

A blurred background image of a person with their right hand raised, palm facing forward, in a 'stop' gesture. The image is tinted with a blue and green gradient.

# Islington Safeguarding Adults Partnership

A Safer Islington

Annual review 2019-20



# Foreword



I am pleased to be presenting the Annual Report for 2019/20 covering the second year of our current three-year strategy. This is the fourth annual report in my tenure as Chair of Islington's SAPB. This report seeks to inform Islington's residents and the organisations serving them about the activities of the Board, the work of its sub groups and of its partner providers to advance the wellbeing and safety of adults at risk in Islington.

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. As in previous years the Board continues to experience changes in its membership and I extend my appreciation for the contributions of all its members to its safeguarding endeavours. With training and awareness raising, we continue to encourage people to raise their safeguarding concerns and referrals continue to increase.

The coronavirus pandemic has exposed and brought to prominence the vulnerabilities in the social care sector that have existed for many years reasserting the necessity for increased vigilance by Health and Social Care Commissioners to ensure that high standards of safeguarding practices in the provider sector are consistently achieved.

The achievements of the Board in the last year are set out fully in this report and they include work to complete the action plans arising from the Serious Adults Reviews in the cases of Ms BB & Ms CC and of Mr Yi. Serious Adult Reviews into the cases of UU and VV were published. Work continued to sustain improvements in safeguarding in Islington's care homes and in preparation for the introduction of Liberty Protection Safeguards. The Board

continued its regular monitoring of actions arising from mortality reviews related to adults with learning disabilities conducted within the national LeDeR programme and of actions by provider partners in response to CQC inspections.

Through the Safer Islington Partnership a modern slavery board has been established and meets quarterly to drive action to reduce levels of exploitation of vulnerable adults. Additional funding was secured to enhance support programmes for homeless people particularly through the winter period.

Congratulations to Jo Holloway, Islington Council and Theresa Renwick, Whittington Health, for jointly developing the innovative "Why MCA" training course to bridge the gap between Mental Capacity Act theory and practice, which was shortlisted for the "Best Educational Programme for the NHS" award.

Following an impactful presentation to the Board about tackling gang and exploitation of vulnerable young people, at its annual challenge event it decided that for 2020/21 to prioritise work with the Children's Safety Partnership and Safer Islington Partnership reducing the risks of exploitation for vulnerable 16 to 26 year olds. Other priorities included re-energising the Prevention & Learning subgroup.

Our thanks go to the chairs of our sub groups and to Eleanor Fiske, our Board Manager, Sobia Masood, Board Officer and Afsa Ahmed, Administrator, for their supporting the work of the Board. Thanks also to the Council and Health commissioners who continue to resource the Board's work. Safeguarding adults at risk in our community is everybody's business and the gratitude of the Board is extended to all members of the public and professionals who continue to report and act upon safeguarding concerns.

James A. Reilly  
Independent Chair  
July 2020



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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 – Michael O'Dwyer, Head of Service

Camden and Islington NHS Foundation Trust – Dean Howells, 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, Head of Operations

Independent Chair – James Reilly

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

Islington Clinical Commissioning Group - Dr Deepak Hora, Named GP for Safeguarding

Safer Islington Partnership – Jan Hart, Service Director for Public Protection, Islington Council

Islington Council – Carmel Littleton, Director for People's 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 – Jane Topping, 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 – Anthony Bewick Smith, Chief Executive

Whittington Health NHS Trust – Breeda McManus, 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 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

Safeguarding adults is an evolving subject. It is often in the news in one form or another. Sometimes it is led by widespread public concern about a particular facet of abuse, neglect or a human rights violation. Other times, the headlines are generated by government policy initiatives or developments in judicial case law. We constantly monitor developments and public perception of safeguarding and this in turn influences the work we focus on the next year. Below are some of the key media themes from the past year.

**Homelessness** was scarcely been out of the headlines in the last year. The continued rise in rough sleeping on London streets has been noticed by many residents and much remarked on in national and local press.

More worryingly, on average 11 people homeless people die a week in England and Wales. It is estimated that up to a third of homeless deaths were from treatable conditions that could have improved with the right medical care.

Homelessness has been linked to many safeguarding risks, such as self-neglect and for this reason, we continue to keep homelessness as


a focus in board meetings and raise it at national and regional levels.

We saw emerging evidence of homeless people becoming victims of modern slavery. They can be exploited by international traffickers, often ending up on the streets with no recourse to public funds. Others already living rough on the streets are targeted by unethical employers who exploit their vulnerabilities.

In recent years, great strides have been made in identifying and addressing **modern slavery**. However, as a report to the United Nations Human Rights Committee notes, there remain significant gaps. Tensions with immigration and drugs legislation means that many vulnerable victims are still criminalised. Others are not identified and fall through the cracks and not safeguarded.

In the last year, **restraint and seclusion** have become areas of focus for several national bodies such as the Care Quality Commission and Ofsted. Following a BBC expose of the treatment of 'Beth', a teenager who was kept in solitary confinement and fed through a hatch in the door in a privately-run assessment and treatment unit (ATU), the government ordered a review of long-term seclusion and segregation. Sadly, over the years,



A person's hand is raised in a stop gesture, palm facing forward, against a blue background. The person's face is partially visible in profile on the left side of the image.

there have been many other media reports of physical restraint, wrongful use of medication and frequent use of lengthy periods of solitary confinement.

The reviews have highlighted the lack of data about the use of restraint and seclusion in a variety of settings such as colleges, hospitals and care homes. Without such data, it is impossible to know whether restraint and seclusion are being used proportionately, whether people's human rights are being violated and what the trends are.

The Equality & Human Rights Commission also funded a successful legal challenge against the Ministry of Justice's proposal to use a chemical restraint spray against prisoners with care and support needs. This shift towards a human rights approach to restraint and seclusion in a wide range of settings is much needed.

**Domestic violence** continues to be a focus for the government with the first Domestic Abuse Commissioner appointed. Also, the Domestic Abuse Bill has been introduced to parliament and is expected to come into effect in late 2020 or early 2021. The Bill aims to transform the response to domestic abuse, helping to prevent offending, protect victims and ensure they have the support they need.

Also introduced to parliament in March 2020 was the **Fire Safety Bill**, which builds on action already taken to ensure that people feel safe in their homes, and a tragedy like the Grenfell Tower fire never happens again. Of particular relevance to safeguarding adults are the proposed measures to ensure personal evacuation plans are in place for residents whose ability to evacuate may be compromised.

### **Covid-19 (Coronavirus)**

In the final weeks of the year under review, the Covid-19 pandemic started to take effect and national lockdown was announced. Even at that early stage, it was clear that Covid-19 and the

restrictions would require services to flex and respond swiftly to support adults with care and support needs, all the while keeping their safety and wellbeing at the fore. The challenges ahead for safeguarding and upholding people's human rights were becoming evident.

With the Care Quality Commission suspending inspections and abuse and neglect in many settings predicted to rise, the role of Safeguarding Adults Boards has never been more important.

# 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 dedicate the month of June to raising awareness about adult abuse and neglect at various places in the borough.**



## Community outreach

The benefits of holding events in the community are two-fold. Firstly, they allow us to share information and advice about how to spot abuse and neglect and where to report it. Secondly, community events give us the opportunity to listen and help to keep us focused on what matters most to residents. This allows positive change in both directions.

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. A service user drama group called Your Life, Your Say delivered a powerful scenario-based play on Making Safeguarding Personal (MSP) at the service users and carers safeguarding conference. The discussions generated from the drama session help to refine people's understanding about safeguarding concepts such as person-centred care, dignity, mental capacity and deprivation of liberty.

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

- Highbury and NewPark open day
- Islington Carers Hub - Carers Week – Opening event at Islington Town Hall
- Elfrida Society- for their User led monitoring group who visit residential homes for adults with learning disabilities
- Service user and carer safeguarding conference

Community events are just one of the ways we raise awareness about abuse and neglect. Information is also shared electronically with members of the community. This keeps involved people who may not often leave their homes for various reasons. 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.

# About our strategy

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

**This section gives an overview of our three-year strategy to safeguard adults in Islington. Our strategy sets our long-term direction and fulfils our vision.**



## Aligned strategy

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
- Proportionality
- Accountability
- Prevention
- Partnership

Our current 3-year strategy is aligned with that of the four other Safeguarding Adults Boards in the North Central London area (Camden, Barnet, Haringey and Enfield). Through this aligned strategy we are able to focus on the same broad objectives, but with flexibility for each Board to tailor its own annual delivery plan according to local need.

## Empowerment

We recognise that protection is only one of the things that adults want for themselves – and they may have other priorities. Adults with care and support needs must be both involved and heard in safeguarding. This applies as much to each safeguarding case as it does to the way that each of our partners engages with safeguarding at a strategic level. And it also applies to us as a Safeguarding Adults Board.

## Protection and proportionality

It's important that we prevent abuse and neglect, stop it quickly when it happens and do so in a proportionate way. By working together to share information and intelligence, we are able to take steps to protect adults with care and support needs.

## Accountability

Each organisation in our partnership is accountable for the way it safeguards adults with care and support needs. But we are also accountable together as a partnership. That's why we publish this report.

## Prevention

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. Prevention is woven into our main strategy and forms a core part of the work of all our Board subgroups.

## Partnership

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 towards our strategic goals are set out in the next section.



# Partnership working



**Although Islington Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our North Central London aligned strategy.**

**This section sets out how our partners have gone about achieving our strategic aims through a wide range of actions.**

## **Islington Clinical Commissioning Group**

- The CCG is amending and updating its managing allegations against staff policy to make it relevant to adult safeguarding.
- A pressure ulcer leaflet is being shared by staff with carers.

## **London Metropolitan Police**

- An internal review has been conducted for capability of MHT for early intervention, partnership and preventative work. The SIM project is currently embedded with the Mental Health Trust. Success will show a reduction in demand across the MPS and the partnership.
- Training in relation to referrals into advocacy services is now incorporated into the Safeguarding courses. This is supplemented by local awareness refreshers.
- Any learning from Safeguarding Adults Reviews relevant to police is being disseminated and current practice reviewed for opportunities to embed learning. This is shared with their Learning and development team.

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

- Staff have been made aware of risk, complex need and duty to refer and provide information and support to homeless patients.

- A homelessness training session was delivered by Islington housing manager to the Moorfields Safeguarding Adults Committee.
- Homelessness briefing sessions were delivered at Senior Nurses meeting & A&E team meeting.
- Homelessness information & updates included in safeguarding newsletter.
- Training has been delivered to safeguarding champions. Increased awareness of carer need & carer support available through holding an information stall during Carers Week for patients, carers, family & staff. CarersUK attended and provided leaflets & literature to improve awareness of support provided by specialist external agencies

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

- LFB continue to raise safeguarding referrals with Islington Adult and child services.
- 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.

- LFB is working towards developing a dedicated safeguarding area on their intranet to help disseminate learning from Safeguarding Adults Reviews and highlight best practice.

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

- C&I are in the process of building the Safeguarding Hub. A Head of Nursing has been appointed to manage the Hub and a Safeguarding Practitioner will be in post from the end of September 2019.
- C&I have completed a deep dive exercise of sexual safety concerns across the in-patient facilities of the Trust. From this a half day Conference/Workshop was organised where all partner agencies were represented. The outcome of this is that a Sexual Safety Policy has been developed and agreed by the Trust. Sexual Safety matters are now reported on a quarterly basis to the Trust Safeguarding Committee.
- C&I now includes homelessness and rough sleeping as a safeguarding issue in its Induction and Core Skills safeguarding training.
- C&I hosts two White Ribbon conference events each year.
- C&I have increased awareness about advocacy services through engagement with the Pathfinder Project and recruitment of IDVAs regarding safeguarding and domestic violence
- C&I are moving towards ensuring all registered clinical practitioners are able to express a legal literacy when managing safeguarding and MCA & DoLS concerns. There is an escalation process for accessing legal advice on a timely basis

- The key findings from SARs, DHRs and SCRs are incorporated into the Trust Induction and Core Skills safeguarding training. A twice yearly Trust Safeguarding Newsletter will feature the key lessons learned.
- C&I provides targeted safeguarding training across the Intercollegiate Document Guidance Levels and competence framework.

### **Islington Council**

- Safeguarding Adults Unit together with Whittington Health and other agencies were shortlisted for the “Best Educational Programme for the NHS” award. This innovative training course titled “[Why MCA](#)” was developed to bridge the gap between theory and practice. Using actors, the course allows practitioners to have a go at completing a capacity assessment in an interactive, supportive way. Feedback from the participants consistently rated the training course as excellent and participants felt that the simulated capacity assessment was very beneficial for developing their skills.
- The RADAR meeting meets monthly and is very well attended by staff from Adult Social Care, Commissioning and Contract Monitoring teams and partners from the CCG and Mental Health Trust. Serious provider concerns are escalated with consistency, quickly and appropriately within the department to ensure that rapid safeguarding measures are implemented.
- Information, learning from reviews and changes to practice and policy is disseminated to staff across ASC and the Mental Health Trust at a range of professionals’ forum and workshops. In addition to our standard learning and development offer bespoke training has been devised and delivered by the Safeguarding Adults Unit on a number areas related to the Mental Capacity Act. Bespoke training will be rolled out from November 2019 on Making Safeguarding Personal.



- A multi-agency Modern Day Slavery board has been created. A TOR and action plan have been drafted and the board meets quarterly, reporting into the SIP
- The service user and carer subgroup of the Safeguarding adults board continues to meet regularly and is positively influencing the themes for the board. The group comprises service users and carers with a range of needs.
- Staff from the Safeguarding Adults Unit (SAU) have attended meetings of the Learning Disabilities Partnership Board and meeting of residents and relatives in some care homes in Islington to ensure they hear about the experiences of people who have required support with safeguarding.
- The SAU continued to undertake audits of safeguarding work across the department to ensure prompt feedback is given to practitioners and teams.
- SAU also undertook case file audits to ensure that areas for improvement are highlighted and best practice celebrated. This ensures that safeguarding enquiries are compliant with s42 of the Care Act, the Pan London Safeguarding Adults Policy and Procedures and are demonstrating the values and practices of Making Safeguarding Personal.
- The Head of Safeguarding Adults worked closely with the Principle Social Worker to align Making Safeguarding Personal with Strengths Based Practice in social work teams across Islington.

### **HMP Pentonville**

- Continued to deliver training towards their safety priorities, which included Suicide and Self Harm training for staff.
- Acknowledging the high levels of churn through Pentonville reception, awareness materials were developed by their equalities team and placed into each interview area

which provide a visually eye catching reference point with information on how to raise safeguarding concerns.

- Questions have also been specifically introduced in the basic custody screening tool regarding safeguarding and social care needs.
- Broader issues regarding health and social care provision in prisons have continued to be raised at relevant regional and national forums.

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

- SHP has a Community of Practice Group which has been designing extra resources for managers who manage their safeguarding concerns and referrals.
- Managers are being given the responsibility of safeguarding 'champions'.

### **Nottinghill Housing Group**


- Safeguarding Workshops have been held for customers and their families and 'Awareness Weeks' on a range of subjects

### **Healthwatch**

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

### **Whittington Health NHS Trust**

- Whittington Health led on delivering training around use of the Mental Capacity Act with the Islington Council Safeguarding Adults Unit and other agencies. The innovative training entitled "[Why MCA](#)" was shortlisted for the Health Service Journal's "Best Educational Programme for the NHS" award. The course was developed to bridge the gap between theory and practice.
- Has continued to promote the use of advocates for both safeguarding adults and mental capacity matters. They have continued to highlight advocacy with teams,



and it has been a part of safeguarding adult training and case discussions.

- Learning from Safeguarding Adults Reviews has been included in safeguarding adult training and case discussions. In addition, learning was disseminated across the Trust via patient safety bulletins. Bespoke sessions and learning events were held for some services.
- Making Safeguarding Personal was an integral part of all safeguarding adult training.
- The views of patients were included in safeguarding adult referrals where possible

### **Voluntary Action Islington**

- VAI met with Independent Chair and key LBI colleagues to outline channels available for promoting safeguarding adults to the third sector.

Health partners of the Safeguarding Adults Board have also published their annual reports for 2019/20 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 work and achievements of each subgroup.**



## Safeguarding Adults Review subgroup

During the year, the subgroup considered four cases. None of them met the thresholds and criteria for a full Section 44 Safeguarding Adults Review under the Care Act 2014.

One case was referred for a single agency appreciative enquiry. Another case was referred for a Domestic Homicide Review. A case, known as 'EE', involved serious neglect of an adult by an informal carer. It was agreed a multi-agency reflective workshop would be held to ensure lessons were learnt and learning embedded. At the time of writing this report, the review had not yet been held.

The subgroup also oversaw implementation and completion of the action plan arising from the 2018 [Yi Safeguarding Adults Review](#).

DCI Brian Hobbs  
Chair, Safeguarding Adults Review subgroup

## Service User & Carer subgroup

A small, but committed group of service users, carers and advocates generously give their time to inform the work of the safeguarding adults board. Together, their expertise is invaluable when consulting them about how to improve services for adults with care and support needs.

The group is evolving towards setting its own direction and expressing views on a range of topics with confidence. Discussions have been wide-ranging and have included:

- Homelessness
- Making safeguarding personal
- Fire safety for disabled people.

Topics and the theme of the annual service user & carer conference were suggested by this group.

Eleanor Fiske  
Chair, Service User & Carer subgroup

## Quality, Audit & Assurance subgroup

The QAA subgroup continues to support the Board in providing a strategic overview of the quality of safeguarding activity within Islington. We have met quarterly, with representation from core partners and assurance provided from a number of partners.

During the year we have improved the information that is collected in relation to safeguarding adults to encourage further professional debate, challenge and learning. This has been achieved through adopting a shared dashboard reporting system.

- The QAA has agreed to focus on three areas
- The Mental Capacity Act
- Making Safeguarding personnel
- Learning from SARs

David Pennington  
Chair, Quality Audit & Assurance subgroup

## Prevention & Learning subgroup

This newly-formed group only had one meeting before the end of the 2019-20 year. The group has been working on setting its terms of reference and defining its remit clearly.

Over the next year, the group will be working towards meeting the Board's strategic objectives around embedding learning from serious cases with the aim of preventing future similar cases occurring again.

The group will also work to identify gaps in partner organisations' learning and development activity and where necessary, make recommendations to the Board to address those gaps.

Tracy Luckett  
Chair, Prevention & Learning subgroup



## North Central London (NCL)

### Task and Finish groups

As part of our aligned strategies, we have been extending our focus to build better working relationships with our neighbouring boroughs to promote consistency of practice across the area. 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 joint task and finish groups were set up as follows.

- 1. NCL Prevention task and finish group.**  
This group was led by Islington and Barnet. Its focus was on working with the Office of the Public Guardian to raise awareness among the general public about Lasting Powers of Attorney.

- 2. NCL Learning and culture change task and finish group.**

This group was led by Camden and Haringey. It focused on preparation for the anticipated Liberty Protection Safeguards and harmonising practice across the north central London area.

- 3. NCL Audit and Assurance task and finish group.**

This group was led by Enfield and Barnet. Their key achievement was a highly-focused in-depth audit of refusal of medical treatment cases which compared practice across the five boroughs in north central London. Learning from this audit has been shared to improve practice.

These task and finish groups, having achieved their aims for the year, have now been concluded.

# 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 trauma and impact of abuse, neglect and self-neglect. 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. As in previous years, we continue to monitor data on various groups to ensure that the needs of all victims are met and that no group is being overlooked.

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. Only through shared aggregate data can we get a clearer picture of abuse and neglect 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'.

During the year we had 3,228 **safeguarding concerns** reported to us, compared with 3,724 in 2018/19 and 3,618 in 2017/18.

## 4. Safeguarding enquiries

In 2019/20 we had 371 **safeguarding enquiries** (**11%** of the total concerns raised). Of these 371 enquiries, 348 were carried out as safeguarding enquiries under Section 42 of the Care Act 2014.

A further 23 enquiries were looked into under another type of safeguarding enquiry. It may turn



out that the Section 42 duty is not triggered because the concern does not meet the statutory criteria, but practitioners are not comfortable with the level of risk so a non-statutory safeguarding enquiry is carried out.

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

Mr ZZ's \* neighbours reported him repeatedly to the police. The neighbours were frustrated with the level of anti-social behaviour, noise and drug-taking in his flat. Mr ZZ was at risk of losing his tenancy. An incremental and supportive approach was taken, but despite warning letters, Mr ZZ was unable to stick to an anti-social behaviour agreement and breached his tenancy agreement.

Police and housing partners looked deeper into the situation. After careful investigation, it became clear that there were safeguarding concerns because Mr ZZ had physical and mental health needs. It also became evident that Mr ZZ was being exploited by people who claimed to be his friends, but who had taken over Mr ZZ's flat and were using it to manufacture drugs. This was attracting violent and other criminal activity to the flat and causing considerable nuisance to the neighbours.

With sensitive exploration of the issues by social workers and housing colleagues, Mr ZZ admitted that he was scared of the people who had taken over his flat and wanted them to leave, but he didn't know how to go about this. He feared repercussions from his so-called 'friends', but was also worried about being lonely and losing his only social connections.

Through partnership working, legal steps were taken to remove the so-called friends from Mr ZZ's flat. Mr ZZ is now much happier that he is no longer at risk of eviction and his neighbours are relieved that the anti-social behaviour has ended. Social workers have put a befriending service in place for Mr ZZ and he has been signposted to other sources of social support so that he can widen his social connections and develop friendships.

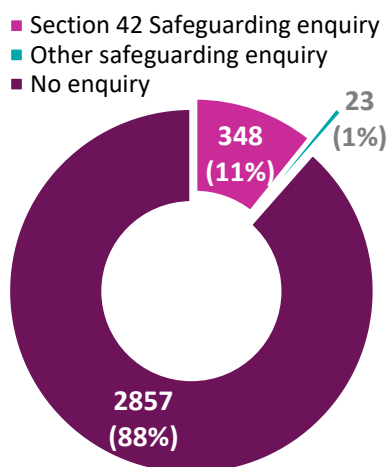
*\* Names and some details have been changed to preserve anonymity*



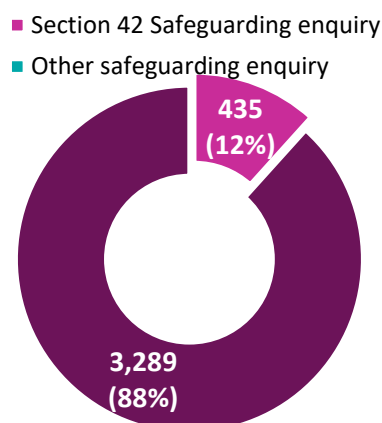
## 5. Safeguarding concerns to enquiries 'conversion rate'

*A decrease in safeguarding concerns from last year but a similar 'conversion rate'*

**This year (2019-20)**



**Previous year (2018-19)**



\* Some of the safeguarding concerns and enquiries shown in the above charts may have started in the previous year

\*\* Due to rounding, percentages might not add up to 100


During 2019, the Association of Directors of Adult Social Services (ADASS) in partnership with the Local Government Association (LGA) produced a framework to assist local authorities with making decisions on the duty to carry out Safeguarding Adults enquiries. The framework was created to support practice, reporting and recording and to give local safeguarding adult boards the opportunity to benchmark against neighbouring authorities, regionally and nationally.

The framework supports decision-making about whether or not a reported safeguarding adults concern requires a statutory enquiry under the Section 42 duty of the Care Act, 2014 or a non-statutory response by either the local authority or other partners.

### The framework

- creates a stronger level of accountability for decisions taken around safeguarding concerns
- standardises safeguarding adults decision making and assurance across the country
- supports practice and outcomes for people that are fair, lawful and reasonable.

For many local authorities, implementation of the new ADASS/LGA framework has resulted in a significant change in the 'conversion rates' (the proportion of safeguarding concerns which result in a statutory safeguarding enquiry under s42 of the Care Act). Those local authorities had been reporting very high conversion rates in the past and have now seen a sharp drop in their conversion rates from previous years. In Islington



we had interpreted the Care Act in line with the framework all along. So, our conversion rates at 11 - 12%, although appearing low initially, are now considered to be at an appropriate level.

Under the framework, outcomes of statutory enquiries can be referrals to other organisations, such as the Camden and Islington Mental Health Trust or a non-statutory response from the council or another organisation.

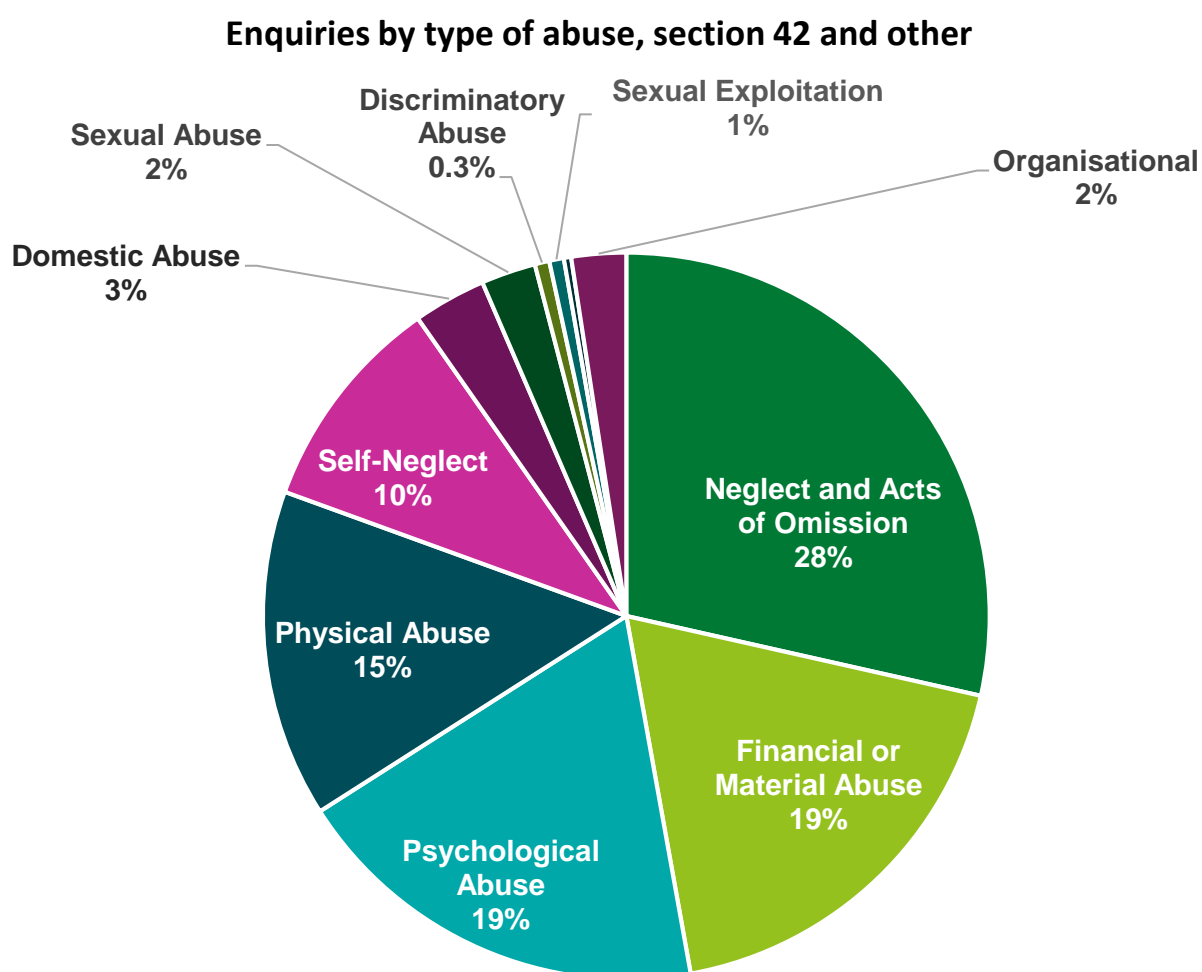
The only additional work required by us was some training for staff to ensure they understood the new framework and were implementing it correctly. We are carrying out case file audits and workshops for social workers around safeguarding

adults in order to ensure that the decision-making processes are well evidenced and that people who have experienced harm and abuse have their risks reduced or removed. We continually reflect on our application of the ADASS/LGA framework and respond to any support or training needs that our social workers may have.

At the time of publishing this report, the national data for 2019/20 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 2018/19 is available on the [NHS Digital website](#).

## 6. Types of abuse

The different types of abuse about which we made safeguarding enquiries during 2019-20 are shown in the chart below. When we look into a safeguarding concern about an adult, we often discover there is more than one type of abuse taking place.



The chart above shows that over the course of the 2019-20 year, the three most common types of abuse we made enquiries into were neglect, financial abuse and psychological abuse. A broadly similar pattern for the various types of abuse and neglect have been noted in previous years. For example, the proportion of neglect cases at 28% remains similar to last year's at 30%.

Numbers of safeguarding concerns reported to us about modern slavery or sexual exploitation of adults with care and support needs remain low. We continue 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 types of abuse. The signs of modern slavery and sexual exploitation can be hard to spot; so we will continue to raise awareness of what to look out for. Islington council continues to provide well-received in-house training on modern slavery and human trafficking.

We will continue to monitor trends over several years and compare our data with that of similar boroughs in London to see whether there are any emerging differences that we need to act on.

### Feedback on training from participants

Modern Day Slavery training course:

"Since attending this session I have gained a substantial improvement in my understanding of recognising the signs and symptoms on modern day slavery. The content was excellent and I will now use the knowledge I have gained in interviews and home visits' "

Safeguarding Adult's refresher training course:

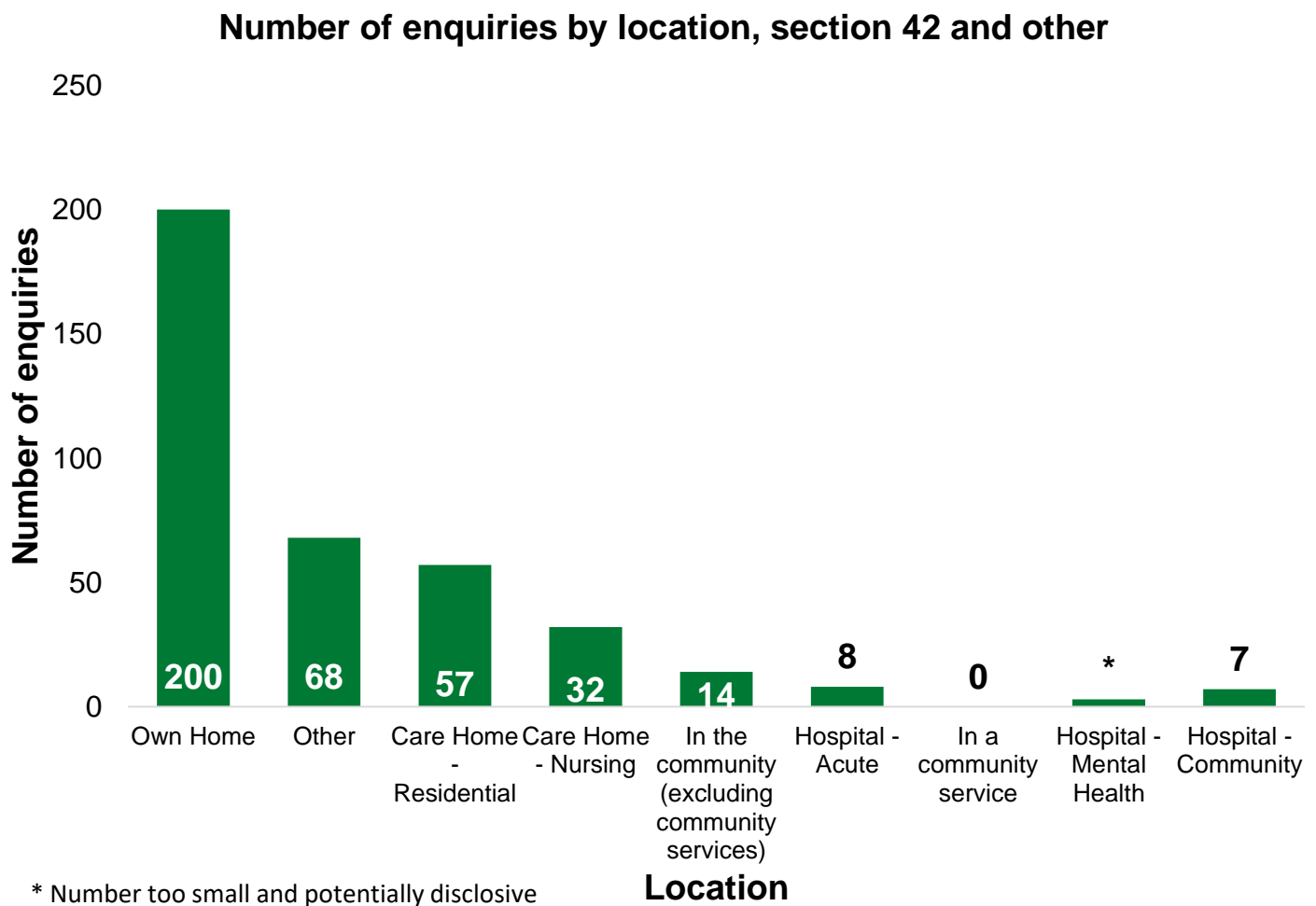
*"Very informative, explicit and excellent"*

*"I am glad I attended"*

*"The trainer was very engaging and had a great approach"*



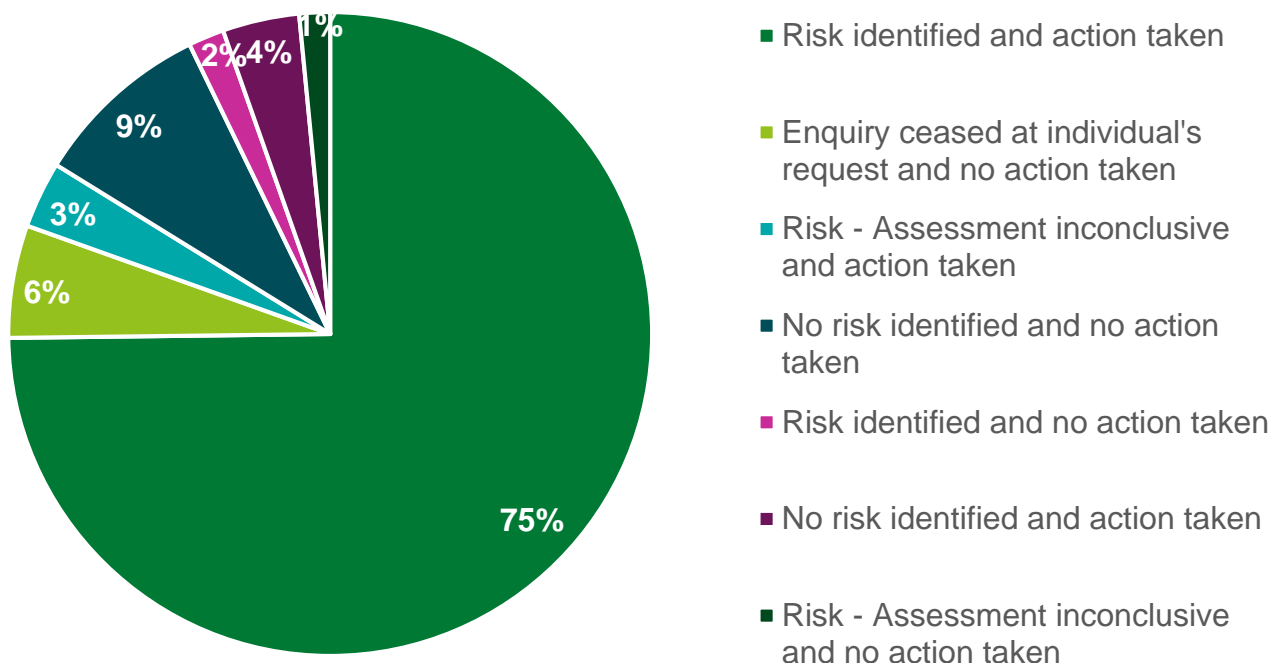
## 7. Where abuse took place



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**



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

The graph above is based on the safeguarding enquiries that were closed in 2019-20. In nearly all of the cases we took some kind of action.

Recording the actions we took for all cases is now a mandatory field in our recording system. We identified and took action in 75% of the cases, which is a decrease from 82% in the previous year. We will continue to monitor whether social workers are correctly recording all the protective actions they take in a safeguarding enquiry. Through case file auditing, we also check that social workers have considered the full range of protective actions available to the adult.

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.



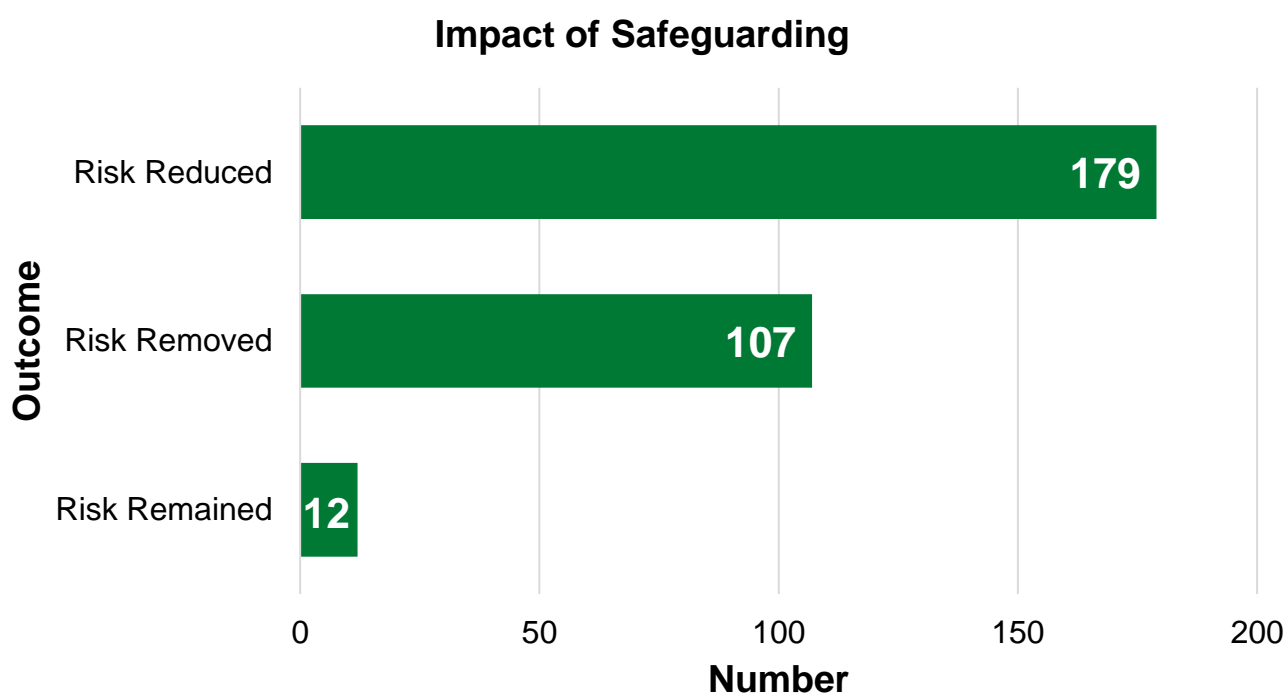
In 1% of the cases we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

In 6% 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 a very few cases the risk remains. Usually this is the adult's choice. We always check first that the adult has the mental capacity to make decisions about the risk, is comfortable with the risk and understands the possible consequences of not taking steps to reduce the risk. 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 2019-20 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate. We have excluded any enquiries which were still 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 remains 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, we question whether 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 people.**



### Yi SAR Action Plan

The Yi SAR report was published the previous year and the full report can be found [here](#). The report identified five key pieces of learning for us, which formed the basis of the action plan. These recommendations are depicted on the right-hand side of this page.

During the year we continued to oversee partner organisations' work on the action plan to address the learning from the Yi SAR case. Much work has gone into ensuring useful learning from this review has been completed.

Further work will take place to fully embed learning into practice to sustain good practice over the longer-term.

### Learning from other reviews

Learning from other types of review, such as Domestic Homicide Reviews, as well as SARs from other Boards is shared with our partners. This ensures learning from other places are embedded into practice and maintain good practice.

### Yi SAR Recommendations

- Make sure the local homelessness strategy addresses those at risk of chronic homelessness
- Update the policy, procedures & guidance for practitioners to take into account duties under mental capacity, human rights and equalities law when working with the Housing Act and Care Act.
- Consider and measure the impact that public sector cost-cutting has had on preventative, person-centred interventions for the chronically homeless
- Seek assurance that any civil legal action involving the council or housing providers actively consider whether the adult 1) is at risk of abuse and neglect and/or 2) has the capacity to litigate
- Seek assurance that commissioning and housing staff are trained effectively on statutory duties to identify, report and prevent abuse to adults at risk

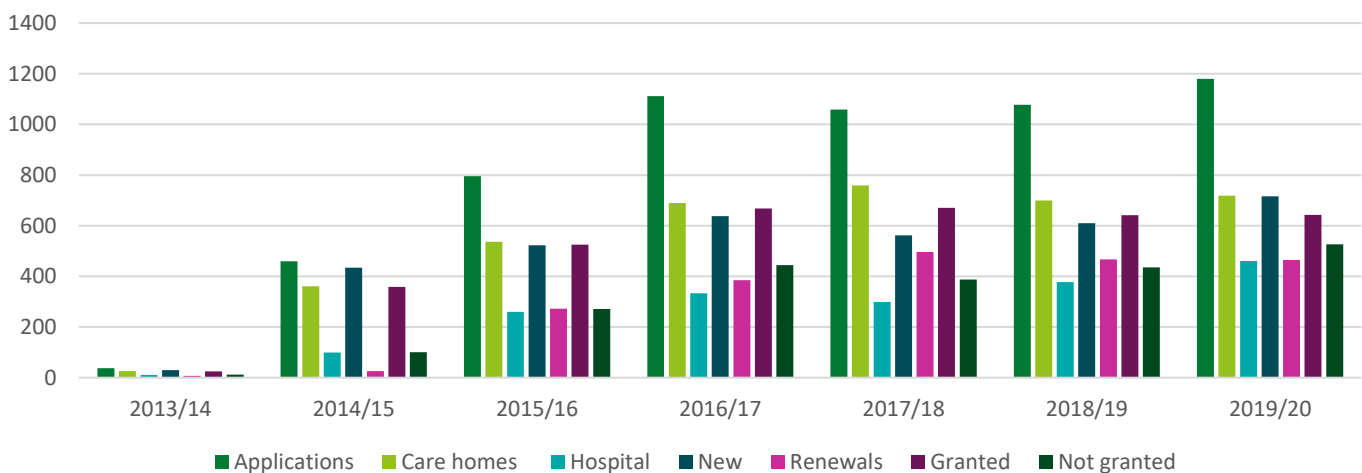
## 12. Deprivation of Liberty Safeguards

All adults should be free to live life as they want. If someone's freedom is restricted or taken away in a hospital or care home, 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.



DoLS Referrals  
2019 - 2020



Over the last four years DoLS referrals have been levelling off and are broadly consistent at between 90 to 100 referrals per month. DoLS Referrals were **10% higher than last year** but the number of DoLS authorisations granted is unchanged.

The majority of DoL referrals (61%) are from residential care homes. Most referrals are on

behalf of residents who have a diagnosis of dementia (62%).

Referrals from residential care homes have only increased by 3% whereas hospital referrals increased by 22% with the **Whittington hospital** making 62% more referrals than the previous year.



## Relevant Persons Representatives (RPR):

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.

We currently have **192 paid RPR's in place**, which represents 45% of all Islington residents on a DoL.

## Applications process

The Islington DoLs team continues to process applications in good time and has **no backlogs**. The average time scale turnaround of applications is 20 days, which compares favourably with the London average at 68 days. The national average is more than 100 days.

## Safeguarding

Themes and concerns from safeguarding enquiries and DoLS processes are shared at the RADAR meeting to ensure that health and social care colleagues together with CQC are sighted on any significant concerns requiring attention or escalation.

If a resident under a DoL or their representative expresses objection to their placement, care management is notified and a paid RPR is put in place to help with a Court of Protection referral if appropriate. This protects their human rights.

As at year end, we had **8 active cases** subject to formal Court of Protection action with a further four cases where an 'objection' has been expressed by the relevant person (RP) which could also potentially result in a Court of Protection referral.

## Good outcomes

Through Best Interests assessments and the monitoring of care provisions for our residents subject to DoL authorisations by Relevant Persons Representatives (RPR's), failings in care can be identified. For adults with care and support needs this can have a beneficial outcome. One of the main ways that care delivery is improved is through the setting of *conditions* to the DoLS authorisation and BIA recommendations for care management.

Conditions were in place in **44% of all current cases** and recommendations for 22%. Conditions are actions we require the Care home or hospital to take action to lessen the restrictions on the resident under a DoL.

Recent good examples are:

- Improved social activities/access to community
- Helping staff, family and other professionals understand MCA and highlighting poor use of MCA
- Review of care plan /needs
- Triggering a review of inappropriate placement
- Review of medication to manage behaviour
- Specialist assessments requested such as occupational therapy, speech therapy, mental health assessment
- Inappropriate physical restraint reduced
- Safeguarding alerts and Court Protection applications





### **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

The new Liberty Protection Safeguards (LPS) was originally due to come into force in October 2020 but at the time of writing this report, it has been announced by the government that implementation will be delayed.

Work has started locally to prepare for implementation of the new system. The LPS will replace the Deprivation of Liberty Safeguards (DoLS) as the system to lawfully deprive somebody of their liberty.

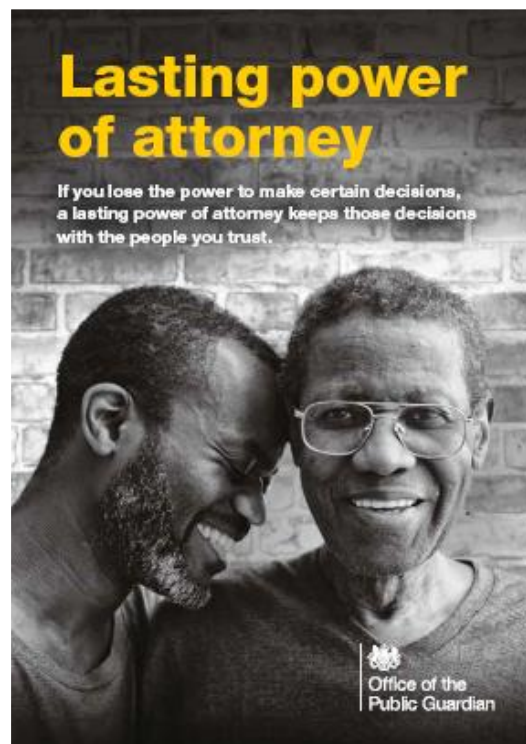


### 13. Lasting Power of Attorney

**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.



We continue to raise 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.

# 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 creativity and commitment from all our partner organisations in Islington.**

## Covid-19 (Coronavirus) pandemic

In the last few days of the year under review, the Covid-19 pandemic had struck and national lockdown was announced. Understandably, the pandemic has had a profound impact on all of our partner organisations' capacity to respond to safeguarding concerns and also on their ability to fulfil their safeguarding prevention aims. With the Care Quality Commission having suspended its inspection regime in the early part of the pandemic, our role in local monitoring became all the more essential.

We are impressed with how many of our partners have, nevertheless, responded with agility and creativity to ensure that the most vulnerable residents and carers are safeguarded even in these challenging times. We will continue to monitor the local situation and review any systems, processes, providers or partners which appear to be floundering during the pandemic. With this in mind, we have amended our Board annual plan to include an objective around the pandemic response.

## Making Safeguarding Personal

However severe the impact of the pandemic, we must not lose sight of the need to keep the person we safeguard 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'll continue to work together to 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.

## Liberty Protection Safeguards

The new safeguards herald significant changes in the way we work and we will work together to make sure we are well prepared to adopt new systems and procedures.

## Learning

We are committed to learning from serious cases. Our newly-formed Prevention & Learning subgroup will be driving this agenda forward and publishing a range of 7-minute briefings to embed learning.

## 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 end 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.**

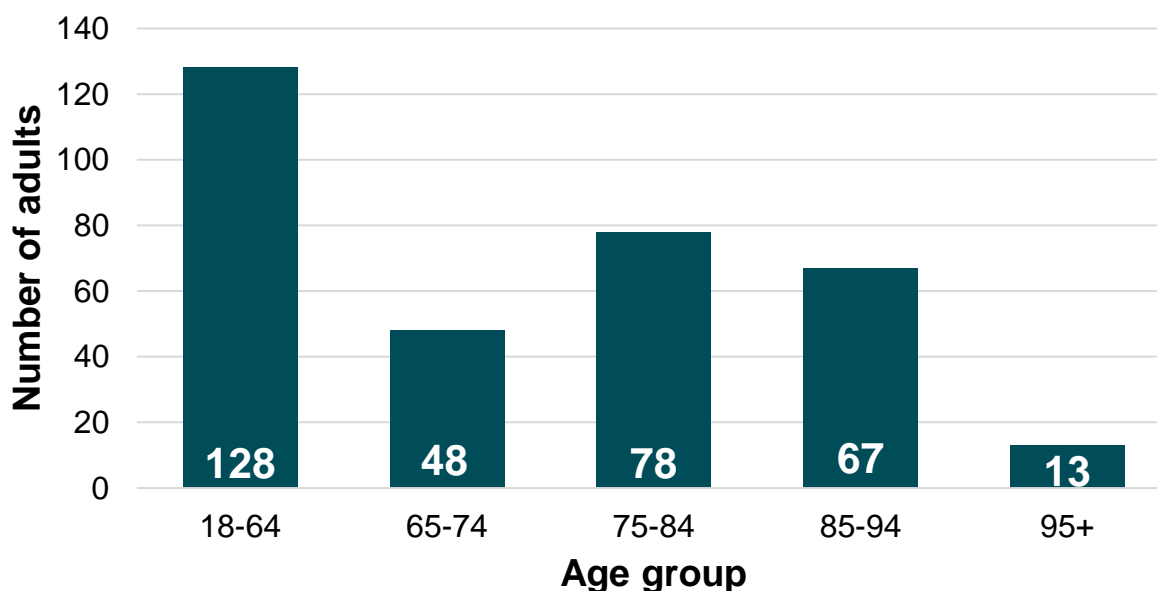
**Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.**



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.

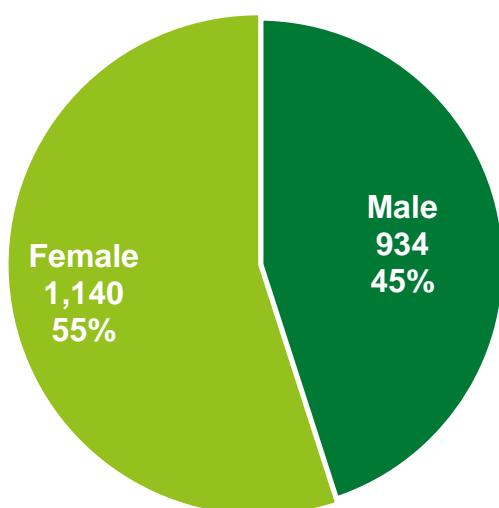
**Ages of adults we safeguarded**



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.



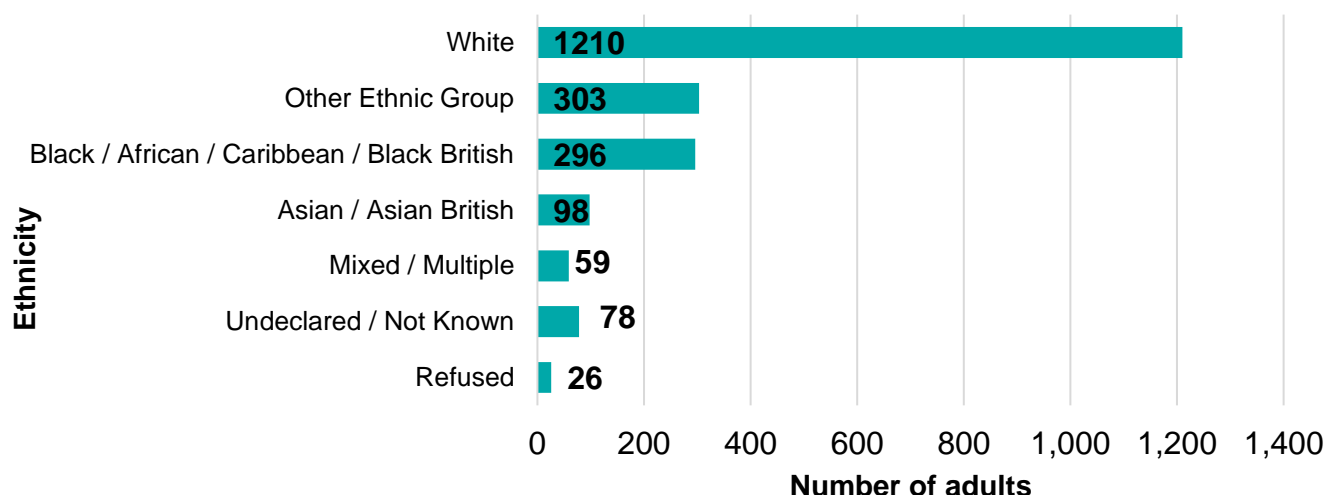
### Adults who had safeguarding concerns raised about them




This chart shows similar 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. We will look into this over the coming year to make sure we have created appropriate access and opportunities for transgender people and other groups to receive awareness raising information and share concerns.

### 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



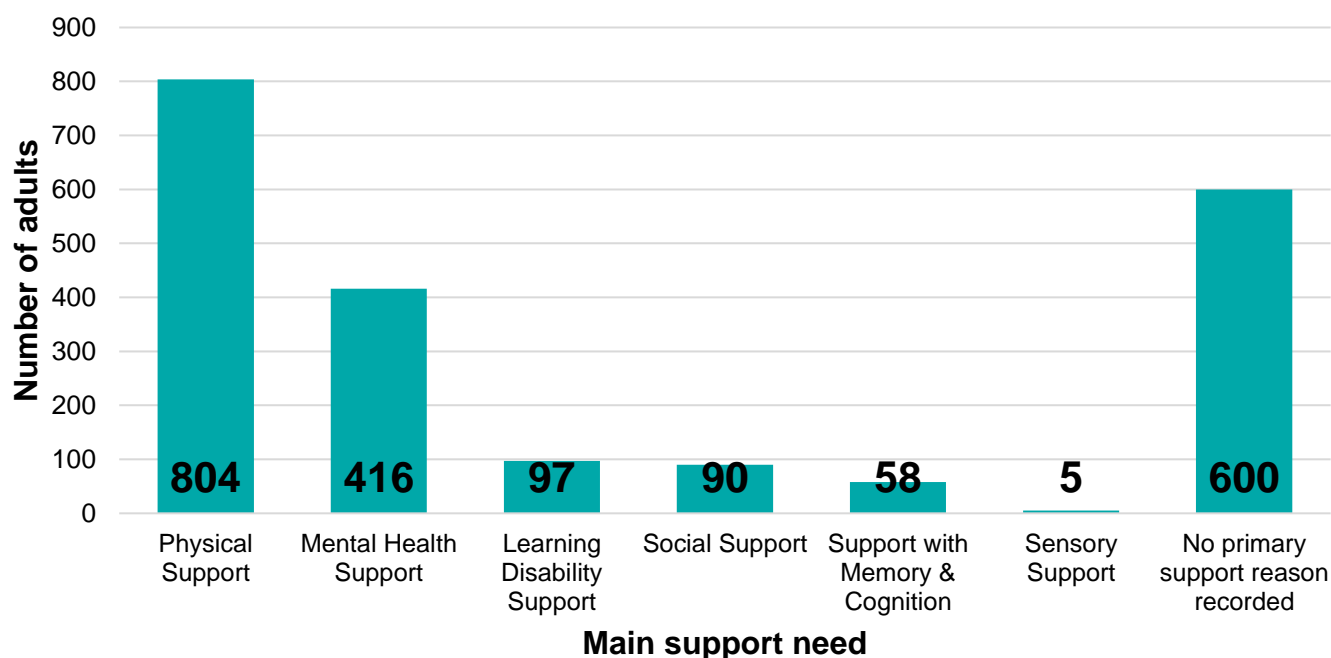
communities to ensure that safeguarding concerns are not being missed. Different ethnic groups have slightly different proportions of adults with care and support needs. For example, the average age varies across ethnic groups in Islington. In an ethnic group where there is a higher proportion of older 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 continue to work on 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



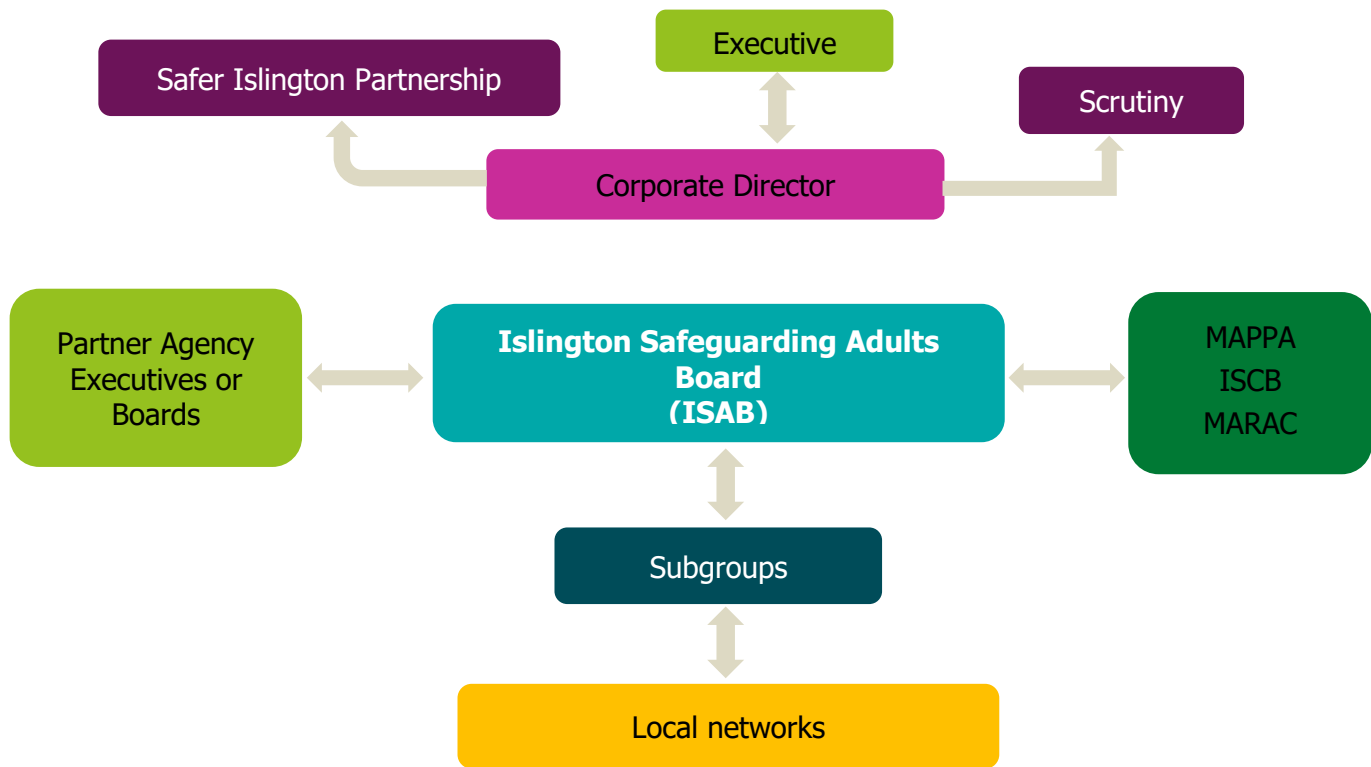
The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that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

London boards: Camden, Enfield, Barnet and Haringey Safeguarding Adults Boards. We also held a local board event for our Safeguarding Adults Board members.

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

Islington Safeguarding Adults Board Meetings	Board Meeting 8 May 2019	Board Meeting 24 July 2019	Board Meeting 30 Oct 2019	NCL Challenge event 5 Feb 2020	Board Meeting 26 Feb 2020
<b>Partner Organisation</b>					
Independent Chair					A
Police				A	
Islington Council					
Islington Clinical Commissioning Group					
Moorfields Eye Hospital NHS Foundation Trust		A			
London Fire Brigade	A		A	A	
Camden & Islington Foundation Trust					
Whittington Health					
Community Rehabilitation Company (CRC)	A		A	A	A
Probation			A	A	
London Ambulance Service	A	A	A	A	A
Safer Islington Partnership	A			A	A
<b>Co-Opted Organisation</b>					
Age UK Islington	A	A	A	A	A
Notting Hill Pathways		A		A	
Healthwatch Islington				A	
Single Homeless Project	A	A		A	A
<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	A	N
Family Mosaic Housing rep	N	N	N	A	N
Prison				A	N
Voluntary Action Islington	n/a	N		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 15 Apr 19	Subgroup meeting 10 Jul 19	Subgroup meeting 18 Sep 19	Subgroup meeting 22 Jan 20
<b>Partner Organisation</b>				
Chair (Clinical Commissioning Group)				
Islington Council				
Whittington Health		A		
Moorfields Eye Hospital NHS Foundation Trust	A			
Camden and Islington NHS Foundation Trust	A			
Notting Hill Housing	A		A	A
Police				

Safeguarding Adults Review Subgroup	Subgroup Meeting 19 Sep 19	Subgroup Meeting 15 Jan 20
<b>Partner Organisation</b>		
Chair (Police)		
Islington Council		
Single Homeless Project	A	
Islington Clinical Commissioning Group		
Age UK	A	
Camden and Islington NHS Foundation Trust		
Whittington Health	A	A

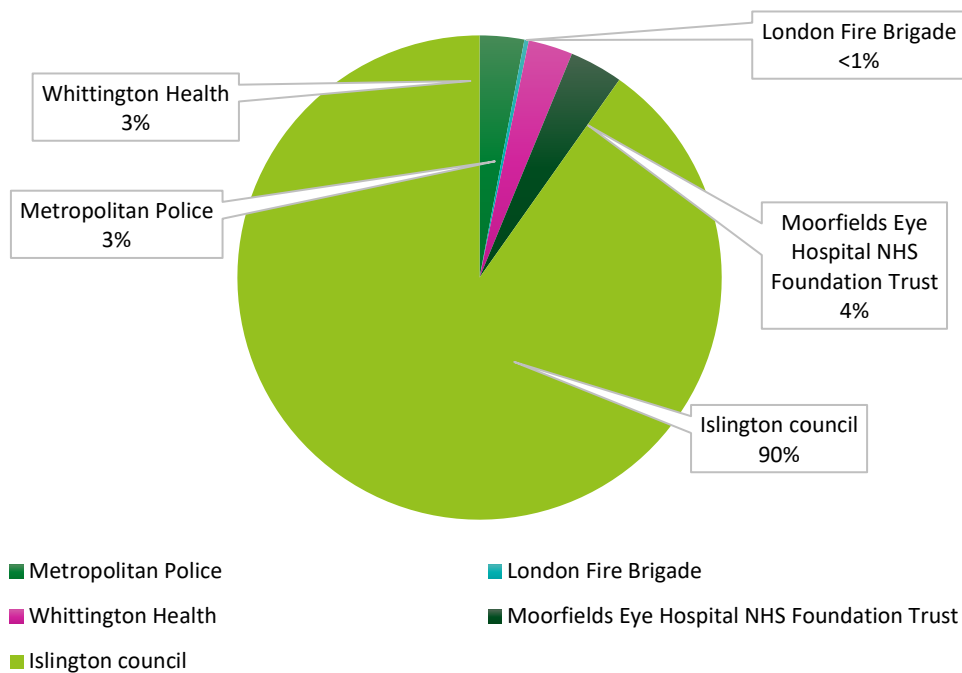
Prevention & Learning Subgroup	Subgroup meeting 14 Jan 2020
<b>Partner Organisation</b>	
Chair (Moorfields NHS FT)	
Islington Council	
London Fire Brigade	
Prison	A
Notting Hill Genesis	A
Camden and Islington NHS FT	
Whittington Health	

# Appendix D

## How is our Board resourced?

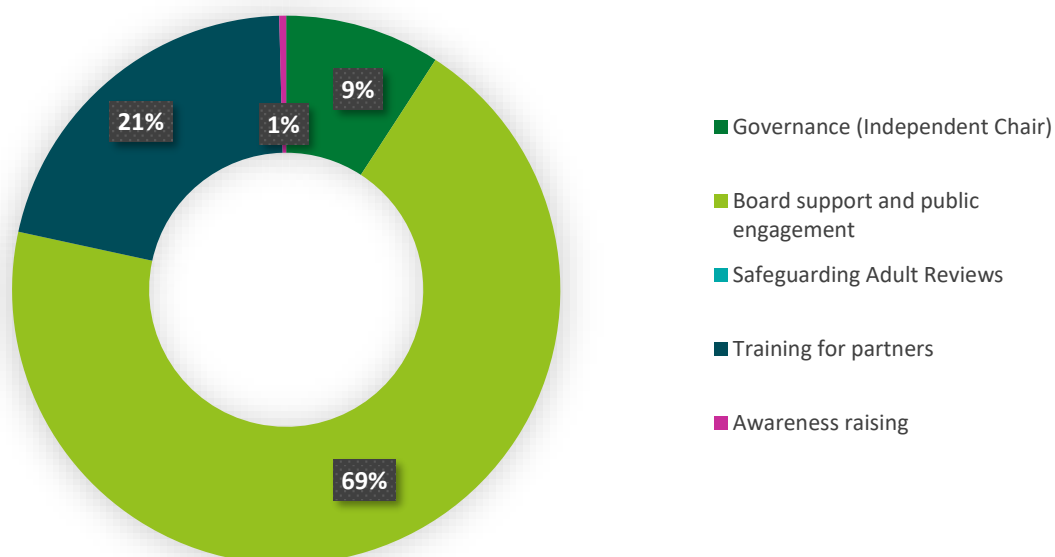
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

**Who gave money to the board?**



As the above chart shows, Islington Council financed 90% 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. For the first time, Whittington Health and Moorfields Eye Hospital, two of our major health partners, have contributed to the finances of the Board. Discussions continue with other Board partners regarding future funding and resources.

## How we spent the money



It cost roughly £183,216 to support the work of the Board during the year. This is nearly the same as last year's expenditure, being only a quarter of a percent increase.

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.

Although awareness raising direct costs account for only 1% of the board's expenditure, in reality several of the board support staff are engaged in awareness-raising work but these indirect costs are not reflected in the above chart because they are difficult to separate from the general board support functions.



# 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 of parliament that has reformed 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 (AMHP) to stop an adult from leaving a hospital in order to treat them in their best interest.

### **Section 6 of Mental Health Act 1983**

#### **(Application for admission into hospital)**

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

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

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

# Appendix G

## What should I do if I suspect abuse?

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

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



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

**Adult Social Services Access and Advice  
Team**

Tel: 020 7527 2299

Fax: 020 7527 5114

Email: [access.service@islington.gov.uk](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:  
[Islington Community Safety](https://www.islington.gov.uk/community-safety)  
<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:

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Islington, London, N1 1XR