

NHS Brent Clinical Commissioning Group
Safeguarding Adults at Risk
Annual Report
2017/18

Author:
Joy Maguire Designated Nurse Safeguarding Adults



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1. Purpose of report

Safeguarding Adults Annual Report for 2017-18 provides the governing bodies and our partner agencies, with an overview of safeguarding adults at risk across the health economy and how the CCG works with partner agencies to safeguard adults at risk. It will provide assurance that Brent CCG has discharged its statutory duties to safeguard the wellbeing of adults at risk in services commissioned. The report will provide an overview of safeguarding at risk activities in Brent during the previous year and the objective plan for in 2018/19.

The duties and functions in relation to safeguarding for CCGs are currently outlined within NHS England Safeguarding Accountability & Assurance Framework (June 2015) <http://www.england.nhs.uk/wp-content/uploads/2015/07/safeguardingaccountability-assurance-framework.pdf>

2. Introduction

NHS Brent CCG is a GP-led organisation, responsible for planning, buying (commissioning) and designing many of the health services needed by the approximately 370,000 people registered with GPs in Brent. We are made up of all 59 GP practices in the borough and our member practices have organised themselves into four commissioning localities – Harness, Kilburn, Kingsbury, and Willesden which work together to improve access and provide a range of enhanced services closer to home for their patients (Brent CCG annual report).

Each locality is clinically-led by a team of GPs and has managerial support. We are also commissioning many of our out-of-hospital services around these localities, as GP practices work closely together in provider networks. We make decisions about health services based on the feedback we receive from patients and carers. This ensures the services we purchase and re-design are those services Brent residents tell us they need and are able to access.

The CCG vision is to improve the quality of health care for local people and commission high quality service provision to meet local needs, ensuring excellent quality services that guarantee value for money and the best possible outcomes for those who use them. NHS Brent CCG priorities are to integrate care, reduce the high levels of health inequality, and improve the health and prosperity of individuals and communities who experience high levels of social exclusion and disadvantages.

NHS Brent CCG is a statutory member of the Brent Safeguarding Adults Board (SAB) following the implementation of the Care Act 2014. The CCG has responsibility for commissioning the majority of local health services and has a duty in assessing the health needs for patients and to assure themselves that the services they commission are of appropriate quality. The CCG are responsible for ensuring that those providing the healthcare needs of our population do so safely and are performing according to recognised and evidenced best practice.

The CCG will work with other agencies to help identify specific problems, ensure these are addressed and share any lessons learnt amongst the health community. The CCG's approach to safeguarding adults at risk is underpinned by quality and contracting systems and processes that aim to reduce the risk of harm and respond quickly to any concerns.

3. Prevalence of safeguarding adult at risk activities in Brent

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 Adults Board offers some assurance for ensuring those in need are being seen and made safe.

All the quality data supplied within the report was sourced from the local authority. The data in the tables are for the past three years.

3.1 Safeguarding adults concerns data for three years

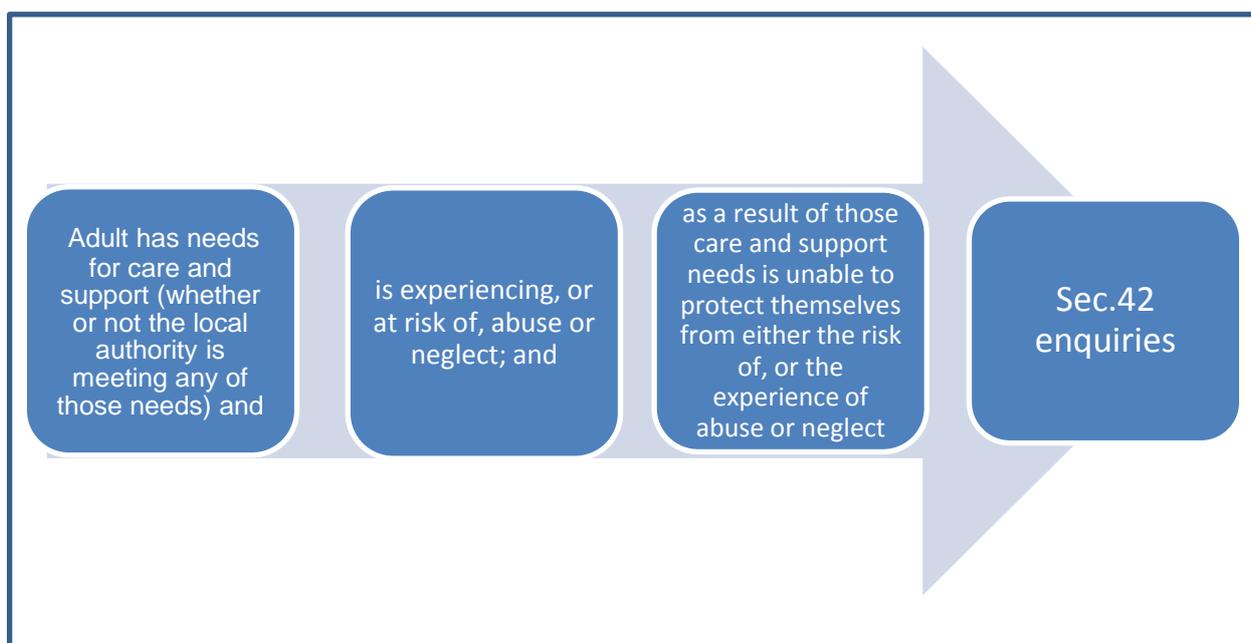
Number of Concerns Reported	Year
1680	2015/16
1712	2016/17
1715	2017/18

(Information supplied by Brent safeguarding adult team)

4. Section 42 Enquires

It is the duty of the Local Authority, as part of its overarching responsibility to promote wellbeing and prevent harm, to ensure that enquiries are made when the abuse of an adult at risk is suspected or reported. Safeguarding duties also apply to family carers experiencing intentional or unintentional harm from the adult they are supporting or from professionals and organisations they are in contact with.

Under Section 42 of the Care Act 2014, Safeguarding duties apply to an adult who meets the following three stage test below table:



(Information supplied by Brent safeguarding adult team)

Safeguarding Adult Concerns

Concerns in enquires 2017/18	Quarters	Concerns in enquires 2016/17
64%	1	50%
65%	2	60%
64%	3	59%
57%	4	57%
62.5%	Year Total	56.5%

Making Safeguarding Personal (MSP)

AAR's Outcome of concluded cases 2017/18	Quarters	AAR's outcome of concluded cases 2016/17
76%	1	83%
78%	2	78%
77%	3	84%
75%	4	81%
76.5%	Year Total	81.5%

For more details regarding MSP see appendix 1 on page 20

Risk was reduced or removed

Risk-Removed- 2017/18	Quarter	Risk-Removed- 2016/17
92%	1	98%
93%	2	97%
92%	3	92%
91%	4	94%
92%	Year Total	95%

Risk-Removed Reduce or Remain in 2016/17 risk was removed or reduced in 95% of cases. This is a slight reduction in this area.

% of specific harm reported types of Harm

Types of Harm 2017/18	Quarters	Types of Harm 2016/17
Financial abuse 19%	1	Financial abuse 15%
Physical abuse 26%	2	Physical abuse 26%
Neglect 38%	3	Neglect 38%
Emotional abuse 10%	4	Emotional abuse 6%

(Information supplied by Brent safeguarding adult team)

5. 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. In order to increase compliance to the MCA a number of training events on MCA has occurred in across Brent. 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. Brent CCG 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 (more details in appendix).

6. Deprivation of Liberty Safeguards

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 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 (Cheshire West).

DoLs data for three years

DoLs application 2015/16	600 applications	510 granted
DoLs application 2016/17	878 applications	662 granted
DoLs application 2017/18	899 applications	528 granted

(Information supplied by Brent safeguarding adult team)

7. Pressure Ulcers: (Concern and enquires)

The table below demonstrates a slight increase of safeguarding adults concerns raised under the category of pressure ulcers.

concerns 2017/18	enquires 2017/18	concerns 2016/17	enquires 2016/17	concerns 2015/16	enquires 2015/16	Quarters
59	37	37	20	39	35	Quarter 1
51	35	50	28	44	37	Quarter 2
47	35	47	36	41	32	Quarter 3
54	30	60	33	31	24	Quarter 4
211	137 (65%)	194	117 (60%)	155	128 (82%)	Total

(Information supplied by Brent safeguarding adult team)

8. Domestic Homicide Review (DHR)

Domestic Homicide Reviews are led by the Community Safety Partnerships. The attendance of the CCG as a statutory partner is essential at DHR panels to support and enable learning to be embedded across the health economy.

There were no DHR during 2017-18.

9. 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 discusses high risk domestic violence and abuse cases. It is attended by a number of key agencies from the statutory and voluntary sectors.

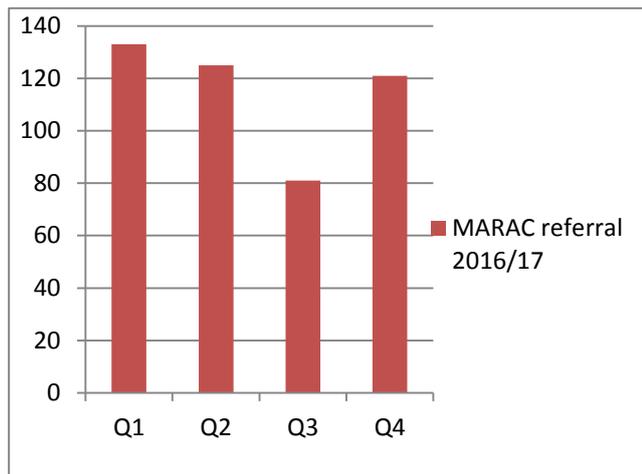
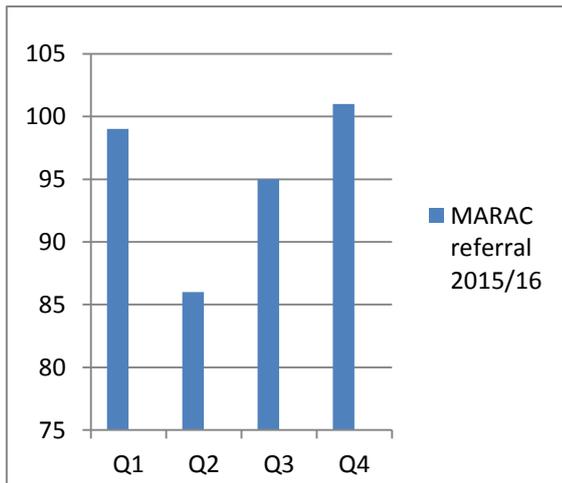
Advance is an independent provider that supports anyone who has experienced domestic violence and abuse living in Brent.

MARAC Data: referrals for 2015/16

Referrals	Q1	Q2	Q3	Q4	Cumulative
Case discussed	99	86	95	101	381

Referrals 2016/17

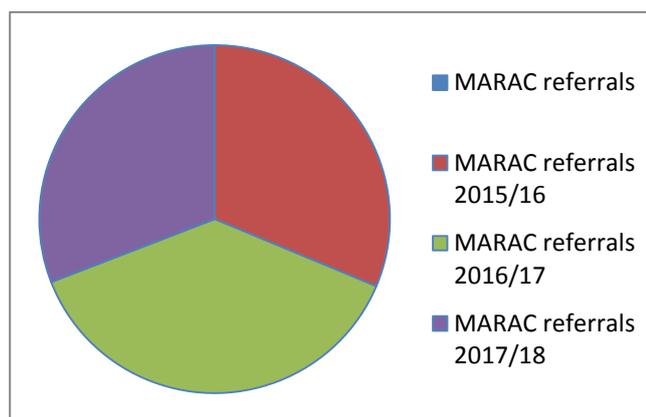
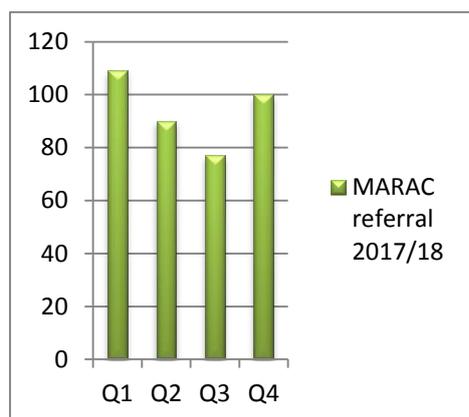
Referrals	Q1	Q2	Q3	Q4	Cumulative
Case discussed	133	125	81	121	460



(Information supplied by Brent safeguarding adult team.)

2017/18 MARAC data

Referrals	Q1	Q2	Q3	Q4	Cumulative
Case discussed	109	90	77	100	376



(Information supplied by Brent safeguarding adult team)

10. Learning Disabilities Mortality Review (LeDeR) Programme

The Learning Disabilities Mortality Review (LeDeR) Programme was commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. It aims to guide improvements in the quality of health and social care service delivery for people with learning disabilities and to help reduce premature mortality and health inequalities faced by people with learning disabilities. A key part of the LeDeR Programme is to support local areas to review the deaths of people with learning disabilities.

The LeDeR programme has an established and well-tested methodology for reviewing the deaths of people with learning disabilities. All deaths of people with learning

difficulties are notified to the programme. The reviewers will review the quality of care provided to those patients who die.

Deaths of children with LD aged 4-17 (inclusive) will therefore be reviewed by the Child Death Overview Process (CDOP). It would not be necessary, or appropriate, to review the case again but the LeDeR local reviewer and/or Local Area Contact will need to liaise with the Child Death Review Co-ordinator for their area to ensure the collection of core data for the LeDeR programme and to offer expertise about learning disabilities as appropriate.

10.1 LeDeR Deaths Notifications 2017/18

Months	4 in October 2017, 4 in February 2018 and 1 in March 2018
Gender	6 Males and 3 Females
Period of Deaths	June 2017 to March 2018

KPIs

NHS England has introduced KPIs which require the below targets to be achieved by the end of Sept 2018:

- % unassigned reviews: 10%
- % completed reviews: 50%
- % reviews in progress: 90%

LeDeR Funding 2018/2019

The STP lead has successfully secured additional 60,000 for the year 2018/19. Using the remainder of money from 2017/18 and new money from 2018/19, the CCGs have decided to appoint x1 band 7 Practitioner to undertake reviews, and also to support local reviewers in completing reviews. The CCG has also funded a project coordinator to support the STP lead & Local Area Contact (LACs).

Clinical Champions Update

There are four clinical champions who have now started working with the LeDeR programme to 'champion' the LeDeR process with local primary care stakeholders.

London GP Champion: Dr Nicola Payne FRCGP LLM Associate Medical Director - London GP Champion for LeDeR Programme NHS England (London Region) Skipton House | 80 London Road | London | SE1 6LH nicolapayne@nhs.net Mobile 07502446173.

11. Safeguarding Adult Reviews (SAR)

The Care Act 2014 stipulates that SABs must arrange a SAR when an adult in its area with care and support needs dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult. The SAB may also commission a SAR in other circumstances where it feels it would be useful, including learning from 'near misses' and situations where the arrangements worked especially well. The Local Authority retains responsibility as the lead co-ordinating organisation. All other relevant organisations / partners owe legal duties in relation to safeguarding of adults. Organisations contributing to effective inter-agency working can achieve this through creative joint working partnerships that focus on positive outcomes for the individual(s).

There are four on-going SARs in Brent currently.

12. NHS Brent CCG safeguarding adults key achievements 2017-18

NHS Brent CCG ensures NHS providers / other providers cooperate to fulfil their safeguarding duties and to hold them accountable for their performance. The update below outlines some of the activities.

Key Achievements during 2017-2018
The safeguarding adult's website has been developed to raise safeguarding profile, standard and practice across the London Borough of Brent. This will enable updates in legislations, local and national policies. Website redesigned contained self-help, information, and national programmes.
Strengthened working arrangements with commissioned health providers safeguarding leads to improve the timely and proportionate response when abuse or neglect have occurred. This includes, attendance of provider's internal safeguarding meetings.
The CCG is proving safeguarding supervision in provider organisations. This is to strengthen governance arrangement with provider organisations, to promote practice leadership and reflective practice. Ensuring safeguarding adults at risk is firmly embedded as part of everyday practice.
Development of safeguarding adult CCG generic email, where anyone can contact for advice about safeguarding adults at risk.
Established of LeDeR programme within the borough and the development of joint steering group between Brent and Harrow. There is an effective route of escalation to the Safeguarding Adults Board (SAB). This will drive improvement in the quality of health and social care service delivery for people with Learning Disabilities.

NHS Brent CCG has pledged to fully support the Government's objectives to eradicate modern slavery and human trafficking. This is demonstrated by the publication of modern slavery statement on the CCG website.

Quality assurance visits: The CCG undertakes quality assurance visit within Provider's organisations to reinforce provider's responsibility to safeguard and promote the welfare of those identified to be at risk of harm, abuse or neglect. Providers are advised of areas of concerns in safeguarding adults and recommendations for improvement.

NHS Brent CCG is committed to working collaboratively with external providers. This is demonstrated by member of several NHS England (London) safeguarding forums, including Safeguarding Adults, Mental Capacity / DoLs and Prevent.

Safeguarding Adults Training. This is to ensure a consistent approach in safeguarding adult practice across all teams and services. The training aimed at level 3 and was delivered to CCG staff, General Practitioner, and other health providers in the borough. There were six half day sessions; Approximately 190 health staff undertook this training.

13. Safeguarding adult level 3 training

Safeguarding Adults Training delivered to GP and other health practitioners covered the following topics below; Self-Neglect, Serious Adult Reviews: Domestic Homicide Reviews: Domestic Abuse and Violence: Mental Capacity Act, Information Sharing, and Deprivation of Liberty Safeguards: Female Genital Mutilation: Responsibilities under the Care Act 2014 and Making Safeguarding Personal and PREVENT- WRAP. This was a collaborative event, as it was supported by health partners and Brent SAB chair, which were part of the trainers.

13.1 Training feedback

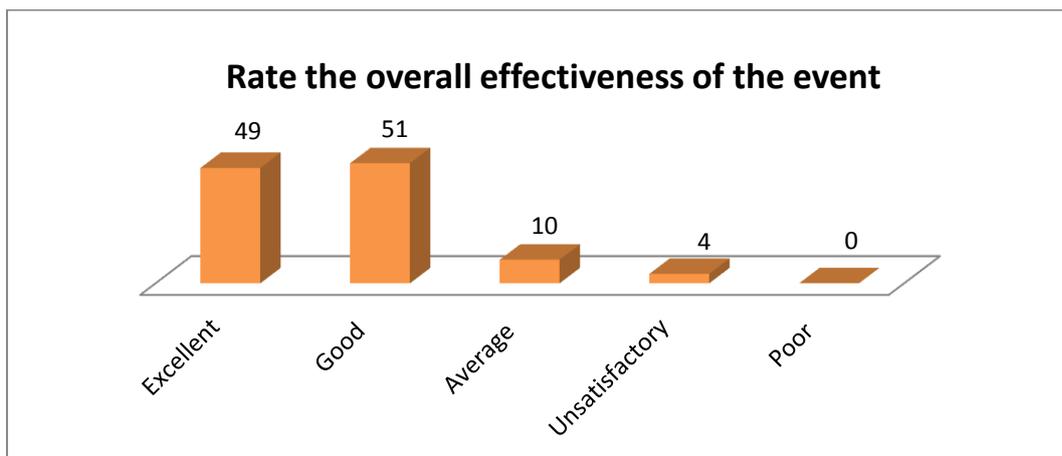
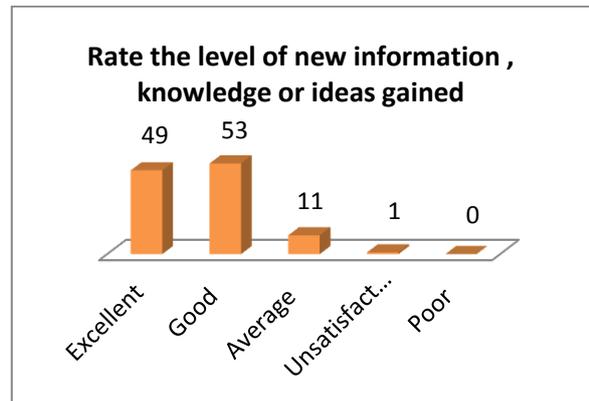
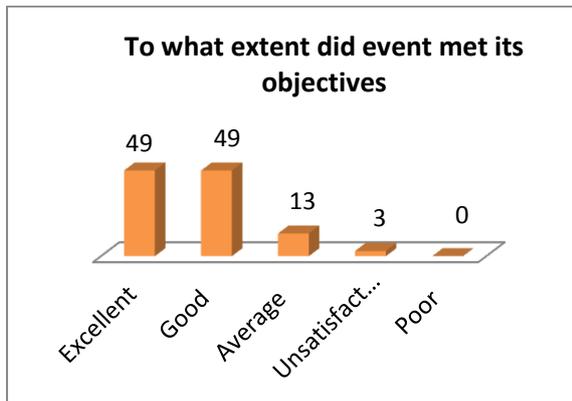
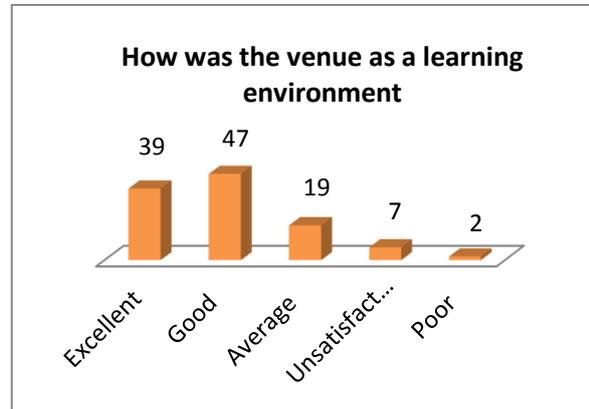
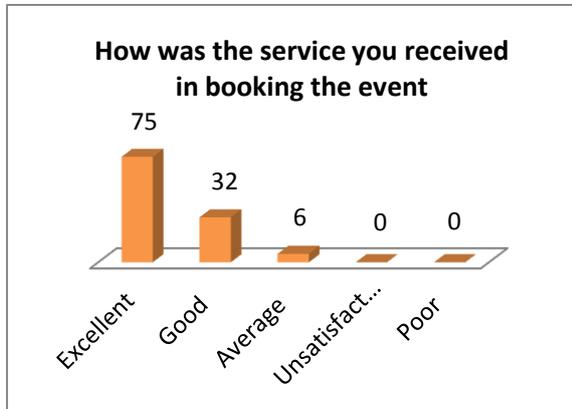
The training delivery method was interactive, allowing for open discussion regarding referral thresholds, criteria, and understanding which type of abuse may have occurred. All training sessions incorporated case-based discussion. The feedback was a combination of qualitative and quantitative analysis.

Below quotes:

- Excellent course revision after a few years, well organised, really learnt a lot / relevant or which I will implement in my work as a GP Thank you.
- Very good informative event please keep it up.
- Very informative good delivery from lawyer, Michael and speaker on FGM would benefit from time on more discussion.
- An excellent training package could be extended to level 4/5 due to the content within.
- External speakers were excellent
- Excellent range of speakers

- Extremely helpful update course

Below is the feedback obtained from all sessions.



NHS Brent CCG as part of Brent Harrow and Hillingdon BHH Federation has approved a mandatory training strategy in May 2015 which includes safeguarding adults training levels required by CCG staff. The levels of training are now logged on the ESR that is kept by HR. The Designated Professionals are compliant with their Safeguarding

training requirements and have access to appropriate supervision either on a one to one basis and or via a London peer network.

14. Commissioned services

Brent CCG is responsible for the commissioning of services; hence it is essential that these services adhere to safe recruitment policies. Comprehensive recruitment policies which have embedded within them clear information about how to focus on safeguarding throughout recruitment and selection processes ensure safe recruitment practices to help reduce the risk of abusive behaviour and practice. Services should be provided in an environment which lessens the imbalance of perceived power and encourages independence and self-advocacy for service users.

When recruiting staff, all advertisements should include a statement which confirms the organisation's commitment to safeguarding and safer employment and the principles of empowerment. It is imperative that each organisation develops a respectful and open culture which is committed to safeguarding and which promotes the welfare of those for whom it cares.

Brent CCG can be assured that there is oversight and scrutiny of the NHS providers safeguarding activities and compliance from where they commission services. The effectiveness of the safeguarding system has been assured and regulated by a number of bodies and mechanisms.

These include:

- Provider internal assurance processes and Board accountability
- The Local Safeguarding Boards
- External regulation and inspection - CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring

14.1 Partnership Working

The Care Act, (2014) encouraged healthcare professionals to work together to deliver good quality care as this can be achieved through a joint strategic needs assessment with health partners.

This means, developing stronger relationships with all health partners and the voluntary community. The Care Act (2014) acknowledged no single agency can work in isolation to safeguard people, subsequently advocated strongly on working together.

All contracts 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)

An annual safeguarding adult's report is produced which is presented at the Brent CCG Integrated Governance Committee to provide assurance.

14.2 Providers Safeguarding Adults training updates

- London North West Healthcare NHS Trust (LNWH)
- Central and North West London NHS Foundation Trust (CNWL)
- London Ambulance Service NHS Trust (LAS)

Table below:

	Safeguarding training	Q1	Q2	Q3	Q4
CNWL	Level 1	95%	86%	93%	92%
	Level 2	89%	92%	92%	94%
	Level 3	N/A	N/A	N/A	N/A
	Level 4	N/A	N/A	N/A	N/A
	PREVENT basic	96%	96%	89%	91%
	WRAP (Prevent)	85%	85%	77%	84%
LNWH	Level 1	87.03%	85.80%	85.27%	87.71%
	Level 2	82.17%	79.88%	81.70%	83.87%
	Level 3	94.59%	93.94%	100%	100%
	Level 4 (data not captured)	N/A	N/A	N/A	N/A
	PREVENT basic awareness	N/A	N/A	N/A	N/A
	WRAP (Prevent)	75.48%	77.77%	80.43%	81.5%
LAS	Level 1	87.8%	87.54%	92.05%	94.43%
	Level 2	75.6%	76.03%	78.69%	95.29%
	Level 3		60.47%	78.43%	89.09%

Level 4	100%	100%	100%	100%
PREVENT basic awareness	82.80%	90.97%	92.46%	93.61%
WRAP (Prevent)	81.22%	91.15%	85.37%	94.60%

15. Safeguarding supervision for Named Safeguarding Lead

Designated Nurses / Professionals offer supervision sessions for the Named Nurses for Safeguarding Adults within provider Trusts. In the event that the Named Professionals choose not to access supervision from the CCG Designated Nurse, assurances must be provided of the arrangements in place to ensure the Named Professionals receives this valuable support. Providers commissioned by NHS Brent CCG are expected to have relevant supervision policies in place which recognise the need for relevant staff in their employment to receive the required levels of adult safeguarding supervision.

16. Quality Assurance Visits

Brent, Harrow and Hillingdon CCGs are committed to ensuring high quality service within all provider services. Quality Assurance visits are undertaken regularly and are used in conjunction with contract review meetings in order to gain assurance from providers about the quality of services provided. This is in accordance with section GC15.8 of the NHS Standard Contract.

The quality assurance visit is valuable for the following reasons;

- Identify service improvements and good practice that can be shared with others.
- Qualitatively understand (from a patient's perspective) where services are meeting quality standards and assurance frameworks.
- Involve patients directly in the commissioning process (a legal duty of commissioners). An opportunity to work together with provider services and patients to understand the quality of care that is being provided and have a systematic process for assessing quality.
- More confidence and understanding of the services that BHH CCGs is commissioning.
- Assurance that provider services are undertaking patient engagement.

On the 30th November 2017, BHH undertook a quality assurance visit the CNWL (Kingswood Centre) as part of this process. The purpose of the visit was to review the safeguarding of adults at risk arrangements and general medicines management. This is to reinforce provider's responsibilities to safeguard and promote the welfare of services users.

17. Information Sharing Guidance

The key principles of information sharing and confidentiality are laid out in the Care Act 2014 Guidance (Care and Support Statutory Guidance) section (14.150). The principles set out in the Caldicott Review 2013 require that: Information will only be shared on a 'need to know' basis when it is in the interests of the adult, Confidentiality must not be confused with secrecy, Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement; and It is inappropriate for agencies to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk.

18. Brent Safeguarding Adults Board (SAB)

Brent Safeguarding Adults Board (SAB) is a multi-agency partnership of statutory and voluntary agencies working together to review and improve local safeguarding arrangements. The SAB has three core duties:

- It must publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act 2015.

For further information about the role and duties of a Safeguarding Adults Board, please see the Care Act Guidance which can be found at <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

The Brent SAB plan for 2017-19. All the agencies and organisations are working together to contribute to this plan. There are 7 Areas of Priority:

- To raise awareness and understanding of safeguarding adults within the Brent Safeguarding Adults Board (BSAB) workforce and wider community
- Continuing to work together to understand and meet the challenges of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS)
- To increase the voice of service users and carers, and their representatives in the work of the SAB
- Continue to work to progress the making safeguarding personal agenda
- Training and Workforce Development is used to support the delivery of SAB priorities and to add value

- Better Quality Data – to work with partners to develop a multi-agency data set to monitor key safeguarding activity within the SAB partnership and to hold partners to account
- An effective Board is established through good Governance, Leadership, Responsibility, Partnership and Accountability

19. Brent CCG on-going work of SAB

Safeguarding adults at risk is a core responsibility in NHS Commissioning. The Government reforms put patients and the quality of their care at the heart of the NHS. The Government's commitment to patient choice, control and accountability includes support and protection for those in the most vulnerable situations. NHS Brent CCG works with the Care Quality Commission to ensure the learning from health provider regulator inspections are implemented. Brent CCG contributes significantly to the Brent Safeguarding Adults Boards and the following sub groups:

- Safeguarding Adults Board and Executive group
- Monitoring and Evaluation Sub-group
- Provider concerns subgroup
- Learning and Development Subgroup
- SAB Review Panel and Case Review Group Meeting
- Community engagement and awareness subgroup
- Brent and Harrow LeDeR Steering group

Brent CCG also contribute to the following meetings

- Prevent Delivery Group,
- Channel Panel,
- Violence against women and girls delivery group meeting,
- Multi-Agency Risk Assessment Conferences

Brent CCG Vision. It is Brent CCG's aspiration to reduce health inequalities within the communities that make up Brent's diverse population. As a CCG we have a clear vision for delivering better care closer to home in Brent. Each year we publish Commissioning Intentions, a document which sets out our priorities and outcomes for the year, and the services we intend to commission in order to achieve them. Link to Brent CCG vision

<http://brentccg.nhs.uk/en/about-us/our-vision>

20. Brent CCGs Strategic Framework

Key Objectives	Governance
<ul style="list-style-type: none"> To demonstrate strong partnership working with the local authority and other partners. Demonstrate that safeguarding adults is essential to the commissioning strategy, all policies and procedures. To provide assurance that all organisations both statutory and voluntary commissioned by BCCG are meeting Safeguarding standards To provide strategic and operational; leadership across the health economy To support continuous quality improvement whilst maintaining patient safety 	<ul style="list-style-type: none"> The CCG discharges its statutory duty as a core member of the Brent Safeguarding Adults Board and has representation on the 6 subgroups. 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. The Designated Safeguarding Nurse Adults, Prevent and MCA Lead nurse will provide strategic and clinical leadership expertise to the governing group.
Reporting	Outcomes
<ul style="list-style-type: none"> Enhancement and development of new monitoring systems by NHSE for assurance in relation to the quality of service provision including contracts. In collaboration with provider services seek improvement and growth of monitoring systems for education and training across all organisations. BCCG to support innovation and continuous quality improvements in providers self-assessment and review of organisations 	<ul style="list-style-type: none"> BCCG to demonstrate discharged of its statutory duties and compliance with national and mandated standards and directives. BCCG engaged with partnership working and supported innovation across Brent BCCG produces safeguarding adults annual report demonstrating and reporting on the quality of the provision commissioned in Brent. BCCG ensures adequate service user, carer/family involvement across all commissioned services

21. NHS Brent CCG priority areas 2018-19 are listed below in conjunction, a detail work plan has been developed to monitor progress

Brent CCG priority areas 2018-19 safeguarding and promoting the welfare Adults at Risk
Raise awareness of and deliver (where appropriate) training pertaining to Safeguarding within NHS Brent CCG.
<p>Safeguarding Adult Reviews (SAR)</p> <p>Progress for health related actions in SARs will be reported through the CCG Quality and Safety Committees within the Safeguarding quarterly reports.</p>
Review and provide advice on the safeguarding contractual requirements for providers within the primary care delegate commissioning including support to monitor the centrally held contracts, from a safeguarding perspective
To maintain, embed, and learn from outcomes from the LeDeR process. This will drive

improvement in the quality of health and social care service delivery for people with Learning Disabilities.
Assurance provided on key safeguarding activities and work across providers, using agreed template such as the SHOF. To promote intelligence and analysis on safeguarding activities across provider services. Strengthened governance lines and ensured assurance is robust.
To support deliver safeguarding training to General Practitioner (GP)- Mental Capacity Act (MCA) and DoLS / Deprivation of Liberty Safeguards (DoLS) and Modern Slavery. Ensuring Primary Care staff is appropriately trained in adult safeguarding commensurate with their roles.
To continue to raise awareness and understanding of safeguarding adults at risk within the health economy. Devise a training programme for 2018/19, which will include Making Safeguarding Personal, learning from SARs, and managing risk.
Audits / Care home reviews in care/ residential homes in collaboration with CCG staff and Local Authority in order to offer expert safeguarding advice, and recommendations to reduce risk and to improve quality care. This will ensure services are developed with robust safeguarding systems in place.
Ensure PREVENT is understood and statutory reporting is in place. Ensure CCG staff / providers are responsive to the Prevent agenda and service user referrals to the Channel Panel. Contribute to the development of the Channel panels with appropriate health representation. To ensure all services commissioned for adults at risk in need of care and support are compliant with legislations. Support the CCG Contracts team in strengthening contracting assurance requested from smaller volume contracts, in particularly those operating within 'Priority Areas' and/or who are working with populations who may have a higher risk of being drawn into extremism.

22. Conclusion

The Safeguarding Adults at Risk Annual Report reflects the key achievements of last year. It is fully recognised that building good partnerships with stakeholders is essential to delivery effective care. NHS Brent CCG can be assured that safeguarding statutory requirement for adults at risk are being met in 2017-18 and the progress towards the priorities for 2018-19 have been discussed and highlighted. The work plan for next year will reflect areas for further improvements to safeguard adults at risk.

Appendix 1

23. SAFEGUARDING ADULT STATUTORY REQUIREMENTS (THE CARE ACT 2014)

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. The Care Act Statutory Guidance (DoH, 2014) defines safeguarding adults as:

'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 risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

The guidance requires health organisations to promote the adult's wellbeing in their safeguarding arrangements. However, the guidance also states that:

Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;

23.1 Local Authorities' functions

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens.
- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed.
- Establish safeguarding adult's boards, including the local authority, NHS and police, which will develop, share and implement a joint safeguarding strategy.
- Carry out safeguarding adult's reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them.
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.

Under the Care Act 2014, partner must also co-operate with the local authority. The Care Act Guidance can be found at <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>

24. Clinical Commissioning Groups functions

CCG ensures all appropriate assurances are gained in relation to patient safety, care quality and where appropriate, aspects such as leadership capability, clinical governance arrangements and the culture of the care setting. When the duty to undertake statutory enquiry lies with a CCG, the importance of multiagency working is central.

25. Making Safeguarding Personal (MSP)

MSP requires safeguarding procedure to be personalised experience in order for the patients to achieve the outcomes identified to safeguard them from further risk. MSP will engage with the individual and establish the best way to respond to their issue, which ought to promote participation, and choices, improve safety and wellbeing to improve their quality of life. The Care Act (2014) embeds personalisation, which is the rights to choices, personal budgets and personalised care plan. Under the above principles, it is essential to support adults at risk with information, advice and advocacy to understand their rights and responsibilities.

There has been concern that the information is not always available in the right form (Francis Report 2013). For instance, people with disabilities such as the visually impaired, with learning difficulties or those with English as a second language may need braille, Makaton /Sign Language and other languages respectively. One of the principles of safeguarding is for care and support to be personalised. MSP encourages person-centred care and outcome focused. Personalisation is in line with autonomy and choice which centres on the concept that support and services ought to be planned with the involvement of patients and should be custom-made to their unique needs (London Multi-Agency Adult Safeguarding Policy & Procedures 2016).

26. Dignity in Care

In 2007, the Department of Health initiated a campaign “to put dignity at the heart of care services”, whether care is given in a person’s own home or another care setting. This principles of underpin this Safeguarding Adults policy. The “Dignity Challenge” states that high quality services that respect people’s dignity should:

- ✚ Have a zero tolerance to abuse
- ✚ Support people with the same respect you would want for yourself or a member of your family
- ✚ Treat each person as an individual by offering a personalised service
- ✚ Enable people to maintain the maximum possible level of independence, choice and control
- ✚ Listen and support people to express their needs and wants
- ✚ Respect people’s right to privacy
- ✚ Ensure people feel able to complain without fear of retribution
- ✚ Engage with family members and carers as care partners
- ✚ Assist people to maintain confidence and a positive self-esteem
- ✚ Act to alleviate people’s loneliness and isolation

27. The Criminal Justice and Courts Act, 2015

The Criminal Justice and Courts Act (2015) provides the new offences of ill-treatment or wilful neglect for all paid care workers and care providers, but does not require that there is a consideration of the mental capacity of the alleged victim. It is likely that this provision will be more commonly applied within safeguarding adults' enquiries,

28. The Modern Slavery Act, 2015

Modern slavery is the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. Individuals may be trafficked into, out of or within the UK, and they may be trafficked for a number of reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting. In response to the PROTECT findings, NHS England and a number of other organisations are developing a formal training programme. One of the resources that we have created to support all NHS staff across the front line and beyond is a video.

This resource will support staff to understand the signs and symptoms of Modern Slavery and how to support victims. 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 are 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.

29. PREVENT

In April 2015, the Prevent Statutory Duty under Section 26 of the Counter-Terrorism and Security Act 2015 was made a statutory responsibility for the health sector.

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 is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into criminal, terrorist activity. The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. Tailored support for any individual identified as being vulnerable to being drawn into terrorism is offered through the voluntary Channel programme.

This is a Local Authority led multi-agency panel, which decides on what the most appropriate support package for that person will be. Prevent is part of mainstream safeguarding and therefore all health staff must ensure vulnerable people are safeguarded. The NHS Standards Contract requires all NHS funded providers to demonstrate they comply with the requirements of the Prevent Duty. This includes ensuring that there is a named Prevent Lead and that there is access to quality training for staff in their organisation. The Safeguarding Adults Team represents the CCG at Channel meetings and the team work in partnership with the Safeguarding Children's Team where appropriate.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance_England_Wales_V2-Interactive.pdf

30. Mental Capacity Act

The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. The MCA also allows people to express their preferences for care and treatment in case they lack capacity to make these decisions. It also allows them to appoint a trusted person to make a decision on their behalf should they lack capacity in the future.

NHSE produced MCA GP resource 'my next patient may lack capacity'.

http://www.asist.co.uk/assets/uploads/PDF/My_next_patient_lacks_capacity_pack_17-12-14_NAT.pdf

The Mental Capacity Act (2005) has underpinning principles that assist individuals to make wise decisions. One of the principles of mental capacity is for all professionals to assume that the adult has capacity until it has been proven that they lack capacity. MCA (2005) support patients make decision and to also for the protection of others who are unable to make decision, by ensuring they are involved and participated in all decisions made on their behalf.

All healthcare professionals have a legal duty to adhere with the Mental Capacity Act and its Code of Practice (DoH 2005), which has its guidance on its implementations. It is expected under the Act to use the 'Best Interest Decision', if the patient does not have capacity. This implies that healthcare professionals should take the views of

others, such as carers, relatives, friends, advocates and to reflect the least restrictive options when taking decisions.

31. Deprivation of Liberty Safeguards (DoLS)

“Deprivation of liberty” is a term originating from the European Convention on Human Rights and it effectively means “detention”. A person who is detained is said to be “deprived of liberty”. The Supreme Court holds that a person is deprived of their liberty if: they are confined in a particular restricted space for a not-negligible length of time; they are subject to continuous supervision and control; and they are not free to leave; the state is responsible for that confinement (NHS Trusts and Local Authorities are considered part of “the state”). The criteria above are called the “acid test” for identifying deprivations of liberty. How the “acid test” should be interpreted is different from situation to situation. A patient’s “Supervisory Body” is the Local Authority in which the person is ordinarily resident. Each Local Authority will have a “DoLS Office” to which DoLS forms should be sent.

31.1 Court Of Protection: The Court of Protection deals with disputes or serious decisions relating to the MCA. It can also make orders authorising deprivations of liberty outside of hospital and care home setting, and for 16 and 17 year olds.

NHS Brent CCG has a legal responsibility to ensure that all providers from whom it commissions services are compliant with the MCA and deprivation of liberty safeguards and must regularly monitor providers to ensure their compliance with the Act.

31.2 Liberty Protection Safeguards (LiPS):

In March 2017, the Law Commission produced its final proposal on a replacement for the Deprivation of Liberty Safeguards (DoLS), and suggested amendments to the Mental Capacity Act itself. The changes to the act are to incorporate the new scheme, called the Liberty Protection Safeguards (LiPS), and to strengthen people’s rights in areas such as best interest decisions. Read more: Liberty Protection Safeguards.

The proposed scheme:

Applies in any health and social care setting, not just care homes and hospitals
Applies to anyone from **16 years old and above, rather than 18**, as is the case with DoLS. Introduces a two-tier system of protection. In most cases, the “responsible body” (which replaces the supervisory body, and which would be the local authority in most social care cases, and the NHS for most hospitals) would conduct – making use of existing assessments where possible – a capacity assessment, a medical assessment, and an assessment of whether the planned care arrangements are “necessary and proportionate”. An independent reviewer, working for the responsible body but not otherwise involved in the person’s care, would then look at the assessments, and approve the arrangements if satisfied.

An Approved Mental Capacity Professional (replacing the Best Interests Assessor role) would only be called in on those cases where the person was objecting to their care

arrangements, or had made previous statements that would indicate a likely objection to their care arrangements ([This proposal has not been approved as of the date on this report](#)).

32. Pressure Ulcers

Management of pressure ulcer: working together to put the patient at the centre of all our care. Prevention of pressure ulcers is not only ideal but, in most cases, perfectly possible. Taking a proactive approach will reduce harm to individuals and secure efficiencies to the wider health and social care system. There was a task and finish group held in NW London Collaboration of CCGs with the local authorities and NHS providers, including some Care Homes to look into DoH Safeguarding Adults Protocol.

Pressure Ulcers and the interface with a Safeguarding Enquiry. It has been agreed that safeguarding protocol to be embedded in CCG health outcomes framework for NW London 2019/20. The principles of the adult safeguarding decision guide are used to assess all grade 3, 4, unstageable deep tissue injuries or multiple sites of grade 2 damage within 48 hours of identifying a pressure ulcer concern and assessment information passed on with patient or referral made to Local Authority safeguarding if indicated. **Capacity:**

- If there are any doubts about the capacity of patient/client to make decisions in relation to their care and treatment, their capacity is assessed and the assessment is documented. If assessed to lack capacity the best interest process is followed and documented.
- All providers to review their safeguarding processes and to document compliance with the principles of the DoH protocol - i.e. they are using a decision making scoring tool which maps onto the 6 questions in the DoH protocol.
- CCG to work with Primary Care (GPs) to improve management and compliance with Pressure Ulcer protocols. Clinical quality review group or contracts meeting to receive quarterly reports on pressure ulcers from all CCG providers.

33. Female genital mutilation

Where an adult reports female genital mutilation there is no obligation to report this to the Local Authority or the Police, because the Mental Capacity Act applies. However, cases should be individually assessed and it is important to consider whether the person and/or their family are known to social services for safeguarding concerns. With consent, the person can be referred to health services as appropriate. There are implications for the CCGs in terms of commissioning appropriate services, including mental health services. The duties related to a child who has experienced FGM are however, different. (see safeguarding children's policy).

34. References

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- 'Working together to safeguard children' (2015) at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf
- The Care Act 2014 is at http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf
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partnership communities order
identifying support enquiry
needs care act ensure
prevent aims any over
adults adult where
safeguarding
local abuse risk
between authority
health neglect individuals
promote live appropriate matter