



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in Committee Room 4 on **15 November 2018 at 7.30 pm.**

N.B. There will be a pre-meeting of the Committee at 7.00 p.m. prior to the meeting in Committee Room 3

**Lesley Seary
Chief Executive**

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Despatched : 6 November 2018

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Martin Klute
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Sara Hyde
Councillor Anjna Khurana
Councillor Kadeema Woodbyrne

Substitute Members

Substitutes:

Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Angela Picknell

Co-opted Member:

Jana Witt – Islington Healthwatch

Substitutes:

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	1 - 8
7.	Chair's Report	

The Chair will update the Committee on recent events.

8. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

9. Health and Wellbeing Board Update

	Items for Decision/Discussion	Page
10.	Alcohol and Drug Abuse -Update	9 - 24
11.	Annual Safeguarding Report	25 - 74
12.	Scrutiny Topic - GP Surgeries - Witness evidence - Verbal	
13.	Work Programme 2018/19	75 - 76

The next meeting of the Health and Care Scrutiny Committee will be on 29 November 2018

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

Public Document Pack Agenda Item 6

London Borough of Islington
Health and Care Scrutiny Committee - Tuesday, 2 October 2018

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Tuesday, 2 October 2018 at 7.30 pm.

Present: **Councillors:** Gantly (Chair), Turan (Vice-Chair), Chowdhury, Clarke, Hyde, Khurana and Woodbyrne

Councillor Osh Gantly in the Chair

1 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers at the meeting

2 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Burgess and Klute and Jana Witt - Healthwatch

3 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

4 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

5 ORDER OF BUSINESS (ITEM NO. 5)

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

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

RESOLVED:

That the minutes of the meeting of the Committee held on 12 July 2018 be confirmed and the Chair be authorised to sign them

7 CHAIR'S REPORT (ITEM NO. 7)

The Chair informed the meeting that there would be 2 additional meetings of the Committee, to be held jointly with the L.B.Camden Health and Care Scrutiny Committee, on 9 October at Camden and on 29 November at Islington. These meetings were to consider the plans for the proposals to transform services in Mental Health in the Camden and Islington areas

The Chair stated that the Committee wished to undertake 2 new scrutiny reviews in the New Year – Social Care/Adult Carers and Eating Orders and it was noted that these would need to carry on into the New Municipal Year and it was –

RESOLVED: Accordingly

8 PUBLIC QUESTIONS (ITEM NO. 8)

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

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

Members were informed that there was no report that evening, as there had not been a meeting of the Health and Wellbeing Board since the last meeting of the Committee

10

WHITTINGTON ESTATES STRATEGY - UPDATE - PRESENTATION (ITEM NO.

10)

Sophie Harrison and Stephen Bloomer Whittington Hospital, were present at the meeting, and made a presentation to the Committee, copy interleaved.

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

- The Trust priorities include modern, fit for purpose maternity and neo-natal facilities, child centred community facilities, modern community based facilities that support and deliver the integrated closer to home vision and high quality accommodation
- The Trust is progressing estates management, through the preparation of a Strategic Outline case, including an estate development control plan, by April 2019
- The Trust is also building on relationships with the GLA, North Central London STP, Haringey and Islington Wellbeing Partnership and the London Estates Board
- The Trust is also working with Camden and Islington Foundation Trust, to support the delivery of improvements in mental health facilities, and Project Oriel, (Moorfields) by agreeing to the site of mental health facilities on part of the Whittington Hospital site
- The Trust will have a strategic outline case (SOC) by April 2019, and as part of this work, the Trust has begun the process of preparing an estate development control plan, and has procured specialist resources to support the work – using SBS framework, mini competition, an architectural led team, and resources will include design, health planning, cost consultancy, and engineering and energy specialists
- Delivering the SOC will require - presentation of the strategic context, including commissioner support, demonstration of Health Service need, a shortlist of options, including a development control plan, demonstration of affordability, and the presentation of timetable and deliverability
- The Trust has begun the preparation of the design brief, and a more formal assessment of its current estate, and will begin to engage externally on delivery options in early 2019
- Delivery of estates transformation will require support from, and engagement with staff, patients, the local communities, commissioners, and health and wellbeing provider partners. A number of more formal relationships/forms of engagement are already in place, including membership of the Haringey and Islington Wellbeing Partnership, and associated pathway groups and estates group, and membership of the North London Partners (NCLSTP), and associated Estates Strategy Board
- The Trust has a relationship with the GLA, through the signing of a Memorandum of Understanding, and through this the GLA will provide strategic housing expertise and advice to the Trust. This support will enable the estate transformation plan to consider the delivery of affordable housing, to meet the aspirations of the draft London Plan, London Housing Strategy, and the L.B.Islington Local Plan
- Through the H&I Estates Group and the NCL Estates Strategy Board, there is engagement with a range of partner providers, from primary through to tertiary care, to support an integrated approach to estates management
- The Trust has an agreement with Camden and Islington FT for the use of part of the Whittington Hospital site for the provision of inpatient mental health beds. This will further facilitate the development of the St.Pancras and Moorfields hospital sites

Health and Care Scrutiny Committee - 2 October 2018

- In response to a question it was stated that the discontinued contract with Ryhurst is subject to a legal challenge, but the Trust were confident of their position
- It was stated that the Trust were working in collaboration with NCL to provide oversight and support and that strategies were joined together

The Chair thanked Sophie Harrison and Stephen Bloomer for their presentation

11

LONDON AMBULANCE SERVICE - PERFORMANCE UPDATE (ITEM NO. 11)

Peter Rhodes, London Ambulance Service, was present for discussion of this item and made a presentation to the Committee.

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

- Following the inspection in March 2017, the LAS moved from an overall rating of 'Requires Improvement' to 'Good', which is a tremendous achievement and recognises the efforts of people across the service
- The Care of Patients in once again rated as 'outstanding'
- Amongst the CQC's key findings is that staff went above and beyond their expected duties, in order to meet patient needs
- The CCQ report also found that people working across all parts of the service demonstrated care which was consistent to the LAS values
- On the well led element of the inspection, the CQC found strong leadership, and more widely also highlighted the expertise in the care of the maternity and mental health patients
- There has been significant progress since 2015, from a position of an inadequate overall rating and being placed in special measures, to a good overall rating in 2017/18, and removal of special measures. Significant progress has also been made against all of the 2017/18 quality priorities
- The new LAS 5-year strategy introduced its new vision to build a world class ambulance service for a world class city, and exists to provide outstanding care for all its patients. The strategy also aims for the LAS to be a first class employer, valuing and developing skills and the diversity and quality of life of people, to provide the best value possible for the tax paying public, and to partner with the wider NHS and the public sector, to optimise healthcare and emergency services provision across London Borough of Islington
- Patients are playing a larger role in the integrated 111/Integrated Urgent Care provision across London, integrating 999 and 111 call answering, and clinical support to provide better and faster care. In addition, the LAS works with patient groups, and other providers, to introduce more specialised models of care for a greater proportion of its patients, and priority services. There is also a need to reduce unnecessary conveyancing of patients to emergency departments
- In terms of staff, the LAS is seeking to recruit and retain talent, improve engagement, and recognise and reward excellence
- In terms of public value, as previously stated the LAS is integrating 999 and 111 call answering, and this will provide a more cost effective service. Pioneer services will reduce unnecessary hospital conveyances, delivering savings for system partners. In addition, there will be a detailed internal programme of work, to implement the recommendations of Lord Carter's review into unwarranted variation within the NHS, and there will be a new partnership with South Central Ambulance Service
- The LAS work closely with a range of NHS Partners across London, including STP's, CCG's, Mental Health and Community Trusts, NHS England, NHS Improvement, and the CQC. There are a number of joint priorities including,

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increasing usage of alternative care pathways, reducing conveyance to emergency departments, and reducing handover delays at hospitals. Work also takes place with the Metropolitan Police and the London Fire Brigade, as well as other ambulance services around the country. In addition, work is also increasingly taking place with other public sector bodies, including the Mayor, TfL, and the local authorities

- It was noted that ambulances for Islington were sited at the one ambulance station at Brewery Road, and recruitment figures were positive
- Discussion took place as to how LAS deal with mental health patients and it was stated that this depended on the severity of the patients mental health. There is a target of 1 hour to respond to these calls and a flow chart was used to assess whether patients were likely to cause themselves harm
- Members congratulated the LAS on their improved performance
- Members noted that there is now a suite available at Whittington Hospital for mental health patients, which is preferable to them being treated in A&E
- In response to a question it was stated that staffing levels were good in Camden and Islington, however 1 in 6 staff were from abroad, and it was not known as to whether Brexit would affect recruitment/retention levels of staff

The Chair thanked Peter Rhodes for his presentation

12

SCRUTINY TOPIC - WITNESS EVIDENCE - GP SURGERIES (ITEM NO. 12)

Imogen Bloor and Rebecca Kingsnorth, Islington CCG, were present for discussion of this item.

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

- Social prescribing is the process of linking people with a range of non-medical community based services, which can support wellbeing and develop skills, knowledge and confidence to self-manage (activation)
- Patient activation refers to the extent to which people feel engaged and confident in taking care of their health conditions
- Patients who are more activated are better able to self-manage and use traditional services less frequently
- Patient activation measure is a validated tool that measures levels of patient activation – skills, knowledge and confidence
- An evaluation of the use of Patient Activation measures in Islington in 2014/15 found that 13% of patients reported the highest level of ability in managing their health conditions and 25% reported the lowest level and may feel overwhelmed by their conditions
- Patients most able to manage their health conditions had 38% fewer emergency admissions than the patients who were least able to
- If patients with low levels of activation were better supported to manage their conditions, as well as the most able, emergency admissions and attendances at A&E could be prevented
- Evidence supports that social prescribing builds capacity into the health and social care system, offering an alternative to traditional health care interventions
- A pilot in East Merton showed a reduction in GP consultations for patients referred to social prescribing by 33%. Patients identified were frequent attenders at this practice
- Social Prescribing Islington Navigation service – Age UK is the Islington provider of the Islington Navigation Service the principal social prescribing connector service in the borough. There are 7 care navigators and support patients/service users to identify ways of achieving individual health aims

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- The navigators also connect service users to appropriate health/care services and other non-traditional providers to make best use of community resources for the delivery of these goals. There is enhanced signposting through up to date knowledge of available local services
- There is also promotion of patients/service users independence through improved availability of information and support linked to personal goals. It is not simply a signposting service and the navigators are highly skilled professionals with backgrounds in a range of social and community care services – for example mental health, drug and alcohol services
- The Islington Navigation service is open to all adults with an identified need. There are onward referrals to over 130 different organisations per year and service users are 81% likely or highly likely to reduce use of primary and secondary care services, due to navigation service interventions
- There were 1088 referrals in 2017/18 and there were 350 referrals from GP practices
- The new 2018 contract requires the service to develop and build links with primary care to raise the profile across all sites and to increase referrals
- There is a focus on an integrated care and health integrated network model, which is focused on building resilience through collaboration – a team around the practice connecting primary care to a network of support
- In response to a question it was stated that NHS England had granted licences for social prescribing until 2021
- GP's from each practice meet regularly with a team of health and social care practitioners to discuss the care needs of patients who have the most complex needs
- Each meeting is centred on patients from a small group of GP practices. Health and Care issues are discussed and the team creates a coordinated plan to make the best use of local services
- An external evaluation of the networks in 2017 identified over a 12 month period, that patients were less likely to have visited hospital
- Services wrapped around primary care – identifying moderately frail patient include – the North Care Closer to Home Integrated Network (CHIN), a partnership between GP's, Whittington Health (Islington Community Ageing Team), Age UK, Islington GP Federation has established a service for moderately frail patients. Each practice has clinically verified those patients identified as moderately frail by EFI (electronic frailty index), to confirm a provisional assessment of moderate frailty
- 458 patients across 9 practices were identified as moderately frail and a further 217 whose frailty status was unclear
- The next steps include prioritising the list, to have clinically led telephone triage, subsequent face to face assessment, and interventions as indicated
- These contacts resulted in a regrading of frailty status in half of the cohort, severe, mild, or not frail
- There are a broad range of interventions (either by the service or other agencies), for those confirmed with moderate frailty difficulties including medication review, therapy intervention, and social prescribing approaches
- In response to a question it was stated that in the new 2018 contract it required the service to develop and build links with primary care and to build the profile and increase referrals from GP's
- Reference was made to the wide skill set in Age UK that could assist clients
- A Member referred to the issue of frequent callers and whether there was any information on this, and whether the service were aware if information from the LAS and hospitals was available. Reference was made to the fact that work was going on with Whittington A&E around this and information would be supplied to Members when available

The Chair thanked Imogen Bloor and Rebecca Kingsnorth for their presentation

13

HEALTHWATCH ANNUAL REPORT/WORK PROGRAMME (ITEM NO. 13)

Emma Whithby, Islington Healthwatch was present for discussion of this item and made a presentation to the Committee, copy interleaved. Members noted that one of the documents in the pack was in fact a draft and she apologised for this, and it was noted that a new document would be provided for Members

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

- Healthwatch is part of a national network, is 5 years old, and is part funded by LBI, and funding is being sought from other sources. Funding from LBI is to fulfil the statutory functions of the Health and Social Care Act 2013
- Healthwatch gather and report views on health and social care, and to provide people with information on services. It is a charitable company and takes a collaborative, critical friend approach
- To date this year, 47000 people have been reached on social media, 26 volunteers helped with things like mystery shopping to blogging, and reports have tackled issues ranging from autism and accessible information, through to hospital discharge and reablement. 101 people have been spoken to about mental health day services, 42 local service have been visited and over 300 people have been given advice and information
- Healthwatch brought commissioners and service users together, in August 2017, to discuss how to improve support for adults with ADHD. As a result, commissioners have redesigned the service to make more support available to people, before they have been clinically assessed. In particular, a psychosocial group at the point of referral is now available
- When working with partners, Healthwatch want to share responsibility and finances fairly, and bring resources to small grass roots organisations, supporting their development, through training and skills sharing and valuing their expertise. Healthwatch works with community health voices, such as ethnic minority organisations, and the Manor Gardens Centre, and Elfrida Society. Other partnerships are being sought
- In 2018/19 Healthwatch aims to continue to deliver its signposting service to at least 200 residents, reflecting the diversity of the borough, to have a co-signed statement in response to the Camden and Islington Estates Strategy, to start resident engagement in Day Centre Specification design and procurement, to have a programme of information stalls linked to protective characteristics and other vulnerabilities, to seek community views on health and care, and to liaise with diverse community health voices to gather BME input on primary care
- In addition, other measures, such as patient group meetings on key topics of relevance, and a response to key consultations from NHS England and the Green paper on Social Care will be actioned. Healthwatch will also be seeking views about resident's experiences in elderly care homes, and to assess in hospitals the implementation of the Accessible Information Standard
- Volunteers from London Metropolitan University designed and delivered a project about social isolation, and volunteers also gathered views on community services and phoned GP surgeries to find out what support is offered to patients with autism. Healthwatch has also influenced future plans on pharmacy spending, and trained 126 older residents with health conditions to use their smartphone to access information about health services, book GP appointments 7 days a week, and find low cost opportunities for self-care, such as keep fit classes

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- Members were of the view that during the scrutiny review that they were undertaking in relation to GP surgeries, that evidence has shown that where there is a large concentration of social housing ill health is more prevalent. Members were of the view that Healthwatch should consider looking at this in a future work programme

The Chair thanked Emma Whitby for her presentation

14

IAPT SCRUTINY REVIEW - 12 MONTH PROGRESS REPORT (ITEM NO. 14)

Jill Britten , Islington CCG was present for discussion of this item.

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

- It was noted that national targets were being met on the number of IAPT sessions offered
- Reference was made to the fact that the data issues had now been resolved in relation to recommendation 10
- Members were informed that one year funding had been provided from NHS England to support Islington and Haringey IAPT services to develop an offer to support people with type 1 or type 2 diabetes and/or COPD, whose physical needs are met either through primary care, or Whittington Health community and acute services. This new integrated IAPT service will be delivered in addition to the core local IAPT offer already available in each borough

The Chair thanked Jill Britten for her attendance

15

WALK IN CENTRES (ITEM NO. 15)

Imogen Bloor, Rebecca Kingsnorth, Sarah Soan and Phil Wrigley, Islington CCG were present for discussion of this item.

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

- The CCG were providing the same level of funding as for the existing contract and is currently undertaking a six month programme of engagement with patients and professionals to inform the decision making process
- It was noted that the contract for the service expires in March 2019, though there is an option to extend this to September 2019
- There were a number of options available and it was stated that if Members had views as to their favoured option this should be communicated to the CCG
- Discussion took place as to unregistered patients and that these needed to be identified in order to direct them to register at a GP practice. It was stated that further attempts should be made to identify whether patients attending the walk in centre were unregistered and that this should inform the process
- In response to a question it was stated that a phone app was being trialled in a pilot across NC London for consultations with GP's and the CCG were monitoring this

RESOLVED:

- (a) That the process of engagement that the CCG is undertaking to inform the decision making process in relation to future investment in same day primary care provision be noted
- (b) That approval be given to further engagement plans as in the report
- (c) That if Members have any views on further engagement or consultation these be notified to the CCG and an attempt be made to identify the unregistered patients attending the walk in centre, as referred to above

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The Chair thanked Imogen Bloor, Rebecca Kingsnorth, Sarah Soan and Phil Wrigley for attending

16

WORK PROGRAMME 2018/19 (ITEM NO. 16)

RESOLVED:

That the work programme be noted

MEETING CLOSED AT 10:05 p.m.

Chair

Agenda Item 10



Public Health
Municipal Offices, Upper Street

Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health and Care Scrutiny Committee	15 th November 2018		All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: IMPROVING OUTCOMES FOR RESIDENTS AFFECTED BY SUBSTANCE MISUSE

1 Synopsis

- 1.1 This paper and the accompanying presentation sets out the progress made in developing Public Health's new drug and alcohol recovery service.
- 1.2 The contract for a new integrated drug and alcohol recovery service was awarded to Camden and Islington NHS Foundation Trust in partnership with Blenheim CDP and Westminster Drug Project.
- 1.3 The new service has been operational from 1st April 2018.

2 Recommendations

- 2.1 To note the progress being made in developing a new service for residents of Islington.

3 Background

- 3.1 Islington experiences some of the greatest levels of substance misuse (alcohol and drugs) related harm in London. Substance misuse has significant detrimental impacts on health services, crime and community safety and is an important contributor to adult and children's social care needs, as well as wider economic and employment impacts.
- 3.2 The new service model for drug and alcohol recovery services, implemented following a major 18 month re-design and transformation programme, aligns well with Islington's refreshed corporate plan and specifically the development of integrated, place-based working in localities focused on tackling the deeper social challenges which prevent residents from fulfilling their potential, improving outcomes for themselves and their families. The provision of evidence-based, recovery focused substance misuse services as specified in the new contract will firmly support delivery of this commitment.
- 3.3 Islington's priorities for the drug and alcohol treatment system are to continue to improve recovery outcomes for both service users and their families; increase uptake of the most appropriate treatment for those who need it and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users.
- 3.4 A range of key performance indicators are included in the contract to drive a focus on increasing the positive impact of the service on the lives of individuals and their families. It is expected, and set out in the service specification, that there will be an increase in the numbers of people attending the service, as well as improving sustained outcomes. Service measures of success will also include incorporation of the Making It Real "I" statements to provide the service user and family view of the effectiveness of the service. A summary of these performance data are set out in the accompanying presentation, and indicate a very positive start for the new service

4 Implications

4.1 Legal implications

None.

4.2 Environmental implications

None.

4.3 Resident Impact Assessment

A resident impact assessment was completed as part of the procurement process.

5 Conclusion and reason for recommendations

- 5.1 Whilst at early stages of delivering the new service there are already positive impacts emerging.
- 5.2 Work continues with Camden and Islington NHS Foundation Trust to develop the new service with people using the service.

Appendices

Background papers: Presentation: 2018 – Improving outcomes for residents affected by substance misuse

Final report clearance:

Signed by:



Director of Public Health

Date 01/11/2018

Received by:

Head of Democratic Services

Date

Report Author:

Emma Stubbs

Date

Tel: 020 7527 8198

Email: Emma.stubbs@islington.gov.uk

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ISLINGTON

IMPROVING OUTCOMES FOR RESIDENTS AFFECTED BY SUBSTANCE MISUSE

Emma Stubbs

Senior Commissioning Manager

November 2018



Key areas

- § Background information:
 - Prevalence of alcohol and drug misuse in Islington
 - Impacts of substance misuse in Islington
- § Better Lives update
- § Performance:
 - Drug and alcohol treatment outcomes



Prevalence info

- § New estimates of the number of crack and/or opiate users (OCUs) and alcohol in Local Authorities were published in 2017.
- § These prevalence estimates give an indication of the number of people in your local area that are in need of specialist treatment and the rate of unmet need gives the proportion of those not currently in treatment.

Data Source NDTMS

Cohort and estimated number	Islington unmet need	National unmet need
OCUs – 2168	55.5%	51.7%
Opiate – 1749	45%	43%
Crack – 1642	58%	62%
Alcohol - 3674	76%	78%



Impacts of substance misuse



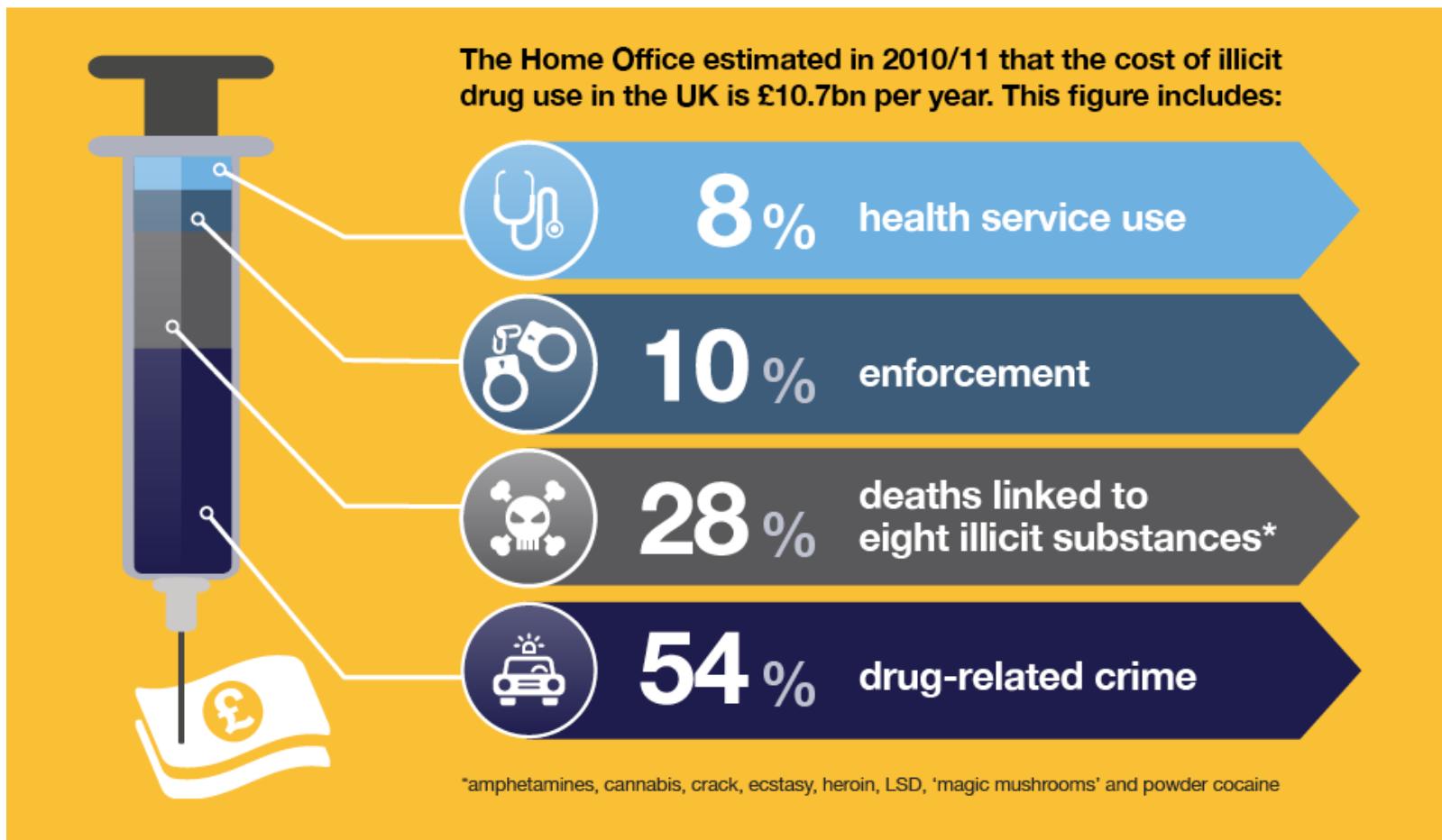
ISLINGTON



Public Health England

Healthmatters Drug misuse harms society

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Impacts of substance misuse



ISLINGTON



Public Health England

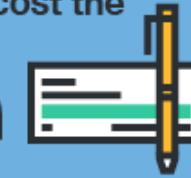
Healthmatters Why invest in treatment services?

Research has shown
that every
£1 INVESTED
in drug treatment
results in a
£2.50 BENEFIT
to society



There were
203,808
people engaged in
treatment in 2015/2016

If they had not been
in treatment, they
may have cost the
NHS over
£1bn



It is estimated
that structured
treatment prevented
4.9 million
crimes in 2010/2011
with an estimated
saving to society worth
£1bn
in today's
prices

and a further
£749m
SAVED from
former drug users
sustaining their recovery

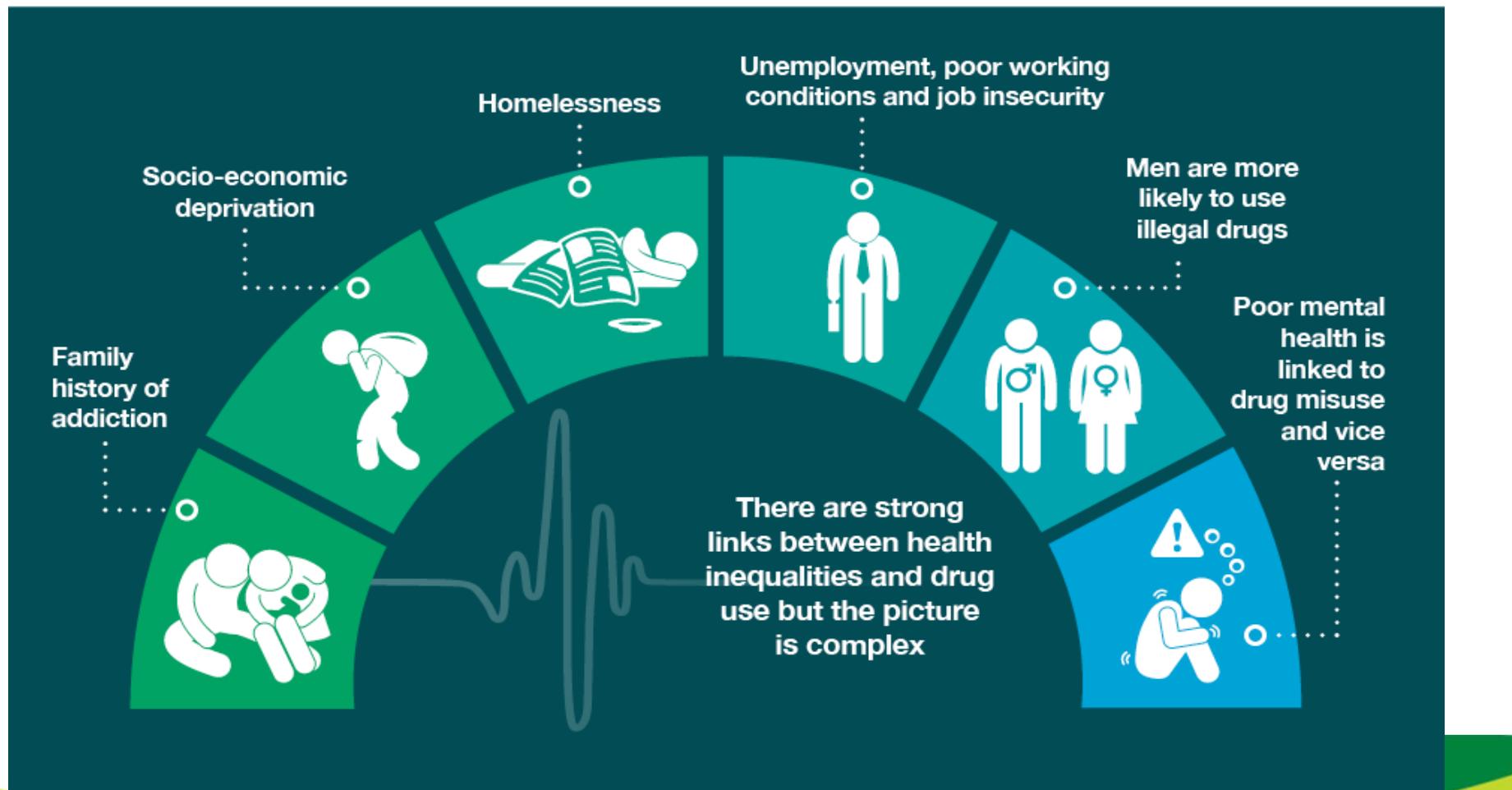


Impacts of substance misuse



Public Health England

Healthmatters Risk factors for drug misuse



Better Lives update



- § Better Lives, the new adult Islington drug and alcohol service started on the 1st April 2018.
- § Camden and Islington NHS Foundation Trust (C&I) are the lead provider working in partnership with WDP and Blenheim.
- § Significant logistical challenges in the first 6 months of operation:
 - C&I have invested significant amounts of money into refurbishing buildings in order to give service users, their families and staff comfortable and welcoming environments in which to transform their lives.
 - As buildings have been refurbished, the services usually provided from these sites have had to be relocated elsewhere. This has caused some anxiety to service users but through regular meetings and by involving service users in planning, service users are now more aware of the reasons for the changes and are more comfortable with the plans.
 - All eligible staff have been transferred over to the new providers and the remaining key vacant posts, such as Borough Service Manager, have been successfully appointed to. Better Lives held a successful team building day to welcome all staff to the new service and to clearly set out the vision for the new service.

Better Lives update cont'd



Positive feedback from partners about the proactive and flexible engagement of staff from Better Lives includes:

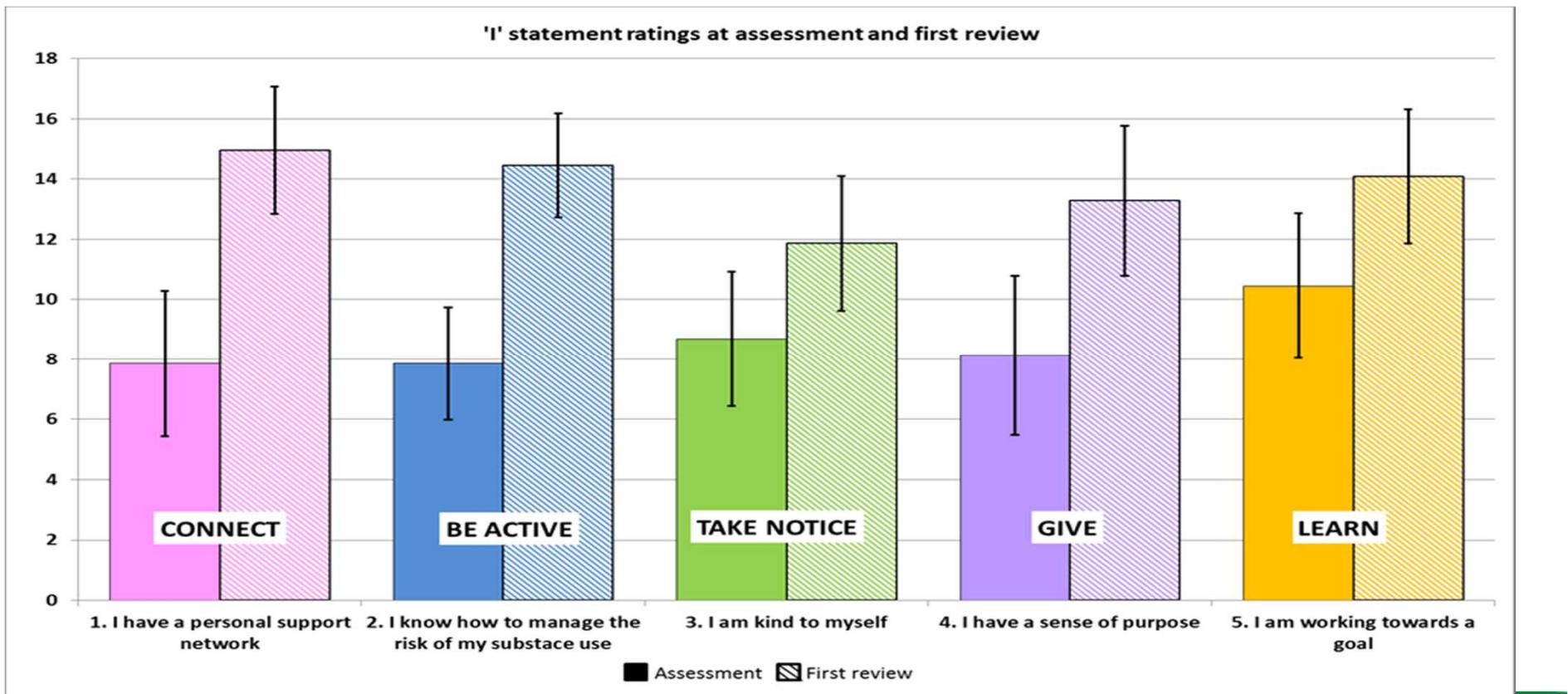
- working alongside community safety colleagues in the Stroud Green Road area
- attendance at a range of community events over the summer, including most recently StreetsFest in Finsbury Park.
- the provision of services at the Floating Hub as part of the GLA funded No Second Night Out pilot
- working with children's services around the Keel Project (supporting families affected by DVA, mental health and substance misuse).

New areas of work:

- Better Lives are launching a pilot project based in GP practices to work with people who are being prescribed benzodiazepines and opioids and who may be showing signs of dependence. The project will support people with a medication review and work with those who would like to reduce their reliance on medication.

Service user reported outcomes

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Borough performance



There has been a significant increase in the number of new service users entering treatment, compared to the same period last year:

- 42% increase in the number of opiate users accessing treatment
- 78% increase in the number accessing treatment for alcohol.

New to Treatment	Q1 17/18	Q1 18/19
Opiates	78	111
Alcohol	79	141



Borough performance cont'd

Further positive signs include:

- Zero clients re-presenting to the service in Q1 following the completion of treatment, indicative of successful maintenance of recovery
- An increase in the proportion of people in treatment referred via criminal justice routes (police; courts; probation / CRC) 20.8% compared with 18% last year- this was an area of the pathway where we have wanted to see improved engagement and referral for some time.
- More Naloxone provided to at risk/vulnerable residents in Q1 and Q2 this year than the same period of last year (78 kits compared with 36 last year).

What is working well in relation to the family service?

Referrals: During the first quarter of service delivery 2018/19, there has been a 167% increase in the number of referrals to the Better Lives Family Service (15 in Q1 2017/18 compared with 40 in the same quarter in 2018/19).

Direct work with families: During the first quarter of service delivery 2018/19, 59 Islington families were being supported, During the same quarter 2017/18, 39 Islington families were provided with a service.



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

Health and Care Committee	Date: 15 November 2018	Wards: All
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SUBJECT: Safeguarding adults in Islington in 2017/18 – 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. Recommendation

- 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 the Board's service user and carer subgroup, we held a well-attended social isolation and safeguarding event. The service user and carer subgroup continues to explore the relationship between social isolation and safeguarding risk. At their suggestion, we held an event to raise awareness of scams, in particular romance scams.
 - A Safeguarding Adults Review into the care of [Ms BB and CC](#) was published and an action plan developed in 2017. During the year, learning from the review has been implemented and

monitored. Some further work on this action plan is still needed and will be carried forward into the 2018/19 year.

- The Making Safeguarding Personal approach has been implemented within Adult Social Services and across partner organisations. Shifting culture to this way of working takes time and so work on this will continue in the next year.
- We held a month-long series of different awareness-raising events with conferences and pop-up information stalls at various places in the borough.
- The police have set up a dedicated mental health team with the aim of approaching mental health needs in the community in a more holistic way.

The annual report further details progress on delivering the final year of Islington Safeguarding Adults Board's 3-year strategy and annual plan. After consulting widely, the Islington Safeguarding Adults Board has developed a new 3-year strategy for the next 3 years ahead (2018-2021). The strategy has been aligned with those of the Safeguarding Adults Boards in the North Central London cluster (Enfield, Haringey, Camden and Barnet).

- 3.3 The review compares the statistics from 2017/18 with the previous year 2016/17. There has been more than a doubling of safeguarding adults concerns on the previous year (from 1,555 to 3,618).

However, safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have decreased 27% on last year (from 655 to 479). This means that in more than 8 out of 10 cases (88%) people were worried about, when we looked into it we decided not to progress it to a formal safeguarding enquiry.

- 3.4 Some of the reasons for this change in trend is related to professionals adapting to the Care Act 2014 which came into effect in 2015. London-wide guidance was issued in 2016. The guidance increased the categories of abuse for formal safeguarding enquiries which has led to an increase in awareness and referrals generally. We have also updated our electronic recording system and processes linked to safeguarding adults this year which has resulted in a clearer triage process at the start of a safeguarding episode resulting in a higher number of concerns being recorded as safeguarding adults cases initially.

- 3.5 Physical abuse, financial abuse and neglect have remained the top three categories for several years. The picture is similar across the country has been noted in previous years in Islington too. For example, the proportion of neglect cases at 33% has remained similar to last year's at 36%.

- 3.6 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 have been modified so that it is easier to collect data and monitor trends of these newly recognised types of abuse.

In the last year we did not carry out formal enquiries into any suspected cases of sexual exploitation or modern slavery. As the signs of modern slavery and sexual exploitation can be hard to spot, the Board will continue to raise awareness about these hidden types of abuse.

- 3.7 During the year, the Board's subgroup considered two new referrals as to whether they met the criteria for a Safeguarding Adults Review under Section 44 of the Care Act 2014. One of these cases did not meet the threshold; at the time of writing the review the other needed further information before a decision could be reached.

3.8 **Key national developments**

- The Homelessness Reduction Action came into force to address increasing street homelessness. 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.

- Mental Health issues such as suicides in detention and the use of seclusion are coming under the spotlight both nationally and internationally. The government has conducted a survey of experiences of the Mental Health Act and we await the outcome.
- Parliament is debating draft legislation which proposes to replace the current system of Deprivation of Liberty Safeguards (DoLS) with a broader but less onerous system of Liberty Protection Safeguards. Many councils have struggled to cope with a tenfold increase in cases in recent years and backlogs and breaches of statutory timescales were commonplace across the country, although Islington Council has been one of the few councils that has managed to stay mostly within timescales. However, the proposed new Liberty Protection Safeguards will need to strike a balance between human rights protections and making the scheme lighter touch.
- The government appointed a Loneliness Minister to continue the work started by the Jo Cox Commission. Loneliness can affect anyone at any stage of their life, but adults with care and support needs are more likely to be socially isolated. Eight out of ten family/friend carers describe themselves as lonely. We also know from research (echoed by feedback from our service user and carer subgroup) that loneliness and social isolation are risk factors for adult abuse and neglect.

4. Implications

4.1 Financial Implications

The Safeguarding Adults Unit's 2017/18 gross expenditure outturn was £1.422m. The following contributions were received:

- £87k 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's 2018/19 gross expenditure budget is £1.235m.

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

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 objectives; 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 2017-18

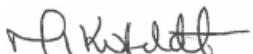
Appendix B: Islington Safeguarding Adults Board Annual Review 2017-18 summary

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/20162017/20170308sarabridgedreportsbbandmsccfeb2017.pdf>

Signed by:



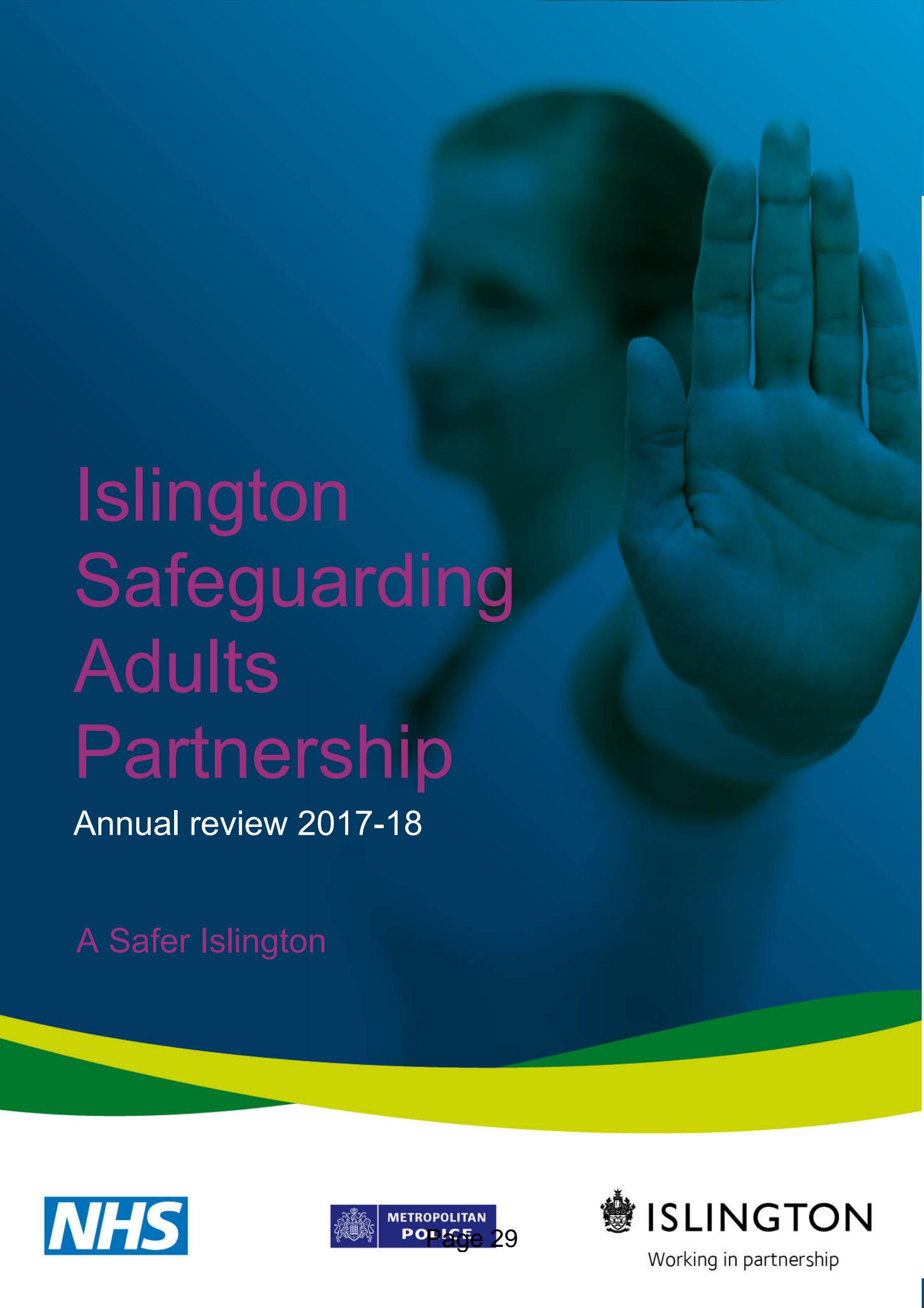
Interim Corporate Director of Housing & Adult Social Services

Date: 25 October 2018

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Islington Safeguarding Adults Partnership

Annual review 2017-18

A Safer Islington



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Foreword

Thank you for your continued interest in safeguarding adults in Islington. I am pleased to be introducing the 2017-18 Annual Report.

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.

The Board has welcomed a number of new members and thanked departing members for their contributions to its safeguarding endeavours. On behalf of my Board colleagues I express particular thanks to Sean McLaughlin, the Council's Executive Director responsible for Housing and Adult Social Care, who left in April to lead a Housing Provider in Haringay. Sean played a significant role in establishing the Board and personally engaged in numerous ways in progressing adult safeguarding for Islington residents.

This report seeks to capture the actions of the Board's partner organisations and the work of the Board's sub groups to progress the wellbeing and safety of the adults at risk whom they serve. It was particularly pleasing to work with our service user group to explore the issue of social isolation and how to tackle it as it compounds the safeguarding risks confronting vulnerable Adults. A successful event was held with voluntary sector and provider commissioned services to launch a safeguarding policy toolkit to strengthen their governance arrangements. Four training events were held to highlight issues regarding Domestic Violence as this issue has gained national prominence in the past year. A more dynamic relationship has been forged with Pentonville Prison to better understand and support the safeguarding issues and efforts in the prison.

Having substantially completed the actions relating to the last three years' strategy concluding in March 2018, in the first quarter of 2018 the Board completed a very successful consultation with Islington residents and professionals to inform its new three-year strategy which it agreed for the period April 2018 to March 2021.

Through on-going training and more general awareness raising we seek to encourage people to raise their safeguarding concerns and indeed the number of referrals remains high and is increasing. Health and Social Care

Commissioners are continuing 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 has sought to keep its members informed of wider community safety concerns relating to targeted fraud and financial exploitation and modern slavery.

On behalf of all board partners 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 Eleanor Fiske, our Board Manager, and Sobia Masood who support all the work of the Board. The work of our Board is made possible through the resources which the Council and Health commissioners continue to make available and which complements the resources each organisation commits to their own safeguarding work.



James A. Reilly
Independent Chair
July 2018

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Appendix A Making sure we safeguard everyone

Appendix B How the partnership board fits in

Appendix C Who attended our board meetings

Appendix D Our resources

Appendix E Our Impact on the environment

Appendix F Jargon buster

Appendix G What should I do if I suspect abuse?

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

**All our work is centred on
safeguarding adults with care and
support needs 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 –, Executive Director of Nursing

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

Care Quality Commission – Duncan Paterson, Inspection Manager

Community Rehabilitation Company- Joe Benmore, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Pentonville, Richard Sarsby, Head of Operations

Independent Chair – James Reilly

Islington Clinical Commissioning Group – Jenny Williams, Director of Nursing and Quality

Islington Clinical Commissioning Group - Dr Sarah Humphrey, Named GP for Safeguarding

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 – Gary Squires, Borough Commander

Metropolitan Police, Islington – Treena Fleming, Detective Superintendent

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

Notting Hill Pathways – Nigel Carpenter - Assistant Director

Single Homeless Project – Liz Rutherford, Chief Executive

Voluntary Action Islington – Guljabeen Rahman, Chief Executive

Whittington Health NHS Trust – Sarah Hayes, Deputy Chief Nurse

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 centres on helping those adults most at risk. Anyone can be vulnerable to abuse or neglect. But adults with care and support needs may need help and support to keep safe.



Safeguarding in the headlines

The government appointed a Loneliness Minister to continue the work started by the Jo Cox Commission. Loneliness can affect anyone at any stage of their life, but adults with care and support needs are more likely to socially isolate. Eight out of ten family/friend carers describe themselves as lonely. We also know from research that loneliness and social isolation are risk factors for adult abuse and neglect. Our service user and carer subgroup has also identified addressing loneliness as an area for development locally. In response, we held an event for service users and carers exploring the links between social isolation and scams, in particular romance scams.

New legislation on social care for older people is in the pipeline. A green paper is expected later in 2018 together with a public consultation. The seven key principles that will guide the social care green paper are: 1) quality 2) whole-person integrated care 3) control 4) workforce 5) supporting families and carers 6) sustainable funding model and market; and 7) security for all. A separate green paper on social care for work-age adults is also expected.

Concern about homelessness continues, with many regions reporting increases in homeless people in recent years. Islington has been no

exception. The Homelessness Reduction Act came into force during the year. Under the new law, rough sleepers will have a right to help from their local authority. Islington has been putting services into place to address not just rough sleepers, but also for adults with other multiple and complex needs.

Mental health has rightly started to receive more public attention, both nationally and internationally. Mental health services have long suffered from being the 'poor cousin' to physical health conditions. At last, issues such as suicide prevention, mental health prevalence in prisons, use of seclusion, rising mental health detentions and other related issues are coming under the spotlight. In response, the government has conducted a service user and carer survey of experiences of the Mental Health Act.

Building on recent work to strengthen police powers and bring justice to domestic abuse victims and survivors, the government is now consulting on new domestic violence legislation. Evidence requirements for domestic abuse prosecutions have also been strengthened, meaning that the range of documents has been expanded and time limits on abuse evidence have been removed. A stalking protection bill had its second reading in the House of Commons.



Steps towards reforms to deprivation of liberty safeguards legislation are slowly underway, with the Joint Committee on Human Rights having called for evidence. The proposed new Liberty Protection Safeguards will need to strike a balance between human rights protections and making the scheme lighter touch.

The fire tragedy at Grenfell Tower in June 2017 continued to receive much public attention. It has focused minds again on the importance of fire safety prevention, particularly for those who are less physically able to escape from fires. Attention has also been focused on other risk factors, such the need to give advice to people who use emollient creams, which may make their clothing more flammable.

Taking action against human trafficking and modern slavery continues to be a top priority for the UK Government. Modern Slavery can be hard to spot. So we have been rolling out training locally to equip managers and front-line staff to pick up on the subtle signs and report concerns so that we can bring the gang-masters and human traffickers to justice.

All too frequently, there have been reports of care homes closing across the country. In Islington, the Council and partners continue to monitor care home standards through our RADAR meetings. The Council's care home nurse works with local care homes to drive improvements and thereby reduce the risk of local care homes closing.

Safeguarding Boards across London have agreed local information sharing agreements with the police and health partners. This is an important step towards partner organisations working together seamlessly to stop abuse and neglect.

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

Holding events in the community is an essential part of what we do. Through face-to-face conversations with local people, we raise awareness about how to spot adult abuse and neglect and what to do about it. Given the opportunity to discuss abuse and neglect, people often open up and share concerns about themselves or a family member.

Over a cup tea or through an interactive drama group session, we explore concepts about dignity and wellbeing in an accessible way with local residents. Although resource and time intensive, these community outreach activities can have a lasting impact on people's awareness and understanding of abuse and neglect.

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 Centre
- 222 Upper Street

Our service user & carer subgroup came up with the idea of holding a safeguarding adults event about social isolation. We held a successful event on this topic for service users and carers.

The drama session performed by the local 'Your Life Your Say' drama group presented a possible romance scam scenario in a fun and engaging way. Their skit stimulated discussion on what to look out for in such situations. With presentations from the Police, Age UK and Transport for London, the audience engaged well with the topics and feedback was that they had learnt something valuable from it.



About our strategy

Good intentions are not enough to make a difference. A plan of action is needed.

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



Joint strategy with Camden

No adult with care and support needs should live in fear of abuse or neglect. This simple vision underpins our strategy, together with the six pillars of safeguarding set out in Care Act guidance, namely:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

Through this joint strategy with Camden's Safeguarding Adults Board, we were able to focus on the same broad objectives, but with flexibility for each Board to tailor their own annual delivery plan according to local need.

We have substantially achieved all the main objectives of that ambitious 3-year strategy. By

its very nature, safeguarding is complex and the root causes of abuse and neglect can be challenging to address. So, where there is still more work to be done, some of our priorities and objectives will be carried forward into our next strategy.

Prevention strategy

Prevention is always better than cure, so the saying goes. The Care Act 2014 also recognises the value of prevention work. Multi-pronged, co-ordinated effort over a long time is needed to effect a culture change around the safety and well-being of adults with care and support needs. That's why we have a complementary but separate prevention strategy. We are two years into our prevention strategy and are making good progress towards our key objectives around:

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

Collaboration is the cornerstone of a successful partnership. Without the energy, commitment and enthusiasm of our partner organisations, we could not achieve the objectives of our strategies. For their time, energy and resources, we sincerely thank our partner organisations. Their specific achievements are set out in the next section.

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 Metropolitan Police

The Metropolitan Police Service has restructured its policing model in Islington Borough to put safeguarding at the heart of every interaction with the local community. The new model incorporates a safeguarding strand, which ensures that every investigation has renewed focus around the individual needs of the victim/survivor and how best they can be supported by police and partner agencies. The safeguarding strand now comes under the leadership of one Detective Superintendent and services that were delivered separately by Islington Borough officers and the Sexual Offences Exploitation and Child Abuse Command have now been integrated. This means that the investigation of domestic abuse, sexual offences and child abuse is now delivered locally by omni-competent teams, with the ambition that over a period of time all officers will be trained in each discipline.

A dedicated Mental Health Team consisting of one Police Sergeant and four Police Constables has been introduced to provide a more holistic problem solving approach to mental health concerns within the community. As part of this work, the Serenity Intervention Model recently launched whereby a Police Constable is fully integrated within the community mental health team to provide a personalised package of clinical care for high intensity service users. The aim is to utilise



opportunities for early multi agency interventions and implement effective diversionary activities to reduce the risk of harm.

A new performance framework has been developed that centres around all positive outcomes for victims to understand how their lives have improved as a result of police and partnership intervention.

Operation Falcon presented at the Board's social isolation event for service users and carers on the topic scams and in particular, romance scams. Leaflets on spotting scams were handed out to service users and carers so that they are in a stronger position to recognise the signs of financial abuse/fraud and know who to contact if they are concerned.

London Fire Brigade

A training database now tracks all training undertaken by staff. All Senior officers are in the process of attending Safeguarding training.

All safeguarding policies are currently under review by the policy owners to ensure they are up to date.

Whittington Health NHS Trust

Their safeguarding referral form has been amended to make it easier to record the patient's



view in line with the making safeguarding personal approach. Staff training also highlights the importance of Making Safeguarding Personal (MSP).

They have held a number of well-attended and well-received learning together events which included partner agencies, looking at serious incidents involving safeguarding.

Whittington Health has developed several resources for staff and their patients around identifying and preventing pressure ulcers and have been actively involved in the Board's pressure ulcer task and finish group.

With several trained reviewers now on their staff, they have conducted a Learning Disability Mortality Review and learning event to share learning.

Camden & Islington Mental Health Foundation Trust

The Trust's Mental Health Law Office and the Trust Safeguarding Manager based at St Pancras Hospital have developed a process pathway to guide staff on when and how to access legal advice relating to safeguarding, the Mental Capacity Act and the Deprivation of Liberty Safeguards scheme.

A safeguarding module is under consideration to be delivered by the Divisional Social Work Leads. It is anticipated that this module could be delivered in the 2018-2019 programme through the Mental Health Offices based at St Pancras Hospital widely share essential updates from the Court of Protection with Trust staff.

They have developed a Training Tracker database to monitor compliance with Trust Induction and Core/Mandatory training modules. The Training Tracker database is now operational and forms the basis for the reporting of Safeguarding, Prevent, Mental Health law, Mental Capacity Act and the Deprivation of Liberty Safeguards scheme training.

Islington Clinical Commissioning Group

The Designated Nurse attends the safeguarding committees of local NHS trusts where training data

is presented, changes to training materials, policy and guidance developments are discussed.

Moorfields Eye Hospital NHS Foundation Trust

Mental Capacity Act (MCA) briefing sessions have been delivered to all services at Clinical governance half days. Face to face MCA training is mandatory for clinical staff & training and is delivered on a rolling fortnightly programme. A Best Interest Decision template has been developed. MCA issues are regularly included in safeguarding snippets newsletter. An MCA audit has been completed and the action plan has been implemented.

Safeguarding adults induction and mandatory training has been updated to include Making Safeguarding Personal (MSP). Safeguarding champions have been established and training has been provided on MSP. Their Safeguarding snippets newsletter, which is distributed across the Trust, included a section on MSP.

Patient representation on the Dementia & Learning Disability work group is being progressed. Learning from serious incidents/Root Cause Analysis is shared at the safeguarding adults committee and learning events are being planned.

Their Consent Policy has been reviewed.

Islington Council

In step with the Making Safeguarding Personal (MSP) approach, questions have been embedded within the Council's database safeguarding adults module to capture the outcomes service users want and their views. Learning from cases is shared and discussed at every Leaders in Safeguarding Meeting.

The Council is working with community housing providers to help them understand their role around Deprivation of Liberty Safeguards in the community and review their policies.

A multi-agency workshop was held in May to develop referrals pathways and agree processes for dealing with homeless people. A rough sleeping flow chart has been created and



distributed. A contact list of agencies who deal with homeless people (and street population more widely) has been created and circulated.

Partnership action plans around the most complex homeless cases are in place. St Mungo's was awarded the contract to deal with homeless people. Links have been established with "Women at the Well" – a new agency in Islington offering support to women involved in or at risk of prostitution

Trading Standards have brought in "Friends Against Scams" to train front line officers and residents about scams awareness and prevention and an elected member has signed up as the "Scambassador" for the programme.

Regular visits have been undertaken by Trading Standards staff to residents believed most vulnerable to scam, which include installation of call blockers and other preventative measures. A series of scams awareness activities and promotions occurring across the borough as part of London Trading Standards Week (started on 25th September 2017) were held.

A multi-million pound bogus model agency fraud investigation was handed over to National Trading Standards E-Crime Team Current prosecutions in progress: (a) £30,000 doorstep crime fraud (unnecessary & overpriced work); (b) false claim re assisting Islington with social housing by letting agent; (c) memorial mason taking on work when knowingly not able to do; (d) letting agent embezzlement of deposits and rent.

The Council has signed up to a trader approval scheme run by Which, which now carries Islington Council endorsement. A business advice cost recovery charging scheme has been implemented. Carried out first corrosive substances test purchase with police using a minor following leaflet advice campaign.

The Council's Community Safety team has taken a number of actions towards prevent including:

- * Prevent Partnership Board fully launched and supported across the partnership
- * Successful recruitment of the Prevent Education Officer and Prevent Support Officer roles
- * Basic Prevent awareness training has been delivered to over 200 staff this year with courses

planned for 18/19. All schools in Islington have been offered wrap training around prevent to bring them in line with Ofsted requirements. Numerous programmes and initiatives were funded during the year to promote awareness and response to possible grooming towards terrorism which have been delivered to parents, madrassas, young adults and front line practitioners dealing with gangs.

There are now 8 officers across the council who are now trainers in Modern Day Slavery and are delivering a schedule of training to be rolled out across the partnership. So far over 80 professionals have been trained with further dates already scheduled for 18/19 Islington Council has signed the Modern Day Slavery charter, pledging to ensure no money from council commissioning goes to any organisation found to be using modern slaves, or linked to this practice.

HMP Pentonville

The prison completed a self-assessment which has been useful in highlighting areas for improvement and those which are well managed. A leaflet for staff has been developed. Pentonville hosted a safeguarding adults partnership meeting at the prison. Training needed for staff is being raised at various levels.

Single Homeless Project (SHP)

Has published guidance on information sharing which is accessible to all staff. Their client consent form, which sets out which partners they would share information with which, has been agreed and signed off with each client. SHP is also planning to review its complaints policy shortly.

Healthwatch

Policies relating to volunteers have been reviewed and now promote well-being, to reduce the chances of safeguarding incidents internally. In addition, they have strengthened their safeguarding training. They now require volunteers to attend a safeguarding-in-practice training module looking at



case studies and encouraging volunteers to think of the safeguarding implications in each.

Nottinghill Housing Group

Notting Hill Housing have run awareness weeks for staff on Mental Capacity to ensure staff are aware of good practice in relation to supporting customers to make decisions. Safeguarding training has been updated to include additional content on MSP. Safeguarding Awareness week included MSP content. Policy ensures customer is central to the process of Safeguarding including customer access to independent advocacy and feedback from customers on their experience of the process following case closures.

Age UK

A policy for openness and candour has been completed as part of ongoing policy update.

Summary

The above specific achievements by no means represent all that partners have achieved towards safeguarding adults. For many of our partner organisations, safeguarding adults is routine and core to their every-day work.

Subgroups



While the Board oversees the implementation of its strategy, five subgroups carried out much of the actual work. They are the engines behind the Board.

This section sets out the achievements of each subgroup.

Each of our subgroups has an ambitious workplan. To achieve these workplans, commitment and drive is needed from partner organisations. In the early part of the year, we held a subgroups and Board workshop. By bringing everyone together, we were

able to get valuable feedback on what was working well with the subgroups and where more energy and attention was needed.



1. Quality, Audit & Assurance

This subgroup has a large remit around assurance. Particular focus has been given to case file audits and the learning from the BB and CC safeguarding adults review.

A pressure ulcer task and finish group was set up and has been working towards developing awareness-raising and education materials for the

general public about preventing and spotting pressure ulcers. Work around launching a leaflet will be carried forward into the new year.

Making safeguarding personal (MSP) has been a topic under discussion and the group will seek further assurance on how partner organisations are implementing this initiative in the next year.



Christine Dyson
Chair
Quality, Audit & Assurance Subgroup

2. Communications & Policy

An awareness-raising plan about homelessness and safeguarding was developed and implemented during the year. Guidance for practitioners has been developed. The Board received a presentation on adults with multiple and complex needs and the piloting of a 'housing first' approach with this group of adults. Work on this will continue into the next year.

A safeguarding adults policy toolkit was developed with the voluntary sector in mind. This was launched and promoted at a well-attended event for voluntary sector and Council-commissioned services in the Borough.

More than 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.

Eleanor Fiske
(Interim) 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 had a focus on incorporating the MSP approach into learning and development.

Modern slavery training is being promoted and rolled out across Islington to Council staff and partner organisations.

A series of four half-day conferences 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.

Helen Standing
Vice Chair
Learning & Development Subgroup

4. Safeguarding Adults Review

The Safeguarding Adults Review (SAR) subgroup continued to oversee the implementation of the action plan following a review into the care of Ms BB and CC.

During the year, the subgroup considered two new referrals for formal consideration as a SAR under Section 44 of the Care Act 2014. The SAR subgroup has also been considering two further cases but is seeking more information and will determine in the coming year whether to proceed with a SAR.

The subgroup considered each referral against criteria set out in the Learning and Review framework. Of these cases, one needed further information before it could be decided whether it met the criteria for a review. The work continues into the next year.

DCI Lily Benbow
Chair
Safeguarding Adults Review Subgroup

5. Service User & Carer



The subgroup is becoming more involved in the work of the Board and setting its own direction. Discussions have been wide-ranging and have included

- The Safeguarding Adults Review of Ms BB and Ms CC
- Homelessness
- Social isolation
- Scams and romance scams
- Mental health and learning disability in prisons and police custody

A theme of social isolation and loneliness continues to be explored by the subgroup. At their suggestion, a safeguarding adults event was held with a theme around social isolation and risk of abuse, particularly scams. The subgroup regularly raises concerns about how inaccessibility of public transport further compounds the social isolation of adult with care and support needs and those who

care for them. They also report fears about abuse and victimisation on public transport. With this in mind, Transport for London presented on the work they are doing to make transport more accessible. Similarly, Age UK Islington presented on the work they are doing, including befriending services, to address social isolation in the borough.

Healthwatch is represented on the subgroup now and this is an important first step towards the subgroup becoming more involved in local quality assurance. The subgroup is regularly invited to feedback on their experiences of safeguarding and quality of care and this in turn helps to strengthen and improve our safeguarding processes.

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 pinpointing our strengths and highlighting areas for further analysis or development.



1. Experiences

No statistic can capture the pain and suffering, the fear and distress that abuse and neglect can trigger. 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 also 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. Our recently agreed London-wide information sharing agreement is a step in the right direction toward being able to safely share aggregate data and get a clearer picture of trends and activity across the borough.

3. Safeguarding Concerns

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 **more than doubled** on the previous year. This does not mean that twice as much abuse and neglect took place – only that more concerns were reported to us and recorded as concerns by us.

This year we had **3,618** concerns about possible abuse). For the previous year 2016/17 we had **1,555**.

This doubling in concerns is largely due to a different approach to recording concerns in line with the new London guidance. Our awareness-raising efforts may also be having an effect, with larger numbers of people reporting concerns 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.

However, dealing with inappropriate safeguarding concerns are resource intensive and an inefficient use of our resources. So, we will look into the reasons behind this trend further to find out whether inappropriate referrals are being routinely received from some organisations. It might indicate that further training is needed.

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.

4. Safeguarding enquiries

In 2017/18 we had **479 safeguarding enquiries** (**13%** of the total concerns raised)

The number of safeguarding enquiries we carried out decreased **27%** compared with 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. We frequently signpost those people to appropriate sources of support.

Case example

'X', a woman with learning disabilities was living in a hostel for homeless women. Staff there became increasingly concerned about X's self-neglect and her street lifestyle. They raised a safeguarding concern about her.

It then became obvious that X was pregnant and that she was neglecting not only her own health, but that of her unborn child too. So a safeguarding concern was raised about the unborn child.

Numerous support services including Single Homeless Project, substance misuse teams, FLIC, midwives, children's social services and adult social services worked together with 'X' over the following months to achieve a person-centred plan for her.

A cross-borough partnership was established between another borough as X's partner lived in a hostel there and X started sleeping rough outside his hostel. There were concerns that X might end up giving birth on the street. As a result, arrangements were made for X to access a hostel in that borough. Safety protocols were put in place so that all emergency services across London were familiar with X's case around the time of the X's due date.

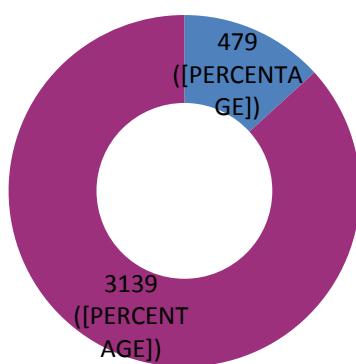
X successfully managed to maintain a methadone script during this time and engage positively with services. She gave birth to a healthy baby in the safety of hospital.

Plans have been made for X to move boroughs to live with her partner and for them to receive tailored support together for the first time instead of an individual basis.

5. Safeguarding concerns to enquiries 'conversion rate'

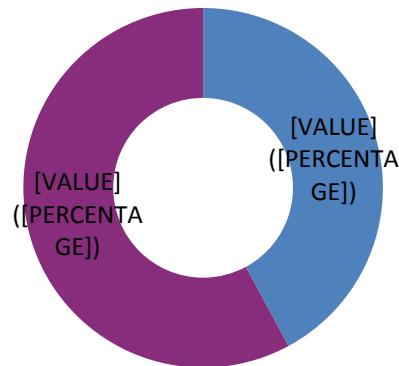
This year (2017-18)

■ Safeguarding enquiry ■ No enquiry



Previous year (2016-17)

■ Safeguarding enquiry ■ No enquiry



The charts above compare the number of concerns which became formal Section 42 safeguarding enquiries in the last year with the previous year. Formal Section 42 safeguarding enquiries have decreased 27% - there were 655 safeguarding enquiries last year compared to 479 this year (2017-18).

In more than 8 out of 10 cases (87%), people were worried about an adult but when we looked into their concern in detail and had gathered more information, we decided not to progress it to a formal safeguarding enquiry. Reaching that decision usually requires much information gathering, checking of facts, weighing up of risks and taking into account proportionality of response. For example, after checking with other agencies and completing a mental capacity assessment with the adult concerned, we may decide that they do not have care and support needs. In that situation, a Section 42 safeguarding adults enquiry would not be appropriate.

Expressing the above statistics in reverse, it means that fewer than 2 in every ten concerns (13%) were converted to a Section 42 safeguarding adults enquiry. This ratio is sometimes referred to as the 'conversion rate'. Conversion rates have been receiving attention nationally as there has been wide variation across the country¹. Work has been undertaken across London to try to establish clearer thresholds for social workers to apply when considering converting a concern to an enquiry.

Our conversion rate is due to a combination of factors. Firstly, we have done much to raise awareness locally about the Care Act 2014 legislation which came into effect in 2015. The profile of safeguarding has also been raised through media attention on various public enquiries, such as the Francis report. This has the effect of increasing the number of concerns reported to us. Secondly, professionals have been applying the new thresholds for safeguarding set out in London-wide guidance in 2016. The guidance clarified thresholds for formal safeguarding enquiries. This has had the effect of tightening criteria locally for converting a concern to

¹ ['A patchwork of practice'](#), Action on Elder Abuse, Dec 2017



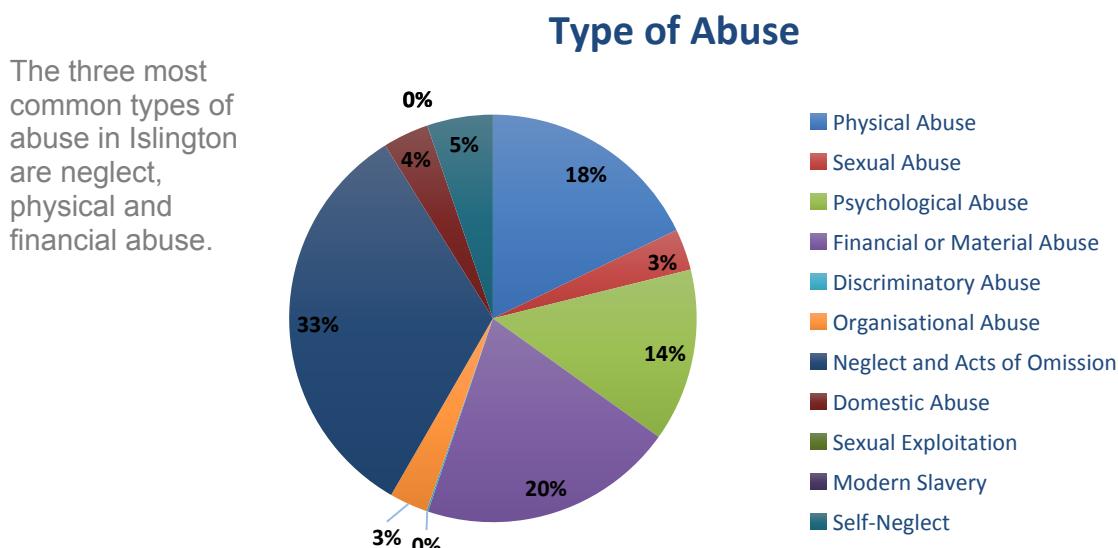
a formal Section 42 enquiry. These factors may go some way to explaining why the conversion rate for the 2017-18 year in Islington at 13% is significantly lower than the previous year of 42%.

At the time of publishing this report, the national data for 2017/18 has not been published so it is not yet possible to benchmark our data against that of other areas. The national data for the previous year 2016/17 is available on the [NHS Digital website](#).

We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners.

5. Types of abuse

The different types of abuse about which we made safeguarding enquiries during the 2017/18 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 2017/18 year, the three most common types of abuse we made enquiries into were neglect, financial abuse and physical abuse. This pattern has been noted in previous years too. For example, the proportion of neglect cases at 33% has remained similar to last year's at 36%.

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 in these newly-recognised types of abuse.

However, in the last year we did not carry out formal enquiries into any suspected cases of sexual exploitation or modern slavery of adults with care and support needs. As the signs of modern slavery and sexual exploitation can be hard to spot, the Board will continue to raise awareness of what to look out for.

Feedback from participants on modern slavery training courses:

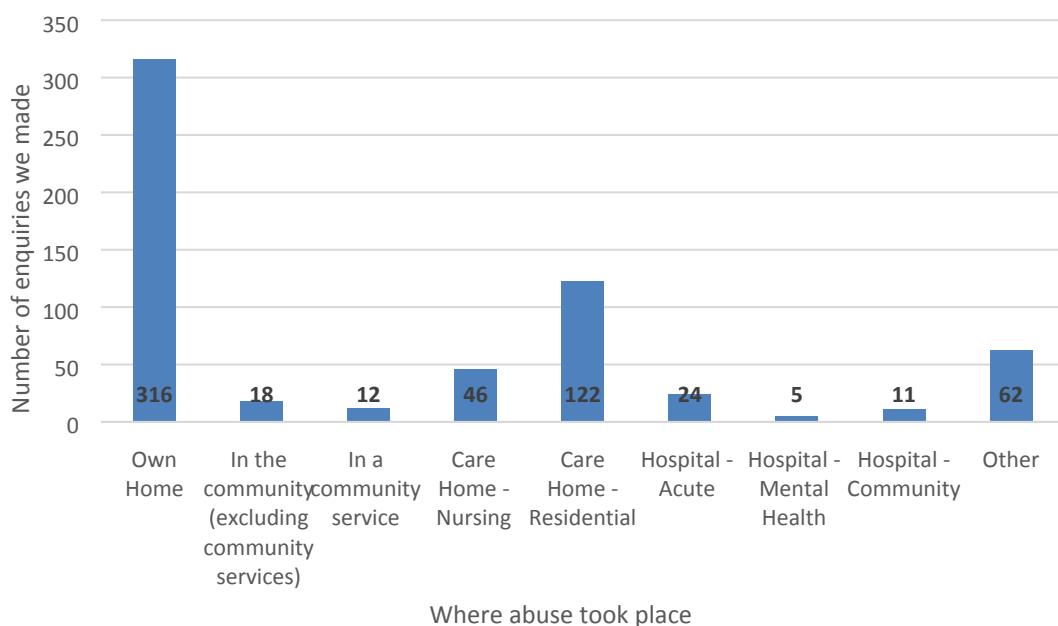
"Substantial improvement on understanding of modern slavery. Presenters were very knowledgeable...will apply the knowledge on a day to day basis"

"Excellent! Will apply the knowledge during interviews and home visits."

6. Where abuse took place

Adults with care and support needs are most at risk in their own home

Location and Source of Risk

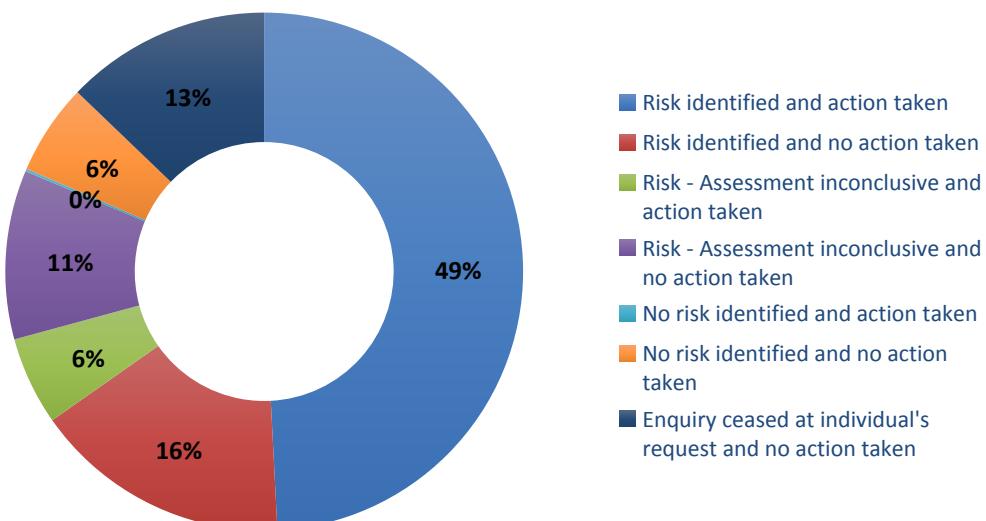


This chart relates to the 479 safeguarding enquiries which were undertaken during the year. Some cases involved more than one location of abuse.

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.

7. Action we took

Action we took to help the adult



The graph above shows what happened as a result of the 479 safeguarding enquiries we made. In nearly half of all cases, we took some kind of action.

The most common action is increased monitoring of the adult. Increased monitoring could include family and friends agreeing 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 more than 3 out of 10 cases, we took no action. But before reaching the decision to take no action, we would have carefully assessed the risks and agreed that there was no serious ongoing risk to the adult.

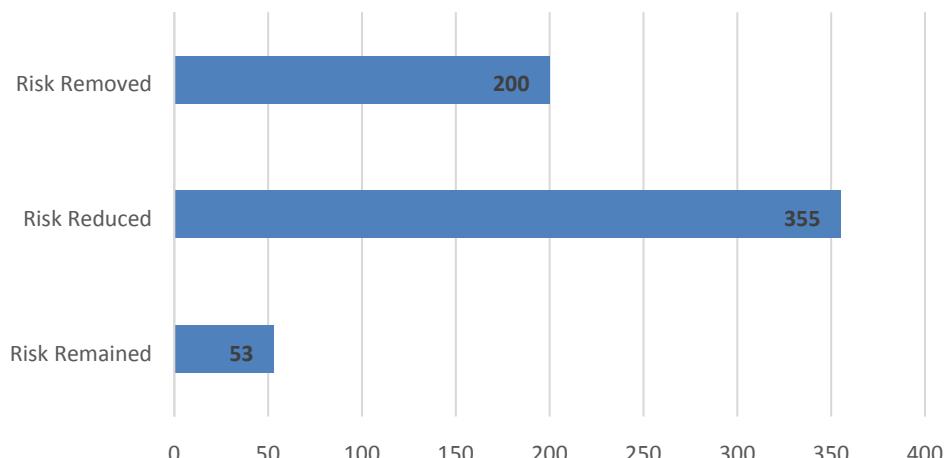
For some cases (13%), the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against their wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.

8. 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.

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

Impact of Safeguarding





9. 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 some 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 aim to record whether we were able to achieve their preferred outcome. Our preliminary data from previous years shows we need to continue transforming practice and shifting work cultures 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.

But we take some comfort from previous years' data which 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.

10. 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 might be 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) had been carried out for Ms BB and Ms CC. The executive summary can be downloaded [here](#).

We have continued to work on the action plan to address the learning from the Ms BB and Ms CC

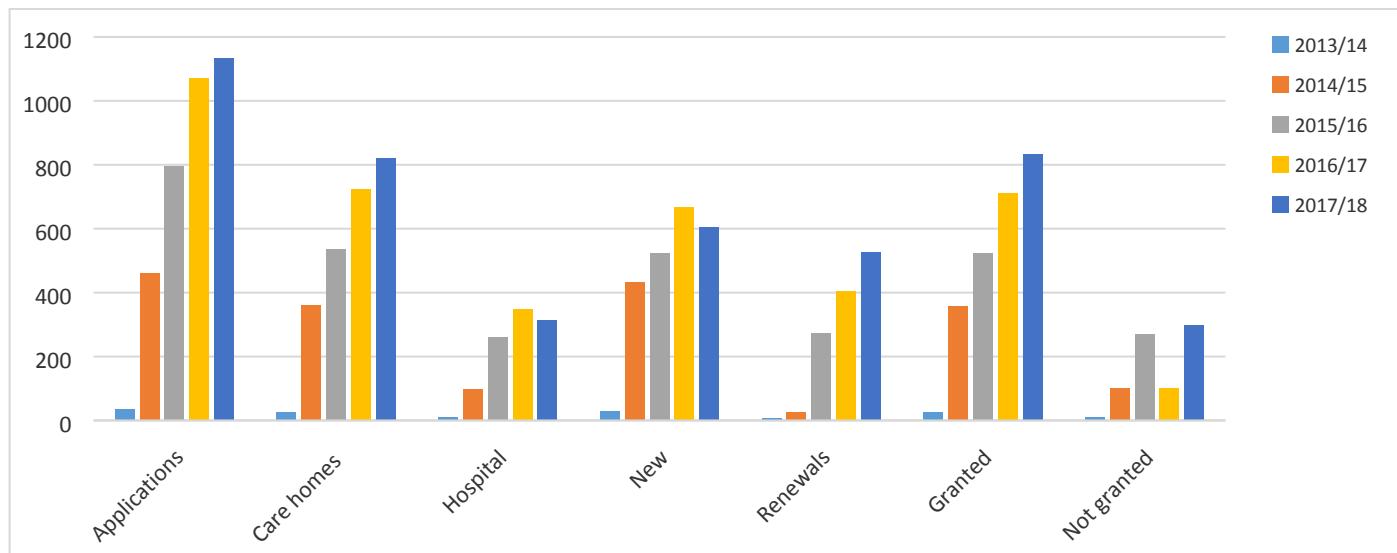


case. Although much has already been done to share the learning from this review widely, there is still more to be done and work will be carried on in the next year.



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 6% on the previous year. After the landmark Cheshire West Supreme Court ruling in 2014, there was a sharp upward trend across the country in DoLS referrals. For the first time since that ruling we are starting to see a flattening off of referrals. This is a positive sign – it shows that all (or nearly all) of our residents in residential care, who should be on a DoL and receiving appropriate Safeguards are so.

Staff in residential care homes and hospitals are now better aware of when to make DoLS referrals and compliant with the legislation. Their improved knowledge is reflected in the speed and appropriateness of their referrals and implementation of conditions attached to DoLS authorisations. The Islington Learning Disability Service has appointed a lead officer for taking forward community-based DoLS referrals for people with a learning disability.

Many other areas across the country have struggled to cope with the rate of referrals resulting in backlogs and delays. Islington

mostly continues to manage to keep to timescales and continues to perform significantly above national averages.

Half of all new referrals are from hospitals, but they represent only 2% of people who are currently on a DoL authorisation. More than half of referrals from care homes are new renewals. 57% of all current DoL authorisations are for Islington residents placed in care homes or hospitals outside of the Borough.

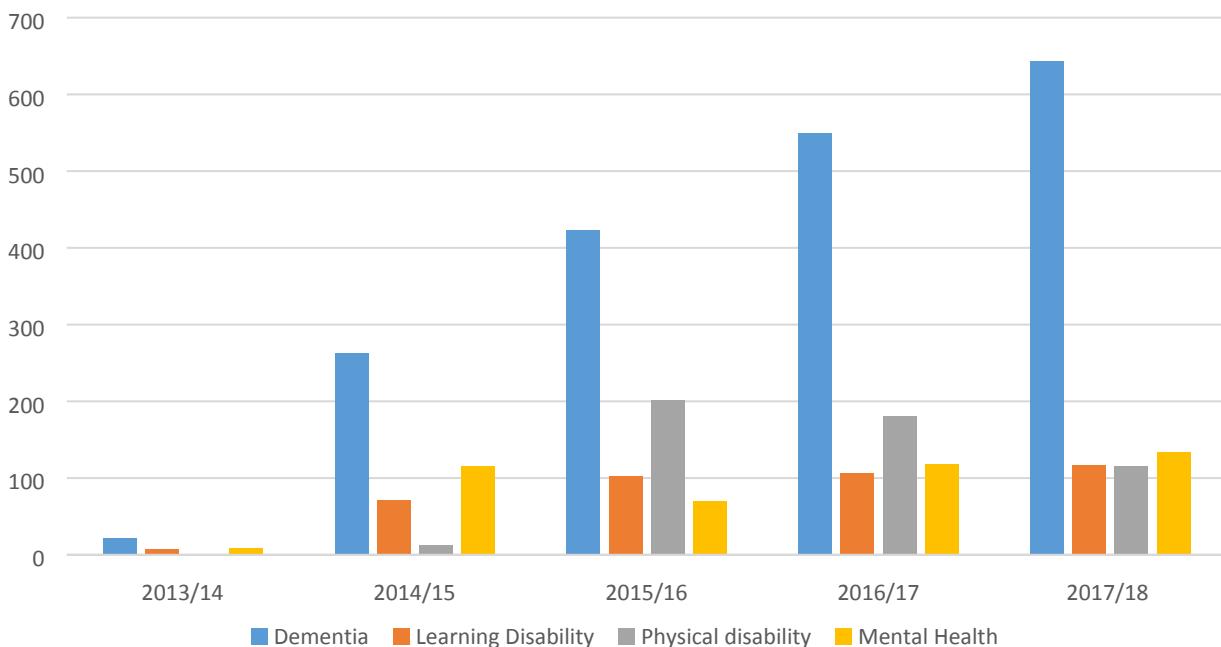
We have 462 residents who currently have Deprivation of Liberty Safeguards in place. The average time for which a DoLS authorisation is granted is 45 weeks.

Nearly half of all DoL authorisations are granted with conditions attached to them and a further 8% had recommendations for their care and wellbeing. The fact that many authorisations have conditions gives assurance that DoLS are being done in a person-centred way.

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. We also contact or visit the care homes to check.

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.

- Nearly 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 100 years of age.

- We used interpreters for 17 different languages – mostly European languages with Greek being the most common.
- 43% of people referred for a DoLS did not identify as having a religion. Of those that did, 90% were Christian and 6% were Muslim.

Proposed new DoLS scheme:

The law Commission's recommendation that the DoLS legislation be replaced urgently has been broadly accepted by the government.

Under the proposed new Liberty Protection Safeguards (LPS) scheme and proposed changes to the Mental Capacity Act 2005,

- the process will be more streamlined
- it will apply to people over age 16
- it will apply everywhere (not just care homes and hospitals)
- allowances for people with fluctuating mental capacity will be made
- greater safeguards for people will be made before they are deprived of their liberty.
- the person's wishes and feelings will be emphasised more

As at the time of writing this report, a timetable for consulting on and implementing the proposed LPS scheme has not been announced yet.

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 new 3-year strategy

Our new strategy is aligned with the strategies of the four of our neighbouring boroughs: Camden, Barnet, Haringey and Enfield. Although each Safeguarding Adults Board faces unique challenges and circumstances, there's more that unites than divides us.

There are clearly many initiatives we can work together on to achieve greater impact. Additionally, many of our partners fed back to us that they were duplicating effort across borough boundaries. In times of constrained resources, it makes sense to join forces where we can. Aligning only some of our strategic aims gives each Board flexibility to also tailor its own strategy according to local need and variation.

We wanted to make sure that the strategy truly reflected the views and aspirations of residents, service users, carers and professionals. To ensure meaningful consultation and 'voice-led' development of our strategy, we involved a range of stakeholders right from the beginning of the process and continued to engage with them throughout the process. We started with a blank slate. We listened to what local people and professionals had to say and wherever possible, we gave greater weight to service users' and carers' opinions about what our focus should be.



We are very grateful to all those who took part in our engagement events, consultation surveys and the Islington strategy task and finish group. They generously gave their time and expertise and shared their experiences. Without their input we would not have been able to develop such a rich and meaningful strategy.

You can read our new strategy on our website [here](#). We will also continue to implement our [prevention strategy](#).

In order to achieve our strategic objectives, the Board partners will agree detailed work programmes for each of the three years to harness their resources and contributions in our combined effort to tackle and prevent abuse and neglect in Islington.

Both plans are available for download on our webpages [here](#).

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 will continue to ensure 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 share your views with us, 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.

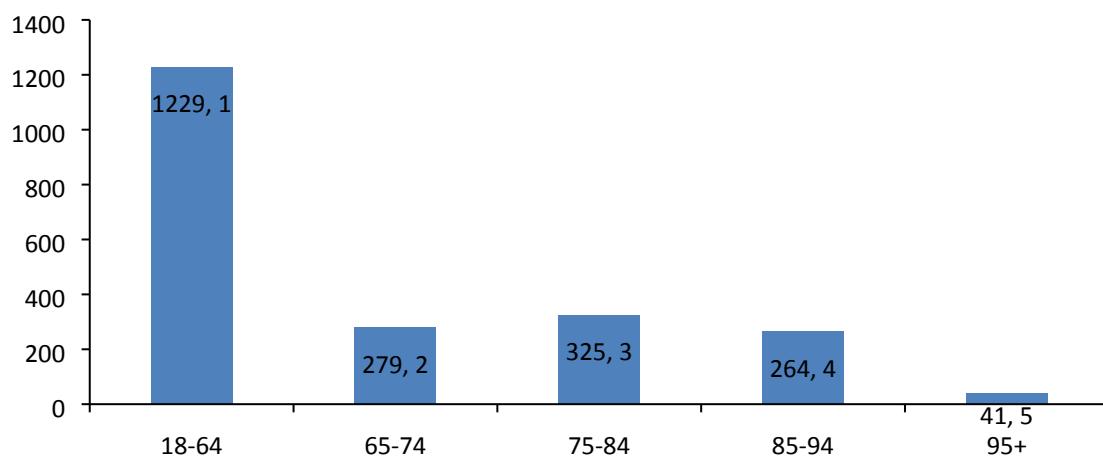
Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.



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.

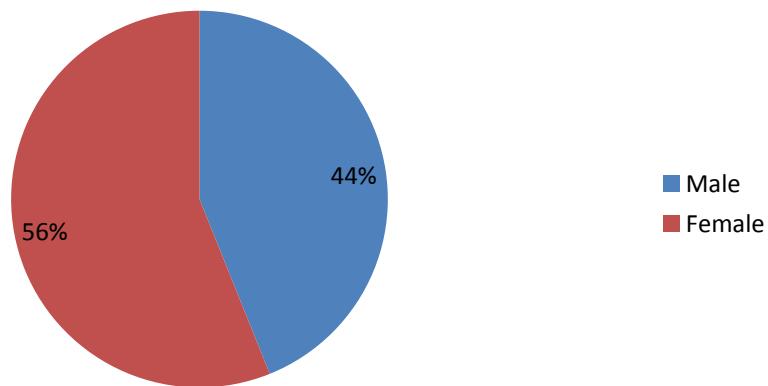
With their consent, we capture information about their age, sex ethnicity, sexuality, mental capacity and service user category. Having a clear overall picture of who we are safeguarding and where there are gaps, helps us to decide where to focus our attention in the future.

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.

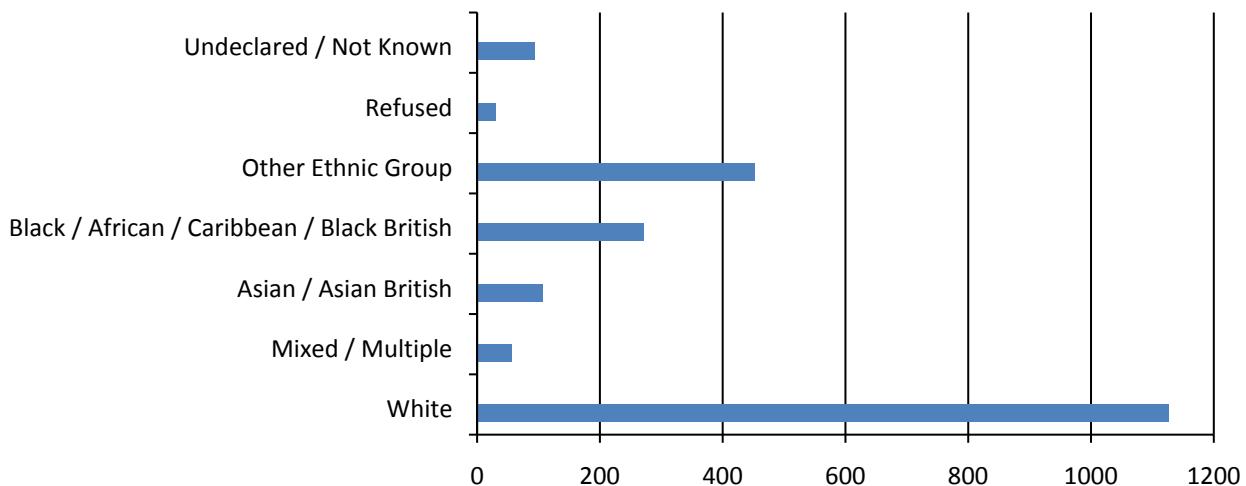
Gender of adults who had safeguarding concerns raised about them



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.

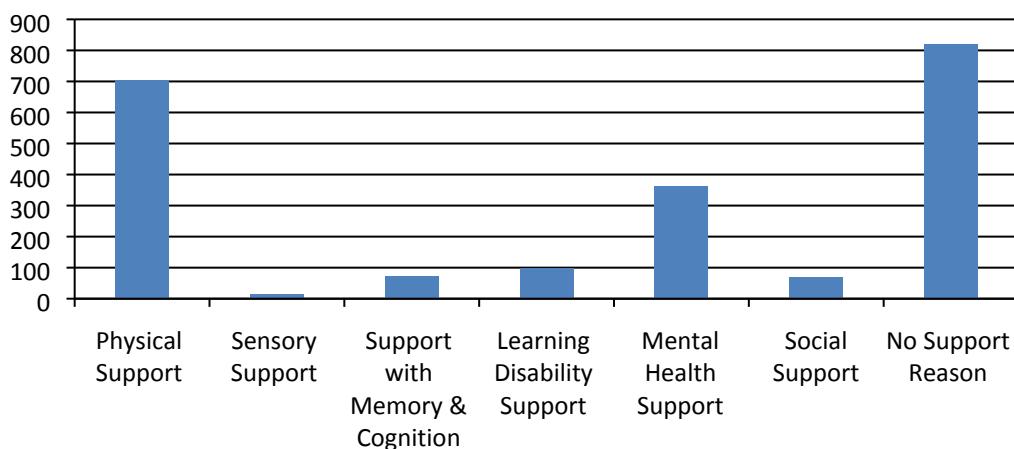
Different ethnic groups have slightly different proportions of adults with care and support needs. For example, the average age varies across ethnic groups in Islington. In an ethnic group where there is a higher proportion of older people, we would expect to see more safeguarding concerns for that group.

Sexual orientation of adults safeguarded during the year

The government estimates that roughly 6% of the UK population is lesbian, gay or bisexual. Although the Department of Health does not require us to collect and report on sexual orientation, in recent years, we have started asking some of the adults we safeguard about this. 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.

Even though our data is not complete, there may be enough data to suggest that lesbian adults are 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



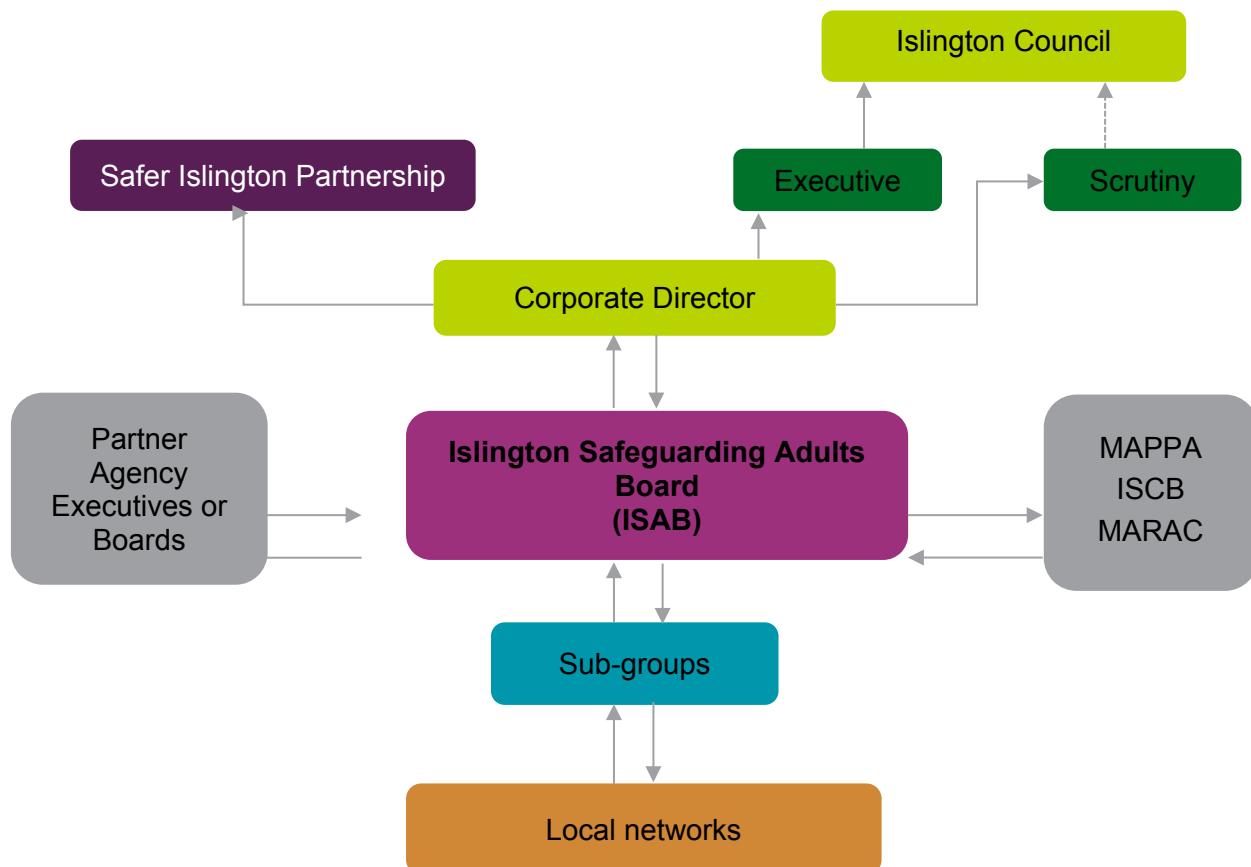
The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country.

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 four

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

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

Islington Safeguarding Adults Board Meetings	Board Meeting 5-Apr-17	Board Meeting 12-Jul-17	Board Meeting 18-Oct-17	Board Meeting 31-Jan-18
Partner Organisation				
Independent Chair	P	P	P	P
Islington Council	P	P	P	P
Islington Safeguarding Children's Board	N	A	P	A
Safer Islington Partnership	A	P	A	A
Islington Clinical Commissioning Group	A	A	A	P
Moorfields Eye Hospital NHS Foundation Trust	P	P	P	P
London Fire Brigade	P	P	A	P
Camden & Islington Foundation Trust	P	P	A	P
Whittington Health	P	P	P	P
Police	P	A	P	P
Community Rehabilitation Company (CRC)	N	N	N	N
Probation	P	A	P	A
London Ambulance Service	P	P	A	P
Co-Opted Organisation				
Age UK Islington	A	A	P	A
Notting Hill Pathways	P	P	A	P
Healthwatch Islington	P	P	P	P
Single Homeless Project	P	A	P	P
Attendees				
Care Quality Commission (CQC)	A	P	P	A
NHS England	N	N	N	N
London Borough of Islington Councillor	A	A	P	A
General Practitioner	N	N	N	N
Family Mosaic Housing rep	N	A	A	A
Prison	P	N	P	A

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

Communication and Policy Subgroup	Subgroup Meeting 6-Mar-17	Subgroup Meeting 28-Jun-17	Subgroup Meeting 20-Sep-17	Subgroup Meeting 05-Dec-17
Partner Organisation				
Chair (Camden and Islington NHS Foundation Trust)	P	P	P	P
Safeguarding Adults Unit	P	P	P	P
Whittington Health	P	P	A	A
Moorfields Eye Hospital NHS Foundation Trust	P	A	P	A
Islington Housing	A	A	A	A
Camden and Islington NHS Foundation Trust	A	A	P	P
Islington Communications team	A	N	P	A

Quality, Audit and Assurance Subgroup	Subgroup Meeting 05-Jun-17	Subgroup Meeting 11-Sep-17
Partner Organisation		
Chair (Clinical Commissioning Group)	P	A
Safeguarding Adults Unit	P	P
Whittington Health	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	P
Islington Commissioning	A	A
Camden and Islington NHS Foundation Trust	P	P
Notting Hill Housing	P	P
Islington Customer Services Team (6monthly attendance)	A	A

Learning and Development Subgroup		Subgroup Meeting
		18-Jul-17
Partner Organisation		
Chair (Islington Council)	P	
Safeguarding Adults Unit	A	
Whittington Health	P	
Camden and Islington NHS Foundation Trust	P	
HMP Pentonville	A	
Centre 404	P	
Age UK Islington	P	
Stonewall Housing	A	
Healthwatch	A	
Hillside Clubhouse	A	

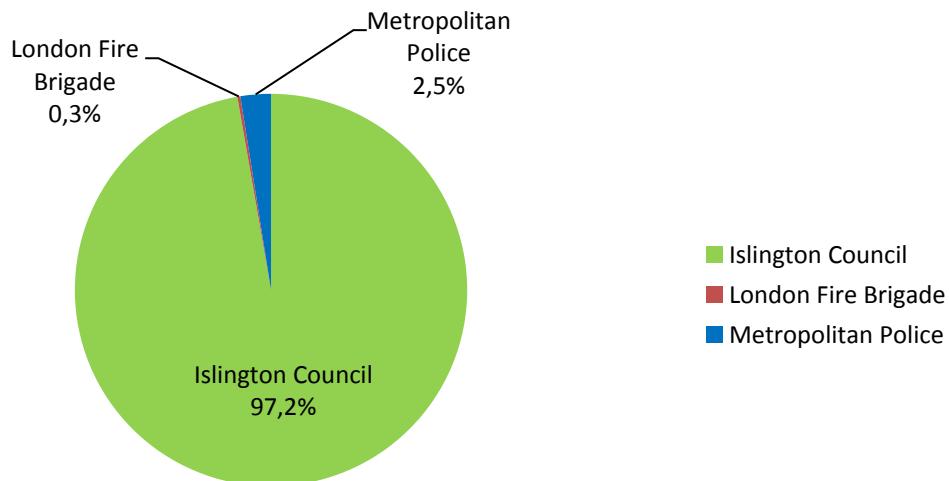
Safeguarding Adults Review Subgroup		Subgroup Meeting	Subgroup Meeting
		12-Apr-17	04-May-17
Partner Organisation			
Chair (Police)	P	A	
Safeguarding Adults Unit	P	P	
Islington Learning Disabilities Team	A	A	
Healthwatch	A	A	
Single Homeless Project	P	P	
Islington Clinical Commissioning Group	P	P	
Islington Social Care and Rehab	A	N/A	
Independent SAR Author	N/A	N/A	
Age UK	P	P	
Camden and Islington NHS Foundation Trust	N/A	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?

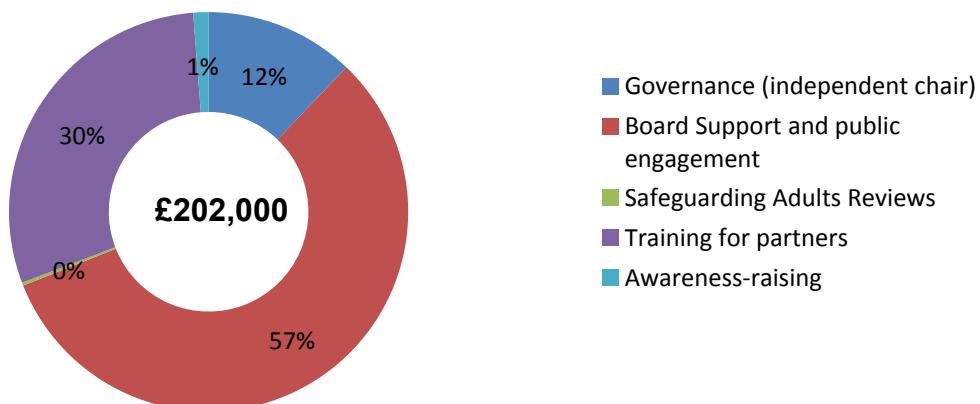


As the above chart shows, Islington Council financed more than 97% of the costs of the Safeguarding Adults Board in Islington.

Islington CCG makes a significant contribution to the Council's functions relating to the Mental Capacity Act and Deprivation of Liberty Safeguards work in the borough that in part contribute to the Board's safeguarding aims.

Discussions continue with other Board partners regarding future funding and resources.

How we spent the money





It cost roughly £202,000 to support the work of the Board during the year. This is an increase of 1% on last year's expenditure.

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 (AMHP) to stop an adult from leaving a hospital in order to treat them in their best interest.

Section 6 of Mental Health Act 1983

(Application for admission into hospital)

This law is used by a doctor or AMHP to admit an adult to hospital in order to treat them in their best interest.

Workshop Raising Awareness of Prevent (WRAP)

A specialist workshop created by the Government to help health and social care professionals understand the Government's strategy on Prevent.

Appendix G

What should I do if I suspect abuse?

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

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



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

Adult Social Services Access and Advice

Team

Tel: 020 7527 2299

Fax: 020 7527 5114

Email: access.service@islington.gov.uk

You can also contact the **Community Safety Unit** (part of the police)
Tel: 020 7421 0174

In an emergency, please call 999.

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

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

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

For more information [click here](#)

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

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

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Islington Safeguarding Adults Board

Summary Annual Review 2017-18

Our Achievements



For the first time in recent years Deprivation of Liberty Safeguards applications have flattened off. We remain one of the few local authorities that do not have backlogs, and turn around application within timescales.



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



We've been implementing the learning from the review into the case of Ms BB and Ms CC.



We've been implementing the Making Safeguarding Personal approach across partner organisations and to social workers in Islington.



In response to a suggestion from a Service User and Carer subgroup we held a social isolation and safeguarding event for service users and carers.



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



The police have set up a dedicated mental health team approaching mental health needs in the community in a more holistic way.

Key Statistics



Concerns about possible adult abuse or neglect have more than doubled to 3,618 in 2017/18



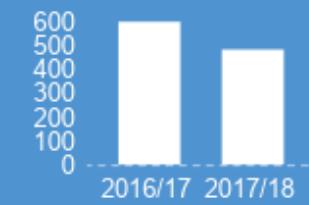
3 most common types of abuse in Islington are neglect (1), financial (2) and physical (3)



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



479 enquiries into suspected adult abuse (27% decrease on last year)



1 in 3 cases we looked into were about neglect



In more than 90% of cases we either removed or reduced the risks through safeguarding action.



In nearly 4 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



Mental Health issues such as suicides in detention and use of seclusion are coming under the spotlight nationally and internationally.



The Homelessness Reduction Act came into force to address increasing street homelessness.



Parliament is debating draft legislation which proposes replacing Deprivation of Liberty Safeguards with a broader but less onerous system of Liberty Protection Safeguards.



After consultations we developed a new 3-year strategy which is aligned with the Safeguarding Boards in Enfield, Haringey, Camden and Barnet.

We will work on these developments over the next year.

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Agenda Item 13

HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2018/19

14 JUNE 2018

1. Camden and Islington Mental Health Trust - Performance update
2. New Scrutiny Topic – Decision on topics- Main review/mini review
3. Health and Wellbeing Board update
4. Work Programme 2017/18
5. Child Obesity
6. Membership, Terms of Reference
7. Moorfields NHS Trust – Performance update

12 JULY 2018

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – GP Surgeries – Approval of SID/witness evidence
3. Health and Wellbeing update
4. Quarter 4 performance report
5. Work Programme 2018/19
6. Scrutiny Review – Health Implications of Damp Properties – 12 month progress report

02 OCTOBER 2018

1. Health and Wellbeing update
2. Work Programme 2018/19
3. Scrutiny topic GP surgeries – witness evidence
4. Whittington Estates strategy – update
5. London Ambulance Service – Performance update
6. IAPT Scrutiny Review – 12 month progress update
7. Healthwatch Annual Report/Work Programme
8. Walk in Centres

15 NOVEMBER 2018

1. Scrutiny topic – GP surgeries - witness evidence
2. Health and Wellbeing Update
3. Work Programme 2018/19
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report

28 JANUARY 2019

1. Scrutiny topics – GP surgeries witness evidence
- 2 Health and Wellbeing update
3. Work Programme 2018/19
4. New scrutiny topics – SID/Presentation – Eating Disorders
5. Local Account
6. Quarters 1 and 2 Performance Indicators/Executive Member Annual Report

07 MARCH 2019

1. Moorfields NHS Trust - Performance update
2. Scrutiny Review – Draft recommendations – GP surgeries
3. Health and Wellbeing update
4. Work Programme 2018/19
5. New Scrutiny Review Eating Disorders – witness evidence
6. New Scrutiny Review Topic – Social Care/Adult Carers – Presentation/SID

01 APRIL 2019

1. Scrutiny Review - GP surgeries - Final Report
2. Scrutiny Review - Health Implications of Poor Air Quality – 12 month progress report
3. Health and Wellbeing update
4. Work Programme 2019/20
5. New Scrutiny Review –Eating Disorders - witness evidence
6. New Scrutiny Review – Social Care/Adult Carers – witness evidence

02 MAY 2019

1. New Scrutiny Review – Eating Disorders – Final Report
2. New Scrutiny Review – Social Care/Adult Carers – witness evidence

FORTHCOMING MEETINGS

**New Scrutiny review – Social Care/Adult Carers – Witness evidence/Draft recommendations/Final report
Performance report – Quarters 3 and 4**