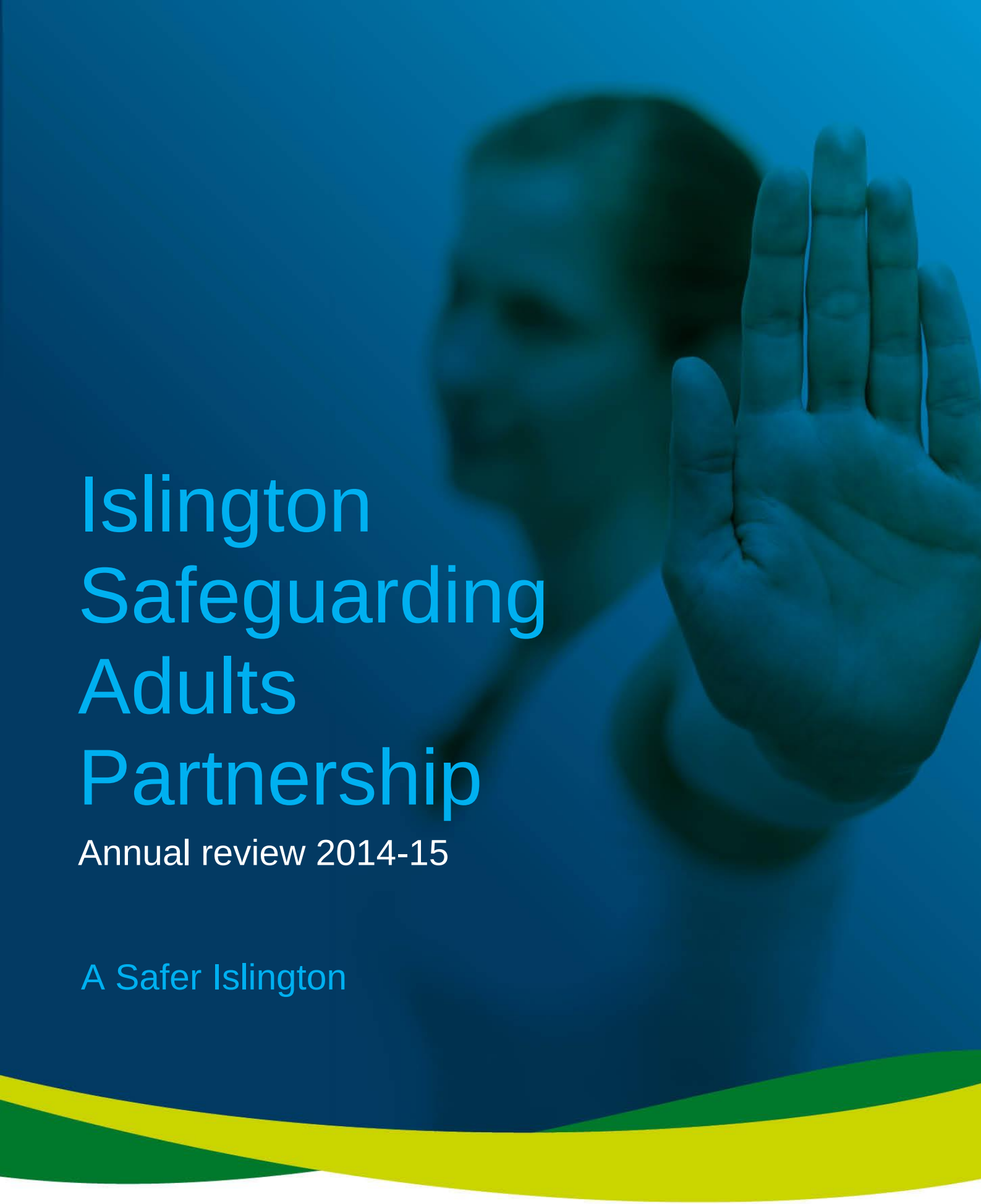


Islington Safeguarding Adults Partnership

Annual review 2014-15

A Safer Islington

NHS

METROPOLITAN POLICE

ISLINGTON
Working in partnership

Foreword

Thank you for your interest in safeguarding adults in Islington. As independent chair of the Adult Safeguarding Board I am pleased to be introducing this Annual Report. This has again been a challenging year for the partnership with all partner organisations experiencing significant challenges in this period of austerity. Nonetheless we have done everything we can to ensure we keep adults at risk as safe as possible.

The partnership has continued to strengthen this year and the contributions of all partners are detailed in this report. Islington Clinical Commissioning Group has been a great support in helping to ensure good quality services are available in Islington, particularly by providing advice on good medical and nursing practice. Their work has helped to greatly improve the quality of care provided in nursing homes in Islington. The Metropolitan Police continue to play a key role in the partnership and their support and advice has been greatly valued. The local NHS Trusts have all helped to provide examples of good practice and contributed willingly to the work of the Board. The voluntary sector partners and Healthwatch help us to keep in touch with the wider community in Islington. The London Fire Brigade has been key to helping us with our preventive work. This year we have also involved Probation and the local prisons with our work. I am very grateful for the support of all partner organisations and the safeguarding team in developing our work.

We have continued to raise public awareness about what adult safeguarding is and how people can report concerns they may have about an adult at risk. All partners have contributed to this work and ensured that information about adult safeguarding is included in their public events. The number of referrals for investigation as adult safeguarding enquiries continues to increase year on year. Financial abuse is a significant issue in Islington representing a quarter of all referrals and we will work with financial institutions and the police to minimise this. We have heard nationally in recent years of cases where adults have suffered harm in care homes and hospitals. We continue to work with Clinical Commissioning group to monitor the quality of these services in Islington. More than half of the alleged abuse in Islington occurs in peoples own homes and we rely on the vigilance of local organisations and people to bring these to our attention.

I would particularly like to thank Sean McLaughlin Director for Housing and Adult Social Services at Islington Council for his support, thoughtfulness and enthusiasm. I would also like to thank the Councillors in Islington for their interest and encouragement. Particular thanks are due to Councillor Janet Burgess whose unfailing support and dedication is hugely valued. Lastly I would like to thank the people of Islington for their vigilance.

Marian Harrington
Independent Chair
July 2015

Contents table

About us

We are a partnership of organisations in Islington all committed to working together. All our work is centred on safeguarding adults at risk from any kind of abuse and neglect.

Who makes up the partnership?

Age UK Islington – Andy Murphy, Chief Executive Officer

Camden and Islington NHS Foundation Trust – Claire Johnston, Director of Nursing

Camden and Islington Probation Service – Senior Probation Officer

Care Quality Commission – Jane Ray, Compliance Manager

Crown Prosecution Service – Borough Prosecutor

Healthwatch – Geraldine Pettersson

Independent Chair – Marian Harrington

Islington Clinical Commissioning Group – Martin Machray, Director of Quality and Integrated Governance (and Vice Chair)

Islington Clinical Commissioning Group - Dr Rathini Ratnavel

Safer Islington Partnership – Alva Bailey, Head of Service, Community Safety, Islington Council

Islington Council – Sean McLaughlin, Corporate Director for Housing and Adult Social Services

Islington Safeguarding Children Board – Wynand McDonald, Board Manager

London Ambulance Service, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington – Patrick Goulbourne, Borough Commander

Metropolitan Police, Islington – Paul Cheadle, Detective Chief Inspector

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

Notting Hill Housing Trust – Lyn Lewis, Head of Operations

Single Homeless Project – Liz Rutherfoord, Chief Executive

Whittington Health NHS Trust – Christine Dyson, Deputy Director of Nursing & Patient Experience

Introduction

This review looks at what we, the Islington Safeguarding Adults Partnership, have done in the last year to safeguard adults at risk in Islington.

Anyone can be vulnerable to abuse or neglect, but adults who have disabilities, mental health needs, who are ill for a long time or are older, are particularly vulnerable to abuse or neglect.

Safeguarding in the Headlines

In April 2015, **The Care Act 2014** came into effect. This Act requires Local Authorities to set up Safeguarding Adults Boards and for the first time gives a clear legal basis for taking action to safeguard adults.

The Act also puts in place a legal framework so that key organisations and individuals can agree on how they work together, for example, the local authority, the NHS and the police as well as a range of other local organisations. In Islington, we have been preparing for our new responsibilities under the Care Act. We are confident that we have in place a Safeguarding Board which represents a range of different organisations who play a key role in safeguarding adults. We have been negotiating a new **Constitution** for our partnership to better reflect the work we will be doing together under the Care Act.

We are positive that the new legislation will strengthen and enhance the work that we have already been doing with adults at risk who have been exploited or abused.

New categories of abuse have been recognised in the Care Act. They are:

- Modern slavery
- Domestic abuse
- Financial abuse
- Self-neglect

Under the new legislation, carers' vulnerability to abuse must also be considered.

Other developments

Over the last year there have been many other developments across the country relevant for safeguarding adults. Here are just a few:

- The Care Quality Commission has a new model for inspecting care homes, hospital and other providers. The new standards have a greater focus on dignity and compassion.
- A Fit and Proper Person test has been introduced for managers of care provider organisations.
- An independent review into creating an open and honest reporting culture in the NHS has been conducted by Sir Robert Francis. The report includes recommendations on how to encourage whistle-blowing in the NHS.
- Much attention has been given to the Government's national and global Dementia Challenge – a programme of action to transform the health care of those with dementia.
- The Department of Health is collecting different data on safeguarding adults. This means we are able to report more fully on what steps we are taking to safeguard adults at risk of abuse and neglect.

- The Modern Slavery Act has passed into law. It is the first of its kind in Europe to specifically address slavery and trafficking in the 21st century.

News on prosecutions

For the first time in the UK, a female genital mutilation case was prosecuted. The case was brought against a doctor working in the Whittington Hospital but he was found not guilty.

Significant cases

The so-called 'Cheshire West' case has triggered a surge in Deprivation of Liberty applications across the country. This has placed pressure on all councils and social workers and frontline staff as they have had to deal with the increase in demand. Islington is no exception to this. Read more about how we are dealing with this in Section 11.

The Government has asked the Law Commission to look at how deprivations of liberty law could be improved. Consultation on draft proposals will begin in July 2015 and a draft bill is expected in 2016. It is likely that the bill will extend local authorities responsibilities for authorising Deprivation of Liberty Safeguards (DoLS) in community settings, for example supported living placements. Currently these need to be authorised by the Court of Protection.

You said, we did

We listened to what you told us. You asked us to do more to raise awareness about safeguarding adults and seek out people who might be harder-to-reach.

So, we focused our attention on 'Safeguarding Week' in early June 2014. Every year, we hold a community conference, but we wanted to make sure that we connected with a wider audience too and had more impact on people who would not otherwise come to an event such as our Community Conference. To do this, we held two community outreach events alongside our usual community conference.

Community outreach

We took safeguarding to the public by having:

- An information stall at the **Whittington Hospital NHS Trust**. This busy hospital was an ideal place to capture the through traffic of patients and staff. Patients were interested in our safeguarding work; and staff showed interest in our Mental Capacity Act and Deprivations of Liberty Safeguards work.

- An information stall in **Chapel Market**. This proved very popular and we spoke to a large number of people raising awareness of neglect and abuse, particularly financial abuse. Many people discussed their personal concerns and worries with us.

Community Conference

Themed 'Safer You, Safer Community, this year's **Community conference** was well received. The conference is generally well attended and this year was no exception (84 people) .The target audience was service users and members of the general public who were older people. There were presentations from:

- Age UK on how they support older adults who may feel unsafe in their community
- Trading Standards who raised awareness about the latest scams and doorstep crimes and,
- The Community Safety Partnership. 'Your Life, Your Say', a service user drama group based at Outlook Islington presented the conference with a dramatized scenario called 'Vulnerable Street'. The drama scenario explored concepts of safety in the community and sources of support.

Progress with our strategy

We are working harder than ever to safeguard adults from abuse and neglect in Islington. Our aim is to keep adults in Islington safeguarded from harm and at the forefront of all our activity.

We keep our vision statement in mind: “to improve safety and people’s feelings of safety by promoting the right of all who are vulnerable to abuse to live free from abuse and negelct”.

To ensure that we are effective in our efforts, we work to a 3-year strategy, with an annual delivery plan. Our strategy is based on 6 key areas of work. These 6 key areas are shown in the diagram below. For each key area, we agreed we would work on several actions. Our progress in achieving these is set out below.

Each member organisation in our partnership shares in implementing our strategy. Although Islington Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our overall strategy. On the next page is a list of specific pieces of work our partners have undertaken during the year:

Moorfields Eye Hospital NHS Foundation Trust - To ensure that patients are kept at the centre of safeguarding action, Moorfields completed a policy review to ensure that patients/service user's preferred outcomes are recorded in patient records. Learning from the review was shared with staff.

Whittington Health NHS Trust – To help embed the Mental Capacity Act (MCA) in everything they do, a barrister delivered six Mental Capacity Act training sessions to staff, including junior doctors. The MCA code of practice document is now available in every clinical area of the Trust. Whittington Health has made progress on integrating various reports and developing information systems relevant to safeguarding adults, including the use of Datix information. They are also reviewing their Incident Policy and Complaints Policy. The Whittington safeguarding lead now attends the Pressure Ulcer forum. To embed safeguarding in staff supervision, Whittington Health NHS Trust now has a weekly multi-disciplinary team meeting in the emergency department to discuss complex cases. This promotes good practice through sharing. Training materials have also been updated and adult safeguarding training has now been delivered to 70% of staff. Mental Capacity Act training has now been delivered to 150 staff members. Whittington Health have updated their PREVENT (anti-radicalisation) policy. PREVENT is now involved in Level 2 safeguarding training for staff.

Camden & Islington Mental Health Foundation Trust – An action plan has been developed and is being implemented to ensure embed the Mental Capacity Act in everything they do.

Islington Clinical Commissioning Group – To ensure that all commissioned services comply with the Mental Capacity Act, a set of key performance indicators (standards) are now included in all contracts. These standards will be monitored by the Designated Professional. The CCG has also commissioned Islington Council to provide the Mental Capacity function on its behalf.

London Metropolitan Police - In order to be able to show how they hold perpetrators of abuse and neglect to account, the Police have started to provide the partnership with data on some police actions. The Police have reviewed the way Vulnerable Adult cases are flagged on the Police crime recording system. This generates more reliable data and improves understanding of this group of people's access to criminal justice.

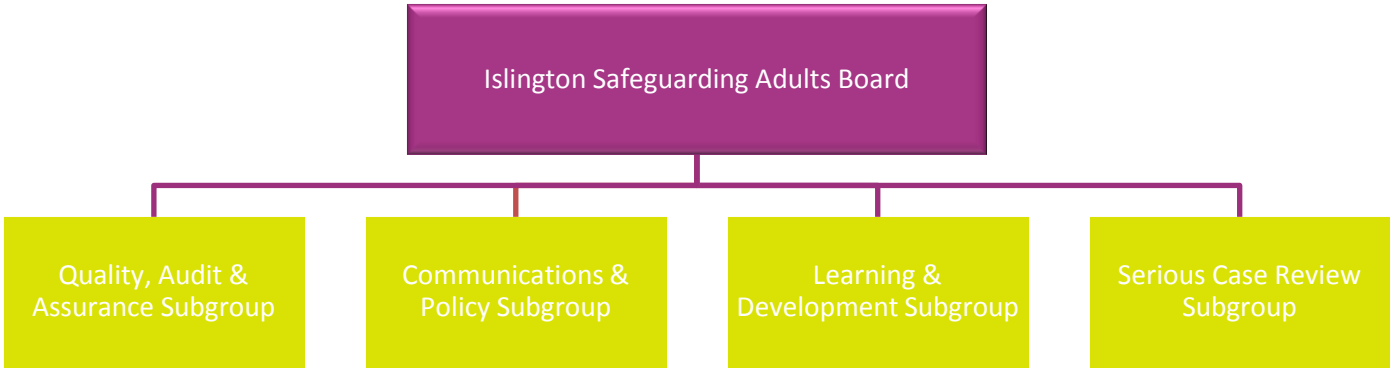
Islington Council – The Safeguarding Adults Unit continues to support front-line practice through the Leaders in Safeguarding Group. To help practitioners feel more confident about the role they play in securing justice, the Council's Internal Audit Service gave them advice and information on how to investigate financial abuse better.

The Safeguarding Adults Unit held two stalls, one in Chapel Market and one at Whittington Hospital to engage with the public and make it easier for people to report safeguarding concerns. A public awareness survey was conducted and learning from this was shared with relevant staff.

Single Homeless Project (SHP) – They have promoted safeguarding in supervision by revising their safeguarding procedure to ensure that safeguarding is added to all staff supervision agendas. SHP is mid-consultation with their clients on simplified leaflets that explain the safeguarding process, making it easier for them to understand the process.

London Fire Brigade – 1747 Home Fire Safety checks were carried out in homes of Islington residents. More than 90% of these visits were to people considered to be adults at risk of abuse and neglect. Thanks to partnership work between agencies, London Fire Brigade have been able to target residents identified as hoarders to ensure that preventative measures are put in place and the risk of fire death reduced where possible.

Much of the work towards achieving our strategy is done together. While the Board oversees the work, four board subgroups carry responsibility for implementing many aspects of the strategy. In many ways, the subgroups are the 'work horses' of the partnership. Dividing up the work and bringing partners together in subgroups makes sense. It allows for efficient and effective use of expertise and experience. The achievements of each subgroup during the last year are set out below.



1. Quality, Audit & Assurance

Key parts of the strategy for this subgroup include:

- Adults are protected from harm when they need to be
- Skilled staff and volunteers spot abuse and take timely, compassionate and proportionate action to ensure protection

As part of its work towards achieving the Boards strategy, the Quality, Audit and Assurance (QAA) subgroup considered various ways in which partners have sought the views of residents in Islington. Both formal and informal methods were looked at, with a significant focus on how partners handled and responded to complaints. The subgroup is looking at using partner data to better understand the service user/patient experience.

The QAA subgroup also got assurance from health partners on the work being done to link pressure sores with possible safeguarding concerns. London-wide protocols on pressure ulcers have been adopted and subgroup will keep a watch on how these protocols are being implemented.

Following on from the Inquiry into abuse at Winterbourne View, the QAA subgroup has continued to check that the government recommendations are being implemented locally.

Martin Machray
Chair
Quality, Audit & Assurance Subgroup

2. Communications & Policy

Our Communications and Policy subgroup focuses on:

- Making sure people in Islington know what to do if abuse happens
- Preventing abuse of people with care and support needs where possible.

Accessible information has been a continuing area of work for this subgroup. In addition to the range of leaflets in community languages, a safeguarding leaflet is now available in Chinese. More information about the work of the Board is now available in easy read format.

Creating a culture of compassion was a key part of the Board's plan for the year. This subgroup

developed an awareness raising plan on compassionate care, which targets both the general public and professionals. Information was shared with professionals on when and how to refer domestic violence concerns about adults at risk to MARAC (multi-agency risk assessment conferences).

The subgroup is also responsible for reviewing policies. To this end, we helped partner organisations to check their Care Act readiness by developing a policy checklist. With some recent serious cases in mind, we also circulated a self-audit tool to help partners check whether they have appropriate policies, procedures and practices in place on:

- non-engagement
- refusal of services
- carers
- domestic violence

Results of these self-audits were analysed and areas for improvement were identified.

Preventing abuse or neglect before it occurs is always better than addressing the harm after it has happened. That's why the government has suggested that Safeguarding Adults Boards develop Prevention Strategies setting out what they intend to do to prevent abuse. Our Communications and Policy subgroup held a Prevention Strategy workshop with a range of organisations in Islington. Using ideas generated from this workshop, a prevention strategy will be drafted and consulted on next year.

Simon Galczynski
Interim Chair
Communications & Policy Subgroup

3. Learning & Development

This subgroup focuses on people, particularly staff and volunteers, knowing what to do if abuse happens. It also is responsible for making sure skilled staff and volunteers spot abuse and take timely and proportionate protection.

A more diverse range of safeguarding adults courses is now being offered to staff and volunteers across the partnership. This includes drama sessions, which are an effective and accessible way of training large groups. An e-learning resource has been developed and is now available. This has opened up learning to a wider audience than before. The total number of people trained during the year was 1876 (an 18% increase on the previous year).

Much has been done to support the implementation of the Care Act through workshops, courses, briefings and the e-learning module.

'…..it was a pleasure receiving such good feedback from my staff team, on a trainer from Islington. The guys felt that you understood the dynamics perfectly and conveyed the information in a relevant and appropriate way. Thanks again…'

Feedback from a training course delivered to a provider of housing for lesbian, gay, bisexual and transgender people

Training courses continue to be well-received and feedback is generally very positive. The subgroup has assisted with quality assuring some of the safeguarding adults training courses offered by Islington Council. Innovative ways of providing learning, such as bite-size learning, out-of-hours learning and social networking websites continue to be explored.

We have reviewed the University of Bournemouth competency framework, which has been adopted by this partnership. This helped our understanding of how the competency framework is being used by employees and managers in Islington.

Neil Chick
Chair
Learning & Development Subgroup

4. Serious Case Reviews

The Serious Case Review subgroup has a role in making sure that serious cases are properly reviewed and any learning from them shared with partner agencies to avoid the same happening again in the future. Effective partnership is the focus of this subgroup in the partnership strategy.

During the year, there has been one Serious Case Review held in Islington. The findings have been shared with the Islington Safeguarding Adults Partnership Board and this subgroup has reviewed the recommendations. An action plan has been produced to address learning from this case. The Serious Case Review report has been published, and is available on the Islington Safeguarding Adults Board's webpages.

From the above review, various procedural issues were identified. Learning from this will inform the way future Safeguarding Adults Reviews will be carried out in Islington. Both the Mental Capacity Act and the Care Act will have significant implications for the way Reviews are carried out in the future. Shared learning from across the country is being reviewed to achieve practice in Islington in future reviews.

A Serious Case Review relating to an Islington resident was held in Haringey in 2013-14. The findings of the Haringey Serious Case Review were shared with the Islington Safeguarding Adults Partnership and this subgroup oversaw the actions required from the action plan during 2014-15.

A Domestic Homicide Review has been underway in Islington. The Serious Case Review subgroup is represented on the review panel. The case remains at an early stage due to judicial matters outstanding on the case.

We identified a need to amend the existing serious case review guidance. This was done and now Domestic Homicides are referenced and included in local arrangements.

Awareness-raising of MARAC (multi-agency meeting to discuss high risk cases of domestic violence) has continued amongst care managers and teams across health and social care. Members of the Serious Case Review subgroup contribute to the MARAC steering group, which ensures effective communication between the groups.

The subgroup has continued to be open to requests for Serious Case Reviews. At least two recent cases are likely to be put forward for review after the judicial processes have finished.

Paul Cheadle
Chair
Serious Case Review Subgroup

Experiences and Statistics

Statistics are very useful. They help us to understand how we are doing and compare our performance over several years. Statistics also highlight areas we need to work on. But statistics can hide the real people and situations. So, it is important to understand people's experiences, not just the statistics.

This section looks at both people's experiences and the statistics behind the work we do.

1. Experiences

No two safeguarding cases are exactly the same. Every person is different.

The only way we can truly personalise safeguarding is to find out about people's experiences of safeguarding. We do this in a variety of ways.

Auditing cases is one such way. Each month we carry out a small sample of cases to get a better understanding of what happened in the case. We also check that wherever possible people who were at risk of harm or abuse, got the outcome they wanted. Any learning or good practice is shared with professionals to help them develop their skills and improve service user experiences.

Service users and carers feedback is another rich source of information for us. We engage with them through various ways such as our community conference. People's feelings of safety are checked through surveys. Engaging with carers and service users and public is an area of work we want to develop further.

Our Quality, Audit and Assurance subgroup also reviews patient and service user compliments and complaints alongside data to get a more rounded picture of people's experiences.

2. Statistics

Alerts

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a 'safeguarding alert'.

In April-March 2013/14 we had **1165 alerts** about possible abuse.

In April-March 2014/15 we also had **1165 alerts** concerning a total of **913 individual people**. There has been no change in the number of alerts we have received. Although we have continued to raise awareness locally about abuse and neglect, there has been less national media attention recently and this may explain why the number of alerts we have received has not changed.

Case Study: Learning from feedback

Mrs A is the main carer for her husband, who has Parkinson's disease. Mrs A has an anxiety disorder, but it is generally very well managed. She gets short respite breaks from caring for her husband from a home care agency. Safeguarding concerns were raised about the standard of care given by the home care agency supporting Mr A.

A safeguarding case conference was held about the home care agency. Mr A was assessed as not having the mental capacity to take part in the safeguarding meeting. In line with best practice, Mrs A, as his next of kin was invited to attend. Mrs A appeared to agree with the decision in the meeting to place her husband in a care home. However, after the meeting, she told the social worker that the stress of the safeguarding process had triggered her anxiety symptoms again. She said she had been so anxious during the meeting, she hadn't been able to focus on the discussion and couldn't even remember what she had agreed to.

The professionals involved in the meeting reflected on this feedback from Mrs A. They agreed that Mrs A's own support needs in the safeguarding process had been underestimated. Mrs A was then offered advocacy to support and empower her in the safeguarding process.

Learning from this case has been shared with practitioners to ensure the support needs of relatives are fully considered in future. Learning from feedback is just one of the ways that we use to constantly refine and improve the safeguarding experience. The wellbeing of those we safeguard, and their carers, through the safeguarding process is important to us.

*Names and details have been changed to protect identities in all the case studies in this report.

Referrals

After an alert has been received, we then gather more information about the person and the concern. Once this has been done, we decide whether the case needs to be referred for investigation. A case that went on to be investigated is known as a 'referral'.

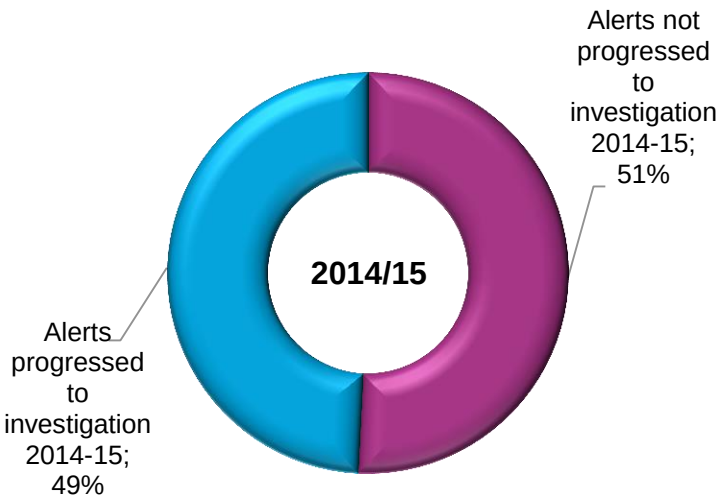
In 2013/14 we had **511 investigations (44% of the total alerts raised)** about suspected abuse.

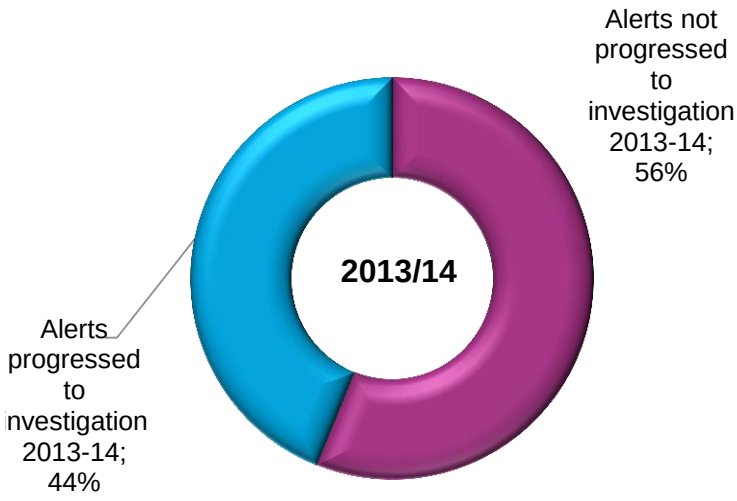
In 2014/15 we had **573 investigations (49% of the total alerts raised)**. This is an increase of 12% on last year.

Update

From April 2015 onwards, some of the terms we use, such as 'referral; will be changing. This is because the Care Act has introduced new terms for us to use. The term 'safeguarding referral' will be replaced with the term 'safeguarding concern'. 'Safeguarding investigations' will be known as 'safeguarding enquiries'.

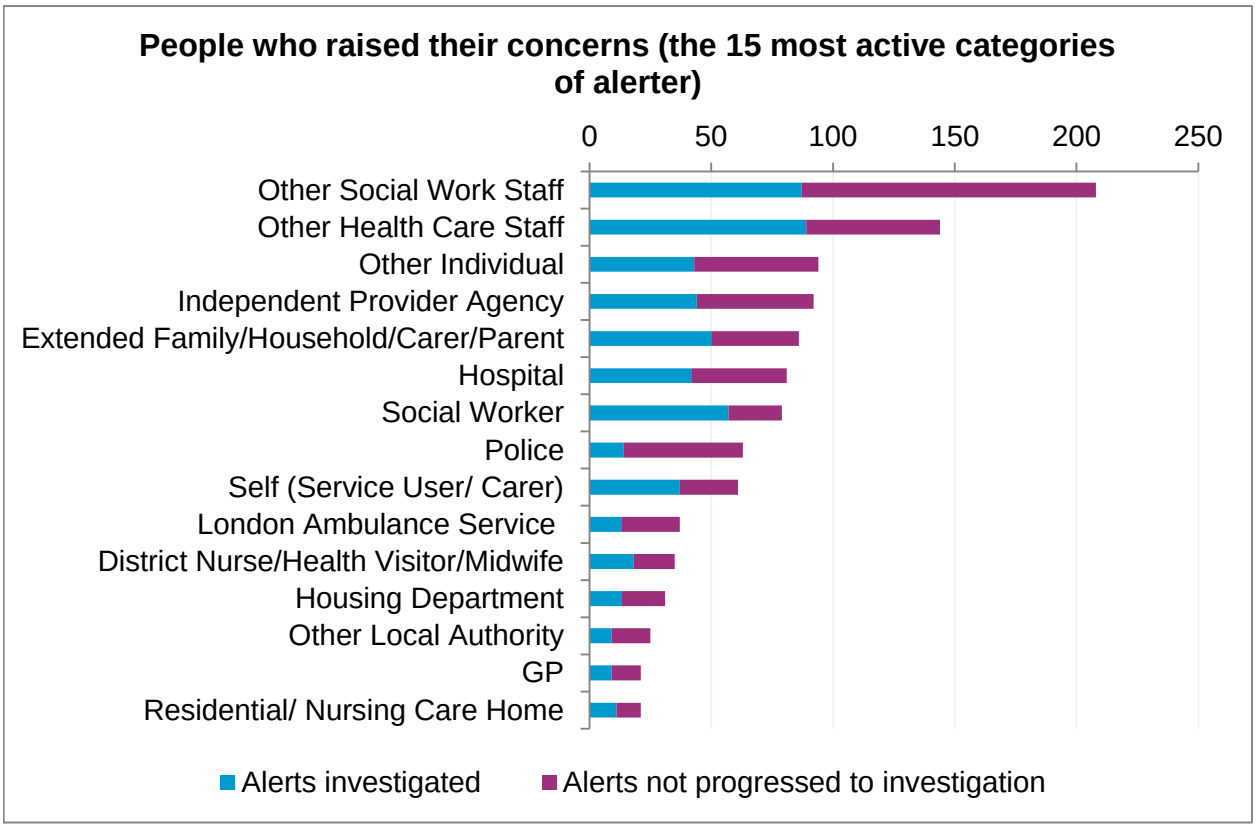
Safeguarding Adults 2014/15 & 2013/14: Alerts Proceeding to Investigations





This trend shows that people are getting slightly better at knowing when to report concerns about neglect and abuse. Sometimes, people are worried about an adult but when we look into it, it turns out not to be a safeguarding issue. In this situation, the Access and Advice team of social services will signpost the adult to appropriate services or give general advice and support.

3. People who raised their concerns

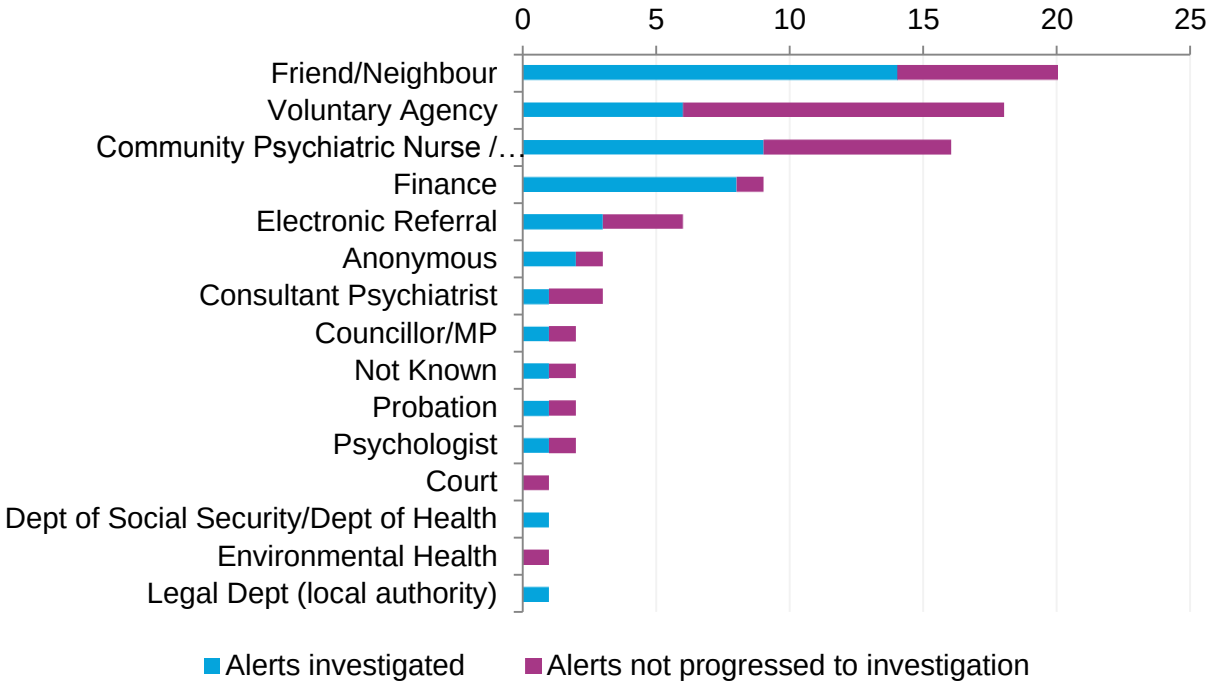


This chart refers to the 1165 alerts which were begun during the year

The people who are most likely to report concerns about abuse and neglect are health and social care staff. This is not surprising because health and social care staff get a lot of training and advice on spotting abuse and neglect. Also, adults with care and support needs are likely to be visited or monitored regularly by health and social care staff.

As abuse and neglect often take place in people's own homes, extended family and friends are in a good position to spot abuse too. We continue to raise awareness among unpaid carers and the general public about how to spot abuse and neglect and how to report concerns.

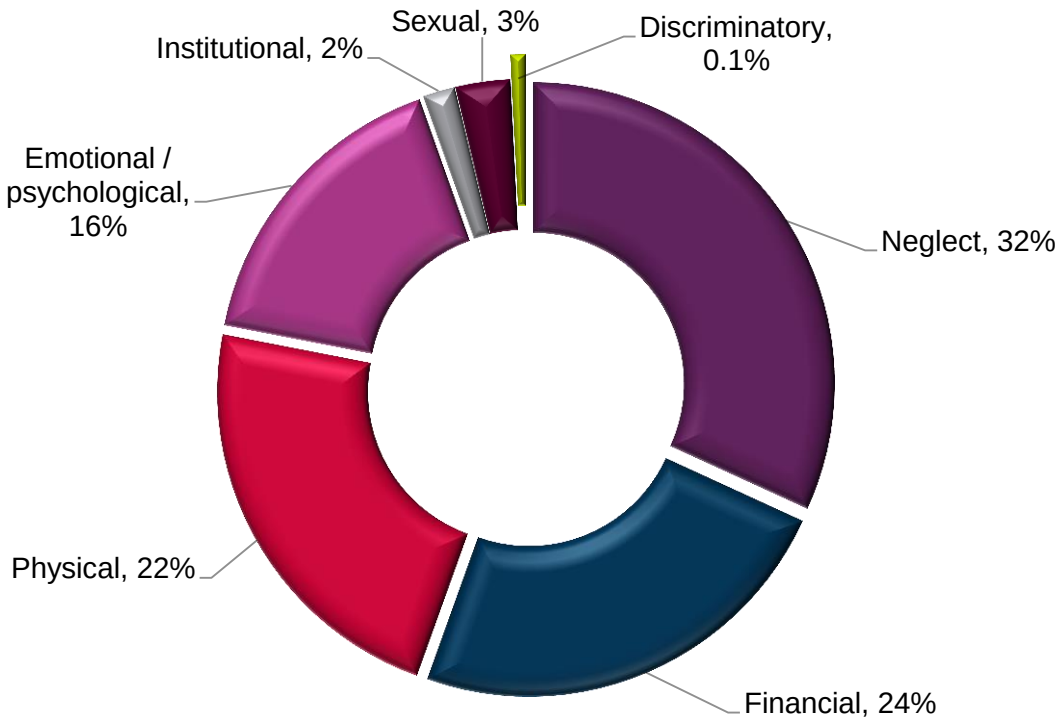
People who raised their concerns (the 15 least active categories of alerter)



This chart refers to the 1165 alerts which were initiated during the year

4. Types of abuse investigated

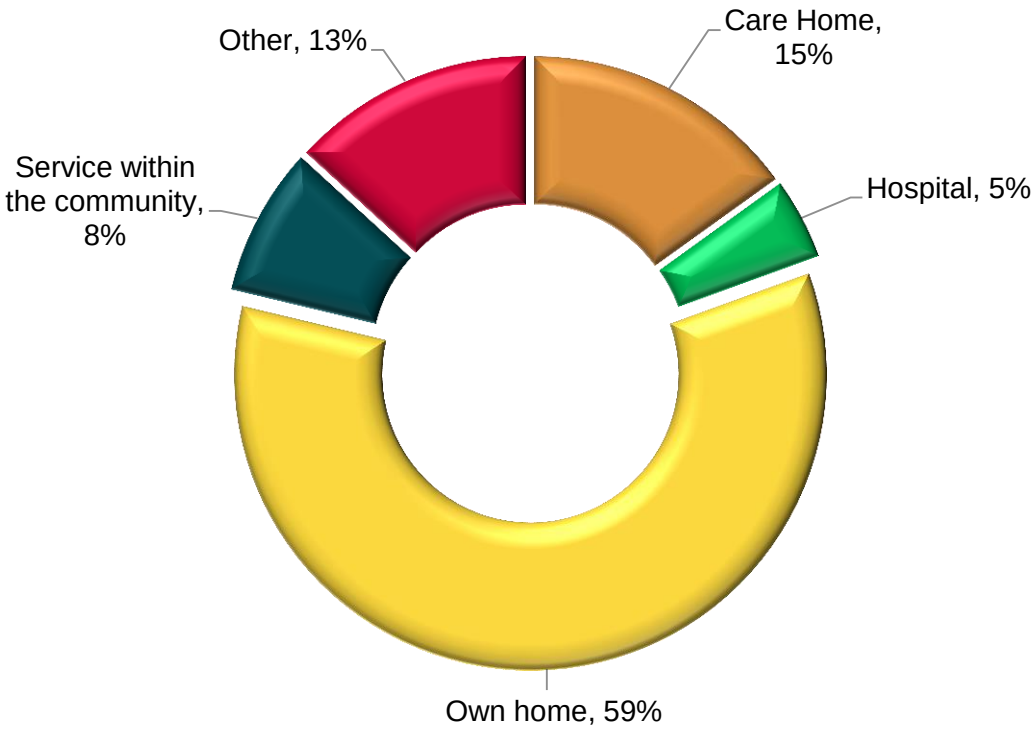
The different types of abuse that were investigated are shown in the chart below:



This chart refers to 545 investigations which were completed during the year
Some cases involved more than one type of abuse.

This chart shows that over the course of 2014/15, the most common types of abuse we investigated were neglect and financial. This is a broadly similar picture to previous years. With the introduction of the Care Act in April 2015, we will have a duty to investigate additional types of abuse: domestic violence, modern slavery and self-neglect in future.

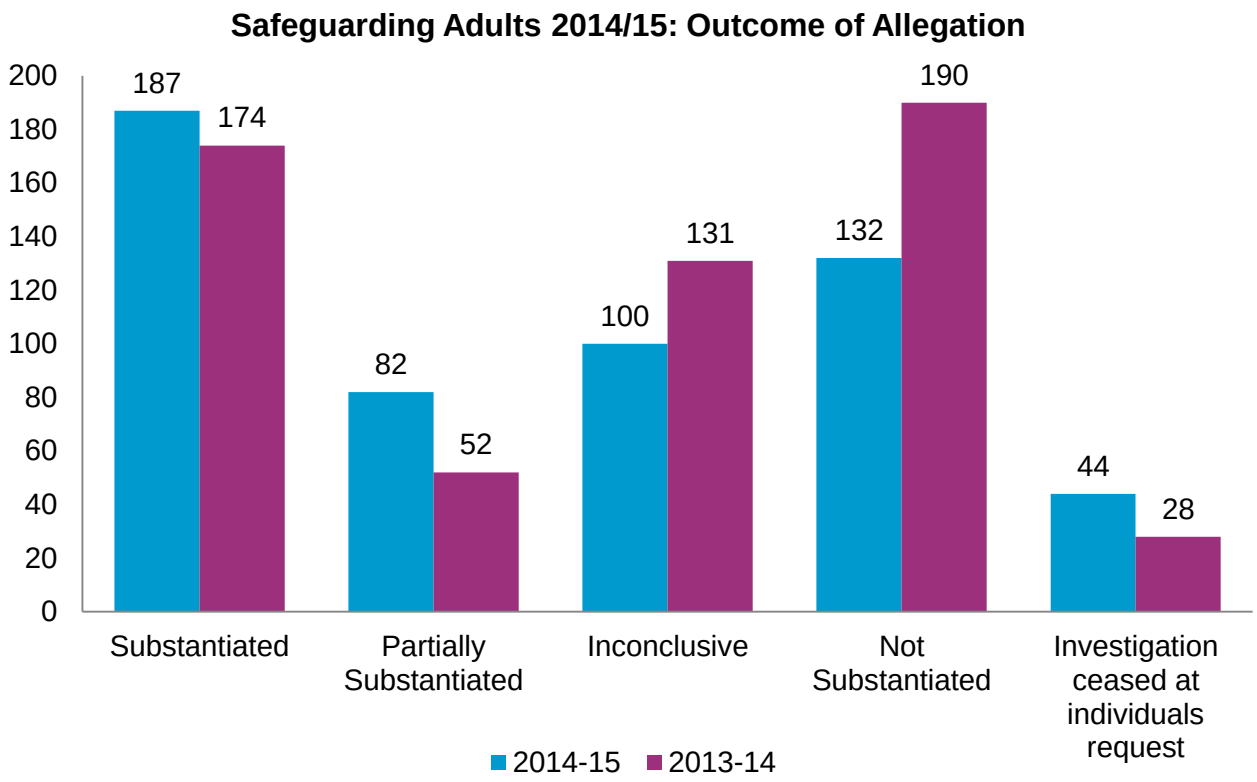
5. Location of abuse investigated



This chart refers to 545 investigations which were completed during the year. Some cases involved more than one location of abuse.

Abuse and neglect in care homes and hospital often make media headlines. The abuse at Winterbourne View Care Home and the neglect at Mid-Staffordshire NHS Trust got a lot of media coverage. But this chart shows the real story – that more than half of all cases of abuse and neglect take place in the adult's own home.

6. Decisions taken



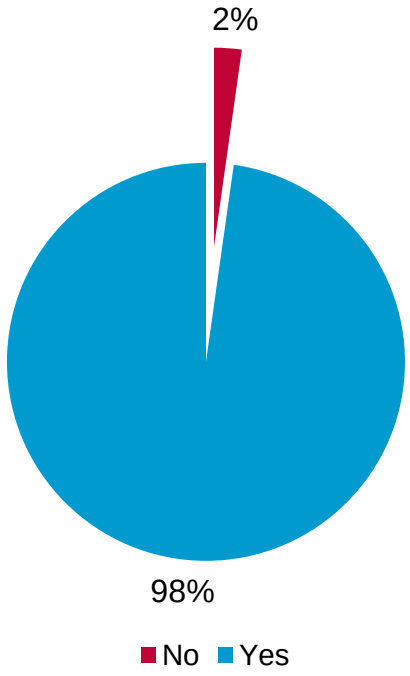
This chart refers to 545 investigations which were completed during the year. These include some cases which were started in the 2013-14 year, but completed in 2014-15. They exclude cases which had not been completed because the outcome had not been decided yet.

The number of cases where we decide abuse took place (substantiated and partially substantiated) has risen slightly in the last year. In 44 cases we stopped the investigation because the adult asked us to. We always try to follow the adult's wishes. Only where there are serious risks to other adults or children will we carry on investigating. In roughly two-thirds of cases, the adult at risk has been assessed as lacking mental capacity to make an informed decision about the safeguarding concerns. In these cases, we take into account the views of the adult's representative, family or friends. Where the adult has no one to represent their views, we appoint an independent mental capacity advocate (IMCA).

We are pleased that there are fewer cases where the outcome was inconclusive. Making a decision about safeguarding concerns isn't always easy. It takes great skill and care to investigate concerns thoroughly. We always try to work out whether abuse has taken place or not but sometimes there is not enough evidence to say with certainty. Even when it is not possible to say whether abuse took place, we always try to manage the risks with the person concerned.

7. Action to help the adult at risk

Was any safeguarding action taken where the allegation was substantiated / partly substantiated?

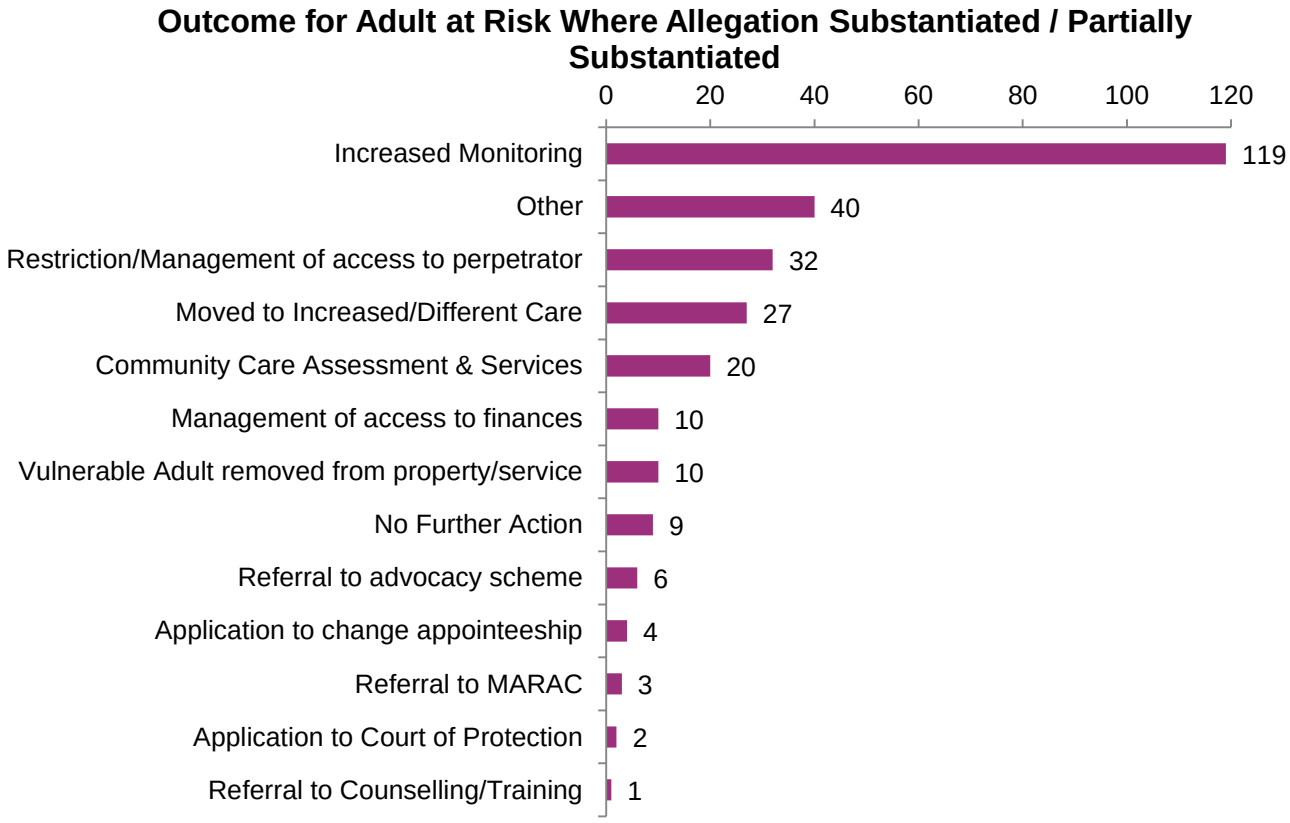


This chart refers to 269 completed investigations where abuse was substantiated (187) or partly substantiated (82)

In 98% of cases where we agreed some level of abuse or neglect had taken place, we took action to safeguard or support the adult involved. In the 2% of cases where we did not take action, this would have likely been because the adult did not want us to do anything.

These figures suggest that our safeguarding involvement is worthwhile because it nearly always resulted in action. For further detail on the kinds of actions we took, see the graph on the next page.

8. Outcome for adult at risk



***** *MARAC is an acronym for Multi Agency Risk Assessment Conference.*

This chart refers to 269 completed investigations where abuse was substantiated (187) or partly substantiated (82) *There may have been more than one outcome for each adult at risk.

Increased monitoring is the most common action taken to protect an adult. Increased monitoring could include family and friends agreeing to visit an isolated adult more often or a community nurse visiting a patient at home regularly to check for pressure sores and give regular advice and support.

There were 276 cases where we decided the abuse or neglect did not happen, we could not say whether abuse took place or an adult asked us to stop investigating. For those 276 cases, we made the most of the opportunity and took action to prevent the possibility of harm in the future where possible.

Mr B is 90 years old. He lives in a small flat on his own. In recent years, his hearing and vision have got worse and he has been diagnosed with dementia. Because his only daughter lives in Spain, Mr B became more reliant on his nephew for general help and support and some years ago signed a Lasting Power of Attorney (LPA) appointing his nephew to look after his property and affairs.

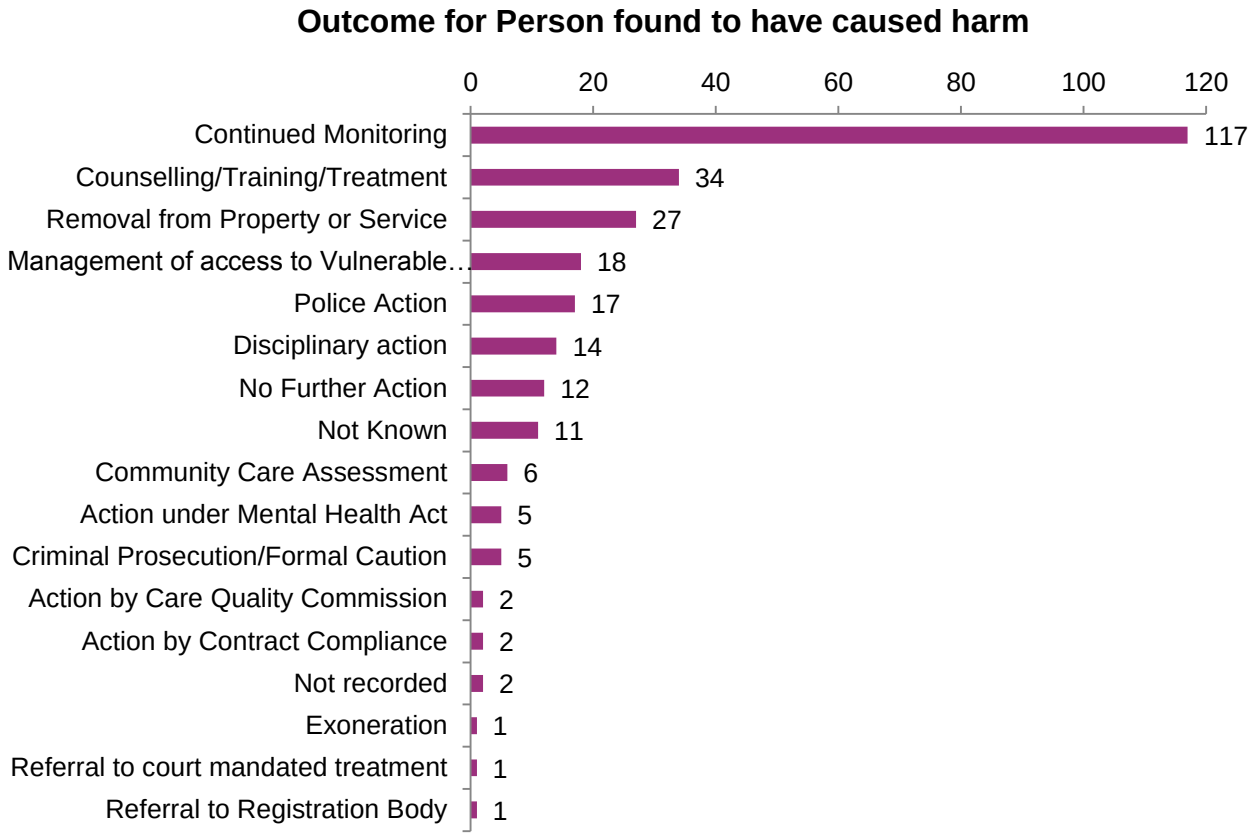
Mr B's daughter came to visit her father recently and was shocked to see how thin and neglected her father was looking. Mr B's daughter contacted Social Services for advice.
When the social worker visited Mr B, she discussed his care and support needs. After talking to Mr B and his daughter, it became clear that Mr B was no longer able to read his own bank statement and mail. Mr B was distressed to discover he was in significant arrears on his rent and utility bills.

The social worker became suspicious of the way Mr B's nephew had been managing the finances. A safeguarding concern was raised and an investigation opened. Mr B's nephew tried to block the investigation and refused to share any of Mr B's financial documents with social services or the police.

Working together with the police and the Office of the Public Guardian, legal steps were taken to force Mr B's nephew to account for the way he had spent Mr B's money and to share the financial records with the authorities. It then became clear that Mr B had not been managing his finances properly. The Court then revoked the LPA meaning that Mr B's nephew was no longer allowed to manage Mr B's finances. The Council has been appointed to manage Mr B's finances instead. The Crown Prosecution Service and the police are looking at whether there is enough evidence to prosecute Mr B's nephew for fraud and false accounting.

Mr B's daughter has since moved back to Islington and is caring for him. Although Mr B's health continues to worsen, he now has enough food to eat, his home is well-heated and he seems much happier.

9. Action taken against people alleged to have caused harm



This chart refers to 269 completed investigations where abuse was substantiated (187) or partly substantiated (82)
*There may have been more than one outcome for each person alleged to have caused harm.

This chart shows that in almost half of cases, continued monitoring was the action taken against the person found to have caused harm. An example of this is where a care worker was found to have caused a patient to develop a pressure sore because they had not turned the bedbound patient frequently enough. In this case, the care worker may be monitored and supervised more closely by managers as part of the protection plan.

In some cases, the concerns are serious enough for the Police to take action. The action that the Police take ranges from giving cautions, pressing criminal charges against the person alleged to have caused harm or working to achieve a community resolution.

The Community Risk Multi Agency Risk Assessment Conference (CRMARAC) has proved to be an effective way of dealing with some people alleged to have caused harm. The CRMARAC has secured funding for a dedicated mental health practitioner to work on some long standing cases. In the last 12 months, 75 cases have been referred to the CRMARAC and repeat calls, particularly about anti-social behaviour to Police have fallen as a result.

C has a mental health diagnosis. She had been seriously physically and emotionally abused by her partner for many years. Her mental health support worker encouraged her to report the abuse to the Police. The Police arrested and charged C's partner with unlawful possession of an offensive weapon.

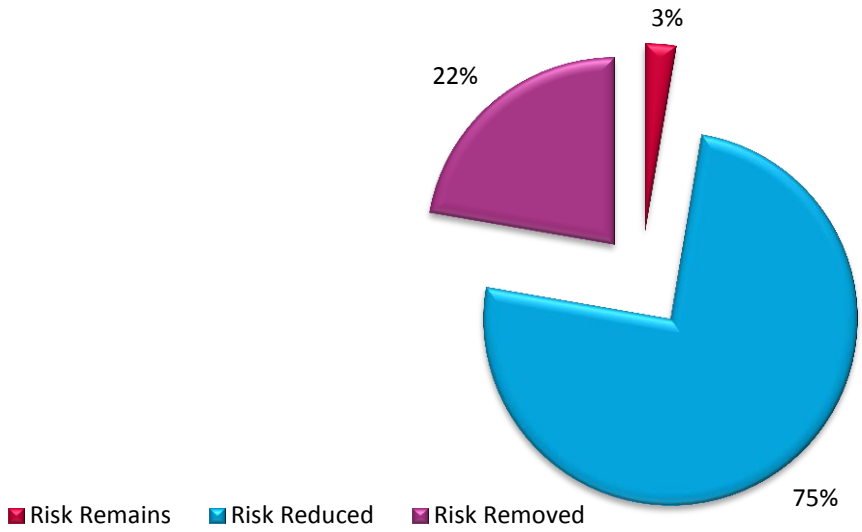
However, after the charges had been made, C's mental health worsened. She became hostile to the professionals and said she did not wish to attend court. Specialist officers from the Police's Domestic Abuse Unit (DPAU) visited C at home and spent time forming a rapport with her. The police worked sensitively with C to help her overcome her fear of going to Court. Special measures were arranged for the Court trial and C was taken to and from Court by the DPAU. The Court trial found C's partner was found guilty.

Despite C having endured domestic abuse for many years, this was the first time that she had taken a case all the way through the court process. It is likely that the case would have failed had it not been for the specialist care and support given to C.

*Details have been changed to protect to identities.

10. The impact of safeguarding

Impact of safeguarding actions where allegation was substantiated / partly substantiated



This chart refers to 269 completed investigations where abuse was substantiated (187) or partly substantiated (82).

The purpose of safeguarding is to help people feel safer. One of the ways we measure this is by looking at whether our safeguarding actions have reduced the risk of future abuse or neglect happening. The above chart shows that in 97% of the 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 that decision, is comfortable with the risk and understands the possible consequences of not taking steps to reduce the risk.

11. Serious Case Reviews

Islington has had its first serious case review for a number of years.

The purpose of a serious case review is to learn lessons from a serious injury or the death of an 'adult at risk'. The learning is shared widely and looks at what needs to change to reduce the risk of further such incidents.

The serious case review involved a man (Mr AA) who died aged 86 in June 2013. From 2008 until shortly before his death, he had lived in a residential care home. Because Mr AA had dementia and needed help with this care, he had moved into a care home.

His health worsened in 2013 and this led to three hospital admissions. Following the third admission, Mr AA was discharged to a registered nursing home where he died 15 days later in June 2013.

A decision was made to undertake a Serious Case Review in this case. This was because safeguarding concerns had been raised before and following Mr AA's death. It was identified that organisations should look closely at the care Mr AA received and review the way in which different organisations worked together in meeting his health and social care needs. The review set out to learn lessons to consider if the care Mr AA received could have been better, and identify whether improvements could be made for the future.

The full report has been published and is available on our webpages.

The report concludes that:

- on two occasions when Mr AA was discharged from hospital there was poor discharge planning
- his increasing care needs were not responded to by a number of professionals involved
- there were concerns around how professionals communicated with each other around his care needs
- he was not shown the dignity and care at the end of his life or in his death that most would want for their friends and family.

These are serious findings which have been shared with the organisations involved. All the recommendations in the report have been accepted by the relevant organisations. Each organisation has developed an action plan to ensure that the recommendations from the report are implemented. The Safeguarding Adults Partnership Board is monitoring the progress of organisations against their action plans.

Our progress in implementing the serious case review action plans will be shared with you in our next annual report.

12. Deprivation of Liberty Safeguards

Every adult should be free to do the things they want to do and live the life they want to live.

If someone's freedom is taken away in a hospital or care home, there are laws and rules in place to make sure that it is in that person's best interests. The rules are called the Deprivation of Liberty Safeguards (DoLS).

We monitor how these safeguards are used in Islington.

DoLS legislation has been in force since 2009. Initially, there were relatively few DoLS applications. For the years 2009-2014, the number of applications in Islington never went above 50 applications in a year.

However, since the so-called Cheshire-West Judgement last year, the number of applications in Islington has risen dramatically from fewer than 45 in 2013/14 to nearly 450 in 2014/15. (See graph on next page) This equates to a roughly 1100% increase.

The effect of the Court ruling has been that far more people in residential care and hospitals are now entitled to the DoL Safeguards. The judgement also means that many people who get community care, such as people in supported living housing, who may lack the mental capacity to consent to their care are also now entitled to the DoL safeguards.

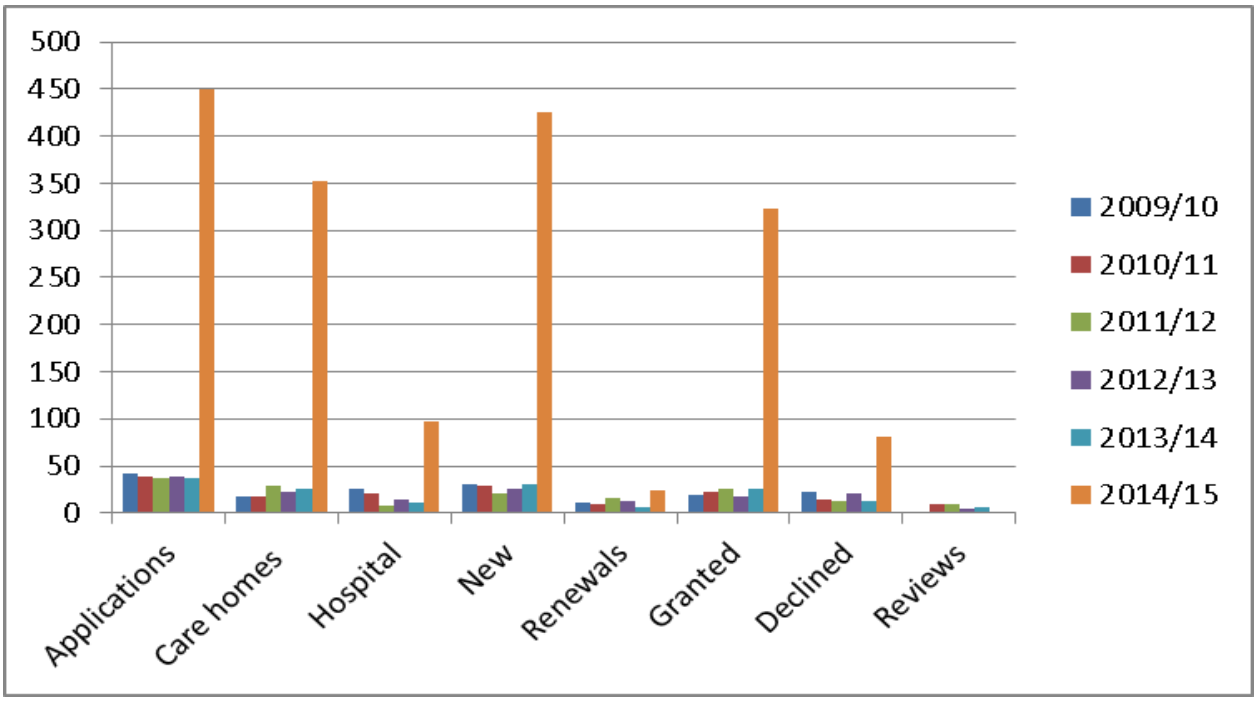
Islington is not alone in having to process many more DoLS applications than last year. The picture is broadly similar across the country. We have risen to the scale of the challenge and are now managing to turn around most applications within timescales. To cope with the huge increase in DoLS applications, Islington Council's DoLS service has implemented a plan to manage the pressures and taken on extra staff.

What is the 'Cheshire West' judgement?

In March 2014, the Supreme Court made a long awaited decision in a case about three people who lacked the mental capacity to make decisions about their living arrangements. The Court decided that all three were subject to a deprivation of their liberty. The judgement was important because it made the law on DoLS clearer and brought in an 'acid test' to work out whether or not a deprivation of someone's liberty was taking place.

Applications and authorisations

Deprivation of Liberty Safeguards applications 2009 - 2015



In Islington, most DoLS applications in 2014-15 resulted in an authorisation (82% of applications).

There are currently 342 people in Islington who have a Deprivation of Liberty authorisation in place. However, according to our calculations, we anticipate a further increase in DoLS applications and authorisations next year. This chimes with the view of some legal experts who believe that a large number of people are currently being deprived of their liberty without proper legal authorisation.

In large part, this may be due to staff in hospitals, care homes and supported living placements not being fully aware of the law on DoLS. For this reason, we continue to offer a range of training courses on the Mental Capacity Act and the Deprivation of Liberty Safeguards. We have also produced information leaflets for the public and for staff to explain how the safeguards work.

Opportunities to raise awareness among the public, patients and carers have also been used, for example at the Chapel Market and Whittington information stalls.

What does a deprivation of someone's liberty look like?

There are many ways that someone's liberty or freedom can be restricted. Some of the things we check are:

- Is the patient or care resident allowed to make their own decisions?
- Is the person being made to stay in the care home or hospital against their wishes and not allowed to leave?
- Is the person allowed to see friends or family when they want?

There may be good reasons why someone's liberty is being restricted, but it is only lawful if a DoLS application has been made and two different specialist assessors agree that it is necessary.

Approximately 3 out of every 5 DoLS applications were made for someone with dementia and 1 in 5 were made for someone with a learning disability.

Carrying out a DoLS assessment and authorisation makes sure that the human rights of some of the most vulnerable people in our care homes, hospitals and the community are protected. But the DoLS process also has the advantage of highlighting other issues in a person's life and can lead to significant improvements in both the person's care and the way the care home or hospital runs. An example of this is explained in the following case study. To protect identities, some details have been changed.

Case Study

Ms D is a 50 year old woman with complex mental health and other care needs. She has lived in a care home for several years. Recently, Ms D had tried to leave the care home. So, the care home made an application for a Deprivation of Liberty Safeguards to ensure that their preventing her from leaving the care home was lawful.

As part of the DoLS assessment process, an independent psychiatrist visited Ms D. Having talked to Ms D, her family and the staff at the care home, the psychiatrist noticed that Ms D was on a high dose of one particular medication. The psychiatrist felt that Ms D was being over-medicated.

These concerns were raised with Ms D's social worker. Another psychiatrist then reviewed Ms D's medications and a better medications care plan was agreed for Ms D.

Had it not been for the DoLS assessment, it may not have come to light that Ms D was not on the right dose of medication for her condition.

Next steps for the partnership

As we look ahead, there is still much more to be done.

We want the person we safeguard to be at the heart of everything we do. Their wellbeing must be uppermost in our work. Every person is an individual and their differing needs and priorities must be recognised. Wherever possible we must involve them and their family or friend carers fully in decisions about safeguarding them.

This is a priority not only because the Care Act requires it, but because it is the right thing to do. A personalised safeguarding response is the only way we can ensure that people's rights and freedoms are protected. Making sure this happens is one part of the work we're planning to do.

Our strategy

We have joined forces with Camden Safeguarding Adults Board and agreed a joint strategy across the two boroughs for the next 3 years. Because we are neighbouring boroughs, we share many challenges that need to be tackled. Working alongside each other focusing on the same issues makes sense. We consulted widely across the public, partner organisations, service users and carers to make sure that our new 3-year strategy is on the mark and reflects what local people want.

Both boards have a vision to improve how safe people feel and how safe they are from abuse. Both boards are committed to helping adults, their carers, the public and professionals to work together to make Camden and Islington places where adults can enjoy their right to live free from neglect and exploitation. This strategy will help us turn these ambitions into a reality.

"Alone is helpless, together is action"

Response from public consultation on our joint 3 year strategy with Camden Council.

Our key strategic themes mirror the government's aims for safeguarding adults:

1. Empowerment
2. Prevention
3. Proportionality
4. Protection
5. Partnership
6. Accountability

We look forward to delivering on our key strategic themes together.

Our prevention strategy

Prevention is better than cure, so the saying goes. And it's never been more apt for safeguarding adults. If there's a way of preventing abuse or neglect before it happens, we should invest time, energy and resources in doing so. We should work together to prevent harm.

Much abuse and neglect can be avoided (or at the very least, the impact lessened) by taking preventative steps in the first place. Take for example, pressure sores. Sometimes they are completely unavoidable, but often they happen because someone's care wasn't good enough and

simple steps such as using turning charts could have prevented a pressure sore developing.

Preventing abuse of adults at risk in the community is an important part of the work of the Islington Safeguarding Adults Partnership Board. This prevention work fits in with the vision of the recently legislated Care Act 2014. The Care Act sets out the general principles of promoting wellbeing and preventing or delaying the development of needs. The Care Act also says we have to have a prevention strategy.

We are developing a separate prevention strategy to sit alongside our joint strategy with Camden. Consulting with the public on this prevention strategy will be the next step to make sure we are planning our work along the right lines. Once we have finalised our prevention strategy, all the organisations involved in the partnership will work together to make the strategy happen.

Progress on both our prevention strategy and our joint strategy with Camden will be shared with you in our next annual report.

Appendix A

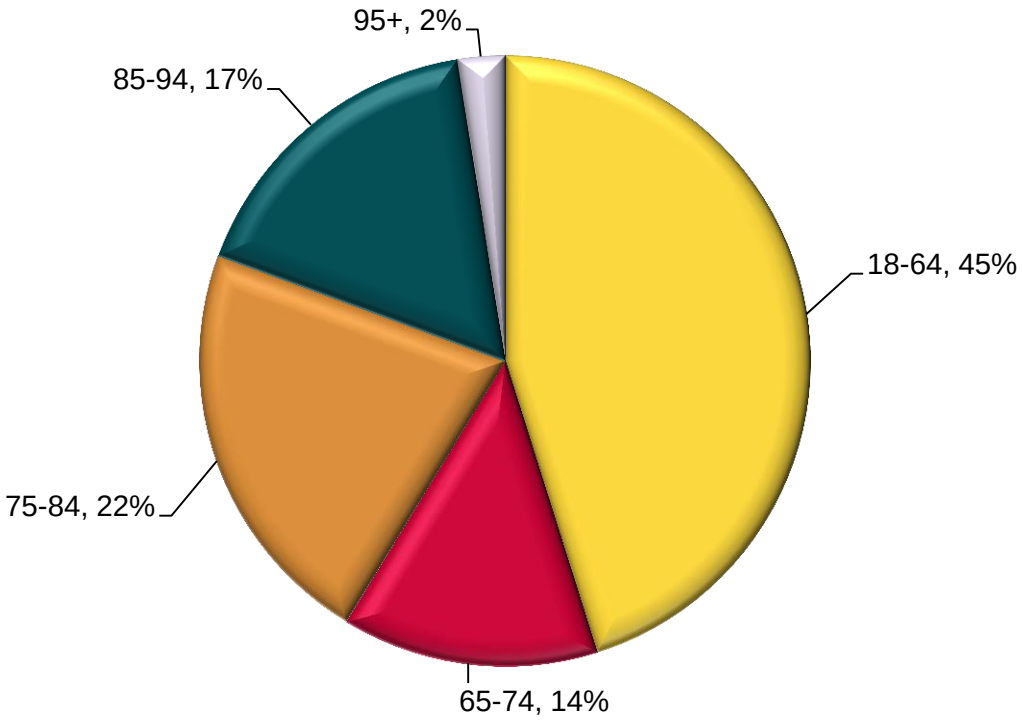
Making sure we safeguard everyone

Equality and Diversity matter to us. We want to make sure that all groups in Islington are part of our safeguarding work, when they need to be.

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.

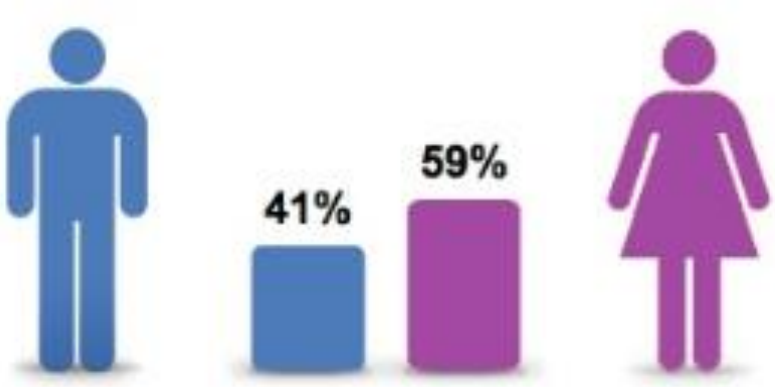
With their consent, we capture information about the age, sex, ethnicity, sexuality, mental capacity and service user category of the people we safeguard. Having a clear picture of who we are safeguarding and where there are gaps, helps us decide where to focus our attention in the future.

Chart showing recorded age of the adult



The chart above shows that over the course of 2014-15 there was a large proportion of older people represented in safeguarding alerts. This is consistent with national and international research, which shows that the older an adult is, the more at risk of abuse they are. Therefore, it appears we are continuing to do well in encouraging people to come forward and report suspected abuse of older people.

Chart showing recorded sex of the adult



The above two charts both refer to the 913 adults who have had alerts raised concerning them.

This chart shows a broadly similar trend to previous years in that more concerns were reported about women than about 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) shows that women are more likely than men to tell other people if they are harmed by someone. It is also widely accepted that women are more likely to experience domestic abuse than men.

Table showing recorded Ethnicity of Service Users April 2014- March 2015

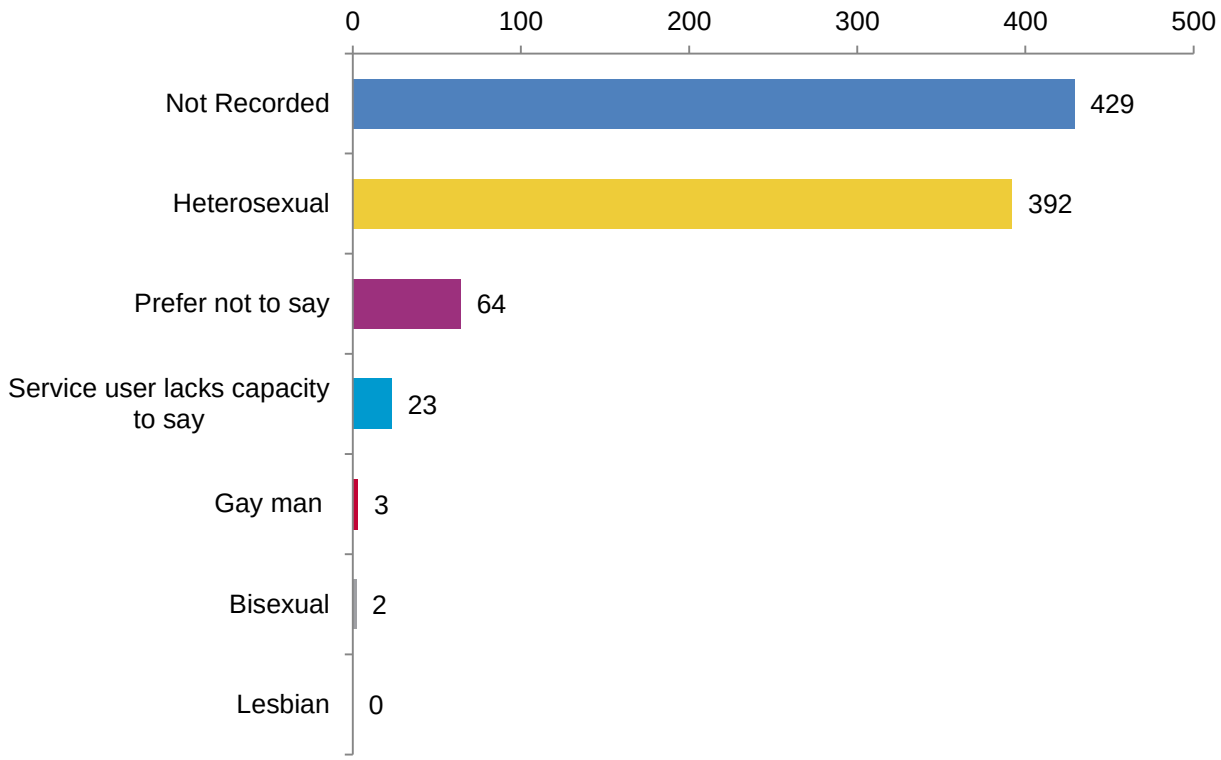
Ethnicity	Alerts	Islington adult population*	%
White British	437	98,322	0.44%
White Irish	84	8,140	1.03%
Other White (includes traveller of Irish heritage, gypsy/Roma and any other white)	90	34,053	0.26%
Black Caribbean	77	7,943	0.97%
Black African	37	12,622	0.29%
Any other Black background	15	5,729	0.26%
Asian Indian	12	3,534	0.34%
Asian Chinese	5	4,457	0.11%
Asian Pakistani	6	951	0.63%
Asian Bangladeshi	6	4,662	0.13%
Any other Asian background	15	5,430	0.28%
Mixed/multiple ethnic groups	21	13,339	0.16%
Other (includes any other ethnic group, information not yet obtained, refused to say,	108	6,943	1.56%
Totals	913	206,125	0.44%

This table refers to the 913 adults who have had alerts raised about them. The population data was released from the 2011 Census during the second, third and fourth data releases, which took place during 2013. Data was downloaded from http://www.nomisweb.co.uk/

The table shows that alerts were raised for people from a range of ethnicities in 2014/15. From our data, it seemed that safeguarding concerns about people who described themselves as being of Chinese ethnicity were least likely to be reported to us. We have taken action to address this. Our general leaflet on safeguarding is now available in Chinese and we have made links with the local Chinese community through the Islington Chinese Association.

Different ethnic groups may have different proportions of adults at risk. For example, the average age varies across ethnic groups in Islington. Where there are more older people in an ethnic group, we would expect to see more safeguarding alerts for that group.

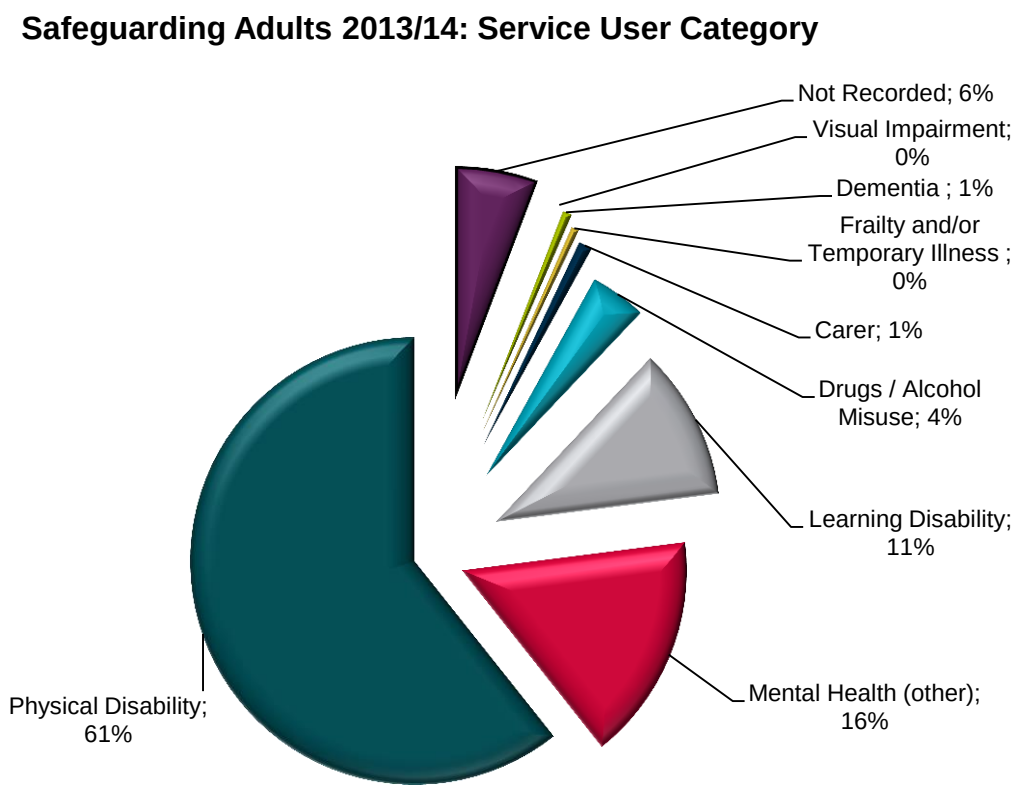
Chart showing recorded Sexual Orientation of Service Users April 2014- March 2015



We have recently started asking some of the adults we safeguard about their sexual orientation. Therefore the above chart is not complete and in almost half of cases, we did not record the sexual orientation of the adults concerned. We will work towards creating an environment where staff feel confident asking questions about sexual orientation and the adults concerned feel safe disclosing their sexual orientation.

The government estimates that roughly 6% of the UK population is lesbian or gay. Although our data is not complete, there may be enough data to suggest that lesbian and gay people are under-represented in safeguarding alerts. That's why we've taken action. We delivered a bespoke safeguarding adults training course to an organisation which provides housing to lesbian, gay, bisexual and transgender (LGBT) people in Islington.

Chart showing recorded Service user's main need April 2014 – March 2015



These charts both refer to the 913 adults who have had alerts raised concerning them.

We look at the care needs of the people who had a safeguarding alert raised about them. This is to make sure that there are no particular groups that are not getting the safeguarding support they might need.

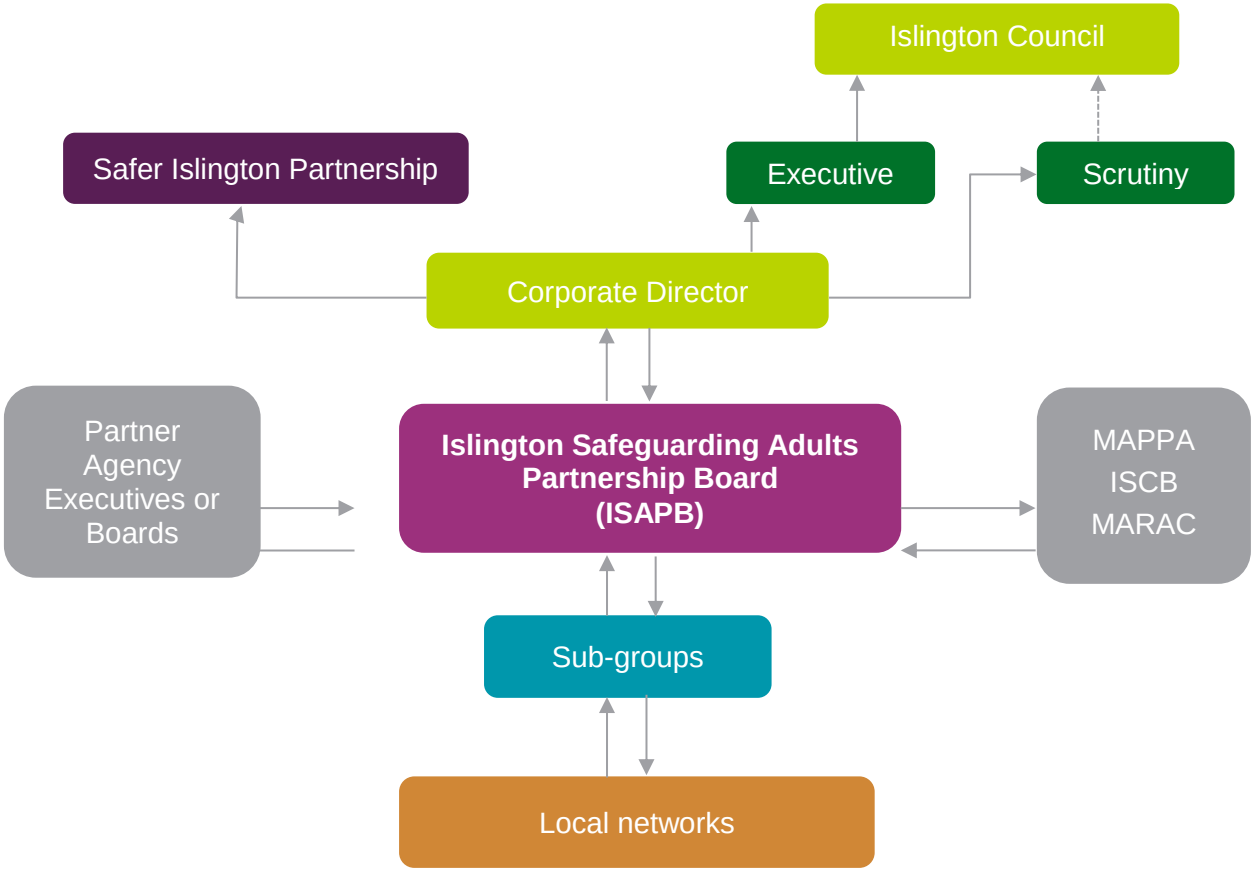
As in previous years, there continue to be more alerts raised about people with physical disability than any other care need group. This is also consistent with other boroughs in London and across England.

The chart shows that very few alerts were raised for people whose main need is that they care for someone else. Although this is an improvement on previous years, it suggests that we may need to do more to make sure carers are receiving all the help they need, including safeguarding support.

Appendix B

How the partnership board fits in

The picture below shows how the Islington Safeguarding Partnership Board fits in with other organisations and partnerships. The arrows and lines show who reports to whom.



Council – All elected councillors. It is the lead body for the local authority.

Executive – Eight councillors who are responsible to the council for running the local authority.

Scrutiny – This is a group of 'back bench' councillors who look very closely at what the council does.

Safer Islington Partnership – This is a group which looks at crime and community safety. It involves the council, police, fire service, voluntary sector and others.

Corporate Director (for Housing and Adult Social Services) – Is responsible for setting up and overseeing the ISAPB.

ISAPB – This has an independent chair who does not work anywhere else in the council or partner organisations.

MAPPA – Multi-Agency Public Protection Arrangements is a group which oversees management of offenders who pose a serious risk to the public.

ISCB – Islington Safeguarding Children's Board works to safeguard children in the borough.

MARAC – Multi-Agency Risk Assessment Conference. This group responds to high risk domestic abuse.

Appendix C

Who attended our board meetings?

Engagement from our partners in the work we do is important. Although much of the work goes on behind the scenes, it is also important for our partners to take part in the meetings.

Four times a year we hold Board meetings. We also invite our partners to attend an away-day and a challenge event with the Camden Safeguarding Adults Board. The table below sets out which organisations were represented at these meetings.

Partner Organisation	Board Meeting 07-May-14	Board meeting 23-Jul-14	Board meeting 04-Oct-14	Away Day 20-Nov-14	Board meeting 28-Jan-15	Challenge Event 16-Mar-15
Independent Chair	P	P	P	P	P	P
Islington Council	P	P	P	P	P	P
Islington Safeguarding Children's Board	P	P	P	P	P	A
Safer Islington Partnership	A	P	A	N	A	A
Islington Clinical Commissioning Group	P	P	P	P	P	S
Moorfields Eye Hospital NHS Foundation Trust	P	A	P	N	P	P
London Fire Brigade	A	P	P	P	P	P
Camden & Islington Foundation Trust	P	P	P	P	N	P
Whittington Health	P	S	P	P	A	P
Police	P	P	P	P	P	P
CPS	~	~	~	~	~	~
Probation	P	A	P	P	P	A
London Ambulance Service	A	A	P	P	P	P
Co-Opted Organisation						
Age UK Islington	P	P	P	P	A	P
Notting Hill Housing Group (Home Support)	P	A	P	P	P	P
Islington LINK/Healthwatch Islington	P	P	P	P	P	P
Single Homeless Project	S	P	P	P	P	P
Attendees						
CQC	C	C	A	C	C	C
NHS England	~	A	A	P	N	A
LBI Councillor	A	P	A	P	P	P

Key

P = Present
A = Apologies no substitute
S = Substituted
N = no apology or substitute recorded

C = Does not attend; receives papers only

Appendix D

Our impact on the environment

The work of the Safeguarding Adults Partnership 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 manage 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, see http://www.islington.gov.uk/services/parks-environment/sustainability/sus_awarmth/Pages/shine.aspx

Appendix E

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
Fax: 020 7527 5114

You can also contact the **Community Safety Unit** which is part of the police:

Tel: 020 7421 0174

In an emergency, please call 999.

For more information please see:

www.islington.gov.uk/safeguardingadults

For advice on **Mental Capacity Act and Deprivation of Liberty Safeguards** you can contact the Islington DoLS office on:

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

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

Safeguarding Adults Unit, Islington Council, 3rd Floor, Newington Barrow Way,
Islington, London, N7 7EP