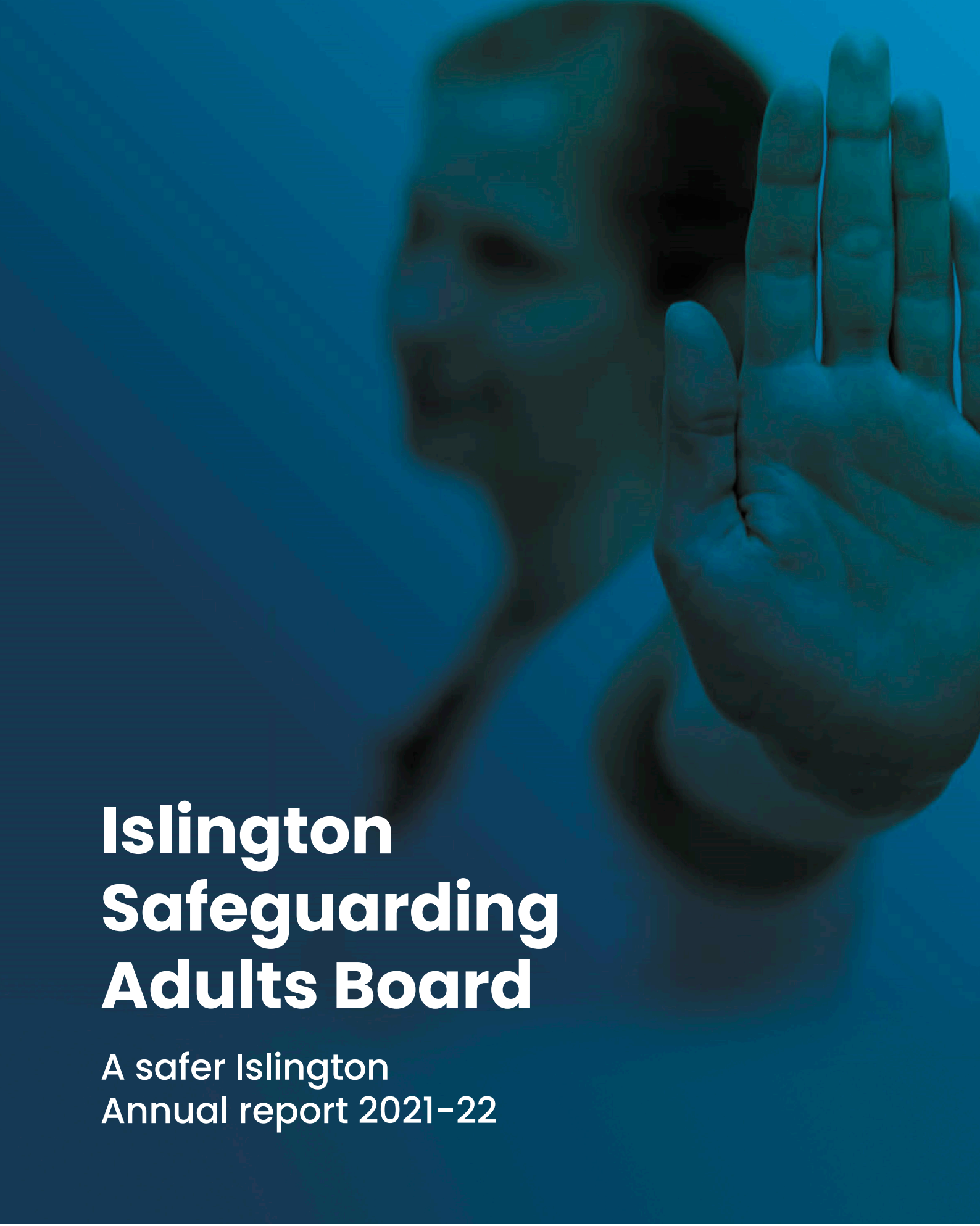

Islington Safeguarding Adults Board

A safer Islington
Annual report 2021–22

NHS

METROPOLITAN POLICE

ISLINGTON
For a more equal future

Foreword

One of the many privileges of Chairing the Board is the chance to introduce our annual report and pay tribute to the many people from across our communities and workforce who have, yet again, demonstrated better than my words can why it is that partnership working offers the most effective model for protecting our residents with care and support needs from abuse and neglect.

This report offers us an opportunity to reflect not only on the considerable challenges faced during 2021-22, but also the remarkable achievements. I am, at the time of publication, coming to the end of my first year as Chair in Islington. Throughout that time, I have been so impressed with the passion and commitment shown by our Board team, partners across statutory, voluntary and community organisations. They adapt, innovate and continually strive to improve practice so that, despite the many challenges, we can meet our joint legal responsibilities and moral obligations to adults at risk.

As you will see from the report, we have a new strategic plan to deliver. We aim to do this at a time when the rising costs of living presents new pressures. We anticipate that this will disproportionately impact on our most vulnerable residents. We also know that, despite our best efforts, too many residents still experience abuse and neglect. There is, therefore, no room for complacency. But that is not something I have ever seen in Islington!

I am so proud of our workforce who, not only recognise, report and respond effectively whenever an adult with care needs is at risk of abuse or neglect, they have also played an important part in shaping legislative reform and practice. During the year ISAB partners provided important feedback through government consultation on proposed changes to the Human Rights Act and the Liberty Protection Safeguards. They highlighted the crucial role those rights play in the delivery of day-to-day care of our most vulnerable residents and the importance for practitioners of these as core values.

I wanted to also take this opportunity to express my gratitude to the members of our service user forum for their ongoing commitment to making a difference to safeguarding practice not just across Islington, but across London. I am fortunate to also sit on the London SAB and know the positive, real impact that their voices have! We will always remain committed to hearing from those who have experienced safeguarding services, so if you (or someone you know) would like to get involved please do get in touch.

Thank you for taking time to read this report and for your continued interest in our work.

Best wishes,

Fiona Bateman
Independent Chair,
Islington Safeguarding Adults Board

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About us

We are a partnership of organisations in Islington - all committed to safeguarding adults better.

All our work is centred on safeguarding adults with care and support needs who need help to stay safe from abuse and neglect.

Who made up the partnership during the year?

Age UK Islington
– Michael O'Dwyer, Head of Service

Camden and Islington NHS Foundation Trust
– Graeme McAndrew, Head of Safeguarding and Mental Health Law

Camden and Islington Probation Service
– Mathieu Bergeal, Senior Probation Officer

Care Quality Commission
– Duncan Paterson, Inspection Manager

Crown Prosecution Service
– Borough Prosecutor

Healthwatch Islington
– Chief Executive, Emma Whitby

HMP Pentonville,
Sarah Bourn, Safeguarding Lead

Independent Chair
– Fiona Bateman

Islington Clinical Commissioning Group
– David Pennington, 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
– John Everson, Director for People's Services

Islington Safeguarding Children Board
– Michael Daley, Board Manager

London Fire Brigade, Islington
– Gary Squires, Borough Commander

Metropolitan Police, Islington
– Brian Hobbs, Detective Superintendent

Moorfields Eye Hospital NHS Foundation Trust – Jacob Adeymi, Lead Nurse Safeguarding Adults

Notting Hill Pathways
– Bryony Mitchell – Compliance Manager

Single Homeless Project
– Liz Rutherfoord, Chief Executive

Voluntary Action Islington
– Navinder Kaur, Chief Executive

Whittington Health NHS Trust
– Breeda McManus, Deputy Chief Nurse

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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 focuses 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

We are proud of our nimble approach to emerging local, national and international trends. We are quick to flex our annual delivery plan and respond to these emerging themes by including them in our workstreams.

Safeguarding adults is often in the news in one form or another. Sometimes led by widespread public concern; 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. Below are some of the key media and national policy themes from the past year.

Covid-19 (Coronavirus)

We constantly monitor developments and public perception of safeguarding. Below are some of the key media and national policy themes from the past year.

In the second year of the pandemic, Covid-19 continued to dominate headlines. Globally, Covid '...killed millions, affected billions and cost trillions'.[1]

Covid's impact on adult safeguarding, health and care systems and people's wellbeing has been extensive.

Through successive waves of infections and new variants of the virus, we have been impressed by how resilient and flexible our partner organisations have been in supporting those with care and support needs. But this has not been without its challenges. The strain on health and care services over the last two years has been evident.

1 Barrett D. Navigating through the storm: the role of healthcare leaders during COVID-19. Public Sector Focus 2021;33:44.

In 2021, the government introduced a **new law** requiring everyone working in healthcare, care homes and care agencies to be fully vaccinated against covid. While this was an understandable infection-control measure, it resulted in further staff losses in an already beleaguered sector. Those needing care or healthcare were being put at risk of neglect from an overstretched workforce.

By March 2022, the government responded to mounting concerns and ended the compulsory vaccination policy. It remains to be seen whether those health and care workers who **left the sector** during the pandemic will eventually return or not.

For Safeguarding Adults Boards around the country, the stability of staffing in the care sector and quality of care has been worrying. Moreover, the pandemic has blighted care homes financially, with 15% of care provider directors now saying they are concerned about their care home's **financial sustainability** compared with just 3% before the pandemic. In Islington, we have continued to keep a close eye on the care provider sector through assurance reports and our RADAR meetings, focusing on local care providers' contingency planning.

Several national surveys and reports identified that some groups of people felt left out and forgotten during the pandemic. A **SENSE survey** identified that 41% of disabled people felt unsupported by their local community. Similarly, the **Care Quality Commission** reported the pandemic had revealed the extent of gaps and poor care for people with learning disabilities. These findings chime to some extent with feedback locally from our service user & carer subgroup. We will continue to work with organisations locally to address social isolation and care standards.

Homelessness

The government's target to end rough sleeping by 2024 was accelerated by the **'Everyone in'** initiative announced at the beginning of the pandemic. These initiatives continued to have a positive impact on reduced rough sleeper numbers nationally and locally, and consequently on reducing some safeguarding risks.

While the 'Everyone In' initiative exposed the true scale of rough sleeping, it also revealed the tensions in the systems because a significant number of rough sleepers have no recourse to public funds (NRPF) due to their immigration status.

National homelessness organisations have started calling on the government to make changes for eligibility to services for street homeless people. Islington has long been at the fore in recognising that support is necessary to prevent the most vulnerable residents from experiencing destitution and safeguard them from the risk of abuse and neglect associated with a life on the streets. Islington Council hosts the national NRPF advice service, which helps other local authorities navigate the complex options for those who have NRPF. Any homeless person who has suffered abuse must be treated as a victim first, they should be safeguarded and supported to find refuge.

Some of the large homeless charities are predicting substantial rises in homelessness post-pandemic, including a rise in those left without a roof, unless government addresses the systemic causes of homelessness. The **Kerslake Commission** has reviewed what worked during the pandemic and recommended what needs to change to embed and build on that good practice.

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Our partners have continued, including throughout the Pandemic, to respond to the challenges posed by the findings in the **Yi SAR** which was published in 2019. They have reported on the progress made to implement the recommendations and embed best practice in addressing homelessness, particularly rough sleeping. We remain committed to working with partners, through our public awareness campaigns, workforce training opportunities and assurance reporting to push for continuous practice improvement across all our partners.

Domestic violence

The ground-breaking **Domestic Abuse Act** was passed into law during the year under review. This law provides much-needed protections for victims and further clamps down on perpetrators.

Under this new Act, several new offences have been created, including the offence of non-fatal strangulation. Importantly, coercive behaviour offences have been extended to include abuse where perpetrators and victims no longer live together. The 'revenge porn' offence now also covers threats to share intimate images. Councils across England will have a legal duty to provide life-saving support such as therapy, advocacy and counselling in safe accommodation, including refuges.

Our training has been updated to reflect these changes in legal options for protecting victims of domestic violence.

Restraint and restrictive practices

Amidst a growing movement to curb the excessive use of force for people with mental health issues, the **World Health Organization (WHO)** called for global mental health care that respects human rights. Human rights abuses involving coercive practices are still far too common across the world.

In England and Wales, the **government and CQC's** combined focus on the inappropriate use of force is to be welcomed. Both have committed to working towards introducing greater transparency and accountability about the use of force in a variety of education, health, care and detention settings.

Reflecting this international attention on restraint, our Prevention & Learning subgroup has developed guidance for local partner organisations on reducing restraint. Email **safeguardingadults@islington.gov.uk** for a copy.

Deprivation of Liberty Safeguards and Liberty Protection Safeguards

The UK government announced further delays in the implementation of Liberty Protection Safeguards (LPS), while they consulted on the accompanying Code of Practice.

This has had the welcome effect of allowing us additional time to prepare for the introduction, particularly considering that many of our partner organisations had little capacity at the beginning of the pandemic to prepare.

Our local implementation network (LiN) responded to the government consultation on the draft Code of Practice, as did our Service User & Carer subgroup on the Easy Read version.

Organisational cultures

The tragic murder of Sarah Everard by a police officer and the inappropriate behaviour of a few police colleagues became a high-profile media story. It has called into question recruitment processes and **organisational culture** of organisations entrusted with keeping the public safe.

In response, we have included vetting checks in our partnership audit tool this year. However, there is no quick-fix to addressing misogyny, sexism and racism in organisations with safeguarding responsibilities. Changing organisational cultures takes time to embed. Our new strategy for 2022-25 includes partnership working on addressing inequalities in our safeguarding adults work.

Summary

The 2021/22 year has been a busy and successful year, despite shifting priorities and challenges for safeguarding adults.

In the following pages, we set out how we, the Safeguarding Adults Board in Islington, managed those emerging and evolving risks and challenges – all with the aim to prevent and stop abuse and neglect of society's most vulnerable.

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About our strategy

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

People are at the heart of safeguarding…from those adults supported by partner agencies to stay safe, to the general public on the lookout for abuse and neglect, to the people who work with our community to keep adults safe.

P	Personalisation
E	Equalities
O	Openness
P	Proportionate protection through partnership
L	Learn
E	Empower

Closing off our strategy 2018-22

When the pandemic struck, we extended our strategy by one year and revised it to reflect new priorities addressing potential pandemic-related risks.

In closing off that strategy, we are satisfied that we have largely achieved what we set out to do in the four years 2018-22. Our partners, despite the enormous challenges presented by the pandemic, never lost sight of our combined commitment to our statutory responsibilities for safeguarding adults in Islington.

Our subgroups, as well as our partners have each reflected on what worked well and what has been achieved (read more details in the next section of this report). We've also reflected on what still requires more work and needs to be carried over into our strategy for 2022-25.

Our new strategy for 2022-25

We ran a public consultation on a new three-year strategy, publicising it on the internet and twitter and sending it to our partner organisations for them to cascade internally and to their patient, user and carer groups.

Ordinarily, we would have run some face-to-face consultation sessions in care homes and day centres in Islington to reach the digitally excluded. As it was not possible to visit care homes or day centres during the pandemic, we relied on feedback from local service user and carer groups.

Although the overall number of consultation responses was lower than we would have liked, it was reassuring that responses and comments were broadly supportive of the board's proposed six strategic priorities and six guiding 'people' principles.

In view of the largely positive consultation feedback, we have adopted the strategy. However, we will incorporate some of the excellent feedback from consultees into the workplan for year ahead.

Our new 3-year strategy draws on six 'people' principles: personalisation, equalities, openness, proportionate protection through partnership, learning and empowerment.

Read our new **3 year strategy here**.

Partnership working

Although Islington Council leads on safeguarding adults in Islington, all of our partners contribute to our strategy.

This section sets out how our partners went about achieving the aims and objectives of our strategic plan.

We continued to be impressed by the lengths to which our partners went to in responding not only to the second year of the Covid-19 pandemic, but also to keeping adults and informal carers safe. Each encountered different challenges. That's why the Board was concerned to receive assurances from each partner about how they were responding appropriately to emerging safeguarding adults risks and trends in abuse/neglect in Islington.

With the Care Quality Commission having suspended inspections in the early part of the pandemic, so the role of local Safeguarding Adults Boards became crucial. We continued to monitor the local situation and reviewed systems, processes, providers or partners as needed.

Below we have set out the key achievements of each of our partners:

London Metropolitan Police

The London Borough of Islington is policed by the Central North (CN) BCU of the Metropolitan Police Service who also deliver local policing for our neighbouring borough of Camden.

Safeguarding remains a priority for the Police at Central North and they are determined to achieve the best possible outcomes for those who are unfortunate enough to become a victim of crime and to work with partners to safeguard and protect the most vulnerable members of our society. Last year, their officers in their Public Protection strand dealt with over 2700 cases of Domestic Abuse and around 700 cases of sexual assaults in Islington.

Whilst one crime is one too many and these figures may appear high, they compare quite favourably to other London Boroughs showing that Islington remains a safe place to live and work.

Of course, we are aware that 'The Met' has, understandably, attracted some criticism over the past year. At Central North London they remain committed to delivering quality

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policing at a local level and will be working hard to support their new Commissioner in his aim to deliver:

- More trust
- Less crime
- High standards.

Islington Clinical Commissioning Group

- The CCG Safeguarding Leads developed and delivered regular training to primary care professionals on the application of the Mental Capacity Act and provided ongoing support and advice to their primary care colleagues.
- work has begun to ensure that GPs will continue to have support and training as the CCG moves to an Integrated Care System (ICS)
- preparations are underway for the introduction of the liberty protection safeguards
- the CCG is participating in the joint work between the Children's and Adults safeguarding boards to explore safeguarding needs of our residents who would require support as they transition to adulthood.
- The CCG responded rapidly to a changing environment and developed ways to address issues with staffing capacity and Covid19 in each of their primary care, community care and care home environments, all while working with a reduced workforce with an exceptional demand on the workforce.
- Developed and delivered rapid information and training packages to support teams deliver safeguarding as part of the response to the pandemic, embedding learning from the pandemic.
- The CCG team have an established BAME engagement programme to address inequalities within the system
- Arrangements have been made for the ICS to continue to monitor the Leder system and information data and learning will be shared with partners.
- Contingency planning has included winter planning
- the CCG Safeguarding designates were core members of the COVID task and finish group which allowed for a dynamic approach to the CCG's ability to effectively safeguard residents in Islington.

Moorfields Eye Hospital NHS Foundation Trust

- A safeguarding adults activity data infographic for quarterly safeguarding adults committee (SAC) meeting includes which agencies/partners/services and where (UK wide) were generating queries and/or concerns. The complexity of concerns raised to the safeguarding adults team increased, particularly from external sources.
- Moorfields has continued engagement with the Dementia Friendly Community Steering Group, raising awareness of dementia by supporting the national Elf Day in December

2021, holding an information stall and promoting dementia-friendly messages and information to increase staff knowledge and response

- The Accessible Information Standards (AIS) Team have launched a Trust Wide Project launched to ensure that Moorfields captures information needs of patients and has a range of appointment letters and information in accessible formats, including Easy Read.
- Service Level Agreement with East London Foundation Trust has been renewed, which includes training and access to a mental health support helpline to assist staff to deal with mental health cases.
- Developed a domestic violence response pathway for patients been seen on the audio-visual consultation Attend Anywhere Platform.
- Pre assessment/pre-admission communication process with external agencies and pre-admission document has been reviewed.
- Strengthened collaborative working between staff and safeguarding adult team. Professional Curiosity Awareness disseminated across Moorfields in a variety of formats.

London Fire Brigade (LFB)

It was quickly identified during the first phase of the pandemic, that LFB frontline staff had continued access to people's homes at incidents etc, and by doing so would be able to identify safeguarding issues that other organisations were no longer able to identify by not being able to go into people's homes.

The LFB continued to monitor welfare and safeguarding referrals for emerging trends.

As a result of a recommendation from a SAR the Brigade now works with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders (as identified by the London Ambulance Service).

The LFB's SAR Champion has developed a more coordinated and consistent approach to learning from SARs. Internal/ external action plans and review meetings are used to plan/ monitor progress post SAR.

Despite the pandemic, LFB continued to

- participate in the High Risk panel
- work with partners in the community to raise safety awareness
- offer fire safety awareness sessions to care workers and or other staff groups which visit residents at home.
- All staff, including frontline staff, were asked to re-visit and complete the LFB Online Safeguarding Learning package to refresh their knowledge.

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Camden & Islington Mental Health Foundation Trust

In response to the increase in domestic abuse, violence against women and girls (VAWG) and harmful practices agendas, the Trust agreed to a full-time substantive post for a Safeguarding Domestic Abuse Practitioner. This enabled a robust and timely response to such safeguarding concerns for Trust service users and staff.

Development of a safeguarding dashboard has supported Section 42 safeguarding enquiry workflow data, quality issues and ensured the adult safeguarding process is undertaken robustly. The safeguarding dashboard is live and accessible to Trust and specific local authority colleagues.

A strategic safeguarding alliance with Barnet Enfield and Haringey Mental Health Trust has enabled learning to be shared across the NCL footprint and collaboration on lunch and learn webinars based on local themes and trends from safeguarding performance data. Recordings of the webinars available on the Trust safeguarding intranet page.

In collaboration with Islington Council and Adult Social Care, a Section 42 workflow audit was completed, which resulted in a practitioner workshop and task and finish groups to address the gaps and challenges with the process.

A safeguarding hub/SAM's forum has also been established, which focuses on the operational aspect of this work.

Work is being undertaken to engage under-represented communities through:

- AR-DSA Network and Domestic Abuse Pathfinder work in relation to gender and sexuality
- Trauma informed collaborative
- Targeted work with asylum seekers, victims of modern slavery and people with no recourse to public funds

Collaboratively with LFB and BEH-MHT, the Trust delivered a lunch and learn webinar in response to the increase in self-neglect and hoarding. A self-neglect toolkit was re-launched via the safeguarding bulletin and Safeguarding Operational Group.

A lunch and learn webinar was held on 'Intersectionality and Harmful Practices', with expert speakers.

The Trust continues to look at learning identified from safeguarding adults reviews and safeguarding trends within the Trust for inclusion in the monthly safeguarding bulletin, further lunchtime learning and 7-minute brief reads.

Making safeguarding personal formed part of an audit to understand where challenges are. This led to improving this section within the L3 training and focusing on this within the safeguarding hub and safeguarding adults managers' forum.

Islington Council

The Council's commissioning team, in collaboration with the CCG, provided additional support and oversight to the local provider market to ensure safe care during pandemic and in the recovery period.

Significant planning has been underway in preparation for the introduction of the Liberty Protection Safeguards (LPS).

The Safeguarding Adults Unit scoped various models of risk escalation and pathways.

Practitioner Forum and Leaders in Safeguarding meetings have recommenced, helping to develop best practice in safeguarding and mental capacity law.

Making Safeguarding Personal (MSP) is well implemented in practice and is evidenced in the safeguarding forms. Further work is underway to ensure that guidance on MSP and the safeguarding enquiry process is co-produced with service user and carer groups in the borough.

Adult Social Care introduced a weekly safeguarding panel and surgery to discuss complex safeguarding cases. This improved practice as well as provided support and guidance to staff. It has also improved the outcome for our vulnerable residents who had experienced abuse and neglect.

The hoarding panel has been re-launched to ensure greater awareness among practitioners.

MARAC has been replaced by the daily safeguarding meeting (DSM). The DSM has produced significantly greater risk management support for victims of domestic abuse.

The introduction of a closure panel and case surgery have been effective measures in improving safeguarding practice and practitioner development.

An Early Intervention and Prevention service for adults has started, with coaching offered.

Through the Council's Fairer Together initiative, a pioneering co-produced early prevention programme to support young Black men and mental health is being tested.

The Council has broadened its Assistive Technology service eligibility and is now offering a wider range of preventative equipment from fall sensors to mobile apps. The service supports a preventative approach and will enable more people to access its benefits. The use of Assistive Technology can play a valuable role in supplementing traditional forms of care.

The **Streets Kitchen hub** for homeless people was refurbished by the council.

As part of the Council's work to make Islington safer, local businesses were asked to become a Safe Haven, so that they can help anyone in need.

Islington Learning Disability Partnership held regular 'Anti-Racism' discussion groups every six weeks to promote anti-racism practice.

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In-House day services re-opened, although at a reduced capacity. Partnership working with Community Catalysts CIC to develop great day support options for people with learning disabilities, is underway.

Rogue builder receives prison sentence

A rogue builder, prosecuted by the council for fraudulently charging vulnerable residents for unnecessary work to their homes, has been sentenced to four years and nine months in prison.

A total of £86,000 was collected from six elderly residents by the builder's companies Hamilton Roofing and Building Services Ltd and Maynard Roofing Ltd. Victims were falsely persuaded that their roofs were damaged and in need of repair, and in a few instances, damage was caused to roofs to provide evidence that work needed to be done.

All Islington residents should have a safe place to call home. That's why we are particularly proud of our Trading Standards team for their swift and careful actions which has led to the builder being successfully prosecuted. You can find a trusted trader with **Trading Standards**.

Rogue builder prosecuted by Islington Council sentenced to four years and nine months in prison

Several people were arrested in 2021, after a year-long investigation led by the Metropolitan Police's Modern Slavery and Child Exploitation Unit on the trafficking of Chinese women into the UK for the purpose of sexual exploitation.

Partner organisations worked together with the police about concerns at an address. Police who entered the addresses were accompanied by officers from the Modern Slavery and Child Exploitation Unit, interpreters and Mandarin speaking officers.

The individuals were arrested on suspicion of crimes including controlling prostitution for gain contrary and arranging or facilitating travel of another person with a view to exploitation. Vulnerable people at these addresses received support from specialist officers.

Single Homeless Project (SHP)

- With the conclusion of the Fulfilling Lives programme in Islington and Camden, SHP has legacy objectives to embed the multiple disadvantage approach into our safeguarding practice across the Single Homeless Project, including better identification of system blocks and barriers and working with partners to use FLIC's Team Around Me model.
- The work of SHP's Health Navigators Service in key boroughs such as Islington, Camden and Westminster has led to more MDT work in services and improved responses to self-neglect, Section 42 safeguarding concerns.

- SHP has also successfully implemented the MPS Philomena Protocol in their Young People's Services this year and launched our own LCSB digital grab pack on InForm (their client data system) for use with police and partner agencies in the events of young people going missing.

Healthwatch

Update

- During the pandemic Healthwatch adapted how it worked and supported its partners to do the same.
- Healthwatch continued to caller feedback about residents accessing health services by phone or online
- Shared feedback with commissioners to help them decide how health services can be offered most effectively going forward, to ensure that no one gets left behind.

Whittington Health NHS Trust

- Covid-19 caused a restriction in visitors to the Whittington Hospital. At all times, the hospital ensured visitors have been possible, those patients attending for appointments or being admitted to hospital who have for example a learning disability, dementia etc.
- Some patients were reluctant to allow visits from health care professionals to their homes. All cases had to be looked at to consider if there are any safeguarding concerns which need to be identified and then give a multi-agency response.
- Whittington Health led the successful roll out of Covid 19 vaccinations for Islington residents. Having a good awareness of the Mental Capacity Act was required for those cases where residents lacking capacity to decide about having a vaccine, had to wait to be vaccinated as family members attempted to prevent the vaccine being administered. In all cases, joint working with partner agencies was enacted to ensure the needs and wishes of the residents were central in all decision making.
- Safeguarding adult training had to move to remote/online teaching, yet compliance for safeguarding adult training remained high.
- Whittington Health identified significant increases in safeguarding adult referrals being made by Trust staff for particular ethnic groups. This was shared with the SAB and resulted in work being planned to ensure the appropriate resources are available for these groups, across the partnership
- Whittington Health is a key member of both the National and London NHS Liberty Protection Safeguards (LPS) Clinical Reference Group (CRG). As such, this allowed relevant resources and information to be shared across the partnership, to ensure other organisations are aware of the implications of this new legislation.
- Numbers of safeguarding adult referrals have continued to be high, demonstrating the competence of staff to identify suspected incidents of abuse.

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- Whittington Health continues to be a key partner in the LeDeR steering group, and in disseminating learning from reviews internally.
- Whittington Health introduced weekly safeguarding adult and Mental Capacity Act drop-in sessions for community staff to discuss complex cases.

Voluntary Action Islington

Key messages were promoted to local voluntary organisations via communication channels.

Our partners' annual reports

Health partners of the Safeguarding Adults Board have also published their annual reports for 2021/22 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
(now replaced by North Central London Integrated Care Board)

The Islington Health and Well-being Board has oversight of this Safeguarding Adults Board annual report. Further information about the Health and Wellbeing Board can be found on the **democratic services webpages here**.

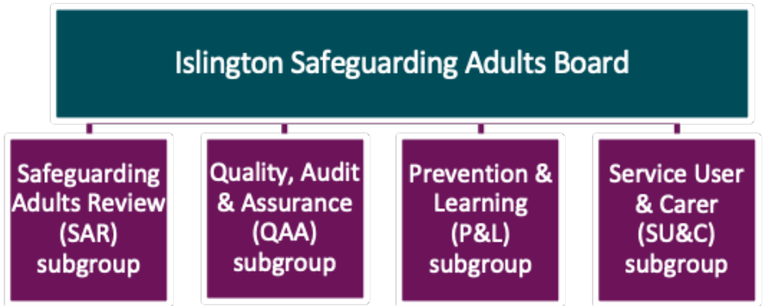
It would be impossible to list every single action and activity our partners took towards ensuring the safety and wellbeing of adults at risk. The specific achievements set out above are by no means all that partners achieved towards safeguarding adults – they are merely highlights.

For many of our partner organisations, safeguarding adults is routine and core to their every-day work which they continued throughout the year.

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 two cases, both of which met the criteria for a Safeguarding Adults Review (SAR).

In the case of 'Gertrude', Dr Adi Cooper was commissioned as Independent Author of the SAR. Publication of the full SAR report has been held back to accommodate the family. A 7-minute briefing is due to be published shortly. An action plan has been drawn up based on the report recommendations and the Board is working towards implementing the action plan.

In the case of 'Liam', Martin Corbett, a former London Fire Brigade Commander, has been commissioned to author the SAR and the SAR process is underway.

Liverpool SAB has conducted a SAR into the death of an Islington resident placed in Liverpool area. Some recommendations for the Islington SAB are likely and implementation of the learning will be followed up.

We continue to monitor trends in the cases submitted for review and make recommendations to the Board as appropriate. We are pleased that the Board has accepted our recommendation to implement a risk escalation pathway by trialling a Creative Solutions Panel.

DCI Brian Hobbs
Chair, Safeguarding Adults Review subgroup

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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 continued to meet quarterly, with representation from core partners and assurance provided by partners.

- During the year we reviewed safeguarding adults data, such as the Covid-Insight report and monitored local trends with particular focus on the impact of the Covid-19 pandemic on self-neglect cases, provider concerns, hijacked housing and domestic violence
- reviewed local DoLS activity
- received and reviewed updates on LeDeR and
- made recommendations to the Board regarding identified risks when appropriate.

David Pennington/Theresa Renwick
Chair, Quality Audit & Assurance subgroup

Prevention & Learning subgroup

The subgroup continued 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 following key pieces of work were undertaken:

- Produced a suite of resources on mental capacity law learning from multiple serious cases for including:
  - A video for practitioners
  - A 7-minute briefing for practitioners
  - EasyRead guidance on mental capacity for practitioners to use with service users and carers
- Held a very well attended and well-received multi-agency pressure ulcer prevention workshop led by a tissue viability nurse from Whittington Health
- Disseminated information about pressure ulcer prevention
- Developed multi-agency guidance on reducing restraint and restrictive practices

Graeme McAndrew
Chair, Prevention & Learning subgroup

Service User & Carer subgroup

A small, but committed group of service users, carers and advocates continue to generously give their time to inform the work of the safeguarding adults board. Without their input and expertise, the work of our board would risk being disconnected from the reality of people's lives. The lived experience is invaluable when consulting them about how to improve services for adults with care and support needs.

In the second year of the pandemic, we were able to return to face-to-face socially distanced meetings. Some members of the group preferred to continue with videoconference meetings. Attendance at the subgroup has suffered since the start of the pandemic, but we will endeavour to regenerate the group during the coming year.

Discussions have mostly focused on the impact of the pandemic on disabled people, those who were shielding and their carers. The group was particularly concerned about the social isolation of disabled people during the pandemic and how this might make them vulnerable to abuse.

Another topic of great interest to the group has been fire safety, personal evacuation plans and building fire safety. The tragic events at Grenfell Tower in 2017 caught their interest and caused them to question fire safety arrangements in Islington closely. We will be working with service users and carers to explore this topic in more depth over the next year, in part because fire risk and fire hazard identification are features of our current Safeguarding Adults Reviews.

The group continues to share rich feedback and insights into their personal experiences and their views on our new strategy have been invaluable.

We are delighted that one of our members is now actively representing in Islington at the ADASS **London Safeguarding Voices** Group and helping to shape, not only our local agenda, but the wider regional safeguarding adults agenda too.

Eleanor Fiske
Chair, Service User & Carer subgroup

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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 get the soft data too and 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.

Just because information has been collected from qualitative observations, doesn't mean that it is unreliable. What soft data lacks in rigour, it makes up for in its richness and ability to give insights into the human experience.

Listening closely to our service user and carer subgroup is invaluable. Through their willingness to talk candidly about their experiences, we are able to reflect on and improve our practice across the partnership.

People who live in Islington were affected in many different ways by the pandemic. Some became more vulnerable to abuse or neglect. For example, we saw the severity of domestic violence increase. Isolation and loneliness enforced by the restrictions, which made some people more vulnerable to exploitation and self-neglect. But there were success stories, too, such as innovative working with rough sleepers.

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 are getting closer to reaching agreement

on the range of data we'd like our partner organisations to share routinely so that we can develop a partnership dashboard for safeguarding adults. 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 2,844 **safeguarding concerns** reported to us, compared with 3,353 last year in 2020/21 and 3,228 in 2019/20.

Nationally, the long-term trend has been for a gradual increase in the number of safeguarding concerns over the years since the Care Act was introduced in 2015. We are not clear on the reasons why safeguarding concerns in Islington decreased during 2021-22. It could be attributable to in part to the lockdowns and other pandemic restrictions, which may have made it harder for professionals to spot the signs of abuse or neglect.

4. Safeguarding enquiries

In 2021/22 we had 424 **safeguarding enquiries** (**14%** of the total concerns raised). Of these 424 enquiries, 399 were carried out as safeguarding enquiries under Section 42 of the Care Act 2014.

A further 25 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

Jayen, has mental health needs which fluctuate. When her mental health was good, she was able to able to work and had built up a pension pot, her only financial asset. One day, she received an telephone call purporting to be from a pension provider offering her a better deal on her pension by investing in spa resorts in Thailand. The offer also included a cash-back scheme in return for transferring her pension pot to the new pension provider and she was promised high financial returns. Jayen was lured into transferring her pension to the new company by the attractive images of the spa resorts in the glossy brochure they emailed her along with their promises of a comfortable retirement.

A couple of years later, Jayen started to get anxious when she was unable to contact anyone at the company to which she had transferred her money. She then contacted her bank to ask whether they knew how to contact her new pension provider. The staff at the bank said they had never heard of the company,

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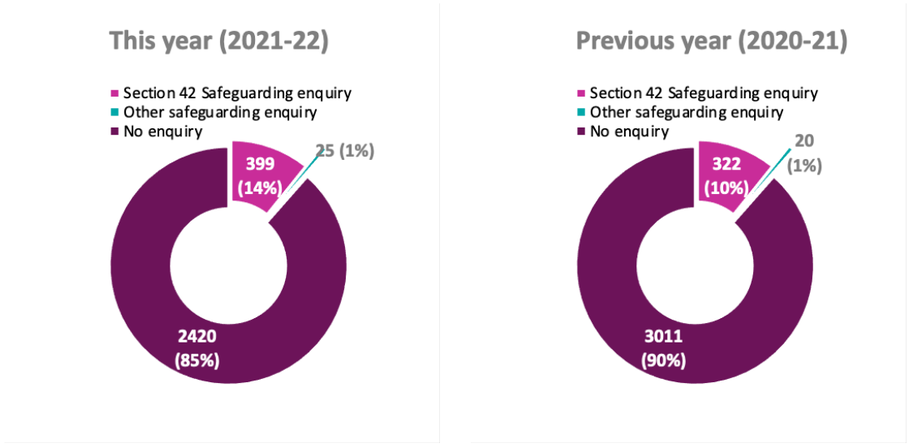
but suggested Jayen contact the Financial Conduct Authority (FCA) to see whether the company had been registered under a different name. It took Jayen some time to getting around to do this, but when she finally contacted the FCA, she was horrified to discover that no such pension provider existed and that she had been victim to an elaborate and sophisticated international scam.

A safeguarding enquiry was started involving the police, trading standards, adult social services and mental health services. Although it is doubtful whether Jayen's pension pot will ever be returned to her, services are working together to help and support Jayen's mental health, which has deteriorated further since the discovery of the scam. The local authority is in the process of applying to become appointee for Jayen's benefits while she lacks the mental capacity to manage her financial affairs. The police are working with international police forces and have made some encouraging progress in identifying the criminals behind this pension scam.

* Names and some details have been changed to preserve anonymity

5. Safeguarding concerns to enquiries 'conversion rate'

A similar number of safeguarding concerns to last year and a similar 'conversion rate'



* 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

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 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.

Our conversion rates in recent years have ranged between 10 - 15%, which are 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.

We continue to train staff to ensure they apply the framework correctly. We continue to carry out case file audits and workshops for social workers around safeguarding adults to ensure 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.

We have introduced a weekly safeguarding closure panel and surgery to support practitioners in their safeguarding practice.

The **national data for 2021/22** allows us to benchmark our data. Data from previous years is also available from **NHS Digital website**.

Benchmarking has also been done against the **Third Covid Safeguarding Insight report**, which shows that the level of safeguarding concerns in Islington were broadly consistent with national trends during the year. Nationally, there was a slight increase in concerns on last year despite initial fears that referrals could drop with lockdowns. Nationally, there was an increase in domestic abuse and in the overall complexity of concerns.

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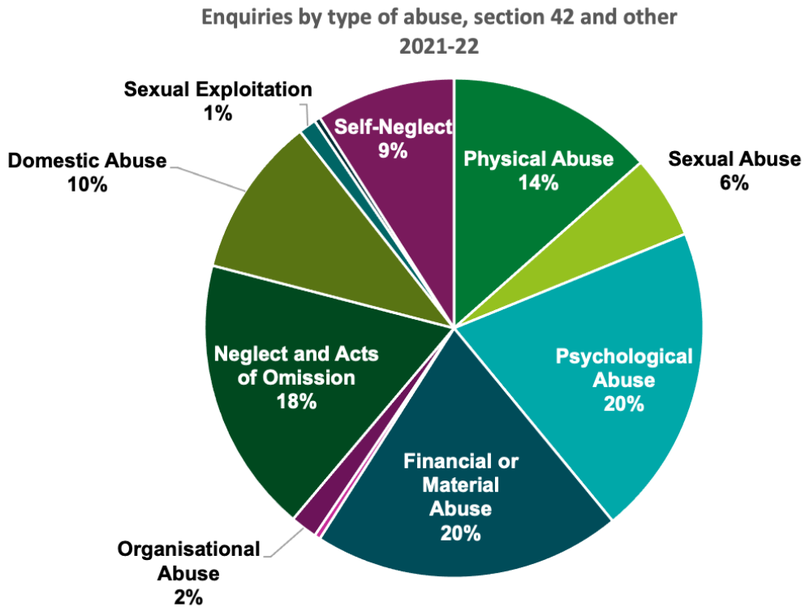
6. Types of abuse



The different types of abuse about which we made safeguarding enquiries during 2021-22 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 2021-22 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. However, neglect cases have reduced from 26% last year to 18% of cases this year. This data obscures the feedback from practitioners that during the pandemic the complexity of cases has increased.

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

Approximately 200 people attended the very well-received Multi-agency pressure ulcer and safeguarding training delivered by a tissue viability nurse.

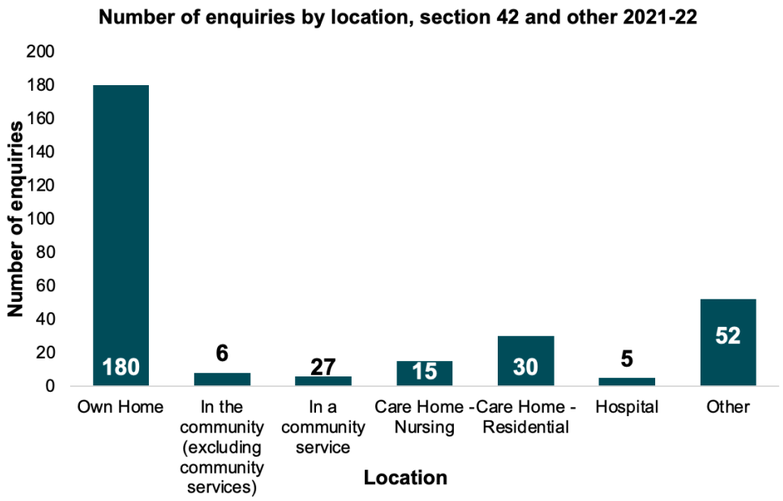
"Great presentation. It may have been fast but it captured all the essential information and I am more informed now than I was an hour ago! "

"Thank you very informative session :) "

"Very well presented. Good quality information. Thanks"

7. Where abuse took place

Abuse and neglect in care homes and hospitals tend to grab headlines. Because of this people may 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. Lockdown restrictions prevented access to people's own homes, which made the task of carrying out safeguarding enquiries more complex. But as set out in section 1 of the report and as demonstrated by the graph below, partners adapted their practice and provided guidance for staff to enable effective enquiries.



Note: Hospital admissions have been grouped together due to small numbers being potentially disclosive

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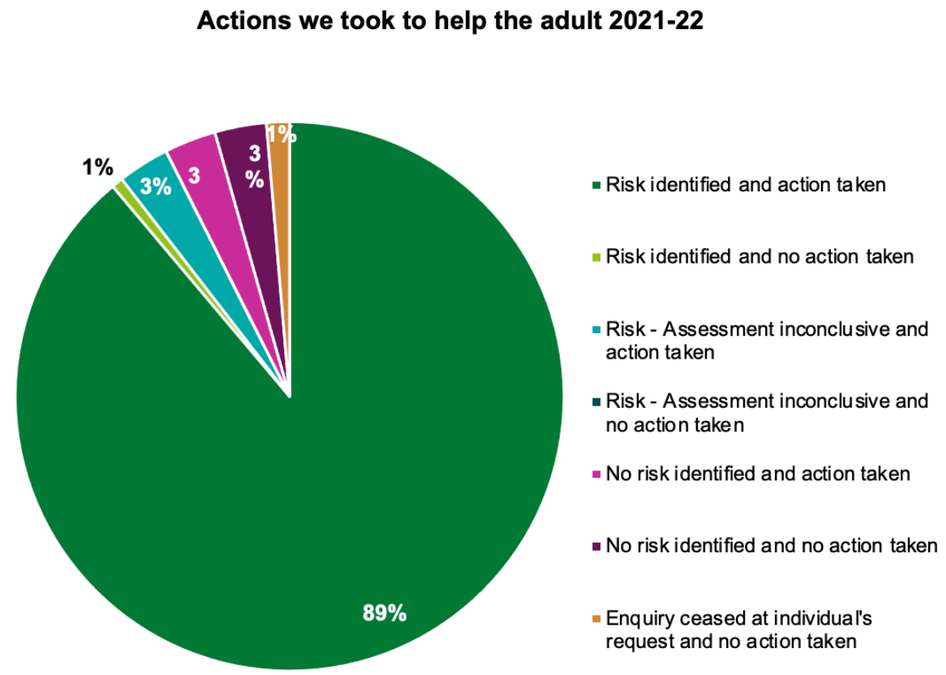
8. Action we took



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

The graph above is based on the safeguarding enquiries that were closed in 2021-22. 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 89% of the cases, unchanged from last 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, use of safeguarding surgeries and safeguarding case closure panel, we 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.

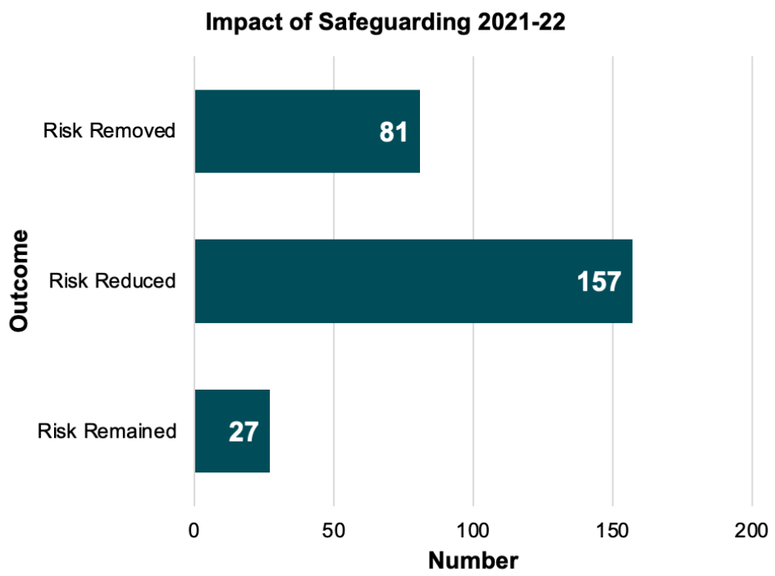
In 1% of the cases a risk had been identified but we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no significant ongoing risk to the adult.

In 1% 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. We also ensure that in all safeguarding cases that we assess as 'risk remains', the safeguarding is reviewed soon after to further support the adult.



This graph is based on the number of closed Section 42 enquiries in 2021-22 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 submission of the year end data to NHS Digital.

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10. Making safeguarding personal

Putting the victim first is 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 and forms one of the principles of our new 3-year strategy for 2022-25.

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.

Under the Care Act 2014, the safeguarding adults board has a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard the adult.

Referrals for Reviews

Two cases were referred to the Safeguarding Adults Review subgroup for consideration as a Safeguarding Adults Review.

The issues raised in the referrals included concerns about:

- Neglect, poor care and out-of-date care plans
- Self-neglect and refusal of care
- Poor communication between agencies
- Fire risks
- Lack of professional curiosity

The subgroup agreed that both cases met the threshold for a Safeguarding Adults Review (SAR). Although one of the SARs has concluded, neither of the cases has been published yet. There is some valuable learning to be extracted from these two cases, the Safeguarding Adults Review subgroup will hold multi-agency learning events and relevant recommendations will be published in next year's annual report. In addition, 7-minute briefings will be published to help disseminate the key learning points to staff and volunteers across the partnership.

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Learning from other reviews

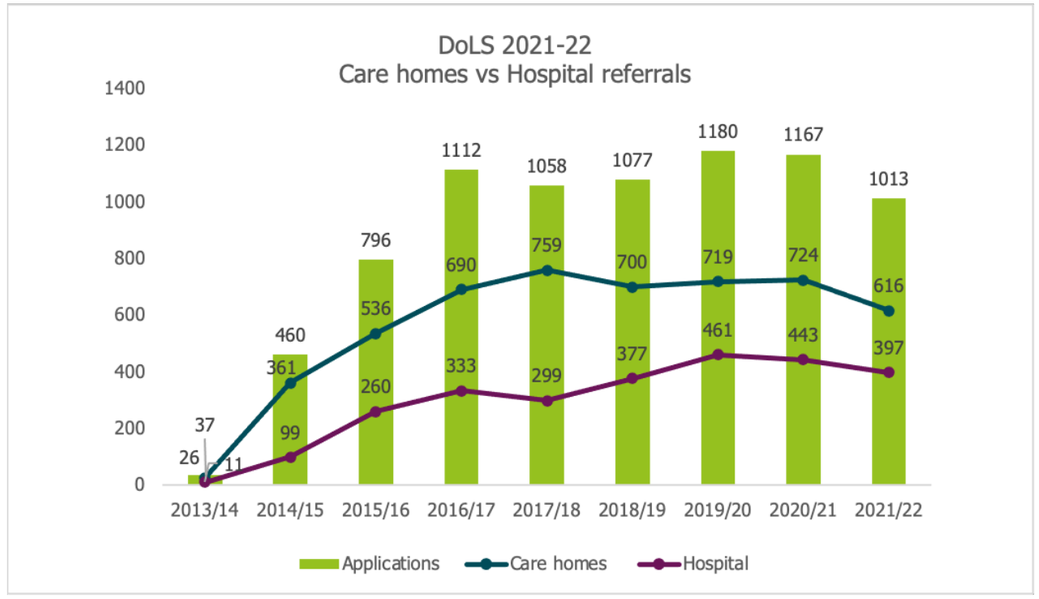
Learning from other types of review, such as Domestic Homicide Reviews, Coroner's Inquests, as well as SARs from other Boards is shared with our partners. This ensures learning from other places are embedded into practice and maintain good practice.

Our Prevention & Learning subgroup published a series of 7-minute briefings from previous SARs and reviews to help embed key learning points. The subgroup undertook a thematic analysis of serious cases in Islington in recent years and identified that a better understanding of some parts of the Mental Capacity Act is needed. A thorough understanding of how to use the Mental Capacity Act is important, not just for social workers, but for many other staff and volunteers in our partner organisations.

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.



Referrals during the year were at similar levels to previous years, and over the last six years referrals have been levelling off.

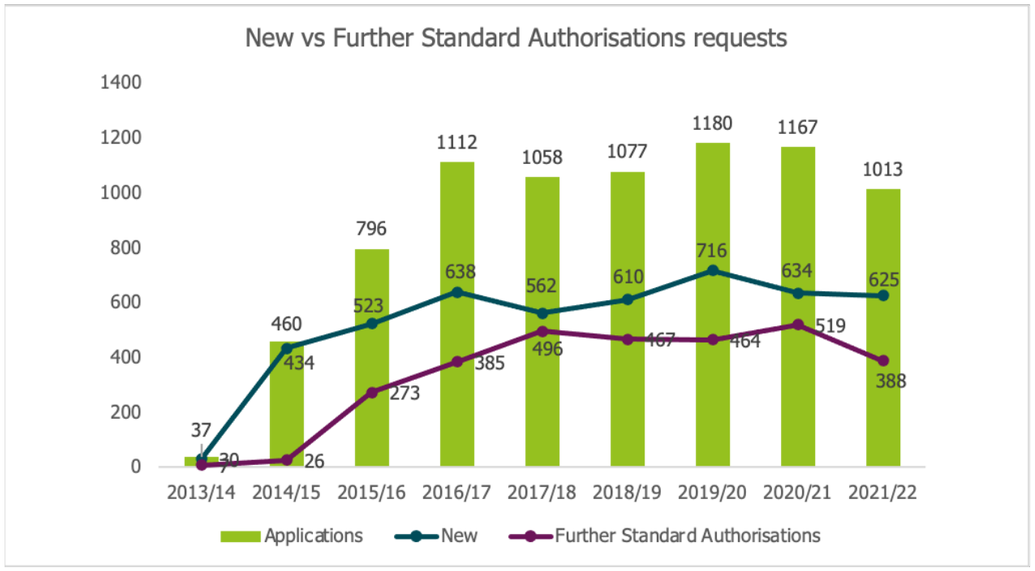
The majority of DoLS referrals (61%) are from residential care homes.

New referrals decreased by 25%. This was because during the initial phases of the pandemic the supervisory assessments were being completed virtually and the supervisory body agreed only to short authorisations for these cases. Since assessments have returned to face-to-face, this has allowed longer periods of authorisations to be put in place.

COVID-19 Pandemic

Throughout the Covid-19 the Islington DoLS office has continued working. We took account of government guidance, best practice and worked with our Residential Care Homes and hospitals to ensure the DoL Safeguards are implemented in a sensitive and proportionate manner taking account of the enormous pressures care homes and hospitals were under.

In 2021, after the relaxing Covid-19 restrictions, we returned to face-to-face assessments to assure best safeguarding practice. Out of 616 Best Interests Assessments only 150 were completed remotely. These were mostly prior to Covid-19 rules relaxation and for out-of-London cases. Since the start of January 2022, despite periodic care home lockdowns, our assessors consistently assessed face-to-face rather than virtually. Out of 215 Best Interest Assessor assessments, only 2 were carried out virtually.



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Safeguarding through DoLS

Where DoLS assessments identified care provider quality issues, these were recorded and then reported to RADAR meetings. Safeguarding concerns identified through DoLS assessments by paid Relevant Person's Representatives in their regular monitoring were passed onto social work teams.

If and when the resident under DoLS or their representative expresses objection to their placement, the social work teams are notified, and consideration is given to putting in place a paid Relevant Person's Representative to help facilitate a Court of Protection (COP) referral if appropriate. At year end, 11 active COP cases were subject to Section 21 challenges.

We continued to work closely with Islington Legal Department and Children's Social Care ensuring a joined-up approach for young people who will need to transition to the DoLS process.

Conditions and recommendations

The Supervisory Body attached conditions or recommendations to DoLS Standard Authorisations in 50% of all granted authorisations. This was 10% more than the previous year. Conditions were specifically attached to lessen the restrictions that the Relevant Person was subjected to.

Good examples of conditions or attached recommendations included:

- Improving access to social activities or community
- Review of care plan /needs
- Review of medication used to manage the behaviour of Relevant Person
- Request for a specialist assessment by the care home (i.e. Occupational Therapy, Speech and Language Therapy, Mental Health assessment)
- Review of physical restraint used
- Safeguarding alerts & 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 age 16 and over
- 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

People who have their freedoms restricted to help them receive the best care and treatment will be put at the centre of a new system designed to better protect their human rights.

To inform this process, the Government has launched a consultation to update the Mental Capacity Act Code of Practice. This will identify better ways to support those with dementia, acquired brain injuries, learning disabilities and autism who may need assistance with their everyday decision-making but lack mental capacity to make decisions in their best interests.

The new system of 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 further delayed while it consults on the Code of Practice and EasyRead version.

The LPS will replace the Deprivation of Liberty Safeguards (DoLS) as the system to lawfully deprive somebody of their liberty. We have been working since 2019 to prepare for implementation of the new system locally.

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Next steps

We are proud of what we've achieved in the last year. But as we look ahead, we have further to go in safeguarding adults. There is no single solution to ending adult abuse and neglect. Tackling it requires creativity, energy and commitment from all our partner organisations in Islington.

We've got three years to work towards achieving the aims set out in our 2022-25 strategy. Additional issues we will be taking into account are:

Rising cost of living

At the time of writing this report, inflation, with the resultant squeeze on living standards, is driving much public debate. What's less spoken about, are the knock-on effects on adult safeguarding.

- When energy prices rise, poorer people switch to using candles and open fires. This increases the fire risk and can be particularly dangerous for adults with care and support needs who are on oxygen, require bed care or use emollient creams.
- When there's a cost-of-living squeeze, scams and theft increase. With the infirm and disabled seen as soft targets, they are often disproportionately affected.
- Self-funders of care are more likely to defer a move to a care home or reduce the number of domiciliary care hours they receive, putting them at risk of neglect, or self-neglect.
- The financial viability of care homes and domiciliary care providers may be affected, either resulting in poorer care standards or risk of sudden closure leaving residents without a place to live and/or care.
- With dwindling savings and increasing expenses, mental health conditions such as depression, anxiety and suicide are expected to increase.
- Domestic abuse can be triggered or exacerbated by money tensions in a relationship or former relationship.

Our Service User & Carer subgroup is rightly concerned about these possible effects on safeguarding. Consequently, we will be vigilant in monitoring data and trends and take preventative actions where possible.

Integrated Care Boards

With the introduction of the Health & Care Act, each area in England now has an Integrated Care Board and an Integrated Care Partnership. They are responsible for bringing together local NHS services and local government, such as social care, mental health services and public health advice, to deliver joined up care for the local population.

In doing away with Clinical Commissioning Groups, this shakes up the way local health services are delivered and is likely to have implications for local safeguarding adults arrangements.

We will keep a close watch on how these changes unfold locally and work together with the Integrated Care Partnership to address any gaps.

Creative Solutions to risk management

Learning from previous serious cases suggested we needed to implement a clearer risk management escalation pathway. After scoping various models used elsewhere, the Board has decided to trial a Creative Solutions Panel and pathway for multi-agency escalation of the most complex, highest risk cases.

We are hopeful that this approach will have a significant and positive outcome for adults at risk.

During the next year, we will be reviewing and refining this approach to case risk management.

Liberty Protection Safeguards

The implementation of the safeguards was delayed by government. This has allowed us additional time to prepare for adopting these important new systems and procedures.

Learning

We are committed to learning from serious cases. These cases are always sad and distressing for families, friends and the professionals involved, more so when we believe the situations could have been prevented had agencies worked better together.

We will continue to work on the learning flowing from the 'Gertrude' Safeguarding Adults Review.

A Safeguarding Adults Review into the death by choking of an Islington resident placed in Liverpool contains learning for our partners. Working together with Liverpool Safeguarding Adults Board, we will ensure learning from this case is embedded locally.

Our Safeguarding Adults Review subgroup is commissioning a Safeguarding Adults Review into the fire death of a resident. It is heartening to note that many of our partners are already starting to implement change ahead of the independent reviewer's report. When the report is ready, we will ensure recommendations are followed up.

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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

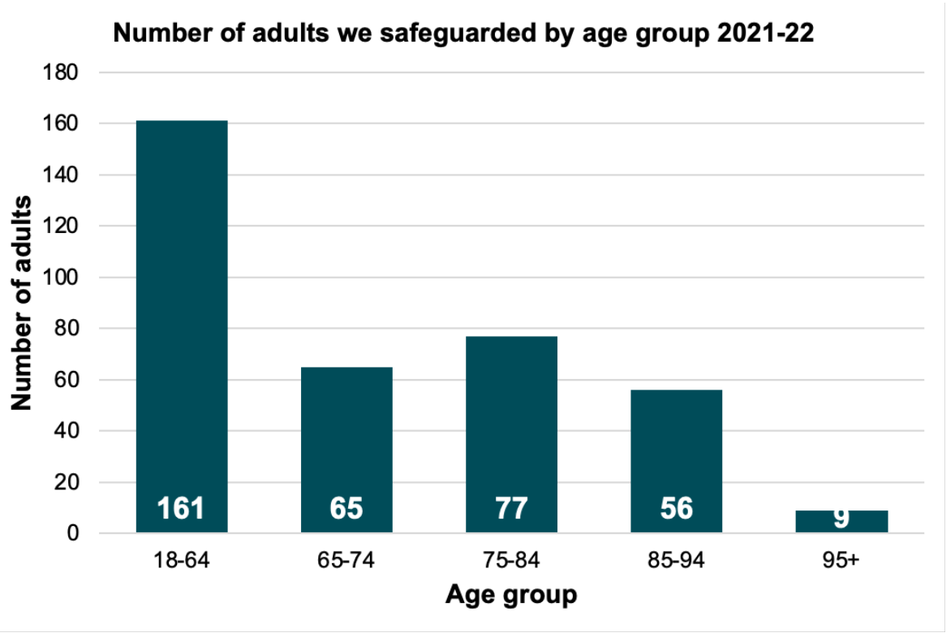
Making sure we safeguard everyone

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.



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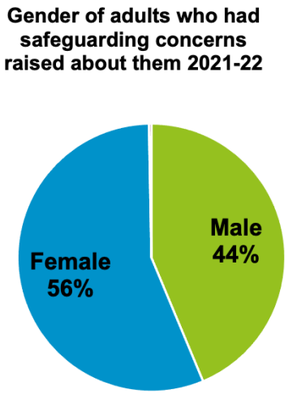
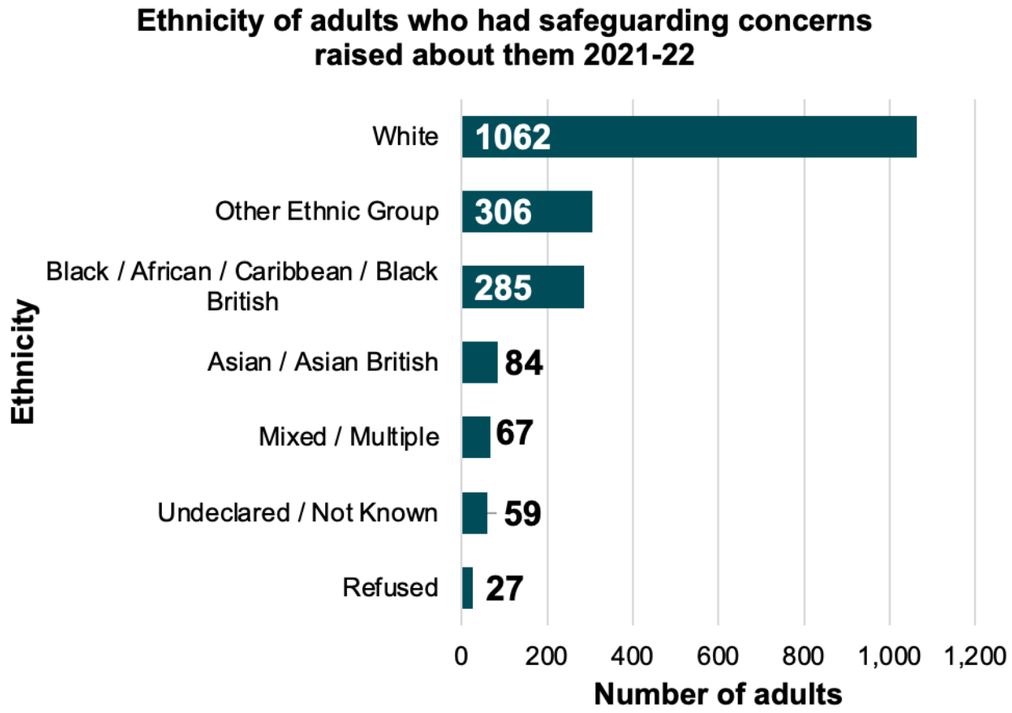
The chart on the previous page shows that this year (as in previous years) there were a lot of safeguarding concerns about people over 65 years of age. This is consistent with national and international research which shows that the older an adult is, the more likely it is that they will come into contact with services trained to spot signs of abuse and neglect. We know that adults with care and support needs are more at risk of abuse, so as adults become frailer, sadly they also become more at risk. Therefore, it appears we are continuing to do well- staff across our partner agencies, including voluntary, faith and community services, are vigilant and our awareness campaigns are encouraging people to come forward and report suspected abuse of older people.



This chart shows the same gender proportions as 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.

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 continue to foster among practitioners the need to ensure appropriate opportunities for transgender people and other groups receive awareness raising information and share concerns.



The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year.

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.

Our data shows that adults who identify as white are slightly over-represented in safeguarding data, while most of the other ethnicities are under-represented. We want to understand why some ethnicities are less likely to have safeguarding concerns reported about them. It may be that there are language barriers and that our awareness-raising materials are not reaching some communities. Or, it may be that some communities are less likely to trust services to respond sensitively to their concerns. To gain a better understanding of the issues, we have included an equalities strand of work in our new 3-year strategy for 2022-25.

We will also promote safeguarding adults through our range of leaflets and community language leaflets (Bengali, Chinese, Urdu, Greek, Turkish, Arabic and Somali). Using these and through engaging with local communities we help to ensure that safeguarding concerns are not being missed.

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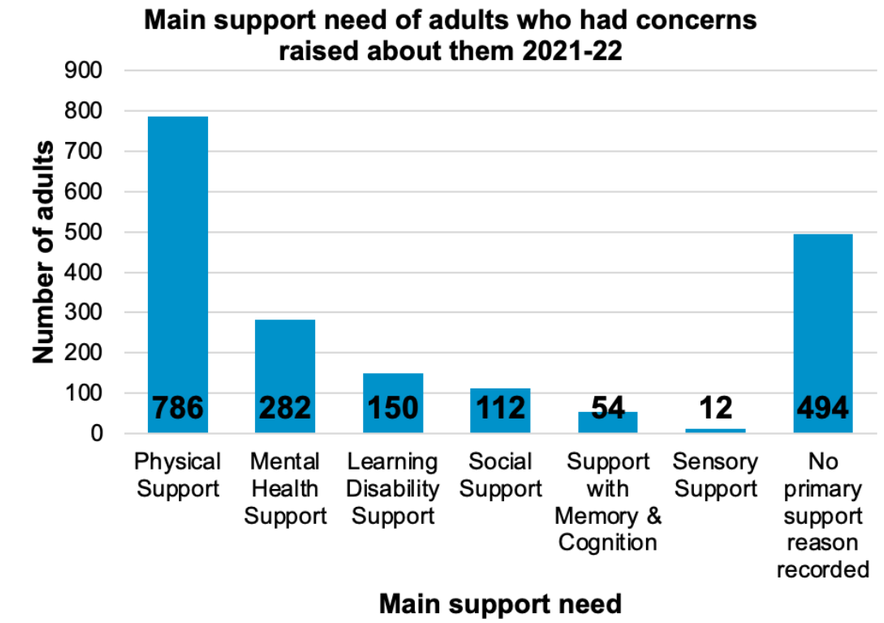
Sexual orientation of adults safeguarded during the year

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 continue to 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 on this aspect of equalities in our strategy for 2022-25. This will allow us to get a better understanding of any barriers this group may experience in accessing safeguarding support.

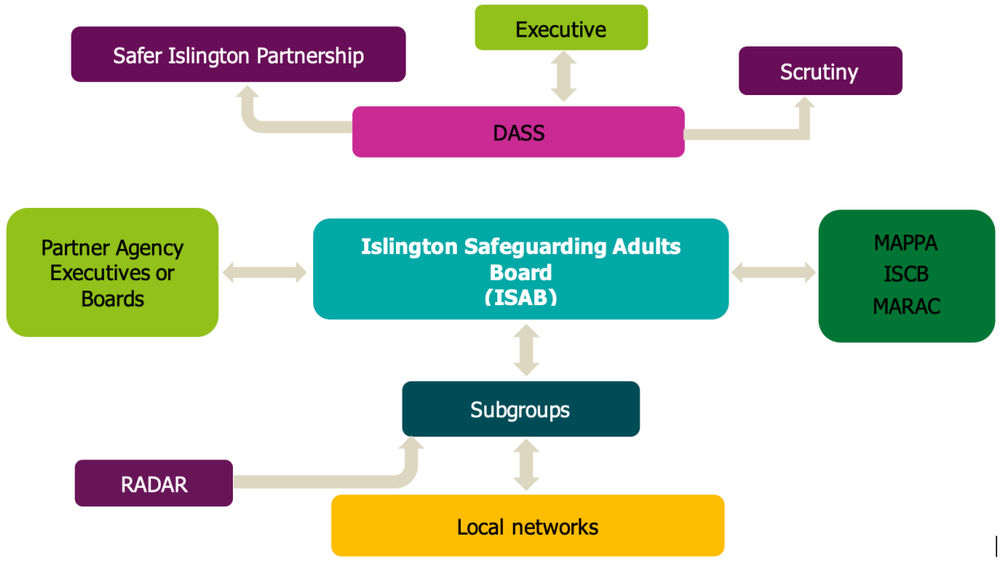


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that 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 group looks at crime and community safety. It involves the council, police, fire service, voluntary sector and others.

DASS — Director of Adult Social Services (DASS) is responsible for setting up and overseeing the ISAB

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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.

RADAR — This group looks at the quality of care providers in Islington.

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 our meetings. We hold quarterly Board meetings. Due to the demands of the pandemic on our partner organisations, we did not hold a challenge event.

The tables here set out the organisations represented at board meetings and subgroup meetings throughout the year.

Islington Safeguarding Adults Board Meetings	Board Meeting 12 May 2021	Board Meeting 21 July 2021	Board Meeting 3 Nov 2021	Board Meeting 26 Jan 2022
Partner Organisation				
Independent Chair	P	P	P	P
Police	P	P	A	A
Islington Council	P	P	P	P
Islington Clinical Commissioning Group	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	P	P	P
London Fire Brigade	P	A	P	P
Camden & Islington Mental Health FT	A	P	P	P
Whittington Health	P	P	P	P
Community Rehabilitation Company	A	A	A	A
Probation	A	A	A	P
Safer Islington Partnership	A	A	P	A
Co-Opted Organisation				
Age UK Islington	P	P	P	P
Notting Hill Pathways	P	A	A	A
Healthwatch Islington	P	P	P	A
Single Homeless Project	A	P	P	P

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Islington Safeguarding Adults Board Meetings	Board Meeting 12 May 2021	Board Meeting 21 July 2021	Board Meeting 3 Nov 2021	Board Meeting 26 Jan 2022
Attendees				
Care Quality Commission	A	A	A	A
NHS England	N/A	N/A	N/A	N/A
Islington Council - Elected Councillor	P	A	A	P
General Practitioner	N/A	N/A	N/A	N/A
HMP Pentonville	P	A	A	A
Voluntary Action Islington	A	P	P	P

Key
P = 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 28 April 2021	Subgroup meeting 7 July 2021	Subgroup meeting 6 Oct 2021	Subgroup meeting 12 Jan 2022
Partner Organisation				
Chair (Clinical Commissioning Group)	P	P	P	A
Islington Council	P	P	P	P
Whittington Health	P	P	A	P
Moorfields Eye Hospital NHS Foundation Trust	A	A	P	P
Camden and Islington NHS Foundation Trust	A	P	P	P
Notting Hill Housing	P	P	P	A
Police	A	P	P	A

Safeguarding Adults Review Subgroup	Extra ordinary Subgroup Meeting 19 April 2021	Extra ordinary Subgroup meeting 26 April 2021	Subgroup Meeting 10 December 2021
Partner Organisation			
Chair (Police)	P	P	P
Islington	P	P	P
Single Homeless Project	A	A	P
Islington Clinical Commissioning Group	P	P	P
Age UK	N/A	N/A	N/A
Camden and Islington NHS Foundation Trust	A	A	A
Whittington Health	P	P	P
Moorfields	N/A	N/A	N/A

Prevention & Learning subgroup	Subgroup meeting 6 May 2021	Subgroup meeting 9 June 2021	Subgroup meeting 26 July 2021	Subgroup meeting 13 Sept 2021	Subgroup meeting 25 Oct 2021	Subgroup meeting 6 Dec 2021	Subgroup meeting 1 Feb 2022
Partner Organisation							
Chair (Moorfields NHS FT)	P	P	P	P	P	P	P
Islington Council	P	P	P	P	P	P	P
London Fire Brigade	A	A	A	A	A	A	A
HMP Pentonville	A	P	A	A	A	A	A
Notting Hill Genesis	A	A	A	A	A	A	A
Camden and Islington NHS FT	A	A	P	P	A	P	P
Whittington Health	A	A	A	A	A	P	P
CCG	P	P	P	P	A	A	A

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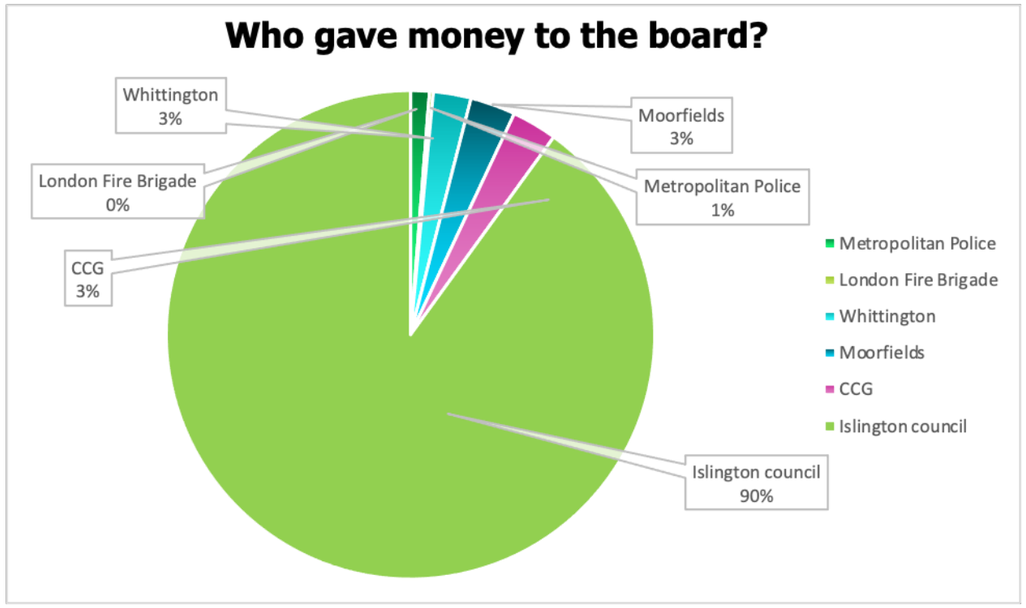
Appendix D [this section to be updated]

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.



As the above chart shows, Islington council financed 90% of the costs of the Safeguarding Adults Board in Islington. Islington CCG also 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.

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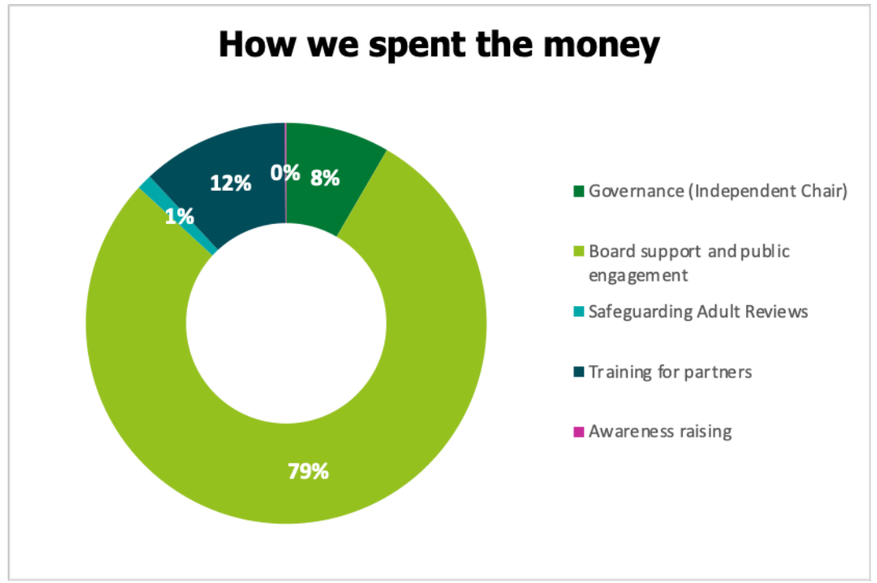

It cost roughly £200,302 to support the work of the Board during the year. This is an increase of approximately 6% on last year's expenditure.

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.

Although direct costs for awareness-raising account for less than 1% of the board's expenditure, in reality several of the board support staff are routinely engaged in awareness-raising work as part of their daily 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**.

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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.

Liberty Protection Safeguards
A new set of safeguards which will replace the current system of Deprivation of Liberty Safeguards

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.

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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 services. For example, it may refer someone 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.

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
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:
Islington Community Safety **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.

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Thanks for reading!

We hope you enjoyed reading this review. For any questions, feedback or further detail, please email: **safeguardingadults@islington.gov.uk** or write to us at:

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