



Islington Safeguarding Adults Partnership

Annual review 2018-19

A Safer Islington



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

Contents table

| | |
|---|-----------|
| Contents table | 3 |
| About us | 4 |
| Introduction | 5 |
| Safeguarding in the headlines | 5 |
| You said, we did | 7 |
| Community outreach | 7 |
| About our strategy | 8 |
| Partnership working | 9 |
| Subgroups | 14 |
| Experiences and Statistics | 16 |
| 1. Experiences | 16 |
| 2. Statistics | 16 |
| 3. Safeguarding Concerns..... | 16 |
| 4. Safeguarding enquiries..... | 17 |
| 5. Safeguarding concerns to enquiries 'conversion rate' | 177 |
| 6. Types of abuse | 19 |
| 7. Where abuse took place | 21 |
| 8. Action we took..... | 22 |
| 9. The impact of safeguarding | 23 |
| 10. Making safeguarding personal..... | 24 |
| 11. Safeguarding Adults Reviews | 25 |
| 12. Deprivation of Liberty Safeguards..... | 26 |
| 13. Lasting Power of Attorney..... | 28 |
| Next steps | 29 |
| Appendix A Making sure we safeguard everyone | 31 |
| Appendix B How the partnership board fits in | 34 |
| Appendix C Who attended our board meetings..... | 35 |
| Appendix D Our resources | 37 |
| Appendix E Our impact on the environment..... | 37 |
| Appendix F Jargon Buster..... | 38 |
| Appendix G What should I do if I suspect abuse..... | 40 |

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

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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](#)

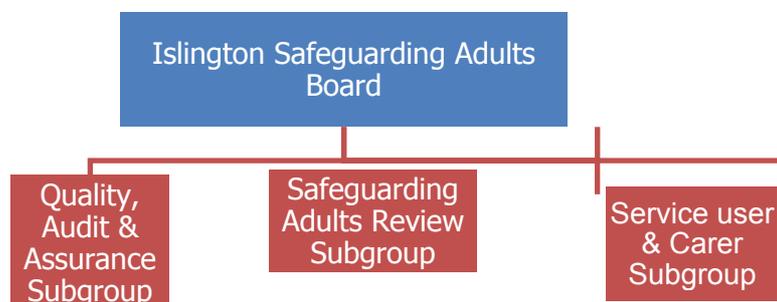
Islington Health and Well-being Board has oversight of this Safeguarding Adults Board annual report. Further information about democratic services can be found [here](#).

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'

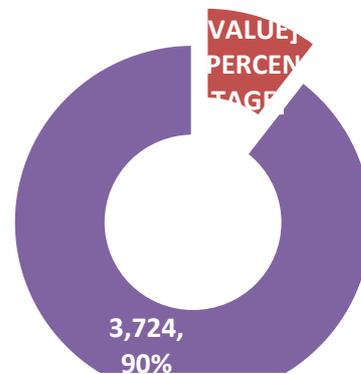
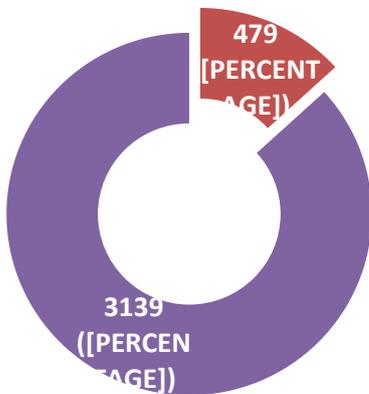
15% increase in concerns from last year

Previous year (2017-18)

This year (2018-19)

■ Safeguarding enquiry ■ No enquiry

■ Safeguarding enquiry ■ No enquiry



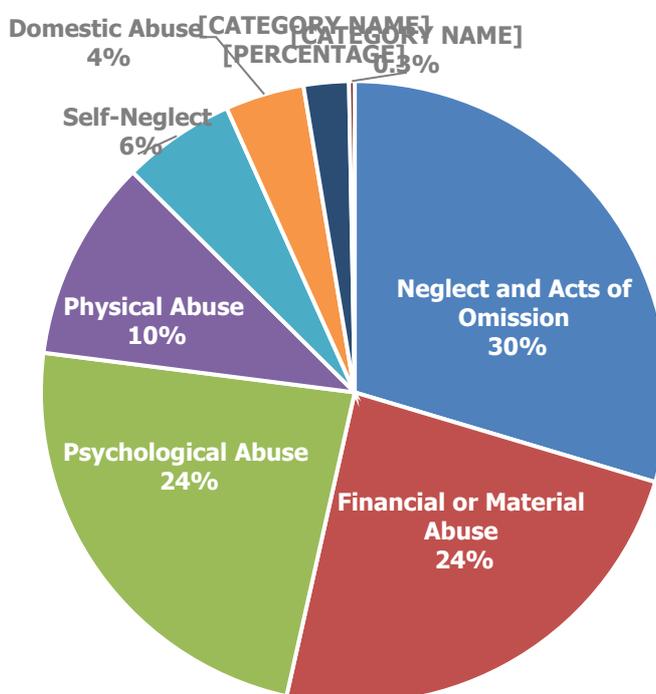
We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners. ADASS has recently released some guidance on this which confirms the good practice around decision making, reporting and recording taking place at Islington 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"

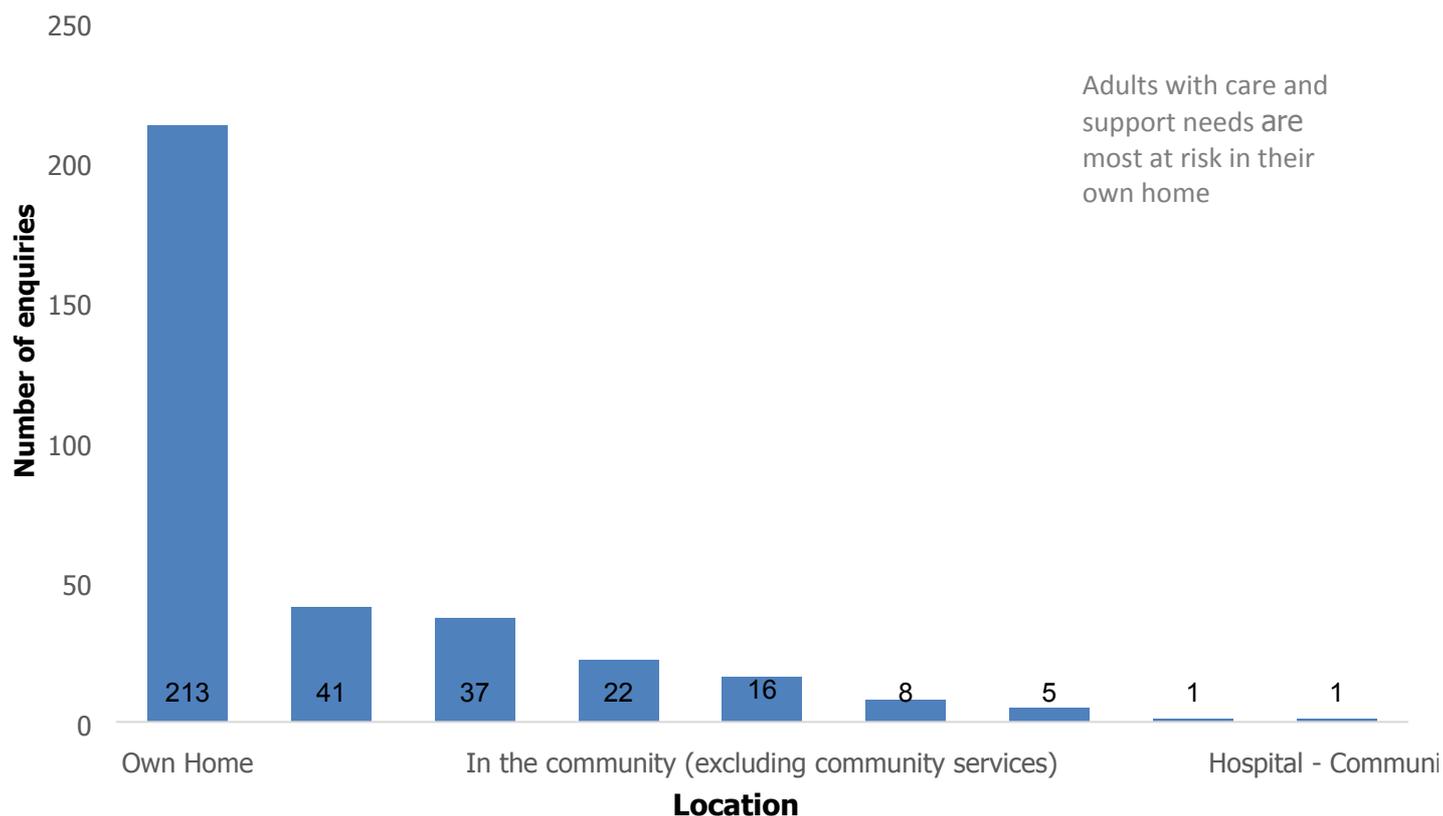


Feedback on training from participants



7. Where abuse took place

Number of enquiries by location, section 42 and other

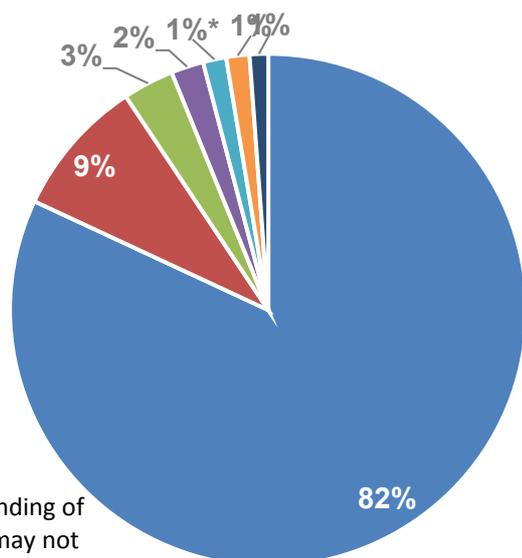


Abuse and neglect in care homes and hospitals tend to grab headlines. Because of this you might assume that a lot of abuse and neglect takes place in care homes and hospitals. But, the graph above shows the opposite – that more than half of all cases of abuse and neglect take place in the person’s own 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.

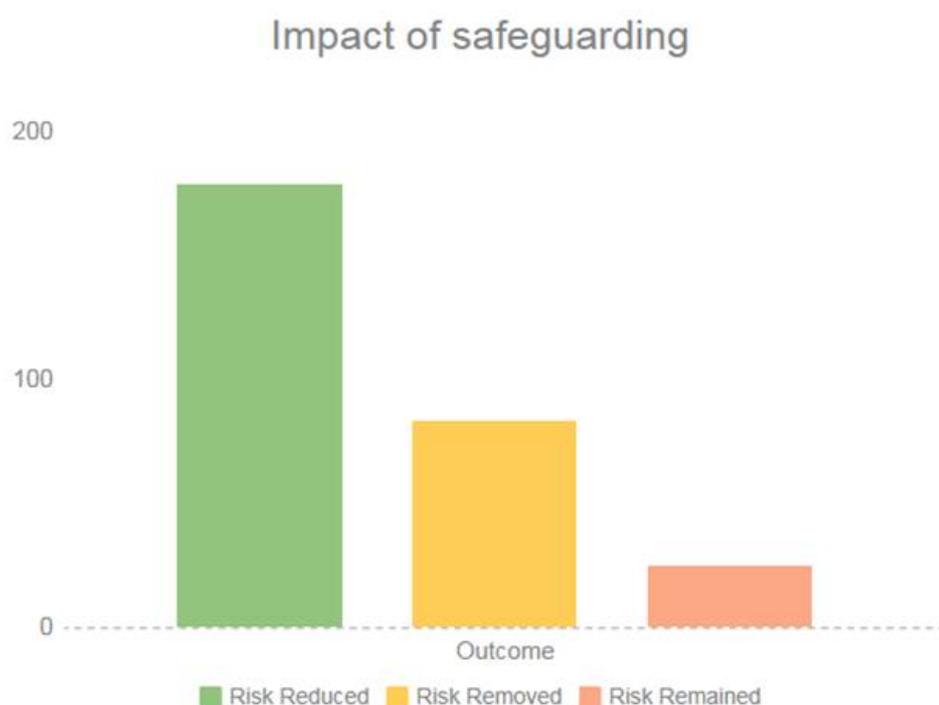
In 9% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against someone's wishes. If this needs to happen, we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

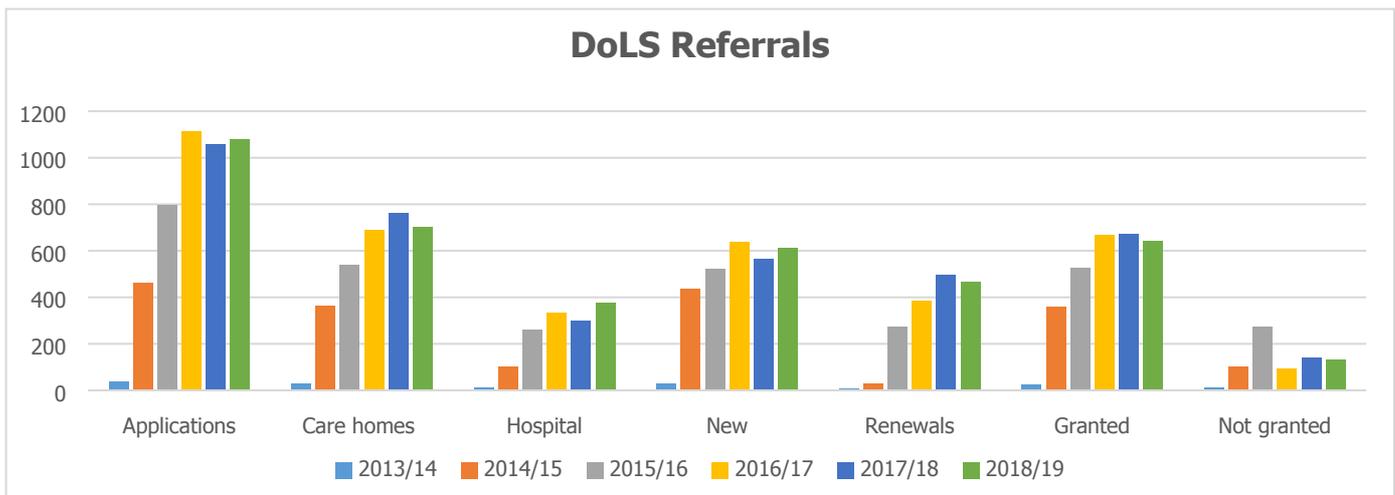
Seek assurance that any civil legal action involving the council or housing providers actively considers whether the adult 1) is at risk of abuse and neglect and/or 2) has capacity to litigate.

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.

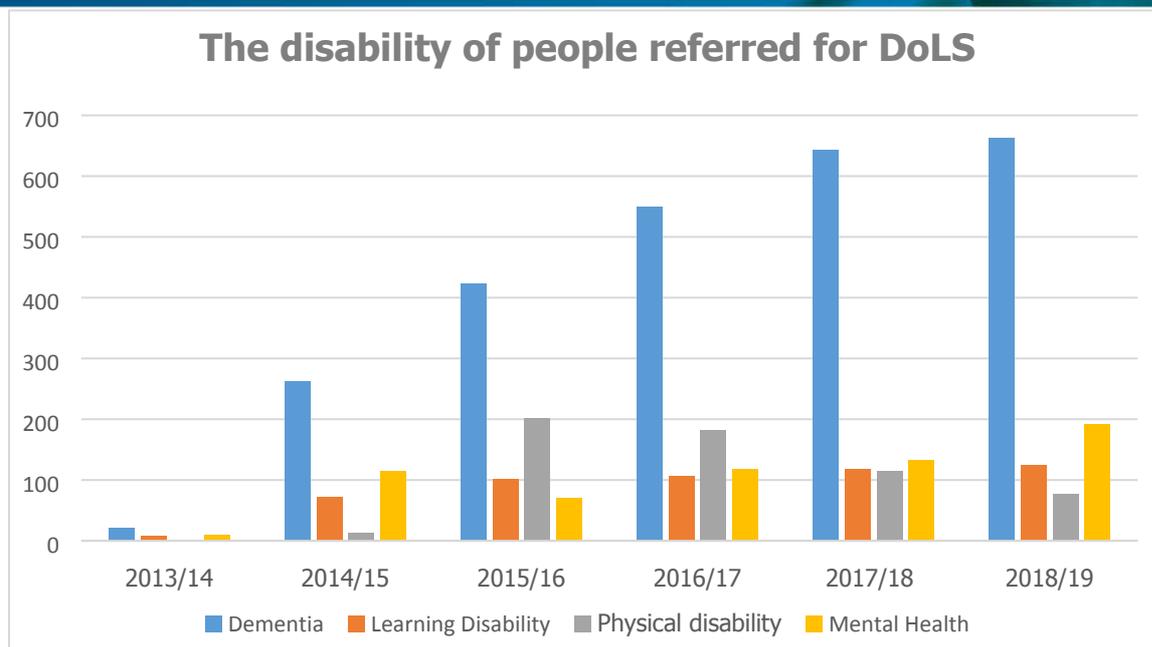


It has now been five years since the land-mark Supreme court ruling, known as '*Cheshire West*', and the significant widening entitlement to the DoL Safeguards. The huge increase in DoLS referrals following this ruling has flattened out and the overall increase for 2018-19 was just 2%.

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.

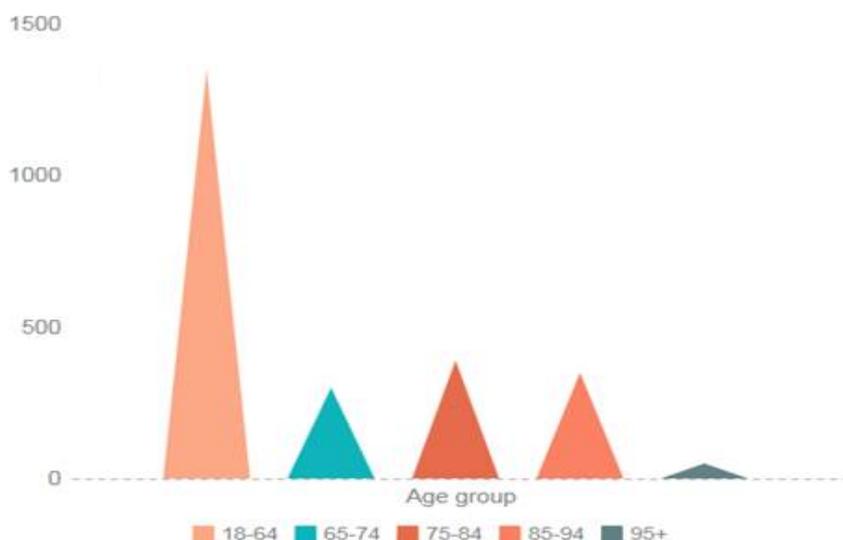
Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.



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.

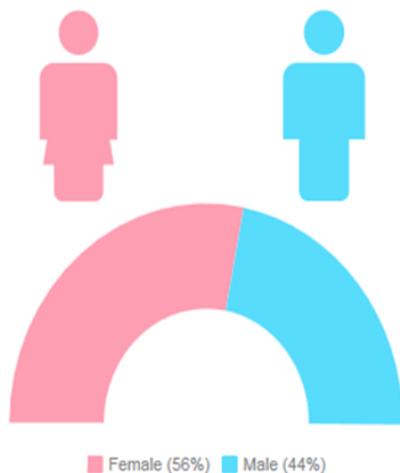
With their consent, we capture information about their age, sex ethnicity, sexuality, mental capacity and service user category. Having a clear overall picture of who we are safeguarding and where there are gaps, helps us to decide where to focus our attention in the future.

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.

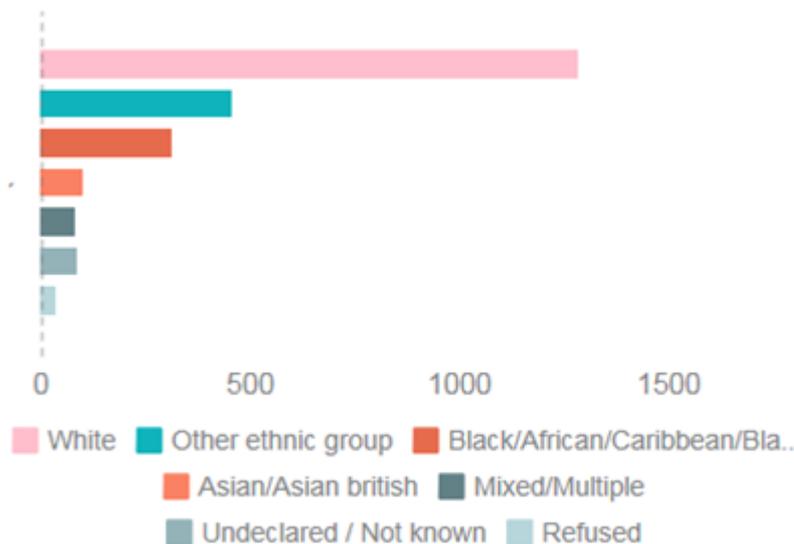
Gender of adults who had safeguarding concerns raised about them



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.

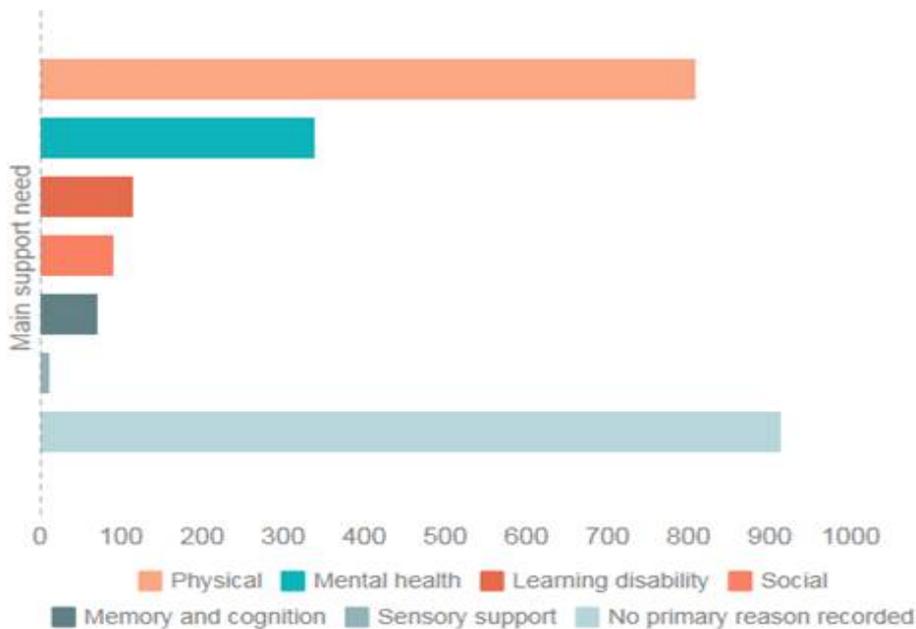


Sexual orientation of adults safeguarded during the year

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

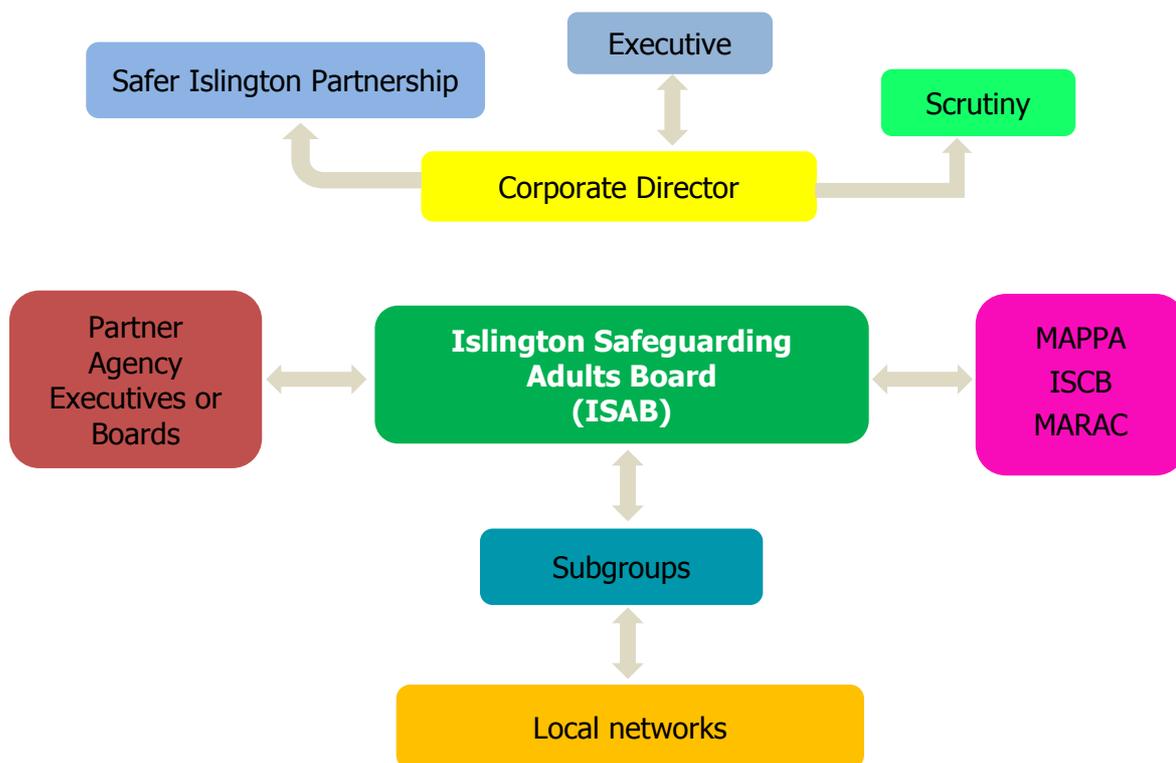


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that 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 |
|--|-------------------------|-------------------------|-------------------------|-------------------------------|---|
| Partner Organisation | | | | | |
| 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 |
| Co-Opted Organisation | | | | | |
| Age UK Islington | ● | ● | A | A | A |
| Notting Hill Pathways | A | ● | A | A | ● |
| Healthwatch Islington | ● | ● | ● | A | A |
| Single Homeless Project | ● | A | ● | A | N |
| Attendees | | | | | |
| 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



| Quality, Audit and Assurance Subgroup | Subgroup Meeting 07-Feb-18 | Subgroup Meeting 13-Dec-18 | Subgroup meeting 27-Feb-19 |
|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Partner Organisation | | | |
| 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 |

| Safeguarding Adults Review Subgroup | Subgroup Meeting 26-Jun-18 | Extraordinary Subgroup Meeting 15-Aug-18 | Subgroup Meeting 19-Sep-18 | Subgroup Meeting 22-Jan-19 |
|--|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Partner Organisation | | | | |
| 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?

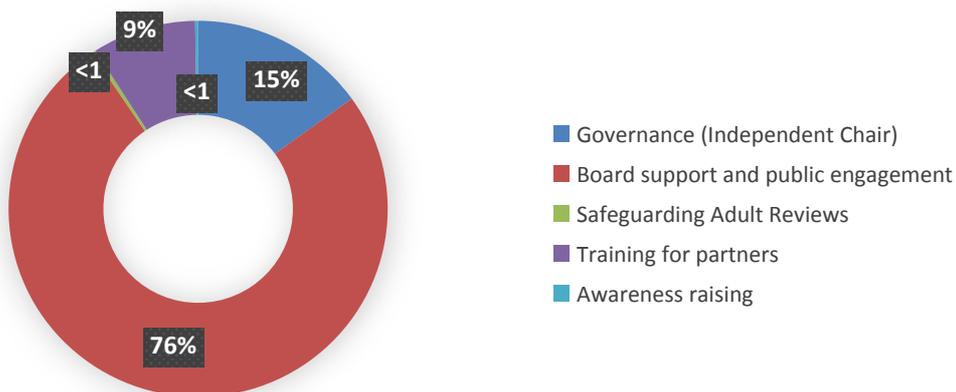
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

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

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

For more information, click [here](#)

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

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