



Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in on, **13 January 2015 at 7.30 pm.**

John Lynch
Head of Democratic Services

Enquiries to : Peter Moore
Tel : 0207 527 3252
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Despatched : 6 January 2015

Membership

Councillors:

Councillor Raphael Andrews
Councillor Jilani Chowdhury
Councillor Kaya Comer-Schwartz
Councillor Osh Gantly
Councillor Mouna Hamitouche MBE
Councillor Gary Heather
Councillor Jean Roger Kaseki (Vice-Chair)
Councillor Martin Klute (Chair)

Co-opted Member:

Bob Dowd, Islington Healthwatch

Substitute Members

Substitutes:

Councillor Alice Donovan
Councillor Tim Nicholls
Councillor Nurullah Turan

Substitutes:

Olav Ernstzen, Islington Healthwatch
Vacancy
Vacancy
Phillip Watson, Islington Healthwatch

Quorum: is 4 Councillors

A. Formal Matters

Page

1. Introductions
2. Apologies for Absence
3. Declaration of Substitute Members
4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council's area.

(e)Licences- Any licence to occupy land in the council's area for a month or longer.

(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Order of business
6. Confirmation of minutes of the previous meeting
7. Chair's Report

1 - 4

The Chair will update the Committee on recent events.

8. Public Questions

Public questions may be asked on condition that the Chair agrees and that the questions relate to items on the agenda. No prior notice is required.

Questions which are about matters on the agenda may be rejected by the Chair if they:

- (a) are defamatory, frivolous or offensive (this would include a discriminatory question);
- (b) request the disclosure of information which is confidential or exempt; or
- (c) name, or clearly identify, a member of staff or any other individual.

9. Executive and Health and Wellbeing Board Update

B.	Items for Decision/Discussion	Page
10.	Primary Care Commissioning - To follow	
11.	NHS Trust - London Ambulance Service Presentation	
12.	Annual Adults Safeguarding Report	5 - 42
13.	Scrutiny Review - Patient Feedback - Presentation/SID/Witness evidence	43 - 48
14.	Sexual Health - To follow	
15.	Work Programme 2014/15	49 - 50

The next meeting of the Health and Care Scrutiny Committee will be on 10 February 2015
Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

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Agenda Item 6

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 18 November 2014

Minutes of the meeting of the Health and Care Scrutiny Committee held at Council Chamber, Town Hall, Upper Street, N1 2UD on Tuesday, 18 November 2014 at 7.30 pm.

Present: **Councillors:** Chowdhury, Gantly, Hamitouche, Heather, Kaseki
(Vice-Chair) and Klute (Chair)

Also Present: **Councillors** Janet Burgess
Co-opted Member Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

41 **INTRODUCTIONS (ITEM NO. 1)**

Councillor Klute welcomed everyone to the meeting. Members of the Committee and officers introduced themselves.

42 **APOLOGIES FOR ABSENCE (ITEM NO. 2)**

Apologies for absence were received from Councillor Chowdhury for lateness.

43 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

There were no declarations of substitute members.

44 **DECLARATIONS OF INTEREST (ITEM NO. 4)**

There were no declarations of interest.

45 **ORDER OF BUSINESS (ITEM NO. 5)**

The order of business would be as per the agenda.

46 **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)**

That the minutes of the meeting of the Committee held on 21 October 2014 be confirmed and the Chair be authorised to sign them subject to the inclusion of Councillor Heather in the attendance list..

47 **CHAIR'S REPORT (ITEM NO. 7)**

The Chair welcomed the announcement that Simon Pleydell had been appointed as Chief Executive of the Whittington on a permanent basis.

Concerns had been reported about the St Martin of Tours Care Home at Wilton Villas regarding interaction between residents of the home and local residents.

Concerns had also been reported to the Chair about the standard of care at Bridge Wharf palliative care facility.

A tender process for a new out of hours service across the five NCL boroughs would be undertaken and was being led by Liz Wise from Enfield.

New CQC ratings for GPs were due to be published and could flag up potential areas of concern in Islington.

48 **EXECUTIVE AND HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 8)**

Councillor Burgess reported that she shared the Chair's concern about the Wilton Street facility and stated that another visit would be taking place with a report back due by the end of the week.

Delays to ambulance services were also reported to be an issue.

The Health and Wellbeing Board were undertaking a refresh after operating for two to three years in shadow and formal committee formats.

Councillors were still interested in mental health first aid training in a shorter format.

A mental health conference had taken place at the beginning of November involving representatives from the BME and LGBT communities. Hillside Clubhouse had helped to organise the event and it had been well received.

The new Domiciliary Care Contract had been launched and was the first in the country to offer the London Living Wage. The new contract had been signed for St Anne's Care Home which would also offer LLW to staff.

ICope services had moved into the basement of Finsbury Health Centre and were very happy with their new facilities.

49 **CARE ACT 2014 (ITEM NO. 1)**

Simon Galczynski, Service Director Adult Social Care, Jess Mcgregor AD - Strategic Commissioning, Tessa Cole, Improvement & Efficiency Programme Manager and Greg Pearson, Head of Performance presented the report to the Committee.

In the discussion the following points were made:

- The Care Act represented a significant time of change and the new legislation required changes in service evaluation.
- A requirement to cooperate and a duty to promote wellbeing was placed on the NHS and local authorities.
- A new lifetime care cap of £72,000 would also be introduced as part of this process.
- Supply of adequate housing was covered by housing legislation.
- The local authority could be open to legal challenge if they failed to meet their new duties under the act.
- More information on transition and how the new act would work alongside the Children and Families Act responsibilities could be provided.
- There were identified risks relating to possible funding gaps and all councils were raising this as an issue.
- The council were seeking legal advice to look at all risks and challenges to understand how the council could continue to provide care at the same levels under possible increased funding pressures.
- The Carers Hubs and Centre 404 had been successful at identifying hidden carers and it was important to build on those approaches with additional factors such as peer support.
- A new information and access team was being developed to ensure joined up services for all individuals.

50

PEER REVIEW OF STRATEGY & COMMISSIONING (ADULTS) (ITEM NO. 2)

Simon Galczynski, Service Director Adult Social Care, Jess McGregor AD - Strategic Commissioning, Tessa Cole, Improvement & Efficiency Programme Manager and Greg Pearson, Head of Performance presented the report to the Committee.

In the discussion the following points were made:

- The inspection routine used to be paper based and similar to the Ofsted system. Now each region had been allowed to determine their own regime. London was further ahead than anywhere else and each local authority had undertaken to carry out a peer review of another borough as a three day intensive process.
- Slides on the Peer review of Islington's services could be made available if required.
- The review had been largely positive and reflected strong partnerships in Health and a diverse and vibrant voluntary sector.
- A finalised Action Plan for responding to the review would be available by the end of the month.
- As the profile of the work on the London Living Wage rose it would be harder for providers not to engage with that process.
- Property prices and site availability was an issue for service expansion in the borough.
- The procurement process required that services should be run efficiently but within the existing terms of service and quality was very important.
- Members stated that the Technical Action Plan should be drafted in term that were easier to understand to ensure they would be easy to implement.

51

LOCAL ACCOUNT OF ADULT SOCIAL SERVICES 2013/14 (ITEM NO. 3)

Simon Galczynski, Service Director Adult Social Care, Jess McGregor AD - Strategic Commissioning, Tessa Cole, Improvement & Efficiency Programme Manager and Greg Pearson, Head of Performance presented the report to the Committee.

In the discussion the following points were made:

- Much of the information on the Local Account had been embargoed until the Department of Health had released their data. Officers could circulate details of the consultation and would welcome suggestions for engagement.
- Councillors queried where the independent scrutiny of the process would lie.
- The Local Account was being presented to the Committee to start the scrutiny process and there was a chance for members to review the documentation.
- With the move away from the external inspection process the integrity of the new system was paramount.
- The London Social Care Partnership would identify capacity and ensure trained officers were available.
- There were faults with the old regime and the new process could allow more engagement with service users.
- Officers had attempted to create independent focus groups from affected groups but there had been low attendance of sessions.
- Councillors asked for more information on the data regarding the impact of mental health and employment. Officers would circulate this to members.
- The council were still required to submit three times a year on key demographics.

The Chair stated that it had been a very good session and looked forward to seeing how the new systems would work in practice.

52 **WORK PROGRAMME 2014/15 (ITEM NO. 4)**

RESOLVED:

That the work programme be noted.

MEETING CLOSED AT 9.10 pm

Chair



Report of: Corporate Director of Housing & Adult Social Services

Meeting of	Date	Agenda Item	Ward(s)
Health and Care Scrutiny	13 January 2015		All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Safeguarding Adults Partnership Board; Annual Report 2013/14

1. Synopsis

- 1.1 This report sets out highlights and progress of the council's leadership of adult safeguarding arrangements in the borough.
- 1.2 The Annual Safeguarding Review, attached as appendix 1, describes this in more detail.

2. Recommendations

- 2.1 To note the contents of this report and to commend adult social services staff for their commitment to preventing abuse where possible and responding to concerns of abuse or neglect on vulnerable Islington residents.

3. Background

- 3.1 Islington Council has a statutory responsibility to lead the borough in safeguarding adults. Local authorities, along with other public agencies, are required to submit an annual review of safeguarding arrangements to their Executive Board, as part of the No Secrets statutory guidance.
- 3.2 Achievements this year:

Audits

We have established an audit framework for care management teams. Teams have been auditing cases for a year and findings have revealed strong practice in keeping people safe from the beginning of a

safeguarding investigation. Auditors have been taking learning from the audits back to teams to further improve practice.

Financial abuse toolkit

In light of the prevalence of financial abuse we have produced a financial abuse toolkit for service users and carers to help keep themselves safe.

Working with Trading Standards

We have started working with trading standards on supporting victims of scams and doorstep criminals.

Domestic Violence

We have continued to work closely with colleagues in community safety improving the number of MARAC referrals and creating a safeguarding adults and domestic violence flowchart for practitioners.

Sprinklers

Following a fatal fire in 2013 involving an adult at risk, we are working to install domestic sprinklers into homes for the people most at risk.

Hoarders

We have created a forum to address the needs and issues of hoarding. The aim of this group is to develop local policies and procedures and interventions to address and reduce the risks from hoarding behaviours.

Home fire safety visits

During 2013-14, London Fire Brigade received from agencies within Islington, the highest recorded number of home fire safety referrals of any Borough across London. The majority of these came from partners represented on the Adult Safeguarding Board. As a result, 2093 home fire safety visits were carried out in the Borough, smoke alarms were fitted where needed and 98% of these visits were carried out in the homes of the most vulnerable members of our community.

Community Risk MARAC

We are working closely with colleagues in the Police and Community Safety to address concerns resulting from anti-social behaviour where the victims are vulnerable and at risk of serious abuse or harm. The aim of this group is to prevent incidents like those experienced in the high-profile case of Fiona Pilkington.

SAPB partner safeguarding meetings

Moorfields Eye Hospital, Whittington Trust and Camden and Islington Mental Health Trust have all established senior level Safeguarding Adults meetings.

CCG involvement in Safeguarding Adults Unit

The CCG has contributed funding to the Safeguarding Adults Unit and has produced a work plan that addresses areas of learning and development for commissioners, compliance with regulations and updating of policies and procedures.

Themed SAPB meetings

We have introduced themed Board meetings which have resulted in some very interesting presentations from partners about how they contribute to the safeguarding agenda.

- 3.3** The review compares the statistics from 2013/14 with the previous year 2012/13. There has been an increase of 43% in alerts from the previous year and an increase in investigations by 4%. These figures are positive in that they show that professionals and members of the public are reporting safeguarding concerns about adults to us. We have been working hard to increase awareness among members of the colleagues and public and the increase in alerts may reflect this.

Physical abuse, financial abuse and neglect have remained the top three categories for several years. The picture is similar across the country. Since last year, neglect and financial abuse have been nearly equal in the number of investigations completed (at 32% and 28% respectively).

- 3.4 The percentage of cases which were substantiated (that is, the abuse was likely to have taken place) has remained the same as the previous year at 30%.
- 3.5 During 2013/14 a serious case review was held in Haringey relating to an Islington resident placed in a Haringey care setting. As a result of the review comprehensive training around choking has been set up and a new protocol has developed between Islington and Haringey around transfers of care arrangements.

Also during 2013 we participated in a Domestic Homicide Review. Actions to come from this review include reviewing the safeguarding policies to ensure that domestic violence is appropriately included, carers issues are addressed and non-engagement and refusal of service policies are reviewed. The action plan is currently being quality assured by the Home Office.

Our Establishment Concerns process was invoked for three care homes during the year. All three care homes have since demonstrated significant improvements and worked to detailed improvement plans.

- 3.6 The report looks at the use of Deprivation of Liberty Safeguards (DoLS) in Islington. Most referrals are for people who have dementia. Overall, application levels were similar to previous years, with more referrals from care homes and fewer referrals from hospitals.

In March 2014 the Supreme Court made a long awaited decision in a case known as 'Cheshire West' concerning the living arrangements of three mentally incapacitated individuals. It decided that all three were subject to a deprivation of their liberty. This judgment is important because it clarified the law around DoLS and introduced an 'acid test' to work out whether or not a deprivation of someone's liberty is taking place. We anticipate DoLS applications to increase significantly in 2014/15 as a result of the Cheshire West judgement.

- 3.7 The report details progress on delivering our 3-year Board strategy. An annual plan set out specific actions for the year to be carried out by the four subgroups of the Board. All actions have either been achieved or are on course to be achieved.

4. Implications

4.1. Financial implications

The Safeguarding Adults Unit 2013/14 gross expenditure outturn was £540k. Of this, £87k was funded through the Islington Clinical Commissioning Group (ICCG) contribution towards the service.

The Safeguarding Adults Unit 2014/15 gross expenditure budget is £510k. With the recent Supreme Court judgment in the 'Cheshire West' case which extended the definition of the Deprivation of Liberty Safeguards (DoLS), and has meant the number of people eligible for DoLS assessments has increased significantly. This has led to a pressure of £500k for the 2014/15 financial year, which will be contained within the Adult Social Services department.

4.2. Legal Implications

The current No Secrets guidance places a duty on the Council to co-ordinate the development of local policies and procedures for the protection of adults from abuse. Paragraph 3.1 requires the multi-agency management committee (the Safeguarding Adults Board) to undertake an annual audit to monitor and evaluate policies, procedures and practices for the protection of adults who are at risk of abuse.

The Care Act 2014, the relevant sections of which come into force in April 2015, establishes the statutory framework for adult safeguarding. Sections 42 - 47 set out the provisions for safeguarding adults at risk of abuse and neglect. Section 42 imposes a duty on the Council to establish a SAB for its area. Paragraph 4 of Schedule 2 requires the SAB to prepare an annual report, and specifies the matters that must be included in the report.

4.3. Equalities Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Appendix B of the full annual review (attached) sets out the equality impact of work to safeguard adults who are vulnerable in Islington.

4.4. Environmental Implications

There are no major environmental impacts associated with the Safeguarding Adults Partnership Board. Minor impacts such as transport-related emissions and office-based resource usage (energy, paper etc.) are managed by staff. Some work has the potential to benefit the environment, such as reducing fire risk or referring service users to the SHINE service, which gives advice to residents on saving energy.

5. Conclusion and reasons for recommendations

- 5.1 The annual safeguarding review sets out the main achievements in safeguarding vulnerable and disabled adults in Islington and details our aims for achieving our strategy and annual plan.

Background papers:

Appendix 1: Islington Safeguarding Adults Partnership: Review 2013/14

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

Final report clearance:

Signed by:



Date: 30 September 2014

Corporate Director of Housing and Adult Social Services

Report author

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Islington Safeguarding Adults Partnership

Summary Annual Report 2013-14

Key achievements

- Audit findings have revealed strong practice in keeping people safe from the start of a safeguarding investigation. Our new **audit framework** is helping to make sure learning is used to further improve practice.
- Through the **Community Risk MARAC** we are working closely with the Police and Community Safety to address concerns about anti-social behaviour where the victims are vulnerable and at risk of serious abuse or harm.
- In light of the prevalence of financial abuse we have produced a **financial abuse toolkit**.
- We have started working with Trading Standards on **supporting victims of scams**.
- We have continued to work closely with Community Safety improving the number of MARAC referrals and creating a safeguarding adults and **domestic violence flowchart** for practitioners.
- Following a fatal fire in 2013 involving an adult at risk, we are working to install **domestic sprinklers** into homes for the people most at risk
- We have created a forum to address the needs, issues and risks of **hoarding**.
- **2093 home fire safety visits** were carried out in the borough (the highest in London) and smoke alarms were fitted where needed. 98% of these visits were carried out in the homes of the most vulnerable members of our community.

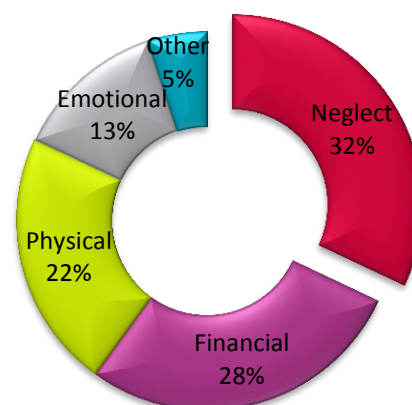
Key statistics

1165 alerts about possible adult abuse or neglect (an increase of 43% on last year)

511 investigations about suspected adult abuse (an increase of 4% on last year)

1 in 3 cases we investigated was about neglect.

In **61%** of cases, the suspected abuse took place in the adult's own home



Key developments

- The Care Act 2014 has passed into law. For the first time, safeguarding adults will be on a statutory footing, similar to child protection.
- Deprivation of Liberty Safeguards authorisations levels remained similar to last year. Applications and authorisations are expected to increase next year due to the recent 'Cheshire West' Court judgement.

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Islington Safeguarding Adults Partnership

Annual review 2013-14

A Safer Islington



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ISLINGTON

Working in partnership



About us

We are a partnership of organisations in Islington all committed to working together to safeguarding adults at risk from abuse and neglect.

Who makes up the partnership?

Age UK Islington – Andy Murphy, Chief Executive Officer

Camden and Islington NHS Foundation Trust – Colin Plant, Director of Integrated Care

Camden and Islington Probation Service – Donna Jones, Senior Probation Officer

Care Quality Commission – Jane Ray, Compliance Manager

Crown Prosecution Service – Philip Fernandez, Borough Prosecutor

Healthwatch – Geraldine Pettersen

Independent Chair – Marian Harrington

Islington Clinical Commissioning Group – Martin Machray, Director of Quality and Integrated Governance (and Vice Chair)

Islington Clinical Commissioning Group - Dr Rathini Ratnavel

Islington Council – Melissa Friedberg, Islington Safeguarding Children's Board manager

Islington Council – Sean McLaughlin, Corporate Director of Housing and Adult Social Services

London Ambulance Service, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington - Rhys Powell, Borough Commander

Metropolitan Police, Islington – David Hutcheson, Detective Chief Inspector

Moorfields Eye Hospital NHS Foundation Trust – Tracy Lockett, Director of Nursing & Allied Health Professionals

NHS England – Joanne Hillier

Notting Hill Housing Trust – Lyn Lewis, Head of Operations

Safer Islington Partnership – Alva Bailey

Single Homeless Project – Liz Rutherford, Chief Executive

Voluntary Action in Islington – Emma Whitby

Whittington Health NHS Trust – Alison Kett, Deputy Director of Nursing & Patient Experience

Foreword

This is my first year as Independent Chair of the Islington Safeguarding Adults Board. The Board partners have had a challenging year with austerity affecting all organisations. Despite this you will see from this report that they have been able to achieve a great deal. However there will always be more to do.

We held a Community Conference this year to hear the views of local people, particularly those who use adults services. This event also helps to raise public awareness of adults safeguarding and encourage people in Islington to report any concerns they may have.

We have seen a significant increase in the numbers of referrals for an investigation of an adult at risk. This has put pressure on the teams investigating these situations. We have been pleased to see that they have responded appropriately.

This year we have made great efforts to ensure the voice of people who use services is heard. We are organising opportunities for groups of people to feed their views into the Board on a regular basis. People who have been part of safeguarding investigations have been asked about their experiences and the findings have been fed back to the social work teams to improve their practice.

We have tried to ensure better outcomes for people who have been abused or exploited. We have met with police, local prisons and the Crown Prosecution Service to make sure the criminal justice system works more effectively for vulnerable victims.

The Clinical Commissioning Group, Whittington Health and Islington Council have been working together to improve standards in local care homes. A senior nurse visits the homes, meets with staff and advises the homes to ensure the very best care practices. There have also been a range of training events for staff from all partner organisations to make sure they are aware of recent legal decisions and supported to do their work effectively.



The partnerships represented by the Board have become stronger over the year. All agencies have reported back to the Board on practical ways in which they have been able to make vulnerable adults safer and have been able to learn from and encourage each other. The Clinical Commissioning Group has been hugely valuable in helping to ensure standards are improved in nursing and medical care. The police in Islington have shown strong commitment to keeping vulnerable people safe.

I would like to thank all partner agencies for their support in this work. I particularly thank the Chairs of our sub groups for their huge contribution to the Board. I would like to thank Sean McLaughlin Corporate Director of Housing and Adult Social Services at Islington Council for his constant support and commitment, to the Councillors in Islington for their interest and encouragement and to the people of Islington for their vigilance.

Marian Harrington
Independent Chair
July 2014

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Introduction

This review looks at the work we have done to safeguard adults in Islington from April 2013 to March 2014. As well as being a chance to celebrate our achievements, it gives us a chance to review areas for further development. We look at the national context, at people's experiences of safeguarding in Islington and analyse some of the data we collect.



Safeguarding in the Headlines

Safeguarding Adults has featured in the news this year for a number of reasons.

Mid Staffordshire Hospital In February 2013 the Francis Report into the failings in the Mid Staffordshire Hospital Trust was published making some 290 recommendations to address issues around staffing, compassion, training, leadership and safety. As a result the SAPB has focused on how our local NHS providers and commissioners embed and demonstrate the principles enshrined in the Francis Report.

Jimmy Saville and others On-going criminal investigations into the abuse victims of Jimmy Saville and other high profile abusers has continued to keep abuse and safeguarding in the headlines.

Mental Capacity Act, and the Deprivation of Liberty Safeguards The House of Lords called for evidence into the application and effectiveness of the Mental Capacity Act 2005 (MCA). The consultation was responded to by local authorities, NHS trusts, advocacy organisations and Service User representative groups. The findings revealed the Committee was unanimous that the MCA 2005 is important - indeed visionary - legislation, with the potential to transform lives. However, they were equally clear that the Act is not working well, because people do not know about the Act and, where they do know about it, they do not

understand it. The Committee has made a number of important recommendations to bring about the effective implementation of the Act, chief among them being that:

- (1) Overall responsibility for the Act be given to an independent body whose task will be to oversee, monitor and drive forward implementation;
- (2) The Deprivation of Liberty Safeguards (DoLS) regime to be re-drafted.
- (3) A higher profile on training and standards, increase of resources, reconsideration of non-means tested legal aid.

The deprivation of liberty safeguards are in place to ensure that for people who lack capacity and who may need treatment or care in a hospital or care home have their rights protected.

At the end of March 2014 the Supreme Court reviewed two decisions relating to DoLS. This decision has changed the interpretation of DoLS significantly, it is anticipated that next year's annual report will reflect substantially greater numbers of assessments and authorisations.

The Care Bill (which came into law as the Care Act in May 2014) requires Local Authorities to set up Safeguarding Adults Boards and gives a clear legal basis for this for the first time. The Care Act also aims to put in place a legal framework so that key organisations and individuals agree on how they work together. We are confident that the new legislation will strengthen and enhance the work that we do with adults who have been abused or exploited.

Achievements

Audits

We have established an audit framework for care management teams. Teams have been auditing cases for a year and findings have revealed strong practice in keeping people safe from the beginning of a safeguarding investigation. Auditors have been taking learning from the audits back to teams to further improve practice.

Financial Abuse Toolkit

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Work with Trading Standards

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Domestic Violence

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Hoarders

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Home Fire Safety Visits

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CCG involvement in Safeguarding Adults Unit

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Themed SAPB Meetings

We have introduced themed Board meetings which have resulted in some very interesting presentations from partners about how they contribute to the safeguarding adults agenda.

Delivering our strategy

The partnership agreed a three-year strategy. Represented below are the six strategic aims of the strategy. Much of the work involved in meeting these aims is carried out by the subgroups of the partnership Board.



1. Effective partnership

We continue to show that the partnership is well governed, accountable and improving safeguarding in Islington. The annual review is just one example of the way that we are accountable for how we safeguard adults.

As a partnership, we continue to engage with the local people and raise awareness of safeguarding adults. We did this through ongoing talks to local community groups and our community conference for the public.

We stepped up our engagement with local service users and carers and held a community briefing event explaining how local people can get involved in the work of the partnership.

Our conferences for professionals are another way of bringing staff in partner organisations together to focus on safeguarding adults. We held a Mental Capacity Conference and a safeguarding conference for professionals and invited several highly-regarded national specialists to speak. These conferences were well-attended by a range of health and social care staff and have

been a way to both increase knowledge and to build links between different professionals.

We agreed a range of audit programs, which were then overseen by the Quality, Audit and Assurance Subgroup. These included monthly audits in relation to safeguarding practice for care management teams across health and social care. Themes emerging from audits are then discussed at the Partnership Board.

Effective partnership is also about learning together from cases where there has been serious harm or a death. Our partners demonstrate their commitment to learning by sharing openly what went wrong so that all partners can play a part in preventing future harm. Learning from a recent Domestic Homicide Review and will be embedded from this across all our partner agencies once the Reviews have concluded.

This work was led by the Chair of the Board.

2. Protection, prevention and risk management

The Quality Assurance and Audit sub group has met regularly throughout the year and has focused on leading and delivering two of the key objectives in the Borough's strategy. That is

- Promoting effective partnerships and enabling all interested parties to work together and link well with others
- Undertaking an audit programme for the year that will include all partner audits that look at prevention and risk management.

The sub group recognises that there will always be improvements to make in safeguarding the most vulnerable in our communities and progress has been made over the year. An audit programme was

carried out across a range of statutory and council services as well as within all other agencies.

One specific focus for the group over the year has been the response within Islington to the Winterbourne View inquiry of the Castlebeck Hospital in South Gloucestershire. The sub group has been receiving and scrutinising reports based upon all these audits, making recommendations for action.

The Department of Health issued a safeguarding adults self-assessment framework (SAAF) in January 2014. All partners, not just health partners, were invited to use the SAAF as a Board Audit tool. A joint Islington & Camden Boards Challenge event was held to validate the SAAF responses. Themes from partner organisations were analysed and areas for improvement will form part of the Board's work plan for next year.

Many of the findings arising from the committee's work have been used throughout this annual report.



Martin Machray
Chair of Quality, Audit and Assurance Sub Group

3. Awareness, empowerment and accountable policies

The Policies and Procedures subgroup's remit covers two elements of the partnership strategy:

- Ensuring safeguarding adults policies and procedures work for local people
- Helping people in Islington to know what to do if abuse or neglect happens

We continued to actively raise awareness among local people on how to spot abuse. The general public, staff, volunteers and a number of local groups participated in our awareness surveys. We received a large number of responses from the Islington Older People's Reference Group. Thanks to these responses, we now know how and where to best target our communications and have a solid foundation to build next year's communications strategy on.

As financial abuse remains one of the most prevalent types of abuse in Islington, we produced a range of guidance for professionals and the public around preventing financial abuse.

The policies and procedures subgroup continues to keep a close eye on national and local developments in safeguarding adults and receives regular reports on this. Where any implications are identified for policies and procedures, local partners are advised and updated through a newsletter or through training. The passage of the Care Bill (now the Care Act 2014) has been particularly closely monitored because of its relevance in placing safeguarding adults on a statutory footing for the first time.



Audits of partner policies and procedures give assurance that partner policies and procedures work for local people and help to identify further areas for partners to work on.

Colin Plant
Chair of Policies & Procedures Sub Group

4. Compassionate, proportionate & skilled

The Learning & Development Subgroup's focus is to ensure that skilled staff and volunteers spot abuse and take timely, compassionate and proportionate action to ensure protection.

During the year we ran several Safer Recruitment courses for managers who recruit in partner organisations. Follow-up surveys show that managers now have a better understanding and awareness of the new legislation and how to make sure they recruit the right people to work with adults at risk.

We surveyed staff and volunteers across the partnership to gauge understanding of safeguarding adults, such as recognising the signs and symptoms of abuse and neglect and how to report it. The results of this survey have helped to give assurance on staff competence, identify training needs and inform future training we commission.

We also set up a mini-evaluation audit to check and ensure that staff maintain skills and values. Responses confirmed that staff have greater confidence and better knowledge around safeguarding practices since attending a learning event.

Our conferences remain a core part of our activity and are a useful way of delivering learning and maintaining interest in safeguarding adults. Feedback from our conferences has been overwhelmingly positive.



Neil Chick
Chair of Learning & Development Sub Group

Community Conference

Community Conference 2013 'Compassionate Care and Safeguarding'

Our annual community conference is always well-received. This year's conference took place June 2013 to coincide with National Carers week.

The aim of the conference was to focus on compassionate care and dignity to improve experiences for service users and carers.

There was good attendance again for this with 112 people at the event. There was a good representation from all sectors of the community with service users, family carers, Fire Brigade, Islington Council, NHS and third sector organisations.

Feedback from the Conference

"We need more awareness in the community"

"My awareness of peoples' needs has been raised"

"Good input from service users"

Annie Stevenson from Integration in Care (My Home Life) talked about compassion and quality of life for adults at risk within safeguarding. There was a table exercise on what delegates' understood by compassionate care, respect, dignity, choice and listening.

The audience participated fully in the event and really enjoyed talking to staff who were manning information stalls from Islington Council Safeguarding and Mental Capacity Units, London Fire Brigade, Centre 404, HealthWatch Islington, Penrose Options, Islington Children's Safeguarding Board, Daylight Centre and Age UK.

We were delighted with the feedback we received - **100%** of delegates said the conference **met their expectations**. Delegates said that the conference made them think about:

- putting themselves in the shoes of the service user
- letting service users vocalise their views.

Professionals' Conferences

Mental Capacity Act Conference September 2013

Approximately **100** people attended this conference, the majority from Islington Council and its partners. The presentations included a legal update by Aasya Mughal Barrister, Embedding the MCA in practice by Lucy Bonnerjea at the Department of Health, Applying the MCA in care homes by Jane Wray from CQC and Working with the Court of Protection by Professor Anselm Eldergill District Court Judge.

Feedback from the event was very positive, and **98%** of delegates said they had a better understanding of the MCA from attending, and **75%** thought the event was **excellent**.

"I teach MCA, but issues were brought up that made DOLs clearer"

"Very useful to be reminded to check recent decisions in court and to use judgements as a guide"

"Thank you for providing this valuable networking and learning opportunity."

"It was excellent and the need for such a Conference was further evidenced by the fact that there were people attending from other Boroughs as well as Islington - there is clearly a demand that is not being met elsewhere outside Islington - well done Islington Council"

Moving Towards Prevention Conference March 2014



Identifying and developing constructive approaches to preventing abuse and neglect was the theme of this conference. Delegates were also given the opportunity to meet other leads and professionals and share knowledge and good practice.

The conference was attended by 100 professionals across many disciplines. Safeguarding leads, social workers, care managers and team managers in Islington Council, the police and partner organisations in the borough and safeguarding leads and police officers from other neighbouring boroughs who work to safeguard adults at risk.

There were 3 speakers:

Julie Bailey (founder of Cure the NHS) gave a profoundly moving presentation about her and her mother's experiences in the Mid Staffordshire NHS hospital.

Stephan Busch Professional Safeguarding Adult at Risk Advisor for NHS England spoke about how NHS England and adult social services should be working together to improve care and practice.

Amjad Malik – QC (Criminal barrister) spoke about wilful neglect and looking at lifting the barriers to bringing more cases to court.

"The conference was excellent. The atmosphere was most welcoming"

"An effective tool in delivering a reminder as to the reality and necessity of safeguarding from a 'making it real' human perspective and from a front line aspect upwards".

Partnership Challenge Event

Islington and Camden Joint Challenge Event March 2014

For the first time this year, we held a partnership challenge event with Camden Safeguarding Adults Partnership Board.

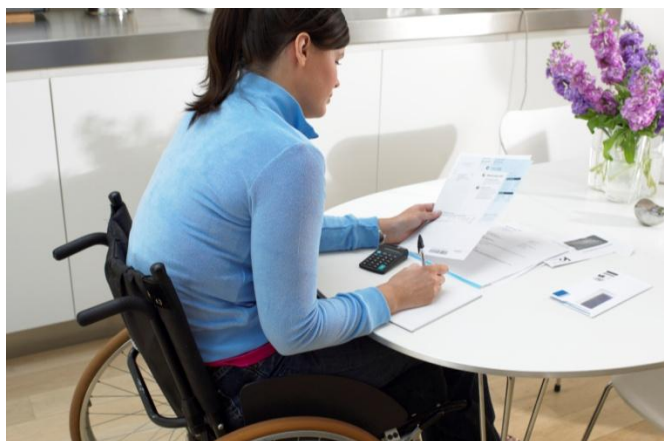
This proved to be a highly constructive way of comparing our progress with a neighboring borough. Naturally, the two boroughs face different challenges because we have differing populations, differing geographical sizes and different ways of working. But there were common themes that emerged.



We used the NHS England Safeguarding Adults Board Audit tool as a basis for comparison. Partner organisations from Islington and Camden were split into sector-based groups for group-work on audit responses. Many partner organisations commented that it was helpful to compare, scrutinise and challenge with their counterpart organisation in the other borough. The sector-based groups then presented their findings to all present for support and challenge.

The event concluded with discussion on action planning, common themes and priorities for the following year.

Experiences and statistics



Statistics are important to us - they help us understand how we are doing and which areas we need to improve on. But we also want to understand people's experiences.

This section reviews both aspects.

1. Experiences

It is important we look at the real people behind the statistics and try to understand their situation and the experiences they have. To do this, we use a variety of methods to get the information we need about people's experiences.

We carry out monthly audits of a sample of safeguarding cases. We do this to get a better understanding of what has happened in cases and to make sure that wherever possible, people who were at risk of harm or abuse, got the outcome they were seeking. Learning and good practice from these cases is shared with professionals.

Our work engaging with service users and carers also helps us to get feedback on people's feelings of safety and experiences of safeguarding.

The Quality, Audit and Assurance subgroup also triangulates patient and service user compliments and complaints with data to get a fuller picture of people's experiences.

We have included some anonymised case examples in this report to convey some safeguarding adults experiences.

Case example

There were concerns that a residential care home had a resident with a pressure sore. A safeguarding alert was raised and an investigation completed. Care staff were concerned that they needed more information on how to recognise the early signs of pressure sores and what action they should take as this one had developed very quickly.

The specialist nurse for care homes, provided training to staff and charts they can use to recognise early signs of pressure sores developing and what action to take. This training was provided to all care homes to give staff the knowledge and resources they need with an aim to prevent residents in all care homes developing pressure sores wherever possible.

2. Statistics

Alerts

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a 'safeguarding alert'.

In April-March 2012/13 we had **815 alerts** about possible abuse.

In April-March 2013/14 we had **1165 alerts** concerning a total of **904 individual people**. This is an **increase of 43%**.

This increase in the number of alerts is positive in that it shows that professionals and members of the public are reporting situations to us that they are concerned about in relation to an adult with care and support needs. We have been working hard to increase the awareness of members of the public and colleagues around abuse and neglect.

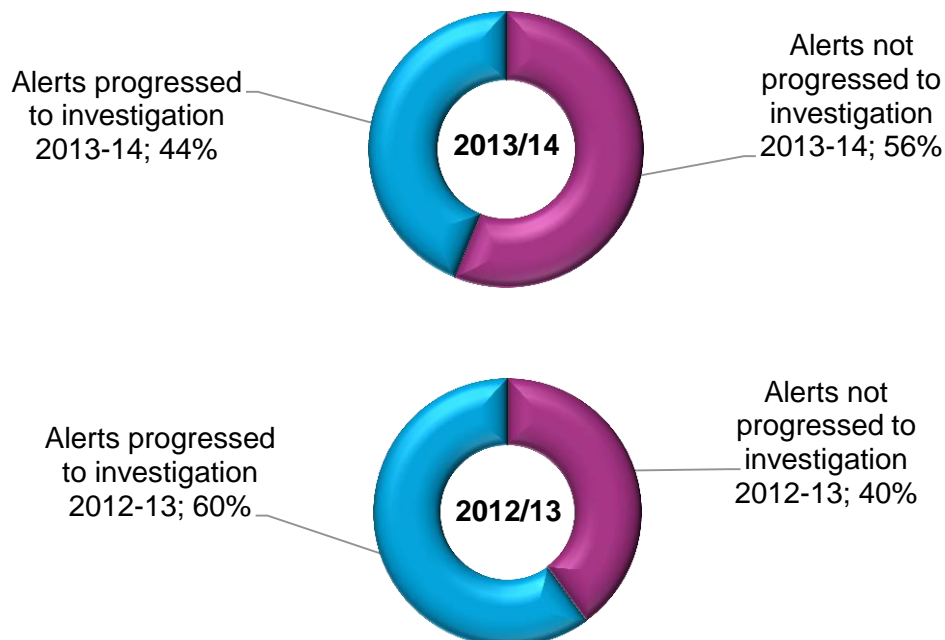
Referrals


After an alert has been received, we then gather more information about the person and the concern. Once this has been done, we decide whether the case needs to be referred for investigation. A case that goes on to be investigated is known as a 'referral'.

In 2012/13 we had **489 investigations (60% of the total alerts raised)** about suspected abuse.

In 2013/14 we had **511 investigations (44% of the total alerts raised)**. This is an increase of 4% on last year.

Safeguarding Adults 2013/14 & 2012/13: Alerts Proceeding to Investigations





When we receive a safeguarding alert we gather more information about the person, their situation and the concern which has been raised. This is to see if further investigation is needed.

In 2012/13 we **completed 489 investigations** (60% of the total raised). In 2013/14, we **completed 511 investigations** (44% of the total raised). This means we completed slightly more investigations than last year.

However, fewer of the alerts we received went on to be investigated. This is for a number of reasons. In a number of cases, initial information gathering has shown that when the situation was clarified, there were no concerns which needed further investigation. Safeguarding and abuse of adults has a high profile in the media at present. As people are more aware, it may be that more safeguarding concerns are being raised with us. The teams look at all the alerts which come in to decide if further investigation is needed.

In some situations, further discussion revealed that the person was not an adult at risk and further investigation was not required under safeguarding procedures. In a number of cases, the safeguarding concern was being investigated, but the investigation was being completed by another local authority. This is because the person is living in a care home which is located outside of Islington.

Sometimes, an investigation has taken place and action was taken, but it was not recorded as such. We will continue to monitor this to ensure that staff are recording information correctly and taking appropriate action where this is required.

Case example

Ms K is a 70 yr old woman with serious health issues and is dependent on alcohol.

Ms K was referred to a local homeless charity, SHP, by her landlord because her tenancy was at risk due to anti-social behaviour.

Ms K disclosed to her worker that she was allowing "friends" to use her property to drink and that there was a male who was visiting her on a regular basis and this person would often stay over and take her money. There was evidence to suggest several people were using Ms K's spare room to stay over, sex work and store stolen goods.

A safeguarding alert was raised and Islington Social Services carried out an assessment. As a result of this Ms K was allocated a care co-ordinator who worked with SHP to assist Ms K.

Although Mrs K was reluctant to involve the police, it was agreed with the local police Safer Neighbourhood Team that they would carry out regular welfare checks at her home. Since then no incidents have been reported at the property.

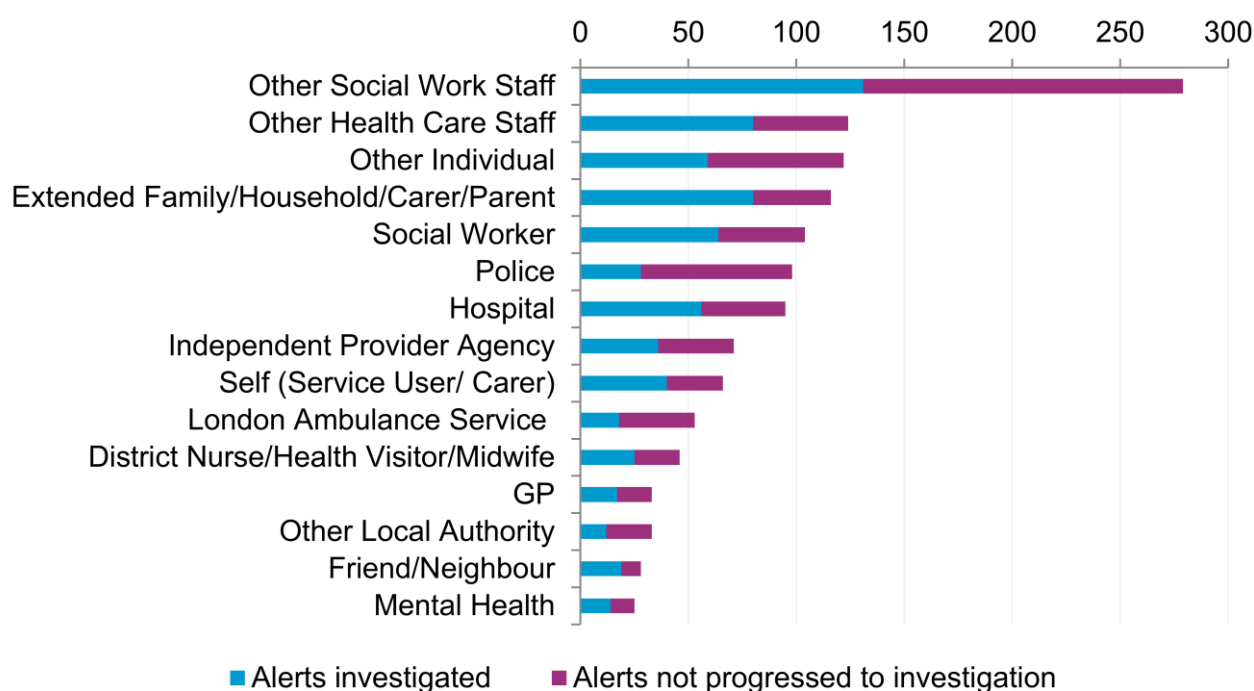
Ms K was also given support and advice around how to stay safe to help reduce the risk of further exploitation - not answering the door before checking who it is, keeping windows closed etc.

Adaptations were also made to the flat to help with Ms K's mobility issues. And for the first time in more than 3 years, she agreed to engage with her GP.

A priority referral to sheltered accommodation has also been submitted and Ms K will be supported to move as soon as a flat becomes available.

3. People who raised their concerns

People who raised their concerns (the 15 most active categories of alerter)



This chart refers to 575 investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet. Some cases involved more than one type of abuse.

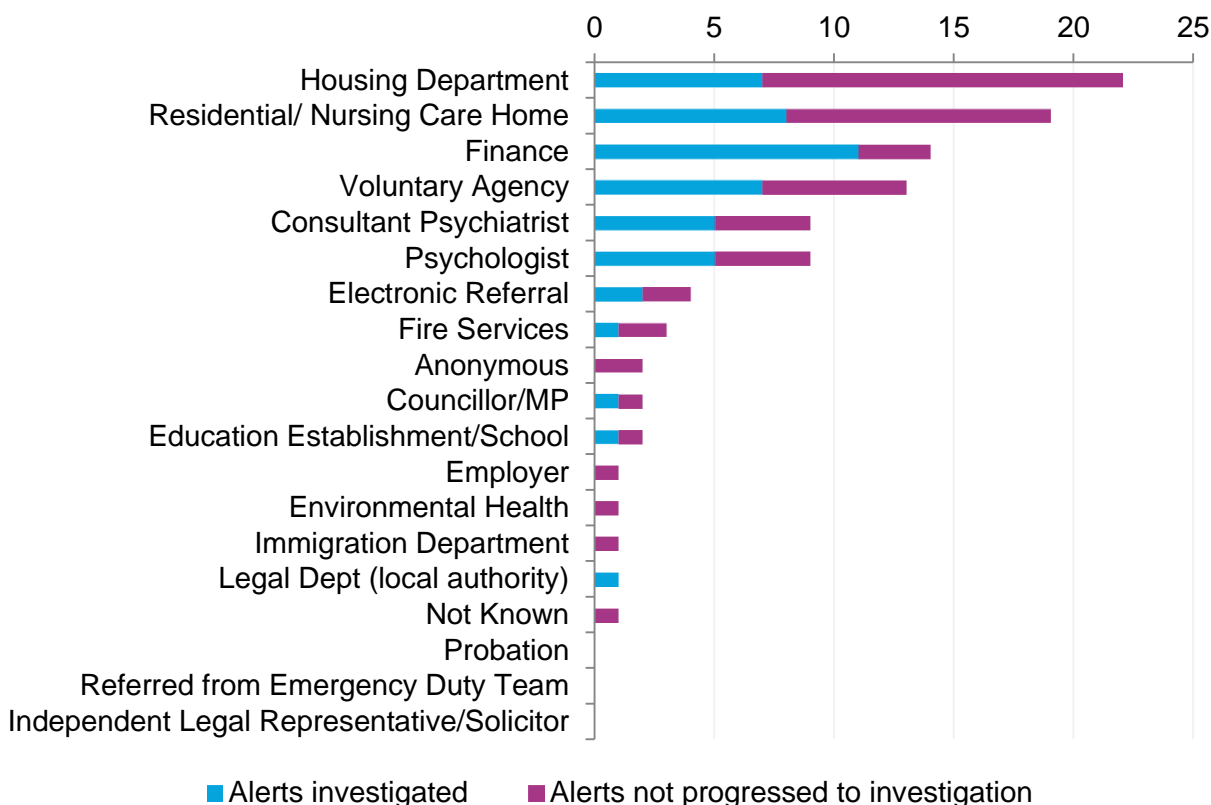
A wide range of people raised their concerns about adult abuse or neglect. This chart shows the people who raised the most alerts.

The highest number of safeguarding referrals came from other social work staff (for example home care, social services occupational therapist) and other health care staff such as. physiotherapists, hospice staff and support staff.

The third highest referrer was ‘other individual’. We have had a closer look at this and most of these people belong in a different category. This is a recording issue and we will continue to work with staff around this. It is important that we have accurate data about alerters so that we know where to focus our training and awareness-raising.

Extended family and carers continue to be frequent alerters. Where they have raised an alert, the majority have progressed to investigation, suggesting that the professionals involved shared the concerns that abuse or neglect may have taken place..

People who raised their concerns (the 19 least active categories of alerter)

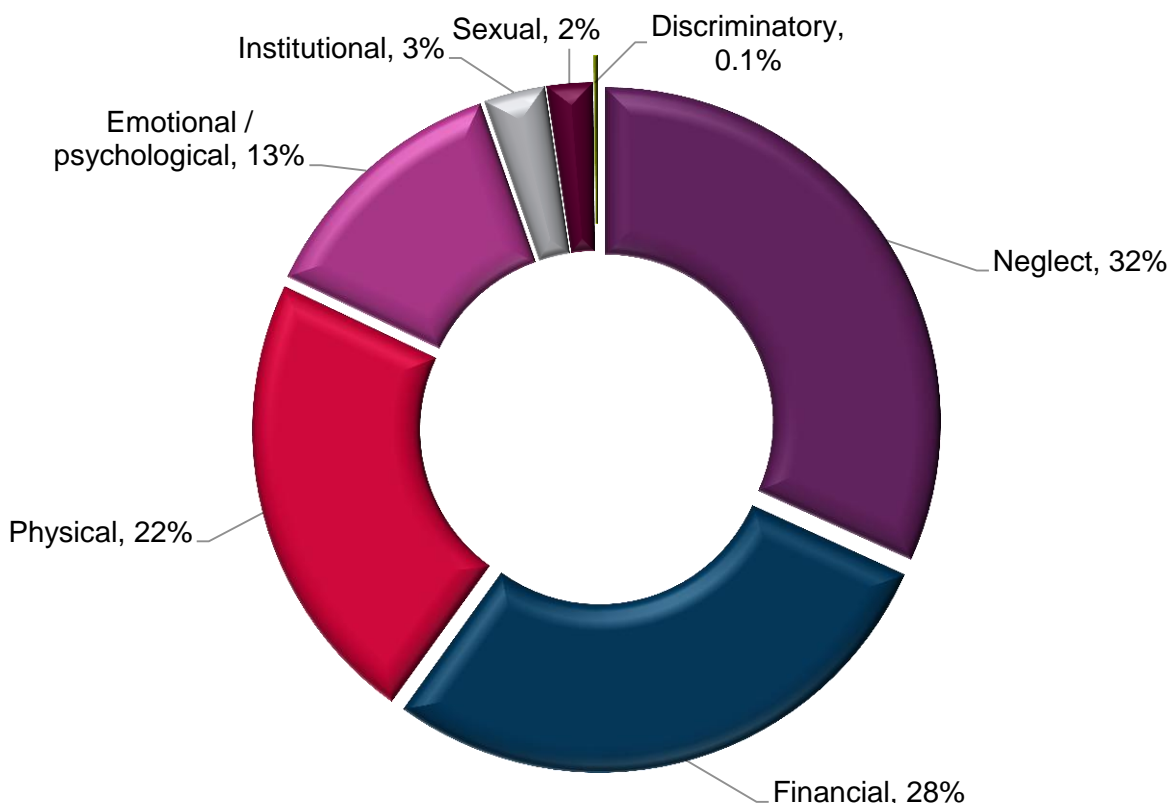


This chart refers to 575 investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet. Some cases involved more than one type of abuse.

More than three-quarters of alerts from Police and two-thirds of alerts from housing, did not go on to be investigated. We will continue to work with different organisations to ensure that they know when to raise a general social services enquiry and when to raise a safeguarding alert.

4. Types of abuse investigated

The different types of abuse that we investigated during the year are shown in the chart below:



This chart refers to **575** investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet. Some cases involved more than one type of abuse.

Physical abuse, financial abuse and neglect remain the top three categories for abuse. This has been the picture for several years and reflects the national picture. Since last year, neglect and financial abuse have been nearly equal in the number of investigations completed.

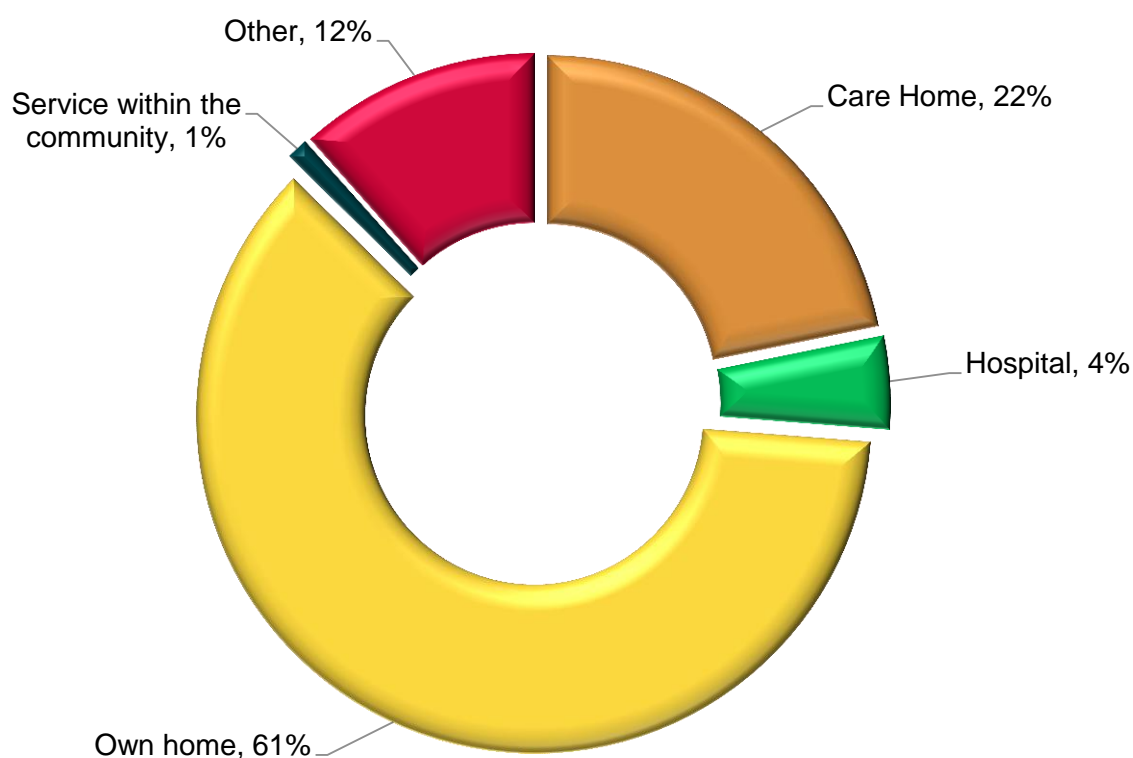
Tackling financial abuse is a priority in our 3-year strategy. Financial abuse can take many forms and can be difficult to spot. We are raising awareness

about financial abuse and have produced a leaflet for the general public and produced guidance for professionals.

What is neglect?

Neglect is not giving reasonable or agreed care. It includes poor hygiene, poor standards of care and failing to give medication in the way prescribed by a doctor.

5. Location of abuse investigated



This chart refers to **575** investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet.
Some cases involved more than one location of abuse.

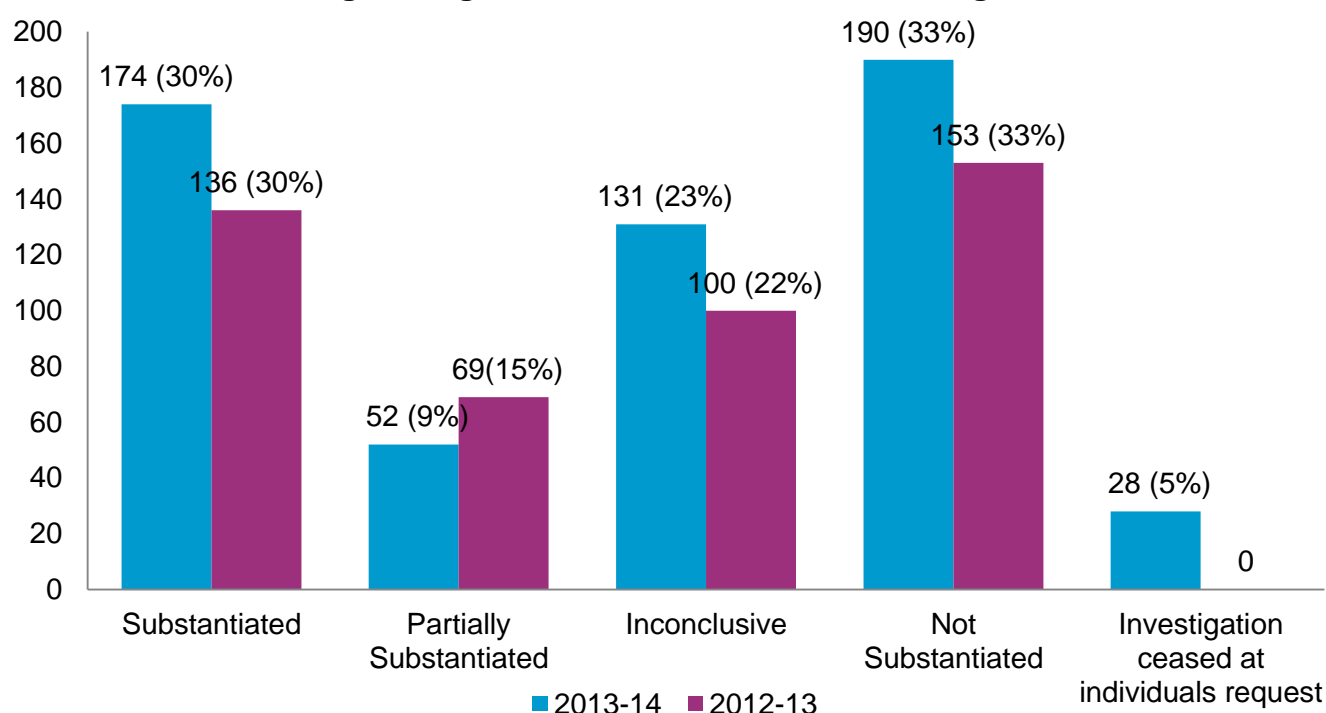
Nearly two thirds of cases we investigated took place in the person's own home. Sometimes, people experience abuse at the hands of family or friends; sometimes, it is the action of a care worker from a home care agency which is the concern. People should feel safe in their own homes and where possible we would support the person to stay safely at home. If the abuse involves a care worker we may provide a different care worker or provide care from a different agency. We would continue to monitor the situation. Where the adult at risk receives home care services contracted by

the Council or NHS there are monitoring processes to keep a check on standards of care.

Care homes were the location of abuse or neglect in 22% of the cases we investigated. Sometimes, the abuse may have been caused by another resident in the care home. We continue to carefully monitor the number and types of alert relating to each care home in Islington.

6. Decisions taken

Safeguarding Adults 2013/14: Outcome of Allegation



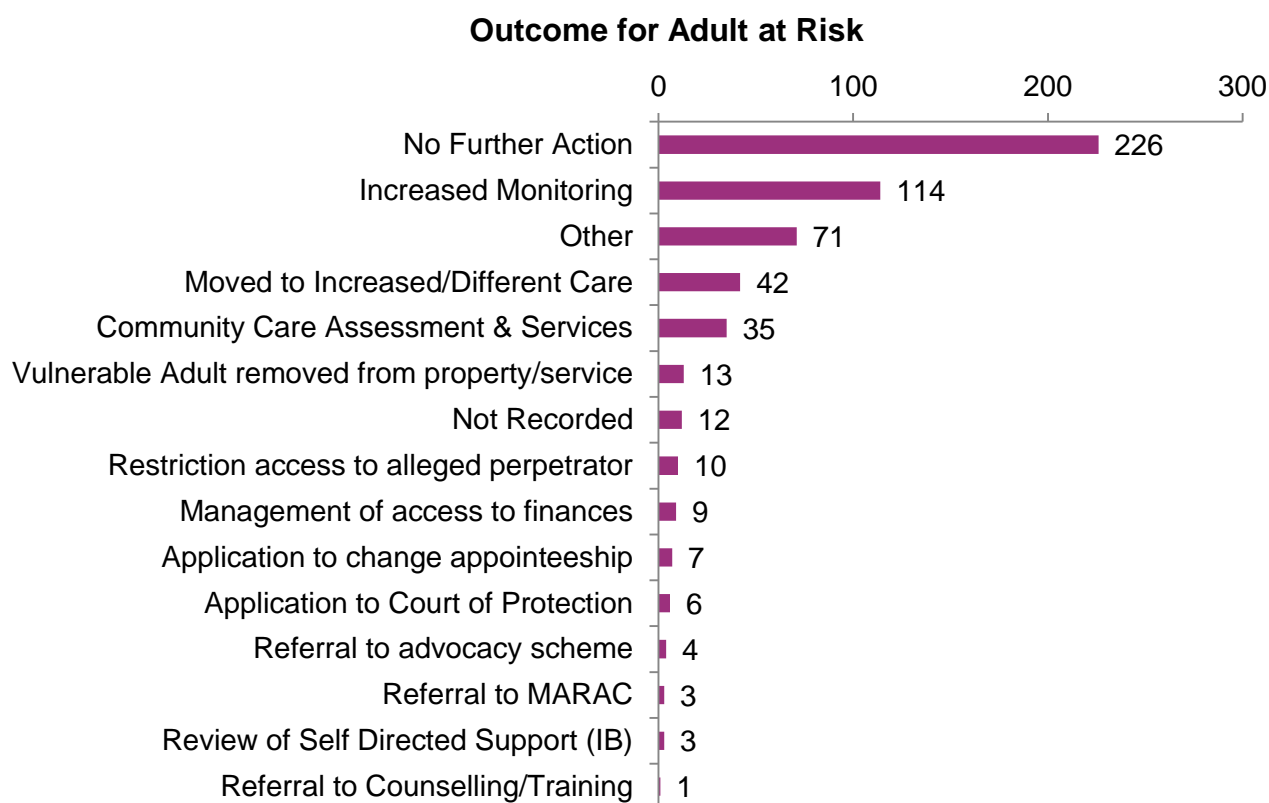
This chart refers to 575 investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet.

At the end of the safeguarding investigation, the agencies involved weigh up the information and decide whether it is likely that abuse took place or not. Many factors are considered when reaching this decision.

The percentage of cases which were substantiated, (that is, the abuse was likely to have taken place) has remained the same as the previous year at 30%. This is the same picture for cases which were not substantiated and inconclusive. Fewer cases were partially substantiated this year. This is the first year we have recorded data where the investigation ceased at the individual's request. In

these cases, the person had the capacity to make this decision. Sometimes, they made this decision because a family member was the person alleged to have caused harm and the person did not want to take things further. Where possible staff put other measures in place to manage the risk with the person's agreement. For example, the person's home care package might be increased or a referral made to 'client's affairs' so that their money is managed in a safer way. Investigations are inconclusive where, despite the evidence gathered, it is difficult to reach a decision. Where this is the outcome, we would still look at what action needs to be taken.

7. Action to help the adult at risk



* MARAC is an acronym for Multi Agency Risk Assessment Conference.

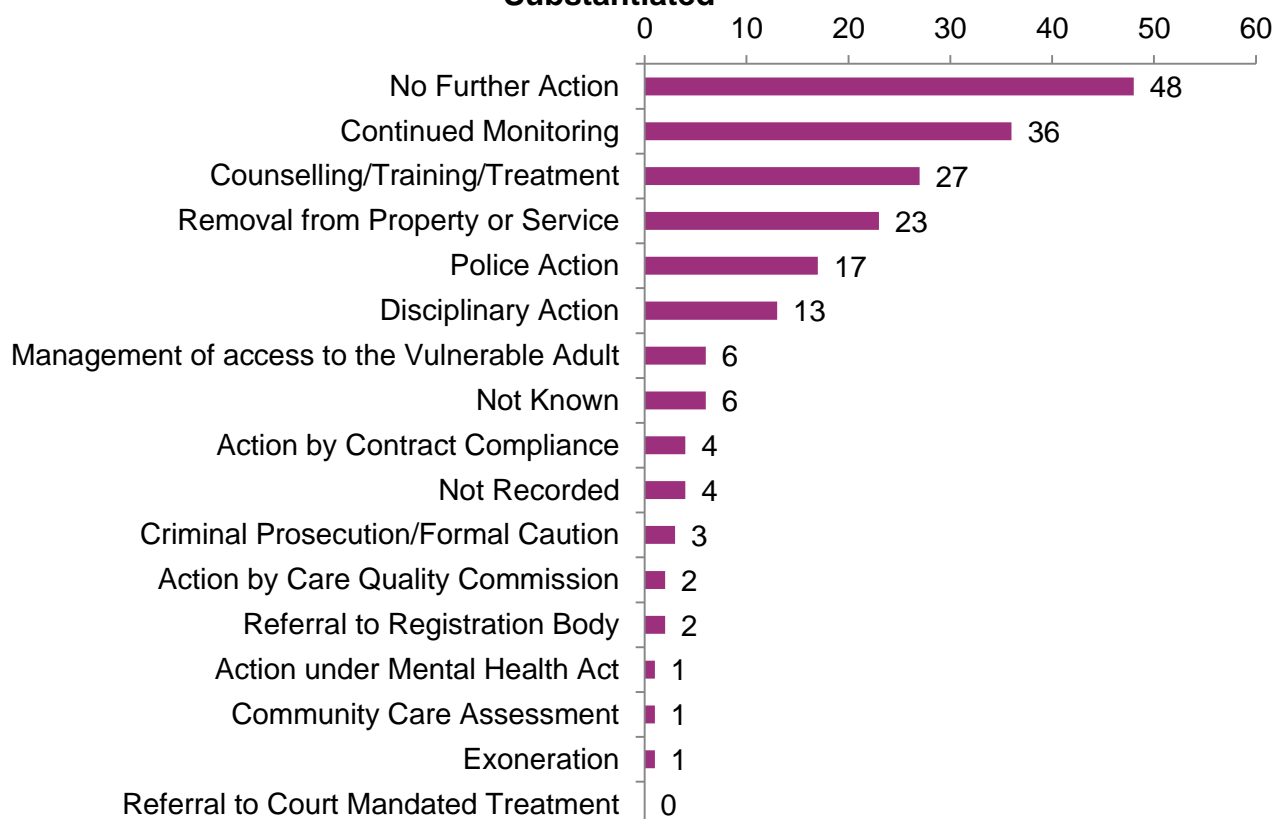
This chart refers to 575 investigations which were completed during the year. It includes some cases which were started in the 2012-13 year, but completed in 2013-14. It excludes cases which had not been completed because the outcome had not been decided yet.

Similar to last year, in nearly half the cases we investigated (226 cases) we took 'no further action'. We have audited a sample of these cases and this shows that in a number of cases, no further action was taken because the investigation was not substantiated. On other occasions, the person was able to tell us that they did not want further action taken. A closer look at some cases revealed that action was indeed taken, but not correctly recorded. For example, arrangements were put in place to manage finances or monitoring was increased. We will continue to work to improve recording.

Increased monitoring is a typical outcome for a safeguarding investigation. The monitoring may be done in a variety of ways. For example, where the abuse involved anti-social behaviour from neighbours, the police may increase their patrols in the area for a period of time. Or, for a frail patient, the community nurses may increase visits to the patient. Or we may have made a referral to Linkline so that monitoring can be done remotely.

8. Action taken against people alleged to have caused harm

Outcome for Person Alleged to have Caused Harm Where Allegation Substantiated



This chart refers to the 174 completed investigations where abuse was substantiated.

*There may have been more than one outcome for each person alleged to have caused harm.

The percentage of cases where there was no further action recorded continues to decrease. Last year, in 36% of completed investigations it was recorded that no further action was taken against the person who was alleged to have caused harm. This number has fallen to 28% this year. The recording of no further action needs continued monitoring to ensure that correct recording is taking place. All of these cases have been looked at and, on the whole, action was in fact taken. Where no action occurred, this was

usually because the person had capacity and asked us not to take further action.

The most common action taken is increased monitoring. This could mean, for example, where a member of staff has been found to have caused harm, then they may be supervised more closely. It is noticeable this year, that it is more likely that other courses of action are also followed such as training, removal from property, police action or disciplinary action.

9. Serious Case Reviews

This year we received a request for a serious case review. The review is happening as this report is being written. Once the review is completed the Safeguarding Adults Partnership Board will be briefed on the outcome and any lessons learned and actions to be taken. The serious case review outcome will be reported in next year's Annual Report.

During the year there was also a serious case review held in Haringey relating to an Islington placed resident in a care setting. As a result of the review comprehensive training around choking has been set up. Also a new protocol has been developed between Islington and Haringey around transfers of care arrangements. Where the service user is subject to the care programme approach the reviews are now authorised by senior managers as well as psychiatric services.

Also during 2013 we participated in a Domestic Homicide Review. Actions to come from this review include reviewing the safeguarding policies and procedures to ensure that domestic violence is appropriately included; carers issues are addressed; and reviewing the non engagement and refusal of service policies. The action plan is being quality assured by the Home Office as the report is being written.

During 2013 we invoked our Establishment Concerns process in respect of three care homes in Islington. The care homes had a number of safeguarding concerns involving neglect, delays in responding to changes in residents' medical conditions, poor recording and medication errors. All three care homes have demonstrated significant improvements and have worked to detailed improvement plans. At the time of writing this report no new safeguarding concerns have been raised at any of these homes for some time.

10. Equality & Diversity

Please see Appendix B for a full report on how different people in Islington are represented in safeguarding alerts.



11. Deprivation of Liberty Safeguards



Overall DoL application levels in 2013/14 are similar to previous years, with more referrals from care homes and fewer referrals from hospitals.

In summary:

- The percentage of referrals resulting in an authorisation being granted was higher this year reflecting more appropriate referrals.
- The majority of authorisations granted (65%) were for less than three months. The trend over recent years has been to recommend and grant shorter authorisation periods and this reflects best practice.
- The vast majority of referrals from care homes (85%) are on behalf of people who have dementia.
- Most hospital referrals were on behalf of people with mental health conditions other than dementia, such as brain injuries.
- There has been a decrease in referrals for people who have a learning disability. However, with the recent Cheshire West judgement this is likely to change significantly.

The vast majority of referrals (82%) were on behalf of people who are white British. A

significant number of these (48%) were also for people of Irish origin.

Highlights 2013/14

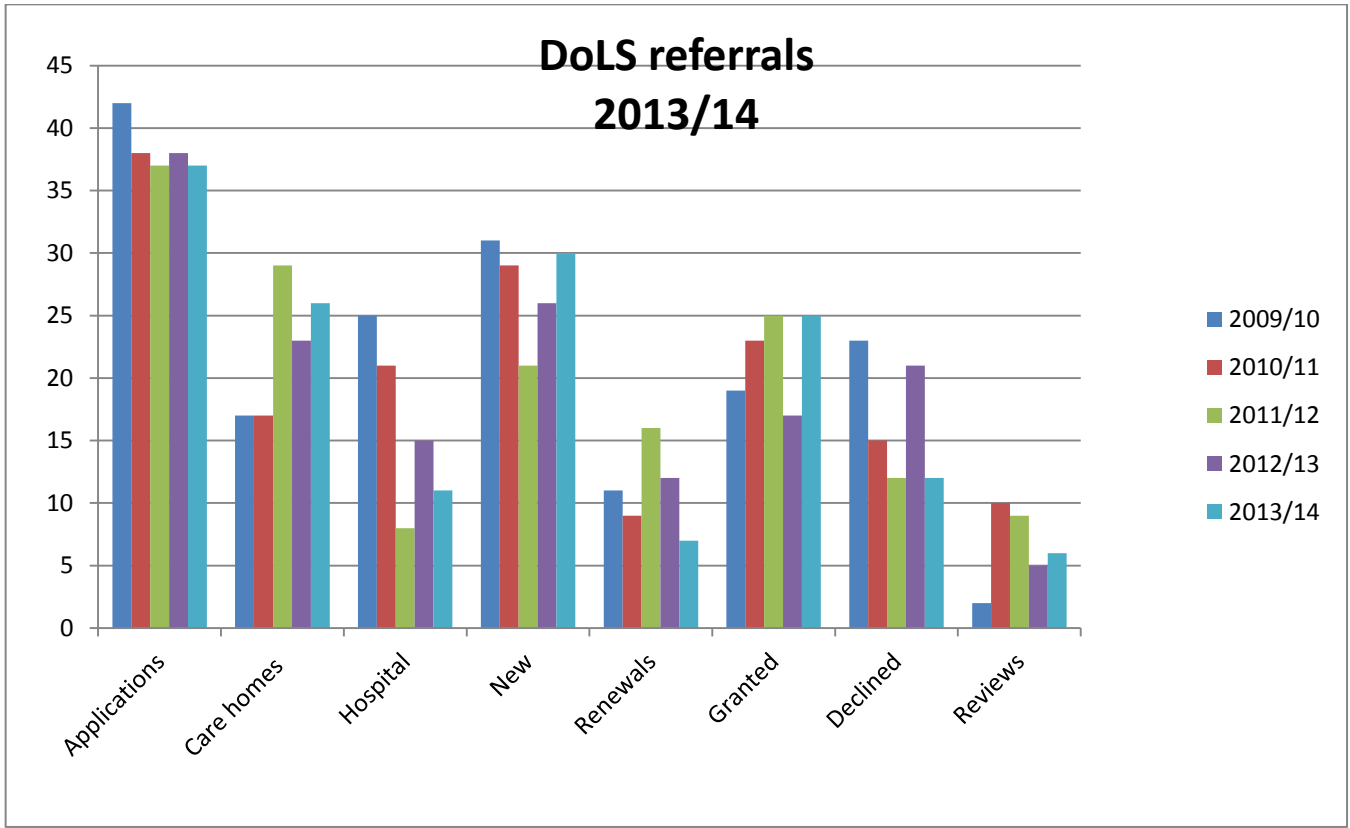
It's been a full year now since the **Islington Supervisory body** took on responsibilities for DoLS referrals and authorisations for Islington residents in hospitals. The transition has been very smooth and there are no concerns or issues to report. The Supervisory body expanded this year to include service managers. This should help promote the deprivation of liberty safeguards across Islington.

Training on the Mental Capacity Act 2005 (MCA) & Deprivation of Liberty safeguards has increased significantly with 503 delegates attending MCA & DoLS training. This is a **173% increase** on the previous year. We have also commissioned and delivered some new courses in direct response to national developments, for example applications to the Court of Protection and the Cheshire West judgement.

All managers of **residential care homes** in Islington were visited last year to deliver a briefing on DoLS. This helped to raise the profile of DoLS in the homes.

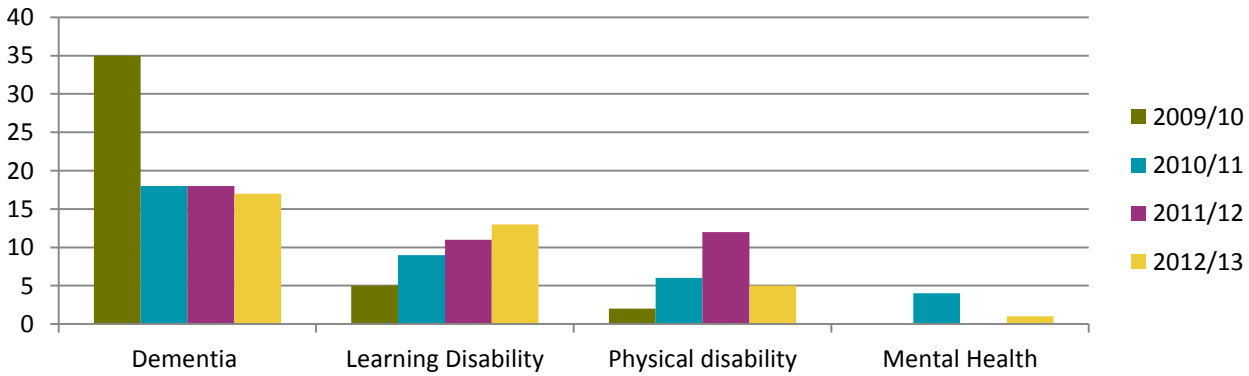
What is the 'Cheshire West' judgement?

In March 2014 the Supreme Court made a long awaited decision in a case concerning the living arrangements of three mentally incapacitated individuals. It decided that all three were subject to a deprivation of their liberty. This judgment is important because it clarified the law around DoLS and introduced an 'acid test' to work out whether or not a deprivation of someone's liberty is taking place.



Applications and authorisations

Demographics of Deprivation of Liberty Safeguards applications



Next steps for the partnership

We have agreed an action plan for the coming year. We wanted the 2014-15 action plan to reflect what people in Islington and partner organisations told us needed to improve.

So, in forming the action plan, we took into account:

- responses from partner organisations in the self-audits they completed
- themes from the Islington/Camden Challenge Event
- feedback from our Community Conference
- feedback from the service user and carer involvement event
- table exercises at the Professionals' Conferences
- responses to the staff and general public awareness surveys
- recommendations from a Domestic Homicide Review

Three key areas for development were identified:

- hearing the service user voice
- making more information on safeguarding accessible
- embedding safeguarding on staff supervision

Every partner organisation has undertaken to achieve something concrete to further the aims of the partnership. Through this action plan we will ensure we keep our partnership aims on the agenda of every partner organisation.

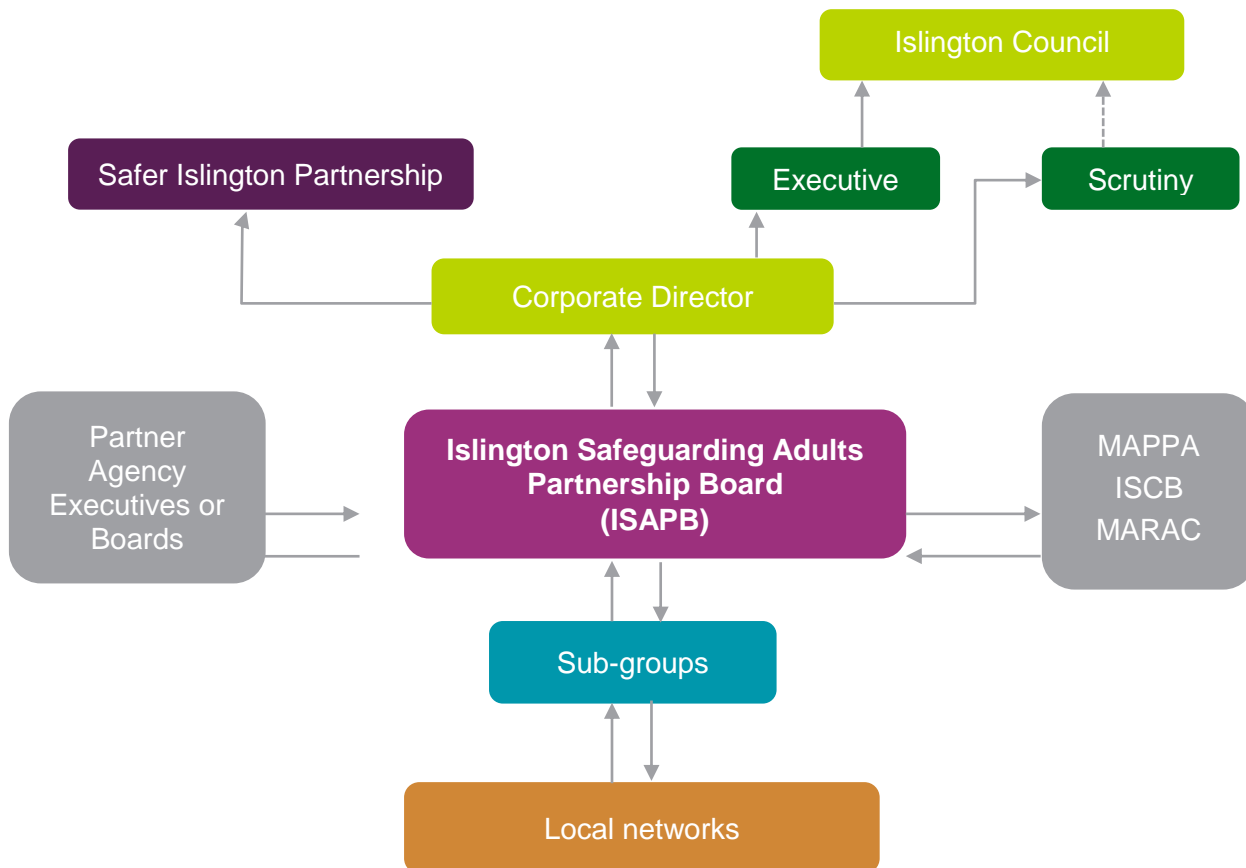
Safeguarding is everyone's business and we will continue to raise awareness among the public. By partners and the public all playing their part in stopping abuse and neglect, adults at risk will be safer in Islington.

You can read our action plan on our website.
http://www.islington.gov.uk/services/social-care-health/adultprotection/Pages/sap_board.aspx

Appendix A

How the partnership board fits in

The picture below shows how the Islington Safeguarding Partnership Board fits in with other organisations and partnerships. The arrows and lines show who reports to whom.



Council – All elected councillors. It is the lead body for the local authority.

Executive – Eight councillors who are responsible to the council for running the local authority.

Scrutiny – This is a group of ‘back bench’ councillors who look very closely at what the council does.

Safer Islington Partnership – This is a group which looks at crime and community safety. It involves the council, police, fire service, voluntary sector and others.

Corporate Director (for Housing and Adult Social Services) – Is responsible for setting up and overseeing the ISAPB.

ISAPB – This has an independent chair who does not work anywhere else in the council or partner organisations.

MAPPA – Multi-Agency Public Protection Arrangements is a group which oversees management of offenders who pose a serious risk to the public.

ISCB – Islington Safeguarding Children’s Board works to safeguard children in the borough.

MARAC – Multi-Agency Risk Assessment Conference. This group responds to high risk domestic abuse.

Appendix B

Making sure we safeguard everyone

Table showing recorded age of service users April 2013 – March 2014

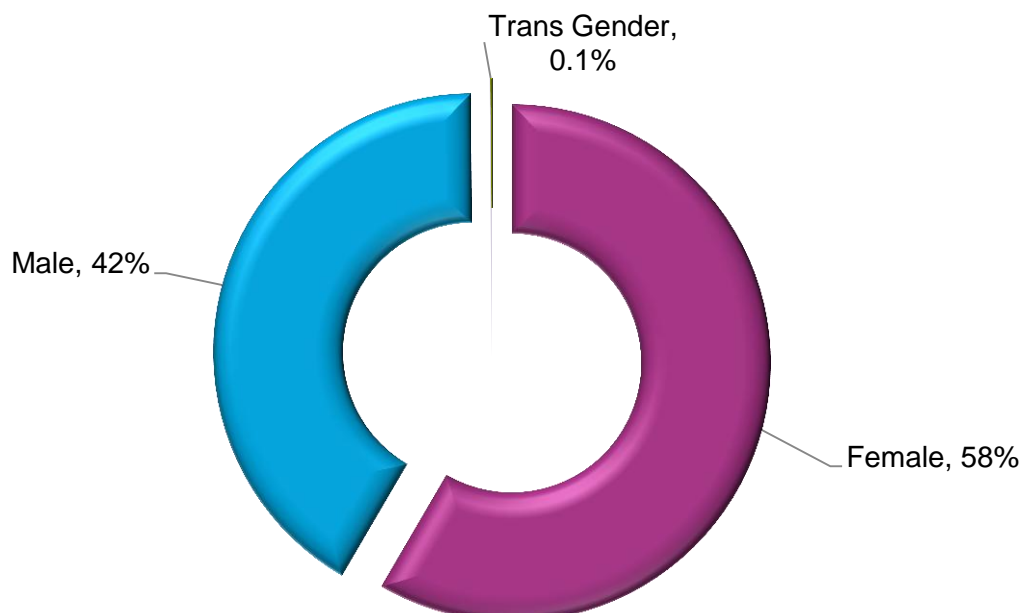
Age	Adults subject to safeguarding alerts	Islington adult population*	%
18-64 *	332	162,552	0.2%
65-74	140	9,489	1.5%
75-84	229	5,761	4%
85+	203	2,271	8.9%

This table refers to the 904 adults who have had alerts raised about them

The population data was released from the 2011 Census during the second, third and fourth data releases, which took place during 2013. Data was downloaded from <http://www.nomisweb.co.uk/>

* The 2011 Census data is based on an age category of 20-64 years; whereas the data we collect is for the 18-64 years age group.

Chart showing recorded sex of service users April 2013 – March 2014



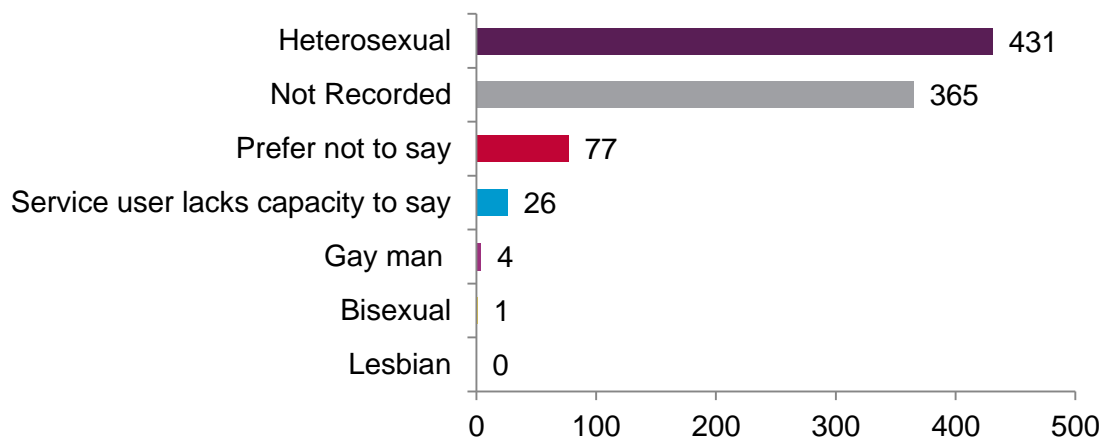
These charts both refer to the 904 adults who have had alerts raised concerning them.

Table showing recorded Ethnicity of Service Users April 2013- March 2014

Ethnicity	Adults subject to safeguarding alerts	Islington adult population*	%
White British	445	98,322	0.45%
White Irish	80	8,140	0.98%
Other White (includes traveller of Irish heritage, gypsy/Roma and any other white)	51	34,053	0.15%
Black Caribbean	76	7,943	0.96%
Black African	42	12,622	0.33%
Any other Black background	7	5,729	0.12%
Asian Indian	23	3,534	0.65%
Asian Chinese	7	4,457	0.16%
Asian Pakistani	5	951	0.53%
Asian Bangladeshi	5	4,662	0.11%
Any other Asian background	11	5,430	0.20%
Mixed/multiple ethnic groups	20	13,339	0.15%
Other (includes any other ethnic group, information not yet obtained, refused to say,	132	6,943	1.90%
Totals	904	206,125	0.44%

This table refers to the 904 adults who have had alerts raised about them. The population data was released from the 2011 Census during the second, third and fourth data releases, which took place during 2013. Data was downloaded from <http://www.nomisweb.co.uk/>

Chart showing recorded Sexual Orientation of Service Users April 2013- March 2014



These charts both refer to the 904 adults who have had alerts raised concerning them.

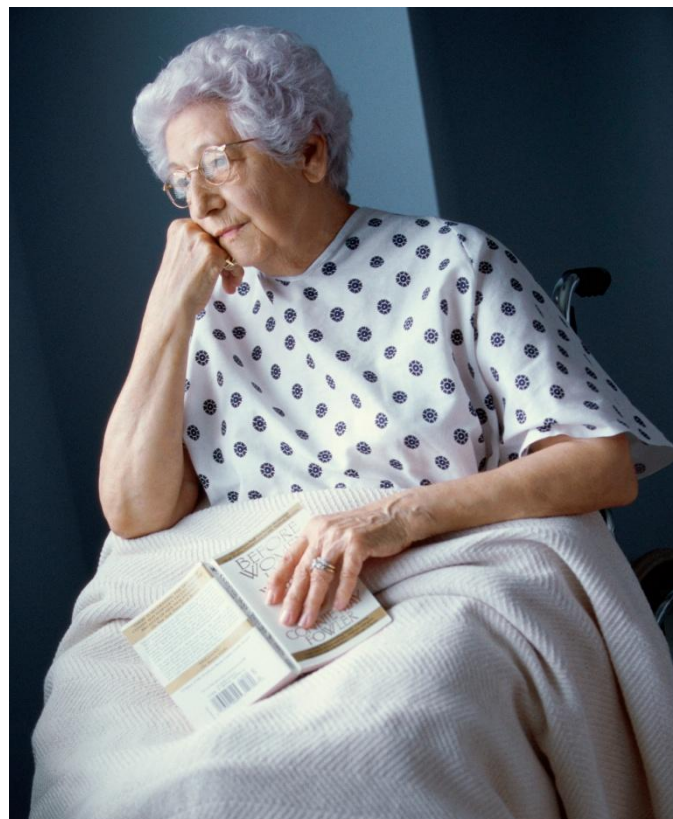
Appendix C

Our impact on the environment

The work of the Safeguarding Adults Partnership Board has a low impact on the environment in Islington. Environmental impacts include fuel use for vehicles visiting service users, carers and their family and other general office impacts such as paper and energy use. Wherever possible, we manage the impact on the environment.

Sometimes our work also highlights opportunities to reduce household environmental impacts. For example, we might refer adults at risk to the Seasonal Health Intervention Network (SHINE). SHINE gives energy saving advice to residents. Not only does this help the environment, but it also reduces fuel poverty and improves the health and wellbeing of residents in Islington.

For more information about SHINE, see http://www.islington.gov.uk/services/parks-environment/sustainability/sus_awarmth/Pages/shine.aspx



Appendix D

What should I do if I suspect abuse?

If you suspect abuse of a vulnerable adult, please contact:

Adult Social Services Access Team
Tel: 020 7527 2299
Email: access.service@islington.gov.uk
Fax: 020 7527 5114

You can also contact the Community Safety Unit which is part of the police:
Tel: 020 7421 0174

In an emergency, please call 999.

For more information please see:
www.islington.gov.uk/safeguardingadults



SCRUTINY REVIEW INTITATION DOCUMENT
Review: Patient Feedback
Scrutiny Committee: Health Scrutiny Committee
Overall aim: To understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve primary, community, acute and mental health services.
<p>Objectives of the review:-</p> <ul style="list-style-type: none"> • To understand current arrangements and mechanisms for obtaining patient feedback in relation to local health services, including both nationally mandated and locally developed arrangements. • To review how providers and commissioners are acting on patient feedback to improve the quality and outcomes of local health services • To assess the effectiveness of different approaches to gathering and using patient feedback, with a particular focus on how feedback is secured from a wide range of patients representative of the Islington population including harder to reach or more vulnerable groups.
Duration: Approx. 3 months
<p>How the review will be conducted</p> <p>Scope: The services in scope of this time limited scrutiny review are NHS primary care, community services, mental health services and acute services. Independent sector health providers or adult social care providers are not in scope. Patient complaints procedures and arrangements are also out of scope.</p> <p>Types of evidence to be assessed:</p> <ul style="list-style-type: none"> • Documentary evidence • Witness evidence from a range of relevant individuals and organisations <ul style="list-style-type: none"> a. Patient representatives and consumer organisations <ul style="list-style-type: none"> i. Islington HealthWatch ii. Patient representatives and groups eg Islington Patient Participation Group and practice- or service-specific groups b. Commissioners <ul style="list-style-type: none"> i. Islington CCG ii. NHS England c. Providers <ul style="list-style-type: none"> i. Whittington Health ii. Camden and Islington Foundation Trust iii. University College London Hospitals NHS Trust iv. Primary care – practice managers, GPs, LMC • Visits?
<p>Additional information:</p> <p>May want to also consider hearing from national organisations regarding innovative practice in relation to gathering and acting on patient feedback eg NHS Institute for Innovation and Improvement, Patient Experience Network, The Picker Institute</p>

Data on GP experiences for Overview Scrutiny Committee meeting, January 2015

Healthwatch Islington gathers the local community's views on health and care services in the borough. We use three methods to collect this data: general out-reach at community events, libraries, health centres and markets; targeted out-reach with community and voluntary sector partners working with 'under-represented' groups and theme-based data collection, more detailed information gathering on themes from our work plan. We work with a team of trained volunteers to carry out this work. Data is stored on our database and reported annually. However, this brief summary of our findings relating to GP services has been produced specifically for the Health Review Committee for their work in GPs.

We share all reports relating to GP services with NHS England, as the commissioner of these services. We also share this information with the Care Quality Commission as the regulator and with Islington Clinical Commissioning Group.

When working with NHS England, data we collect is passed to the Patient Engagement lead, or to the Primary Care Commissioning team in NHS England's London office.

General out-reach work - findings

Between April 2013 and November 2014 Healthwatch Islington gathered 299 comments relating to GP services from local residents. These comments account for around half of the feedback we get and the issue of GP services continues to be of greatest interest to local residents.

Within those 299 comments, the largest proportion related to accessing the GP (128) with 82 stating that this was a problem (and 37 stating that access to the GP was good). However, when rating their general experience at the GP (including how they are treated) out of 80 comments only 10 were negative and 65 were positive. Other issues raised were communication and meeting patient needs (though these received equal measures of good and bad feedback).

Comments were received across 29 of 36 GP practices across the borough. However, Healthwatch Islington has not taken a sample of patients from across all practices. Those who give their views are self-selecting, and this information is intended to give a snapshot of views only. At this stage we have not compared this data to the information available through the GP patient survey.

Most practices received a mixture of positive and negative feedback. Some practices come out with consistently positive feedback:

- Goodinge Group Practice (good care, appointments are easy to access),

“This surgery should be the standard benchmark expected. This surgery works extremely well. 1. Appointments are easily obtainable with the doctor of your choice. 2. Receptionists are extremely friendly, helpful and go the extra mile. 3. Doctors are very thorough and explain everything clearly, and the patients feel in control of their treatment and involved in decisions. 4. The practice has many facilities under one roof which makes it so convenient. 5. Practice nurses are amazing. Very experienced and very high standards”.

- Ritchie Street Group Practice (good care, appointments easy to access),

“I am an insomniac and often forget my appointment but they are patient with me and let me rearrange”.

- River Place Group Practice (good care, appointments are easy to access).

“Generally happy with service. I like my doctor. Very easy to get a same day appointment. I call at 8am and always get one”.

And some with more negative feedback:

- Bingfield Street Surgery (doctors don't listen, hard to get referrals),

“The GP is sometimes not patient enough to listen to your complaints and now they tell you that it's only one issue at a time, which I believe is not effective and wasting of time. They tell you that they have a target to meet hence they cannot listen to more than one case”.

- Islington Central Medical Centre (hard to make appointment),

“3 week wait to make an appointment for a named doctor. Why can't we book online?”

- Sobell Medical Centre (hard to make an appointment or get a referral).

“I wasn't referred to any other service and within a week I was in A&E”.

A focus group with Deaf service users carried out in December 2014 also highlighted inconsistencies in GP practice in terms of technology being employed to support patients with access needs. Some practices were praised for embracing technology such as digital displays in waiting areas and tablet computers to offer interpreting services.

Thematic work - findings

During the year April 2014 to March 2015, Healthwatch Islington has also worked with local practices to:

1. improve the information that they have available on complaints procedures,

Through this work we have found that there is inconsistency across the borough in terms of the information made available to patients and that there has been little improvement despite efforts by HWIslington to ensure practice have the correct information.

http://www.healthwatchislington.co.uk/sites/default/files/mystery_shopping_gp_complaints_1.pdf

2. assess the support given to people who do not speak English.

Through this work we have found that few practices consistently offer patients access to interpreting services and that staff do not seem to be clear about interpreting policies and how to implement these. However, St Peter's Street Practice stood out as an example of good practice for others to follow.

This report will be published shortly.

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HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2014-15

13 JANUARY 2015

1. NHS Trust – London Ambulance Service
2. Annual Adults Safeguarding Report
3. Scrutiny Review - Patient Feedback – Presentation/SID/Witness evidence
4. Sexual Health
5. Primary Care Commissioning
- 6.. Work Programme 2014/15

10 FEBRUARY 2015

1. NHS Trust – UCLH
2. Better Care Fund
3. Scrutiny Review – Patient Feedback – Witness evidence
4. Work Programme 2014/15

17 MARCH 2015

1. Camden and Islington Mental Health Trust – 6 month report back (as requested by Committee – 16/09/14)
2. NHS Trust - Moorfields
3. Scrutiny Review – Patient Feedback - Witness evidence
4. Work Programme 2014/15

19 MAY 2015

1. Membership, Terms of Reference and Dates of Meetings
2. Child Protection in Islington – Annual Update
3. Scrutiny Review – Patient Feedback – Draft Recommendations
3. Work Programme 2014/15 and prioritisation of scrutiny topics

**FUTURE ITEMS:
TBC NHS TRUST – ISLINGTON CCG**