

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING  
ANNUAL REPORT ON ADULT SAFEGUARDING**

<b>Date of the meeting</b>	17/05/2017
<b>Author</b>	V Cooper, Designated Adult Safeguarding Manager
<b>Sponsoring Board member</b>	Dr B Sharland, Locality Lead for Central Bournemouth
<b>Purpose of Report</b>	This report highlights the safeguarding adult activity across Dorset, Bournemouth and Poole for the financial year 2016/17
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>• The executive lead for adult safeguarding (Director of Quality and Nursing ) is a statutory member of the Adult Safeguarding board;</li> <li>• The Designated Safeguarding Adult Manager (DSAM) is a member of a number of the Adult Safeguarding Board's subgroups, including Quality Assurance, Policy and Procedures, Safeguarding Leads Group.</li> <li>• The DSAM is the vice chair of the Training, Workforce and Development Group.</li> <li>• The DASM role includes monthly engagement meetings with all NHS provider safeguarding leads, three local authority safeguarding teams and the Police;</li> <li>• The DASM role in collaboration with the named safeguarding GP's engages with General Practice and Primary Care to provide awareness, advice and support;</li> <li>• Elements of public engagement have being undertaken through the wider pan Dorset, Bournemouth and Poole Adult Safeguarding Boards and through discussion with the wider communications team in the CCG.</li> </ul>
<b>Previous GB / Committee/s, Dates</b>	6 monthly update report for the Governing Body meeting 16/11/16

## Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓] <i>Copy &amp; paste tick</i>	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : VC

## 1. Introduction

- 1.1 Adult safeguarding is the process of protecting adults aged 18 and over with care and support needs and who are unable to protect themselves from abuse or neglect. The lead responsibility for adult safeguarding is with Local Authorities in partnership with the police and the NHS. The responsibility of NHS Dorset CCG is to seek assurance that adult safeguarding is integral to service development, clinical governance and risk management arrangements, whilst working with partner agencies.
- 1.2 This report provides an overview of activity during 2016/17 and is intended to assure the Governing Body on progress and developments related to the safeguarding adult agenda.

## 2. CCG Safeguarding Assurance

- 2.1 Dorset CCG is compliant with its statutory requirement for safeguarding professionals and the Governing Body receives statutory annual safeguarding adult training.
- 2.2 This year has been focused on the impact of the Care Act, awareness raising of Domestic Abuse, balancing of self-determination and risk of service users in line with the Mental Capacity Act (2005) both strategically and operationally and to continue close collaborative working with the main statutory and partner agencies.
- 2.3 One of the safeguarding named GPs retired in Quarter 4. Arrangements have been put in place for the CCG to have two adult safeguarding named GPs who provide two dedicated sessions per week for adult safeguarding.
- 2.4 The Designated Adult Safeguarding Manager (DASM) and named GPs continue to attend the regular Safeguarding Forums held by NHS England Wessex, with the purpose of gaining and disseminating national and local safeguarding information.
- 2.5 The internal audit of the CCG Adult Safeguarding Service, undertaken in quarter one, has been completed apart from an outstanding issue around the role of the nominated enquirer, which was delayed due to the revision to the Safeguarding Adults Board policy and procedures. The Ulysses safeguarding module has been cleansed and only relevant safeguarding enquires remain visible on the system. The only safeguarding enquires now being collected are those that occur either through CHC funded care, or have implications for the main NHS providers.
- 2.6 The Dorset, Bournemouth and Poole policy and procedures have been revised and the self-neglect/hoarding guidance was launched at the Safeguarding Adults Conference in November 2017.
- 2.7 The Designated Adult Safeguarding Manager is supporting NHSE (Wessex) in the Mental Capacity Act work stream which is one of their priorities, and deputises for them at the National MCA group.

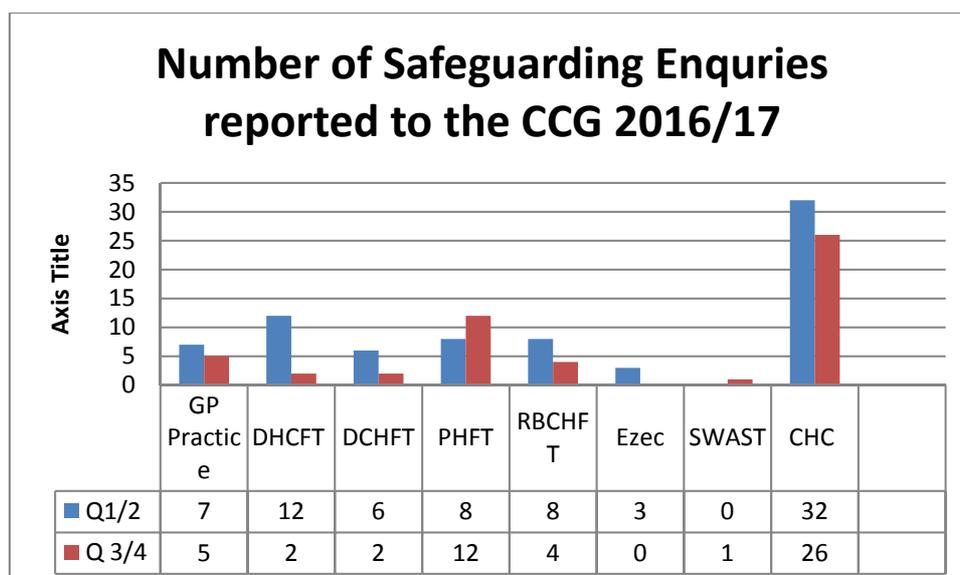
- 2.8 The CCG safeguarding policy has been reviewed and Adults, Children and Looked after Children have been amalgamated into one policy. The policy will be progressed through the governance pathway for final ratification.

### **3. Safeguarding Enquires**

- 3.1 The Care Act places a duty on Local Authorities to make enquiries, or request other agencies, such as NHS Trusts to do so, in order to establish whether action is needed to prevent abuse, harm, neglect or self-neglect to an adult at risk of harm. This may lead the enquiry into a Section 42 safeguarding enquiry or be closed at the information gathering phase.
- 3.2 The number of section 42 safeguarding enquires made known to the CCG in quarters three and four 2016 equals 130. The number has decreased from 2015/16 due to the fact that not all safeguarding concerns meet the criteria for a section 42. The CCG is capturing high level safeguarding concerns for any NHS funded or provided care that is likely to create media attention, cause the reputation of a provider to be challenged through organisational abuse or those with criminal activity.
- 3.3 The DASM and the named GPs provide specialised health advice and support to the Local Authority of any section 42 safeguarding enquires in primary care made known to the CCG. This is to ensure that wider risks are identified, protections plans are put in place to minimise any larger organisational risks and identify any immediate poor practice.
- 3.4 There have been two safeguarding section 42 enquiries, both of which were substantiated from GP practices over the last year. On both occasions a significant event meeting has been held to identify lessons learnt and action plans put in place, information around these cases have been shared with NHS England.

### **4. Provider Services**

- 4.1 The DASM continues to meets monthly with all the main NHS provider Safeguarding Leads to gain assurance that safeguarding activity in the provider organisations is appropriately managed and to gain assurance that appropriate reporting of serious incidents (SIRIs) is undertaken.
- 4.2 Main themes of the safeguarding enquiries are around discharge from hospital and the application of the Mental Capacity Act. All enquires are reviewed by the safeguarding lead in the provider and lessons learnt action plans are developed to improve practice.
- 4.3 A breakdown of enquiries is included below.



- 4.4 The themes from the safeguarding enquires are discussed at the CCG Quality Surveillance Improvement Group (QSIG) to triangulate intelligence around the providers, allowing for any contractual issues to be raised and discussed.

## 5. Safeguarding Adult Training

- 5.1 The training and workforce development subgroup of the Safeguarding Boards has been awarded £10K from NHS England to support the delivery of training to pharmacists, optometrists and dentists.
- 5.2 The GP Peer supervision sessions continue bi monthly, and these events have been well evaluated and positively throughout the year.
- 5.3 Face to face awareness sessions have been offered to include an awareness of adult safeguarding, mental capacity and domestic abuse to all GP Practices.
- 5.4 The CCG supported the safeguarding annual conference and presented on the developing work undertaken around self-neglect and hoarding.

## 6. Developments

### Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)

- 6.1 The DASM has continued to work in close collaboration with the Mental Capacity Act (MCA) team to continue to raise the profile of the MCA, its application into practice and the interface with the Mental Health Act.
- 6.2 There have been a couple of significant developments in the last year regarding patients which have implications for when a patient is being treated in an acute hospital in a way that is no different from any other patient with the same illness is deprived of their liberty. This was a detailed judgement and

may yet be appealed by the Supreme Court, however it is likely fewer patients will now be classed as being deprived of their liberty and so the number of deprivation of Liberty safeguarding applications may decrease in the future.

- 6.3 The second case made it clear that the court of protection is limited to choosing between available options when making best interest decisions. The Court cannot compel Local Authorities or CCGs to offer services they are not willing to fund. Any challenge to funding decisions would need to be challenged via the ombudsman rather than the court of protection.
- 6.4 Changes in the Policing and Crime Act results in anyone subject to a DoLS Authorisation being specifically exempt from being in state detention. Dorset Coroner has issued new guidance to state there is no longer a requirements to notify the coroner if a person dies who is a subject to a DoLS, it should only be if the death is unexpected or unexplained.
- 6.5 The Law Commission has published it proposes a new system that will replace the current DoLS through a process of streamlining applications.
- 6.6 The CCG supported the MCA annual conference by facilitating an outside speaker to present around self-determination and risk in cases of non-engagement and self-neglect. The feedback from this event was very positive.

## **7. Domestic Abuse (DA)**

- 7.1 Awareness raising continues across primary care. Each Practice has been requested to identify a DA lead. The CCG safeguarding team is working with the independent providers to develop some facilitated workshops for the autumn.
- 7.2 The three local authorities have recently been awarded some funding to support DA services. Dorset County received £216K, which will look at rural and hard to reach areas, Poole £90K which will extend the life of IRIS (Identification and referral to improve safety) for a further two years, this will also allow all Poole GP surgeries to be included in the project and Bournemouth £60K to extended outreach services.
- 7.3 DA is being identified as a strong theme in Domestic Homicide Reviews and it is recognised that its affect is experienced by both children and adults. A separate report has been produced to indicate the current activity around these in the last six months.
- 7.4 There will be a number of work streams that will be developed to meet the Domestic Abuse strategy. All partner agencies have been asked to identify the actions they will be completing in the four areas of the strategy.

## **8. Self-Neglect and Hoarding**

- 8.1 The guidance for the management of self-neglect and hoarding is being rolled out across the county. Five training sessions have been arranged in

collaboration with Dorset County Council. Work has been undertaken to develop a training programme for health professionals including CHC staff to understand the process of the Multi Agency Risk Management (MARM) process and to apply the self-neglect and hoarding tool kit into practice.

- 8.2 Initial discussions have been undertaken with service development around how the management of these individuals within the integrated teams could be embraced. Further work around this will continue.

## **9. PREVENT**

- 9.1 The CCG continues to offer additional training sessions to Primary Care in PREVENT awareness. It is still not clear if the mandatory requirements for this will include GPs in the future.

## **10. Modern Day Slavery and Human Trafficking**

- 10.1 The safeguarding team completed a statement outlining the CCG commitment to the Modern Slavery agenda. The CCG has the necessary checks in place to ensure we are not breaching any regulations.

## **11. Safeguarding Bulletins**

- 11.1 The Named GPs produce a monthly safeguarding bulletin that is disseminated to all Practices. This contains all national and local safeguarding news, events and relevant hot topics. These continue to be well received and evaluated by local GPs.

## **12. Adult Safeguarding Boards (ASB)**

- 12.1 The first Adult Safeguarding Boards conference was held in November and was focused on self-neglect and hoarding.
- 12.2 The training and workforce subgroup, has reviewed its work programme with a number of achievable work stream being identified. The main focus over the next year will be the development of effective learning transfer from Safeguarding Adult Reviews.
- 12.3 The Quality Assurance subgroup has agreed that the health related data collected for the group, will be collated by the CCG, which will allow for greater analysis and interpretation of the safeguarding activity, and offer an opportunity to challenge the thresholds difference between the three Local Authorities.
- 12.4 The Policy and Procedures subgroup considers any wider safeguarding issues. The group has reviewed the multi-agency procedures to include information around the role of the nominated enquirer, guardianship, self-neglect and links to the Multi Agency Risk Assessment Conference (MARAC). Dorset police are considering a process that identifies people who are repeatedly referred to safeguarding referral unit, to support the management

and risk identification of these individuals. The group will also be considering how the wider preventative safeguarding agenda is embraced and enhanced.

- 12.5 A mechanism to support whistle-blowers from private care providers is being developed, with advocacy being commissioned on a case by case basis with the aim of supporting them to make statements to the police and local authorities.

## **13. Safeguarding Adult Reviews (SAR)/Case Audits/Whole Service Reviews**

- 13.1 There is a separate report being presented to the Governing Body around Domestic Homicide Reviews (DHRs) and SARs (Safeguarding Adults Review).
- 13.2 Initial discussions have been undertaken around a management process for safeguarding cases, that do not meet the criteria for an SAR, but there would be quality lessons that could be learnt.
- 13.3 The published reports from a whole home enquiry were released this year and an action plan has been instigated to meet the recommendations. The findings of the report pertained to a care home where the care provision was poor, leading to significant harm of residents. Themes and actions within the report include the application of the MCA, the development of a pathway for individuals with contractures and a review of the over 75's service and how this integrates into care home service provision. The CCG has been working with Dorset Health Care who are leading to develop a contractures pathway to support these individuals.
- 13.4 The second awaited report was a combined DHR and SAR which involved a murder of an individual with learning disabilities. The high level themes identified are the management of Domestic Abuse, Hate Crime and the effectiveness of the Multi Agency Risk Assessment Conference.
- 13.5 Lessons learnt from the safeguarding adult reviews, case audits and whole Service Reviews are disseminated through the GP peer review sessions and in the awareness sessions offered by the DASM.
- 13.6 There are a number of on-going DHR's currently being undertaken across Dorset, Bournemouth and Poole, which is creating considerable demand across all services.

## **14. External Inspections and Reports**

- 14.1 There has been one CQC inspection on a GP surgery that has issued enforcement warnings. The report highlighted poor awareness of adult safeguarding. The safeguarding team have signposted the surgery to relevant key areas and will offer awareness sessions as required. There have been three additional surgeries rated as inadequate around safeguarding this year.

- 14.2 The safeguarding team has developed a quality assurance tool, which is used to work in collaboration with primary care to assure they have adequate safeguarding process in place. The approach to this has been targeted to reach the surgeries that had either an inadequate or requires improvement CQC report.

## 15. Objectives for the next six months

- 15.1 The DASM and named GPs will continue to understand the wider implications of Modern Day Slavery and Human Trafficking, Adult Sexual Exploitation and Sexual Violence under adult safeguarding across Dorset, Bournemouth and Poole. This work is led by the Community Safety Partnership and the local authorities and is referenced in the multi-agency policy and procedures.
- 15.2 The safeguarding team continue to raise the profile and awareness of Domestic Abuse and the gain greater understanding around the responsibilities health has within this.
- 15.3 Links will continue to be strengthened with Continuing Health Care teams to ensure staff are confident in the process and risk management of individuals with complex health and social care needs that may require safeguarding.
- 15.4 To continue working with primary care to develop the understanding of the needs of individuals not engaging and self-neglecting within the integrated teams. This will include the application of the mental capacity act in the self-determination and risk.
- 15.5 The DASM will continue to support the training, workforce and development to develop strategies to share learning from the DHRs and SARs and a methodology to monitor the effectiveness of the learning transfer into practice.

## 16. Conclusion

- 16.1 The CCG continues to maintain its statutory obligations and focus on safeguarding adults across Dorset's healthcare system.
- 16.2 The NHS Wessex Forum has provided a governance pathway to take forward the national safeguarding agenda and has provided useful direction and collaboration with others in the Wessex area.

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