



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

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## **AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE**

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Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on **21 November 2019 at 7.30 pm. in Committee Room 1**  
**N.B. THERE WILL BE A PRE-MEETING OF THE COMMITTEE AT 7.15 P.M.**  
**PRIOR TO THE MEETING IN Committee Room 2**

Enquiries to : Peter Moore  
Tel : 020 7527 3252  
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Despatched : 12 November 2019

### Membership

#### **Councillors:**

Councillor Osh Gantly (Chair)  
Councillor Nurullah Turan (Vice-Chair)  
Councillor Joe Caluori  
Councillor Jilani Chowdhury  
Councillor Tricia Clarke  
Councillor Sara Hyde  
Councillor Roulin Khondoker  
Councillor Martin Klute

### Substitute Members

#### **Substitutes:**

Councillor Mouna Hamitouche MBE  
Councillor Satnam Gill OBE  
Councillor Anjna Khurana

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

Vacancy – Islington Healthwatch

#### **Substitutes:**

**Quorum: is 4 Councillors**

<b>A. Formal Matters</b>	<b>Page</b>
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. Minutes of the previous meeting	1 - 8
6. Chair's Report	

7. 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.

8. Health and Wellbeing Board Update - Verbal

<b>B.</b>	<b>Items for Decision/Discussion</b>	<b>Page</b>
9.	London Ambulance Service - Performance update - Presentation	9 - 34
10.	Scrutiny Review - Adult Paid Carers - Witness Evidence- Verbal	
11.	Annual Safeguarding Report	35 - 82
12.	Alcohol and Drug Abuse - Update	83 - 106
13.	Performance Statistics - Quarter 1	107 - 116
14.	Work Programme	117 - 118
<b>C.</b>	<b>Urgent non-exempt items (if any)</b>	

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

**D. Exclusion of Press and Public**

To consider whether, in view of the nature of the remaining items on the agenda, it is likely to involve the disclosure of exempt or confidential information within the terms of the Access to Information Procedure Rules in the Constitution and, if so, whether to exclude the press and public during discussion thereof.

**E. Confidential / Exempt Items** **Page**

**F. Urgent Exempt Items (if any)**

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be

agreed by the Chair and recorded in the minutes.

The next meeting of the Health and Care Scrutiny Committee will be on 30 January 2020

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

**[www.democracy.islington.gov.uk](http://www.democracy.islington.gov.uk)**

# Agenda Item 5

London Borough of Islington  
**Health and Care Scrutiny Committee - Thursday, 10 October 2019**

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 10 October 2019 at 7.30 pm.

**Present:**           **Councillors:**           Gantly (Chair), Turan (Vice-Chair), Caluori, Chowdhury, Clarke, Hyde, Khondoker and Klute

## **Councillor Osh Gantly in the Chair**

- 104       **INTRODUCTIONS (ITEM NO. 1)**  
The Chair introduced Members and officers to the meeting
- 105       **APOLOGIES FOR ABSENCE (ITEM NO. 2)**  
Councillor Janet Burgess, Executive Member Health and Social Care, and Councillors Hyde, Turan and Caluori for lateness
- 106       **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)**  
None
- 107       **MINUTES OF THE PREVIOUS MEETING (ITEM NO. 4)**  
**RESOLVED:**  
That the minutes of the meeting of the Committee held on 10 September 2019 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them
- 108       **CHAIR'S REPORT (ITEM NO. 5)**  
None
- 109       **PUBLIC QUESTIONS (ITEM NO. 6)**  
The Chair outlined the procedures for public questions, filming and recording of meetings and fire evacuation procedures
- 110       **HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 7)**  
None
- 111       **SCRUTINY REVIEW - ADULT PAID CARERS - WITNESS EVIDENCE - VERBAL (ITEM NO. 8)**  
Witness presentations were received from Helen Sanderson, Wellbeing Teams (Video presentation), Nicki Bones and Denis Repard, Sweet Tree Specialist Care, and Jo Mackie, Centre 404.

In addition, a letter was circulated by Bob Padron, outlining the model of Penrose Care

Following these presentations, the following main points were raised –

Penrose Care

- Penrose Care is a recognised provider of ethical home care services. It has been rated outstanding by the CQC and received a number of awards, including twice being named as a Living Wage Champion, and is internationally recognised for its innovations in Home Care. In July 2019 Penrose Care became one of the first 16 private businesses accredited with the Mayor of London's Good Work Standard, an initiative to promote decent work in London
- Penrose Care stated that they felt it would be beneficial to improve the service to reform the timing and geographic location of services to make home care roles more attractive. Home Care providers struggle with attracting new social care workers to provide frontline services, and in complying with their statutory obligations to their employees. It was felt that Councils could alleviate the pressure on home carers by booking home care visits sequentially, and allocating users to groups of providers by small geographic regions. Currently it is standard practice for social workers to book home care visits generally at the same time, e.g. morning, lunch and evening, which can lead to the systematic underemployment of home care workers, as they may be left without work between the standard visit times. By booking visits sequentially, providers can offer home care workers a full daily work, making it easier to attract home carers, and reduce staff turnover
- Penrose Care stated that users who have sensitive medications that they cannot administer independently should have priority for visits during the peak morning, lunch and evening visit times. However, there is a need for responsible bodies to assess if it is prudent for public social care to be supporting individuals who cannot manage their medications independently, or if such persons should be referred to residential social care options, such as assisted living centres, care homes or nursing homes. Furthermore, home care providers have historically struggled to comply with paying the National Minimum Wage, due to the need to compensate employees for travelling between clients. Social Care Commissioners can alleviate this pressure by allocating users by small geographic regions to small groups of providers
- Social Care professionals can make positive impacts on users lives in the areas of falls prevention, hydration, and the early detection of infections. Falls prevention can be achieved by social workers ensuring that there is adequate allocation of occupational therapists, and physiotherapists. Social care professionals can assist by checking if visits by such health professionals have taken place. Hydration can easily be boosted by social care workers encouraging users to switch to decaffeinated tea and coffee. In addition, undetected infections can cause users' health to take steep declines, and as a result it was felt that the CCG should explore the regular provision of urine tests for users, who consent to the provide the early detection of infection
- Furthermore, the Council can prevent adverse developments by having an in-house team check that care workers have arrived at their visits, so that if a provider misses this, it can be checked, and the Council can arrange for a back-up social care worker to attend. This would require the Council to mandate a uniform time and attendance software across the provider base

**Centre 404**

- Centre 404 gave evidence to the Committee on the introduction of Individual Service Funds (ISF0, as opposed to that of traditional contracted services
- Traditional contracted services pay money to the provider, as a lump sum to pay for support/care for more than one person, provided in terms of hours. The

provider manages the overall budget to balance the needs of the clients, and the client is reliant on one provider to meet all outcomes on a long term agreement basis

- Personal budgets enable money to be paid to the client or a nominated person. Funds are paid for the support/care of one individual specifically on their needs. Support/care is provided within a financial budget, rather than hours, and a client or nominated person manages the funds for the individual. Clients can choose how to use their budget and spend on different services, activities, providers and equipment. In addition, how the personal budget is used can change over time
- It was noted that there is an assessment process for personal budgets for people with learning disabilities, where needs and desired outcomes are assessed, how best to work to establish outcomes, agree funds required to meet these outcomes (personal budget), and then to decide how the personal budget will be managed
- ISF's work on the basis of agreement between the client, Council and organisation, and an online bank account, and pre-paid card is made available. An annual budget is agreed and split into 4 weekly payments, and the organisation keeps all the paperwork, and is liable for the management of the account. The organisation manages all payments in and out, including invoices for support, paying payslips, and tax for personal assistance, activity reimbursement for clients, travel reimbursements for support workers and course and activity fees. The Council has access to the account, and recovers surpluses and runs reports, and the organisation monitors and follows up the payment of assessed contributions, and is a chargeable service
- In respect of clients, the benefits of individual service funds are that they can be used more flexibly, are more personalised, can be used for different ways of meeting outcomes, relieves pressure on families/clients to manage finances, and enables payments and reimbursements to be made more quickly. It also enables changes to support and activities to be made quickly, recurring payments to be set up, smoother processes to be in place, and payments are smoother if the provider has oversight and management of ISF and support. ISF's also enable a more creative and proactive approach to be taken, with support planning and the ability to respond to new opportunities, leads to reduced involvement with social services, and gives the ability to review any surplus and look at how these can be used. It is also a cashless system
- In respect of providers ISF's provide an oversight of what budget is available for a client, enables them to respond to support any activity requests more speedily, reduces face to face auditing, and the workload of having to contact social workers or finance teams. In addition, there is a more joined up and person centred support, clear support plans, the ability to assist a client with managing a budget, and spend across the year, and enables feedback to the social worker on the balance of the budget when looking at new support, or activity requests. There is also the possibility of a more holistic and creative approach, with a focus on outcomes, rather than the provision of fixed hours. Networks and communities can also be built with other providers being used and to be able to share information about opportunities for clients. It also assists with internal debt management, and can be followed up with the ISG manager, if payments are not made
- The benefits of ISF's for social services include a reduced strain on in-house services, reduced incoming day to day work and enquiries, reduced need for meetings due to change in circumstances, less face to face auditing, reduced risk of financial abuse, the facility to upload documents, fewer third parties to deal with, and the ability to report on payments of assessed charges. In addition, it facilitates more responsive and dynamic social care provision, and

can potentially find savings by identifying more creative ways to meet peoples' needs.

- Members were informed that to work well, individual service funds need a good relationship between providers, social workers, and finance teams and also clear support plans that are flexible, and not over prescriptive, be outcome based, provide guidance around the use of personal budgets, and are well thought through for all potential costs
- Centre 404 are North London focused, rather than a national organisation, and most referrals were from Social Workers. Centre 404 has 30 staff
- In response to a question Centre 404 stated that it was felt that personal budgets worked well, and that it increases choice and flexibility for clients and is easier to administer for the provider. The only disadvantage is that sometimes clients can get themselves into debt, but this has not recently been a problem

**Sweet Tree Home Care Service**

- Sweet Tree Home Care service commenced in 2002 supporting general home care needs. 17 years on it has six specialist services, all individually led by highly experienced clinical managers providing 2 – 24 hour care at home – general home care, dementia care, end of life care, learning disability support and complex care, acquired brain injury, and neurological conditions. It is rated outstanding by the CQC
- Sweet Tree has mission vision values which starts in the recruitment process, is taught in the induction and repeated at every learning and development interaction, in facilitation and is a central focus of every meeting. There is a Sweet Tree Charter and a mission statement
- Sweet Tree has a clinically led circle of assessment and support to deliver the vision and with input from external and internal experts there is early diagnosis and shared assessment, regular reviews, care and support and knowledge and information shared with the person and their family
- Sweet Tree employed 3% of applicants in 2017 and need a minimum of 6 months experience, and all team members are hired to individual services for their knowledge and skills experience
- Sweet Tree Care Training Academy is an accredited training academy, and has certificated CPS points and career progression. There is a wide range of expert internal and external trainers, and investment and recognition for the value of Learning and Development for each team member. There are Sweet Tree induction standards, a new learning management system, mission values, and customer service training for all
- Compliance and Regulation – A whole team responsibility – there are weekly compliance meetings, actions are reported back to the Senior Leadership monthly meeting, an actions report to the Advisory Board, consistent review of advice and publications, consistent policy review, hosts of the Registered Managers Forum, training for managers/conference attendance, CQC Board Independent Doctors Federation, and advice is sought from the Sweet Tree inspector
- Sweet Tree consider that it is important to critically consider the work of other professionals and ask difficult questions. The in-house teams have RGN's, RMN's, Social Workers, Clinical Psychologist, Physiotherapists, and qualified trainers. Each service is managed by specialist managers who recruit specialist teams for each service
- Sweet Tree works with many partners, learning from and supporting each other, playing a part in research projects, works on Committees, and building a National Dementia Carers Day
- Governance – The Advisory Board –opening the company to external scrutiny in this way sets a precedent within the industry and is a model that can be

## Health and Care Scrutiny Committee - 10 October 2019

followed by others. Along with addressing how the company is operating, and methods of best practice, the Board will become a catalyst for innovative thinking, enabling the company to reach new levels

- In terms of quality assurance there is a mock inspection and audit, external consultants who support projects bringing expertise and support, Senior Leadership monthly meetings and external audit
- Sweet Tree has a number of awards that reward best excellence
- Sweet Tree perspective – quality, and attractiveness to employees
- The Provider view and Sweet Tree stance – quality – support worker wage and travel, training – initial and ongoing, overheads, profit. Supporting the support worker – visibility of care provision. Supporting the clients and families – continual improvement, administration, and external requirements
- Sweet Tree works in partnership with many partners, learning and supporting each other, playing a part in research projects, working on Committees, and building a National Dementia Carers Day
- In terms of quality assurance Sweet Tree commissions an external provider to do a mock inspection, an internal audit process, and monitoring of calls with quality assurance surveys with clients and teams. There are also a variety of consultants who support on projects, monthly meetings of the senior leadership team, and an external audit
- Sweet Tree has a minimum of 2 hour visits and carers are allocated blocks of 6 or 12 hours. Sweet Tree felt that a client/carer relationship required longer visit times than that normally allocated by care providers
- There is a manager allocated to 15/20 support workers, which allows better support for staff, clients and families
- It was stated that there were many different models of support amongst providers
- Sweet Tree provided choices for clients and flexibility, which could not be achieved by minute by minute commissioning in their view
- Sweet Tree received a lot of applications for posts however, Sweet Tree recruited specific people who were experienced. Sweet Tree has set up an ASPIRE programme, for those people recruited without the necessary experience
- Sweet Tree is an Investors in People Gold Award winner and is in the Sunday Times 100 best companies to work for
- Sweet Tree has a diverse workforce that is representative of the community, and they tried to match the support worker to the client as best as possible. Training is given if there is not a direct match
- Sweet Tree stated that 50% of their funding is from private sources and the other 50% from Local Authorities and other public funding

### Wellbeing Teams

- During the video presentation it was noted that wellbeing teams were allocated on a neighbourhood basis and staff were not recruited solely from the home care sector, but also from industries such as retail that had good customer skills
- It was noted that work was going on with Thurrock based on two Wellbeing teams
- Wellbeing teams support a Local Authority to bring together community support and home care, and requires a different type of commissioning, rather than outcome based commissioning

The Chair thanked all the witnesses for attending

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**HEALTHWATCH ANNUAL REPORT/WORK PROGRAMME (ITEM NO. 9)**

Emma Whitby, Healthwatch was present, and outlined the report to the Committee, following which these main points were made –

- Vision – Improved health and social care outcomes for local residents – Part of a national network, in which Healthwatch leads on impact measurement)
- Part funded by LBI to fulfil statutory functions of Health and Social Care Act 2013 – Healthwatch gather, and report, on views on health and social care, and provide people with information on services
- Healthwatch has a collaborative, critical friend approach, working in partnership, wherever it can
- Healthwatch impact in 2019 - autism health checks for adults introduced, autism awareness training for GP practice staff, environment checks of GP practices being carried out by parents of children with autism, patients waiting for an ADHD assessment can now access peer support, whilst waiting for their assessment, and provision of sign language interpreting has increased. This will help deaf residents to access same-day GP services
- More residents were reached in 2019 – 1400 people shared their health and social care story with Healthwatch, 40% more than last year. 197 residents participated in a Healthwatch digital inclusion workshop. 324 people accessed Healthwatch Islington advice and information service, and Healthwatch visited 53 services, and 25 community events, to understand people’s experience of care
- Healthwatch partnerships – Healthwatch shares responsibility and finances fairly, and brings resources to small grass roots organisations, supporting their development through skills sharing and training, and valuing their experience
- Healthwatch works with BAME communities with Diverse Communities Health Voice
- Healthwatch works closely with Manor Gardens, Cloudesley, Elfrida Society, and are seeking out other partnerships
- Healthwatch activities 2019 – Led on a community sector response to the Camden and Islington Estates Strategy Consultation, and responded to other key consultations. Supported resident engagement in Mental Health Day Centre specification design and procurement. Worked with Diverse Communities Health Voice, to gather BAME resident input on experiences of primary care social prescribing. Delivered two Islington Patient Group meetings on key topics of relevance to residents – supplemented by e-surveys, and community conversations. Visited care homes for older people to find out how residents are given choice, and control, of everyday activities, such as what to wear, and visited hospitals about the Accessible Information Standard
- Healthwatch Work Plan 2019/20 – Continued to deliver signposting service to at least 250 residents, reflecting the diversity of the borough, has led a community sector response to the Moorfields strategy, engaged residents from protected characteristics in the Whittington Estate discussions, visited health centres to gather views on the NHS long term plan, held two Islington Patient Group meetings on topics of interest, worked with Diverse Communities Health Voice to gather BAME input on mental health support, and visited care homes for older people to find out about residents experiences of oral health care
- It was stated that concern had also been expressed by some residents about hate crime and an event had been organised with the Police which had been successful. Emma Whitby stated that she would forward details to the Committee

## Health and Care Scrutiny Committee - 10 October 2019

- In response to a question it was stated that Healthwatch did signpost residents to partners who could assist with the effects of austerity and changes to the benefits system
- Reference was made to the fact that future work should include sheltered accommodation and home care
- It was stated that a dementia partnership had been developed with UCLH and that this had proved successful, and a workshop had been held where residents were informed of services available
- In response to a question it was stated that the challenges of austerity and BREXIT, together with reduced funding made for a challenging environment
- Reference was made to GP on line appointments and it was stated that this was not working effectively at present as not all GP surgeries currently offered this service

### **RESOLVED:**

That the report be noted, and detail of hate crime referred to above be circulated to Members of the Committee

The Chair thanked Emma Whitby for attending and her presentation

### **113 PERFORMANCE UPDATE - QUARTER 1 (ITEM NO. 10)**

Councillor Janet Burgess, Executive Member Health and Social Care was unable to be present, and therefore the item was deferred until the next meeting

### **RESOLVED:**

That the report be deferred until the next meeting of the Committee

### **114 WORK PROGRAMME 2019/20 (ITEM NO. 11)**

#### **RESOLVED:**

That the report be noted

MEETING CLOSED AT 9.55p.m.

Chair

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London Ambulance Service  
NHS Trust



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# Islington HOSC Quality Account 2018/19 21<sup>st</sup> November 2019

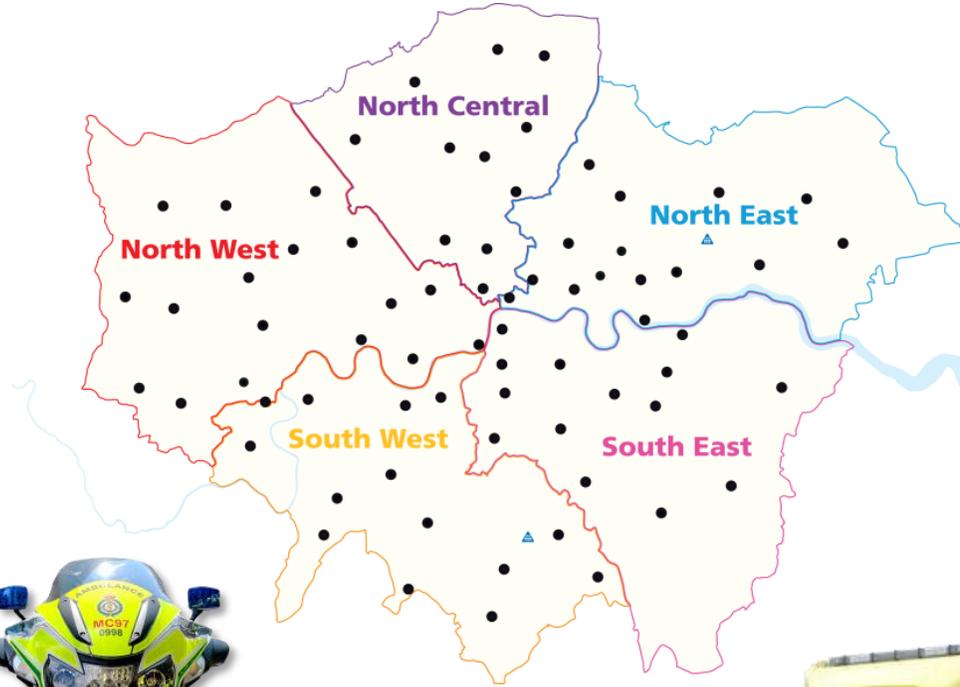
Agenda Item 9

# About Us



**2 Emergency  
Operations  
Centres**

**Operating out of over 70 sites**



**772,262**

111 calls



**Cycle  
response  
unit**

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**Motorcycle  
response  
unit**



**2 HART  
teams**



# The London Ambulance Service today



**1.14 million**  
Incidents attended



**1.94 million**  
999 calls  
We handle approx.  
5,000 emergency calls  
every day



We are the only  
pan-London NHS Trust  
Serving the health needs of  
8.7 million Londoners 24/7



**6,000**  
staff  
65% of which are frontline

Page 1



new advanced  
paramedic vehicles



new double crewed  
ambulances, 112  
being built



new fast response cars



new fully-electric cars for  
local group managers



**6 mins 28 secs**  
average response  
time to most  
serious 999 calls



We have a growing  
aging population with  
complex health needs



Patients with dementia, mental  
health needs and obesity  
provide increasing challenges  
for our service

# Our new five year strategy introduced our new vision

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# Our purpose

## We exist to:

- Provide outstanding care for all our **patients**
- Be a first class employer, valuing and developing the skills, diversity and quality of life of our **people**
- Provide the best possible value for the tax paying **public**, who pay for what we do
- **Partner** with the wider NHS and public sector to optimise healthcare and emergency services provision across London

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# Our Patients

- Playing a larger role in 111/Integrated Urgent Care provision across London
- Integrating 999 & 111 call answering and clinical support to provide better and faster care
- Working with patient groups and other providers to introduce more specialized models of care for a greater proportion of our patients – our pioneer services:
  - Urgent care Advanced Paramedic Practitioners
  - Falls
  - Mental health
  - Maternity
  - End of life care
- Reducing unnecessary conveyances to emergency departments



# Our people

- Recruiting and retaining talent
- Improving engagement to make sure we are listening to our staff
- Ensuring a healthy workplace
- Aspiring to excellence in leadership and management
- Championing inclusion and equality
- Recognising and rewarding excellence

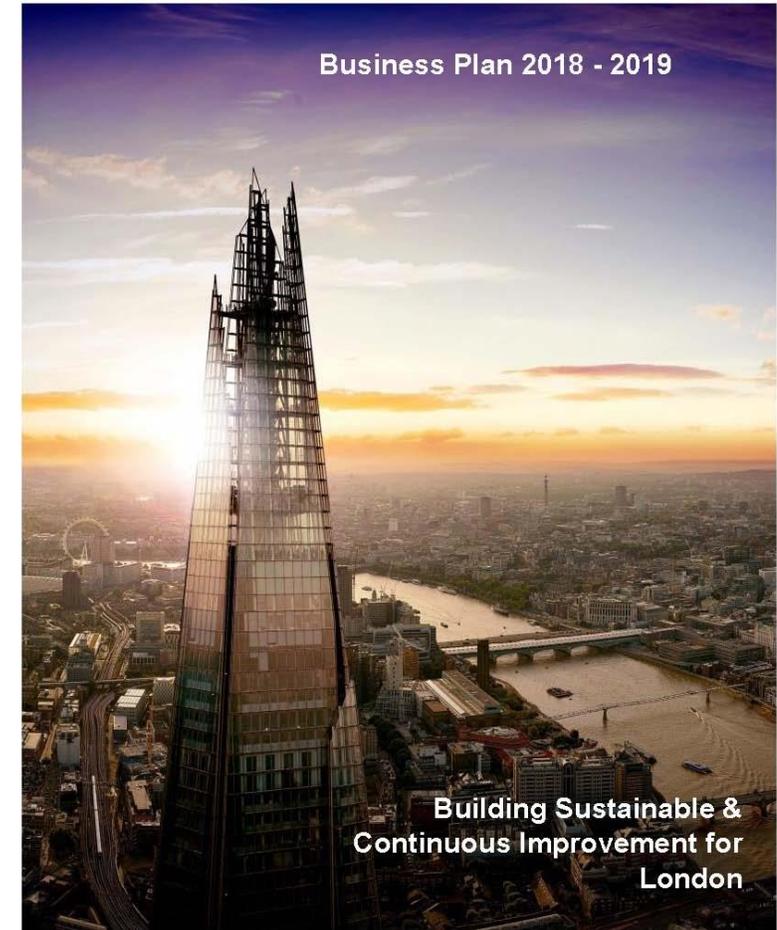
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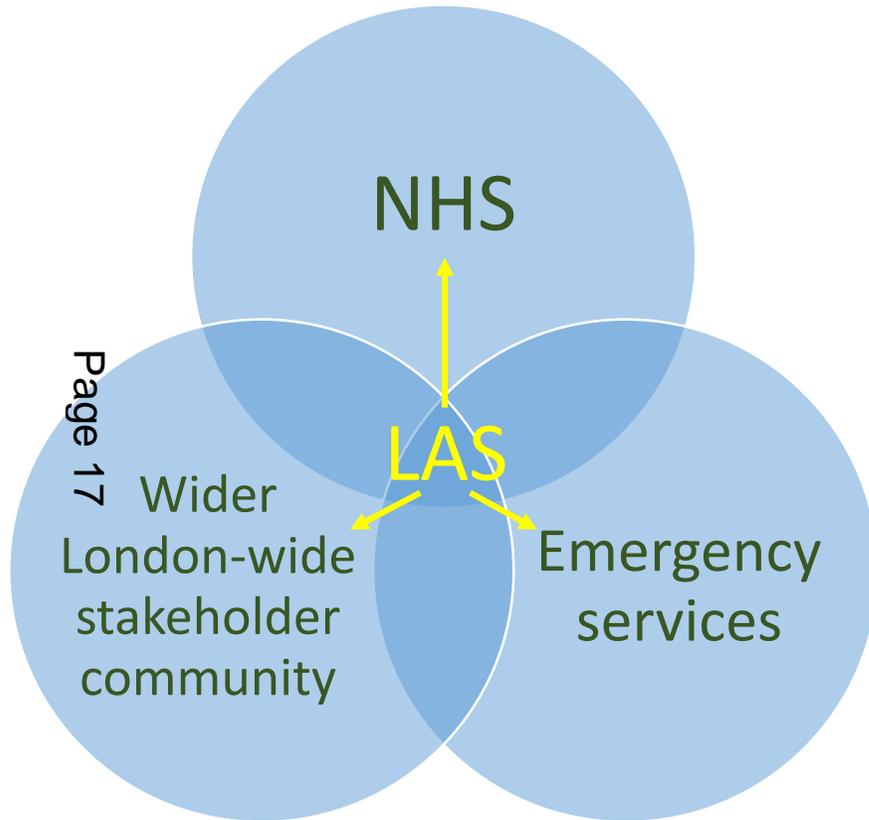
# Public Value

- Integrating 999 & 111 call answering will also provide a more cost effective service
- Our pioneer services will reduce unnecessary hospital conveyances, delivering savings for our system partners
- A detailed internal programme of work to implement the recommendations of Lord Carter's review into unwarranted variation within the NHS
- New Partnership with South Central Ambulance Service

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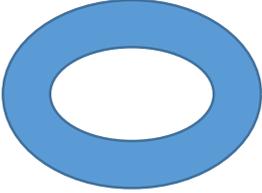


# Our Partners



- We work closely with a range of NHS partners across London including: STPs, CCGs, Mental health and community trusts, NHS England, NHS Improvement, the Care Quality Commission. We have a number of joint priorities, including:
  - Increasing usage of alternative care pathways
  - Reducing conveyance to emergency departments
  - Reducing handover delays at hospitals
- We also work with the Metropolitan Police and the London Fire Brigade as well as other ambulance services round the country
- We are now working increasingly closely with other public sector bodies in London including the Mayor, TfL and local authorities

# Since the 2018 CQC Inspection



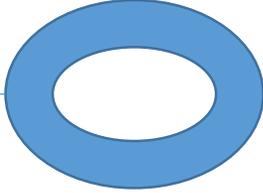
Trust rated  
as 'Good'  
and exits  
special  
measures

New NEL  
111 IUC  
service  
mobilised

Mental  
health pilot  
launched  
  
Freedom to  
speak up  
strategy  
published

Response to  
'operational  
productivity &  
performance  
in English  
Ambulance  
Trusts:  
Unwarranted  
variations'

SCAS  
(South  
Central  
Ambulance  
Service)  
collaboration  
announced



New SEL  
111 IUC  
service  
mobilised

Implemented a range of initiatives which include:  
reducing avoidable conveyances; upskilling the paramedic workforce to increase  
“see and treat” rates; increasing clinical effectiveness in clinical hubs; and increasing  
opportunities for patients to be conveyed to alternative care pathways.

# Leadership

CEO Roadshows each Spring and Autumn

- Ongoing communications through video blogs, staff Facebook group and bulletins
- 1,800 people attended roadshows.

Created a Leadership Development programme

- Training and education opportunities for staff across all functions and levels of the organisation.

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Visible & Engaging Leadership

- A programme to ensure staff and patients are engaged with the visions and values of the Trust.

Launched two mentoring schemes

- Reverse mentoring and sponsorship mentoring.



# Staff

In 2018/19:

- Recruited over 850 people across our front line.
- Vacancy rate on 31 March 2019 was 4.6%; compared to last year (5.9%).
- 15% of our workforce from the BAME community.

Launched our second WRES action plan

- Set out three main themes: Senior trust leadership, workplace experience and recruitment and development.

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Freedom to Speak Up

- Our staff survey performance indicator score has increased by 18% between 2015 and 2018.

Dignity At Work

- Raising awareness and addressing bullying.



# Engagement

## Highest ever response rate to our 2018 NHS Staff Survey

- Completed questionnaires was 65% – an 11% increase on last year and significantly higher than any other service in the country.

Staff survey response		
2018	2017	2016
<b>65%</b>	<b>54%</b>	<b>42%</b>

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- ### Significant improvements including:
- Willingness to report incidents of bullying.
  - Effective feedback.
  - Fair treatment of staff after an incident.
  - Senior management communication.
  - Recognition for good work.



# Quality & Safety

- Increased Board oversight for clinical effectiveness with the appointment of two non-executive clinical directors.
- Quality priorities 2018-19 were achieved. Priorities 2019-20 have been agreed and the quality and clinical strategies refreshed.
- Introduced Sector Senior Clinical Leads to address quality, clinical effectiveness and supervision and compliance against quality and performance standards.
- Improved risk management systems & processes.
- Completed independent review of training across the organisation.
- Agreed our quality Improvement training programme.

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# Patient Experience

Developed and piloted 'Pioneering Services' offering specialised responses for more patients.

Closer working with community services in order to send an appropriate specialist to 'see and treat' and refer without conveyance.

Mental Health related calls have continued to increase.

Working with London providers we have established relationships allowing us to progress initiatives at a local level to improve access to care.

- Additional Nurses recruited into the Clinical hub, enhancing our 'hear and treat' capability.
- SE London pilot, where a registered mental health nurse responds alongside a paramedic to patients with mental health needs.



# Quality priorities 2018-19: patient safety

**Target 1: Improve assurance processes**

**All sectors using Health Assure (100%)**

**Target 2: Improve hospital handovers**

**30min and 60 min decrease >30%**

**Target 3: Roll out secure drug rooms**

**21 (2018-19), additional 5 in year**

**Target 4: Increase number of defibrillator downloads**

**Improved from <5% to >30%**



# Quality priorities 2018-19: patient experience

**Target 1: Reduction in calls from frequent callers**

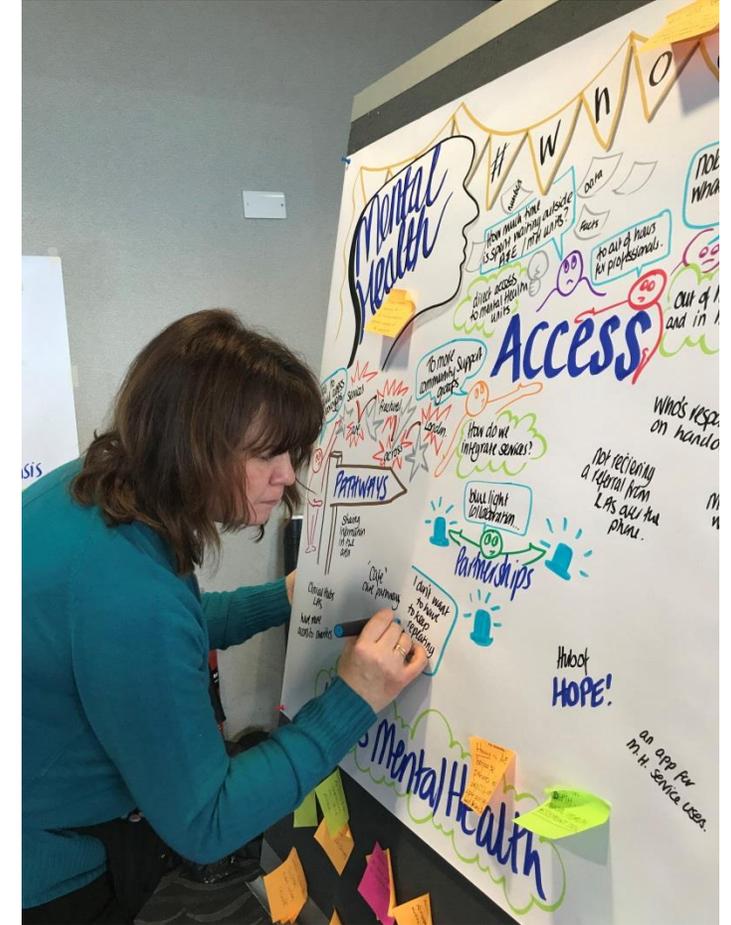
**3.8 calls per 1000 to 3.4 – North Central and South West**

**Target 2: Patient involvement in quality improvement**

**‘Whose Shoes’ method used key strategies – stakeholder engagement strategy in development**

**Target 3: Improve knowledge and training in maternity care**

**Over 100 staff trained, reduction in conveyance of patients with haemorrhage from 96% to 91%**



# Quality priorities 2019-20

## SAFE

Over 90% implementation of all actions from the Gosport Enquiry

>90% completion of trust-wide security implementation plan

Reduction in similar security incidents from April 2019 baseline

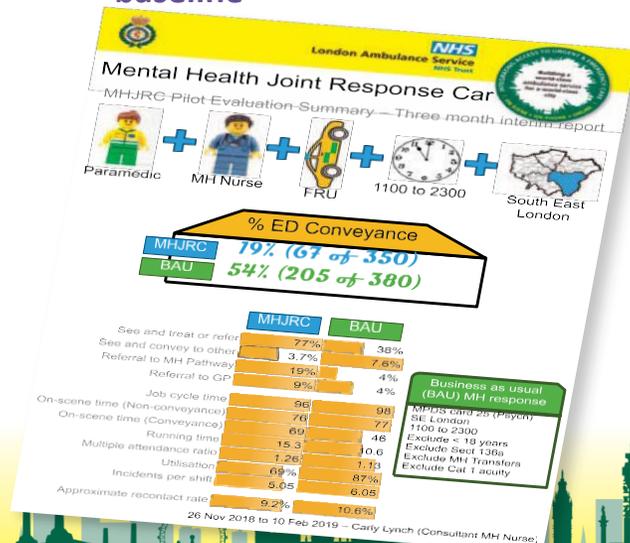
Increased scores in relation to learning from and reporting incidents in the annual staff survey compared to April 2019 baseline

Reduction in both incidents and sickness rates for MSK injuries from April 2019 baseline

## CARING

Mental health response car service to be rolled out across a minimum of 2 sectors during 2019-20

Ensure that over 90% of NHS improvement patient involvement KPIs are met during 2019-20 from January 2019 baseline



## EFFECTIVE

Reduce the average handover to green response time in all sectors from 17 minutes to 15 minutes by April 2020

Meet service-wide NHS 111 and IUC quality targets evidenced via agreed indicators by April 2020

Reduction in nature of call incidents from January 2019 baseline

## RESPONSIVE

To be in the top 3 ambulance trusts, demonstrated by our score on the aggregate AQIs, consistently throughout 2019-20

To respond to over 75% of patients' complaints within the 35-day target from the 68% April 2019-20 baseline

## WELL LED

Quality improvement teams in each sector and sector quality improvement programmes developed and delivered by April 2020

Deliver strategic objectives

# And now for local / Islington news...

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# Increased Appropriate Care Pathways

- Acute: Heart Attack Centres, Hyper-Acute Stroke Units, Major Trauma Centres, High Risk Acute Coronary Artery Syndrome centres, Emergency Arrhythmia Centres
- Non-acute/Urgent: Minor Injury Units, Urgent Care Centres, Walk In Centres
- Community: GPs & Out-Of-Hours GPs, District Nurses & Community Matrons, Rapid Response Teams, Mental Health Services, End of Life & Palliative Care Teams



# Direct Access to Urgent Care Centres

- Since July LAS have been working towards having access for crews to bring patients to Urgent Care Centres / Urgent Treatment Centres directly, avoiding the Emergency Department
- Hospital agreement that if direct access is not possible crews will only do one handover in Emergency Department and leave the hospital to move the patient, as appropriate
- Benefit of patients going to the right treatment location first time

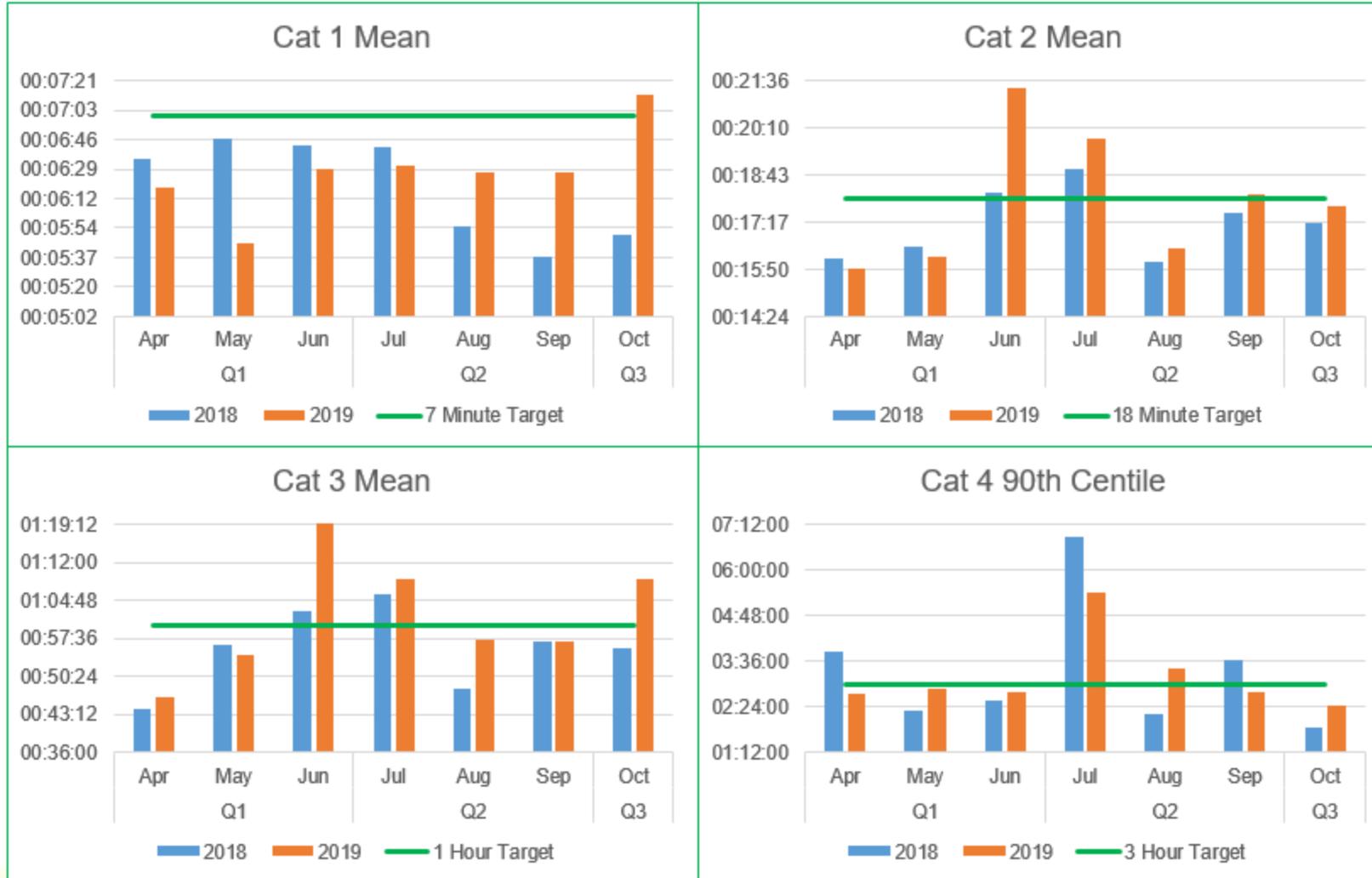


# Whittington Ambulatory Care

- LAS direct access to the Ambulatory Emergency Care Unit since 19<sup>th</sup> August
- Significant step forward in managing ever increasing demand
- Uploaded to iPads and showing full acceptance criteria
- Requires a pre-alert 'clinician to clinician' phone call
- Bypass Emergency Department and stream patients to where they need

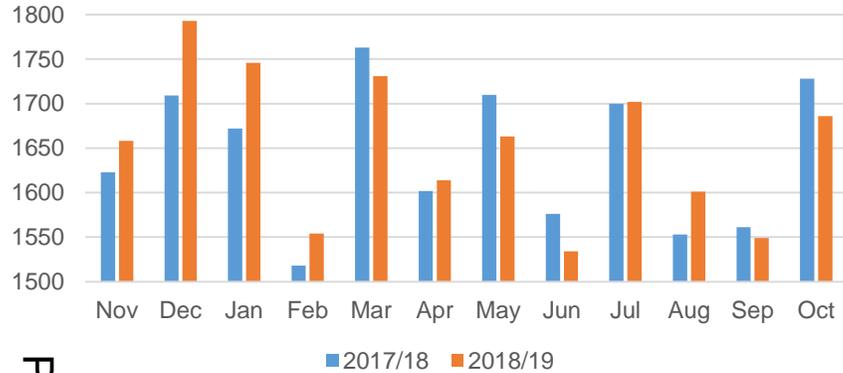
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# Performance



# Islington CCG areas - Conveyances

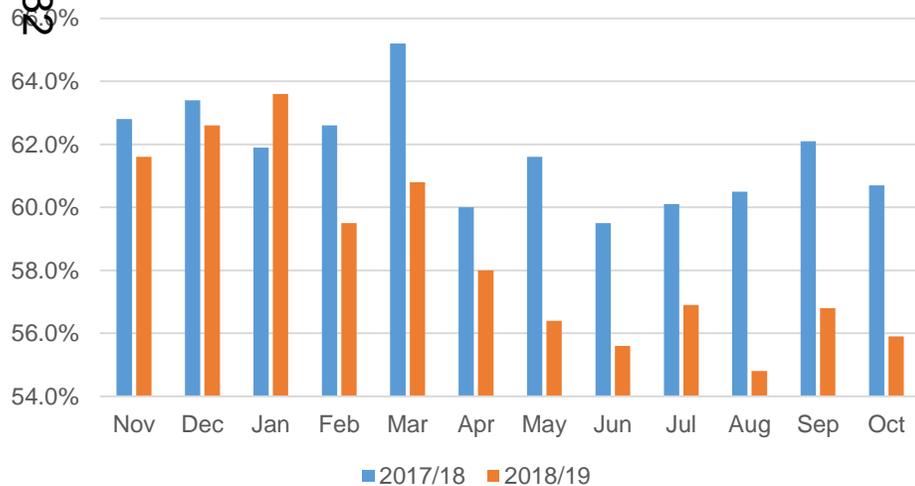
Conveyances to ED



Conveyances to Emergency Department (whole numbers) have increased from the 2017/18 year to 2018/19 year purely because of increased demand. The next slide shows the results of our work to reduce unnecessary trips to the Emergency Department

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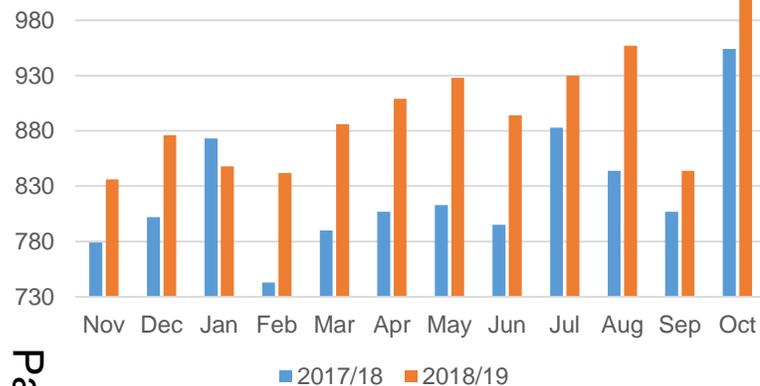
% Conveyed to ED



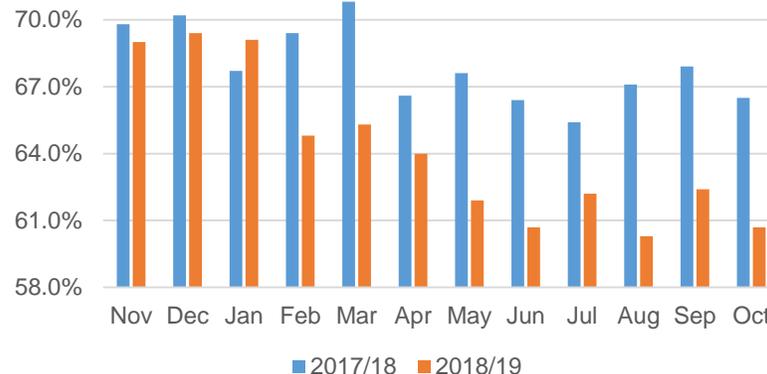
% figures of patients conveyed to Emergency Department from 2017/18 to 2018/19 has dropped dramatically as we work on increased Appropriate Care Pathways to enable us to treat patients in their own home and community

# Conveyances

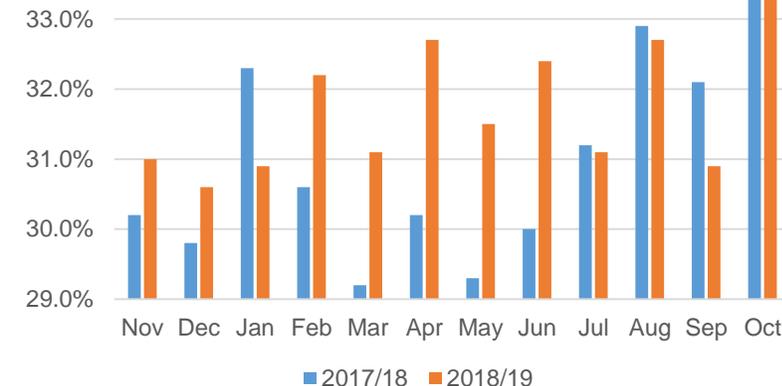
No Conveyance



See & Convey Rate



See & Treat Rate



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There has been considerable increase in our figures for No Conveyance, dealing with patients in the community

There has been considerable decrease in our figures for See & Convey, bringing fewer patients to hospital

There has been considerable and sustained increase in our figures for See & Treat

# More locally for LAS North Central London....

- Senior LAS representation & engagement with all our external partners
- Bespoke education being delivered continually 2018/19
- Shadowing scheme repeated in 2019
- Increasing and enhancing Appropriate Care Pathways across the sector
- Financial initiative's won to support 'Best Care 1<sup>st</sup> Time' (Community Education Provider Network – Health Education England bids)
- Month on month debates with Emergency Departments and partners on Care, flow, design, capacity & LAS concerns



## Report of: Director of Adult Social Services

<b>Health and Care Scrutiny</b>	<b>Date: 21 November 2019</b>	<b>Ward(s): All</b>
---------------------------------	-------------------------------	---------------------

<b>Delete as appropriate</b>		Non-exempt
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## **SUBJECT:** Safeguarding adults in Islington in 2018/19 – 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 2018-19, attached as appendix A, describes this in more detail.

### **2. Recommendations**

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

### **3. Background**

- 3.1 Under the Care Act 2014, Islington Council has a statutory responsibility to lead the borough in safeguarding adults.
- 3.2 Key achievements:
  - We were selected by the Office of the Public Guardian (OPG) to pilot a scheme to raise awareness in the borough around Lasting Powers of Attorney. Lasting Powers of Attorney are an important preventative protection against financial and other types of abuse for

people who lose the ability to make decisions about their finances, health and wellbeing. This collaboration with the OPG will continue into the next financial year.

- As part of its strategy, the Board continues to encourage partner organisations to focus on the link between homelessness and risk of abuse and neglect. Islington Council has taken active steps to reduce the homelessness crisis by recruiting to a number of additional posts. Grants also allowed the Council to open up winter shelters providing additional bed spaces for rough sleepers.
- A Safeguarding Adults Review (SAR) into the care of Mr Yi was commissioned jointly by the Safeguarding Adults Boards in Islington, Lambeth, Newham and Hackney under Section 44 of the Care Act 2014. The SAR report was published in August 2019 and the Islington Safeguarding Adults Board is working on an action plan to implement recommendations and learning from the review.
- 157 organisations in the borough have signed up to the Hate Crime pledge to help support the reduction in hate crime, which includes disability hate crime.
- Our service user and carer subgroup continues to run successfully and is positively influencing the decisions of the Safeguarding Adults Board.
- During Safeguarding Awareness month in June, we held a series of events with pop-up information stalls at various places in the borough.
- Over the past year, a new safeguarding structure has been introduced in the police service which means that Islington now has dedicated safeguarding police officer posts.

The annual report further details progress on delivering the first year of Islington Safeguarding Adults Board's 3-year strategy and annual plan (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). The Boards within the cluster have been collaborating where it makes sense to do so, such as holding a joint Challenge event around Board assurance work.

3.3 The review compares the statistics from 2018/19 with the previous year 2017/18. There has been a 15% increase in safeguarding adults concerns on the previous year (from 3,618 to 4,159).

However, safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have decreased since last year (from 479 to 435). This means that in roughly 9 out of 10 cases (90%) people we were worried about, when we looked into it we decided not to progress it to a formal safeguarding enquiry. The low conversion rate is as a result of adjustments we have made to our safeguarding processes so that they are more aligned with requirements set out in the Care Act 2014. This year ADASS have produced additional guidance to assist local authorities when making decisions about whether or not a safeguarding concern should proceed to a section 42 statutory enquiry. The new guidance sits exactly alongside Islington Council's current ways of working. We are one of the few councils in London that works this way and it is really good news because it means we have been interpreting the law correctly and we do not need to make substantial changes to our procedures now that this new guidance has been issued. Islington's conversion rate is recognised across the London region to be proportionate and appropriate. Other local authorities will now start to record much lower conversion rates also as they embed this guidance into their practice.

Our referral rates for concerns remains at a level we are comfortable with, it reflects the impact of awareness raising on members of the public, service users, carers and professionals. We will always expect a difference between the number of concerns received and the number of enquiries undertaken due to the specialist nature of safeguarding work and changes in case law, best practice and pan London policies.

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

3.4 The three most common types of abuse in Islington during the last year were neglect, financial and psychological abuse. The pattern for financial abuse and neglect has been noted in previous

years. For example, the proportion of neglect cases at 30% remains similar to last year's at 33%. But cases of psychological abuse have exceeded the number of physical abuse cases which usually formed the third highest category of abuse in previous years. Last year only 14% of cases involving psychological abuse reported were taken to enquiry whereas this year 24% of those cases were taken forward. This may be as a result of more awareness about identifying and reporting hidden forms of abuse amongst staff and service users. Additionally, psychological abuse can also occur alongside any of the other categories listed above.

3.5 There were no cases that involved formal enquiries into any suspected cases of modern slavery or sexual exploitation of adults with care and support needs. We are working to raise awareness of these types of abuse. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these fairly new 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.

3.6 During the year, the Board's subgroup considered 7 referrals, but 6 referrals did not meet the threshold for a Safeguarding Adults Review (SAR) under Section 44 of the Care Act 2014. The only SAR that was conducted and published during the year, related to Mr Yi.

### 3.7 **Key national developments**

- The Stalking Protection Act came into force in March 2019 support us to protect people at risk of stalking
- The Liberty Protection Safeguards are due to replace Deprivation of Liberty Safeguards (DoLS) in October 2020. We continue to be one of the few local authorities with no backlogs on DoLS and are well-placed to transition smoothly into the new law.
- Taking action against human trafficking and modern slavery continues to be a top priority nationally and internationally.

### 4.1 **Financial Implications:**

The Safeguarding Adults Unit's 2018/19 gross expenditure outturn was £1.287m. 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 2019/20 gross expenditure budget is £1.363m.

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 and contribution to achieving a net zero carbon Islington by 2030:**

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:**

##### **Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:**

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 2018-19

Appendix B: Islington Safeguarding Adults Board Annual Review 2018-19 summary

### **Background papers:**

- Supporting Adults at risk in need of accommodation based support - Report into the Safeguarding Adults Review of Mr Yi - Prepared by Fiona Bateman, Independent Author - November 2018  
<https://www.islington.gov.uk/~media/sharepoint-lists/public-records/adultcareservices/information/adviceandinformation/20192020/20190823yisarreportaugfinal.pdf>

**Signed by:**

Katherine Wilmette  
Service Director (Adult Social Services)

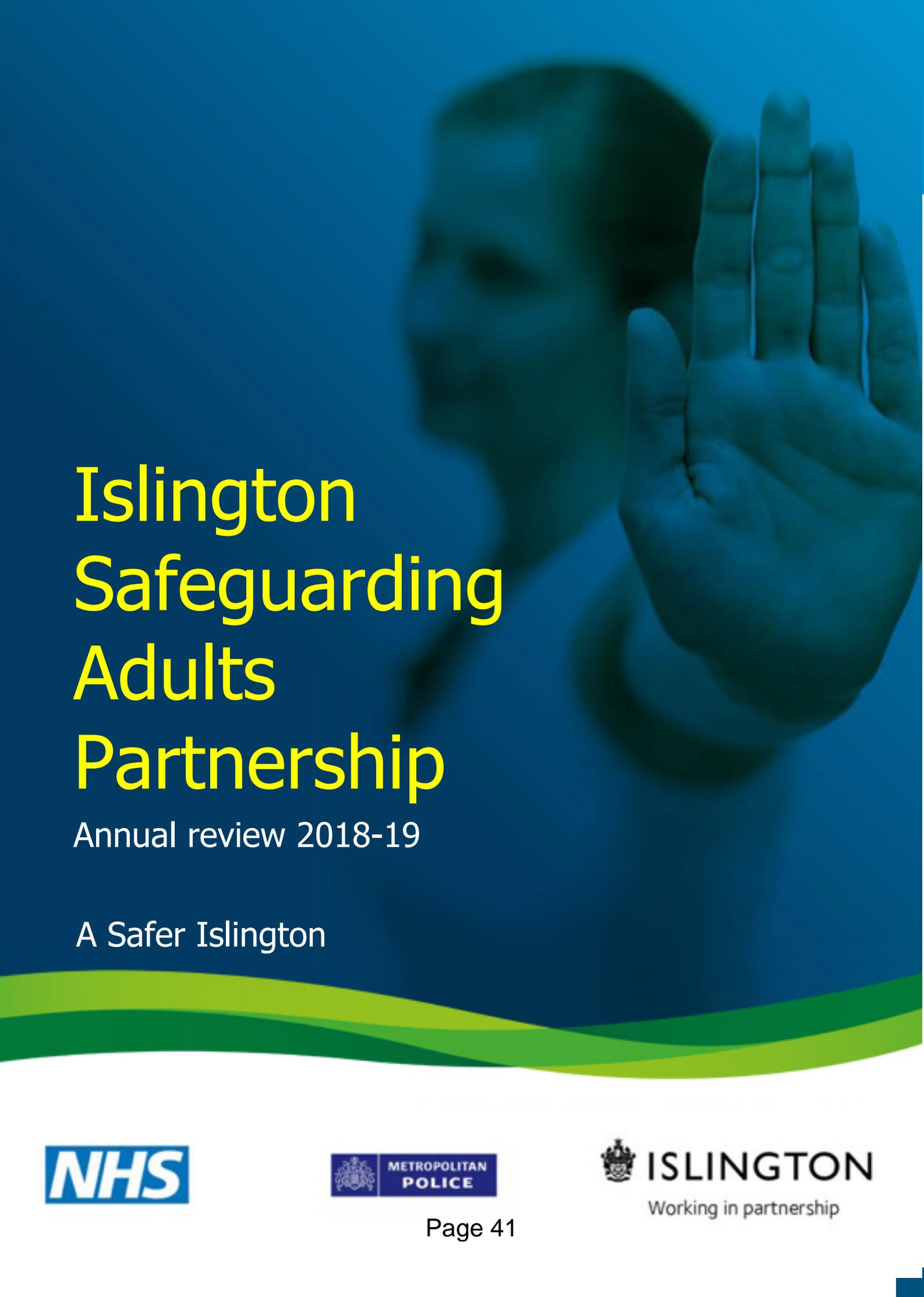
Date 5 November 2019

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# Islington Safeguarding Adults Partnership

Annual review 2018-19

A Safer Islington



Working in partnership

# Foreword

I am pleased to be introducing my third Annual Report for 2018-19. This report seeks to capture the actions of the Safeguarding Adults Board's partner organisations and the work of the Board's sub groups to progress the wellbeing and safety of the adults at risk. I hope it will inform all interested partners and residents who share this commitment.

Our Board is composed of a diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services who 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.

With training and awareness raising we seek to encourage people to raise their safeguarding concerns and indeed the number of referrals remains high and is increasing. Nationally, there remains fragility in the care home and domiciliary care sectors related to intense funding pressures. Locally Health and Social Care Commissioners are continuing to regularly monitor the safeguarding practices of these providers. When required incidents of concern are investigated and follow up actions monitored. All in leadership positions need to redouble their lobbying of Central Government to act with urgency to produce the policy for Social Care which has been repeatedly delayed, directly impacting upon the safety of our most vulnerable citizen.

Through presentations and workshops the Board was informed of community safety concerns such as institutional and sexual abuse of people with a learning disability and gangs and knife crime in the community and prison.

Highlights in this year's programme included training on modern day slavery and the Mental Capacity Act which continues successfully. A service user drama group – "Your Life, Your Say" performed a play on making safeguarding personal to social care staff and commissioners. They will perform it again this year to service users and carers.

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. In this year we have strengthened the work of our Safeguarding Adult Review (SAR) Sub Group, making progress on the action plan for the SAR for Ms BB and Ms CC and initiating a SAR with three other boards into the actions responding to Mr Yi who died in September 18. The Board has challenged itself in regard to inconsistent membership and progress in our Quality, Audit and Assurance Sub group and into the delays in establishing an inter board task & finish group for Training and Cultural Improvement.



The Board is in the second year of its three-year strategy from 2018 - 21. In the last quarter of the year in a Board challenge event and workshop with the four Boards serving North Central London we reviewed our priorities. There will be a renewed focus on improving responses to people at risk of homelessness or living on the streets. We will focus on supporting those young adults aged 16 to 25 who are vulnerable to financial and sexual exploitation and gang related activities.

Our thanks go to Eleanor Fiske, Sobia Masood, Aysha Sparks and Afsa Ahmed who support the Board. Thanks too to the council and health commissioners who continue to resource the board's work.

The Board is grateful to committed staff and members of the public who raise their concerns so that these can be checked. Ultimately, securing the highest levels of safety for vulnerable adults relies on vigilance by all in our community.

James A. Reilly  
Independent Chair  
July 2019

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# About us

**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 – Linda McQuaid, Interim Director of Nursing

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

Care Quality Commission – Duncan Paterson, Inspection Manager

Community Rehabilitation Company- Kauser Mukhtar, 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 – Maggie Kufeldt, Interim 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 Lockett, Director of Nursing & Allied Health Professionals

Notting Hill Pathways – Irina Goodluck – Operations Manager

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

Concern about homelessness continues, with many regions reporting increases in homeless people in recent years. Islington has been no exception. Under the Homelessness Reduction Act 2017 rough sleepers have a right to help from their local authority. In response, Islington has been putting services into place to address not just rough sleepers, but also adults with other multiple and complex needs. Islington have set a new four-year homelessness and rough sleeping strategy which includes innovative work to prevent and reduce homelessness and work toward ending rough sleeping.

Islington council was successful in a bid to the Ministry of Housing for funding for additional posts to support the homelessness crisis. These included a street population coordinator, complex needs outreach worker, no recourse to public funds outreach worker, move on worker and housing first co-ordinator. Islington council was also granted additional funds to open a temporary cold weather shelter, in conjunction with Camden council. This service opened on 7 January 2019 and provides seven bed spaces for rough sleepers.

Islington council has extended the outreach contract with St Mungo's until 2020 and also fund park guard support for regular shifts. The council worked with a consortium of agencies, offering support for them to open a temporary shelter which provided fifteen additional bed spaces.

Tackling domestic violence continues to be in the limelight and a new Bill in the shape of Stalking Protection Act came into force in March 2019. This makes provision for protecting persons from risks associated with stalking. This will help build on the work Islington council is already doing in conjunction with the police to protect victims and survivors.

A housing and domestic violence and abuse specialist has also been recruited to help Islington council with this work and Housing will be working jointly with Children's Services on the new 'Keel Project', a new multi-disciplinary team tasked with developing a new approach to tackling domestic violence and abuse with families in Islington.

Islington Council has also signed up to the 'Make a Stand' Pledge, a commitment to supporting survivors and tackling domestic abuse.

Mental health has rightly started to receive more public attention, both nationally and internationally. This year we saw the government announce new legislation to reform mental health care. 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. Top priority this year has been focusing on women's mental health and the government outlined better care principles for women experiencing mental ill health which consider individual and gender specific needs.

Steps towards reforms to deprivation of liberty safeguards legislation are due to come into force on 1 October 2020.

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. As a result, Islington council is continuing to deliver 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. Around 300 people have been trained to date.

Involving service users in their care has been and continues to be a top priority for staff at Islington. Much work has gone into the work teams have been doing this year to promote the Making Safeguarding Personal approach and ensure that safeguarding adults should be person centred and outcome focused.

# 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 of 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.

Safeguarding awareness events were held at

- Islington Carers Hub - Carers Week – Opening event at Islington Town Hall
- Alsen Day Centre on World Elder Abuse Awareness Day
- Notting Hill Housing- Mildmay Street
- Notting Hill Housing- Mildmay Park
- Elfrida Society service users
- Elfrida Society- for their User led monitoring group who visit residential homes for adults with learning disabilities



Information is also shared electronically with members of the community. This keeps those who may not often leave their homes for various reasons involved. It also helps us keep them up to date with any current issues such as information about local telephone or internet scams helping us to keep them safe.

A service user drama group called Your Life, Your Say delivered a play on Making Safeguarding Personal, MSP, to Islington commissioners and contract officers. This was presented at the Resource for London centre which was well received by staff. This provided useful insight to commissioning services in how service users should be involved in their care in Islington. The plan is to present another drama based on Making Safeguarding Personal to service users and carers at the next service users and carers awareness raising event.

# 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 our new 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 the Care Act guidance, namely:

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

We have renewed our joint strategy with Camden's Safeguarding Adults Board and have been working on it since April 2018. Through this joint strategy we will be able to focus on the same broad objectives, but with flexibility for each Board to tailor their own annual delivery plan according to their local need.

## Prevention strategy

The Care Act 2014 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 had a complementary but separate prevention strategy. We have substantially achieved all the main objectives around:

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

A successful partnership requires good teamwork. 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

**Altho  
ugh  
Islin  
gton**





**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.**

### **Islington Clinical Commissioning Group**

The CCG is promoting a range of ways for patients and carers to feedback their views both publicly and privately. This helps ensure that the views of service users and carers are taken on board and acted upon.

A new website for use by GP's is in development. The website is a space to update GPs about a range of developments in safeguarding and allows access to training across the Borough.

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

The trust has improved carer support and a new Carers policy has been approved and launched along with an easy read version. Patient information screens across the trust now include details of support available both internally & externally. The Alzheimer's Society and carers delivered a presentation to the Trust's safeguarding champions, and information on carers was included in the safeguarding newsletter for staff.

Safeguarding champions were embedded across the Trust as an additional resource to support staff and achieve excellent safeguarding practice. The safeguarding team facilitates regular training, supervision & consultation with the champions, and a broad range of comprehensive training was delivered by the team, external organisations, service users & carers.

Mental Capacity Act practice improved across the trust as a result of increased face to face level three training compliance, the development of an MCA flowchart, and the review of MCA templates and consent forms to ensure they are user friendly and support full legal compliance.

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

Learning from a section 42 enquiry and a Domestic Homicide Review was incorporated into safeguarding training to all staff and disseminated in a range of formats across the trust, including presentations at clinical governance half days to services across the network sites, a presentation to the trust Board, and a Schwartz round.

### **London Metropolitan Police**

The police work closely with Trading Standards and the Royal Mail to make referrals for vulnerable people, particularly the elderly, who have been victims of postal scams. They have just commenced a trial with the specific aim of reducing repeat victims. Everyone over 65 years of age will receive a visit from police and other services to help prevent crime. Training has also been provided around scams and other elderly specific crime types, including lottery scams and bogus charity scams, to staff so they are well equipped to raise awareness around those issues in their day to day jobs.

The Met Police has introduced the Vulnerability Assessment Framework which has helped improve the awareness, reporting and referral of vulnerability. There are clear strategies and standard operating procedures in place for the police response to vulnerable adults that promotes their wellbeing through the relevant referral and support mechanisms.

Over the past year, a new safeguarding structure has been introduced to the Met Police Service, which sees clear leadership and ownership for safeguarding matters at a senior level.

### **London Fire Brigade (LFB)**

LFB continue to raise safeguarding referrals with



Islington Adult and child services. A pilot project is currently live which provides additional support via home visits to vulnerable residents.

The delivery of the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.

LFB has developed a training package for all personnel which features the 'Making Safeguarding Personal' principle. The training also provides staff with a clear working understanding of the Mental Capacity Act. The package complies with both the Care Act and London multi-agency policy and procedures, and ensures all LFB personnel receive initial and regular refresher safeguarding training.

Local data is drawn from London-wide and borough-based sources to inform decision making. National data is sourced from other fire and rescue services and from central government.

### **Camden & Islington Mental Health Foundation Trust**

C&I are now using Mosaic and LAS as the primary performance and recording platforms for safeguarding adult concerns. There is now a regular Multi-Agency Safeguarding Adults Documentation Meeting which aims to develop a richer performance scorecard for the Board and its partners.

C&I have incorporated access to advocacy and service user information and advice into safeguarding adults training at Trust Induction for all new starters.

C&I will continue to be a party to the mental health service user forum and will endeavour to build on this partnership arrangement to ensure the voice of the service user is heard and that services are developed within a spirit of coproduction.

The Trust fully subscribes to the Making Safeguarding Personal and the Think Family initiatives when addressing all areas of abuse and neglect.

Although the Trust is commissioned to deliver adult services the Trust actively seeks to ensure the welfare of all children whose parents, guardians, and adult carers are in receipt of services provided by the Trust.

### **Islington Council**

The Council's Corporate Plan 2015-19 included commitments to, i) improve community safety, ii) support vulnerable residents and carers and iii) help residents to live healthy, independent lives through partnership working including with the Safeguarding Adults Board. The plan has a specific target to reduce hate crime, including disability hate crime. Currently 375 people and 157 organisations have signed up to the borough Hate Crime pledge. 422 people have undertaken the free online hate crime training. More focus needs to be on young people now to undertake this. Prevent briefings delivered to at least 250 internal staff and at least 60 specialised briefings given by request to various community groups. These include Freedom from Torture, Gallop and Arsenal security staff.

There are now over 60 safe havens in Islington, with the details of these on Islington council website and promotion of these going on across key groups.

Many high risk vulnerable victims have been supported through the Community MARAC in 2018/19 – all receiving positive outcomes ranging from referrals to specialist support and undertaking joint visits through to the rehousing of vulnerable people where required. The partnership work undertaken by the Community MARAC demonstrably reduced the risk to both vulnerable victims and perpetrators and is seen as delivering a best practice approach in London.

There is a high level of corporate commitment to safeguard adults from abuse. As the lead organisation on the safeguarding adults board, the council is very actively involved in implementing and improving safeguarding and wellbeing for adults at risk in Islington. A large part of the board's plan is carried out by the council.



There is an organisational culture of reporting safeguarding concerns. The Council's commitment to this is reflected in all job descriptions specifying safeguarding responsibilities and safeguarding policies.

The Council sends out an annual survey to service users and carers, which includes specific questions about feelings of safety and commissioned services. Analysis and feedback from this survey is presented to senior management meetings and informs divisional priorities.

The number of service users being invited to attend their own safeguarding meetings or express their own views /express wishes if they can't attend has increased. The Safeguarding Adults Unit has been promoting the use of advocacy through the Leaders in Safeguarding meetings and the Practitioner forums.

The community safety team has also delivered 6 effective projects this year to raise awareness of Prevent and safeguarding issues. These include:

- BRAVE -building resilience against violent extremism
- PARENTZONE -programme to support parents monitoring their children online
- EQUALTEACH developing critical thinking in young people
- Shadow Games – an interactive play on extremism
- Small Steps to raise awareness of Far Right issues and how they recruit/ radicalise (100 trained)
- Over 100 Madrassa teachers trained in both Prevent & safeguarding as part of a teacher training course.

## **HMP Pentonville**

The outcomes overall for safeguarding have improved this year. Safeguarding has become part of the basic training for prison officers. Preventing/ managing self-harm and dealing with violence remains priority.

HMP Pentonville is in advanced stages regarding commissioning a much improved social care service. This is currently being tendered and should be in place for April 2020.

HMP Pentonville has developed links with another borough and undertaken the first joint complex case review for someone who was due to be released into their community shortly. This was very successful and is a model the prison would like to develop with other complex cases and with other local boroughs although access to most other boroughs (outside London Borough of Islington) is challenging.

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

All SHP staff receive mandatory safeguarding training and all clients are issued with a bespoke safeguarding information leaflet. SHP operates with an integrated safeguarding and risk management casework system and staff are required to raise safeguarding concerns on the system within 24 hours.

SHP has updated its safeguarding policy and practice in relation to identifying and tackling domestic abuse, online abuse and cyberbullying this year.

SHP staff raised 108 safeguarding concerns on behalf of its clients across Islington and Camden in 2018-19 and worked in partnership with clients and key stakeholders to resolve safeguarding issues.

## **Healthwatch**

Healthwatch has taken the safeguarding adults leaflets to various events to promote awareness raising across the community.

## **Notting Hill Housing Group**

In April 2018 Notting Hill Housing (NHH) merged with Genesis Community Housing to form Notting Hill Genesis (NHG). NHG continues to recognise the importance of good safeguarding practice to all its



customers. This year NHG has been working across the organisation to ensure robust reporting, increased awareness and effective multi agency working in relation to safeguarding. NHG have developed a self-neglect protocol to support staff managing complex cases of self-neglect and have launched a concerns line for NHG contractors to enable them to easily raise concerns which they have following maintenance visits to customers' homes. NHG will be integrating all aspects of safeguarding, including training, reporting and policy and procedure over the next year to support colleagues to access appropriate support for vulnerable adults and children living in NHG homes. NHG work with other housing associations through the Safeguarding in Housing Forum to promote learning throughout the sector, regular awareness raising campaigns are held and all customer facing staff attend mandatory safeguarding training.

NHG have recently signed up to the Make a Stand Pledge on Domestic Abuse and next year will be raising awareness and improving practice around all forms of Domestic Abuse. NHG will seek to further increase awareness across the business with a programme of targeted campaigns for both staff and customers. NHG regulated services will be implementing the new Liberty Protection Safeguards to ensure NHG most vulnerable customers rights are supported.

### **Age UK**

Staff has good awareness around processes for and application of safeguarding practice. There are regular reviews at management team sessions and regular training and supervision is provided. These reviews lead to changes in practice. Teams are proactive in raising issues and alerts. As an additional layer, all case work includes a quality assurance stage by team managers to proactively monitor for safeguarding issues (amongst others).

### **London Ambulance Service**

Updates from the London Ambulance Service are reported via the Brent Safeguarding Adults Board. The LAS safeguarding annual report for 2018-19 was not available on their website at the time of

publishing this report.

### **National Probation Service (NPS)**

The National Probation Service in Camden & Islington ensures that all staff complete mandatory adult safeguarding training, this training is refreshed every two years to ensure that staff are up to date in their knowledge. Other mandatory training completed by staff linked to adult safeguarding are unconscious bias, disability awareness, equality and diversity, LGBT awareness. Staff are also actively encouraged to undertake at least two pieces of training provided by the Safeguarding Board or other partners. In the last year staff have also had Modern Day Slavery, Female Genital Mutilation, Women and gangs and Extremism briefings.

Identification of vulnerable adults starts at the Court stage before sentencing. Probation service works closely with the mental health liaison and diversion service and make referrals where appropriate. Also at Court stage maturity assessments have been introduced as part of overall risk assessment, we already have in place colleagues from substance misuse services on hand to make drug and alcohol assessments where applicable. A pan-London Transgender board with specialists who input on appropriate sentencing if an individual is at risk of a custodial term exists.

NPS utilises home visits on service users subject to statutory supervision to identify safeguarding concerns and if applicable, to refer to partners such as Adult Social Care, Police or London Fire Brigade. Work has been done to ensure staff are aware of the escalation process for referrals if the concerns have not been allayed.

In order to drive good practice around safeguarding, NPS have introduced a number of management lead roles around safeguarding, and as well as attendance at the Safeguarding boards, there has been representation at the Autism forum. Working in partnership in a range of multi-agency panels such as MAPPA, MARAC, MASH and Prevent, this provides a holistic approach to both safeguarding and risk management. This year NPS secured a grant to provide extra support for 18-25 year olds in Camden & Islington, working with St Giles Trust.



Again an intervention around safeguarding resulted in a family being moved out of Borough.

Safeguarding continues to be a priority for the NPS – with the strap line “Preventing victims by Changing Lives”

### **Whittington Health NHS Trust**

Whittington Health has led on developing and delivering multi-agency and multi-disciplinary training across three Community Education Partnership Networks (CEPNs).

Making Safeguarding Personal is part of the safeguarding adults training within Whittington.

Whittington Health has excellent relationships with key partner agencies on the local safeguarding adult boards. This means there are clear processes for escalating safeguarding adult concerns to ensure the safety of local residents and their family carers. Whittington Health has run ‘learning together’ events for some time now, which look at the learning from serious incidents. These events are advertised for all partner agencies to attend.

Use of the Mental Capacity Act continues to be an area for the Trust to concentrate on. Whittington Health has provided leadership in this area by devising and leading on an innovative training programme for a wide range of agencies across three safeguarding adult boards. The range of attendees crosses care home staff, GPs, police officers, as well as social workers, nurses, occupational therapists, physiotherapists and speech and language therapists.

Health partners of the Safeguarding Adults Board have also published their annual reports for 2018/19 which can be found here:

[Whittington Health NHS Trust](#)

[Camden and Islington NHS Foundation Trust](#)

[Moorfields Eye Hospital NHS Foundation Trust](#)

[Islington Clinical Commissioning Group](#)

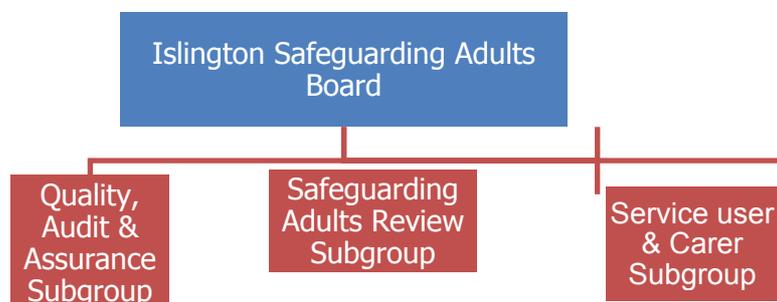
Islington Health and Well-being Board has oversight of this Safeguarding Adults Board annual report. Further information about democratic services can be found [here](#).

### **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, the subgroups carried out much of the actual work. They are the engines behind the Board. This section sets out the achievements of each subgroup.



## 1. Quality, Audit & Assurance

The purpose of the Quality Audit & Assurance Subgroup is to support the Islington Safeguarding Adults Board to take a strategic overview of the quality of safeguarding activity from partners providing care to adults with care and support needs in Islington. QAA subgroup also has oversight over performance and ensures that there are adequate monitoring systems in place. It promotes the importance of prevention and early intervention. The QAA subgroup focused on a range of topics over the year including:

- Making Safeguarding Personal
- Mental Capacity Act
- Pressure ulcer leaflet for carers
- Data quality dashboard

The QAA subgroup also been overseeing the work from the action plan of the Safeguarding Adults Review for Ms BB and Ms CC and ensuring that the learning from this has been embedded in practice by partners who may or may not have been involved in this case.

David Pennington  
Chair  
Quality, Audit & Assurance Subgroup



## 2. Safeguarding Adults Review

2018-19 saw the Safeguarding Adults Review subgroup finalise the case action plan for Ms BB and Ms CC, and final reports for the case of Ms DD and Mr Yi submitted to the Board. Multi-agency workshops will take place for two other cases being reviewed by this subgroup. Since January 2018 one new case involving a homeless person was brought to the subgroup. The SAR criteria was not met. A full review of the SAR terms of reference and Framework is underway which will be finalised in 2019-20

DCI Lily Benbow  
Chair  
Safeguarding Adults Review Subgroup



## 3. Service User & Carer

This subgroup involves service users and carers from Islington who meet every 3 months to talk about the work the safeguarding adults board is doing and suggest ways of improving services for adults with care and support needs. 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:

- Gangs/knife crime in young adults
- Gangs in prison
- Learning disability and the Learning Disability Mortality Review programme (LeDeR)
- Advocacy
- Transition
- Sexual abuse/ sexual exploitation

The Care Act says that local councils must involve people in decisions about their care and support needs. A representative from PohWer advocacy is now present at the subgroup meetings at the request of the service users and carers in this subgroup. This is also especially helpful as work around Making Safeguarding Personal has started within this group. The PohWer advocate helps reinforce that support is available to make sure the voice of service users can be heard even if they are unable to speak for themselves. 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.

Jo Holloway/ Pooja Dhar co-chairs  
Service User & Carer subgroup





## **North Central London (NCL) Safeguarding Adults Board Task and Finish groups**

Islington Council has been working with the local councils to help build better working relationships and help establish and maintain consistency. Work has been carried out through the North Central London (NCL) cluster involving the London Boroughs of Camden, Haringey, Barnet and Enfield safeguarding adults boards. Three task and finish groups have been identified as follows:

1. Prevention task and finish group which is being led by Islington and Barnet
2. Learning and culture change which is being led by Camden and Haringey
3. Audit and Assurance group which is being led by Enfield and Barnet

These task and finish groups are still finding their feet. The focus of the task and finish group that Islington are leading on with Barnet safeguarding adults board will be around young adults transitioning.

# 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 further 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'.

## 4. Safeguarding enquiries



In 2018/19 we had 435 **safeguarding enquiries** (10% of the total concerns raised)

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

Laura was a keen gardener and attended a day centre where she led on a gardening session for other residents three times a week. She had been found wondering, dehydrated, inappropriately dressed and confused. Laura was diagnosed with early on-stage of dementia in 2013. Her mental cognition started deteriorating, and she was becoming more confused. She stopped attending the day centre.

She was picked up by the police after being reported missing by her daughter. In hospital, she was treated for a urine tract infection and discharged home with a package of care including 3 nights and 3 visits a day. Initially Laura was declining support, she was becoming increasingly agitated and non-engaging. Laura did not understand why she had "people coming over to her flat" and taking over her "life" as she could do everything by herself.

A number of no reply/missing person reports were received from her support worker. Laura was often found on the door step of her previous house where she used to live with her husband. Laura's daughter found the experience very stressful, asked for a review and suggested that her mother might benefit from moving to sheltered accommodation to prevent or minimise the risks of wandering around.

A review of Laura's package of care took place and multidisciplinary team meeting met to review her case. Laura was also involved in decision making about her care plan and what would work for her. She said she would like to access the community and asked to be matched with a support worker who had a similar interest e.g. gardening

During this time, Laura also returned to the day centre and had taken up a gardening class. She seemed to be settled, and her wandering around had completely stopped. Laura's well-being and independence had also improved. As she only required support with accessing her community, she was still independent with all her personal care, meal preparation and housework duties. Her relationship with her daughter also improved and they seemed to be enjoying Sunday's lunch together.

## 5. Safeguarding concerns to enquiries 'conversion rate'

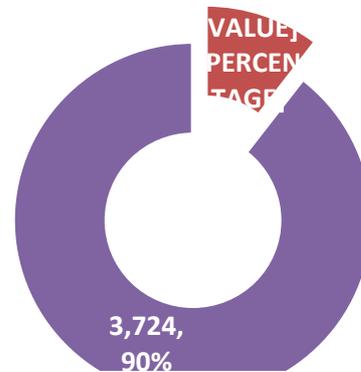
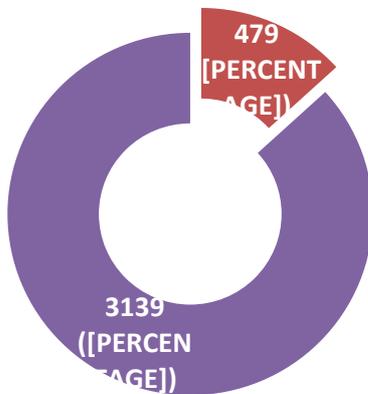
15% increase in concerns from last year

Previous year (2017-18)

This year (2018-19)

■ Safeguarding enquiry ■ No enquiry

■ Safeguarding enquiry ■ No enquiry



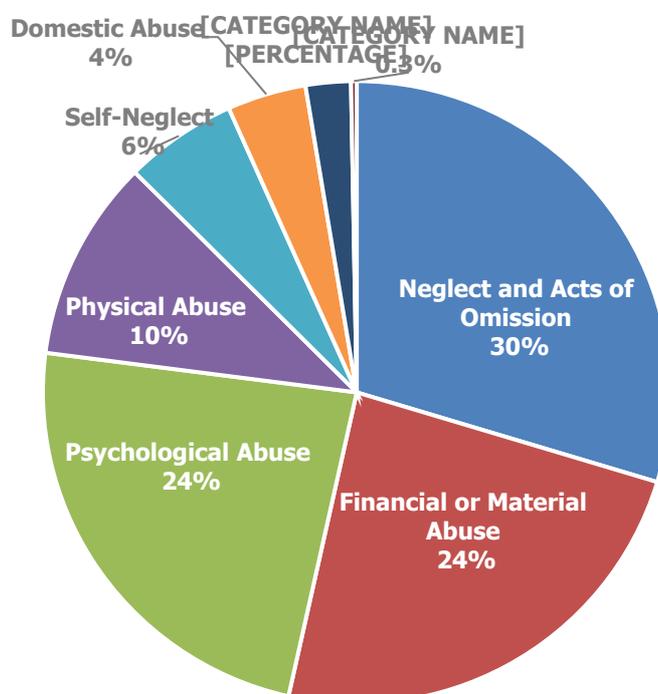
We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners. ADASS has recently released some guidance on this which confirms the good practice around decision making, reporting and recording taking place at Islington Council already. This can be found [here](#).

At the time of publishing this report, the national data for 2018/19 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 2017/18 is available on the [NHS Digital website](#).

## 6. Types of abuse

The different types of abuse about which we made safeguarding enquiries during 2018-19 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.

**Enquiries by type of abuse, section 42 and other**



The chart above shows that over the course of the 2018-19 year, the three most common types of abuse we made enquiries into were neglect, financial abuse and psychological abuse. The pattern for financial abuse and neglect has been noted in previous years. For example, the proportion of neglect cases at 30% remains similar to last year's at 33%. But cases of psychological abuse have exceeded the number of physical abuse cases which usually formed the third highest category of abuse in previous years. Last year only 14% of cases involving psychological abuse reported were taken to enquiry whereas this year 24% of those cases were taken forward. This may be as a result of more awareness about identifying and reporting hidden forms of abuse amongst staff and the public. Additionally, psychological abuse can also occur alongside any of the other categories listed above.

There were no cases that involved formal enquiries into any suspected cases of modern slavery or sexual exploitation of adults with care and support needs. We are working to raise awareness of these types of abuse. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these



fairly new types of abuse. 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. Islington council has also been providing in-house training on modern slavery and human trafficking which still continues. This has been very successful.

Modern Day Slavery training course:

*"I have been to many human trafficking trainings before but this was the best I had ever had!"*

Safeguarding Adult's refresher training course:

*"The presentation was very engaging and of a high standard. It was very useful having multiple agencies participating as an opportunity to share experience and understand differing roles"*

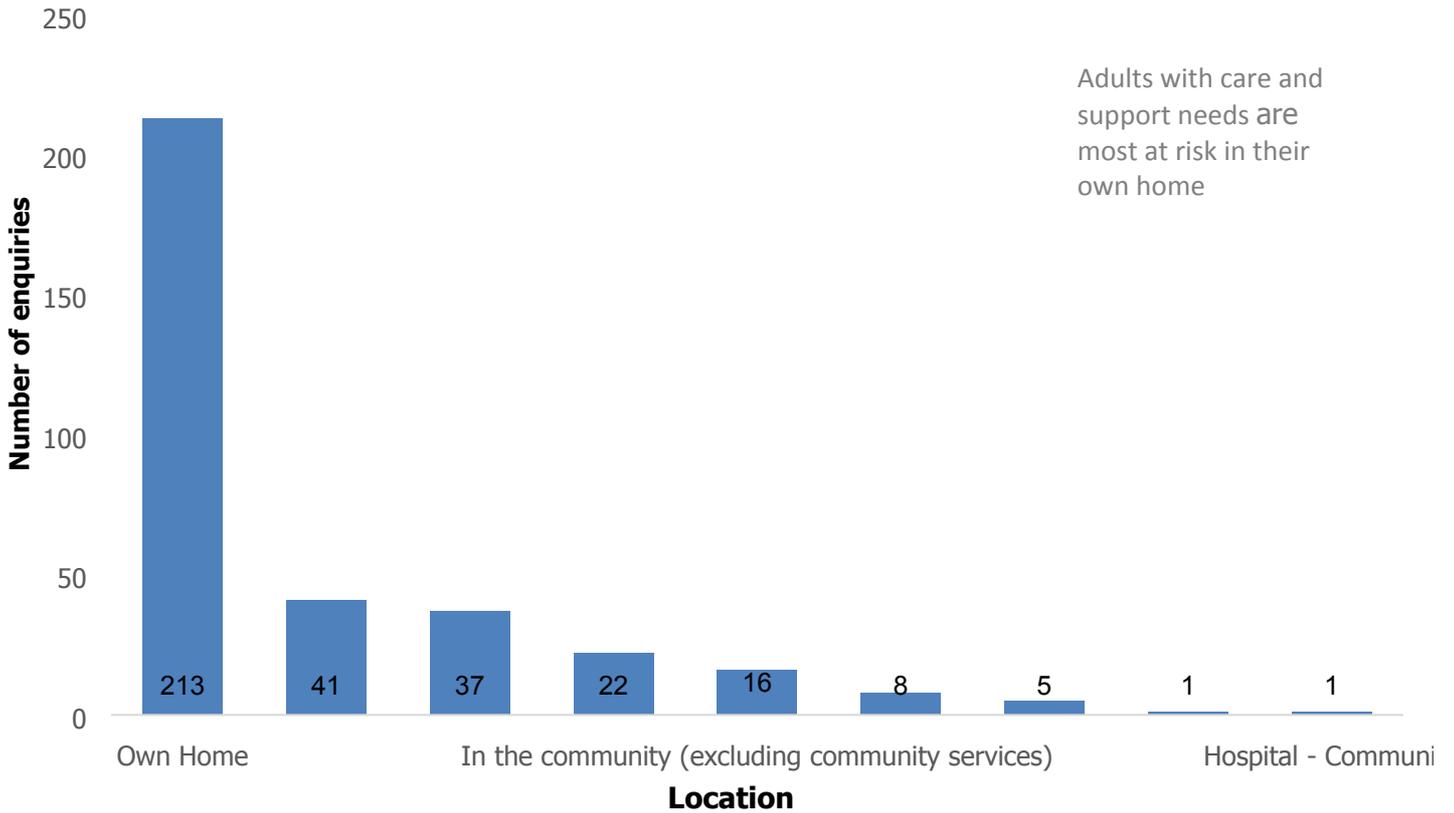


### Feedback on training from participants



## 7. Where abuse took place

**Number of enquiries by location, section 42 and other**

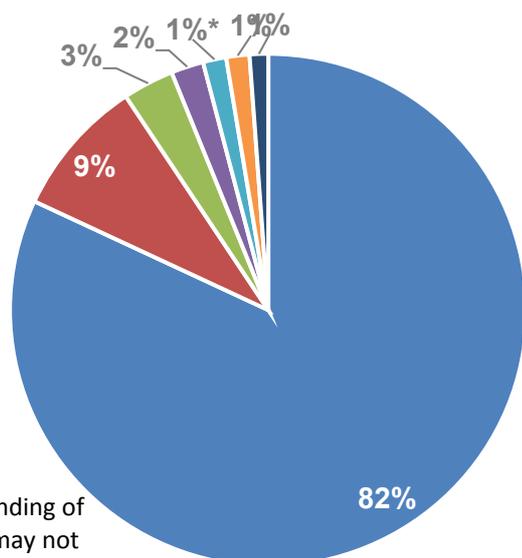


Abuse and neglect in care homes and hospitals tend to grab headlines. Because of this you might assume that a lot of abuse and neglect takes place in care homes and hospitals. But, the graph above shows the opposite – that more than half of all cases of abuse and neglect take place in the person’s own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



## 8. Action we took

### Actions we took to help the adult



- Risk identified and action taken
- Enquiry ceased at individual's request and no action taken
- Risk - Assessment inconclusive and action taken
- No risk identified and no action taken
- Risk identified and no action taken
- No risk identified and action taken
- Risk - Assessment inconclusive and no action taken

\*Due to the rounding of figures, figures may not total 100%

The graph above is based on the safeguarding enquiries that were closed in 2018-19. In nearly all of the cases we took some kind of action.

We identified and took action in 82% of the cases as opposed to only 49% in the previous year. This is a very positive outcome as a result of the changes we have made to our recording systems recently and the training provided to all teams within adult social care and the mental health trust. Recording the actions, we took for all cases is now a mandatory field in our recording system.

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 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 1% of the cases we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

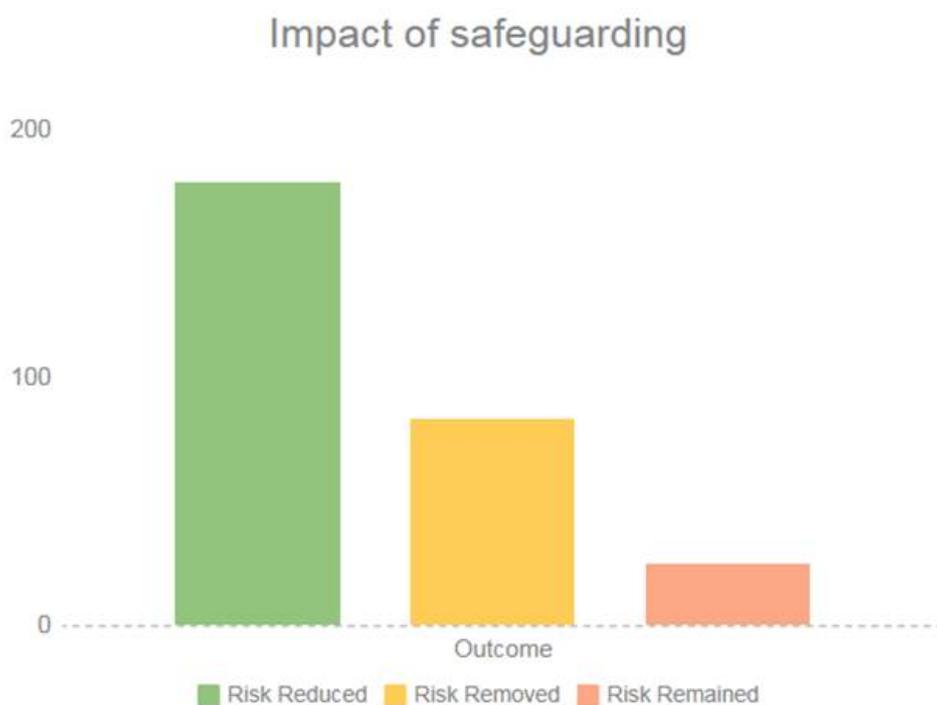
In 9% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against someone's wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.



## 9. 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 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. We also factor in risks to other adults or children and whether the person causing harm is a paid professional.



This graph is based on the number of closed Section 42 enquiries in 2018-19 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate and are currently being investigated at the time of writing this report.

## 10. 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 (MSP)' 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 a safeguarding enquiry can 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 MSP across all partner organisations.

Islington Council – Adult Social Care has overall responsibility for all safeguarding enquiries. Adult Social Care has made changes to its internal reporting system to ensure that making safeguarding personal is captured as part of every enquiry.

At the safeguarding concern stage the adult (or their representative) is asked whether they want this concern to progress to a safeguarding enquiry and what outcome they want from the enquiry. The concern is also risk assessed and depending on this, it is progressed to a safeguarding enquiry.

We know from research nationally that being safe is only one of the many 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.



To help us achieve this, every Safeguarding enquiry has a set of seven 'I' statements that the adult at risk (or their representative) is requested to respond to during and towards the end of the enquiry. These statements not only address the issues of safety but also of choice, control, respect and justice.

We also record whether we were able to achieve the adult's preferred outcome. Our data from previous years shows us that we need to continue transforming practice and shifting work cultures to make our safeguarding work truly personalised. In the year ahead, we will be working with staff to explore more ways of enhancing an adult's choice and control as part of a safeguarding enquiry.

The previous year's data shows that 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 MSP approach to working is a priority for the year ahead.

## 11. 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.**



We have continued to work on the action plan to address the learning from the Ms BB and Ms CC case which was published few years ago. Much of the work that was recognised as useful learning from this review has been completed. Although it needs to be ensured that this good work is embedded into practice to ensure good practice continues.

Learning from safeguarding adult reviews from other local boroughs is also shared with all members of the safeguarding adults board. This ensures learning from neighbouring boroughs can be embedded into practice to avoid similar situations happening locally and help maintain good practice.

Islington has recently been involved in a joint SAR with 3 other London boroughs involving the case of a homeless man, Mr Yi, who unfortunately died. A full report can be found [here](#). Islington is currently working towards an action plan to address the learning and recommendations that have come out from this case.

### MR YI SAR RECOMMENDATIONS

#### STRATEGY

Make sure the local homelessness strategy addresses those at risk of chronic homelessness

#### PRACTICE

Update the policy, procedures and guidance for practitioners to take into account duties under the Mental Capacity, Human Rights and Equalities law when working with the Housing Act and Care Act

#### RESOURCES

Consider and measure the impact that public sector cost-cutting has had on preventative, person-centred interventions for the chronically homeless

#### ASSURANCE

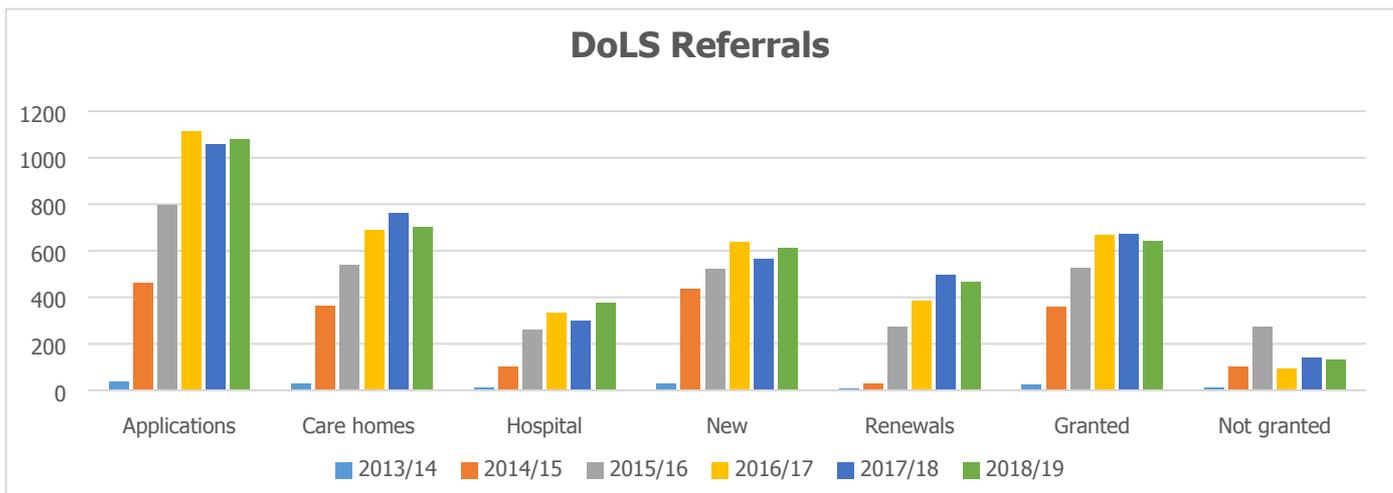
Seek assurance that any civil legal action involving the council or housing providers actively considers whether the adult 1) is at risk of abuse and neglect and/or 2) has capacity to litigate.

#### TRAINING

Seek assurance that commissioning and housing staff are trained effectively on statutory duties to identify, report and prevent abuse to adults at risk.

## 12. 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.

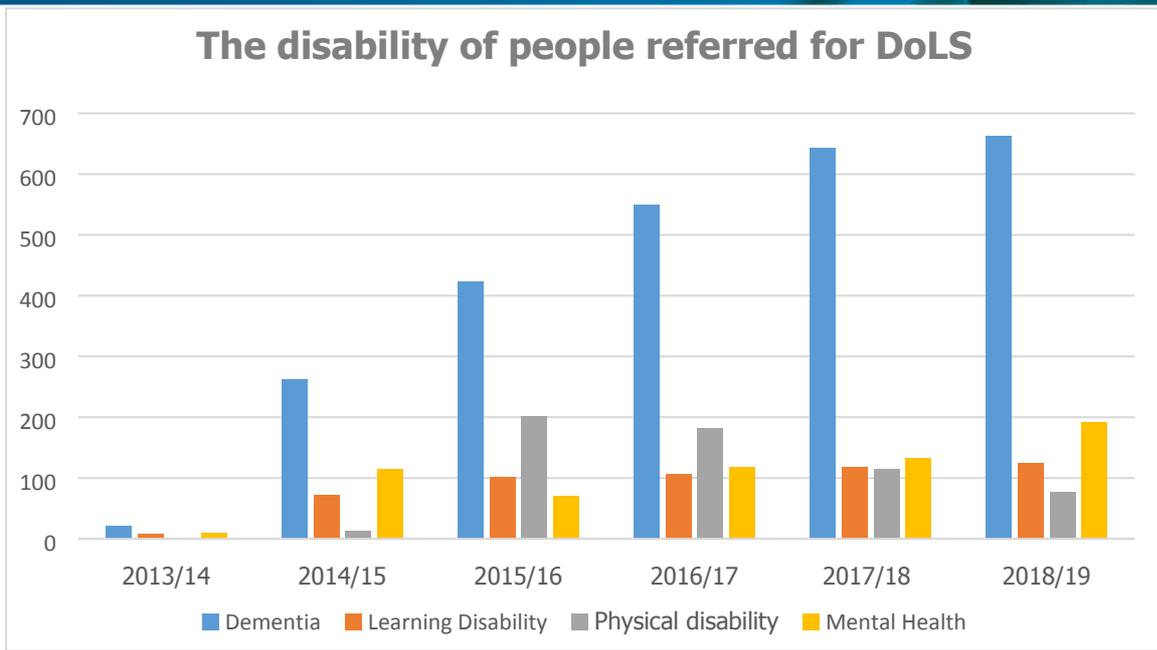


It has now been five years since the land-mark Supreme court ruling, known as '*Cheshire West*', and the significant widening entitlement to the DoL Safeguards. The huge increase in DoLS referrals following this ruling has flattened out and the overall increase for 2018-19 was just 2%.

We believe this flattening off of referrals is positive and reflects the fact that all (or very nearly all) of our residents in residential care, who should be on a DoL and receiving the appropriate safeguards are subject to one.

We saw a large increase of referrals from hospitals this year, particularly the Whittington Hospital who made 44% more DoLS referrals than the previous year.

Residential care homes and hospitals are far more aware, knowledgeable and compliant with the DoLS legislation than before and this is reflected in the speed and appropriateness of their referrals and implementation of conditions.



The majority of referrals (64%) were on behalf of people who had Dementia. This is a small increase on previous years. Referrals for people with mental health needs have increased from 133 to 192 (more than 40%).

Islington DoLS team does not have any back logs. The average time scale for completion of a DoL from receipt to authorisation is 20 days which compares favourably with the London average which is 68 days. The National average is 138 days.

Every person with a DoL authorisation in place has a Relevant Person’s Representative (RPR) appointed to monitor the DoL. We have systems in place to monitor conditions and ensure the RPR’s are visiting the relevant person regularly and follow up non-compliance with the relevant RPR’s.

**Proposed new DoLS scheme:**

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

Steps towards reforms to deprivation of liberty safeguards legislation are due to come into force on 1 October 2020.

## 13. Lasting Power of Attorney

Since December 2018, Islington has been the pilot borough for the campaign by the Office of the Public Guardian (OPG) to raise awareness around Lasting Powers of Attorney (LPA).

The aim of the campaign is to raise awareness, dismiss some of the myths and to reach parts of the community who might not have felt LPAs were relevant to them. The OPG has identified that one of the barriers to people putting in place an LPA is cost. The leaflet we have been distributing highlights that depending on the person's financial circumstances, it could be free to register the LPA. In the borough this campaign has been supported by Islington Council, Whittington Health, Islington CCG and Age UK Islington.

The Mental Capacity Act (2005) highlights the importance for all adults, including those with care and support needs, to plan for their future. This includes deciding who should make decisions about finances, health and social care and medical treatment should they ever lose capacity to make these decisions for themselves. This is achieved by putting in place a LPA for finance and a separate LPA for Health and welfare.

It can be difficult to think about the future, but it can also be reassuring to the person to know that someone who knows them understands their wishes and preferences and has the legal power to make a decision in their best interests should they lack the capacity to do this.

Since December, we have been raising awareness about LPA's at community events, for example at carers events, in our care



homes, through the work of Age UK Islington, at Whittington Hospital and with Islington GP's. We have talked about LPAs to health and social care staff in the borough at workshops and in training. Islington Life, Council magazine delivered to every home in the borough features LPA's in the Spring 2019 edition.

# 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 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 that they were duplicating work 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 needs.

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.

**approach with all partner organisations working together in Islington.**

You can read our strategy on our website [here](#).

In order to achieve our strategic objectives, the Board partners will agree detailed work programmes every year to harness their



resources and contributions in our combined effort to tackle and prevent abuse and neglect in Islington.

Our plan for next year is available to download [here](#).

## **Making Safeguarding Personal**

We want the person we safeguard to be at the centre of everything we do. Their wellbeing must be priority 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**

The QAA Subgroup of the Safeguarding Adults Board will continue to ensure that learning from any safeguarding reviews is embedded in practice by partners for not only those agencies that were involved but also encourage all partners to sign up to the learning. This will help implement best practice in all organisations.

### **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.**

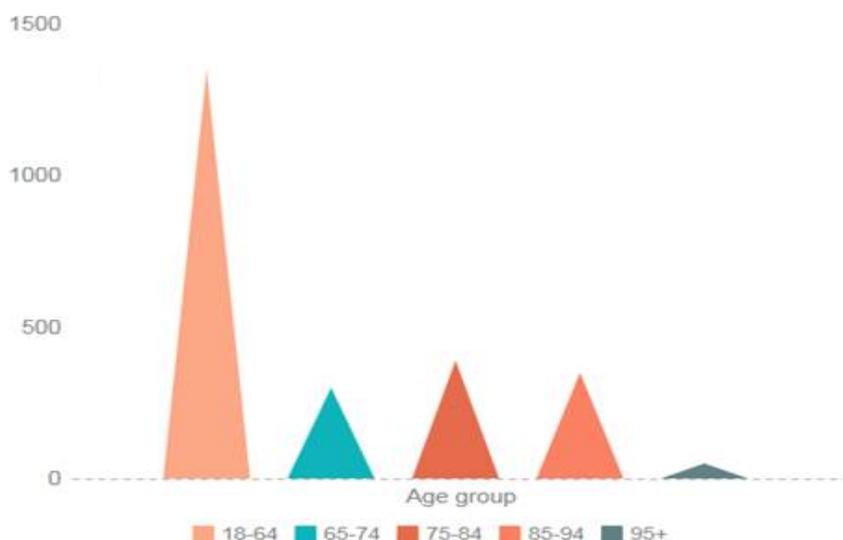
**Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.**



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.

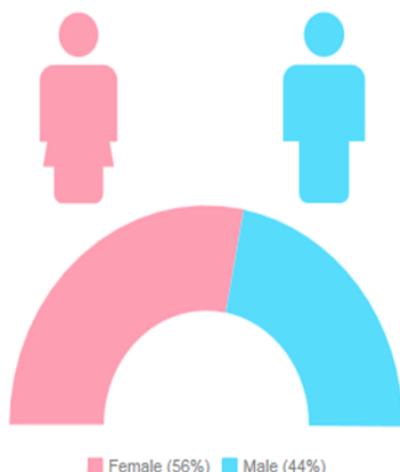
With their consent, we capture information about their age, sex ethnicity, sexuality, mental capacity and service user category. Having a clear overall picture of who we are safeguarding and where there are gaps, helps us to decide where to focus our attention in the future.

**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.

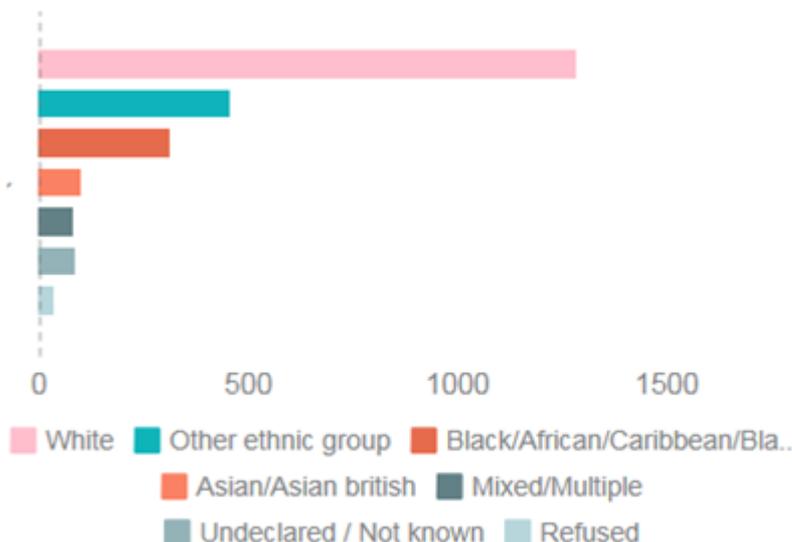
### Gender of adults who had safeguarding concerns raised about them



This 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 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. We will continue to promote safeguarding adults through these leaflets 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.

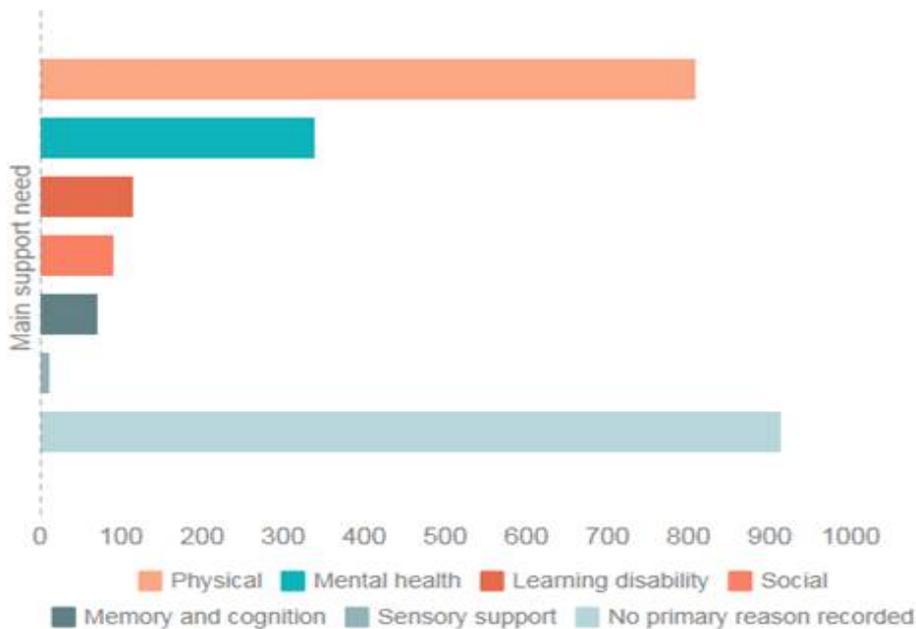


## Sexual orientation of adults safeguarded during the year

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 will continue to work in this strand of equality and diversity and will engage with partner organisations including Stonewall Housing. This will allow us 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 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	People Services- is responsible for setting up and overseeing the ISAB.
ISAB	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. We also held a local Challenge event for our Safeguarding Adults Board members. 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 30-May-18	Board Meeting 11-Jul-18	Board Meeting 31-Oct-18	NCL Challenge event 12-Dec-18	Board Meeting/local Challenge 12-Feb-19
<b>Partner Organisation</b>					
Independent Chair	●	●	●	●	●
Islington Council	●	●	●	●	●
Islington Safeguarding Children's Board	●	●	●	A	A
Safer Islington Partnership	A	●	●	A	A
Islington Clinical Commissioning Group	●	●	●	●	●
Moorfields Eye Hospital NHS Foundation Trust	●	●	●	●	●
London Fire Brigade	A	A	A	A	●
Camden & Islington Foundation Trust	●	●	●	●	●
Whittington Health	●	●	●	●	●
Police	●	●	●	A	●
Community Rehabilitation Company (CRC)	A	A	A	A	A
Probation	●	●	A	●	A
London Ambulance Service	A	A	A	A	N
<b>Co-Opted Organisation</b>					
Age UK Islington	●	●	A	A	A
Notting Hill Pathways	A	●	A	A	●
Healthwatch Islington	●	●	●	A	A
Single Homeless Project	●	A	●	A	N
<b>Attendees</b>					
Care Quality Commission (CQC)	A	A	A	A	A
NHS England	A	A	A	A	N
London Borough of Islington Councillor	A	●	A	A	●
General Practitioner	A	●	A	A	N
Family Mosaic Housing rep	N	N	N	A	N
Prison	●	●	●	A	A
Voluntary Action Islington	n/a	●	A	A	A

### Key



= Present A = Apologies no substitute

N = No apology/ substitute recorded



C = Does not attend; receives papers only

N/a = not applicable



<b>Quality, Audit and Assurance Subgroup</b>	<b>Subgroup Meeting 07-Feb-18</b>	<b>Subgroup Meeting 13-Dec-18</b>	<b>Subgroup meeting 27-Feb-19</b>
<b>Partner Organisation</b>			
Chair (Clinical Commissioning Group)			
Islington Council			
Whittington Health	N		
Moorfields Eye Hospital NHS Foundation Trust			A
Islington Commissioning	A	A	
Camden and Islington NHS Foundation Trust			A
Notting Hill Housing	N	A	
Police	NA		A

<b>Safeguarding Adults Review Subgroup</b>	<b>Subgroup Meeting 26-Jun-18</b>	<b>Extraordinary Subgroup Meeting 15-Aug-18</b>	<b>Subgroup Meeting 19-Sep-18</b>	<b>Subgroup Meeting 22-Jan-19</b>
<b>Partner Organisation</b>				
Chair (Police)				
Islington Council				
Islington Learning Disabilities Team		N	A	A
Healthwatch	N	A		A
Single Homeless Project	A			
Islington Clinical Commissioning Group				
Islington Social Care and Rehab	A	N	A	A
Independent SAR Author	N	N	N	A
Age UK	A	N	N	A
Camden and Islington NHS Foundation Trust			A	
Whittington Health				

# Appendix D

## How is our Board resourced?

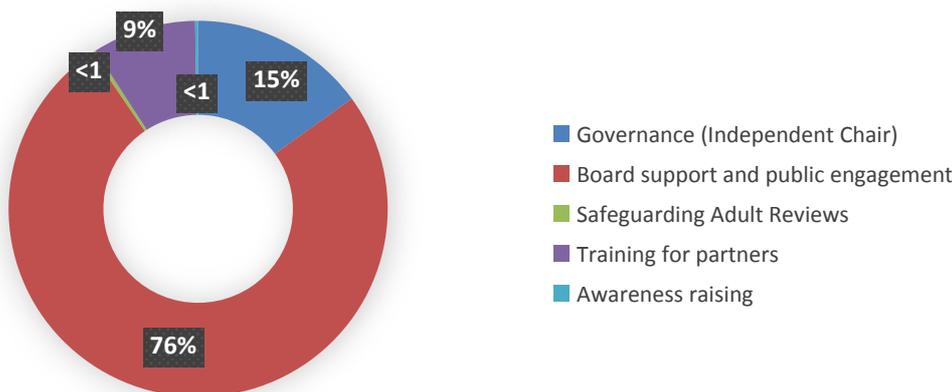
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

### Who gave money to the board



As the above chart shows, Islington Council financed 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 £195,400 to support the work of the Board during the year. This is a decrease of 3.3% from last year's expenditure. A significant amount of the basic awareness around MCA/DoLS, community DoLS and modern slavery training have been delivered by in-house staff which helped to save on costs for external trainers. Some training has also been delivered online via e-learning modules. This included training on domestic violence, safeguarding adults at risk in Islington, and some MCA/DoLS training which have had a positive update. Some members of the public also completed this training.

# 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.

### **LeDeR**

The LeDeR programme is a review of the deaths of people with a learning disability to identify common themes and learning points and provide support to implement these.

### **Making Safeguarding Personal**

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

### **Mental Capacity Act (MCA)**

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

### **Merlin**

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

### **Neglect**

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



### **Safeguarding Adults Board**

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

### **Safeguarding Concern**

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

### **Safeguarding Enquiry**

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

### **Seasonal Health Interventions Network (SHINE)**

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

### **RADAR meetings**

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

### **Prevent**

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

### **Section 136 of Mental Health Act 1983 (Mentally disordered person found in a public place)**

This law is used by the police to take a person to a place of safety when they are in a public place. The police can do this if they think the person has a mental illness and is in need of care.

### **Section 135 of Mental Health Act 1983 (Warrant to search for and remove patients)**

This law is used by the police to take someone to a place of safety for a mental health assessment.

### **Section 5 of Mental Health Act 1983 (Application in respect of a patient already in hospital)**

This law is used by a doctor or Approved Mental Health Practitioner (AMPH) to stop an adult from leaving a hospital in order to treat them in their best interest.

### **Section 6 of Mental Health Act 1983 (Application for admission into hospital)**

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

### **Workshop Raising Awareness of Prevent (WRAP)**

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

# Appendix G

## What should I do if I suspect abuse?

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

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



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

### Adult Social Services Access and Advice Team

Tel: 020 7527 2299

Fax: 020 7527 5114

Email: [access.service@islington.gov.uk](mailto:access.service@islington.gov.uk)

You can also contact the **Community Safety Unit** (part of the police)

Tel: 020 7421 0174

In an emergency, please call 999.

For more information:

<https://www.islington.gov.uk/community-safety>

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

Tel: 0207 527 3828

Email: [dolsoffice@islington.gov.uk](mailto:dolsoffice@islington.gov.uk)

For more information, click [here](#)

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

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

## Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health and Care Scrutiny Committee	21 <sup>st</sup> November 2019		All

<b>Delete as appropriate</b>	Exempt	Non-exempt
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## **SUBJECT: IMPROVING OUTCOMES FOR RESIDENTS AFFECTED BY DRUG AND ALCOHOL MISUSE**

### **1 Synopsis**

- 1.1 This paper and the accompanying presentation sets out the progress made in establishing and developing Islington's new drug and alcohol recovery service and improving outcomes for people affected by their, or their loved one's drug and / or alcohol misuse.
- 1.2 The provider of Islington's integrated drug and alcohol recovery service is Camden and Islington NHS Foundation Trust, in partnership with Humankind (formerly Blenheim CDP) and Westminster Drug Project.
- 1.3 The new service has been operational from 1<sup>st</sup> April 2018.

### **2 Recommendations**

- 2.1 To note the progress being made in developing this new service and improving outcomes for Islington residents affected by substance misuse.

### **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 having wider economic, employment and societal impacts.
- 3.2 Better Lives, Islington's adult drug and alcohol recovery services, has been operational since April 2018 following a major 18 month re-design and transformation programme. The vision and operating model for the new service aligns closely with Islington Council's 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.
- 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 that treatment pathways meet the changing needs of the population of drug and alcohol users.
- 3.4 This new integrated contract and service model represents a very significant move away from previous ways of working and service provision. As a consequence, public health commissioners acknowledged that, owing to the significant mobilisation and change processes that the provider needed to implement in order to establish this new service, performance during the first year of contract delivery (ie during 18/19) was likely to be impacted.
- 3.5 A range of key performance indicators are included in the contract and are routinely monitored by commissioners, in order to drive and maintain a clear focus on improving outcomes for individuals and their families. As set out in the service specification, the provider is expected to achieve an increase in the numbers of people engaged with the service over time, as well as an improvement in the proportion of service users achieving and sustaining positive outcomes. Measures of success for the service also include feedback from service users and their families, based on the Making It Real "I" statements. A summary of these performance data is set out in the accompanying presentation, and indicates across a number of measures, an increasingly positive picture of service performance and impact.

### **4 Implications**

#### **4.1 Financial implications**

There are no financial implications arising from this report. Comments provided by Ivana Green – Finance Manager.

#### **4.2 Legal implications**

No legal implications as this complies with the local authority duties under the Care Act 2014. Comments provided by Anuara Ali - Senior Solicitor, Community Services (Solicitor-Advocate).

#### **4.2 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

As this is an update report with no decisions being made, there are no new environmental implications beyond those identified when the service commenced (energy and water use, purchasing and waste generation in the buildings being used).

### 4.3 Resident Impact Assessment

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

## 5 Conclusion and reason for recommendation

5.1 The anticipated positive impacts of Better Lives and the new service model it is delivering are starting to emerge, following a challenging first year of operation.

5.2 Work continues with Camden and Islington NHS Foundation Trust, and strongly involving people who use the service, to continue to develop Better Lives

### Appendices

**Background papers:** Presentation: 2019 – Improving outcomes for residents affected by drug and alcohol misuse

#### Final report clearance:

**Signed by:**



Director of Public Health

Date 11/11/2019

**Received by:**

Head of Democratic Services

Date

**Report  
Author:**

Emma Stubbs

Date

Tel: 020 7527 8198

Email: [Emma.stubbs@islington.gov.uk](mailto:Emma.stubbs@islington.gov.uk)

#### Financial Implications

**Author:** Ivana Green – Finance Manager

Tel: 020 7527 7112

Email: [Ivana.Green@islington.gov.uk](mailto:Ivana.Green@islington.gov.uk)

Date: 8<sup>th</sup> November 2019

#### Legal Implications

**Author:** Anuara Ali - Senior Solicitor, Community Services (Solicitor-Advocate)

Tel: 020 7527 3122

Email: [Anuara.ali@islington.gov.uk](mailto:Anuara.ali@islington.gov.uk)

Date: 8<sup>th</sup> November 2019

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# IMPROVING OUTCOMES FOR RESIDENTS AFFECTED BY DRUG AND ALCOHOL MISUSE

**Emma Stubbs**

Senior Commissioning Manager

November 2019



## Key areas

- § Background information:
  - Prevalence of alcohol and drug misuse in Islington
  - Impacts of substance misuse in Islington
- § Client feedback
- § Better Lives update and progress to date from a commissioner and a provider perspective
- § Themed feedback – Family Service
- § Performance:
  - Drug and alcohol treatment outcomes



# Prevalence info

- § New estimates of the number of crack and/or opiate users (OCUs) and dependent alcohol users in Local Authorities were published in 2018.
- § These prevalence estimates give an indication of the number of people in a local authority area who are in need of specialist treatment, as well as a measure of unmet need, based on the proportion of those estimated to be in need who are not currently in treatment (June 2018)

Data Source NDTMS

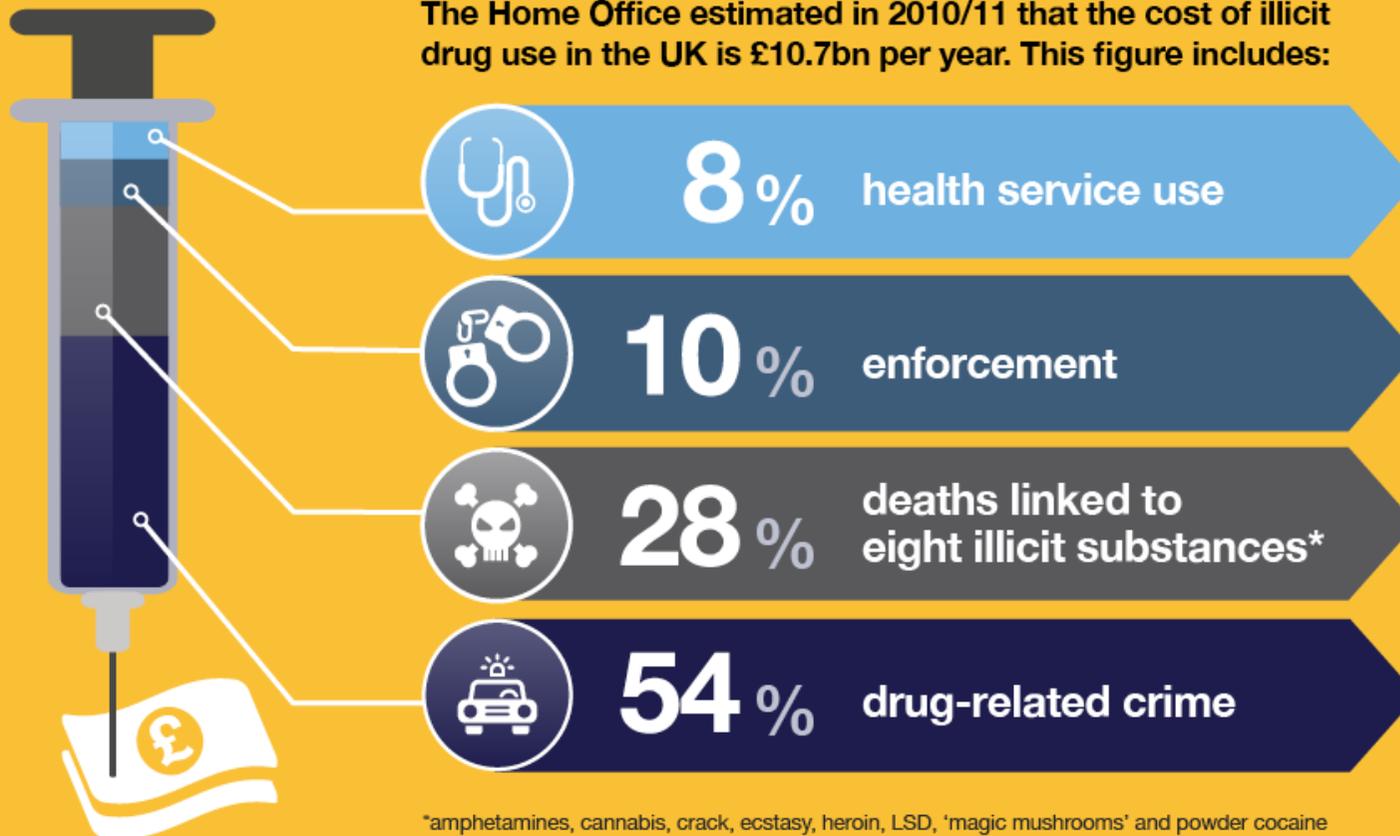
Cohort and estimated number	Islington unmet need	National unmet need
OCUs – 2168	60.7%	54.0%
Opiate – 1749	54.4%	47.2%
Crack – 1642	58.3%	59.8%
Alcohol - 3704	81.7%	82.4%

# Impacts of substance misuse



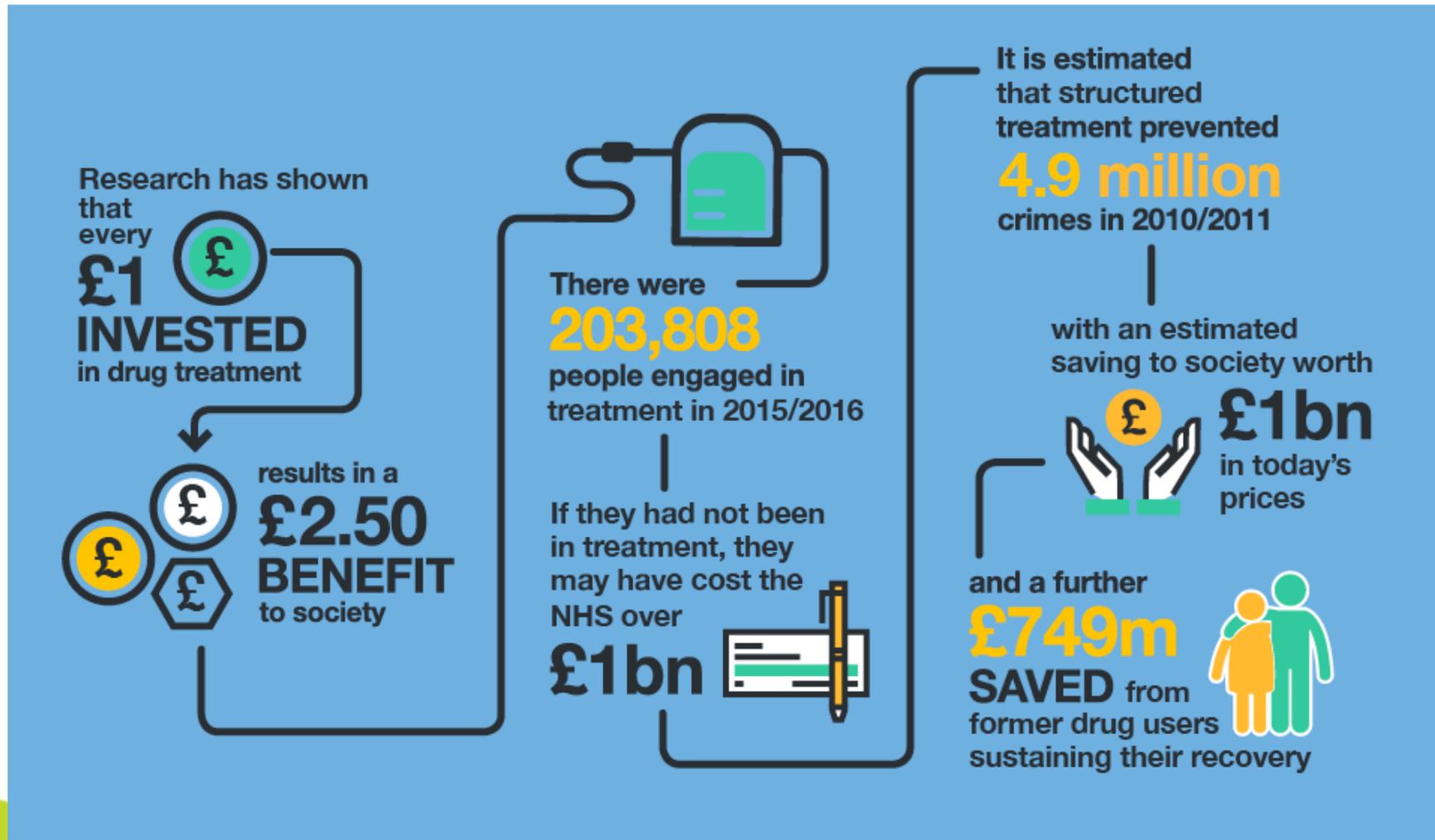
Healthmatters Drug misuse harms society

The Home Office estimated in 2010/11 that the cost of illicit drug use in the UK is £10.7bn per year. This figure includes:

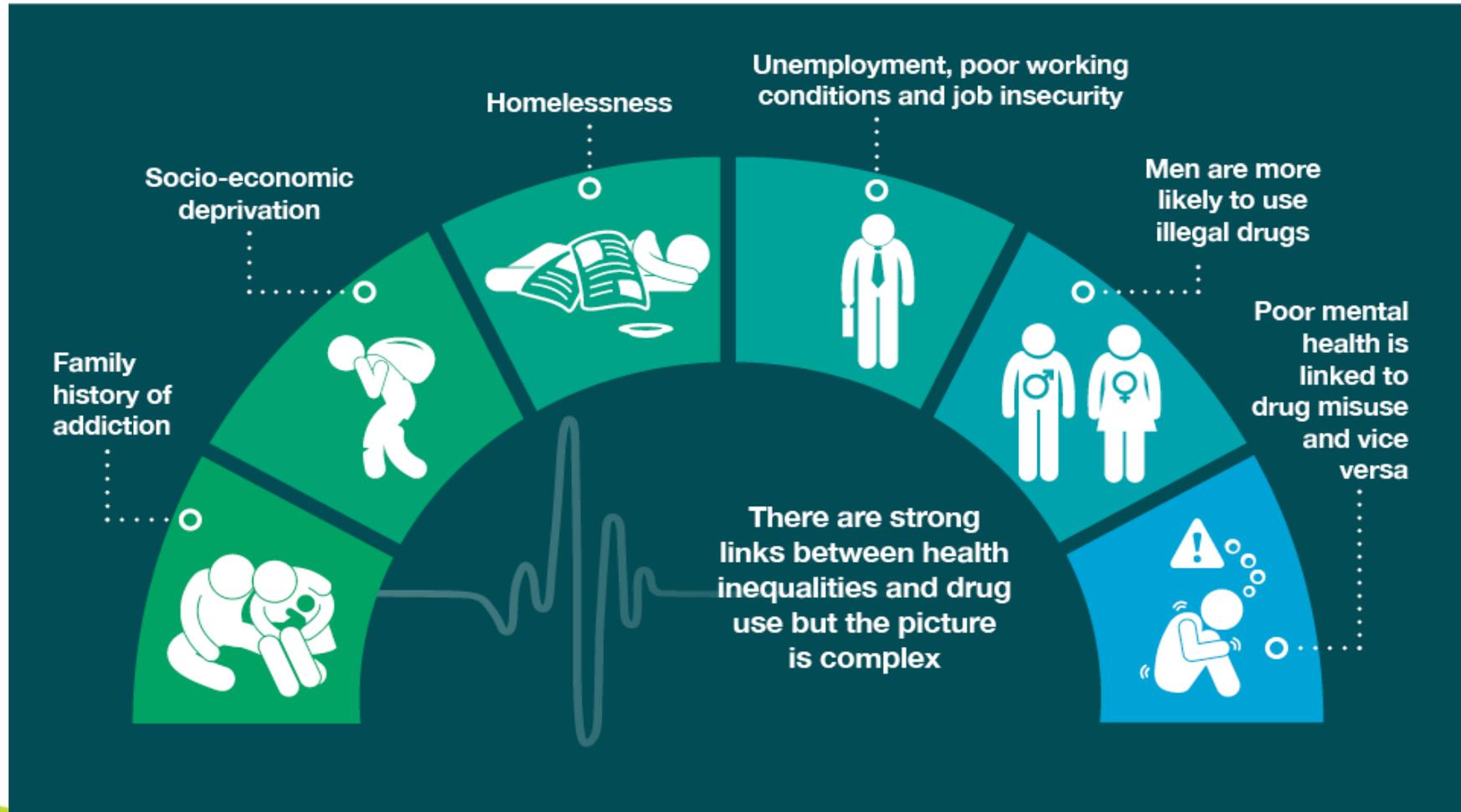


\*amphetamines, cannabis, crack, ecstasy, heroin, LSD, 'magic mushrooms' and powder cocaine

# Impacts of substance misuse



# Impacts of substance misuse



## Feedback from service users

Service User Involvement plays an integral role in the development and delivery of the integrated drug & alcohol service. In order to support this, Better Lives and the LBI Commissioning Team have developed clear plans and an approach that means participation, shared decision making and collaboration are the norm.

A good example of stakeholders working together in this way is the development of 'Mystery Shopping' which has provided commissioners with greater insight into how clients are received when they arrive at services.

Overall, the exercise found that all services were very helpful and answered awkward questions.

Services were assessed by a secret shopper seeking help from services, and this "secret shopper" was also supported by a commissioner who visited the service shortly afterwards, to speak with staff and other clients to get their opinions.

Areas of weakness were pointed out and acted upon, these included long wait times in reception, incorrect or outdated posters and promotional material, and unwelcoming reception staff/area. The Better Lives service has fed this feedback and insight back to all service staff, and changes have now been implemented as a result.

Secret Shopper/Service user quote :

**"Helpful, Empowering and Inspiring to me"**

## Feedback from service users (cont.)

Established users are generally satisfied with the new Better Lives service, although some new clients have reported some problems.

The Service User forums have developed some positive initiatives but there has been with mixed engagement across the three main service sites:

- Grays Inn Road operating well

- Seven Sisters Road improving

  - Mystery shop improved procedures

  - Breakfast Club well attended

- King Henry's Walk still to reach its potential

  - Peer Mentoring programme has been a great success



# Better Lives update (commissioner perspective)



- § Better Lives, the new adult Islington drug and alcohol service started on the 1<sup>st</sup> 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 from previous providers 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 launched 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.



# Better Lives update (provider perspective)

Since November 2018 Better Lives has:

§ Offered a new structured day programme

This programme is based at the King Henrys Walk site and runs Monday to Friday. It is a twelve-week psychosocial programme covering a variety of topics that are offered as a rolling programme.

§ Offering more targeted group sessions across all service sites

These include Alcohol Education, Women's groups, Men groups, Coping with Traumatic Events, Skills for Abstinence, a "peer mentoring" course and a "Giving Something Back" group and mutual aid groups (AA, CA SMART groups).

§ A renewed focus on reducing drug related deaths

Better Lives is working hard to ensure Naloxone is distributed to as many people at risk of overdose as possible, and that service users are trained in its use through a rolling monthly training Programme. The service also provides training on substance misuse and Naloxone for a wide range of professionals twice a quarter, including staff from supported housing, mental health and community sites.

§ Raised awareness of drug and alcohol harm and how to support people using substances

There have also been substances misuse awareness training held as Community Conversations in Islington Town Hall.



# Better Lives update cont'd



§ Developed its partnership working

There are established Single Points of Contact (SPOCs) with housing / supported housing and Better Lives to improve joint working and to better Support service users.

Better Lives has attended borough events and partnership meetings to promote the service and to enhance their footprint in the borough with a passionate commitment to partnership working and identifying and meeting unmet need in Islington.

§ Continued its support of street outreach activity

Better Lives works in partnership with the St Mungo's outreach team. The areas that have been targeted in the first part of this year have been Finsbury Park, Upper Street, Archway and behind Morrison's on Holloway Road.

§ Supporting people with poor health

The service is adapting to the changing needs of service users and specifically those service users who have increasing health risks and needs, including poor mobility, deteriorating mental health or who are difficult to engage in treatment. The service is supporting them through home visits and through joint working with Groundswell, encouraging people to attend health appointments.

§ Seeking feedback from service users

Comments include: ***"A service where you will feel safe and not be judged ... This service is a lifeline, like a rope across a river. You hold on and at points across the river someone helps you not to lose your grip on the rope" "It will greatly improve your mental wellbeing and help you with tools to cope with what life brings ...I should have done this years ago!"***

# Themed feedback: Better Lives Family Service



The Better Lives Family Service is a therapeutic service for children, young people and adults whose lives are affected by someone else's drug or alcohol use. This is a new feature of the local service offer, established as part of the new contract.

In year 1 of Better Lives (2018/19), the family service received 80 referrals. In just Qs 1& 2 of 2019/20 there has been 49 referrals and this increase is expected to continue.

There is a range of support available including group sessions and shortened interventions as needed in order to meet the varied needs of those seeking assistance.

For families, partners and friends of those affected by substance use, the service offers a "Focus on Me" group. All those who have started this group have completed the sessions and have developed their own Peer Support Group. It is hoped that those involved will support the service in developing this as a long term peer led group.

More recently, the Family Service has made links with the Young Carers Group. The aim is to hear from young carers what they feel would help them in understanding what their parents / guardians are experiencing.



# Performance

Islington's new contract and service model (Better Lives) represents a very significant move away from previous ways of working. Owing to the significant service mobilisation effort and change processes the provider needed to implement to establish this new service, the likelihood of performance dropping during the first year of the contract (18/19) was well understood. However, in Q1 of 2019/20, improvements in performance are already evident, as set out in the table below:

	Q4 18/19	Q1 19/20
<b>Numbers in effective treatment</b>	91.27%	95.2%
<b>Treatment successful completions</b>		
Opiate	4.0%	7.1%
Non-opiate	15.9%	23.5%
Alcohol	27.6%	33.3%
Alcohol and non-opiate	16.7%	24.3%



# Performance contd.

	Q4 18/19	Q1 19/20
<b>Treatment representations</b>		
Opiate	20%	20.8%
Non-opiate	0%	0%
Alcohol	3.6%	6.2%
Alcohol and non-opiate	4.2%	3.8%
<b>Unplanned Exits</b>		
Opiate	16.9%	16.7%
Non-opiate	22.6%	18.6%
Alcohol	21.5%	13.8%
Alcohol and non-opiate	17.5%	18.0%

Representations are the % of people who completed treatment and represented within 6 months

Unplanned exits are the % of people leaving treatment in an unplanned way e.g. left treatment or transferred to another treatment service and did not complete their journey

# Performance cont'd

## Further progress includes:

- Abstinence rates for all four substance categories are within or exceed expected ranges, as benchmarked using Public Health England data.
- The new BOWS (Benzodiazepine and Opiate Withdrawal Service) established in October 2018 works with GP practices to reduce the number of benzodiazepine and opiate prescriptions at their practice, and supporting primary care patients to reduce or stop their prescribed benzodiazepine or opiate use. In quarter 1 2019/20 alone 23 patients successfully detoxed and completed treatment.
- Better Lives has also been focussing on developing their partnerships with a number of key services and providers. This has included:
  - Islington Young Carers group - exploring how Better Lives Family Service can identify and support young carers who have parents in treatment
  - Islington Safer Neighbourhoods team - working together to enhance outreach provision in the borough
  - Future Parks Project – identifying how Better Lives service users can access these parks and green spaces to enhance and sustain their recovery
  - Adult Learning Islington – to discuss how Better Lives service users can access adult learning opportunities
  - VCS Organisations – to offer drug and alcohol awareness training to community organisations.



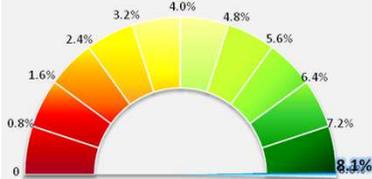


EXAMPLE OF BETTER LIVES PERFORMANCE INSIGHTS

0

1<sup>st</sup> waits above 3 weeks

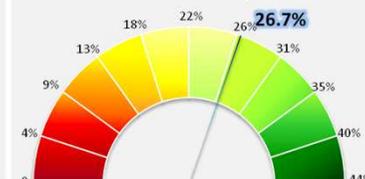
Opiate Successful completions



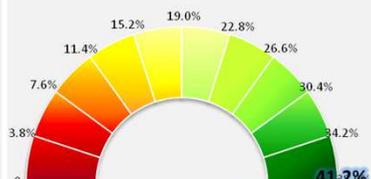
Non-opiate Successful completions



Alcohol & Non-opiate Successful completions



Alcohol Only Successful completions

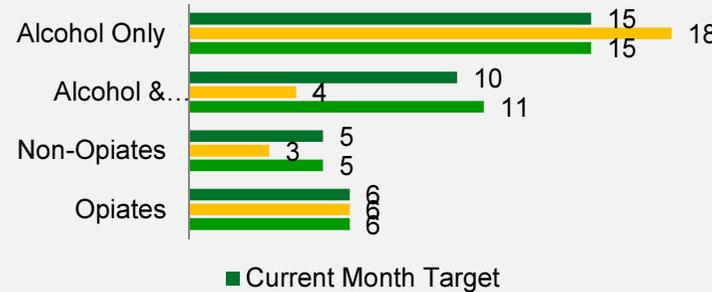


Numbers in treatment

727 Opiate  
255 Alcohol Only  
63 Non-Opiate  
156 Alcohol & Non-opiate

94% Retained in effective treatment

Monthly Successful completions



Unplanned Exits

30% MONTH  
35% YTD

▲

Re-Presentations

	(%)	(n)	B
Opiates	5%	1 / 18	▲
Non-opiate	0%	0 / 5	≡
Alcohol	5.5%	4 / 73	▲
Alcohol and non-opiate	0%	0 / 17	≡

TOPs Compliance (Jun 19)

100% Start TOPs  
95% Review TOPs  
100% Exit TOPs

▲



Performance compared to previous month

# Service user reported outcomes

Seven well-being related “I-Statements” were developed with Better Lives service users

Service users rate themselves at the start of treatment and at each three-monthly review

Two separate audits compared change in people’s self-ratings over the length of time they were in treatment and correlated them to the main outcome measure designed by Public Health England (Treatment Outcome Profile or TOP). The following was identified through use of the I statements:

Having a higher ratings in relation to having a goal at the start of treatment is related to increased treatment retention at three months

Increasing time in treatment is associated with an improved rating of personal support networks

Improving I-statement ratings are correlated with decreasing substance use

§ People with low I-statement ratings at the start of treatment often make the biggest changes/improvements on review



# Service user reported outcomes

- 1. I-statement ratings are an important guide for joint care planning – e.g. set goals about support networks and other areas of well-being, not just on substance use.**
- 2. I-statements are a self-defined and valid way of measuring progress.**



## Key challenges and priorities for the year ahead

In the next 12 months commissioners will support Better Lives to:

- § Increase the number of people accessing and engaging with the service
- § Continue to improve performance across all key performance indicators
- § Continue to develop effective partnerships with key services and providers
- § Further develop and identify opportunities for co-production
- § Continue to tackle drug related deaths by ensuring Naloxone is offered widely to those using drugs and their friends/family, and supporting service users to access appropriate health care services



**Report of: Executive Member for Health and Social Care**

Meeting of	Date	Agenda Item	Ward(s)
<b>Health and Social Care Scrutiny Committee</b>	<b>21 November 2019</b>		<b>All</b>

Delete appropriate	as	Exempt	Non-exempt
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## Report: Quarter 1, 2019/20 Performance Report

### 1. Synopsis

- 1.1. Each year the Council agrees a set of performance indicators and targets, which enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report provides an overview of progress of Quarter 1 (Q1), in 2019/20 (1st April 2019 to 30<sup>th</sup> June 2019) against corporate performance indicators related to Health and Social Care.

### 2. Recommendations

- 2.1. To note progress at Q1 against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

### 3. Background

- 3.1. The Council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, the Council reports regularly on a suite of key performance indicators, which collectively provide an indication of progress against the priorities, which contribute towards making Islington a fairer place.

### 4. Implications

#### **4.1 Financial implications**

There are no financial implications arising as a direct result of this report. Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

#### **4.2 Legal implications**

There are no legal implications arising from this report.

#### **4.3 Environment implications**

There are no significant environmental implications resulting from this report.

#### **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.

A Resident Impact Assessment has not been completed because this is a report providing information about performance at Q1 of 2019/20.

## 5. Public Health

Objective	PI No	Indicator	Frequency	Actual Apr 19 – June 19	Expected profile	2018/19 annual target	On/Off target	Same period last year	Better than last year?
Support people to live Healthy Lives	HE1	Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	49.6%	50%	50%	On	52%	No
Effective detection of health risk	HE2	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	3.1%	3.3%	13.2%	On (within 5% for target )	2.8%	Yes
Tackle mental health issues	HE3	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	1344	1473	5892	Off	1316	Yes
		b) Percentage of those entering IAPT treatment who recover	Q	54%	50%	50%	On	54%	Same
Effective treatment programmes to tackle substance misuse	HE4	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	10.20%	20%	20%	Off	16.4%	No
	HE5	Percentage of alcohol users who successfully complete their treatment plan	Q	31.4%	42%	42%	Off	31.7%	Same
Improve sexual health	HE6	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q	344	275	1100	On	304	Y

## **5.1 Reduce prevalence of smoking**

5.1.1 In Q1 49.6% of smokers who set a quit date with our local stop smoking service quit successfully with the service's support, in line with the quarterly target of 50%.

5.1.2 187 residents quit smoking using local stop smoking services (as defined by the four week quit measure). Whilst there was a reduction in numbers of residents setting a quit date in community and pharmacy settings, there has been increased activity in General Practice settings.

## **5.2 Effective detection of health risk**

5.2.1 NHS Health Checks is a national programme, delivered locally, and designed for residents aged between 40 and 74 who are at increased risk of cardiovascular disease (including stroke, kidney disease, heart disease and diabetes). At the check, residents' risk of cardiovascular disease are calculated from a range of measurements (e.g. cholesterol, blood pressure), and conversations take place to support the individual to reduce their risk through behaviour change, referral to lifestyle services and clinical interventions.

5.2.2 In Q1, 1,600 eligible residents received an NHS Health Check, tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease. Although slightly below the quarterly target, this 2019/20 Q1 figure is above performance for the same period for Q1 last year, which stood at 2.8%. Previous year's performance indicate a seasonal profile to NHS Health Check performance, with increased activity in Quarters 2-4.

## **5.3 Tackle mental health issues**

5.3.1 In Q1 of 2019/20, over 1,344 people accessed support for common mental health problems through the Improving Access to Psychological Therapy (IAPT) programme. Performance is slightly below the new quarterly target for 2019/20 (1,344 vs 1,473), but shows an improvement from this time last year where 1,316 people accessed the service.

5.3.2 The percentage of Islington residents entering IAPT treatment who recover is above the nationally set target (50%), at 54%.

5.3.3 Public Health commission services to raise awareness and understanding of mental health and mental illness, to reduce stigma and to support early access to mental health services and early signposting to support. This is through the wide provision of mental health awareness training (including Mental Health First Aid training) and MECC (make every contact count); the community wellbeing service, aimed specifically at reducing stigma and raising awareness in communities with low access to services; and work with children and young people through schools, and in community youth settings.

## **5.4 Effective treatment programmes to tackle substance misuse**

5.4.1 The data for the percentage of drug users in drug treatment who successfully complete treatment and do not re-present within 6 months for Q1 was 10.2%.

5.4.2 The data for the percentage of alcohol users who successfully complete their treatment plan in Q1 was 31.4%.

5.4.3 The performance against both measures is disappointing. The provider, Camden and Islington NHS Foundation Trust (C&I), worked hard during the first year of the contract to bring

staff and service users from a number of providers together in to one cohesive service. The issues raised in this process were more challenging than anticipated but are now settling.

5.4.4 As the service enters year 2, officers are working with the provider to ensure that performance improves this year. To this end, substance misuse service performance has been escalated to Executive Director/Board level within Camden and Islington foundation Trust, in particular assurances are being sought from the provider that the service is receiving the corporate support and attention it needs in order to improve performance and to deliver the service model as specified and agreed in the contract.

## **5.5 Improve sexual health**

5.5.1 The number of Islington women prescribed long acting reversible contraception in Q1 has substantially exceeded the quarterly target (344 vs 275). Long-acting reversible contraception, such as the contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies.

## **6. Adult Social Care – Quarter 1 2019/20**

### **6.1 Delayed transfers of care (DTC)**

6.1.1 Social Care delayed transfers of care are at 5.3 beds per day at the end of Quarter 1 2019/20, in line with the target of 5.0 beds per day, but at a slightly higher rate than at the end of Quarter 1 2018/19.

6.1.2 The national Better Care Fund (BCF) target for Islington has changed this year to reflect just the total average beds delayed per day rather than distinguishing by responsible organisation. In Quarter 1, we have averaged 17.1 total delayed beds per day, slightly higher than the target rate of 16.0.

6.1.3 To improve the rate of delayed transfers of care, processes have been reviewed and supports strengthened within the local system, with daily DTC teleconferencing calls for UCLH, and continued management attendance at the Multi-Agency Discharge Event (MADE), held twice-weekly with partners at Whittington Health and Haringey at the main acute trust.

6.1.4 In addition there are weekly heads of service/AD escalation meetings chaired by the local authority and CCG with the Whittington, UCLH and St Pancras to ensure that complex DTC cases are resolved and there is a strategic approach in identifying themes and recurrent issues to be addressed and resolved. These strategies will be under constant review, collaboratively led by the CCG and local authority.

### **6.2 Discharge to home or community setting**

6.2.1 At the end of 2018/19, 95% of people discharged from hospital into enablement services were at home or in a community setting 91 days after their discharge, meeting the target of 95%. *There is no update to this figure for Quarter 1 2019/20 as this target is presented for Quarter 3 cases only, in line with Short And Long Term support reporting and ASCOF indicator 2B.* The Discharge to Assess service continues to operate as one of the main pathways for people discharged from acute hospitals into the community. Pathway 1 is dedicated to those who have rehabilitation needs and goals that can be met at home via the Reablement service. The person is supported with up to 6 weeks of care, therapy and reviews, and then set up with an ongoing care package via a care agency should it be required following Reablement.

6.2.2 We are continuing to work flexibly with our acute partners in co-ordinating hospital discharges and ensuring they have full utilisation of our pathways. We have successfully expanded our daily offer and capacity to hospitals without the requirement of additional resources.

6.2.3 The Admission Avoidance pathway continues to operate as an additional route into Adult social care from the Rapid Response acute community service. This ensures service users receive timely access to the relevant social care support following a period of ill health, whilst also remaining in their own homes.

6.2.4 Reablement's scheduling system has been updated to ensure service outcomes for those discharged via Discharge to Assess and/or following a period of Reablement are recorded. This is on top of the already collated information from Discharge to Assess regarding bed days saved,

hospital re-admissions, referral cancellations and delays. Evaluation of this information is received via monthly or quarterly reports and shared with our Health/CCG partners.

6.2.5 Work has commenced in establishing a true single point and route of access into Adult social care from all hospitals and community settings, as part of the Adult social care plan 2019-21. This work involves integrating the existing entry points into social care from hospital or the community virtual ward including Hospital Social Work, Single Point of Access / Discharge to Assess, and Reablement teams. This is also part of the Intermediate Care work with CCG and Whittington Health. The main objectives of this work is the creation of one referral process, quicker access to social care support for the service user, reduced DToCs, and consistency in strength-based and person-centred practice.

### **6.3 Direct Payments**

6.3.1 In Q1 of 2019/20 25% of all Islington community care and support is provided through Direct Payments, compared to 24% at this point last year. The total number of service users receiving services in the community through direct payments has also increased slightly, to 614 compared to 608 at this point last year.

6.3.2 Feedback from the 2018 service user survey continues to showed that direct payment recipients felt that they had the most “choice and control over their care and support services” and had the highest percentage of those “extremely” or “very” satisfied with their service, which ties into our corporate value of Empowering service users.

6.3.3 Personalisation is a key work stream of the Adult Social Care Plan 2019-2022. Building on the Spark a Solution mapping project, and the Personal Assistants (PA) Pathway Proposal, we are partnering with an organisation called ‘In-Control’ who work with Councils to support them in increasing uptake of Direct Payments to make it the default choice, and looking at how to ensure the market is meeting the needs of those who choose Direct Payments. This will involve a review of all of our processes and policies, with a view to updating and improving our offer to people receiving Direct Payments. In Control will also be working with us to embed the POET tool into our review process, to accurately capture whether people’s outcomes in relation to personalisation are being met. We aim to develop a new training offer for social work staff regarding our approach to personalisation, and updated policies and procedures.

6.3.4 We are working with our colleagues in Children’s services to ensure that our personalisation offer is consistent and allows a clear and supportive transition for young people moving into adulthood. We are also working with our partners in health to ensure a coordinated approach to personalisation, and the sharing of knowledge and expertise. This is being taken forward in conjunction with the wider work around moving towards more locality-based ways of working, making the offer more relevant to where people live.

6.3.5 We have recently re-formed the Direct Payments Forum, so that people using Direct Payments and their carers can discuss issues arising with Direct Payments processes and their experiences with council staff, and make suggestions for improvements. We have invited interest from people using Direct Payments and their carers to set up a co-production working group to take forward actions from the forum and plan future events. These include setting up a peer support group for people using Direct Payments, and improving the training and support offer to people using Direct Payments and their PAs, and making it easier for people to find PAs. We anticipate this co-production approach will enable us to respond more quickly and appropriately to issues arising with our Direct Payments infrastructure, and improve Direct Payment uptake.

## **6.4 Admissions into residential or nursing care**

6.4.1 The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. To maintain the same target rate per 100,000 residents aged 65 and older as 2018/19, the target for 2019/20 is 134 new placements. At the end of Quarter 1 2019/20, we have had a total of 23 new placements of people aged 65 and older. This places us on target for 2019/20 and is an improvement against the same point in 2018/19 (42 placements). To address last year's rise in placements, adult social care has implemented a new assurance process at the start of Q1 19/20. This assurance process includes senior management review and implementation of a strengths based approach to consideration of care options. This is already beginning to reduce the number of placements where other care options were appropriate.

6.4.2 In Q1 there are 470 placements in nursing or residential care homes for service users aged 65 and over. New admissions have accounted for 5% of these placements. We have supported an additional 969 service users aged 65 and over with long term homecare services in the year to date.

## **6.5 Reducing social isolation**

6.5.1 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. Results from the 2018/19 Social Care User Survey show an increased percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact (78%, compared to 70% in 2017/18). *This indicator is updated annually so was not updated for this report.*

6.5.2 There is a Strengths Based Approach and Framework for practice in place within Adult Social Care; Building Strengths for Better Lives. This focuses on enabling people to be as independent as possible, contributing and being connected to their local community as well as being supported by it. It is an optimistic, person-centred approach, believing that people can live the lives they want by making best use of informal support networks such as family, friends and community without having to be reliant upon funded support. This approach encourages social connection and contribution, thereby reducing loneliness and isolation.

6.5.3 All staff in Adult Social Care are expected to work in a Strengths Based way and this will be continually monitored and further embedded. Information for people who need support, carers and staff is vital to support this approach. Work has already been done to improve the ASC Information offer by improving the ASC Web pages and also developing an Independent Living Guide which is a booklet recently published, accompanied by an e-version for the website. Further work on enhancing the information about what support is available in the community is underway by commissioning and operational teams and this again will help to reduce social isolation.

**Table 2: Adult Social Care Key Performance Indicators**

ADULT SOCIAL SERVICES								
Objective	PI No.	Indicator	Frequency	Q1 2019/20	Target 2019-20	On/Off target	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Average number of social care beds delayed per day*	Q	5.3	5.0	On	4.2	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	A	95%**	95%	NA	NA	NA
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	25%	30%	Off	24%	Yes
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care (aged 65 and over)	M	23	134	On	42	Yes
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC5	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	A	78%***	80%	NA	NA	NA

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual B=Biennial

(E) = equalities target

\*The total average beds delayed per day in Q1 was 17.1, against a target of 16.0.

\*\*Reablement indicator is reported annually for Q3 in line with ASCOF indicator 2A, updated expected for Q4 report.

\*\*\*Social isolation indicator is reported annually, update expected for Q4 report

**Report author(s)**

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Final Report Clearance

**Julie Billett – Director of Public Health**

**Katherine Willmette – Director of Adult Social Care**

Signed by

Received by



## **HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2019/20**

### **15 JULY 2019**

1. Camden and Islington Mental Health Trust - Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing Board update
4. Work Programme 2019/20
5. Walk in Centres update

### **10 SEPTEMBER 2019**

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – Adult Paid Carers – witness evidence
3. Health and Wellbeing update
4. Performance update – Quarters 3 and 4
5. Work Programme 2019/20

### **10 OCTOBER 2019**

1. Health and Wellbeing update
2. Work Programme 2019/20
3. Scrutiny topic – Adult Paid Carers – witness evidence
4. Healthwatch Annual Report/Work Programme

### **21 NOVEMBER 2019**

1. Scrutiny Review – Adult Paid Carers – witness evidence
2. Health and Wellbeing Update
3. Work Programme 2019/20
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report
6. London Ambulance Service – Performance update
7. Performance indicators – Quarter 1

### **30 JANUARY 2020**

1. Scrutiny Review – Adult Paid Carers - witness evidence
2. Health and Wellbeing update
3. Work Programme 2019/20
4. Local Account
5. Executive Member Health and Social Care - Annual Report
6. Scrutiny Review – Green Paper social care – Presentation/SID
7. Performance update – Quarter 2

## **10 MARCH 2020**

1. Scrutiny Review – Adult Paid Carers– witness evidence
2. Scrutiny Review – Green Paper social care – witness evidence
3. Health and Wellbeing update
4. Work Programme 2019/20
5. Annual Health Public Report
6. UCLH Performance update
7. Scrutiny Review – 12 month report back – Improving Access to Psychological therapies

## **02 APRIL 2020**

1. Health and Wellbeing update
2. Work Programme 2019/20
3. New Scrutiny Review –Adult Paid carers– Draft recommendations
4. Moorfields NHS Trust – Performance update
5. Scrutiny Review – Green paper Social Care – witness evidence

## **11 JUNE 2020**

1. Scrutiny Review – Adult Paid Carers – Final Report
2. Scrutiny Review – Green paper Social Care – witness evidence
3. Health and Wellbeing update
4. Work Programme 2020/21
5. New Scrutiny topics – to be decided
6. Scrutiny Review – GP Surgeries – 12 month report back
7. Quarter 3 - Performance update

## **JULY 2020**

**Quarter 4 Performance update/Council Targets 2020/21**

**Scrutiny Review – GP Surgeries 12 month report back**