

Safeguarding Adults Partnership Board



MERTON SAFEGUARDING ADULTS PARTNERSHIP BOARD ANNUAL REPORT

1 April 2014 – 31 March 2015



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MESSAGE FROM THE CHAIR

The findings from Winterbourne View are now being embedded into National Policy and individual practice. The knowledge and profile of 'Safeguarding' continues to increase and this will continue to grow with the implementation of the Care Act in 2015. The Care Act places a duty for agencies to work together hence working in partnership has never been so important. The demands being placed upon those engaged in safeguarding adults continues to push the boundaries of our capacity to deliver a professional and caring service.

Within this operating environment I am immensely proud of the positive contributions to improving people's lives being made by all agencies. I am very aware of how the lives of carers and service users are affected each day when dealing with families and friends.

A key strand for Merton's Safeguarding Adults Partnership Board going forward will be to hear more of the voices of service users, families and their loved ones.

This Annual Report seeks to demonstrate how the Merton Safeguarding Adults Board is working to improve the lives of people who need our support most. This will be achieved by reinforcing our learning from the past, building stronger partnerships, building confidence in the service being delivered and building for the future.

Sue Redmond
Chair of Merton Safeguarding Adults Partnership Board

INTRODUCTION

This annual report is produced on behalf of Merton Safeguarding Adults Partnership Board and covers the period of 1st April 2014 to 31st March 2015. Each year we have been able to watch and report on the developments of the work carried out by Merton and its partners to safeguard our vulnerable residents from abuse.

This report outlines the progress made during the year April 2014 – March 2015 and how local and national developments have influenced this.

WHO WE ARE

The Safeguarding Adults Partnership Board is a group of people who meet four times a year to ensure that Adult Safeguarding is delivered effectively. The Board comprises of senior lead managers from all key partner agencies.

**Membership is detailed in Appendix 1 and The Terms of Reference for the board is attached in Appendix 2*

The role of Safeguarding Adults Partnership Board is to promote, inform and support the work of safeguarding adults in Merton. It does this by ensuring that safeguarding adults is a theme that is strategically driven, adequately represented across the borough and included in strategic thinking, documents and plans.

The board has been chaired by David Smith (Director of Adult Social Care) and more recently by Sue Redmond (acting Director of Adult Social Care) Royal Borough of Kingston Upon Thames since March 2013. The Director of Merton's Community and Housing department Simon Williams has chaired the Kingston Board. This arrangement will be reviewed in the latter of 2015.

NATIONAL AND LOCAL PROGRESS

Safeguarding Adults at Risk National Policy Context

Over the past year there have been a number of changes within health and social care which change the landscape in protecting adults at risk. A principal change was the publication of the *Health and Social Care Act 2012*. One of the principles included in the Act is the responsibility for commissioning of health services. This now lies with *Clinical Commissioning Groups* (CCG). Equally, under the Health and Social Care Act 2012 the new National Commissioning Boards have responsibility for commissioning of primary care and some community and specialist health care services.

Local Authorities will retain the duty to improve the health of the people who live in their communities. Additionally, *Health and Wellbeing Boards* are established by law under the Health and Social Care Act. The role of the Health and Wellbeing Board is to formally consider matters affecting health and well-being, including all changes to local health services.

A further change has been the establishment of Health Watch which was developed to represent the views of service users within health and social care and other members of the public. Local Authorities were required to establish a local Health Watch organisation to ensure local people are involved in the commissioning, scrutiny and provision of health and social care services.

A further development has been the *Care and Support Bill* which sets out the government's intention for the future of Adult Social Care. It is proposed that the Care and Support Bill will give clarity of entitlements to care and support, give people a better understanding of what is available, help them plan for their future and ensure they know where to go for help when they need it.

The Bill provides a clearer legal framework for safeguarding adults with Safeguarding Adults Boards becoming statutory. Local Authorities, the NHS and the police will be core members of Safeguarding Adults Boards and are already key partners on Merton's Safeguarding Adult's Partnership Board.

Safeguarding Adults Partnership Boards will carry out Serious Case Reviews in certain circumstances and will be required to publish annual plans which reflect the agreed local priorities.

The Department of Health published the final report *Transforming care: A national response to Winterbourne View Hospital* in December 2013, setting out actions to improve care and support of vulnerable people with learning disabilities. The report lays out clear milestones for health and local authority commissioners to work together to ensure that commissioned services are safe and there is evidence that the service users and their families have been included in the decision making process. The aim is to reduce the number of people who are cared for long term in inpatient services for assessment and treatment. This work continues on into 2014-2015 with review of actions.

Lessons learned from inquiries such as *Mid Staffordshire Foundation Trust* have highlighted the need to make safeguarding integral to care. Commissioners have responsibilities to address failures of care and have a key role in managing the impact of enforcement action taken by the Care Quality Commission (CQC) by ensuring that the impact on the local health economy is minimal

LOCAL POLICY CONTEXT

In response to the number of concerns raised about adults who may be at risk and the concerns about hoarding, the Safeguarding Adults Partnership Board set up a short term group to look at implementing a multi-agency protocol for hoarding.

The Safeguarding Adults team in partnership with other agencies developed a multi-agency protocol identifying how the borough identifies, works with and manages people that hoard. The protocol includes a number of tools for practitioners' across all agencies to use and offers a practical, solution focused way of working that manages risk and assesses support needs.

The protocol was launched in the spring of 2014. The event was opened by Professor Lyn Drummond. The event was well attended by all agencies. The hoarding protocol is the first of its kind in London and Merton have been contacted by a number of agencies in other boroughs asking to use the protocol themselves. Merton and its partners are looking to put this forward as an example of positive multi agency working.

This protocol can be found on Merton website at:
www.merton.gov.uk/safeguardingvulnerableadults

SAFEGUARDING BOARD ACHIVEMENTS AND OBJECTIVES FOR 2013/14

- We said we would set up a short life multi agency group to look at developing a policy in response to hoarding. This was completed and launched in spring 2014.
- We said that we would look at including supervision of risk competencies for Safeguarding Adults and appraisal for staff at all levels. This is still to be completed and will be taken forward to this year.
- We said that we would look at developing service user feedback on safeguarding. We have presented Safeguarding Adults information to carers groups and service users groups. We developed questions as part of our annual survey.
- We said that we would ensure that quality assurance processes were robust and focused on quality of the work and recording. We have done this by developing an *Adult Quality Assurance Framework* for Merton social services which is underpinned by a *Quality Audit Tool* which the Safeguarding Adults team use. A sample of safeguarding cases is taken from all care groups and the audit is completed. The outcomes, areas of development and good practice are discussed with team managers in regular meetings and an action plan is produced.
- We said that we would carry out an independent audit of our Deprivation of Liberty Safeguarding (DoLS) assessment and ensure that Merton have a plan to train Best Interest Assessors (BIA) each year. This was prior to the Supreme Court Judgement which came out on the 19th March 2014. In response to the judgement we have developed a plan to have all eligible practitioners trained as Best Interest Assessors by 2017.
- We said we would develop a data capturing tool regarding safeguarding plans in line with *Pan London Process*. This has been completed as part of the interim changes to Care-first and our response to the ZBR process.
- We said that we would develop a process for capturing data in relation to Safeguarding Adults and Serious Untoward Incident (SUI) processes across Mental Health. The Mental Health Trust have implemented Ulysees as a data tool. This is being rolled out over 2014.
- We continue to raise the profile of Adult Safeguarding Partnership work through regular and annual reporting to Committees, Boards and relevant statutory and governance bodies of all partner agencies. The Safeguarding Adults team continues to represent Safeguarding Adults in Merton through regular attendance of various boards and reporting to committees such as Scrutiny and the Health and Well-being Board.
- We said that we would map out the Safeguarding Adults process in line with Pan London Procedures and look at opportunities to improve. This piece of work was completed by an independent worker and a report was written.
- The recommendations will be reviewed as part of the work in ensuring that processes are Care Act compliant during 2014/2015.
- We said that we would develop a consistent *Mental Capacity Assessment Form* for practitioners to use. This has now been developed and is now available for practitioners to use, complete with guidance on how to complete it.

Deprivation of Liberty Safeguards

- We have set up a professional forum for Best Interest Assessors who undertake the assessments for the Deprivation of Liberty Safeguards to ensure consistency and quality in assessment. This is chaired by an independent Chair who previously was involved in developing the *Deprivation of Liberty Code of Practice*.
- We continue to ensure that learning is embedded into processes and practice following lessons from serious case reviews. Our serious case review this year highlighted the need for further training around mental capacity assessments and this will be rolled out through 2014/2015. The multi-agency case review held in March 2013 reflects on practice and discusses in a multi-agency forum what learning and development can be extrapolated.
- We said we will look at enhancing our strategic overview of safeguarding. We have used the NHS Tool and an overarching template for all partners. This template will be reviewed as part of the Safeguarding Adults Partnership Board away day.
- We will review the high risk service, with a view to developing a self-neglect panel, to facilitate regular discussions of cases of concern with partner agencies.

SAFEGUARDING BOARD OBJECTIVES FOR 2015/2016

The board have started work on the following objectives for this year. The away day being held in October 2015 will identify further objectives that the board need to take forward and this progress will be reported in the next annual report.

One of the key areas for the board will be responding to protecting adults at risk and the changes proposed in the Care Act 2014.

The board are keen to ensure that adults at risks are central to the safeguarding process. We have joined the project of *Making Safeguarding Personal* which started in September 2014 in order to review and look at a more proactive way of engaging customers in the safeguarding process.

The Care Act means that the current Pan London Multi Agency Procedures for Protecting Adults at Risk written in 2011 will no longer be fit for purpose. Merton are part of the working party looking at the revision of the Pan London Policy.

As a result of the Cheshire west judgement by the Supreme Court we will be looking at developing the Deprivation of liberties function of the safeguarding team.

We will be reviewing our deprivation of Liberties policy with Children's Social Care to reflect the changes as a result of the Cheshire west judgement.

We will be rolling out a comprehensive training programme for staff and partners on the Mental capacity Act and how this fits with practice and commissioning.

We will look at competencies for staff for those working with adults at risk and undertaking Best interest assessor roles in relation to the DoLS.

We will review the hoarding protocol with key agencies and collect examples of good practice to add to the policy to provide evidence of our successful approach.

The three year strategy will be reviewed on an annual basis and report our progress in the annual report.

QUALITY ASSURANCE

Merton Social Services introduced a quality assurance framework across adult social care. One of the key areas of the framework is safeguarding adults at risk. To support this we developed a *quality assurance audit tool* covering the process, decision-making and outcomes of safeguarding alerts and investigations.

The Safeguarding Adults quality officer's carry out the quality assurance audit process by selecting a random sample of audits across all care groups. This is presented in a quarterly report to the Safeguarding Adults Partnership Board. The report provides information to the board on numbers of audits undertaken for alerts and investigations and highlights areas of good practice and areas of development.

DETAILS OF THE AUDIT AND KEY FINDINGS

The safeguarding case audits are a two-part process whereby the safeguarding quality officer undertakes the safeguarding recording audit. The audits are then passed to the team

managers to complete the audit for decision making and outcomes. A Joint meeting then takes place between the quality officer in safeguarding and team manager to discuss issues or training needs that have been raised during the audit process. An action plan is kept to ensure follow up and the team manager feeds back to the individual practitioner or team.

REVIEW OF TRAINING

This year we have had a comprehensive training programme designed to provide skills and experience to practitioners across all agencies. The training programme has included basic safeguarding, investigators training and assessing the alert. This has ensured that staff at all levels across the social care sector were able to get the most up to date legislation and guidance on safeguarding practice. Coupled with the safeguarding training, a number of courses relating to domestic violence, forced marriage, Deprivation of Liberty, Risk Assessment and the Mental Capacity Act were run.

The Learning and Development manager continues to work very closely with the Corporate Training department to ensure that all training needs are taken into account and that we are aware of the most current issues affecting vulnerable adults in Merton.

For the coming year we have secured a wide variety of courses specifically aimed at Safeguarding Adults at risk.

SUMMARY OF COMPLETED SAFEGUARDING TRAINING COURSE 14/15

Course Title	Delegate Count
DOLs for Social Workers & Multi-disciplinary Professionals	48
Safeguarding for Investigating Officers	22
Safeguarding for Managers	4
Safeguarding - Material/Financial Abuse	29

We trained 104 delegates this year through our learning and development team safeguarding training. These delegates are Merton, provider services and partner agencies such as care homes.

In addition we offered safeguarding training on provider's sites according to need where whole teams were trained together, for example, at JMC and Mencap. This year we provided training to day centre staff at JMC. In general the feedback was good and the staff was happy with the training offered.

DEPRIVATION OF LIBERTY SAFEGUARDS (DoLS)

The Mental Capacity Act (MCA) 2005 was amended to provide safeguards for people who lack capacity. Specifically, to consent to treatment or care in either a hospital or care home that, in their own best interests, can only be provided in circumstances that amount to a deprivation of liberty. This is known as Deprivation of Liberty Safeguards (DoLS). These safeguards came into force on the 1st April 2009. The purpose of this was to provide a legal framework for acting and making decisions on behalf of these individuals. The safeguards cover a particular group of people; these are:

- People who are 18 years and above with significant Learning Disabilities, Dementia, Autism, Brain or Neurological injury/conditions.
- They apply to people who are in a care home (residential and nursing) and acute hospitals. DoLS does not apply to people detained under the Mental Health Act 1983.

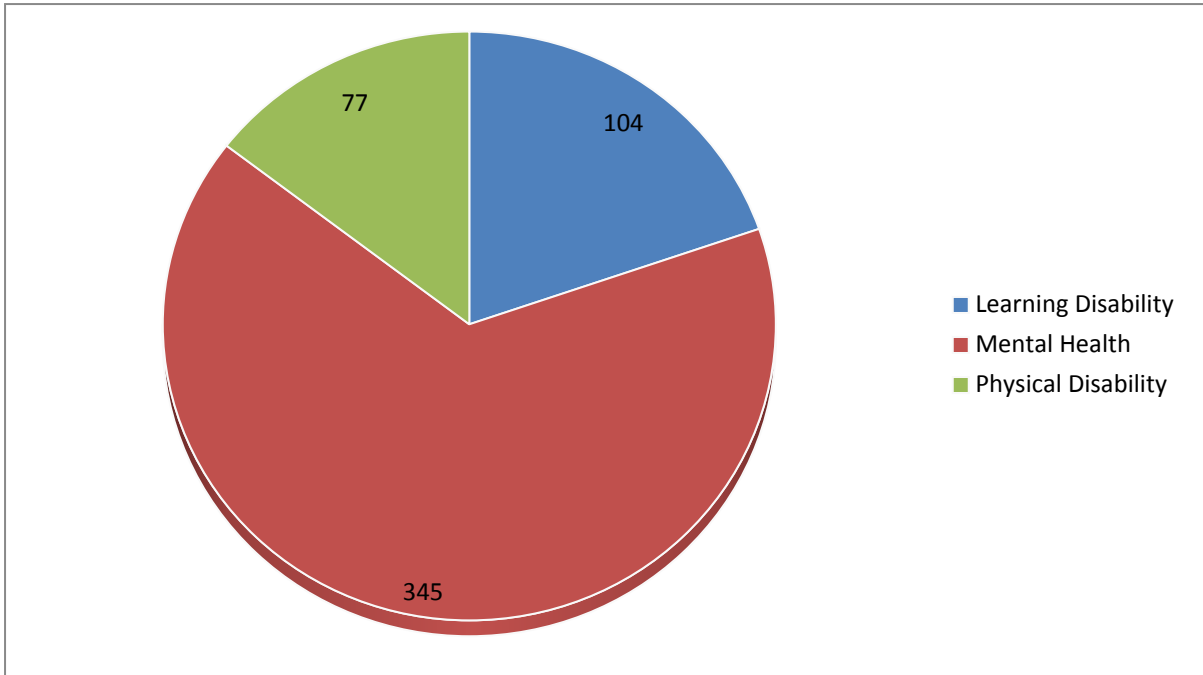
- The DoLS assessment incorporates the process for referral, allocation and monitoring which is undertaken by the safeguarding team.

In the period of April 1st 2014 – March 31st 2015 there were:

- 35 referrals from hospitals
- 20 referrals from All Saints Respite (local respite provision for customers with a learning disability)
- 472 referrals from care homes.

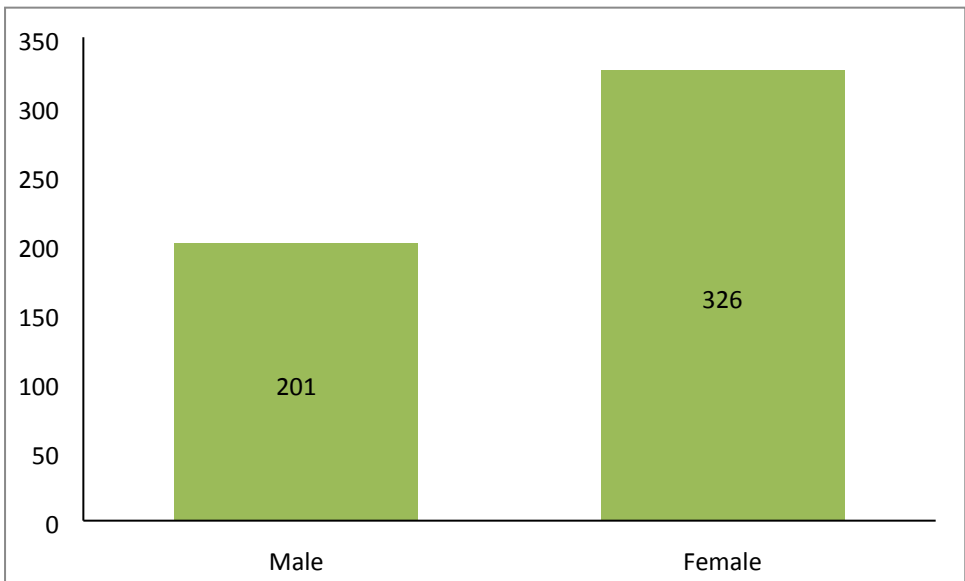
There is an increase in authorisation requests from respite services due to the Cheshire West ruling, this has provided the most challenging authorisation requests as the customers tend not to spend a long period of time in this setting and they will access other settings as part of their care plan which may mimick the care plan in other community settings. This has questioned whether these cases should be covered by the judicial DOLS process.

Number of DoLS requests by Care Group



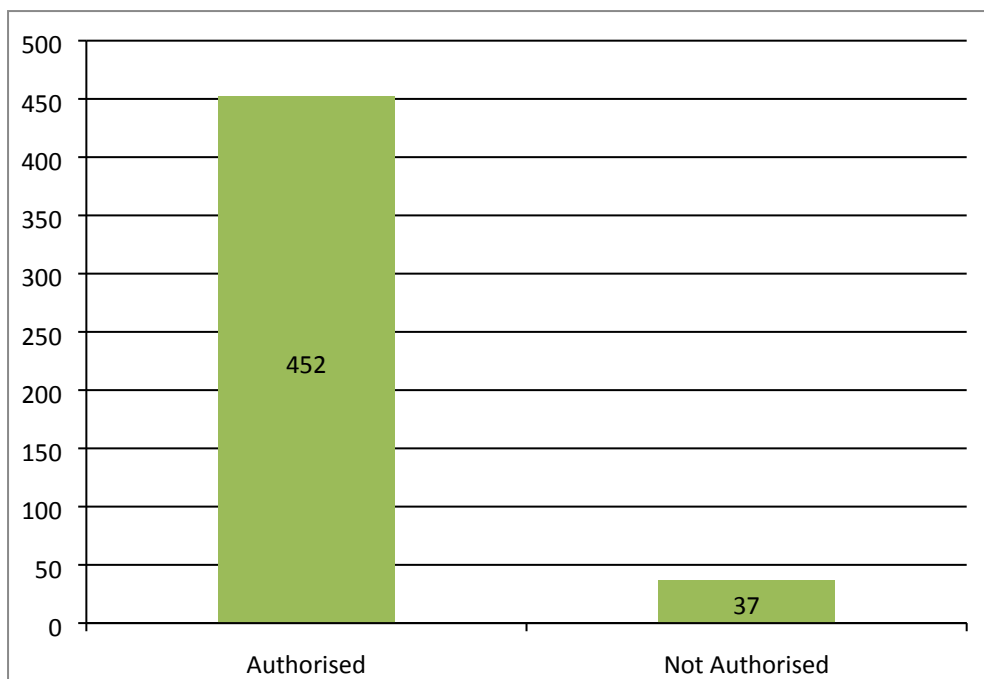
As can be seen above, the highest numbers of DoLS requests were for Mental Health (includes Dementia as category therefore incorporation of older people) and those with Mental Health Difficulties. In total, 526 DoLS requests were received this year.

Number of DoLS requests by Gender



The graph above shows that this year, there were significantly more DoLS requests for female customers in comparison to male customers. There is a reason for this as previous years have shown the opposite.

Number of DoLS requests in relation to Authorisation



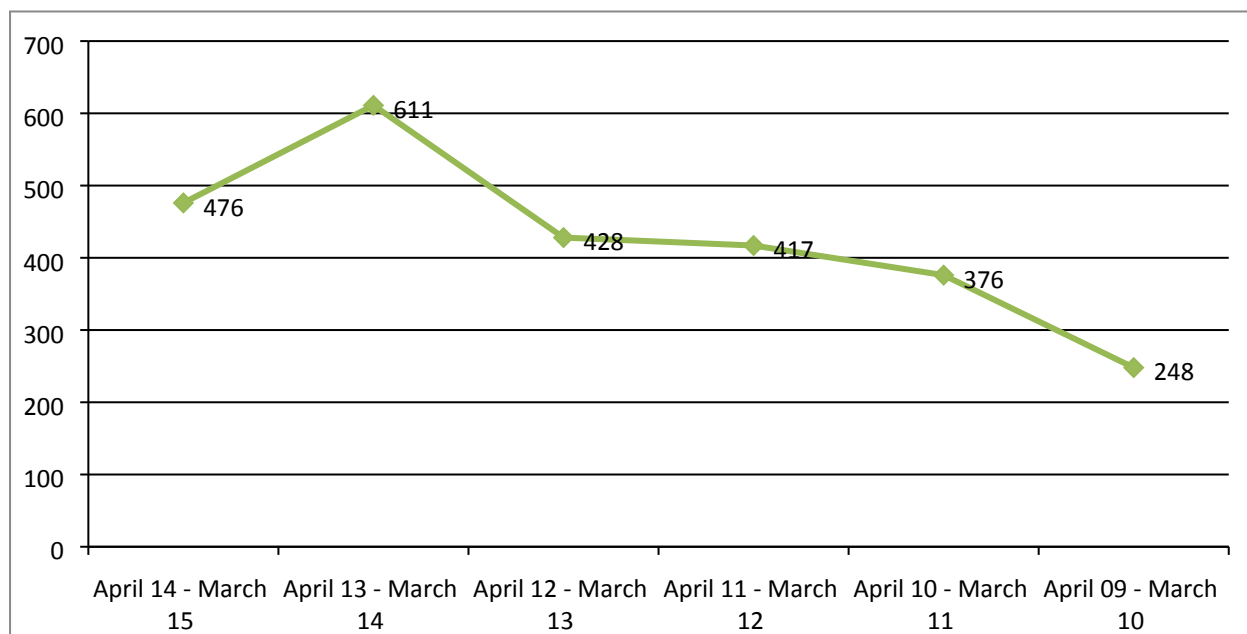
The vast majority of authorisation requests were authorised this year. Only a small number were not authorised, mainly due to the customer assessed as having mental capacity.

SUMMARY OF SAFEGUARDING ADULTS STATISTICS

During this year, Merton saw a decrease in the number of referrals received and in the number of referrals that progress through to investigation. This, we believe, can be attributed to the new system of logging safeguarding alerts. We suspect the received numbers would've been the same or even increased if we look at previous years patterns, but the system of logging these alerts was not effective in capturing the accurate number.

The following statistical information has been collated from our monitoring systems.

Table A The number of reported cases of adult abuse (alerts and including those that moved on into referral) for the last 6 years.



The number of referrals decreased to 476 this year. However it is still important to note that since 1st April 2009 cases reported have almost trebled, which is evidenced by the steep rise in reporting.

Table B. Number of cases by month

Number of cases by month remains constant with only 2 months of the year with

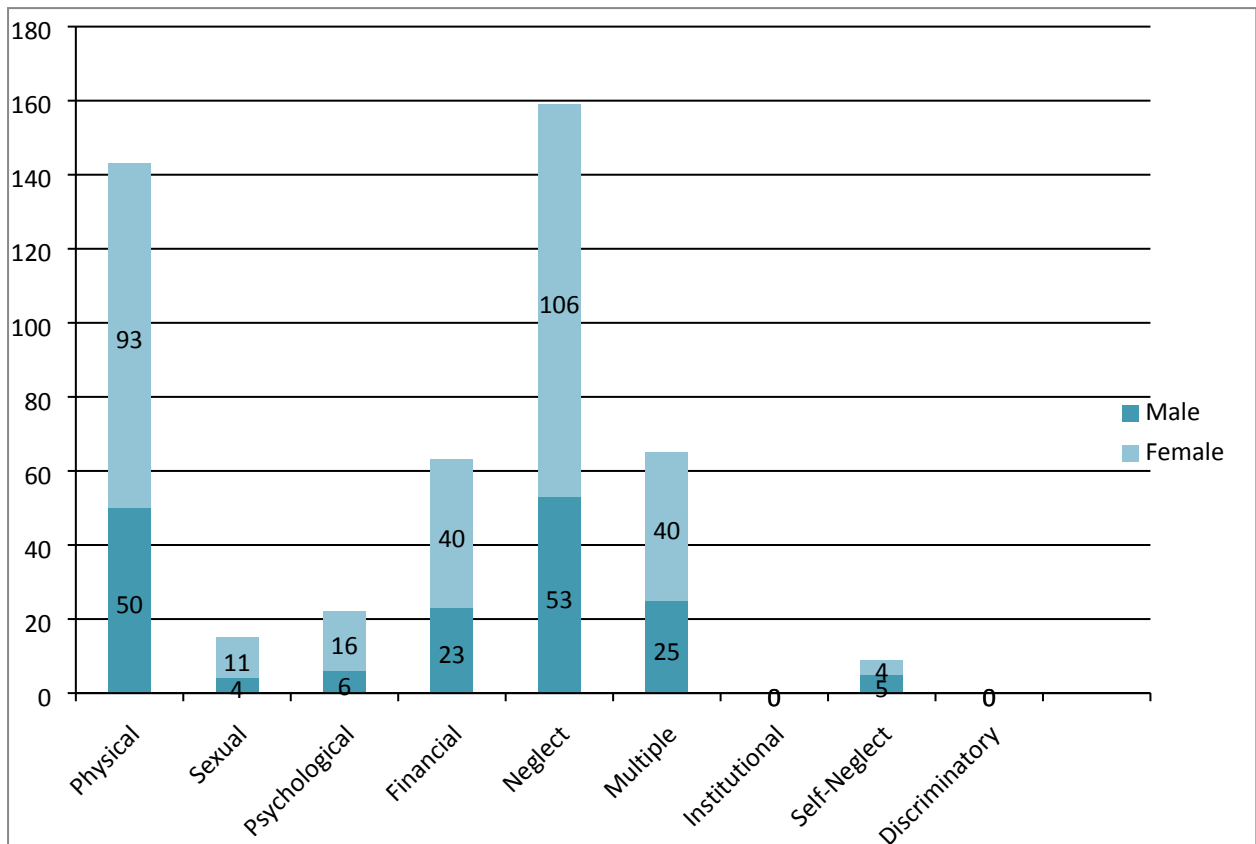
	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014-2015	41	42	47	37	28	42	28	45	36	42	30	58
2013-2014	36	46	51	74	60	44	70	42	44	51	48	45
2012-2013	42	34	39	31	25	43	34	42	25	44	35	29
2011-2012	16	30	46	30	33	32	33	39	52	39	32	35
2010-2011	26	34	24	23	25	25	33	45	25	40	31	45

lower cases than the others.

Figure C. Source of Referrals

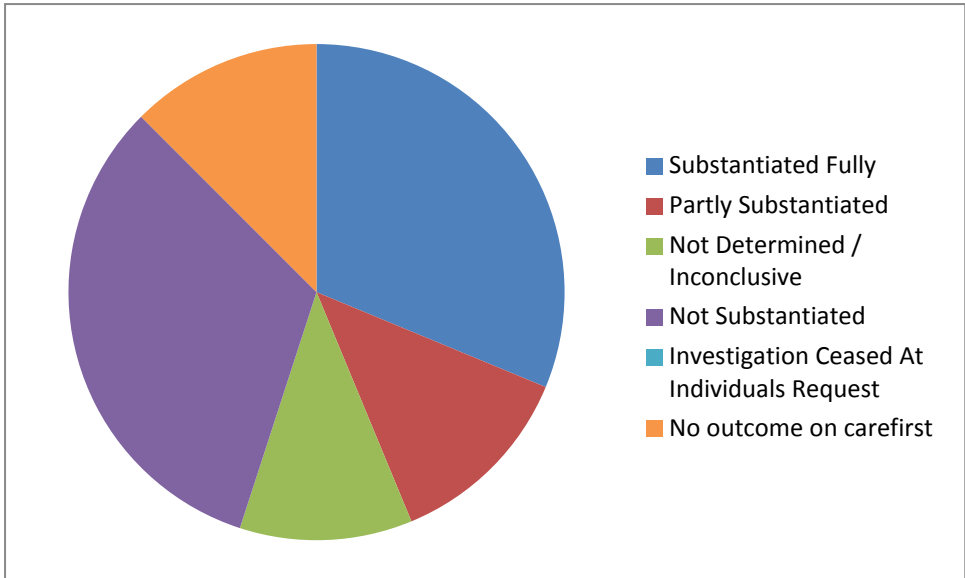
No data provided at time of report.

Graph D. Gender of Victims



Females, and in particular single people, are more likely to be abused. There has been a sharp increase in the number of females who have been victims of alleged abuse. This would be consistent with the increase in alerts relating to physical abuse and domestic violence issues. Self-neglect seems to affect men and women equally. Financial abuse is broadly similar between men and women and this is consistent with previous years.

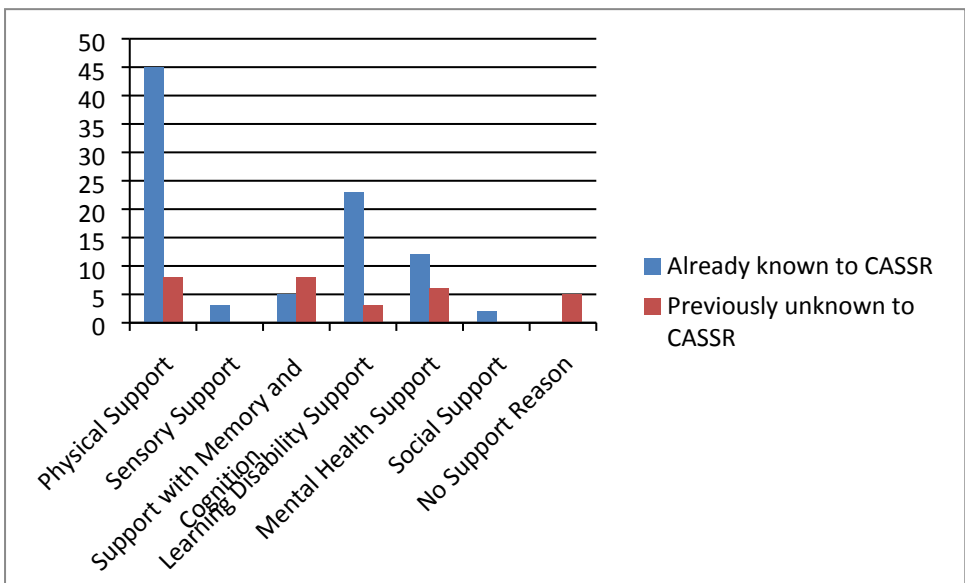
Graph E. Case conclusion for completed investigations



According to our safeguarding adults return, 188 reported safeguarding cases went on to investigation. Out of those, 63 were substantiated fully, whilst 51 were not substantiated. These figures show that cases that go on to investigation, the majority will be substantiated (inc. partly substantiated) which shows accurate screening of the alert and decision of which alerts should proceed to investigation.

It is important to note that a decision whether a case is substantiated or not is determined on the balance of probability and is a multi-agency decision by the strategy group following review of investigation. As safeguarding progresses on from the introduction of the Care Act 2014, the case conclusion will change focusing on customer outcomes from the Making Safeguarding Personal Agenda and decision based on risk to customer following the safeguarding adult's process.

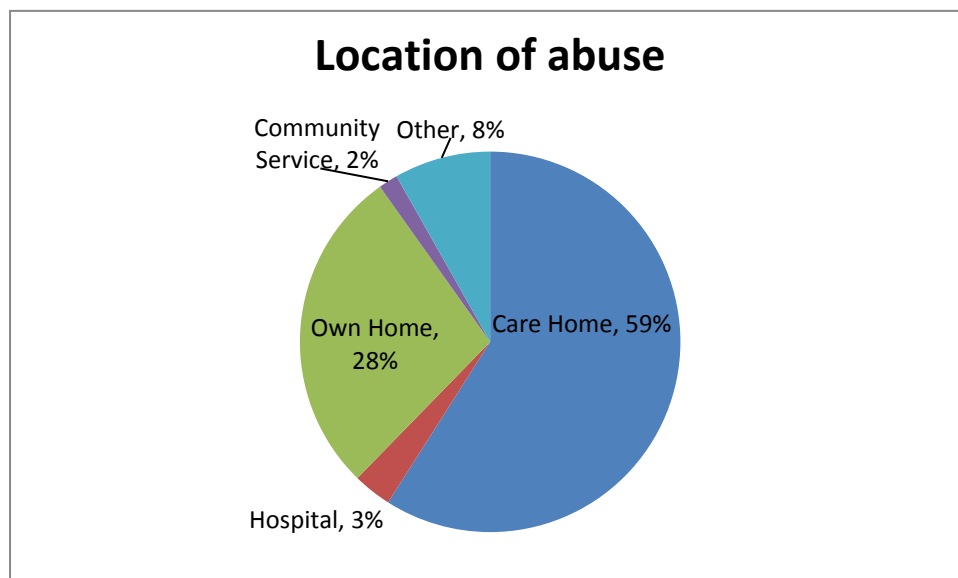
Graph F. Safeguarding referrals by client group



Those listed with physical support needs were where the most safeguarding referrals were received. Physical support also means those customers that are frail meaning older people or those that have a physical disability. This connects to the large number of alerts received

of people living in a care home as typically it will be older people that reside in care homes (and nursing).

Figure G. Location of abuse



Care Homes were the most where safeguarding cases were investigated. This year saw a rise in multiple alerts regarding customers in the same care home. These investigations contained more than 5 customers at times so this would inflate the location and evidence that the majority of safeguarding investigations were in care homes.

How has this data informed our work?

- Closer joint working with our contracts team, sharing responsibilities connected to the safeguarding adults investigations within care homes. This has helped sharing information between teams, understanding which team is most appropriate to lead an investigation and further effective liaison with our key agencies such as the Care Quality Commission.
- As this year reported a decrease in alerts, consideration has been given to what information should be obtained when receiving a safeguarding alert to determine when to log as a safeguarding alert and when this should proceed to investigation. As the introduction of the Care Act 2014 approaches into 2015, further emphasis on quality of information is key at point of referral in order to make an informed decision as to what is logged as a safeguarding alert.
- Consideration of response to domestic violence and abuse alerts. As the data evidences a sharp rise in females of have been victim of alleged abuse, safeguarding adults work need to ensure the involvement of key support services. For example, sharing services such as One Stop Shop and ensuring strong attendance at MARAC.

APPENDIX 1

Safeguarding Adult Partnership Board as of March 2014

Name	Title and Agency	Email
Simon Williams	Director of Community and Housing	simon.williams@merton.gov.uk
Sue Redmond	Chair of Adult Safeguarding Board	sue.redmond@kingston.gov.uk
Julie Phillips	Safeguarding Adults 7 Dols Manager	julie.phillips@merton.gov.uk
Jenny Rees	Service Manager Access and Assessment	jenny.rees@merton.gov.uk
Rahat Ahmed-Man	Head of Commissioning	rahat.ahmed-man@merton.gov.uk
Andy Ottaway-Searle	Head of Direct Provision	andy.ottaway-searle@merton.gov.uk
Lee Hopkins	Service Manager – Children School and Families	lee.hopkins@merton.gov.uk
Jonathan Brown	Service Manager, Learning Disabilities and complex needs	jonathan.brown@merton.gov.uk
Gemma Richardson	Safeguarding Adults Practitioner	Gemma.saunders-richardson@merton.gov.uk
Zoe Gallen	Strategic Lead for Victims and Witnesses Safer Merton	zoe.gallen@merton.gov.uk
Interim	Associate Director of Social Work – Mental Health	
Scott Pollock	Safeguarding Lead – The Royal Marsden	Scott.Pollock@rmh.nhs.uk
David Flood	Safeguarding Lead – St Georges Hospital	david.flood@stgeorges.nhs.uk
Jason Morris	Safeguarding Lead, London Ambulance Service	Jason.morris@lond-amb.nhs.uk
David Palmer	Metropolitan Police	david.palmer@met.pnn.police.uk
Jeff Lyle	Borough Commander – London Fire Brigade	jeff.lisle@london-fire.gov.uk
Dawn Helps	Neighbourhoods Manager – Merton Priory Homes	dawn.helps@circle.org.uk
Lynn Street	Merton CCG	lynn.street@mertonccg.nhs.uk
Zoe Wilson	London Probation Service	Zoe.wilson@london.probaton.gsi.gov.uk
Emma-Louise Haran	Sutton & Merton Community Services	emma-louise.haran@smcs.nhs.uk
Georgina Lotinga	Voluntary Sector	Georgina.lotinga@vslondon.org

APPENDIX 2

Revised Terms of Reference 2013

Membership

- Director Of CCG and Adults Services Kingston (Chair)
- Community & Housing, Merton
- Safeguarding Adults Manager, Merton Social Services
- Lead Practitioner, Safeguarding Adults
- Administrator (minute taker)
- Safeguarding Lead, S.W London and St Georges Mental Health Trust
- Children's Safeguarding Representative, Merton
- Service Manager, Access and Assessment, Merton Social Services
- Head of Direct Provision, Merton
- Safeguarding Lead, St George's NHS Trust
- Detective Chief Inspector, Metropolitan Police.
- Head of Commissioning, Merton
- Borough Commander, London Fire Brigade
- Safeguarding Lead, Royal Marsden NHS foundation Trust
- Interim Associate Director of Social Work S.W. London and St Georges Mental Health NHS Trust
- Strategic Priority Lead, Safer Merton
- Head of Group HR for Adult Social Services, Sutton and Merton
- Health Watch
- London Probation Service

Terms of Reference

- To oversee the implementation and working of the Pan London policy and procedures, including publication, distribution and administration of the document.
- To agree a strategy and maintain a strategic overview of an inter-agency working protocol relevant to the implementation of the policy and procedures.
- To oversee the development of information systems that supports the gathering of information necessary to carry out the evaluation of policy and practice.
- To oversee the monitoring and reporting of safeguarding concerns and investigations and to undertake a full review annually.
- To agree revisions and changes necessary to the procedures, which are identified as a result of the monitoring process completed by Audit Review And monitoring (ARM).
- To maintain a strategic overview of safeguarding adult training.
- To oversee promotion of the policy and procedures through formal events or information campaigns to ensure a wider professional and public understanding of adult abuse.
- To identify sources of funding required to implement all of the strategies associated with the policy and procedures and to monitor the use of these resources.
- To agree and maintain links with relevant corporate management groups.
- To create and discontinue task groups in line with development needs.
- To commission and oversee the work of the task groups.
- To accept and consider recommendations from the task groups.
- To ensure that agreed multi-agency strategies are implemented within individual agencies.

Frequency of Meetings: Bimonthly

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