work to raise awareness of, and ensure robust arrangements are developed and in place, to address the risk and harm associated with both national and local issues such as: human trafficking, child sexual exploitation, missing children, radicalisation of vulnerable young people, modern day slavery and female genital mutilation.

To redevelop the CCG adult safeguarding website ensuring all relevant information about adult abuse and contact details are available to CCG staff, partner agencies and members of the public.

To carry out quality reviews in care/ residential homes in collaboration with CCG staff and Local Authority in order to offer expert safeguarding advice, ensure compliance to CQC standards; generate an action plan in order to reduce risk and to provide a safeguarding report.

To Support the CCG teams to best understand Safeguarding, Prevent and the Mental Capacity Act and the impact of the statutory duties on their work.

Attend Safeguarding Adults Review meetings and offer specialist advice and continue to offer specialist advice to the CCG, the Safeguarding Adults Board and its partners. Continue to develop the relationship with the continuing health care team, supporting the team with decisions about complex cases.

To have improved intelligence from providers on adult safeguarding referrals, outcomes for the victims and the organisation by working with providers to ensure that safeguarding practices are evidenced through assurance is provided using the SHOF.

Participate in and contribute to the BHH designated professionals safeguarding meeting. Attend provider safeguarding adults committees and attend the quarterly NHSE London region Safeguarding Forum.

To attend all SAB and subgroups and MARAC and the IDVA monthly meetings a specific forum for violence against girls and women and to analysis information and contribute to discussion. The Designated Safeguarding Nurse Adults to inform the BCCG Board of the strategic development, transformation of services or unmet need concerns from these meetings.

## **Conclusion**

Brent CCG Safeguarding Adults annual report reflects the immense amount of work undertaken by the CCG and partners across the Borough to safeguard the residents of the London Borough Brent. There have been a number of challenges facing safeguarding practitioners in providing data relating to safeguarding cases; however systems for providing performance data are improving and developing. The categories of abuse have been reviewed since the Care act received Royal Assent and BCCG are ensuring that adequate training, information and partnership collaborative working is available to all commissioned organisations.



