



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

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## AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

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Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on, **14 December 2017 at 7.30 pm.**

**Yinka Owa**  
**Director of Law and Governance**

Enquiries to : Peter Moore  
Tel : 020 7527 3252  
E-mail : [democracy@islington.gov.uk](mailto:democracy@islington.gov.uk)  
Despatched : 6 December 2017

### Membership

#### **Councillors:**

Councillor Martin Klute (Chair)  
Councillor Jilani Chowdhury  
Councillor Gary Heather  
Councillor Michelline Safi Ngongo  
Councillor Nurullah Turan (Vice-Chair)  
Councillor Troy Gallagher  
Councillor James Court

#### **Co-opted Member:**

Bob Dowd, Islington Healthwatch

### Substitute Members

#### **Substitutes:**

Councillor Alice Clarke-Perry  
Councillor Clare Jeapes  
Councillor Satnam Gill OBE  
Councillor Angela Picknell

#### **Substitutes:**

Olav Ernstzen, Islington Healthwatch  
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

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The Chair will update the Committee on recent events.

8.	Public Questions	
9.	Health and Wellbeing Board Update - Verbal	
<b>B.</b>	<b>Items for Decision/Discussion</b>	<b>Page</b>
10.	Scrutiny Review - Air Quality - witness evidence - verbal	
11.	Executive Member Health and Social Care - Presentation	
12.	Performance Update	
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14.	Alcohol and Drug Abuse - Update	53 - 66
15.	Adult Social Care Local Account	
16.	Work Programme 2017/18	67 - 68

The next meeting of the Health and Care Scrutiny Committee will be on 22 January 2018  
**Please note all committee agendas, reports and minutes are available on the council's website:**

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# Public Document Pack Agenda Item 6

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 12 October 2017**

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Thursday, 12 October 2017 at 7.30 pm.

**Present:**                   **Councillors:**                   Chowdhury, Heather, Ngongo, Turan (Vice-Chair)  
and Gallagher and Jeapes (substitute)

**Co-opted Member**     Bob Dowd, Islington Healthwatch

## **Councillor Nurullah Turan in the Chair**

### **42           INTRODUCTIONS (ITEM NO. 1)**

The Chair introduced Members and officers to the meeting

### **43           APOLOGIES FOR ABSENCE (ITEM NO. 2)**

Councillor Martin Klute (Chair) and Councillor Janet Burgess, Executive Member Health and Social Care

### **44           DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**

Councillor Jeapes stated that she was substitutng for Councillor Klute

### **45           DECLARATIONS OF INTEREST (ITEM NO. 4)**

None

### **46           ORDER OF BUSINESS (ITEM NO. 5)**

The Chair stated that the order of business would be as per the agenda

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

#### **RESOLVED:**

That the minutes of the meeting of the Committee held on 14 September 2017 be confirmed and the Chair be authorised to sign them

### **48           CHAIR'S REPORT (ITEM NO. 7)**

None

### **49           PUBLIC QUESTIONS (ITEM NO. 8)**

The Chair outlined the procedure for Public questions and filming and recording at meetings

**50**      **HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)**

None

**51**      **LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE (ITEM NO. 10)**

Peter Rhodes, Assistant Director of Operations, North Central London, London Ambulance Service was present and outlined the report and made a presentation to the Committee -

During consideration of the report the following main points were made –

- In 2016/17 the LAS handled over 1.8 million emergency calls from across London, approximately 5000 calls every day. This is a 1.4% increase on 2015/16. Category A (life threatening) incidents were up 9% compared to the previous year
- Average time with a patient is 47 minutes, and there is an ageing population with complex health needs
- Patients with dementia, mental health needs, and obesity provide increasing challenges for the LAS
- Performance has improved, but this has been challenging given the unprecedented demand on the service
- Work is taking place with the wider NHS to reduce pressures on the service, looking at frequent callers, health care professional calls, GP admissions and NHS 111 requests for assistance. Work is also taking place with NHS England to improve hospital handover times
- The service enhanced its expertise in treating patients with mental health needs – employing 5 mental health nurses, providing training to frontline crews, and partnering with MIND to deliver specialist training in the Control Rooms
- Work is taking place with care homes to develop ways that requests can be managed for assistance more appropriately
- More crews and vehicles are out than last year and there is increased hours for ambulance and solo responders available, equating to 10200 hours per week
- A more proactive approach to demand management on social media is being adopted, encouraging Londoners to only call in a genuine emergency, and consider their other healthcare options
- The increased threat of terrorism, and focus on resilience, has been important, and the LAS has been working with other emergency services and partners in London
- In 2016/17 improving the quality of services remained a key focus, and the LAS got a good rating from the CQC for the NHS 111 service for South East London in February 2017. In June 2017 the LAS 999 CQC rating moved from inadequate, to requiring improvement, reflecting the fact that significant improvements have been made in all of the 5 areas that make up the rating. There is still work to do in the next few months, and the LAS will continue to work with NHS partners, and staff, to make the necessary improvements
- The response to the most seriously ill and injured patients has also improved, and at the end of April the LAS were the top performing

ambulance service in the country for reaching these patients within eight minutes – against a backdrop of record demand

- The CQC are confident that the service should exit special measures within a month
- The CQC stated that patients in the capital were receiving outstanding care and significant improvements have been made in every one of the 5 inspected areas, including significant improvements in emergency preparedness resilience and response
- Areas of outstanding practice include staff behaviours, and interactions demonstrated outstanding care, with staff committed to providing a caring and compassionate service
- There has been employment of mental health nurses in the Control Room to provide expert opinion, and assistance to frontline staff when they treated patients with mental health concerns
- A maternity education programme and maternity pre-screening tools and action plans has ensured staff were able to respond to, and support, maternity patients
- Quality priorities for 2016/17 are – Patient safety, Patient experience, Clinical effectiveness and audit. The measures that were being implemented to support this were outlined by the LAS
- Key areas of improvement that have been made are in medicine management, providing protected time for mandatory training for staff across the service, and the LAS will continue to place particular focus to meet targets to recruit more people from the community it serves (BME)
- Work will also take place with staff and Trade Unions to address issues with rosters, rest breaks, sickness and absence, as well as improving staff engagement
- The LAS will continue to improve infection prevention and ensure consistent standards of cleanliness across the whole service
- The LAS is focused on improvements to the 999 system in order to ensure it remains robust
- The LAS has been monitoring progress against targets set in the 2015/16 Quality report. Due to progress made, the Trust has chosen 2017/18 to set new targets in areas which are current priorities. These priorities are aligned with the LAS clinical strategy, business plan and CQUIN priorities. All the areas chosen have key performance targets set, and these will be monitored through relevant sub groups and the newly formed Quality Oversight Group (QOC) on a monthly basis, and reported to the Board monthly
- It was noted that the LAS employed over 5000 staff, 3000 of which were frontline staff and staffing levels were now at 98%, which was a big improvement
- In response to a question about staff rest breaks, it was stated that 40% of staff were taking rest breaks and work is taking place to ensure the remainder took work breaks, however there had been difficulties in this regard to ensure availability of crews
- 45% of calls were Category A calls and the LAS were achieving a 72% response rate against the 75% target
- Reference was made to whether there were problems with handover times of patients at hospitals and the LAS stated that they would provide details following the meeting to Members of the Committee, however handover times at the Whittington were good, and that the LAS were working closely with other hospitals to improve handover times

## Health and Care Scrutiny Committee - 12 October 2017

- In response to a question it was stated that work is also taking place with some Care Homes to try to change their approach to making 999 calls
- It was stated that the LAS were endeavouring to deal with stress problems of staff, and that an Occupational Health adviser had been appointed. It was noted that a third of crews had been involved in the recent terror and Grenfell Fire incidents that had taken place in recent months
- A Member enquired if there had been an increase in alcohol related incidents in the past year and the LAS stated that they would provide details following the meeting
- The LAS had a number of clinical hubs to assess mental health incapacity

### **RESOLVED:**

- (a) That details be provided of the LAS hospital handover times that serve Islington residents, in order that Members can be aware if there are any problems with particular hospitals
- (b) That the LAS provide details of whether there has been an increase in the number of alcohol related calls during the previous 12 months in Islington

The Chair thanked Peter Rhodes for attending

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### **SCRUTINY REVIEW - HEALTH IMPLICATIONS OF AIR QUALITY - WITNESS EVIDENCE - VERBAL (ITEM NO. 11)**

Ian Mudway, Kings College was present for discussion of this matter. The revised SID had been circulated for Members, following the amendments made at the last meeting. A progress report on the implementation of the recommendations from the Environment and Regeneration Scrutiny Committee in 2013 was laid round.

During consideration of the evidence the following main points were made –

- Pollution from traffic includes exhaust emissions, brake/tyre wear, resuspension of road dust, particulate matter, oxides of nitrogen, carbon monoxide, ultrafine particles, black carbon (soot), and VOC's, PAH's, metals
- There is now a significant evidence base to identify the effects on health of pollution
- Pollution has an effect on the quality of life and increases vulnerability of members of the population to illness and premature death
- Pollution can cause inflammation, impaired lung function, injury/remodelling, impaired microbial defences, blood viscosity, promotes atherosclerosis, impaired vascular function, ischaemia, and arrhythmias
- Pollution results in 29000 premature deaths each year, 4300 in Greater London, and costs £26 billion a year
- There is evidence that improving air pollution delivers measurable health benefits
- It was stated that there needed to be behaviour shifts and that people needed to be encouraged to walk and to cycle – there were many unnecessary journeys made by car of under 1km
- Health benefits would increase if people avoided busy roads and the pollution these contain and drivers need to realise that when sitting in traffic jams they are inhaling a toxic combination of pollutants



## Health and Care Scrutiny Committee - 12 October 2017

- It was stated that Councils could restrict parking spaces and this would encourage more people to walk or cycle
- Reference was made to the fact that whilst schools could not help where they were located, improvements could be made if air filters were installed, which would improve air quality
- Ian Mudway added that whilst people should be encouraged to change behaviours, it was often more effective to impose regulation and this was the major source of improvement of air quality in the past
- In response to a question it was stated that air quality in London had recently slowly started to improve as a result of the measures taken
- Members enquired as to the best documents to source in relation to air quality and health and it was stated that these were the Royal College of Physicians Every Step You Take report – Executive Summary, and the US Environment Protection Agency report on Air Pollution. The London Air Agency website is also a good information source
- Reference was made to the Air Quality scrutiny and that this should be referred when completed to the Environment and Regeneration Scrutiny Committee
- In response to a question it was stated that in addition to the pollutants from diesel and other particulates, brake wear and other components on a car contributed to pollution
- Reference was also made to pollution on the London Underground and that discussion is taking place with TfL, however there had to date been no comprehensive study to assess air quality on the London Underground

The Chair thanked Ian Mudway for his presentation

### **53**      **WORK PROGRAMME 2017/18 (ITEM NO. 12)**

#### **RESOLVED:**

That the report be noted

MEETING CLOSED AT 9.45p.m.

Chair

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Report of: The Corporate Director of Housing and Adult Social Services

Health and Care Scrutiny Committee	Date: 14 December 2017	Ward(s): All
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**SUBJECT:** Safeguarding adults in Islington in 2016/17 – a review of key achievements and priorities going forward

## 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 published Annual Safeguarding Adults Review, attached as appendix A, describes this in more detail.

## 2. Recommendations

- 2.1 To receive the Annual Safeguarding Adults Review and the contents of this report  
To commend adult social services staff for their commitment to preventing abuse where possible and responding to concerns of abuse or neglect of vulnerable Islington residents

## 3. Background

- 3.1 Under the Care Act 2014, Islington Council has a statutory responsibility to lead the borough in safeguarding adults.
- 3.2 **Key achievements**
  - Together with London Fire Brigade, we held a well-attended community fire safety awareness-raising event. This followed on from local fire safety learning reviews.
  - Islington has been part of the Learning Disability Mortality Review (LeDER) pilot conducted by Bristol University which is looking at avoidable deaths, diagnostic overshadowing and

issues that are not being picked up in a timely way.

- An awareness-raising plan about familial financial abuse was developed and implemented during the year.
- A Safeguarding Adults Review into the care of [Ms BB and CC](#) was published and an action plan to implement the learning from this review has been developed.
- Social isolation and loneliness is a theme that has emerged from discussions at the service user and carer subgroup.

The annual report further details progress on delivering the Islington Safeguarding Adults Board's 3-year strategy and annual plan.

3.3 The review compares the statistics from 2016/17 with the previous year 2015/16. There has been a **6%** increase in safeguarding adults concerns on the previous year (from 1,464 to 1,555). Safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have increased 11% on last year.

3.4 In nearly 6 out of 10 cases (58%), people were worried about an adult but when we looked into it, we decided not to progress it to a formal safeguarding enquiry. This is a higher percentage than the previous year where only 4 out of ten (40%) of cases did not end up in an enquiry.

We are not clear on the reasons for this, but suspect that it may be related to professionals adapting to the Care Act 2014 which came into effect in 2015. London-wide guidance was issued in 2016. The guidance clarified thresholds for formal safeguarding enquiries.

3.5 Physical abuse, financial abuse and neglect have remained the top three categories for several years. The picture is similar across the country. However, the proportion of neglect cases has increased considerably from 20% to 36% in one year. We will be seeking explanations for this trend during the course of the next year.

3.6 The Care Act 2014 has lowered the threshold for reviewing serious cases. The Safeguarding Adults Board has held multi-agency reflective workshops about 2 cases and a Safeguarding Adults Review is underway for another case.

### 3.8 **Key national developments**

- A Homeless Reduction Bill was debated in parliament. Homelessness and safeguarding are inter-related on many levels. Homelessness can be a consequence of self-neglect, which in certain circumstances under the Care Act, may now require a safeguarding response. Homelessness can also put adults with care and support needs at greater risk of abuse, neglect and exploitation.
- The Jo Cox Commission on Loneliness has prompted a national conversation about the scale and impact of loneliness in the UK. Adults with care and support needs are more likely to be socially isolated; and social isolation in turn puts those people at greater risk of abuse and neglect.
- Since October 2016 NHS trusts are expected to have a 'Freedom to Speak Up Guardian'. This aim of this initiative is to enable and encourage whistleblowing in the NHS and follows on from the enquiry of Robert Francis QC into failings at Mid-Staffordshire NHS Trust.
- The Law Commission shone a light on the 'crisis' in the current Deprivation of Liberty Safeguards (DoLS) system as many councils failed to cope with a tenfold increase in cases. Backlogs in processing cases and breaches of statutory timescales were common across the country, although Islington Council is one of the few councils that has managed to stay mostly within timescales. Widespread failings nationally triggered a government-ordered review by the Law Commission.

The Commission has now delivered its final recommendations and drafted legislation for a replacement system of Liberty Protection Safeguards (LPS). The aim of the LPS scheme is to give human rights protections to a wider group of people and settings than is currently the case with the DoLS system. The proposed LPS system is intended to be less onerous for councils to implement, because it would involve a two-tier system of checks and protections requiring a best interest assessment only in cases where the care arrangements are against the person's wishes.

## **4. Implications**

### **4.1 Financial Implications:**

The Safeguarding Adults Unit 2016/17 gross expenditure outturn was £1.179m. The following contributions were received:

- £86.6k was funded through the Islington Clinical Commissioning Group (ICCG)
- £5k was received from the London Metropolitan Police towards the Islington Safeguarding Adults Board (with a further £500 from the London Fire Brigade).

The Safeguarding Adults Unit 2017/18 gross expenditure budget is £1.116m. This includes a net increase of £21k which was added to the budget in 2016/17 to fund pressures arising from costs associated with Safeguarding Adults Reviews and the Supreme Court judgment in the 'Cheshire West' case. This landmark case extended the definition of the Deprivation of Liberty Safeguards (DoLS), and has meant the number of people eligible for DoLS assessments has increased significantly in recent years.

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

### **4.2 Legal Implications:**

There are no legal implications arising as a direct result of the SAB annual report. The report has been prepared in accordance with the Council's statutory duty under the Care Act, Schedule 2 (Safeguarding Adults Boards) which requires the SAB to as soon as feasible after the end of each financial year publish an annual report on the matters specified at paragraph 4 of the Schedule.

Paragraph 4.1 (a – g) of Schedule 2, Care Act 2014 details the type of information which must be included with the SAB annual report; this includes details of what it had done that year to achieve its objective; what it has done during that year to implement its strategy; the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year; the reviews which are ongoing in that year; what it has done during that year to implement the findings of reviews arranged by it; where it decides not to implement a finding of a review arranged by it, the reasons for this decision.

When finalised, the SAB is under a duty to send a copy of the report to various individuals/organisations including the Chief Executive, leader of the local authority; the local policing body; the Local Healthwatch organisation and the Chair of the Health and Well-being Board (paragraph 4.2., Schedule 2, Care Act 2014).

#### 4.3 Environmental Implications:

There are no major environmental impacts associated with the Safeguarding Adults Board. Minor impacts such as transport-related emissions and office-based resource usage (energy, paper etc) are managed by staff by actions including not printing documents unless absolutely necessary, using video-conferencing and encouraging walking, cycling and the use of public transport. 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.

#### 4.4 Resident 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 as Appendix A of this report) sets out the equalities impact of our work to safeguard adults.

### 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.

#### Appendices

- Appendix A: Islington Safeguarding Adults Board Annual Review 2016-17
- Appendix B: Islington Safeguarding Adults Board Annual Review 2016-17 summary

#### Background papers:

- Safeguarding Adults Review into the care of Ms BB and CC

[https://www.islington.gov.uk/~/\\_media/sharepoint-lists/public-records/healthandsocialcare/information/guidance/20162017/20170308sarabridgedreportmsbbandmsccfeb2017.pdf](https://www.islington.gov.uk/~/_media/sharepoint-lists/public-records/healthandsocialcare/information/guidance/20162017/20170308sarabridgedreportmsbbandmsccfeb2017.pdf)

#### Signed by:

Sean McLaughlin  
Corporate Director of Housing & Adult Social  
Services

Date

Report Author: Elaine Oxley, Head of Safeguarding Adults  
Tel: 0207 527 8180  
Email: [Elaine.Oxley@islington.gov.uk](mailto:Elaine.Oxley@islington.gov.uk)

Financial Implications Author: Mark Ruddy, Finance Manager  
Tel: 0207 527 8182

Email: Mark.Ruddy@islington.gov.uk

Legal Implications Author: Anuara Ali, Senior Solicitor(Solicitor-Advocate)  
Tel: 02075273122  
Email: Anuara.ali@islington.gov.uk

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# Islington Safeguarding Adults Board

## Summary Annual Review 2016-17

### Our Achievements



Deprivation of Liberty Safeguards applications continued to increase sharply. We remain one of the few local authorities that do not have backlogs, and are managing to turn around applications mostly within timescales.



Financial abuse is one of the most common types of abuse in Islington. We implemented a plan to raise awareness about how to spot familial financial abuse and what to do about it.



Our joint learning disability service became a pilot site for a proposed national system for reviewing unexpected deaths of adults in care.



We've been promoting the Making Safeguarding Personal approach to social workers in Islington.



Feedback from our Service User and Carer subgroup is that social isolation is a growing problem. This chimes with findings from national research.



We held a month-long series of different awareness-raising events with conferences and pop-up information stalls at various places in the borough.

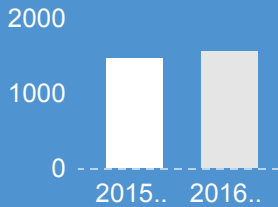


London Fire Brigade has been working with partners to ensure learning from fire safety deaths. A pilot is underway of fire retardant nightwear for adults at risk who smoke in bed.

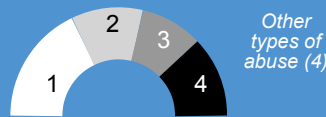


Whittington Health has launched a patient safety newsletter to pass on learning from serious incidents to staff.

### Key Statistics



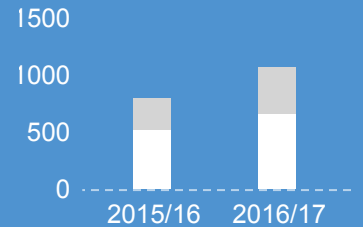
1,555 concerns about possible adult abuse or neglect (6% increase on last year)



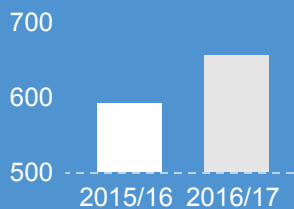
3 most common types of abuse in Islington are neglect (1), financial (2) and physical (3)



More than half of all cases of abuse and neglect took place in the adult's own home



73% increase in deprivation of liberty safeguards referrals



655 enquiries into suspected adult abuse (11% increase on last year)



1 in 3 cases we looked into were about neglect



In 100% of cases where we agreed abuse took place, we took action



In nearly 3 out of 5 cases, people were worried about an adult but when we looked into it, we decided a formal safeguarding enquiry was not needed

### Key Developments



The Jo Cox Commission on Loneliness has started a national conversation about loneliness. Socially isolated adults are at greater risk of abuse and neglect.



Street homelessness has increased significantly in London in recent years. A Homelessness Reduction Bill was debated in parliament.



Draft legislation has been published which proposes replacing Deprivation of Liberty Safeguards with a broader but less onerous system of Liberty Protection Safeguards.



A safeguarding adults review into the care of Ms BB and Ms CC was commissioned. Learning has been identified and will be implemented through an action plan.

We will work on these developments over the next year.

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# Islington Safeguarding Adults Partnership

Annual review 2016-17

A Safer Islington



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**ISLINGTON**

Working in partnership

# Foreword

Thank you for your continued interest in safeguarding adults in Islington. I am pleased to be introducing this 2016/17 Annual Report.

In November 2016, I took over as the independent Chair of the Islington Adult Safeguarding Adults Board. Firstly, I would like to thank my predecessor, Marian Harrington for her contribution over a number of years and acknowledge that much of the work recorded in this report occurred during her tenure.

Our Board is composed of a truly diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services all of whom regularly engage with adults in need. All are contending with significant challenges and in the past year many have been undergoing organisational and leadership changes. Given this, the Board has welcomed a number of new members and thanked departing members for their contributions to the safeguarding endeavours.

This report captures the key actions progressed by the board's partner organisations to secure the wellbeing and safety of the adults at risk whom they serve.

This year a significant focus for many partners was to progress the actions arising from the safeguarding adult review commissioned by the Board to investigate shortcomings in the care of Ms BB and Ms CC. All partners have sought to capture the key lessons to be learned and to adapt and improve their policies, procedures and training programmes. In this year, the joint learning disability service is participating in the pilots for the national programme seeking to establish more systematic reviews of unexpected deaths of adult in receipt of care and support. Later this year these will conclude and the agreed system will be rolled out nationally.

Through on-going training and more general awareness raising we seek to encourage people to raise safeguarding concerns and indeed the number of referrals remains high and is increasing. As more national benchmarking information becomes available we will continue to investigate the comparative level of safeguarding enquiries. Health and Social Care Commissioners continue to

regularly monitor the safeguarding practices of the range of care home and domiciliary providers they contract with. When required, incidents of concern are investigated and follow up actions monitored. The Board is particularly grateful to committed staff and members of the public who raise their concerns with the appropriate authority so that these can be checked. Ultimately, securing the highest levels of safety for vulnerable adults relies on vigilance by all in our community.



Through a range of presentations and workshops the Board keeps its members informed of wider community safety concerns relating to targeted fraud and financial exploitation, modern slavery and hate crimes and exploitation experienced by homeless people.

As the Grenfell Tower tragedy continues to occupy our thoughts and actions at this time, I want to acknowledge the proactive work in fire prevention by our local fire brigade with many of our partners working with vulnerable adults which is reducing their risk to fire-related harm.

On behalf of the Board, I would like to thank the chairs of our Board sub groups for progressing the range of activities covered in this report. Our thanks also to the Council team who support all the work of the Board and for the continued support of Sean McLaughlin, Director of Housing and Adult Social Care and Cllr Janet Burgess. This is made possible through the resources which the Council and Health commissioners continue to make available and which complements the resources each organisation commits their own safeguarding work.

James A. Reilly  
Independent Chair  
July 2017

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**We are a partnership of organisations in Islington all committed to achieving better safeguarding for adults.**

**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, Executive 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 Pentonville, Kevin Reilly, Governor

Independent Chair – James Reilly

Islington Clinical Commissioning Group – Jenny Williams

Islington Clinical Commissioning Group - Dr Sarah Humphrey

Safer Islington Partnership – Jan Hart, Service Director for Public Protection, 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 NHS Foundation Trust, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington – Patrick Goulbourne, Borough Commander

Metropolitan Police, Islington – Treena Fleming, Detective Superintendent

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

Notting Hill Pathways – Linda Strong - Assistant Director

Single Homeless Project – Liz Rutherford, 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.**

**Our work is centred on helping those adults most at risk. Anyone can be vulnerable to abuse or neglect. But adults with care and support needs may need intervention and support to keep safe.**



## Safeguarding in the headlines

Safeguarding continues to grab headlines in one way or another.

Homelessness has been under the spotlight this year. A Homelessness Reduction Bill has been debated in parliament and provoked much discussion nationally. Street homelessness has increased significantly in recent years in London. Our Board held a themed meeting on this topic and we invited a couple of charities working with street homeless people in this region of London to explore the unique complexities of safeguarding this particular group of people from abuse, neglect and self-neglect.

The Jo Cox Commission on Loneliness has prompted a national conversation about the scale and impact of loneliness in the UK. Loneliness can affect anyone at any stage of their life, but adults with care and support needs are more likely to be socially isolated. We also know from research that loneliness and social isolation are risk factors for adult abuse and neglect. This has chimed with feedback and experiences from our service user and carer subgroup. We are starting to explore how we might take preventative steps to tackle social isolation and thereby reduce the risk of abuse and neglect.

Since October 2016 NHS trusts are expected to have a 'Freedom to Speak Up Guardian'. These guardians should play a key role in giving confidential advice and support to staff when they have concerns about patient safety but are scared to whistle-blow.

The Law Commission shone a light on the 'crisis' in the current Deprivation of Liberty Safeguards (DoLS) system as many councils failed to cope with a tenfold increase in cases. Backlogs in processing cases and breaches of statutory timescales were common across the country, although Islington Council was one of the few councils that managed to stay mostly within timescales. Widespread failings nationally triggered a government-ordered review by the Law Commission.

The Commission has now delivered its final recommendations and drafted legislation for a replacement system of Liberty Protection Safeguards (LPS). The aim of the LPS scheme is to give human rights protections to a wider group of people and settings than is currently the case with the DoLS system. The proposed LPS system is intended to be less onerous for councils to implement, because it would involve a two-tier system of checks and protections requiring a best interest assessment only in cases where the care arrangements are against the person's wishes.

# You said, we did

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

So, we dedicated the month of June to raising awareness about adult abuse and neglect at various places in the borough.



## Community outreach

Pop-up Information stalls were held at

- Central Library
- Islington Carers Hub - Carers Week – Opening Event at The Lift
- Park Theatre
- Cecelia’s Café (on a Saturday) for people living with dementia
- City & Islington College in conjunction with Outlook Islington drama group
- Claremont Project
- 222 Upper Street

We also held a conference for professionals – ‘Safeguarding Adults at Risk from death/serious injury by fire’. This proved a big

*‘It was a great conference and training session on fire safety with adults at risk. I was able to apply what was learnt directly to our risk assessments’.*

*‘It was a fantastic learning event’*  
*Safeguarding Adults Conference*

*‘I really enjoyed the quiz. It was fantastic and we got all the questions right!’*

*Service user at Daylight*

success with over 100 delegates in attendance.

We worked in partnership to host a large safeguarding awareness raising event at Daylight (Day Opportunities Centre for adults with learning disabilities). More than 40 service users attended and watched a drama performed by service users called Tall Tales featuring the character ‘Captain Help’ who came to the rescue of people making unsafe decisions in the community. There was also a presentation by two members of the Power and Control group on keeping safe with visitors to your home. The Safeguarding Adults Unit led on an interactive quiz on raising awareness about safeguarding adults which service users and staff fully participated in and thoroughly enjoyed.

All the safeguarding awareness raising events allowed us to speak to a much wider range of groups about safeguarding.





This included service users, family carers, carers, staff, volunteers and members of the public at various places in Islington from Angel to Archway.

- Safeguarding Awareness session was held at Park Theatre for volunteers, family carers and staff
- Safeguarding Awareness for Healthwatch staff and volunteers
- Daylight Safeguarding Awareness event in July

# About our strategy

Underpinning our strategy is a simple commitment to safeguard adults from harm - no disabled or elderly adult should live in fear of abuse or neglect.

Our strategy sets the direction of our action. This section gives an overview of the wide range of actions we took towards fulfilling the second year of our joint three year strategy to safeguard adults in Islington & Camden.



Collaboration is vital to achieving the aims of our strategy. For this, we thank our partner organisations who have continued to show energy and commitment to tackling adult abuse and neglect in Islington.

The pillars of our main strategy mirror those of the Care Act guidance: empowerment, protection, prevention, proportionality, partnership and accountability. Our approach was framed together with Camden's Safeguarding Adults Board. This joint approach has yielded many benefits, not least because several of our partner organisations work across both boroughs. However, both Boards have their own annual delivery plan tailored to local needs.

Alongside our joint strategy, the Islington Board also developed a separate three-year strategy

focused purely on prevention. Prevention is always better than cure, so the saying goes. And it's never been more apt for safeguarding adults. If there's a way of preventing abuse or neglect before it happens, we should invest time, energy and resources in doing so.

Prevention work has the potential to make a real difference to the lives of adults in Islington. The Care Act 2014 recognises the value of prevention work and places responsibility on Boards to be proactive and think preventatively in an evidence-based way.

Our local prevention strategy is based on seven key themes:

- Preventing fire deaths/injuries
- Preventing choking
- Preventing fraud and scams
- Preventing isolation
- Preventing carer stress
- Preventing pressure ulcers
- Preventing domestic violence

Good intentions are not enough to make a difference. Action is needed. So, each of our partner organisations signed up to specific commitments to collaborate and work with each other to address two or more of the above seven key themes in our prevention strategy and actions on our joint strategy.

# Partnership working

Although Islington Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our joint strategy with Camden and our local prevention strategy.

This section sets out how our partners have gone about achieving our strategic aims.

## London Fire Brigade

A successful community fire safety awareness-raising event was held in July 2016. The event was attended by a wide range of voluntary sector and community groups.

Fire safety learning reviews were held in relation to relevant fire safety deaths. The London Fire Brigade continues to support and promote fire retardant bedding and have reviewed the effectiveness for each case. Outcomes will be shared. The volume of readily available fire retardant bedding in all sizes has been increased in the borough. A pilot is being conducted of fire retardant nightwear for adults at risk who may be affected by smoking in bed.

Updated e-learning training, incorporating the new Pan-London Safeguarding Adults Procedures, has been rolled out to staff.

A new borough initiative code has been agreed for improved monitoring and new centrally monitored arrangements are in place for all referrals. These are quality assured via local line management with an additional process via our social issues team.

## Whittington Health NHS Trust

'Stop the Pressure' material was developed and promoted to partner organisations in October and November 2016. This work is going to be taken forward by the Board and further expanded and developed.



Whittington Health has also increased the opportunities for staff to learn from Safeguarding Adults Reviews by holding two events via the Community Education Partnership network. Attendees included GPs and a range of other partner organisations. A new four-session training course for allied health professionals and district nurses has been developed to address issues identified from the recently published safeguarding adults review. Specific topics covered were use of the Mental Capacity Act, working with self-neglect, dementia care and co-ordinated working across partnerships. A new patient safety newsletter outlines learning from serious incidents for staff.

A series of training sessions on the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards has been delivered across the Trust. With the appointment of an administrator to oversee a centralised database, the number of Deprivation of Liberty Safeguards applications has increased and recording has improved.

## Camden & Islington Mental Health Foundation Trust

To prevent vulnerable people from being groomed into terrorism or extremism, a Prevent policy for staff is being developed. WRAP3 training was also delivered as part of both Induction and Core training for staff. Weekly training returns are being submitted to the Home Office and the Trust is taking appropriate measure to meet the 75% compliance target before March 2018.

### **Islington Clinical Commissioning Group**

The CCG continues to be represented on the Channel Panel, which meets to consider concerns about people who are vulnerable to being groomed into involvement in extremism and terrorism.

### **Moorfields Eye Hospital NHS Foundation Trust**

Moorfields is ensuring that commissioned services adhere to the Mental Capacity Act by requiring contract renewals to include a statement about Mental Capacity Act compliance.

### **London Metropolitan Police**

The police worked together with Trading Standards, Safeguarding Adults Unit and the Power and Control group to develop a leaflet called 'Keeping Safe on your doorstep'.

### **Islington Council**

The Making Safeguarding Personal approach has been promoted to social workers. In particular, the principal social workers took a lead on developing best practice around enabling and managing risk and checking service user outcomes satisfaction after a safeguarding meeting.

Initial scoping work on the development of an Islington Safe Places scheme has begun.

Fire safety has been included on the action plan of the Learning Disability Partnership's Keeping Safe Group.

### **Single Homeless Project (SHP)**

Guidance on information sharing is now accessible on the SHP staff intranet.

### **Healthwatch**

Healthwatch is now represented on the Board's Service User and Carer subgroup. Healthwatch continues to ask about people's experiences of safeguarding and takes feedback where offered spontaneously to share learning with the Board.

### **Nottingham Housing Group**

All catering staff have been trained in Safeguarding Adults Awareness, which will be refreshed annually.

An internal safeguarding board has been established. Meeting quarterly, it reviews cases across the organisation to identify themes, trends and patterns and to take learning from cases forward to improve practice.

### **Age UK**

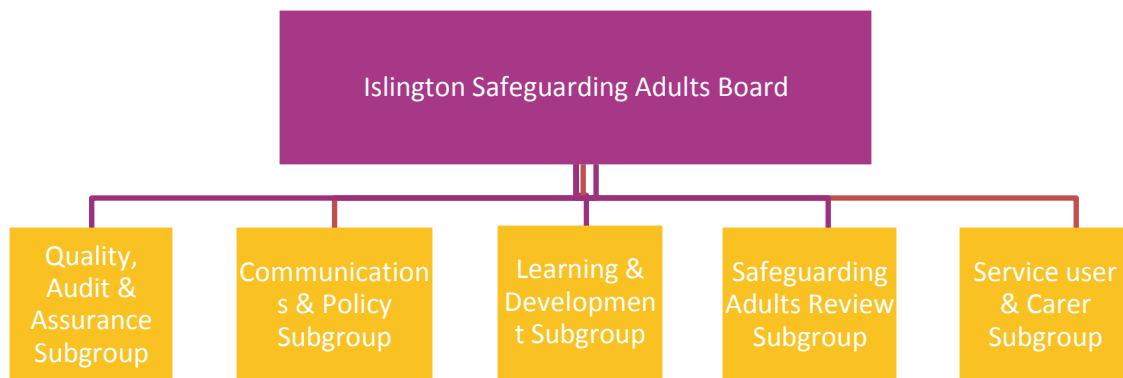
Training for service leads on the Mental Capacity Act has been provided and mental capacity act has been integrated into the organisation's competency framework.

The organisation's outcomes framework has been extended to include making safeguarding personal outcomes.

# Subgroups



While the Board oversees the implementation of its strategy, five subgroups carry out much of the actual work. They are the ‘work horses’ of the Board. Dividing up the work and bringing in expertise and experience from partners in subgroups gives focus. This section sets out the achievements of each subgroup.



## 1. Quality, Audit & Assurance

The QAA subgroup had several work streams throughout the year. Work included:

- seeking assurance from the Islington Learning Disability Partnership about the transitioning process from childhood to adulthood and the Learning Disability Mortality Review (LeDER)
- highlighting the inconsistencies in reporting of pressure ulcers
- seeking assurances on appropriate hospital discharges and discharge record-keeping

Islington has been part of the LeDER pilot conducted by Bristol University which is looking at avoidable deaths, diagnostic overshadowing and issues that are not being picked up in a timely way.

The QAA subgroup has also been seeking assurance from partners on the Mental Capacity Act implementation. Notting Hill Housing, Whittington Health, Moorfields and Camden & Islington NHS Foundation Trust all presented progress on this to the QAA subgroup.

Jenab Yousuf  
Chair  
Quality, Audit & Assurance Subgroup



## 2. Communications & Policy

An awareness-raising plan about familial financial abuse was developed and implemented during the year. Articles were published in a variety of staff and service user/patient bulletins and in various formats to reach a wide range of groups of people. A presentation was given to the Carers' Pathway Forum about how to spot familial financial abuse and what steps to take in response to it. Pressure Ulcer awareness raising has been undertaken by a task and finish group set up by the Board and led by the QAA subgroup. Work on this will continue into the next year and the Communications and Policy subgroup will support this work as needed.

Close to 200 national reports, policies and pieces of guidance relevant to safeguarding adults have been reviewed by the subgroup. Where appropriate, these items are shared and discussed at the Board for partner organisations to consider the implications for their own organisation.

Claire Johnston  
Chair  
Communications & Policy Subgroup

## 3. Learning & Development

The subgroup continues to promote training, development and competencies around safeguarding adults for staff and volunteers.

Subgroup work has included updating training in line with the Care Act, in particular around the new categories of abuse: self-neglect, modern slavery and domestic violence.

A suite of e-learning programmes has been developed and promoted across Islington to partner organisations, non-partner organisations and the general public.

A series of four half-day conference on Domestic Abuse were concluded and it is hoped to be able to develop these for social care staff.

All training courses now include basic information on safeguarding adults from extremism and radicalisation. Specific radicalisation and extremism training is now going to be provided by Islington Council.

The learning log was developed by the subgroup but has now been passed to the SAR subgroup for implementation and monitoring.

Neil Chick  
Chair  
Learning & Development Subgroup

## 4. Safeguarding Adults Review

The Safeguarding Adults Review (SAR) subgroup published a review into the care of Ms BB and CC. An action plan has been developed for the Board and all organisations involved in the review have an individual action plan. Over the year, the subgroup considered 4 new referrals for consideration as a SAR under the Care Act 2014. The subgroup considered each referral against criteria set out in the Learning and Review framework. Of these cases, only one was considered appropriate for a multi-agency workshop review. A Chair for this multiagency workshop has been identified. Of the other cases considered, one meets the threshold for a Domestic Homicide Review. With regards to the other two cases, neither met the criteria for the Learning and Review framework, but other recommendations and actions have been identified and feedback will be provided to the SAR subgroup.

A learning log was devised to enhance learning from SARs across all partners. This was re-formatted in response to feedback and presented to the Board meeting in October 2016.

DCI Adam Ghaboos  
Chair  
Safeguarding Adults Review Subgroup



## 5. Service User & Carer

The subgroup has been finding its feet during its first year. Various themes are starting to emerge and the objectives of the subgroup are becoming clearer to the members.

Discussions have been wide-ranging and have included

- Updates from the Carers' Hub and Age UK
- CQC's inspection report of Moorfields Eye Hospital NHS Foundation Trust
- Homelessness
- Human Trafficking
- The Safeguarding Adults Review of Ms BB and Ms CC
- Homelessness
- History of safeguarding adults
- Safeguarding Adults and mental health data

A theme of social isolation and loneliness is being explored by the subgroup. A short presentation on the group's views was given to the Board. It links in with the Board's remit of preventing abuse and neglect and touches on current heightened national interest in the topic (as exemplified in the Jo Commission for tackling loneliness). Following on from this the subgroup identified that public transport accessibility issues contribute to the social isolation of many disabled adults and their carers. Transport for London has offered to meet with our subgroup to explore the issues further.

Feedback from the subgroup on the safeguarding process has been that it is difficult for people with no professional training to understand the process. Simple things such as knowing who to contact for an update on a safeguarding concern are not clear to service users and carers. The subgroup will be involved in co-producing user-friendly information on the safeguarding process.

Eleanor Fiske  
Chair  
Service User & Carer subgroup

# Experiences and Statistics

**The human cost of abuse and neglect cannot be measured. The statistics that we collect only tell part of the story and this should be borne in mind when looking at our data. But statistics are useful for identifying our comparative strengths and highlighting areas for further analysis or development.**



## 1. Experiences

No statistic can capture the emotional impact, the fear and distress that abuse and neglect can engender. That's why it's important we look behind the statistics at the human experience. We do this in a number of ways – through auditing case files, seeking feedback from people after a safeguarding case has been closed, analysing complaints and engaging with the public. Listening closely to our service user and carer subgroup is invaluable. Through their willingness to talk candidly about their experiences, we are able to reflect on and improve our practice across the partnership.

## 2. Statistics

Some people experience multiple forms of discrimination and disadvantage or additional barriers to accessing support. We continue to monitor data on various groups to ensure that the needs of all victims are met.

This year's report contains data captured only by Islington Council. It is important, however, that we monitor statistics and trends from a variety of sources. This is to assure ourselves that adults with care and support needs are safeguarded in a range of settings, such as police cells and hospitals. We will continue to work with our partner organisations to share data in a transparent and secure way.

## 3. Safeguarding 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 **6%** on the previous year.

This year we had **1,555** concerns about possible abuse). For the previous year 2015/16 we had **1,464**.

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 using a Section 42 safeguarding enquiry under the Care Act 2014.

In 2016/17 we had **655** safeguarding enquiries (**42 %** of the total concerns raised)

The number of safeguarding enquiries we carried out increased 11% on the previous year.

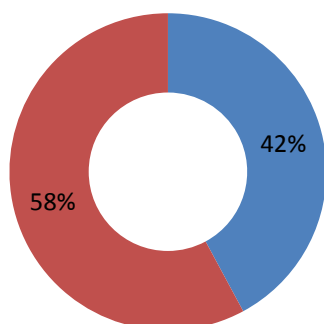
Even when we don't go ahead with a Section 42 enquiry, every point of interaction with a victim offers an opportunity for positive intervention and a chance to give support.



## Safeguarding concerns

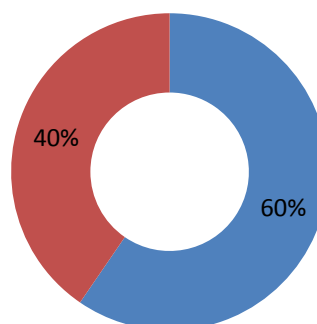
### This year (2016/17)

■ Safeguarding enquiry ■ No enquiry



### Last year (2015/16)

■ Safeguarding enquiry ■ No enquiry



The chart above compares the number of concerns which became formal Section 42 safeguarding enquiries in the last year with the previous year. Reports of concerns have increased 6% on the previous year. This does not necessarily mean that more abuse took place – only that more concerns were reported to us. We continue to deliver training to many organisations and do much to raise awareness among the general public. Often after these training courses or events, people raise concerns and speak out about a situation that has been worrying them, which in turn leads to a safeguarding concern being recorded.

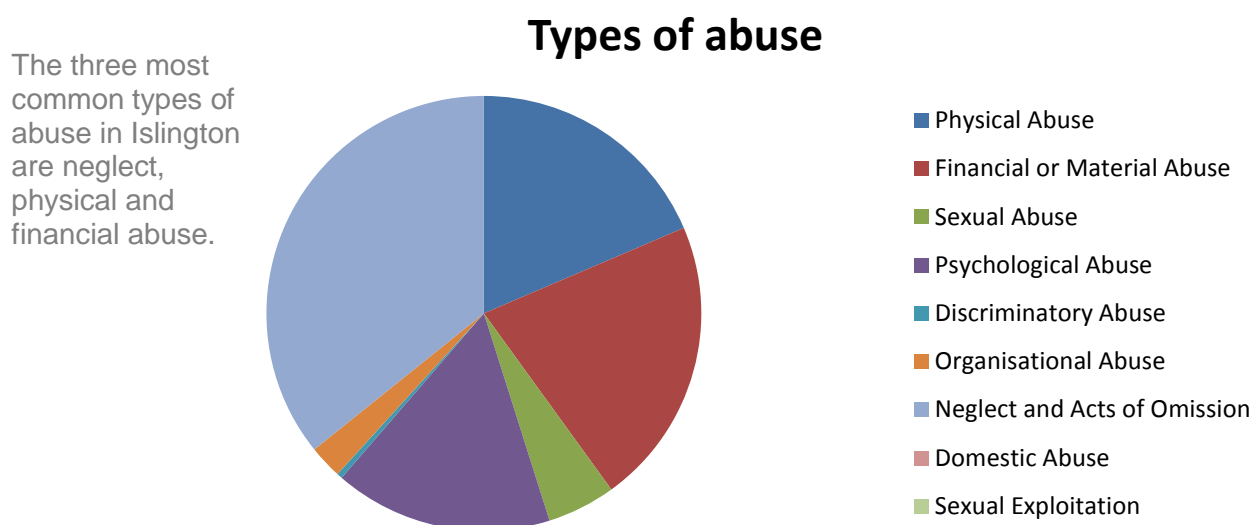
In nearly 6 out of 10 cases (58%), people were worried about an adult but when we looked into it, we decided not to progress it to a formal safeguarding enquiry. This is a higher percentage than the previous year where only 4 out of ten (40%) of cases did not end up in an enquiry.

We are not clear on the reasons for this, but suspect that it may be related to professionals adapting to the Care Act 2014 legislation which came into effect in 2015. London-wide guidance was issued in 2016. The guidance clarified thresholds for formal safeguarding enquiries. This may go some way to explaining the differences between the years.

At the time of publishing this report, the national data for 2016/17 has not been published so it is not possible to benchmark our data against that of other areas. The national data for the previous year 2015/16 is available on the [NHS Digital website](#)

## 4. Types of abuse

The different types of abuse about which we made safeguarding enquiries during the 2016/17 are shown in the chart below. When we look into a safeguarding concern about an adult, we often discover there is more than one type of abuse taking place.



The chart above shows that over the course of the 2016/17 year, the three most common types of abuse we made enquiries into were physical abuse, financial abuse and neglect. This pattern has been noted in previous years too.

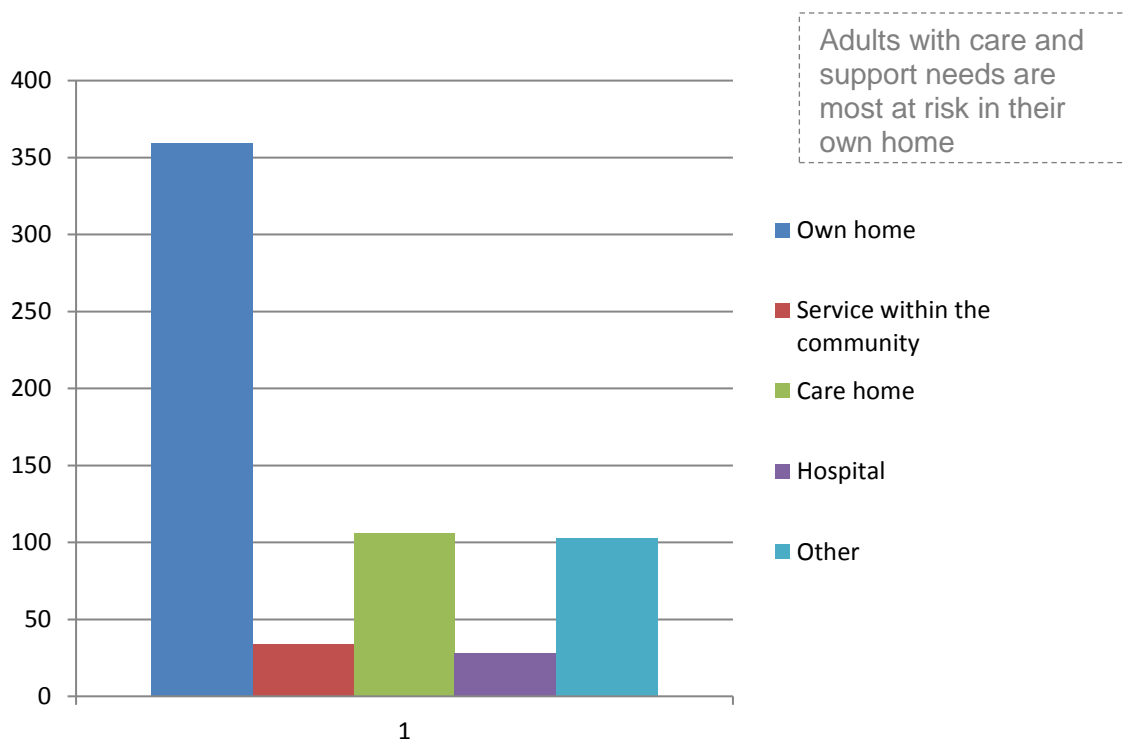
However, the proportion of neglect cases has increased considerably from 20% to 36% in one year. We will be seeking explanations for this trend during the course of the next year.

Some new categories of abuse, such as modern slavery, domestic abuse, sexual exploitation and self-neglect, are now recognised in law. We are working to raise awareness of these types of abuse. Our recording systems are being modified so that it is easier to collect data and monitor trends these newly-recognised types of abuse.

#### Case example:

A woman who lacked mental capacity, was placed in a care home. While there, her identity was stolen by thieves, who cleared the woman's bank account, sold her investments and even put her house on the market. The thieves were arrested and it was discovered that they were part of a large money laundering gang, which the police is now pursuing. Islington Council's finance team, through careful collaborative work with financial institutions, has managed to get almost all the stolen money returned. They also managed to intervene to stop the sale of the woman's house.

## 5. Where abuse took place

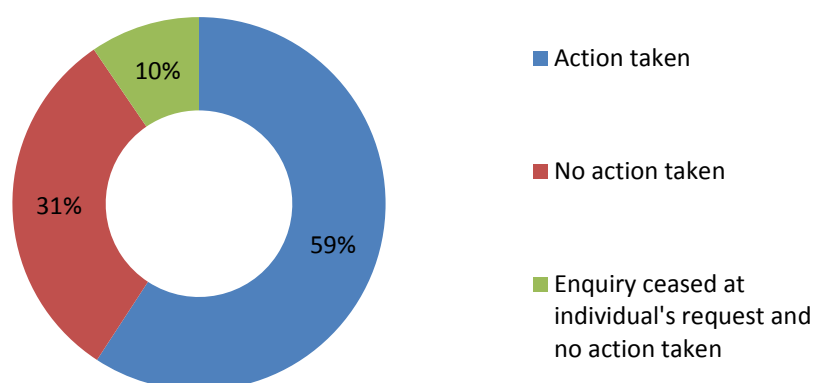


This chart relates to the 655 safeguarding enquiries which were undertaken during the year. Some cases involved more than one location of abuse.

Abuse and neglect in care homes and hospitals tend to grab headlines. Because of this you might assume that a lot of abuse and neglect takes place in care homes and hospitals. But, the graph above shows the opposite – that more than half of all cases of abuse and neglect take place in the person’s own home. This is not just true in Islington – it’s a similar picture across the country.

## 6. Action we took

### Action we took to help the adult



The graph above shows what happened as a result of the 655 safeguarding enquiries we made. In nearly 6 out of 10 cases, we took some kind of action.

The most common action is increased monitoring of the adult. Increased monitoring could include family and friends agreed to visit an isolated adult more often. Or it could be a community nurse visiting a patient at home regularly to check for pressure sores.

A wide range of other actions were also used. They included referrals to counselling, staff training, applications to the Court of Protection, change of appointee and restricting access to the person causing risk. In some cases, the concerns are serious enough for the Police to prosecute or caution the person who caused harm.

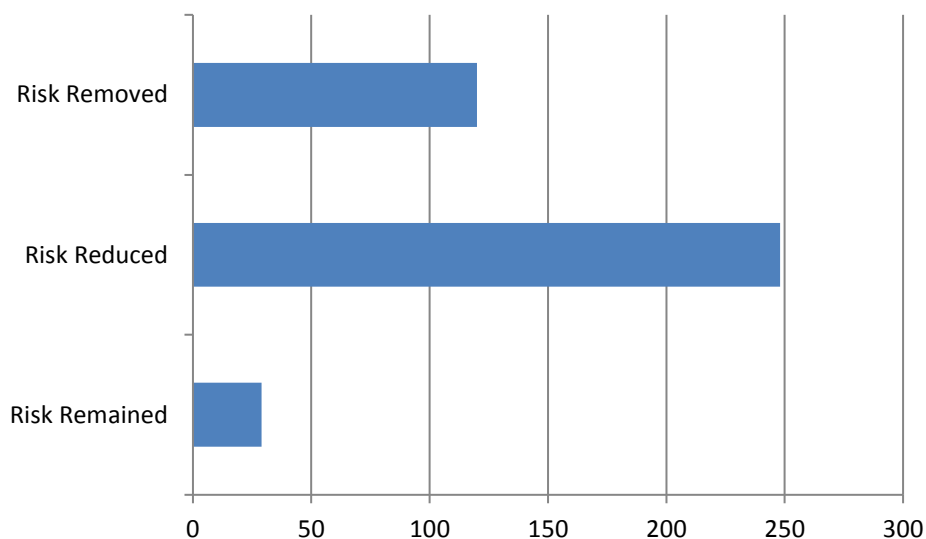
In 3 out of 10 cases, we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

For some cases (10%), the adult told us they did not want us to take any action. Wherever possible, we follow their stated wishes. Occasionally, the risks to other people are too great and we have to take against their wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.

## 7. The impact of safeguarding

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 we have reduced the risk of future abuse or neglect happening. The chart below shows that in most cases, our actions have either removed or reduced the risk of harm.

It is only in a very few cases that 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.



## 8. Making safeguarding personal

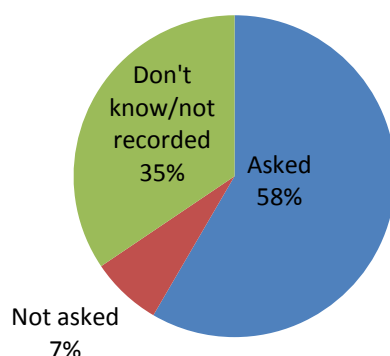
Putting the victim first is becoming an important concept in criminal justice. So, it is also with safeguarding adults. Person-centred working, known as 'making safeguarding personal' is called for by the Care Act 2014. We've been working with practitioners and board partners to encourage them to adopt this crucial concept in the way they work with people at risk of abuse and neglect.

How do we know that staff are working in a person-centred way? Statistics alone will never give a clear picture of whether safeguarding enquiries have been carried out in a person-centred way. Only auditing case files and seeking feedback from people who have been through safeguarding really tell us. That's why our Board's Quality, Audit & Assurance subgroup together with our Service User & Carer subgroup are important mechanisms for overseeing the implementation of making safeguarding personal.

But we do record data on two aspects of making safeguarding personal. We ask the adult (or their representative) what outcome they wanted from the safeguarding. We know from research that being safe is only one of the things people want for themselves. They may have other priorities too. That's why it's important we take the person's views into account. We also record whether we were able to achieve their preferred outcome. The next two charts capture this information.

The first chart below shows that in more cases than not, we are asking people about what they want from a safeguarding enquiry, recording their wishes and delivering on it. However, the chart also shows that there's a lot more work to be done in this area of practice. It is not good enough. We need to transform practice and continue to shift working culture to make our safeguarding work truly personalised. In the year ahead, we will be looking into the reasons why practitioners are not routinely asking about or recording the adult's (or their representative's) preferred outcome.

### Was the adult asked what they wanted to happen about the abuse?



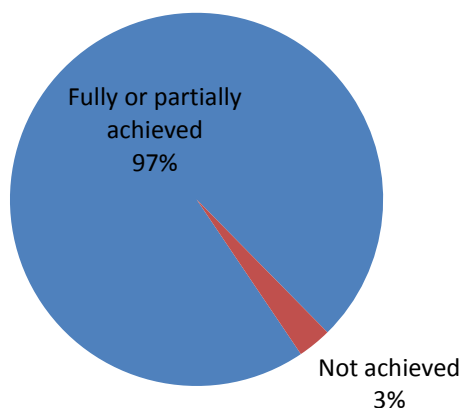
This chart relates to the 2016-17 year. It is based on 630 safeguarding enquiries completed during the year.



But we take some comfort from the related chart below. It shows that where we have asked or recorded the adult's preferred outcome, we achieved either fully or partly the adult's preferred outcomes from the safeguarding enquiry. It shows that practice is transforming to keep the adult at the centre of all we do. People's preferences are indeed being taken into account.

Embedding a making safeguarding personal approach to working is a priority for the year ahead.

## Did we achieve what the adult wanted?



This chart relates to the 2016-17 year. It is based on 307 cases where we asked the adult what they wanted from a safeguarding enquiry.

## 9. Safeguarding Adults Reviews

**Sometimes when an adult with care and support needs has died or been seriously injured, services could have worked together better to prevent it happening. If we think that's the case, we carry out a safeguarding adults review (SAR)**

**SARs are all about learning lessons – not about blaming.**



In our last annual report, we reported that a safeguarding adults review (SAR) was being carried out for Ms BB and Ms CC. The SAR has been completed and published. It is available on our webpages. The executive summary can be downloaded [here](#)

The SAR report author has made 12 broad recommendations, such as the need to engage better with people who use services and their families and improving practice in the context of the Mental Capacity Act 2005.

During the year we have been implementing the action plans and recommendations from that SAR. We are sharing the learning from this

review widely with staff and volunteers in the borough.

SARs often have common themes and learning that is relevant to professionals nationally. For example, some of the recommendations in the Ms BB and Ms CC case are similar to recommendations in the ZZ case in Camden. It is important that we share learning not only within our borough but across the region so that we can all learn together. In this regard, we are keenly awaiting the London-wide analysis of SARs that is currently being undertaken.



## 10. Deprivation of Liberty Safeguards

All adults should be free to live life as they want. If someone's freedom is taken away in a hospital or care home, or restricted in another way, there are laws and rules to make sure it is done only when really necessary and in their best interests. The rules are known as Deprivation of Liberty Safeguards (DoLS). We monitor how these safeguards are used in Islington.



### Referrals and Authorisations

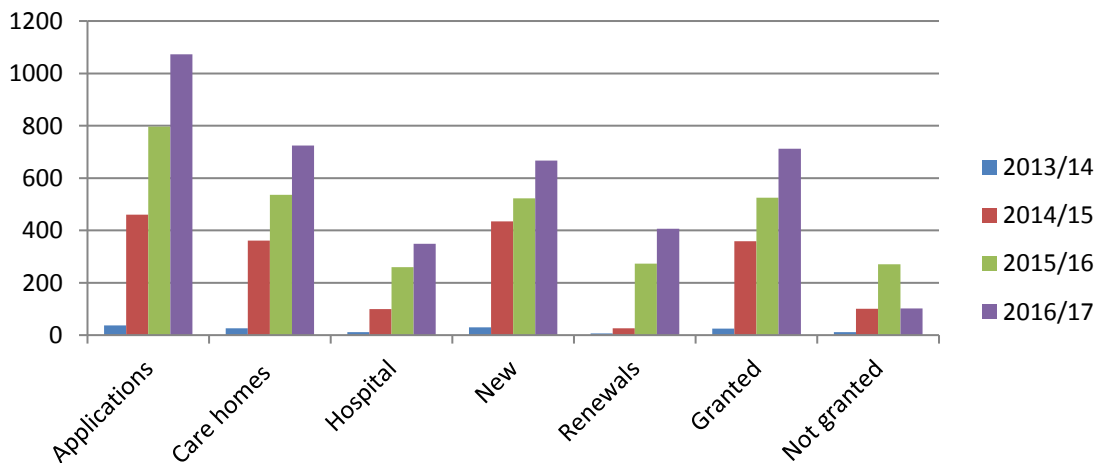
DoLS referrals increased 35% on the previous year. This has been part of a sharp upward trend across the country since 2014. Many other areas have struggled to cope with the increase in referrals resulting in backlogs and delays. Islington mostly continues to manage to keep to timescales and is performing significantly above national averages.

Half of all new referrals are from hospitals, but they represent only 3% of people who are currently on a DoL authorisation. More than half of referrals from care homes are now renewals. 55% of all current DoL authorisations are for

Islington residents placed in care homes or hospitals outside of the Borough.

We have 460 residents who currently have Deprivation of Liberty Safeguards in place. The average time for which a DoLS authorisation is granted is 44 weeks.

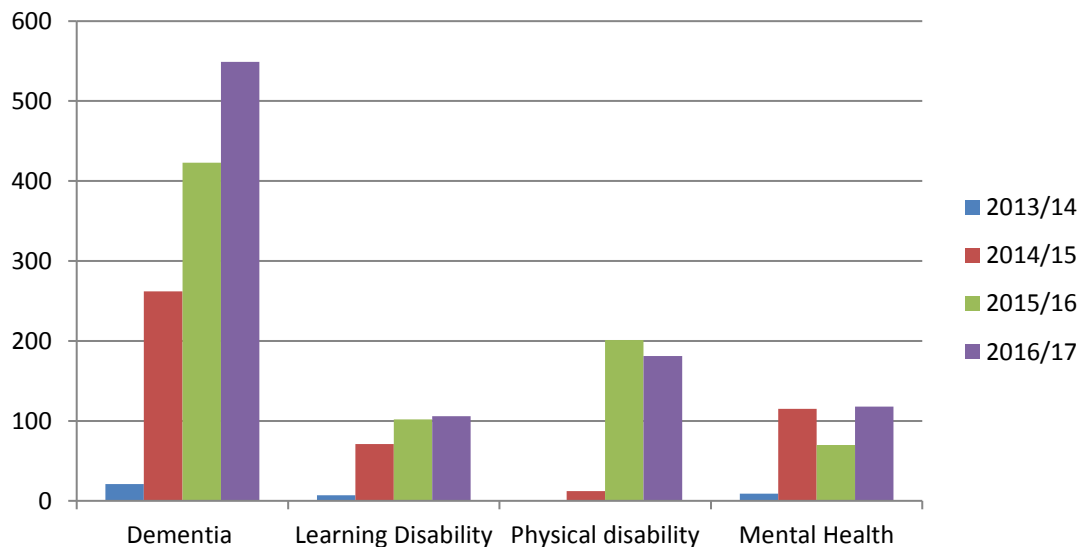
Nearly half of all DoL authorisations are granted with conditions attached to them. We check that the care homes and hospitals are complying with the conditions in a number of ways. Checks may be carried out by paid representatives who send us reports or by directly contacting and visiting the care homes





The graph below shows that 58% of DoLS referrals during the year were for someone with **dementia**. People with a Learning disability also represent a significant proportion of those people who have a current DoL authorisation

#### The disability of people referred for DoLS



#### Diversity

We continue to monitor the diversity of referrals received to check that we are directing our services in the right way and to the right people.

- Six out of ten referrals were on behalf of people 75 and over.
- One third of all referrals were for people age 85 plus.
- The oldest person on a DoL in Islington is 102 years of age.
- We used interpreters for 22 different languages – mostly European languages with Greek being the most common.

#### Proposed new DoLS scheme:

The Law Commission has recommended that the DoLS legislation be replaced urgently. It sets out a replacement scheme – called the Liberty Protection Safeguards.

It also proposes wider reforms to the Mental Capacity Act 2005 to

- promote greater safeguards for people before they are deprived of their liberty.
- Make sure decision-makers place greater weight on the person's wishes and feelings when making decisions about them

# Next steps

**We are proud of what we've achieved in the last year. But as we look ahead, there is so much more to be done. There is no single solution to ending adult abuse and neglect. Tackling it requires a multi-pronged approach with all partner organisations working together in Islington.**



## Our strategy

We will be implementing the final year of our current joint 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.

Next year we will be putting together a new long-term strategy. It presents an excellent opportunity to refresh our local response to adult abuse. For it to have real impact, it needs to reflect local concerns and priorities. That's why there will be a comprehensive public consultation. We will engage with victims of abuse and neglect, community groups, voluntary sector partners and frontline professionals to hear what they have to say. We need their input and expertise to tell us what needs to be done differently.

## Making safeguarding personal

We want the person we safeguard to be at the centre of everything we do. Their wellbeing must be uppermost in our approach. Every person is an individual and whenever possible we must tailor our responses to reflect that person's priorities. We've made a good start on this but there's more to be done. If we work together, we

can bring about the culture-shift needed to truly embrace this way of working across agencies and within our communities. It takes time, energy and resources to shift culture, but we are committed to delivering changes in practice.

## Mental Capacity Act legislation

We will be watching with interest legislative developments relating to Deprivation of Liberty Safeguards and the Mental Capacity Act. The proposals herald significant changes in the way we work and we will ensure that we are well prepared to adopt new systems and procedures in response.

## Learning

We'll be actively ensuring that learning from the Ms BB and Ms CC safeguarding adults review is followed through by agencies.

## Listening

Your views are important to us. We are committed to listening to what our community has to say. If you want to take part in our next strategy consultation or about anything else, please get in touch. Our contact details are at the back of this report.

# Appendix A

## Making sure we safeguard everyone

**Equality and diversity matter to us. We want to make sure that everyone who needs to be safeguarded is and that we are not missing people from particular groups**

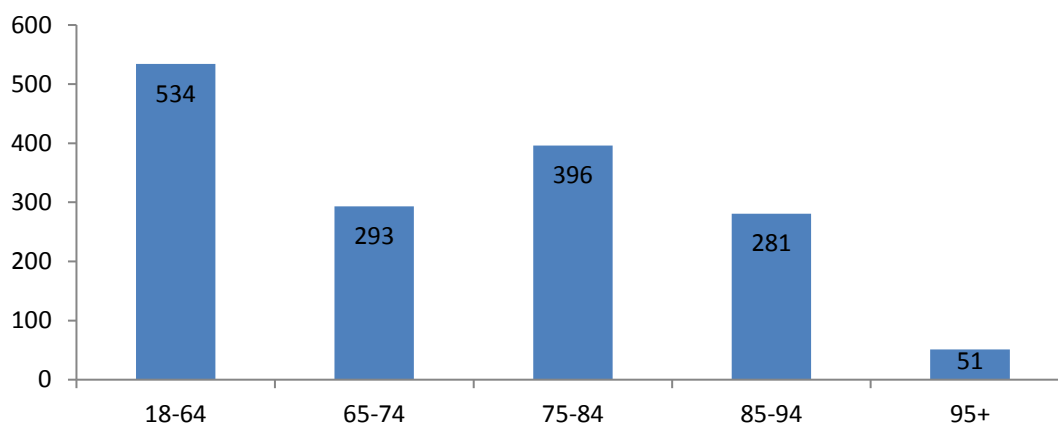
**Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups**



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

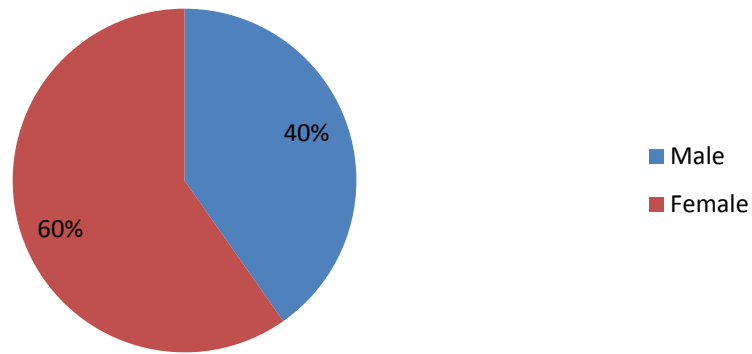
### Ages of adults we safeguarded



The chart above shows that this year (as in previous years) there were a lot of safeguarding concerns about people over 65 years of age. 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.



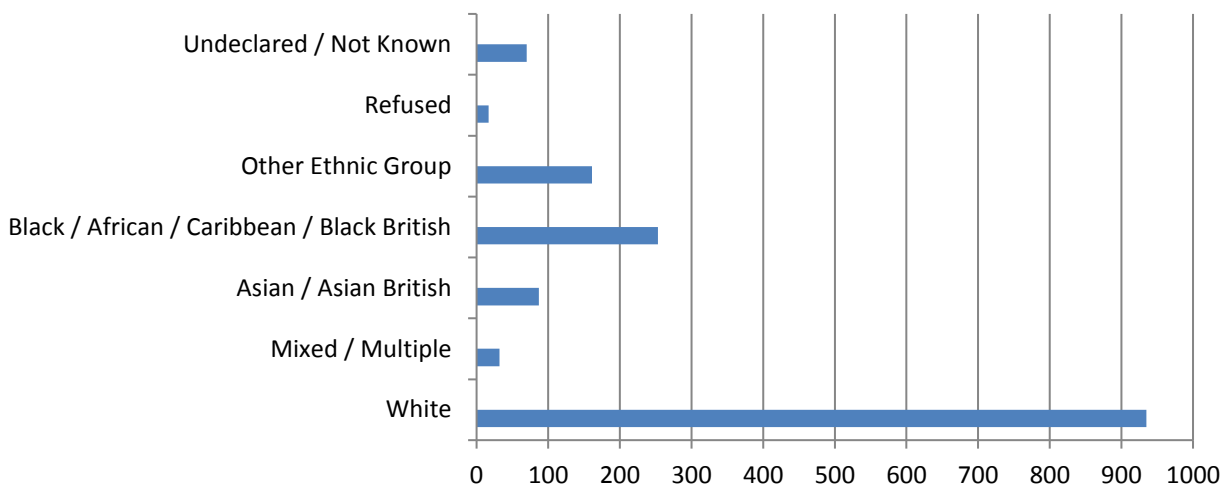
## Gender of adults who had safeguarding concerns raised about them



The above chart shows the same gender proportions to last year. 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) found 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.

There were no safeguarding concerns about people who identified themselves as transgender. This may be explained by transgender adults being a statistically small group of people (estimated to be 0.1% of the population). It may also be because transgender adults chose not to disclose this information to us.

## Ethnicity of adults who had safeguarding concerns raised about them



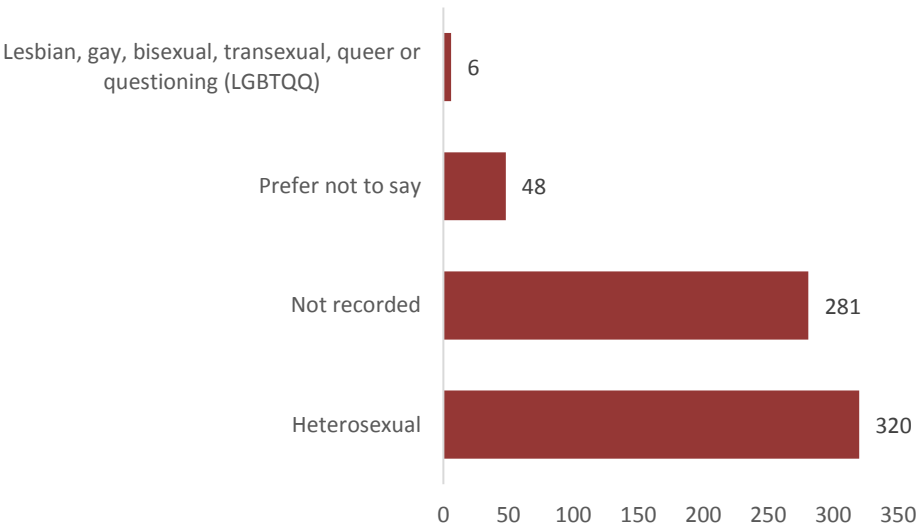
The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year. From in-depth analysis in previous years, it seems that concerns were least likely to be raised about people who described themselves as being of Chinese or Bangladeshi ethnicity. We have



translated leaflets into Chinese and Bangladeshi and will continue to promote these and engage with these communities to ensure that safeguarding concerns are not being missed.

Different ethnic groups have slightly different proportions of adults with care and support needs. 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.

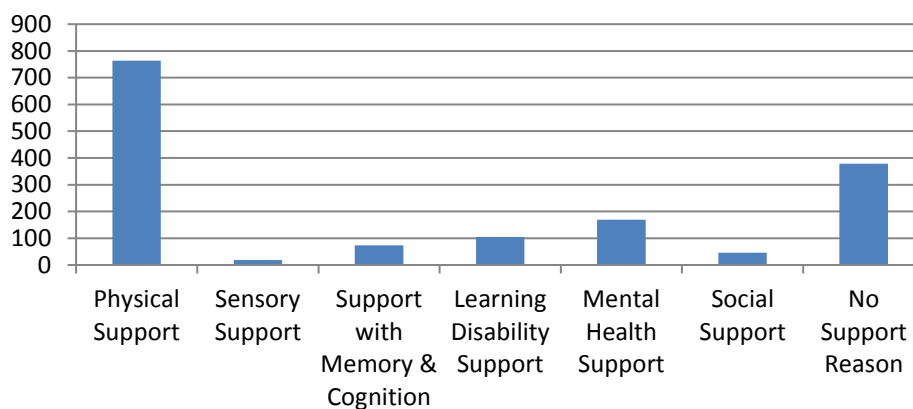
### Sexual orientation of adults safeguarded during the year



In recent years, we have started asking some of the adults we safeguard about their sexual orientation. The chart is not complete because we do not have this information for just under half of the adults we safeguarded. We will work towards creating an environment where staff feel confident about asking questions about sexual orientation and the adults concerned feel safe disclosing their sexual orientation.

Further analysis of our data shows that the 6 adults who identified as LGBTQQ were all gay men. The government estimates that roughly 6% of the UK population is lesbian, gay or bisexual. Although our data is not complete, there may be enough data to suggest that lesbian adults are particularly under-represented in safeguarding enquiries. We'll continue to work on this strand of equality and diversity and will engage with partner organisations, including Stonewall Housing, to get a better understanding of any barriers this group may experience in accessing safeguarding support. We will also look to deliver training on this aspect of social work practice.

## Main support need of adults who had concerns raised about them

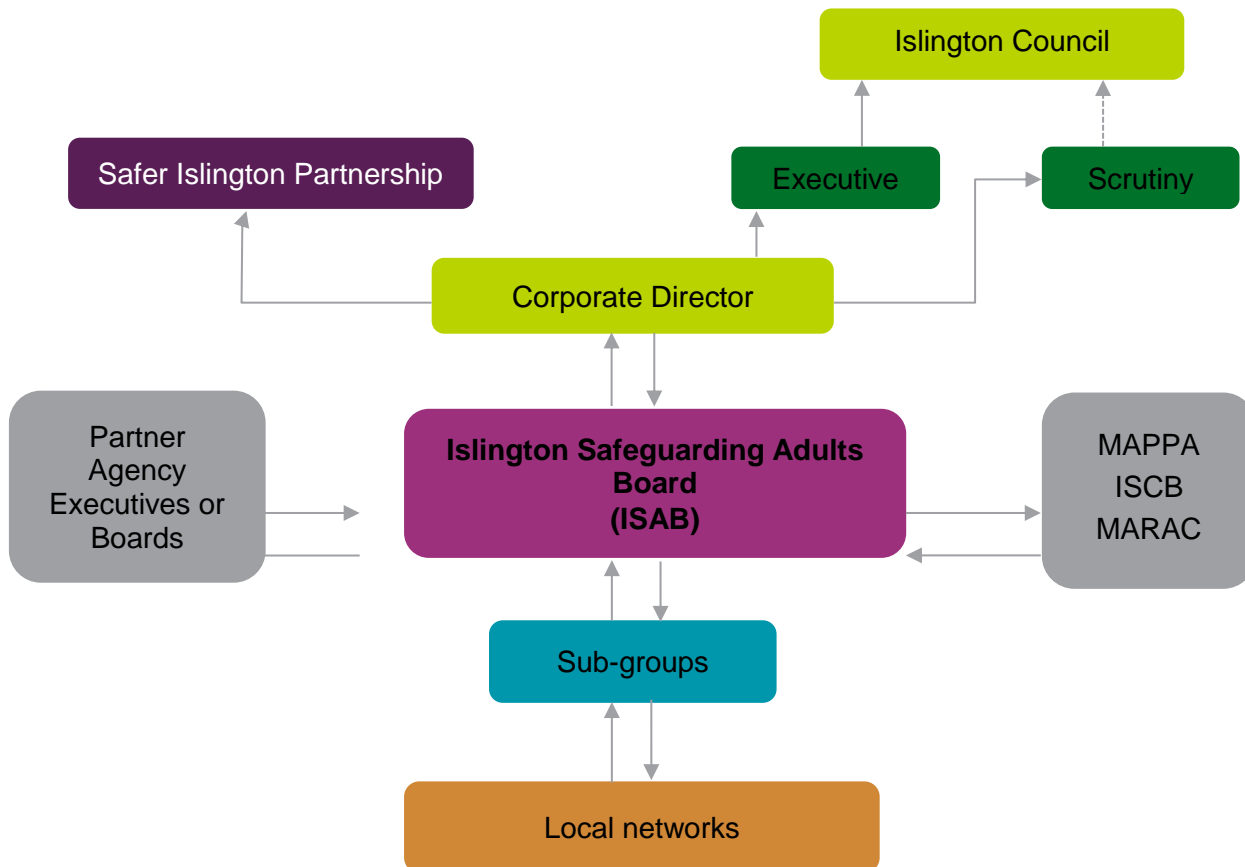


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that few concerns were raised for people whose main need was that they care for someone else. It suggests we need to continue raising awareness amongst carers and organisations that support carers.

# Appendix B

## How the partnership fits in

The picture below shows how the Islington Safeguarding Adults Board (ISAB) 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 is essential. 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 and an annual challenge event. This year's challenge event was held with 4

neighbouring boards: Camden, Enfield and Haringey Safeguarding Adults Boards.

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

<b>Islington Safeguarding Adults Board meetings</b>					
	<b>Board Meeting 11-May-16</b>	<b>Board meeting 18-Jul-16</b>	<b>Board meeting 20-Oct-16</b>	<b>Board Meeting 25-Jan-17</b>	<b>Challenge Event 1-Feb-17</b>
<b>Partner Organisation</b>					
Independent Chair	P	P	P	P	P
Islington Council	P	P	P	P	P
Islington Safeguarding Children's Board	A	A	P	A	A
Safer Islington Partnership	P	S	P	P	A
Islington Clinical Commissioning Group	P	P	P	A	P
Moorfields Eye Hospital NHS Foundation Trust	S	P	A	P	S
London Fire Brigade	P	A	A	S	P
Camden & Islington Foundation Trust	P	P	P	P	S
Whittington Health	P	P	S	S	S
Police	P	P	P	S	A
Community Rehabilitation Company (CRC)	N	N	N	N	N
Probation	A	A	N	N	A
London Ambulance Service	N	N	N	N	N
<b>Co-Opted Organisation</b>					
Age UK Islington	A	A	P	P	A
Notting Hill Pathways	A	P	A	P	A
Healthwatch Islington	A	A	P	S	A
Single Homeless Project	P	S	P	P	A
<b>Attendees</b>					
Care Quality Commission (CQC)	P	A	A	A	A
NHS England	N	N	N	N	A
London Borough of Islington Councillor	P	A	P	A	A
General Practitioner	P	P	A	P	A
Family Mosaic Housing rep	n/a	n/a	P	N	A
Prison	N	N	N	P	N

Key

P = Present      A = Apologies no substitute  
C = Does not attend; receives papers only

S = Substituted  
N/a = not applicable

N = No apology/ substitute recorded

<b>Communication and Policy Subgroup</b>	<b>Subgroup Meeting 4-Jul-16</b>	<b>Subgroup meeting 14-Sep-16</b>	<b>Subgroup meeting 6-Dec-16</b>	<b>Subgroup Meeting 6-Mar-16</b>
<b>Partner Organisation</b>				
Chair (Camden and Islington NHS Foundation Trust)	P	P	P	A
Safeguarding Adults Unit	P	P	P	P
Whittington Health	A	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	A	P	P	S
Islington Housing	A	A	P	A
Camden and Islington NHS Foundation Trust	A	P	P	A
Islington Communications team	A	A	A	A

<b>Quality, Audit and Assurance Subgroup</b>	<b>Subgroup Meeting 4-Apr-16</b>	<b>Subgroup meeting 13-Jul-16</b>	<b>Subgroup Meeting 28-Nov-16</b>	<b>Subgroup Meeting 9-Feb-17</b>
<b>Partner Organisation</b>				
Chair (Clinical Commissioning Group)	P	A	P	A
Safeguarding Adults Unit	P	P	P	P
Whittington Health	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	A	P	A	S
Islington Commissioning	A	A	A	A
Camden and Islington NHS Foundation Trust	A	P	P	P
Notting Hill Housing	A	A	P	P
Islington Customer Services team (6monthly attendance)	P	n/a	n/a	n/a



<b>Learning and Development Subgroup</b>				
<b>Partner Organisation</b>	<b>Subgroup Meeting 4-May-16</b>	<b>Subgroup meeting 27-Jul-16</b>	<b>Subgroup meeting 2-Nov-16</b>	<b>Subgroup Meeting 15-Mar-17</b>
Chair (Islington Council)	P	A	A	P
Safeguarding Adults Unit	P	S	P	P
Whittington Health	P	P	P	A
Camden and Islington NHS Foundation Trust	A	P	P	P
HMP Pentonville	P	A	N	N
Centre 404	P	A	P	P
Age UK Islington	P	P	A	P
Stonewall Housing	P	P	N	N
Healthwatch	A	A	A	A
Hillside Clubhouse	P	A	N	N

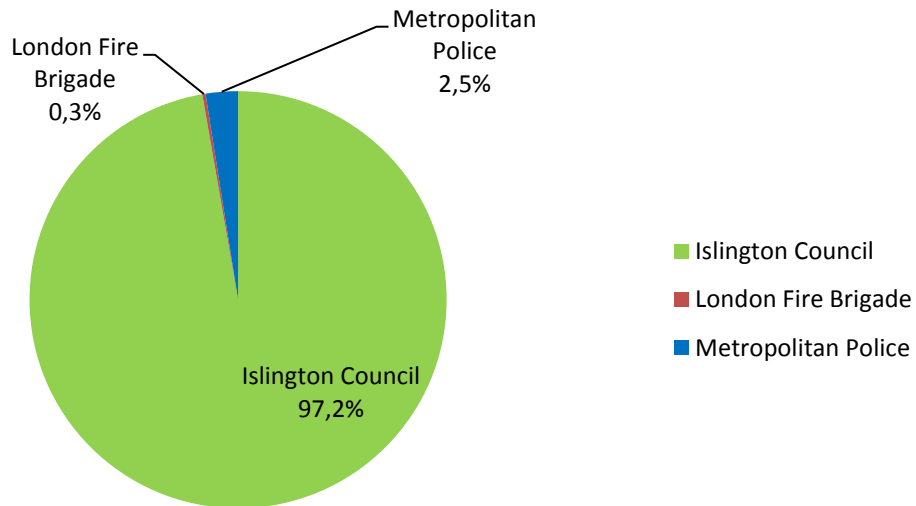
<b>Safeguarding Adults Review Subgroup</b>				
<b>Partner Organisation</b>	<b>Subgroup Meeting 14-Jul-16</b>	<b>*SAR Panel meeting 14-Apr-16</b>	<b>*SAR Panel meeting 1-Aug-16</b>	<b>Subgroup meeting 18-Jan-17</b>
Chair (Police)	P	P	P	P
Safeguarding Adults Unit	P	P	P	P
Islington Learning Disability team	A	n/a	n/a	P
Healthwatch	A	P	A	P
Single Homeless Project	P	A	P	A
Islington Clinical Commissioning Group	n/a	P	P	P
Islington Social Care and Rehab	P	n/a	n/a	A
Independent SAR Author	n/a	P	n/a	n/a
Age UK	n/a	P	A	n/a
Camden and Islington NHS Foundation Trust	n/a	P	P	n/a

# Appendix D

## How is our Board resourced?

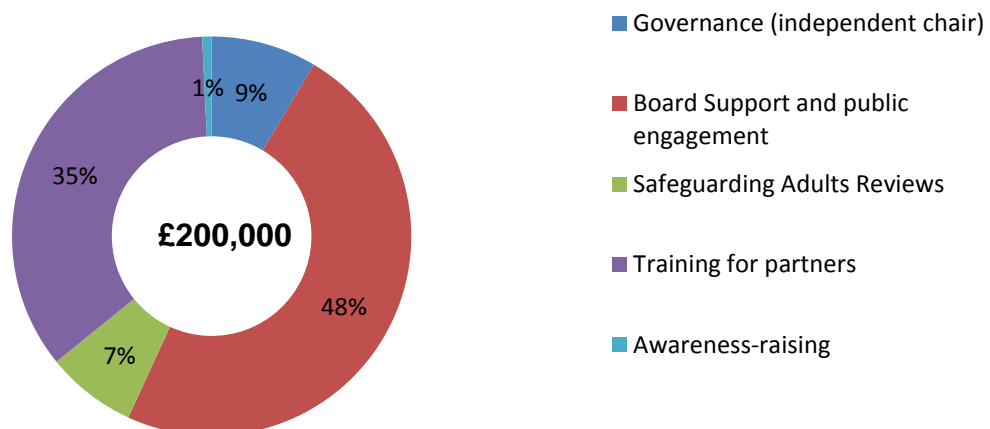
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

### Who gave money to the Board?



As the above chart shows, Islington Council financed more than 97% of the costs of the Safeguarding Adults Board in Islington. Discussions continue with other Board partners regarding future funding and resources.

### How we spent the money



It costs roughly £200,000 to support the work of the Board. This figure is expected to rise next year because we have recruited staff to previously vacant posts.

# 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, click [here](#).



# 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.

### **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 and 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](mailto: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](http://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](mailto: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](mailto:safeguardingadults@islington.gov.uk) or write to us at:

Safeguarding Adults Unit, Islington Council, 3<sup>rd</sup> Floor, 222 Upper Street, Islington, London, N1 1XR



# Islington Safeguarding Adults Board

## Summary Annual Review 2016-17

### Our Achievements



Deprivation of Liberty Safeguards applications continued to increase sharply. We remain one of the few local authorities that do not have backlogs, and are managing to turn around applications mostly within timescales.



Financial abuse is one of the most common types of abuse in Islington. We implemented a plan to raise awareness about how to spot familial financial abuse and what to do about it.



Our joint learning disability service became a pilot site for a proposed national system for reviewing unexpected deaths of adults in care.



We've been promoting the Making Safeguarding Personal approach to social workers in Islington.



Feedback from our Service User and Carer subgroup is that social isolation is a growing problem. This chimes with findings from national research.



We held a month-long series of different awareness-raising events with conferences and pop-up information stalls at various places in the borough.

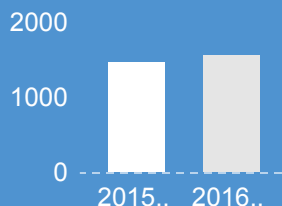


London Fire Brigade has been working with partners to ensure learning from fire safety deaths. A pilot is underway of fire retardant nightwear for adults at risk who smoke in bed.

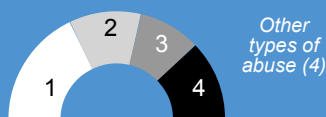


Whittington Health has launched a patient safety newsletter to pass on learning from serious incidents to staff.

### Key Statistics



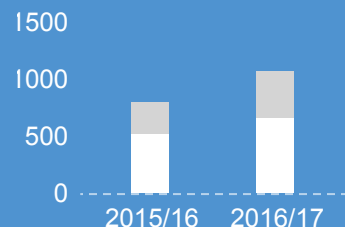
1,555 concerns about possible adult abuse or neglect (6% increase on last year)



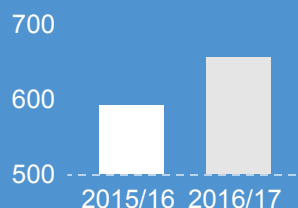
3 most common types of abuse in Islington are neglect (1), financial (2) and physical (3)



More than half of all cases of abuse and neglect took place in the adult's own home



73% increase in deprivation of liberty safeguards referrals



655 enquiries into suspected adult abuse (11% increase on last year)



1 in 3 cases we looked into were about neglect



In 100% of cases where we agreed abuse took place, we took action



In nearly 3 out of 5 cases, people were worried about an adult but when we looked into it, we decided a formal safeguarding enquiry was not needed

### Key Developments



The Jo Cox Commission on Loneliness has started a national conversation about loneliness. Socially isolated adults are at greater risk of abuse and neglect.



Street homelessness has increased significantly in London in recent years. A Homelessness Reduction Bill was debated in parliament.



Draft legislation has been published which proposes replacing Deprivation of Liberty Safeguards with a broader but less onerous system of Liberty Protection Safeguards.



A safeguarding adults review into the care of Ms BB and Ms CC was commissioned. Learning has been identified and will be implemented through an action plan.

We will work on these developments over the next year.

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# TRANSFORMATION OF ISLINGTON'S ADULT SUBSTANCE MISUSE SERVICES

**Emma Stubbs**

Senior Commissioning Manager

**Charlotte Ashton**

Consultant in Public Health

December 2017



## Key areas

- § Background information
- § Why did we need to transform services?
- § Procurement process
- § Successful bidder
- § Vision for the redesigned service



## Background

- Substance misuse services have been part of a programme of transformation and redesign since 2014
- Savings of £2.3 million have been delivered since 2014/15
- As part of the substance misuse transformation programme, and as part of Islington Council's medium term financial strategy, public health commissioners were committed to finding a further £1.3 million of savings
- By the start of the new contract in 2018/19 the cost of the services will be £4,900,000 per annum
- This represents a £1,511,500 (23%) reduction on 2017/18 contract values for the adult services in scope.



## Why did we need to transform services?

- Services have historically been commissioned via a range of different funding streams
- As a result different parts of the drug and alcohol treatment service pathway have been designed and commissioned separately
- Consequently different service types were provided through the same organisations and some areas provided by several organisations
- Pathways and referral routes into services have been complex and confusing
- Service users have faced multiple assessment, hand overs and case working arrangements
- Due to the current challenges facing local authorities there is a need to ensure that services are operating as effectively and efficiently as possible which has been demonstrated through the procurement process.



## Procurement process

- Extensive consultation with service users, families, health and social care services and residents
- Good levels of interest from providers with 7 bids submitted
- Involved members of the local drug and alcohol service user forum – ICDAS (Islington Clients of Drug and Alcohol Services) – in as much of the procurement process as they wished to participate in. This included writing the vision for the new service model:

***Service users are navigated around the treatment options of their choice by one worker who is knowledgeable of what's available, can offer hope, is straight-forward, honest and genuinely cares about their empowerment, recovery and future well-being.***

## Service user view on their involvement

### What worked:

- Joint commitment
- Discussions and agreement on the process
- Service users' involvement in developing specifications
- Critical challenge to commissioners about consistent and meaningful co-production
- Procurement training for service users
- Involvement in ITT questions
- Leading on presentation questions
- Marking bids
- Involvement after the contract has been awarded





## Service user view on their involvement

### What could have been improved:

- Make language easier to understand
- Make procurement training on marking the bids more practical rather than classroom style
- Make the 'Meet the Buyer' presentation day longer to enable service users to set out what they want to achieve, for example by having focus groups or workshops
- Give the bidders a longer time-window for their presentations as part of the procurement.



## Successful bid

The contract has been awarded to:

Camden & Islington NHS Foundation Trust in partnership with Blenheim CDP  
and Westminster Drug Project

The new service will be in place from April 2018



## Vision for the redesigned service – C&I

- **C&I** provide SMS in Islington, Camden and Kingston. With **WDP**, we have transformed services in Camden and Kingston to be more recovery-focused and service user-led
- We want to bring this transformation to Islington in partnership with **Blenheim**, who bring their unique experience of working with families and carers in Islington

**C&I, WDP and Blenheim are a ready-made partnership that will put co-production at the heart of services in Islington.**

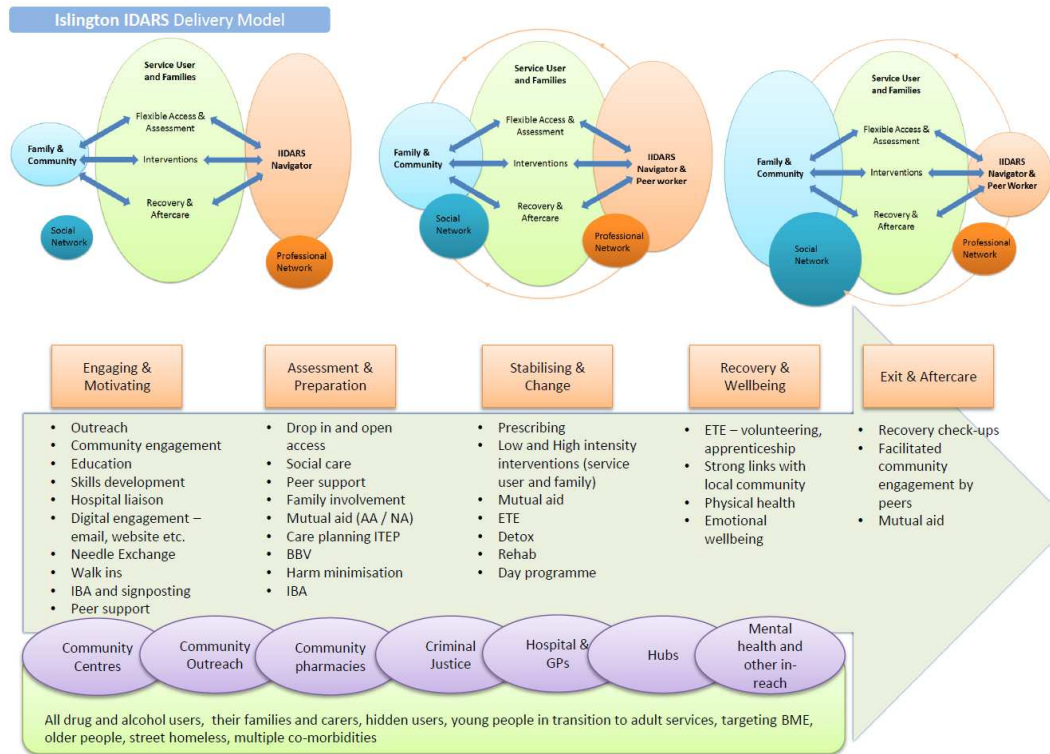


## Community focus

- § Bringing the outside in:  
local voluntary services into  
the substance misuse treatment pathway
- § Taking the treatment services out to community settings and people's homes
- § Training community workers “substance misuse first aid” and how to have “substance misuse conversations” – e.g. IBA training, to make every contact count
- § Developing a lasting recovery community



# The Model



- § Simplified access
- § Navigator model
- § Family focused
- § Working in and with the community
- § Advisory board will ensure the service evolves to meet changing needs

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## HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2017/18

### 06 JULY 2017

1. Camden and Islington Mental Health Trust Performance update
2. Scrutiny Review – IAPT Scrutiny Review – Final report
3. New Scrutiny Topic
4. Annual Public Health report
5. Health and Wellbeing Board update
6. Work Programme 2017/18
7. Membership, Terms of Reference

### 14 SEPTEMBER 2017

1. NHS Whittington Trust – Performance update/Estates strategy
2. Scrutiny Review – New topic – Approval of SID/witness evidence
3. Healthwatch Annual report
4. Healthwatch work programme
5. Health and Wellbeing update
6. Quarter 4 performance report
7. Work Programme 2017/18

### 12 OCTOBER 2017

1. London Ambulance Service – Performance update
2. Scrutiny Review – witness evidence – Kings College
3. Health and Wellbeing update
4. Work Programme 2017/18

### 14 DECEMBER 2017

1. Presentation / Performance statistics update – Executive Member Health and Social Care
2. Health and Wellbeing update
3. Annual Adults Safeguarding report/Local Account
4. Alcohol and Drug Abuse - update
5. Work Programme 2017.18
6. Scrutiny topic – witness evidence – TfL, Transport Planners

### 22 JANUARY 2018

1. UCLH Performance update
2. Scrutiny topic – witness evidence – CCG. Education representatives, GP consortia
3. Health and Wellbeing Update
4. Work Programme 2017/18
5. Whittington Estates Strategy??

### 01 MARCH 2018

1. Scrutiny topic – Final report – Air Quality and Health
2. Moorfields Performance update
3. Health and Wellbeing update
4. Performance update
5. Work Programme 2017/18

## **JUNE 2018**

HEALTH IMPLICATIONS OF DAMP PROPERTIES – 12 MONTH REPORT BACK ON SCRUTINY REVIEW