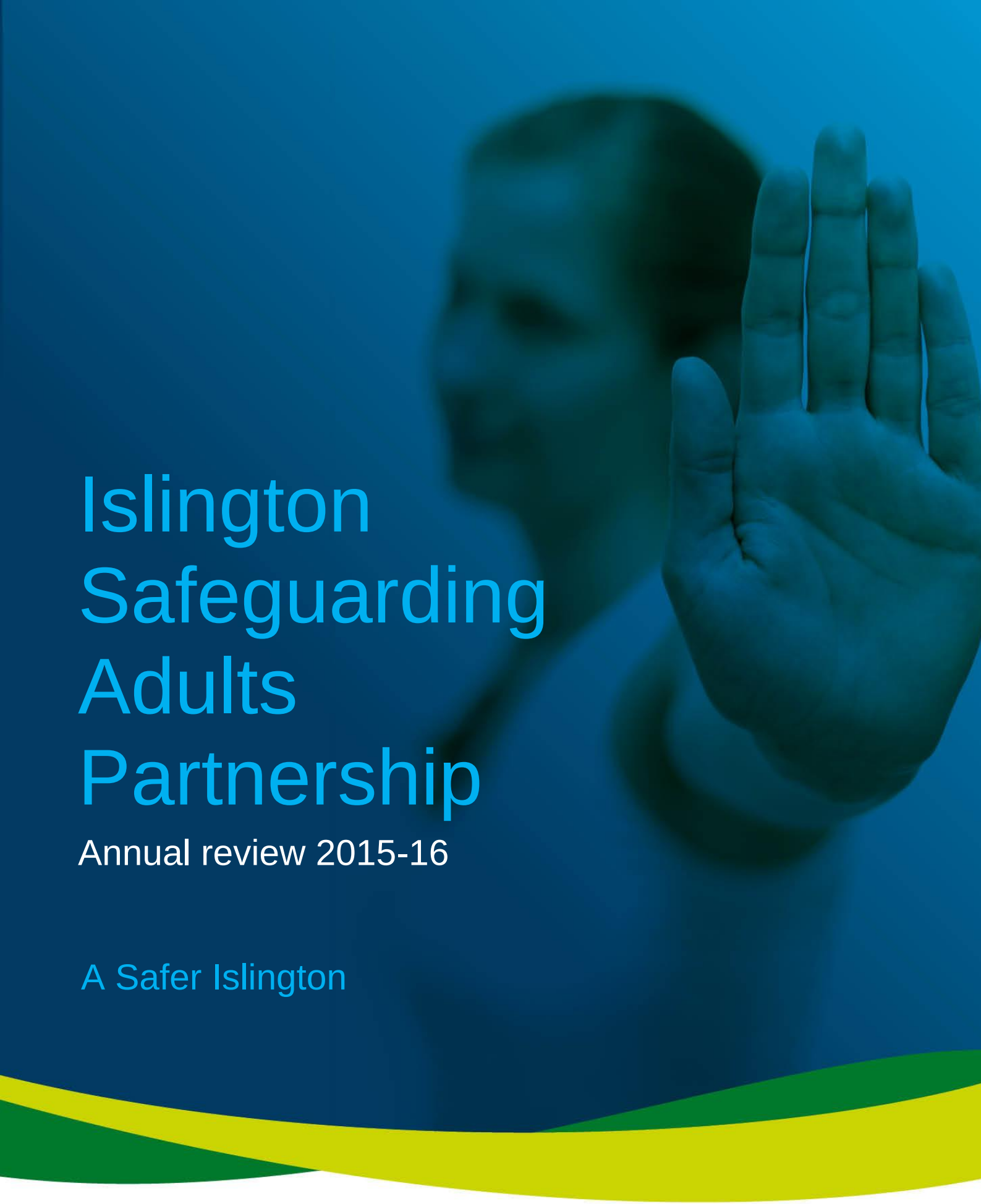

Islington Safeguarding Adults Partnership

Annual review 2015-16

A Safer Islington

NHS

METROPOLITAN POLICE

ISLINGTON
Working in partnership

Foreword

Thank you for your interest in safeguarding adults in Islington. As independent chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report, my third as Board Chair.

All partner organisations have continued to experience significant challenges with increasing demand and diminishing resources. We have also had to make sure that we meet the new requirements of the Care Act which has added additional pressure. Nonetheless we have done everything we can to ensure we keep adults at risk as safe as possible.

This report describes the actions all partner organisations have taken this year to keep people safe. We have had a particular focus this year on Domestic Violence. We have also tried to ensure people understand their rights and are supported to make decisions where they may not have capacity. I am very grateful for the support of all partner organisations and the safeguarding team in developing our work. I am particularly grateful to the Chairs of our Board Sub Groups for their huge contribution to the work of the Board. They ensure that detailed work takes place between Board meetings.

We have had a particular focus on raising awareness in all communities this year. This has meant organising awareness raising sessions in a variety of venues in order to ensure all communities know what to do if they suspect abuse. All partners have contributed to this work and ensured that information about adult safeguarding is included in their public events.

The number of referrals for investigation as adult safeguarding enquiries has again increased very significantly. Physical abuse, neglect and financial abuse are the largest number of allegations this year. We have heard nationally in recent years of cases where adults have suffered harm in care homes and hospitals. We continue to work with the Clinical Commissioning Group to monitor the quality of these services in Islington. Almost half of the alleged abuse in Islington occurs in peoples' own homes and we rely on the vigilance of local organisations and people to bring these to our attention.

We have had multi-agency meetings to ensure all agencies take action to keep people safe and also to ensure appropriate action is taken with perpetrators of abuse. We have also held Safeguarding Adults Reviews where things have gone wrong to learn lessons and try to ensure these situations are not repeated.

Again I would particularly like to thank Sean McLaughlin, Director for Housing and Adult Social Services at Islington Council for his support, thoughtfulness and enthusiasm. I would also like to thank the councillors in Islington for their interest and encouragement. Particular thanks are due to Councillor Janet Burgess whose unfailing support and dedication is hugely valued. Lastly, I would like to thank the people of Islington for their vigilance.

Marian Harrington
Independent Chair
July 2016

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About us

We are a partnership of organisations in Islington all committed to working together. All our work is centred on safeguarding adults at risk from any kind of abuse and neglect.

Who makes up the partnership?

Age UK Islington – Andy Murphy, Chief Executive Officer

Camden and Islington NHS Foundation Trust – Claire Johnston, Director of Nursing

Camden and Islington Probation Service – Mary Pilgrim, Senior Probation Officer

Care Quality Commission – Seaton Giles, Inspection Manager

Community Rehabilitation Company- Joe Benmore, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Holloway, Amy Frost, Deputy Governor

HMP Pentonville, Kevin Reilly, Governor

Independent Chair – Marian Harrington

Islington Clinical Commissioning Group –Melanie Rogers

Islington Clinical Commissioning Group - Dr Rathini Ratnavel

Safer Islington Partnership – Alva Bailey, Head of Service, Community Safety, Islington Council

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

Islington Safeguarding Children Board – Wynand McDonald, Board Manager

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

London Fire Brigade, Islington – Patrick Goulbourne, Borough Commander

Metropolitan Police, Islington – Paul Cheadle, Detective Chief Inspector

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

Notting Hill Pathways – Linda Strong - Assistant Director

Single Homeless Project – Liz Rutherfoord, Chief Executive

Whittington Health NHS Trust – Doug Charlton, Deputy Director of Nursing & Patient Experience

Introduction

This review looks at what we, the Islington Safeguarding Adults Board, have done in the last year to safeguard adults in Islington.

Anyone can be vulnerable to abuse or neglect. Adults with care and support needs are particularly vulnerable to abuse or neglect.

Safeguarding in the Headlines

Safeguarding continues to grab headlines in one form or another.

Over the past year, the government has drawn attention to the horrific impact of **modern slavery** and human trafficking. Several high profile cases have been in the news. It is estimated that there are 28.9 million victims of modern slavery around the world. Due to its hidden nature modern slavery is hugely under-reported. The government is working on a plan of action to start to tackle modern slavery. Much work is yet to be done to prevent and respond to this new category of abuse both nationally and locally.

An independent inquiry (known as the Mazar's report) into Southern Healthcare was published. The report was commissioned by NHS England following the death of Connor Sparrowhawk in July 2013 in a unit in Oxford run by Southern Health NHS Foundation Trust.The inquiry found that a mere 4% of **unexpected deaths** of people with a learning disability or mental health problems had been investigated. Over the next year, we will look at what we can learn and implement locally from the report findings.

A public consultation and review of the **Deprivation of Liberty Safeguards (DoLS),** which are part of the Mental Capacity Act 2005 (MCA), was undertaken by the Law Commission. Read more about this in the Deprivation of Liberty Safeguards section of this report.

Also in the headlines, has been the government's work to prevent people being **radicalised** and potentially drawn into terrorism. A new duty, known as the Prevent Duty, has been introduced. This duty requires certain public authorities to have due regard for the need to prevent people being drawn into terrorism. Locally most of this work is being carried out by the Safer Islington Partnership, but as people with care and support needs can also be exploited by extremists, some responsibility for this prevention work is carried by the Safeguarding Adults Board.

Police cells are generally unsuitable places for people experiencing mental health crises and can make them feel criminalised and distressed. The government has recognised that compassionate care for such people is best delivered in health-based places of safety. National measures have been introduced in the last year to reduce the use of police cells as a place of safety for people experiencing a mental health crisis, such as the Crisis Care Concordat. Further changes to the law are being been proposed. We are monitoring the local progress of this – see our statistics section further on in this report.

Other developments

Since the **Care Act 2014** came into effect in April 2015, we have been working hard to ensure that we meet the legal requirements. Many of the requirements were already in place in Islington, such as having a Safeguarding Adults Board. But other legal requirements have taken more time to

set up. For example, the Board must now work more closely with the prisons in the borough. We also have to collect and analyse different data and take a more personalised, service user centred approach to safeguarding adults.

We have negotiated a new **Constitution** for our partnership to better reflect the work we will be doing together under the Care Act.

We have ensured a range of different organisations that play a key role in safeguarding adults are represented on the Board.

We have issued guidance for professionals on the new categories of abuse now recognised in the Care Act, such as modern slavery, domestic abuse, financial abuse and self-neglect. Carers' needs are also properly recognised for the first time by this law.

The **London Multi-Agency Safeguarding Adults Policy and Procedure** has been substantially revised and was launched in February 2016. It has been adopted across London. The procedures now reflect the Care Act 2014 principles and Making Safeguarding Personal (MSP) approach.

The **Care Quality Commission** published national **Fundamental Standards** – the standards below which care should never fall. In response, we've set up regular **multi-agency RADAR meetings** to track trends and concerns about care providers in Islington. Our RADAR meetings are proving to be an effective way of monitoring how care providers are working to address concerns and improve standards.

You said, we did

We listened to what you told us. You asked us to do more to raise awareness about safeguarding adults and seek out people who might be harder-to-reach.

We wanted to make sure that we connected with a wider audience too and had more impact on people who would not otherwise come to an event such as a Community Conference. To do this, we held a month-long series of events at various places in the borough in June 2015.

Community outreach

We took safeguarding to the public by having different events aimed at different target audiences. Our information leaflets were handed out at each event with many people wanting to take more for other people they knew. Our wristbands with contact details for reporting abuse printed on them proved particularly popular.

Some of the events were:

- An information stall at the **Whittington Hospital NHS Trust**. This busy hospital was an ideal place to capture the through traffic of patients and staff. Patients were interested in our safeguarding work and staff showed interest in our Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS) work.
- An information stall at **Moorfields Eye Hospital NHS Foundation Trust**. We spoke to a large number of people raising awareness of neglect and abuse, particularly financial abuse. Many people discussed their personal concerns and worries with us.
- Information stall at **Carers' Week** event at Islington Town Hall
- **Chapel Market** information stall for the general public. This busy location helped us share information with a wide range of shoppers and residents.
- Information stall at **Finsbury Park Mosque** as part of their Neighbourhood Open day. We were able to open up discussions with people attending the event, particularly the women's group.
- Information stall at **Drovers Day Centre** (Age UK)
- Safeguarding Awareness event and open discussion held with the **Islington Personal Budget Network**
- **Centre 404** - Safeguarding Awareness event and open discussion with family carers
- An event was held to mark **World Elder Abuse Awareness day** at Alsen Day Centre. This included a large exhibition with works submitted by service users on their understanding of adult abuse and what it is like to be an older person or someone with a disability. Prior to the event, staff

held discussion sessions with service users to talk about their understanding of who an adult at risk of abuse and neglect is and what this meant to them. Over 40 pieces of work were exhibited and included painting, poetry and prose. Staff and service users came from Lennox House (Care UK), St Anne's Residential Care Home for Older People, Highgate Nursing Home, Alsen Day Centre, Daylight Resource Centre, St Martin of Tours and St Anne's Nursing Home.

- Exhibition of artworks by service users for Councillors at a full Council meeting, Islington Town Hall and Islington Clinical Commissioning Group.

World Elder Abuse Day Community Event - June 2015

"Great exhibition – increases awareness of the difference degrees of abuse"

"I have enjoyed my time here looking at the poems and art work that everyone has taken part. There are so much talent, and its good to show that we all care. Great Work" a family carer

"A very full and deep exhibition. How easy it is to override peoples' own thoughts. We must all take time to understand peoples' own desires"

"It is good to have friends, don't be afraid to speak up if you are abused. I have enjoyed myself" Service User at Alsen Day Centre.

About our strategy

Our strategy reflects our commitment to safeguard adults from abuse and neglect in Islington. Keeping adults in Islington safeguarded from harm and at the forefront of all our activity.

We keep our vision statement in mind: "to improve safety and people's feelings of safety by promoting the right of all who are vulnerable to abuse to live free from abuse and negelct".

We have joined forces with Camden Safeguarding Adults Board and are working to a shared 3-year strategy with them. Because we are neighbouring boroughs we share many priorities and face similar challenges that need to be tackled. Working alongside each other focusing on the same issues makes sense. Although there is much to be gained from working together on these broad priorities, we have separate annual delivery plans tailored to the nuances of our local needs. We are making steady progress in implementing this strategy.

The joint strategy with Camden is based on 6 key areas of work. These 6 key areas are shown in the diagram below and mirror the government's key safeguarding principles:

Joint Safeguarding Strategy 2015-18

6. Accountability

What it means:
"I understand the role of everyone involved in my life as a user of services."

1. Empowerment

What it means:
"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

5. Partnership

What it means:
"I know professionals treat my personal information in confidence, only sharing what is necessary, and work together to get the best result

2. Prevention

What it means:
"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

4. Protection

What it means:
"I get help and support to report abuse. I get help to take part in the safeguarding process as much as I want and am able to."

3. Proportionality

What it means:
"I am sure that the professionals will work for my best interests, as I see them and they will only get involved as much as needed."

Partner work on our strategy

Although Islington Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our overall strategy.

Below is a list of specific pieces of work our partners have undertaken during the year towards achieving our strategic aims.

Moorfields Eye Hospital NHS Foundation Trust

- Basic awareness training on PREVENT is provided as a part of Safeguarding adults training at Induction, Workshop to Raise Awareness of Prevent (WRAP) training is provided monthly to staff on a rolling programme for 2016/2017.
- Ongoing Domestic Violence work being undertaken in conjunction with Solace Women's Aid. A training programme was provided across the Trust for key staff in high risk areas.

Whittington Health NHS Trust

- Continual provision of safeguarding adult training available within Whittington Health. This has included training on the new categories of abuse such as self-neglect and preventing radicalisation. The Trust is implementing the Islington Council Hoarding Protocol.
- Introduction of weekly safeguarding adults meetings in the Emergency Department to discuss cases of concern.
- Significant increase in numbers of DoLS identified since specific DoLS and MCA training has been rolled out across inpatient services. Islington DoLS office are kindly providing additional training for those staff members who complete Form 1, to ensure all relevant information has been given, and so reduce any delays.
- A central database for DoLS has been developed, which also looks at the expiry date for the DoLS. Close liaison ensures coroner is informed if inpatient subject to DoLS dies
- The Vice-President of the Court of Protection booked to speak with staff about the DoLS framework at an event
- Training includes use of DoLS and MCA, and specific training has been given to community teams around use of the MCA.

Camden & Islington Mental Health Foundation Trust

- Basic awareness raising of Prevent has been included in their staff induction programme. Plans underway for E-learning and WRAP 3 training to be delivered as part of safeguarding training programme in 2016-17.
- Much has been done to embed the Mental Capacity Act (MCA) and Deprivations of Liberty Safeguards (DoLS) in practice. This includes the appointment of a MCA lead. MCA and DoLS policies have been introduced. Briefing sessions provided on all inpatient wards, community rehabilitation team and psychiatric liaison services with regards to the Cheshire West ruling. These included introducing a tool to record voluntary admissions which ensures that the alternatives to admission / deprivation of liberty are explored.
- DoLS information and fact sheet created and distributed to all service lines inpatient settings about the DoLS process.
- A central database created by the MCA Lead to monitor the use of DoLS across the

Trust and also to highlight the type of DoLS

(emergency/Standard) request and when they lapse, so staff can be prompted to request a further DoLS if there is still a deprivation of liberty.

- Audited admission of 'Voluntary Patients' and highlighted services/wards where further training is required.
- Meeting of MCA Lead and Islington DoLS staff to address potential DoLS in Supported Accommodation. Plan of action devised to ascertain all sites where service users are in supported accommodation. This has improved monitoring and performance.
- Training around use of the MCA, where to record on Carenotes and DoLS awareness. Basic awareness training in MCA and DoLS is now also incorporated into level 1 and 2 safeguarding adult training and this will be continued in 2016-17.
- A 2 year domestic and sexual abuse research project (AR-DSA) which began in Nov 2013 has trained over 350 staff to date in domestic and sexual violence including harmful practices and more recently Female Genital Mutilation (FGM). Training has been embedded in safeguarding levels 2 & 3 as well as the provision of 3 hour stand-alone sessions. The training programme will continue for the next 12 months and incorporate issues of diversity (interpreters, language barriers). Research results will be collected in mid-2016 and this will gauge the impact of interventions.
- Domestic violence training on working with people who have no recourse to public funds was also delivered in Jan 2016 and will be repeated in 2016-17.
- Clinical Risk Assessment Policy was updated to incorporate domestic and sexual abuse.
- Domestic & Sexual Abuse policy was finalised in November 2015 and also incorporated into the revised Safeguarding Policy- Dec 2015.
- On International Women's Day in March 2015 a trust wide seminar was held on harmful practices and 23/11/15 hosting a one day "White Ribbon" Event" and the theme for the day was Harmful practices. The event was very successful, attended by over 60 staff and included speakers from community groups such as Afruca, IKWRO & Hopscotch.
- The Trust is developing a safeguarding dashboard to be finalised in 2016-17. It will include information on all safeguarding concerns and allow a "deep dive" into numerous areas of data including specifics around domestic violence, demographics and identification of alerts raised in relation to minority groups.
- Internal audit of recording safeguarding in local authority and Trust data systems undertaken in Feb 2016. A work plan to ensure both align will be developed in 2016-17.

Islington Clinical Commissioning Group (CCG)

- The number of cases referred to the Channel Panel has increased which indicates a better understanding across agencies of preventing vulnerable people from being groomed into terrorism or extremism. NHS providers are contractually required to have a delivery plan in place for Prevent. The CCG is monitoring this quarterly.
- Work underway to update CCG policy and online training package. Face to face

training has been updated to include the new categories of abuse.

- The CCG alongside the SAU has delivered training to independent contractors (GPs, Dentists, Pharmacists, Optometrists)

London Metropolitan Police

- Protocol In relation to S136 of Mental Health Act 1983 (MHA) as well as people arrested and brought to hospital for example, due to a seizure in police station, is in development. This is being used as a pilot project for the rest of London.
- Islington Police officers have received further training on Hate crime.
- A Proactive Domestic Abuse team has been launched and was nominated for the Team award at the Metropolitan Police's Domestic Abuse Achievement Awards.

Islington Council

- Islington Council continues to ask people how they want to be kept safe. This is monitored through monthly case file audits of individual safeguarding cases. This year's annual survey sent to all service users by Islington Council included questions on perceptions of safety. Survey responses are being used to inform practice.
- Islington Council's Making It Real board did a piece of work on keeping safe, which was supported by the Safeguarding Adults Unit.
- A new case file audit tool is being developed to ensure an outcomes-based approach is being implemented by practitioners.
- Expanded information has been added to the Council's webpages. Additional information has been added to the Links for Living website.
- The Council has continued to raise awareness of financial abuse. A Leaders in Safeguarding meeting had a focus on financial abuse. The Council's Trading Standards team in collaboration with the police had event at Peel centre for older people for service users, banks and police. Islington Council has signed up to CiFAS to share intelligence on financial abuse.
- Extremism & radicalisation is included in Safeguarding training. Practitioner guidance on radicalisation has been developed. Adult social care also participates in Channel meetings.
- Practitioner guidance on safeguarding prevention has been updated.
- The Safeguarding Adults Unit is now represented on the Islington Reducing Reoffending Board, which is helping to provide strategic link up between that Board's work and issues for the SAB.
- The Safeguarding Adults Unit has requested to be represented on the Domestic Violence Persistent Perpetrators Panel, again which will help the SAB to improve the strategic links between perpetrator work already being conducted in the Borough.
- Practice guidance on domestic violence, forced marriage, female genital mutilation, self-neglect, modern slavery and radicalisation has been developed. The practice guidance sets out both legal and non-legal interventions available.
- Several practitioner briefing sessions have been held to ensure that practitioners understand the practice implications of the Care Act and the new London Safeguarding Adults Policy and Procedures.
- An audit took place in December 2015 and

practitioners are being encouraged to embrace the 'Making Safeguarding Personal' way of working.

Single Homeless Project (SHP)

- Safeguarding has been added to the Day Programme module on rights and responsibilities.
- Safeguarding has also been incorporated into the programme induction.

London Fire Brigade

- A multi-agency debriefing session was hosted by the Fire Brigade following an accidental fire in a block of flats in Islington, which resulted in a number of people having to be re-housed temporarily. The Fire Brigade has been carrying out a lot of work to make sure lessons are learnt from this incident.
- Staff at all levels in the Fire Brigade have received safeguarding adults training
- A new training package has been commissioned which will be rolled out to all staff in 2016 which will be compliant with the Care Act 2014 and the new London Multi-Agency policy and procedures.

Centre 404

- Personalisation and a personalised approach is standard practice for all of their services, for example, regular involvement with service users and their families and service user and families are empowered to make choices and to be involved in decision making.
- They have implemented, person centred support plans and one page profiles, take a positive approach to risk taking, and use person-centred goals.
- Centre 404 has co-produced a leaflet on safeguarding and use of the internet, which was launched at an Elfrida event.

Healthwatch

- A lead manager for safeguarding adults is now in place.

Notting Hill Housing

- Given specific responsibility to the Care and Support Compliance Manager role for leading on Safeguarding (adult and children) across the organisation.
- Launched a single, group-wide Safeguarding Policy in July 2015, incorporating changes from The Care Act, including ensuring the focus is on the individual and a holistic view. Procedures for adult and children safeguarding have been produced separately.
- Training and briefings of the Care Act 2014 have been delivered to all staff between July – October 2015, focussing on raising awareness.
- Monitoring of cases is focused on case studies and outcomes, which are also reported to their Committee (who oversee the operations businesses).
- Prevent is now covered in their training and briefings and forms part of the training for the student lets staff team, as this was deemed a higher risk group.

London Ambulance Service (LAS)

- LAS is monitoring safeguarding adults data for trends
- LAS is monitoring training compliance for staff directly employed by the LAS as well as voluntary responders and private contractors

Safeguarding Adults Professionals' Conference

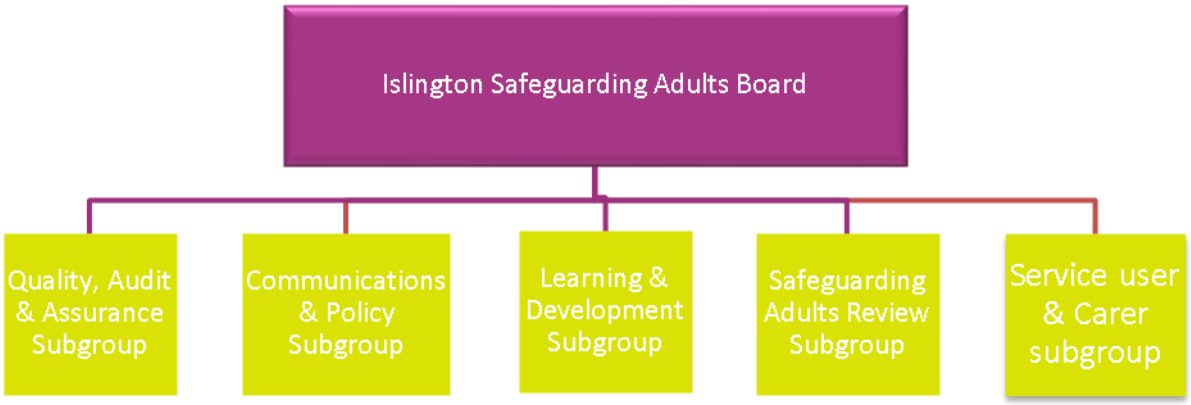
'It was a great training session and was able to apply it to our risk assessments'

'A very useful and informative conference. Highlighted the issue of hoarding and available support to manage this'

'It was a fantastic learning event!! Thank you to all involved! :)'

Subgroup work on our strategy

For each key area of our strategy, we pledged to work together on several actions. Most of this work was carried out by the 5 subgroups of our Board. Each subgroup has responsibility for overseeing key parts of the strategy.



1. Quality, Audit & Assurance

Overseeing audits and making use of performance data to quality assure safeguarding arrangements locally is central to this subgroup's work.

During the year, the safeguarding adults case file audit form has been overhauled to ensure that risk reduction, mental capacity and referrer feedback are being competently addressed in safeguarding work. A small audit of self-neglect cases is underway. The subgroup has examined performance data to make sure that safeguarding enquiries are being dealt with promptly and that investigation and protection work is thorough. Findings are being used to inform practice improvements.

The subgroup has been working together with several partner organisations to get assurance on specific topics of interest.

- Assurance from Whittington Health on practices to manage falls and pressure ulcers.
- Assurance from Moorfields that they are making progress in embedding the Mental Capacity Act 2005 and Prevent awareness among staff.
- Working together with Healthwatch on testing how well safeguarding concerns are handled by Islington Council. Healthwatch gave positive feedback along with some constructive feedback on areas for improvement. The subgroup is working to ensure learning from this is embedded and drives improvements in practice.

Jenab Yousuf
Chair
Quality, Audit & Assurance Subgroup

2. Communications & Policy

Our Communications and Policy subgroup focuses on:

- Making sure people in Islington know what to do if abuse happens
- Preventing abuse of people with care and support needs where possible.

Rising out of a partnership prevention workshop, the subgroup developed a prevention strategy. This was refined following public consultation.

The subgroup has been working on making information and advice more accessible for the public. The communications campaign on compassionate care was completed. A new communications campaign on preventing choking was developed in response to a Haringey Serious Case Review. Both communications campaigns involved the development of leaflets, creation of webpages and submitting feature articles to various local publications to raise awareness.

A Solihull publication on a Decade of Serious Case Reviews was reviewed to see whether there was any relevant learning. From this, a checklist for partners was developed seeking assurance on several policy areas, including patient relationship policies, whistle-blowing policies and end of life care policies.

The subgroup has been responsible for driving forward many of the changes brought about by the Care Act 2014. It developed a new Constitution for the Board and new information-sharing agreement. A checklist for partner organisations to help ensure their internal policies are Care Act compliant was well received and has been copied by several other boards across the country.

Claire Johnston
Chair
Communications & Policy Subgroup

3. Learning & Development

This subgroup focuses on people, particularly staff and volunteers, knowing what to do if abuse happens. It also is responsible for making sure skilled staff and volunteers spot abuse and take timely and proportionate protection.

Training has been updated in line with the Care Act, including the new categories of abuse, such as self-neglect. More than 1,600 staff and volunteers from Board partner organisations were trained during the year.

All training courses and e-learning modules now include information on Safeguarding Adults at Risk from radicalisation and extremism.

Safeguarding Adults training such as the e-learning modules continues to be promoted across Islington to partner organisations, non-partner organisations and the general public. Other training courses are made available to partners as appropriate and promoted through the training brochure.

A learning log has been developed and has now been passed to the QAA Sub-Group for on-going use and assurance purposes.

The subgroup continues to explore how the Bournemouth Safeguarding Adults Competency Framework can be used, implemented and outcomes measured.

Neil Chick
Chair
Learning & Development Subgroup

4. Safeguarding Adult Review Subgroup

This subgroup has a role in making sure that serious cases are properly reviewed and any learning from them shared with partner agencies to avoid the same happening again in the future. Effective partnership is another focus of this subgroup in the partnership strategy.

The workload of the Safeguarding Adults Review subgroup has increased significantly with several referrals having been received. Mostly, this is due to the Care Act 2014 having introduced a slightly lower threshold for reviewing serious cases. The referrals are also seen as a positive outcome to the training provided across agencies and shows an improved level of awareness and valuing of safeguarding adults reviews. For further details of the safeguarding adults reviews conducted, see Section 11 below.

The subgroup has adopted a new protocol for how to decide which referrals to accept as safeguarding adults reviews and which review mechanism is most appropriate to the nature of the case. For example, some cases of harm or death will require a full, independently authored safeguarding adults review, while a lighter-touch multi-agency workshop might be better suited to other cases. Developing an efficient and effective working practice for dealing with safeguarding adults reviews will be key for the subgroup going forward.

Paul Cheadle
Chair
Safeguarding Adult Review Subgroup

5. Service User & Carer Subgroup

Engagement is the focus of this subgroup in the partnership. The service user and carer subgroup has met a couple of times and is gradually finding its feet.

We are very pleased to have engaged and committed members. Their energy and enthusiasm to work with the board is greatly valued. Already contributions from this subgroup are influencing the direction and work of the Board.

Eleanor Fiske
Facilitator
Service user & carer Subgroup

Training feedback

Safeguarding Adults – Refresher training:

'*The course was very beneficial in my making a decision on safeguarding'*

Safeguarding Adults – An Introduction:

'it was very helpful information but insufficient time for more discussions as it was only 3 hours long'

Chairing and leadership in safeguarding meetings:

'A great course. The facilitator provided us with clear, up to date and legible information which really helped to understand what the requirements of the role would be'

Experiences and Statistics

Many people think of Islington as a wealthy and prosperous borough. But this impression masks some hidden inequalities and social issues.

For us to make sure we are safeguarding everyone in Islington, we need to get a rounded view. This means we need to look at both people's experiences and the statistics behind the work we do. This section looks at both.

1. Experiences

No two safeguarding cases are exactly the same. Every person is different.

The only way we can truly personalise safeguarding is to find out about people's experiences of safeguarding. We do this in a variety of ways.

Auditing cases is one such way. Each month we carry out a small sample of cases to get a better understanding of what happened in the case. We also check that wherever possible people who were at risk of harm or abuse, got the outcome they wanted. Any learning or good practice is shared with professionals to help them develop their skills and improve service user experiences.

Service users and carers feedback is another rich source of information for us. We engage with them through various ways such as our community conference. People's feelings of safety are checked through surveys. This year we conducted some face-to-face interviews to get more in-depth feedback from people who had been through the safeguarding process. Learning from this has been shared with staff.

Engaging with carers and service users and the public is an area we have worked hard to develop. Our newly formed Service User and Carer subgroup will give us the chance to get a fresh and meaningful perspective on the work we do. Their views are already starting to influence the approach the Board is taking.

Our Quality, Audit and Assurance subgroup also reviews patient and service user compliments and complaints alongside data to get a more rounded picture of people's experiences.

We are very grateful to all service users and carers who have given us feedback. It is their experiences and insight that help to drive forward best practice in safeguarding adults.

2. Statistics

Analysing statistics is useful. It helps us to:

- understand how we are doing
- compare our performance over several years
- pick up trends and anomalies
- identify what we need to work on in the future

Our Board does this by receiving regular reports on safeguarding performance data. Our Quality, Audit & Assurance subgroup also delves into the data in more detail at its meetings.

Comparing apples with pears

This year, our data should be treated with caution. Since the Care Act 2014 came into effect:

- we have had to collect slightly different data
- there are new categories of abuse
- the thresholds for safeguarding concerns have changed
- we have had to change the way we look into concerns

This means that comparing this year's data with last year's data may be slightly misleading because the two data sets are not always directly comparable.

3. Concerns & Enquiries

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

Concerns have increased **by 26%** on the previous year.

For the year 2015/16 we had **1464 concerns** about possible abuse (concerning a total of 1129 individual people). For the previous year 2014/15 we had **1165.**

After someone reports a concern to us, we gather more information about the person and the concern. Once this has been done, we decide whether the case needs to be looked into further in a formal safeguarding enquiry under Section 42 of the Care Act 2014.

In 2015/16 we had 592 safeguarding enquiries. **(40% of the total concerns raised)**.

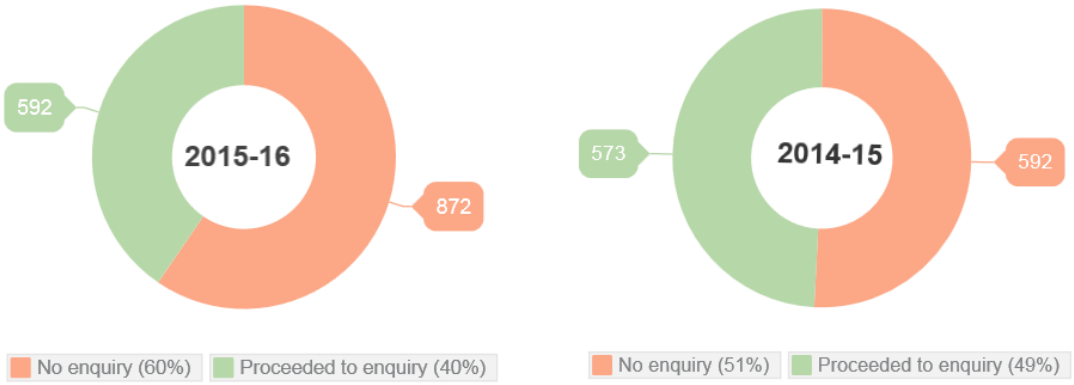
This is an increase of 4% on the previous year.

The words we use

Since April 2015, some of the terms we use changed. This is because the Care Act introduced new terms for us to use. The term 'safeguarding referral' was replaced with the term 'safeguarding concern'. 'Safeguarding investigations' are now known as 'safeguarding enquiries'.

Safeguarding concerns

26% increase in concerns from last year



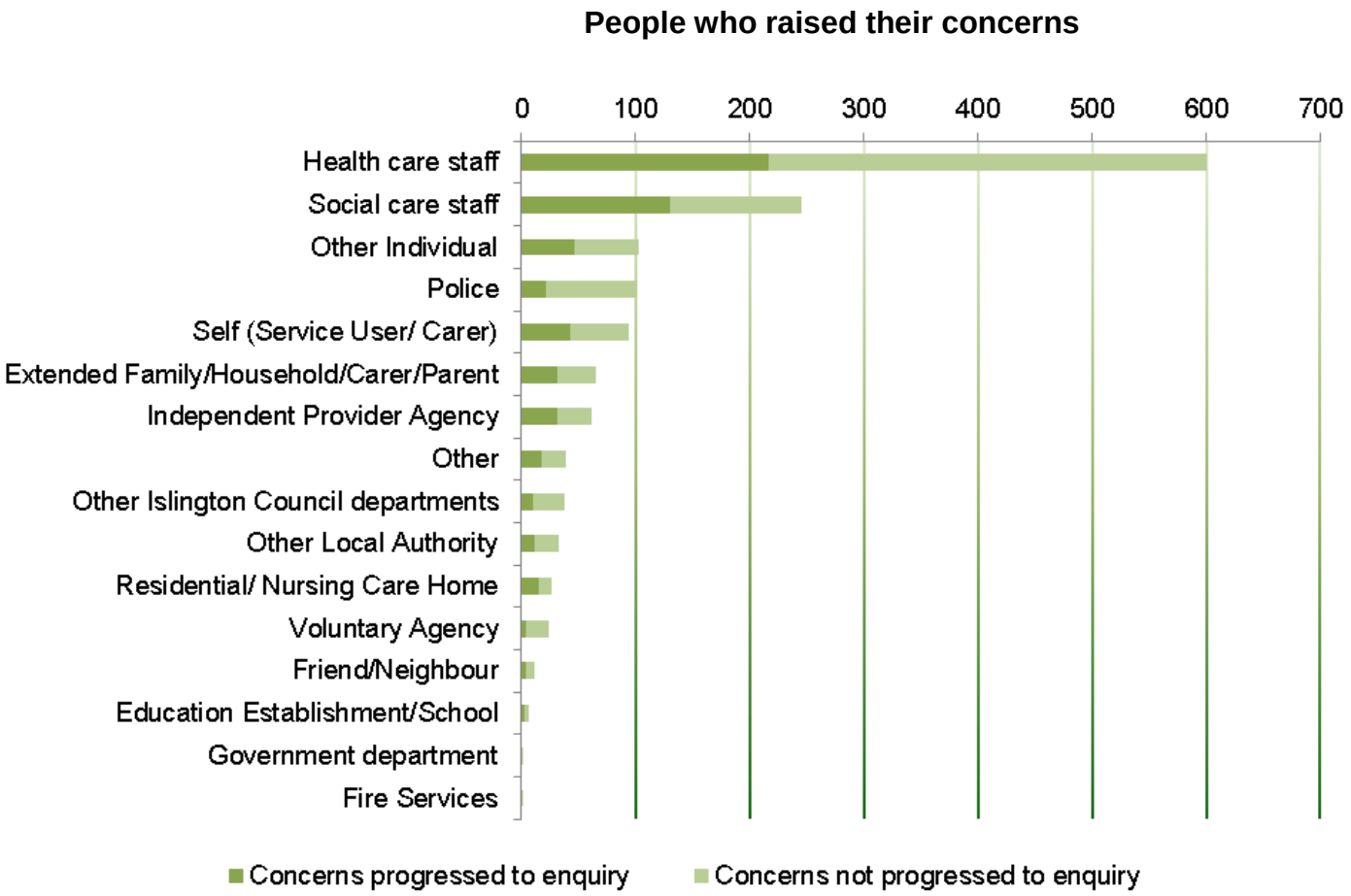
The above chart compares the number of concerns which became formal safeguarding enquiries in the last year with the previous year. These are not directly comparable with last year's figures. This is, because the thresholds for conducting a safeguarding enquiry under the Care Act are slightly different from thresholds that applied last year when we conducted investigations under 'No Secrets' government guidance.

Reports of concerns have increased 26% on the previous year. At first glance, this may seem like an alarming statistic. However, it is important to note that this increase does not mean that more abuse took place – only that more concerns were reported to us. This may be due to people being more aware about the need to report abuse and neglect of adults. With the introduction of the Care Act, we have been delivering training to many organisations and sending information about the need for them to update their policies and procedures. It is possible that this has had a 'fresh in the mind' effect and resulted in more concerns being reported.

In 6 out of ten cases, people were worried about an adult but when we looked into it, we decided not to take it further to make a formal safeguarding adults enquiry. This has increased since 2014-15, when only 5 in 10 cases turned out not to be a safeguarding issue. In such cases, the Access and Advice team of social services signposts the adult to appropriate services or give general advice and support.

We will keep an eye on this trend. We will ensure we give feedback to people who report concerns so that in future people are better able to identify what is a safeguarding concern and what is not.

4. People who raised concerns



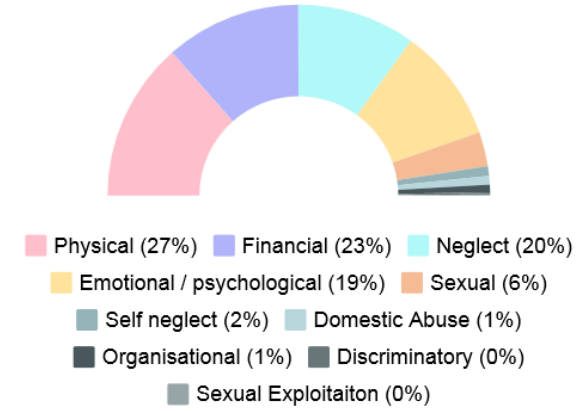
This chart refers to the 1464 concerns which were reported during the year.

This chart shows that health staff reported more concerns to us than any other category of person. However, fewer than half of those concerns went on to be looked at in a safeguarding enquiry. We will continue to monitor this trend and make sure that training for health professionals is refined to ensure that appropriate concerns are reported to us.

5. Types of abuse

The different types of abuse that we made safeguarding enquiries into are shown in the chart below:

The 3 most common types of abuse in Islington are physical, financial and neglect



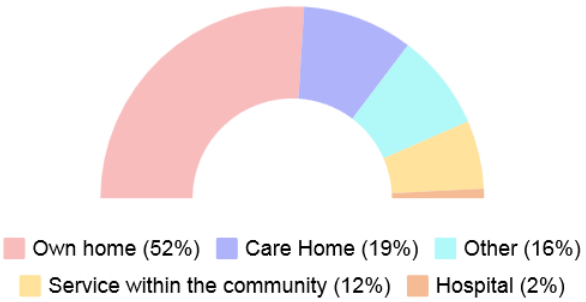
We completed 476 safeguarding enquiries during the year. Some cases involved more than one type of abuse.

The chart above shows that over the course of 2015/16, the three most common types of abuse we made safeguarding enquiries into were physical abuse, financial abuse and neglect. This is broadly similar to previous years.

For the first time, we now have a duty to look into concerns about additional types of abuse, namely: domestic violence, modern slavery and self-neglect. As the chart above shows, during the year we did not make any enquiries into concerns about modern slavery or sexual exploitation of adults with care and support needs. This may indicate that we need to do more to raise awareness of these new categories abuse.

6. Where abuse took place

Adults with care and support needs are most at risk of abuse or neglect in their own home



This chart refers to 476 safeguarding enquiries which were completed during the year. Some cases involved more than one location of abuse.

Abuse and neglect in care homes and hospital often make media headlines. Media coverage of abuse and neglect makes it seem as though care homes and hospitals are unsafe places for people with care and support needs. But this chart shows the real story – that more than half of all cases of abuse and neglect take place in the adult's own home. Similar statistics are found across the country.

7. Decisions taken

Outcome of safeguarding enquiries during this year

This chart refers to 476 enquiries which were completed during the year. These include some cases which were started in the 2014-15 year, but completed in 2015-16. They exclude cases which had not been completed because the outcome had not been decided yet.

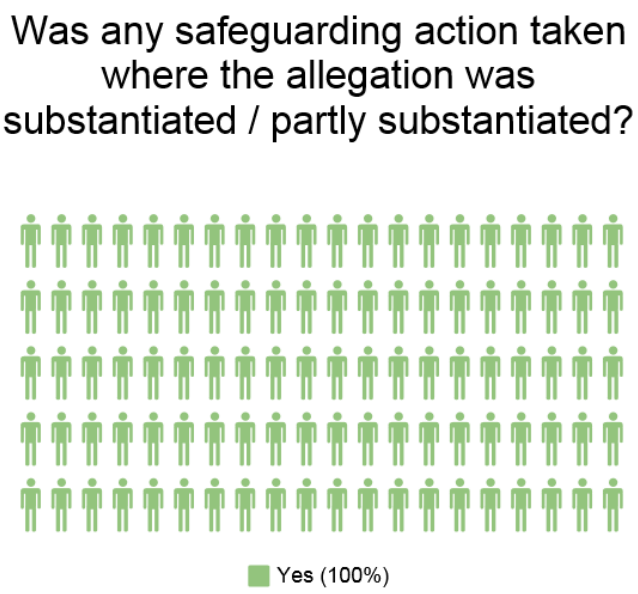
The number of cases where we determined abuse took place (substantiated and partially substantiated) has risen slightly in the last year.

In 45 cases we stopped the safeguarding enquiry because the adult asked us to. We always try to follow the adult's wishes. Only where there are serious risks to other adults or children will we carry on investigating. In 161 (34% of) cases, the adult has been assessed as lacking mental capacity to make an informed decision about the safeguarding concerns. In these cases, we take into account the views of the adult's representative, family or friends. Where the adult has no one to represent their views, we appoint an Independent Mental Capacity Advocate (IMCA).

We are pleased that there are fewer cases where the outcome was inconclusive. Making a decision about safeguarding concerns isn't always easy. It takes great skill and care to investigate concerns thoroughly. We always try to work out whether abuse has taken place or not but sometimes there is not enough evidence to say with certainty. Even when it is not possible to say whether abuse took place, we always try to manage the risk with the person concerned.

8. Action to help the adult

Did we take action about concerns?



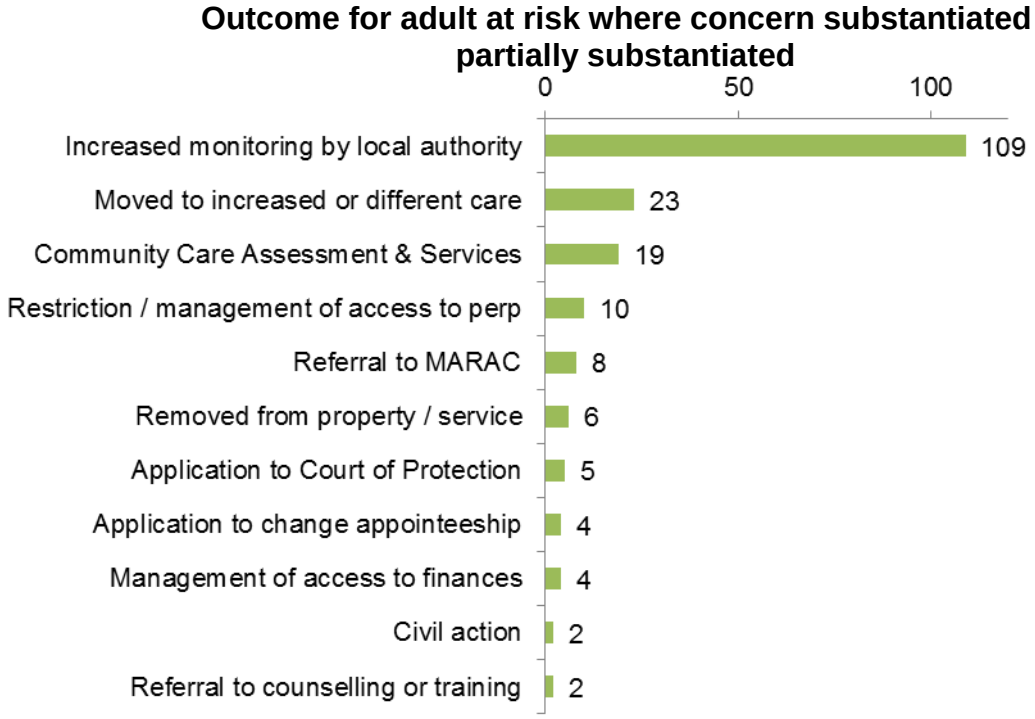
This chart refers to 235 completed enquiries where abuse was substantiated (164) or partly substantiated (71)

In 100% of cases where we agreed some level of abuse or neglect had taken place and we took action to safeguard or support the adult involved. We are pleased to have fully addressed this area of practice since last year when only 96% cases resulted in action.

These figures suggest that our safeguarding involvement is worthwhile because it always resulted in action. For further detail on the kinds of actions we took, see the graph on the next page.

In 1% of cases, the social workers took action, but did not record this. We will follow this up with the social workers to improve their case recording skills.

9. Outcome for adult at risk



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

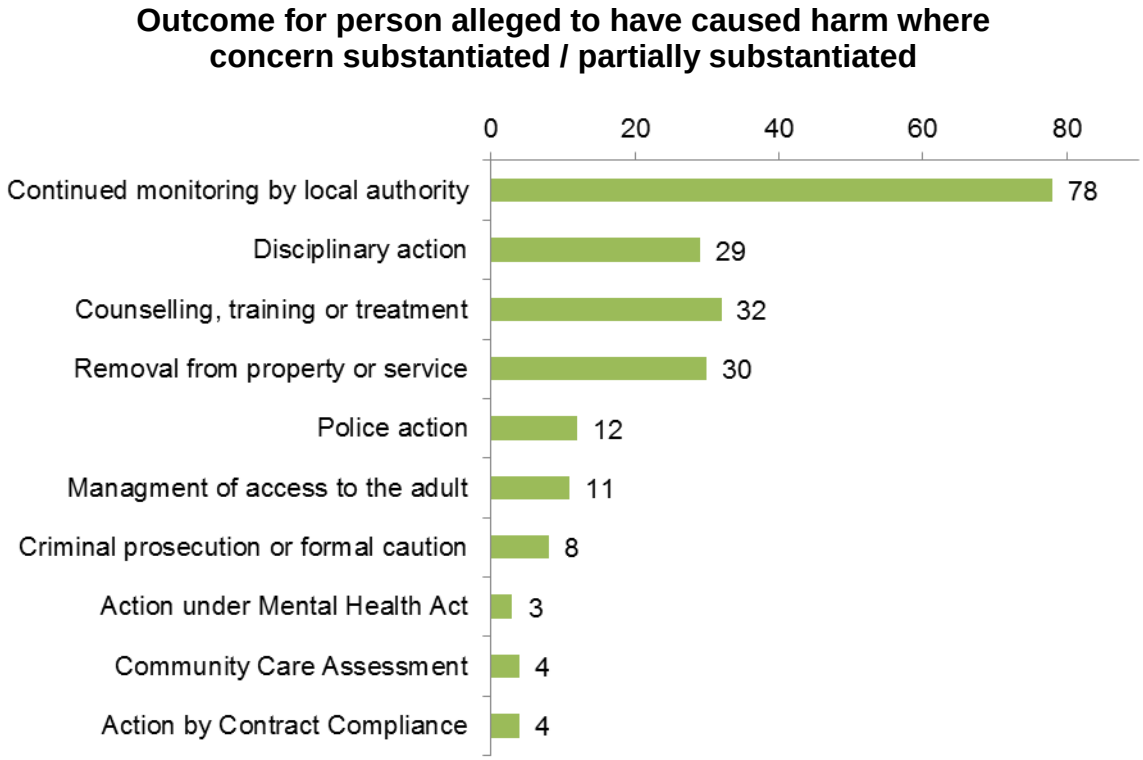
This chart refers to 235 completed enquiries where abuse was substantiated (164) or partly substantiated (71)
*There may have been more than one outcome for each adult at risk.

Increased monitoring is the most common action taken to protect an adult. Increased monitoring could include family and friends agreeing to visit an isolated adult more often or a community nurse visiting a patient at home regularly to check for pressure sores and give regular advice and support.

There were 241 cases where we decided the abuse or neglect did not happen, we could not say whether abuse took place or an adult asked us to stop the safeguarding enquiry. Under the Care Act 2014, there is much more emphasis on us respecting the wishes of the adult wherever possible.

For those 241 cases, we made the most of the opportunity and took action to prevent the possibility of harm in the future where possible.

10. Action taken against people alleged to have caused harm



This chart refers to 235 completed enquiries where abuse was substantiated (164) or partly substantiated (71)
*There may have been more than one outcome for each person alleged to have caused harm.

This chart shows that in almost half of cases, continued monitoring was the action taken against the person found to have caused harm. An example of this is where a care worker was found to have caused a patient to develop a pressure sore because they had not turned the bedbound patient frequently enough. In this case, the care worker may be monitored and supervised more closely by managers as part of the safeguarding plan.

In some cases, the concerns are serious enough for the Police to take action. The action that the Police take ranges from giving cautions, pressing criminal charges against the person alleged to have caused harm or working to achieve a community resolution.

The Community Risk Multi Agency Risk Assessment Conference (CRMARAC) has proved to be an effective way of dealing with some people alleged to have caused harm. The CRMARAC has secured funding for a dedicated mental health practitioner to work on some long standing cases. In the last 12 months, 75 cases have been referred to the CRMARAC. Repeat calls, particularly about anti-social behaviour to Police have fallen as a result.

Case study

Mr G is an older person living in a Care Home. As Mr G did not have any relatives or friends to care for him, he was placed in there when it became clear he was not managing in his home. His health was deteriorating and he seemed no longer able to manage his finances.

Following his move into care, it was noted by the Council's Environmental Health team that Mr G's property was deteriorating rapidly and was in need of repair.

The Council applied to the Court of Protection to take over the management of Mr G's property and finances. Once this order was issued by the Court of Protection, the Council's Client Affairs Team discovered several people living in Mr G's home.

A safeguarding enquiry was started. After looking into the matter, it was discovered that Miss T, a neighbour, had rented the rooms out falsely claiming to act on behalf of Mr G. A safeguarding plan was agreed and the Council took action through the Courts to evict the occupants from Mr G's home. Miss T was arrested for Breach of the Peace as she refused to give Council staff access to the property. After giving enough time for the evicted tenants to recover their belongings the house was put up for sale and sold at Auction well above the target cost.

Mr G was supported to manage his finances and his assets in a way that benefitted him in the long term. From the sale of his property, Mr G now has enough money to cover his care costs, provide him with anything that he wants and give him the best quality of life in his current care home.

*Details have been changed to protect identities.

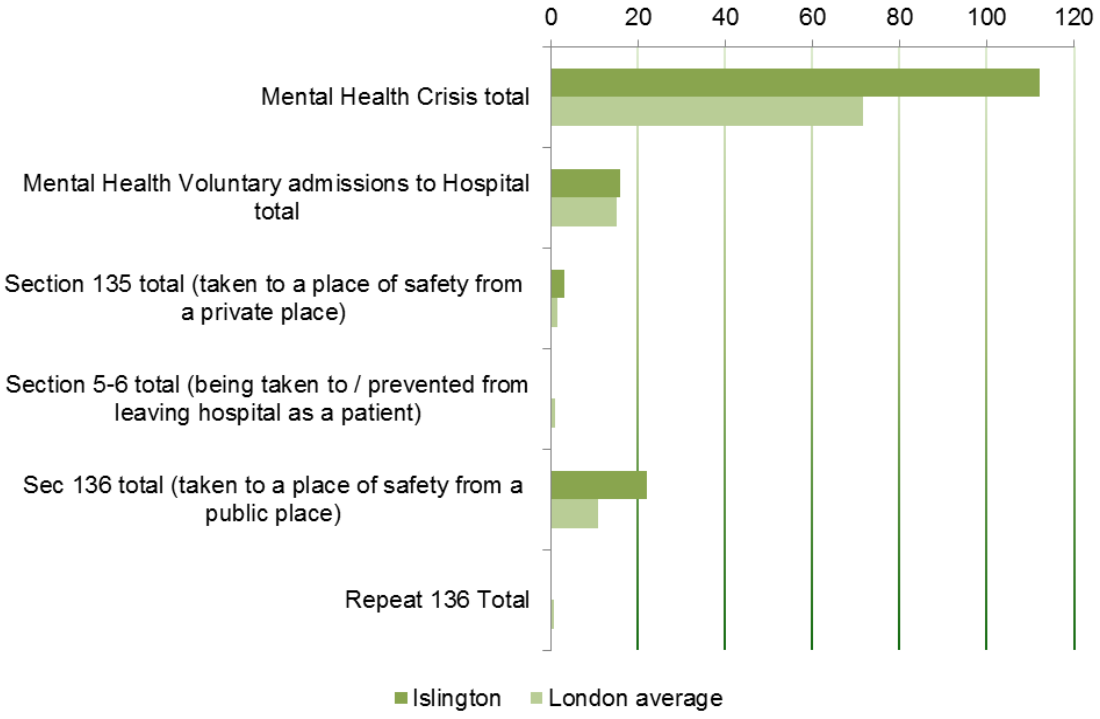
11. Police action

The police collect data on their activity relating to adults with mental health needs. The chart below shows that the Police helped more than 100 people last year who were having a mental health crisis.

The number of people helped in Islington is slightly higher than the average for other London boroughs. This is likely because Islington is the most densely populated borough in London.

The government has been encouraging services to work together so that people experiencing a mental health crisis are taken to a hospital instead of a police station. Although police stations can legally be used as places of safety, they are not ideal environments for people in mental distress.

Police action to help adults with mental health needs during the year



The data used in this chart comes from the Police Merlin database. It is a database used to report missing persons and Children & Adults who have come to the notice of the Police due to any of a number of risk factors. Merlin is used to refer those concerns to partner agencies, such as mental health services.

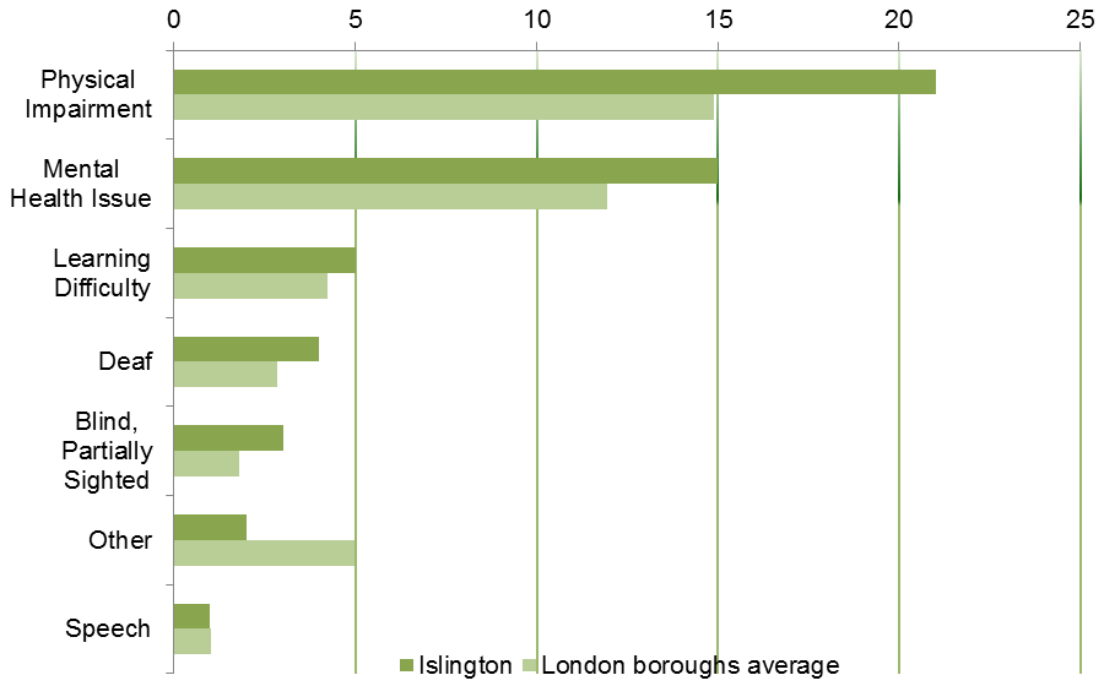
The table below shows the number of adult abuse crimes recorded by the police. It relates to the year April 2015 – March 2016. The data comes from CRIS, which is the Police Crime Database. The CRIS database acts as a case management system for logging and recording crimes.

The table shows that only 2 cases of disability hate crime were reported to the police during the year. This is a similar to picture to other London boroughs.

We know from research that people are often reluctant to report disability hate crime. The Board continues to raise awareness of disability hate crime and empower victims to report their concerns.

	Total Victims recorded on CRIS Aged 18+ Years	Vulnerable Adult Abuse Victim	Vulnerable Adult Victims	Disability Related Hate Crime Victim	All vulnerable adult Victims as % all CRIS adult Victims
Islington total	1614	2	0	2	0.2%
All London boroughs total	42460	81	0	64	0.3%
All London boroughs average	1327	3	0	2	0.3%

Breakdown of victims' needs recorded by Police



The above table and chart refer to data captured by the Metropolitan Police Service 1 April 2015 – 31 March 2016 on their CRIS database.

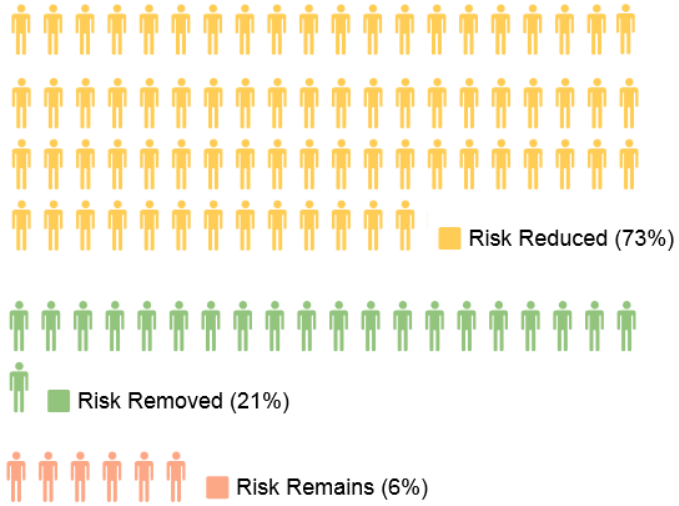
The chart above shows the type of disability of victims of crime in the last year in Islington.

The chart shows that the most common disability of victims of crime was physical impairment. This is similar to the trends we see in our safeguarding adults data too.

Islington has a higher number of disabled people living in the borough than in some other London boroughs. Therefore, it is not surprising that the chart above also shows that Islington has more disabled victims of crime than the London average.

12. The impact of safeguarding

Impact of safeguarding actions where concern was substantiated / partly substantiated



This chart refers to 235 completed enquiries where abuse was substantiated (164) or partly substantiated (71).

The purpose of safeguarding is to help people feel safer. One of the ways we measure this is by looking at our safeguarding actions to see if they have reduced the risk of future abuse or neglect happening. The above chart shows that in 94% of the cases, our actions have either removed or reduced the risk of harm.

In only a very few cases, the risk remains. Usually, this is the adult's choice. We always check first that the adult has the mental capacity to make decisions about the risk, is comfortable with the risk and understands the possible consequences of not taking steps to reduce the risk.

13. Safeguarding Adults Reviews

The purpose of a safeguarding adults review is to learn lessons from a serious injury or the death of an 'adult at risk'.

The learning is shared widely and looks at what needs to change to reduce the risk of further such incidents.

In our previous annual report we reported on the serious case review about a man (Mr AA) who died aged 86 in June 2013. The full serious case review report was been published and is available on our webpages.

During the year, we have been implementing the action plans and recommendations from that serious case review. Progress in implementing the actions plans is being monitored by our Safeguarding Adults Review subgroup and by the Board.

Four requests for safeguarding adults reviews were received during the year. One of the requests didn't meet criteria for a safeguarding adults review.

A request (which related to Ms BB and Ms CC) was taken forward as a safeguarding adults review and is currently underway.

Another two cases were handled by holding multi-agency reflective workshops. These workshops identified learning from the cases, which included;

- The need to clarify responsibilities of professionals, particularly for people with complex needs
- The importance of giving feedback to people and professionals who report concerns or request assessments
- The need to review policies and procedures
- Reviewing content of training
- Working to improve communication
- Development of triggers of concern when someone refuses services
- Escalate case where capacity assessments of professionals conflict

Another request received did not meet the criteria for a safeguarding adults review.

So that learning from these reviews is meaningful and does not get 'lost', we have developed a learning log. The learning log sets out actions that all partner organisations can implement, whether or not they were involved in the case or not. The Board will keep this under review to ensure that partners are learning the lessons from these cases.

14. Deprivation of Liberty Safeguards

Every adult should be free to do the things they want to do and live the life they want to live.

If someone's freedom is taken away in a hospital or care home, or restricted in another way, there are laws and rules in place to make sure that it is done appropriately and in their best interests. The rules are called the Deprivation of Liberty Safeguards (DoLS).

We monitor how these safeguards are used in Islington.

DoLS applications have increased ten-fold since 2014. In March 2014, the Supreme Court handed down judgment in two cases: *P v Cheshire West and Chester Council* and *P & Q v Surrey County Council*. Those judgements, commonly known as *Cheshire West*, has led to a considerable increase in the numbers of people in England and Wales who are considered to be deprived of their liberty for the purposes of receiving care and treatment. Last year Islington received 796 DoLS referrals. The year before Cheshire West we received 37.

We are very pleased to report that in spite of this we remain broadly within timescales on our DoLS applications.

This compares very favourably with many other areas in the country. (Roughly[1] half of DoLS applications across the country have not been processed within timescales and properly.) However, keeping on top of DoLS applications has significant resource implications. DoLS applications are time consuming and complex to process, but a decision to increase staff capacity within Islington Council in 2014-15 has proved effective.

Advocacy organisations both within and outside of Islington continue to struggle to provide us with paid Relevant Persons Representative's (RPR) for un-befriended people on DOLS authorisations. In order to ensure that this important aspect of the safeguards are implemented we have appointed independent Best Interest Assessors (BIA's) to act as paid RPR's and this has worked very well and provided some excellent outcomes for our residents.

Another important requirement of the DoLS legislation is that people who have DoL authorisations and subject to the safeguards have these reviewed at least on an annual basis. Care homes are often slow or don't request these reviews so the DoLS service has put in place a system to remind care homes when DoLS authorisations are ending for their residents. Further to this we often, about half the time, start the review process ourselves to ensure that our residents continue to have the appropriate safe guards in place and that their care and treatment continues to be in their best interests.

We have put in place systems to notify us when our residents have residential care packages agreed. This demonstrates our commitment to be pro-active and ensure that the DoL safeguards are put

[1] Health and Social Care Information Centre, *Mental Capacity Act 2005, Deprivation of Liberty Safeguards (England), Annual report 2014-15* (2015)

in place early which is in line with legislative requirements and the DoLS code of practice.

In the past year the DoLS team have instigated a number of initiatives to improve the service and outcomes for our residents. These include:

Best Interest and Mental Health Assessors:

Improved the quality of our assessments:

- In the previous 12 months we have recruited and trained an additional 12 in house BIA's. This will help reduce the reliance on independent BIA's and reduce costs.
- We have developed excellent working relationships with our best independent BIA's and MH assessors who now prioritise referrals from Islington.
- BIA Forums : The DoLS team hold regular fora to share best practice amongst practitioners and update them on latest case law
- Continue to develop (with Camden) specialist training for BIA's and MH assessors.

Quality assurance

Improving recording and monitoring systems:

- We have implemented recording processes and systems to ensure assessments are received in a timely manner and renewal requests are submitted prior to expiry. A new module has been added to our client information system to ensure all practitioners are fully informed as to DoLS authorisation and all documents uploaded and available.
- Ongoing and Continuous Monitoring: A system of appointing BIA's as paid RPR's has been implemented to ensure every Relevant Person on a DoLS receives a monthly visit which is reported and monitored by the DoLS office.
- Informing and updating: A monthly newsletter is produced to keep BIA's fully informed as to standards, best practice and guidance. Leaflets are updated and widely distributed amongst Managing Authorities for both Representatives and support staff.

Prevention and Safeguarding

Safe guarding concerns highlighted as part of the DoLS service are responded to effectively:

- Unannounced visits to Care Homes : working with commissioning and the review team to ensure DoLS conditions are being implemented and integrated into care plans
- Monitoring of all authorisations subject to conditions: Managing Authorities are regularly surveyed regarding implementation of conditions and to see if official Representatives are meeting their obligations.
- A number of reviews of current DoLS authorisations have been instigated by our Supervisory Body where the Relevant Persons situation has changed significantly or other safeguarding concerns have been raised.
- Annual Social Care Reviews brought forward following input from the DoLS process; a multi-agency /multi-disciplinary approach to achieve the best possible outcome.
- Care quality and safeguarding concerns highlighted and responded to quickly and effectively.

Publicity and awareness rising
Raised awareness of the DoLS legislation among staff, partners and managing authorities:

- Updated publicity / internal information, such as leaflets and webpages to ensure they fully reflect the Cheshire west ruling and produced DoLS newsletters.
- Outreach work included visits to Care Homes and Hospital wards to improve knowledge of MCA / DoLS and improve efficiency of the referral process
- Safeguarding / MCA conference held in the autumn where the new proposed DoLS scheme was introduced and consulted on.
- Presentation to the CQC (March 2016) to highlight the positive work of the Islington Supervisory body in its implementation of the DoLS and positive outcomes for our residents.

Good outcomes
The implementation of the DoL safeguards ensures that our residents in hospitals and residential care homes are receiving their care and treatment in the least restrictive way possible and in their best interests.

Other good outcomes and benefits from the implementation of the DoL safeguards have included:

- Care quality and safeguarding concerns highlighted and responded to quickly and effectively
- Annual Social Care Review brought forward following input from the DoLS process
- Improved implementation of the Mental Capacity Act at Hospitals and care homes
- Lots of examples of restrictions being alleviated to enable Relevant Persons greater access to the community and reduce social isolation
- Residents moved to more appropriate care homes

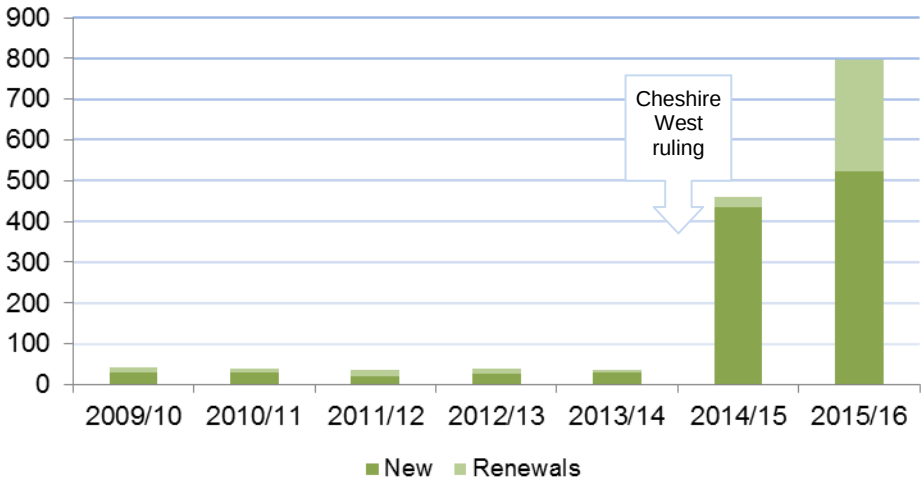
Applications and authorisations

2015-16 saw a 73% increase in DoLS referrals compared to the previous year.

Across the London boroughs the average number of referrals processed (2014-15) was 220 per 100,000 populations. Islington had 259 which is a significantly higher referral rate and reflects the speed and effectiveness of Islington's response to the challenge of the Cheshire West ruling in comparison to other boroughs.

Referrals from **hospitals** increased by **163%**. The Whittington hospital experienced a significant increase in its referral levels.

Total Deprivation of Liberty Safeguard referrals



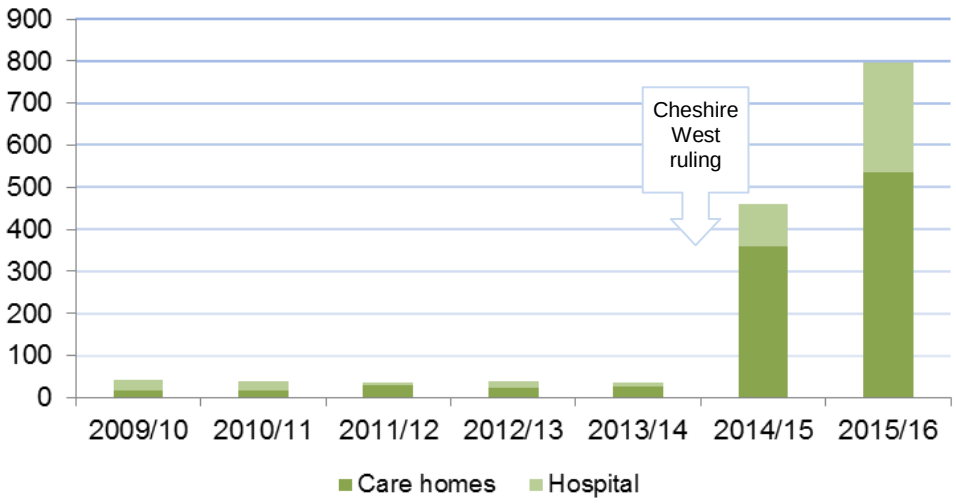
Renewal requests for people already subject to the DoL safeguards now make up **34%** of all referrals an **1000% increase** on previous year.

Just over half of all referrals were on behalf of people who have a diagnosis of dementia. This is a little lower than previously. People with a learning disability accounted for 13% of all referrals, which is again slightly lower than previous years.

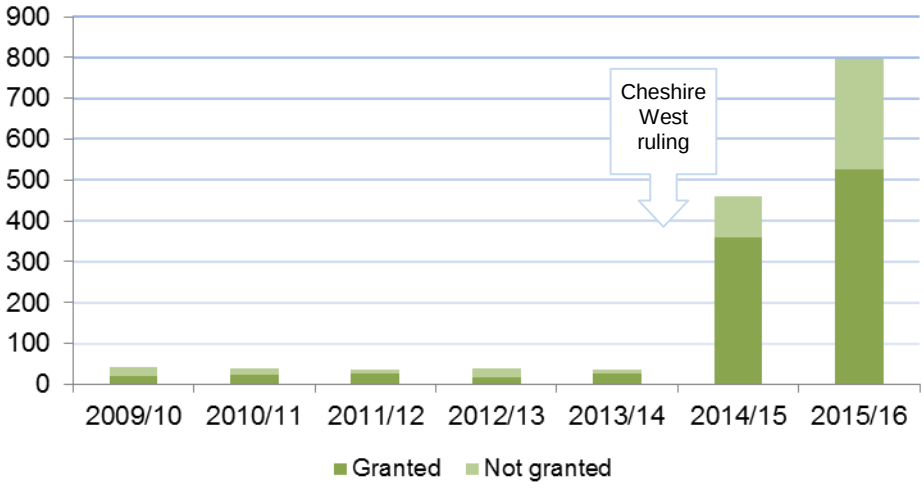
People with **general physical and mental health conditions**, e.g. delirium, general cognitive impairment now make up a significant percentage (34%) of all referrals.

Referrals on behalf of people who are classified as 'White UK' made up 74% of all referrals, and referrals from other ethnic groups made up a larger percentage of referrals than previous years.

Managing authority for all Deprivation of Liberty Safeguard referrals



Total Deprivation of Liberty Safeguards granted



We commissioned **60 interpreters** to work with our residents last year. This is a significant increase (**275%**) on the previous year. It reflects a greater ethnic mix of our residents in care homes and increase in hospital referrals. The main languages for which interpreters have been commissioned during the 2015/16 year included Greek, Polish and British Sign Language (BSL).

Referrals from Hospitals

Referrals from hospitals now account for a third (33%) of all DoLS referrals, however they only account for 7% of current authorisations. Many referrals from hospitals (50%) do not end up in an authorisation and those that do tend to be for very short periods. The main reasons for this include;

- Patients are discharged home before authorisation granted
- discharged into residential care
- regain capacity
- detained under the MHA

Islington currently has **413** people in receipt of the Deprivation of Liberty Safeguards. This is a 21% increase on the previous year.

The vast majority **(93%)** of these are in care homes. Over half of these (56%) are in care homes outside of the borough with 7% in hospitals.

We have **130** paid relevant people's representatives (RPR's) commissioned and in place monitoring the DoLS safeguards on behalf of our residents in care homes who are un-befriended, that is they do not have any family or friends who are able to monitor their care and treatment or challenge the deprivation.

The Government asked the Law Commission to review the Mental Capacity Act 2005. The Law Commission consulted widely before making proposals to reform the law. Proposals included replacing DoLS with a 'protective care' scheme. At time of writing this report, the government has just announced that it intends to publish draft legislation to replace DoLS by the end of 2016. The implications of this will not be entirely clear until we see the draft legislation.

Next steps

As we look ahead, there is always more to be done.

We want the person we safeguard to be at the centre of everything we do. Their wellbeing must be uppermost in our work. Every person is an individual and their differing needs and priorities must be recognised.

Our strategies

We will continue to implement our joint 3-year strategy with Camden Council. We already have in place our local action plan for next year. Also, we will continue to implement our prevention strategy.

Both plans are available for download on our webpages here. The plans set out the commitments from our Board subgroups and partner organisations towards our long-term strategies.

Making safeguarding personal

This person-centred approach to safeguarding sounds simple. But truly embracing it has meant changes to the way we all work. It requires us and our partners to re-think the way we've been doing things. We need to check that we really have adopted ways of working that put adults with care and support needs at the centre of everything we do. We will continue to monitor progress on how this approach is being implemented.

Learning from mistakes

Time and again, strikingly familiar findings come up in reviews of serious cases. We know that this is the case across the country.

We are determined to find a way to ensure that learning is properly embedded in partner organisations and that there's continuity of learning from things that went wrong. That's why we've adopted a learning log. Over the next year, we'll review how effective the learning log is at capturing learning from serious incidents, deeply embedding learning and preventing future serious harm.

Listening

We look forward to seeing our fledgling service user and carer subgroup develop over the next year. Service user and carer influence and has been missing from our several strands of our work and we are delighted that they will be able to engage directly with our work in the future.

Currently, the group is being facilitated with support from the Council's Safeguarding Adults Unit. With time, we anticipate that they will start to set their own direction.

Appendix A

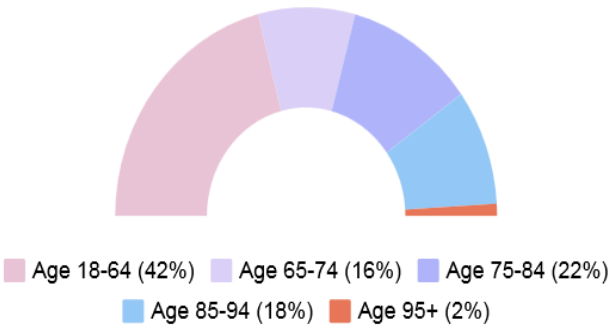
Making sure we safeguard everyone

Equality and Diversity matter to us. We want to make sure that all groups in Islington are part of our safeguarding work, when they need to be.

In this part of our review, we look at how the Islington population is represented by the people who had safeguarding concerns raised about them.

With their consent, we capture information about the age, sex, ethnicity, sexuality, mental capacity and service user category of the people we safeguard. Having a clear picture of who we are safeguarding and where there are gaps, helps us decide where to focus our attention in the future.

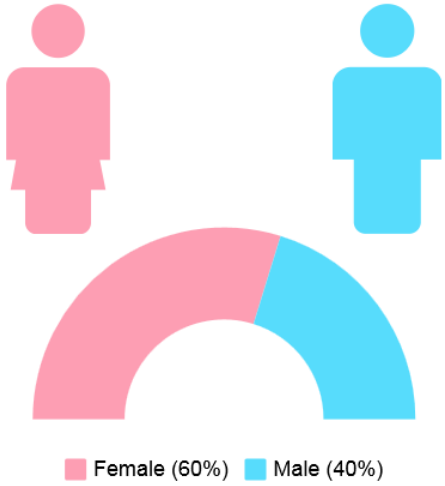
Chart showing recorded age of the adult safeguarded



The above two charts both refer to the 1129 adults who have had concerns raised concerning them.

The chart above shows that in 2015-16 there was a large proportion of older people represented in safeguarding concerns. This is consistent with national and international research which shows that the older an adult is the more at risk of abuse they become. Therefore, it appears we are continuing to do well in encouraging people to come forward and report suspected abuse of older people.

Chart showing recorded sex of the adult



The above two charts both refer to the 1129 adults who have had concerns raised concerning them.

This chart shows a similar trend to previous years. There were more concerns reported about women than men. It is difficult to know whether this is because women experience more abuse, or whether abuse of women is more commonly reported than abuse of men. National research (Scholes et al, 2007), shows that women are more likely than men to tell other people if they are harmed by someone. It is also widely accepted that women are more likely to experience domestic abuse than men.

Table showing recorded Ethnicity of Adults safeguarded during the year

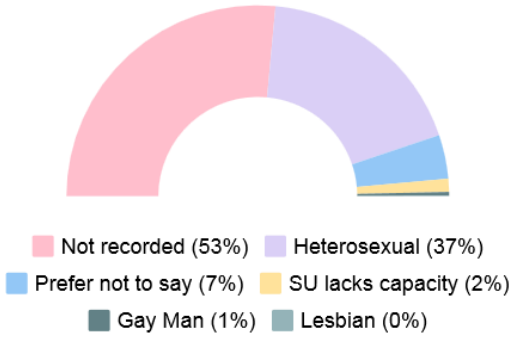
Ethnicity	Adults who had concerns raised about them	Islington adult population*	%
White British	510	98,322	0.52%
White Irish	91	8,140	1.12%
Other White (includes traveller of Irish heritage, gypsy/Roma and any other white)	55	34,053	0.16%
Black Caribbean	93	7,943	1.17%
Black African	53	12,622	0.42%
Any other Black background	8	5,729	0.14%
Asian Indian	17	3,534	0.48%
Asian Chinese	11	4,457	0.25%
Asian Pakistani	2	951	0.21%
Asian Bangladeshi	4	4,662	0.09%
Any other Asian background	19	5,430	0.35%
Mixed/multiple ethnic group	33	13,339	0.25%
Other (includes any other ethnic group, information not yet obtained, refused to say)	233	6,943	3.35%
Totals	**1129**	**206,125**	**0.55%**

This table refers to the 1129 adults who have had concerns 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 table shows that concerns were raised for people from a range of ethnicities in 2015/16. As in previous years it seems that safeguarding concerns about people who described themselves as being of Chinese ethnicity were least likely to be reported. We have taken action to address this. Our general leaflet on safeguarding is now available in Chinese but we will continue engage with this community to ensure that safeguarding concerns are not being missed.

Different ethnic groups may have different proportions of adults at risk. For example, the average age varies across ethnic groups in Islington. In an ethnic group where there is a higher proportion of older people, we would expect to see more safeguarding concerns for that group.

Chart showing recorded Sexual Orientation of Adults safeguarded during the year

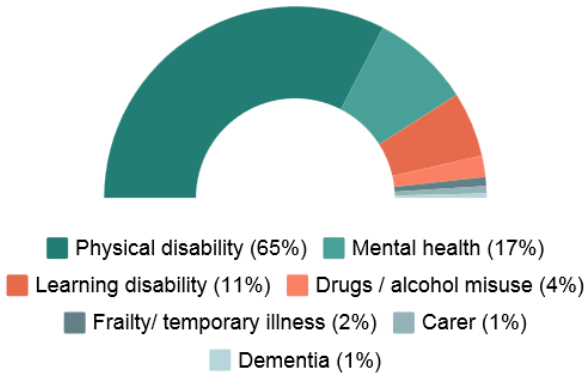


These charts both refer to the 1129 adults who have had concerns raised about them.

In recent years we have started asking the adults we safeguard about their sexual orientation. Therefore the above chart is not complete and in almost half of cases, we did not record the sexual orientation of the adults concerned. We will work towards creating an environment where staff feel confident asking questions about sexual orientation and the adults concerned feel safe disclosing their sexual orientation.

The government estimates that roughly 6% of the UK population is lesbian or gay. Although our data is not complete, there may be enough data to suggest that lesbian and gay people are under-represented in safeguarding concerns. That's why we've taken action. We now have a representative from Stonewall Housing (an organisation which provides housing to Lesbian, Gay, Bisexual and Transgender (LGBT) people in Islington on our Learning and Development Subgroup.

Chart showing recorded Adults main need during the year



These charts both refer to the 1129 adults who have had concerns raised about them.

We look at the care needs of the people who had safeguarding concerns raised about them. This is to make sure that there are no particular group that are missing the safeguarding support they might need.

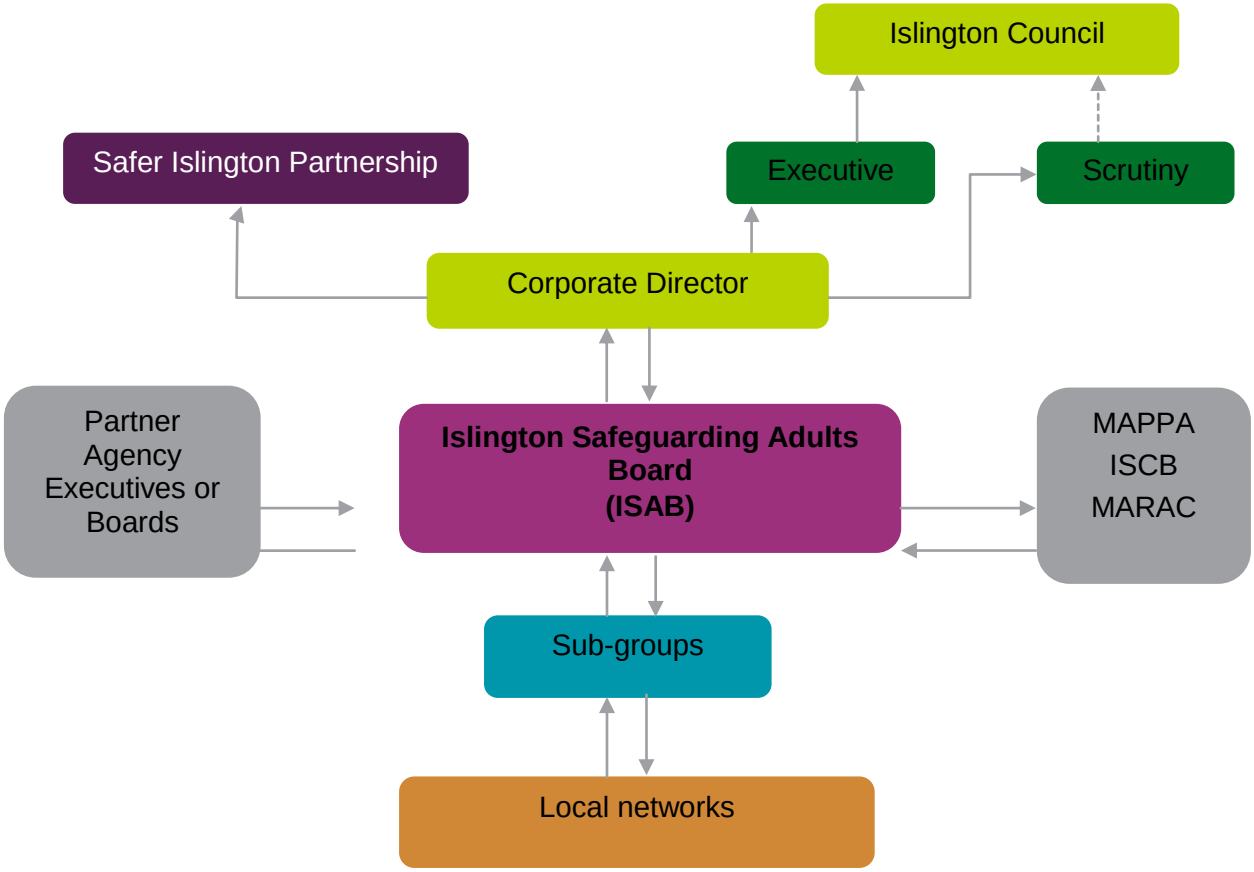
As in previous years, there continue to be more concerns raised about people with physical disability than any other care need group. This is consistent with other boroughs in London and across England.

The chart shows that few concerns were raised for people whose primary need was that they care for someone else. It suggests we may need to do more to make sure carers are receiving all the help they need, including safeguarding support.

Appendix B

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 ISAB.

ISAB – 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 C

Who attended our board meetings?

Engagement from our partners in the work we do is important. While much of the work goes on behind the scenes, it is important for our partners to take part in the meetings.

We hold quarterly Board meetings. We invite our partners to attend an away-day and a challenge event. This year's challenge event was held with the Camden, Enfield and Haringey Safeguarding Adults Boards.

The table below sets out the organisations that were represented at the board meetings throughout the year.

Partner Organisation	Board Meeting 14-May-15	Board meeting 29-Jul-15	Board meeting 28-Oct-15	Challenge Event 25-Jan-16	Board meeting 27-Jan-16
Independent Chair	P	P	P	P	P
Islington Council	P	P	P	P	P
Islington Safeguarding Children's Board	A	P	P	P	N
Safer Islington Partnership	A	P	P	P	A
Islington Clinical Commissioning Group	P	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	P	P	p	P
London Fire Brigade	P	P	P	S	P
Camden & Islington Foundation Trust	P	P	P	A	P
Whittington Health	P	P	P	P	A
Police	P	P	A	P	P
Community Rehabilitation Company (CRC)	A	P	A	N	A
Probation	A	P	P	N	A
London Ambulance Service	A	A	P	A	A
Co-Opted Organisation					
Age UK Islington	A	A	P	A	A
Notting Hill Pathways	P	P	P	A	P
Healthwatch Islington	P	P	P	P	P
Single Homeless Project	P	P	P	P	P
Attendees					
Care Quality Commission (CQC)	C	C	C	C	C
NHS England	~	P	N	P	N
London Borough of Islington Councillor	A	P	P	P	P

Key
P = Present A = Apologies no substitute S = Substituted
N = No apology/ substitute recorded C = Does not attend; receives papers only

Appendix D

Our resources

Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

Partners' contributions could be in one or more ways, including giving:

- administrative support
- venues for our meetings
- expertise on our subgroups
- financial support.

Total money received during the year was £500 from the London Fire Brigade and £5000 from London Metropolitan Police.

Discussions are underway with other Board partners regarding future funding and resources.

Appendix E

Our impact on the environment

The work of the Safeguarding Adults 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 try to minimise the impact on the environment. For example, wherever we can we avoid printing documents and send out electronic versions instead to reduce paper and energy use. From time to time we hold 'virtual' meetings on line to cut our travel impact.

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 F

Jargon buster

Abuse
Harm caused by another person. The harm can be intended or unintended.

Adult at risk
An adult who needs care and support because of their age, disability, physical or mental health and who may be unable to protect themselves from harm

Care Act 2014
An Act that reforms the law relating to care and support for adults.

Clinical Commissioning Group (CCG)
CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Channel Panel
Channel is multi-agency panel which safeguards vulnerable people from being drawn into extremist or terrorist behaviour at the earliest stage possible.

Cheshire West
In March 2014, the Supreme Court made a decision in two cases about three people who lacked the mental capacity to make decisions about their living arrangements. The Court decided that all three had been deprived of their liberty. The decision was important because it made the law on DoLS clearer.

CRIS
This is a Police Crime Database. The CRIS database acts as a case management system for logging and recording crimes.

Community Risk Multiagency Risk Assessment Conference (CRMARAC)
A multi-agency meeting where information is shared on vulnerable victims of anti-social behaviour. The aim is to identify the highest risk, most complex cases and problem-solve the issues of concern.

Deprivation of Liberty Safeguards (DOLs)
The process by which a person lacking the relevant mental capacity may be lawfully deprived of their liberty in certain settings or circumstances. It operates to give such a person protection under Article 5 of European Convention on Human Rights (right to liberty and security).

Sometimes, people in care homes and hospitals have their independence reduced or their free will restricted in some way. This may amount to a 'deprivation of liberty'. This is not always a bad thing – it may be necessary for their safety. But it should only happen if it is in their best interests.

The deprivation of liberty safeguards are a way of checking that such situations are appropriate.

Female Genital Mutilation
Female Genital Mutilation involves any kind of procedure that partly or total removes external female genitals for non-medical reasons and without valid consent.

Making Safeguarding Personal
A way of thinking about care and support services that puts the adult at the centre of the process. The adult, their families and carers work together with agencies to find the right solutions to keep people safe and support them in making informed choices.

Mental Capacity Act (MCA)
The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

Merlin
Merlin is a database used by the Police to report persons who have come to notice due to any of a number of risk factors, such as going missing. Merlin is used to refer those concerns to partner agencies, such as mental health services.

Neglect
Not being given the basic care and support needed, such as not being given enough food or the right kind of food, not being helped to wash.

Safeguarding Adults Board
Councils have a duty to work with other organisations to protect
adults from abuse and neglect. They do this through local safeguarding boards.

Safeguarding Concern
Any concern about a person's well-being or safety that is reported to adult social services. Safeguarding concerns can be reported by members of the public as well as professionals.

Safeguarding Enquiry
A duty on local authorities to make enquiries to establish whether action is needed to prevent abuse, harm, neglect or self-neglect to an adult at risk of harm.

Seasonal Health Interventions Network (SHINE)
SHINE aims to reduce fuel poverty and seasonal ill health by referring a resident on to a number of services. For example it includes referrals for energy efficiency advice and visits, fuel debt support, falls assessments, fire safety checks, benefits checks.

RADAR meetings
A meeting which looks at the quality of care being provided in care homes, care in your home and hospitals for older people in Islington. The meeting helps us to share information on services to improve the quality of care for service users.

Prevent
Prevent is part of the Government's counter-terrorism strategy. It involves safeguarding people and communities from the threat of terrorism and extreme views.

Section 136 of Mental Health Act 1983 (Mentally disordered person found in a public place)
This law is used by the police to take a person to a place of safety when they are in a public place. The police can do this if they think the person has a mental illness and is in need of care.

Section 135 of Mental Health Act 1983 (Warrant to search for and remove patients)
This law is used by the police to take someone to a place of safety for a mental health assessment.

Section 5 of Mental Health Act 1983 (Application in respect of a patient already in hospital)
This law is used by a doctor or Approved Mental Health Practitioner (AMPH) to stop an adult from leaving a hospital in order to treat them in their best interest.

Section 6 of Mental Health Act 1983 (Application for admission into hospital)
This law is used by a doctor or AMHP to admit an adult to hospital in order to treat them in their best interest.

Workshop Raising Awareness of Prevent (WRAP)
A specialist workshop created by the Government to help health and social care professionals understand the Government's strategy on Prevent.

Appendix G

What should I do if I suspect abuse?

Everybody can help adults to live free from harm. You play an important part in preventing and identifying neglect and abuse.

If you suspect abuse or neglect, it is always safer to speak up!

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

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

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:
www.islington.gov.uk/safeguardingadults

For advice on **Mental Capacity Act**
&
Deprivation of Liberty Safeguards contact:

Tel: 0207 527 3828
Email: dolsoffice@islington.gov.uk

For more information click here

All the people whose faces you can see in the photographs in this review have agreed for their images to be used.
We hope you enjoyed reading this review. If you would like to let us know your thoughts, please email: **safeguardingadults@islington.gov.uk** or write to us at:

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Islington, London, N7 7EP