Islington Safeguarding Adults Partnership

A Safer Islington
Annual review 2020-21

NHS

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ISLINGTON
Working in partnership

Foreword

I am honoured to be asked to introduce the Islington Safeguarding Adults Board's Annual Report. It sets out some of the significant issues that arose during 2020-21 and provides fascinating detail on how partners rose to those challenges. It was a remarkable year, where the threats posed by the Coronavirus were felt so acutely across our community. It is important, within this introduction, for me to take time to remember those who lost their lives or lost family, neighbours and friends during the Pandemic and those who remain unwell.

I also want to play tribute to so many people from across our workforce and communities who stepped forward to offer care and support or volunteered to provide food, support packages and essential contact to people needing to shield or self-isolate. The strength, courage and compassion shown was extraordinary. There is no doubt this saved lives, so I am grateful for this opportunity to commend them. The selflessness of such actions demonstrates so powerfully that the impulse to safeguard our most vulnerable residents is deeply embedded and important to us all.

I was appointed as Independent Chair to the Board in August 2021 so would like to also take this opportunity to thank James Reilly. James stepped down in March 2021 after five years as the Chair. His leadership and strategic vision over that time has undoubtedly shaped the Board into an effective partnership.

I am also grateful to Tracy Luckett and the Islington Safeguarding Adults Board team for their hard work in putting together this report. The report not only provides details of the response to the Pandemic, but also summarises the ongoing nature of risks faced by adults with care and support needs in Islington and the steps taken to reduce risks of abuse and prevent future harm. It highlights how the work of the Board is aligned to the national safeguarding adults agenda and, finally, sets out our future plans to build on the key achievements from 2020-21.

I hope you will agree with me that there is much of interest within this report. I look forward to working with partners and our communities in the coming year. In 2020-21 we saw such innovation with services working across geographical and organisational boundaries to pro-actively anticipate need and respond so as to reduce risk to our most vulnerable residents. It is clear to me that, despite the challenges, safeguarding responsibility remains 'business as usual'.

Best wishes,

Fiona Bateman
Independent Chair,
Islington Safeguarding Adults Board

Contents table

Contents table **3**
About us **4**
Introduction **5**
Safeguarding in the headlines 5
About our strategy **8**
Partnership working **9**
Subgroups **17**
Experiences and Statistics **19**
1. Experiences 19
2. Statistics 19
3. Safeguarding Concerns 20
4. Safeguarding enquiries 20
5. Safeguarding concerns to enquiries 'conversion rate' 20
6. Types of abuse 23
7. Where abuse took place 25
8. Action we took 26
9. The impact of safeguarding 28
10. Making safeguarding personal 29
11. Safeguarding Adults Reviews 30
12. Deprivation of Liberty Safeguards 31

Next steps **35**

Appendix A Making sure we safeguard everyone **36**
Appendix B How the partnership board fits in **40**
Appendix C Who attended our board meetings **41**
Appendix D Our resources **44**
Appendix E Our impact on the environment **40**
Appendix F Jargon Buster **41**
Appendix G What should I do if I suspect abuse **42**

About us

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

All our work is centred on safeguarding adults with care and support needs from any kind of abuse and neglect.

Who made up the partnership during the year?

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

Camden and Islington NHS Foundation Trust – Dean Howells, Director of Nursing

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

Care Quality Commission – Duncan Paterson, Inspection Manager

Community Rehabilitation Company- Kauser Mukhtar, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Pentonville, Head of Operations

Independent Chair – James Reilly

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

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

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

Islington Council – Carmel Littleton, Director for People's Services

Islington Safeguarding Children Board – Wynand McDonald, Board Manager

London Ambulance Service NHS Foundation Trust, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington – Gary Squires, Borough Commander

Metropolitan Police, Islington – Dave Courcha, Detective Superintendent

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

Notting Hill Pathways – Irina Goodluck – Operations Manager

Single Homeless Project – Liz Rutherfoord, Chief Executive

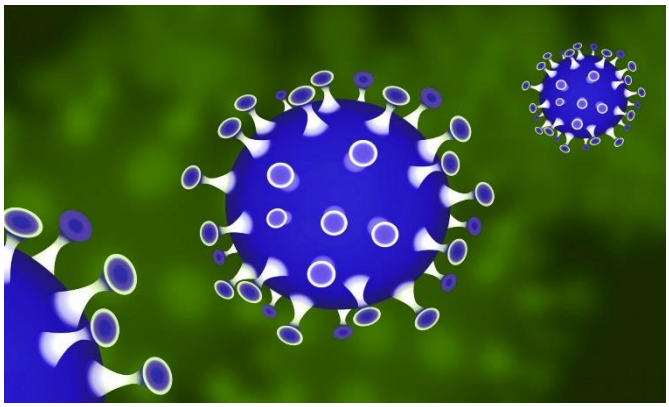
Voluntary Action Islington – Anthony Bewick Smith, Chief Executive

Whittington Health NHS Trust – Breeda McManus, Deputy Chief Nurse

Introduction

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

Our work 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

Safeguarding adults is an evolving subject. It is often in the news in one form or another. Sometimes it is led by widespread public concern about a particular facet of abuse, neglect or a human rights violation. Other times, the headlines are generated by government policy initiatives or developments in judicial case law. In the last year, emerging trends around abuse and neglect have mostly centred on Covid-19 related matters.

We constantly monitor developments and public perception of safeguarding and this in turn influences the work we focus on the next year. Below are some of the key media and national policy themes from the past year.

Covid-19 (Coronavirus)

The Covid-19 pandemic dominated headlines. The restrictions required services to flex and respond swiftly to support adults with care and support needs, all the while keeping their safety and wellbeing at the fore. The pandemic presented a unique set of challenges for safeguarding and upholding people's human rights.

Homelessness

The government announced an 'Everyone in' initiative. Initially intended to be a Covid measure to reduce the risk of rough sleepers contracting and spreading the virus, it had positive effects on safeguarding too. Many rough sleepers were housed or given shelter within days of presenting as homeless. For the first time, many rough sleepers engaged with services in a way they hadn't previously. Often their physical health improved. For many, their general wellbeing and mental health improved too. The 'Everyone In' initiative also exposed the true scale of rough sleeping as being nearly nine times previous official estimates.

From the safeguarding perspective, for the first time professionals could work with rough sleepers to address their self-neglect and underlying mental health, trauma or substance misuse needs. The risks of abuse and exploitation from living on the streets were also removed. The pandemic revealed how an entirely different approach to street homelessness could yield better safeguarding outcomes, albeit at the expense of personal liberty.

Several national homelessness organisations have since been calling on the government to change its approach to street homeless for the long-term – not just for the duration of the pandemic.

Domestic violence

From the start of the pandemic, reports of domestic violence increased, not just in the United Kingdom, but also around the world. Dubbed 'the shadow pandemic' by the United Nations, the issue attracted much media attention.

Rightly, there were significant concerns about how people who were already living in abusive relationships would find themselves even more isolated and trapped during lockdowns. Their situations would have been made worse because many domestic violence services and other support charities were experiencing staffing and logistics difficulties during the lockdowns and had less capacity to support victims.

However, the picture that has emerged from the Office of National Statistics (ONS) data is more complex than the initial headlines suggested. National police recorded crime data showed only a slight increase in domestic violence cases, although the severity of cases may have increased. During lockdowns, the London Metropolitan police received more calls about domestic violence, but mostly by third-party callers. This could reflect the barriers to domestic violence victims contacting the police themselves during the pandemic. Or, it could be that neighbours were more likely to be at home and overhear domestic violence disturbances.

Contrary to expectations, ONS data showed that fewer domestic violence cases were discussed at multi-agency risk assessment conferences (MARACs) during the lockdown periods.

The disparity between the ONS data and the anecdotal reports needs further research.

Financial abuse

With people isolated and lonely at home during lockdowns, it was sadly predictable that financial scams and abuse would rise, particularly for the most vulnerable adults with care and support needs. It wasn't long into the lockdown before reports of scam Covid-volunteers, medical supplies scams and fake vaccinations hit the headlines. There were reports of phishing scams and unsolicited callers claiming to be from government departments offering grants, tax rebates or compensation.

More recently, romance fraud has been in the media spotlight. Lonely, isolated and unable to meet new partners any other way, people turned to online dating. Too frequently, their emotional vulnerability was exploited through sophisticated impersonation and manipulation for financial gain.

Many romance fraud victims are too ashamed to report what happened to them. Even so, Action Fraud UK says that the money lost to romance fraud exceeded that of online shopping fraud in the last year.

Care homes and hospitals

Few can forget the heart-wrenching images in the media of care home residents isolated in their room waving to grandchildren behind a window or tales of the sadness of families who were unable to be with their dying relatives. The devastating impact of the virus, the isolation and human rights restrictions were most acutely felt in care homes and hospitals.

Scarcely a day went by without some media coverage of the plight of care home residents and hospital patients. From lack of PPE, to staffing shortages, to inappropriate hospital discharges, multiple issues affected care home residents and patients were put at risk of neglect and human rights violations.

Most worrying were reports of widespread use of blanket DNACPR (Do Not Assist Cardiac Pulmonary Resuscitation) orders on groups of patients in care homes and hospitals without any involvement of the individuals or their families.

Care Act easements

Of further concern to Safeguarding Adults Boards was that when the pandemic struck, the government relaxed requirements on some public authorities to deliver services. These relaxations in social care provision were referred to as 'Care Act easements'.

Pragmatic though these easements were, they meant that potentially hundreds of thousands of adults with care and support needs across the country would not necessarily receive the level of services they had been assessed as needing. With the Care Quality Commission also having suspended its inspection regime in the early part of the pandemic, the risks were raised of neglect and/or abuse going undetected in multiple settings.

Sensibly, safeguarding duties, however, were not relaxed at any point during the pandemic. If anything, Safeguarding Adults Boards assumed an augmented role. Boards needed to seek assurance that the human rights of adults with care and support needs were being upheld as far as possible in the circumstances and that services were continuing to prevent and respond to abuse and neglect despite any other covid-19 related pressures in their services.

Deprivation of Liberty Safeguards and Liberty Protection Safeguards

The UK government announced that the full implementation of Liberty Protection Safeguards (LPS), which was due to replace Deprivation of Liberty Safeguards (DoLS) on 1st October 2020, would be delayed until April 2022. The introduction of LPS at the height of the pandemic would have placed a unnecessary burden on already stretched services.

Probation & Prisons

Self-harm and violence in prisons had reached record highs before the pandemic began. Although an early release scheme was introduced for some prisoners, it was anticipated that pandemic restrictions in prisons could amplify many existing problems.

The government also announced that probation services would move to an 'exceptional mode of delivery' during the pandemic. This meant that face-to-face contact was prioritised for only the most high-risk offenders.

Summary

The 2020/21 year has been a year unlike any other for Safeguarding Adults Boards. It brought an exceptional set of 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.

When the pandemic struck, we extended and revised our strategy to reflect new priorities around responding to emerging trends in safeguarding adults.

An extended strategy

Many of our Board partner organisations were involved in the front-line response to the Covid-19 pandemic. Avoiding additional strain on our partners informed our decision to extend the 3-year strategy for a further year. We acknowledged that some of the aims and objectives set before the pandemic might not be achieved while partners focused on the most pressing needs of the pandemic.

However, we remained committed to our statutory responsibilities for safeguarding adults with care and support needs.

Ordinarily, we would have developed and adopted a new 3-year strategy, having first consulted on it widely. However, the constraints of the Covid-19 pandemic meant that it would have been difficult to consult properly and meaningfully with local residents in settings such as care homes and day-centres.

Only through proper consultation with the people who matter (adults with care and support needs and their carers) would our strategy truly reflect local priorities. So, the Board agreed to postpone the development of a new strategy until the pandemic has passed. In the meantime, the existing strategy was extended by a year. It was also amended to include a new priority around Covid-19 matters.

Covid-19 matters

The new priority added to the strategy was to seek assurance on the Covid-19 safeguarding response. This meant asking our partners to account for safeguarding practice in their organisation being proportionate to the evolving risks during the pandemic. Working together, we would ensure we had a clear picture of the evolving safeguarding risks in a range of settings across the borough and seek to implement proportionate responses.

Pandemic or no pandemic, no adult with care and support needs should live in fear of abuse or neglect. This simple vision continued to underpin our strategy, together with the six pillars of safeguarding in the Care Act guidance, namely:

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

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 our new strategic aim to address Covid-related safeguarding risks and trends.

We were impressed with how many of our partners responded to the Covid-19 pandemic with agility and creativity to ensure that the most vulnerable residents and carers were safeguarded even in such challenging times.

With the Care Quality Commission suspending inspections in the early part of the pandemic and with abuse and neglect in many settings predicted to rise, so the role of local Safeguarding Adults Boards became even more important. We continued to monitor the local situation and reviewed any systems, processes, providers or partners which appeared to be floundering during the pandemic.

The impact of the pandemic has been different for all partner organisations. 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.

Below we have set out the key achievements of each of our partners in their response to the unique Covid-19 related safeguarding trends and themes that arose in Islington:

London Metropolitan Police

The police had to adapt to changes in the way they operated and delivered their services.

At Central North (CN) BCU (Covering the London boroughs of Camden & Islington) they were very much alive to some of the challenges they would face. The 'Lockdowns' did see some dramatic falls in some crime types, but there was always the fear that people spending more time 'shut in' at home with families could lead to an increase in cases of Domestic Abuse. There was also the fear that, with a lack of contact with people outside of the family, Domestic Abuse together with cases of Child abuse, might go unnoticed and unreported.

"In a time of unparalleled change, the public looked to the police to keep services running and to keep order. Stepping in when many others could not or would not, the police took immediate and decisive action to keep people safe, tackle crime and find answers to problems brought by the pandemic."

HMICFRS Inspection
Central North (CN) BCU 2021

When the pandemic broke and lockdown was introduced, the police took immediate steps to ensure sufficient resources were moved into the Public Protection Units to meet the anticipated increase in demand.

This approach paid dividends. Whilst levels of abuse did rise across the UK in general, Central North saw one of the lowest increases in London and indeed across the UK as a whole.

Furthermore, the Public Protection teams produced some fantastic results and led the MPS on detection rates (SD rates) for Domestic Abuse, Rape & Serious Sexual Assaults and Child Abuse cases.

"Whilst we are again incredibly proud of our officers and staff, we recognise that we could not have achieved this without the help and support of our key partners. Policing London is no longer just a job for the MPS itself and the support and contribution of colleagues is crucial. Not just the Local Authorities & Health but also those who operate in the voluntary sector, are vital. These successes are therefore the successes of everyone involved. We hope that our partners will share these successes with their teams and pass on our heartfelt thanks."

DCI Brian Hobbs, Metropolitan Police

Islington Clinical Commissioning Group

- Developed a Covid-19 pandemic action plan
- Continued support to providers, including out of hours GPs.
- Good practice was coming out of the Iris system and domestic abuse action planning.
- Safeguarding professionals remained in post with none being redeployed.
- Ensured all health providers had put in place Business Continuity Plans and issues around adult safeguarding were prioritised.
- Continued to ensure indicators of abuse, domestic abuse and pressure care remained a focus
- Ensured care homes were fully prepared, particularly around infection control.
- Worked with primary care to ensure they were fully prepared for carrying out face to face and virtual assessments.
- Supported Continuing Health Care teams on undertaking remote assessments and applying the Mental Capacity Act
- Presented to the new NCL CCG governing body on safeguarding
- Developed and circulated a Capacity and best interests guide for vaccinators
- Continued support to Health Partners
- Facilitated the GP safeguarding leads forum virtually.

Moorfields Eye Hospital NHS Foundation Trust

Activities during the pandemic included:

- Development of safeguarding business continuity plan and Covid-19 operational response for clinical governance committee.
- Quarterly safeguarding adults committee meetings
- Redeployment of interim safeguarding adults lead to support vulnerable patients at London Nightingale Hospital.
- Review of multiple policies which included covid-19 safeguarding vulnerabilities to support best practice
- Infographic developed identifying safeguarding adults themes and trends reported into committee meetings.
- Internal Safeguarding Snippets Newsletters developed and disseminated. Information sharing via Safeguarding champions, safeguarding notice boards
- Moorfields Intranet and Safeguarding Snippets Newsletter Supported the development of letters for vulnerable adults to provide reassurance and support during Covid-19

- Raised awareness of introduction of LPS via safeguarding adults committee, safeguarding children & young people committee and safeguarding newsletters.
- Developed and promoted mandatory safeguarding eLearning to include management of vulnerable patients during Covid-19 period
- Engaged with the Local Implementation Network to ensure planning for LPS is robust. MCA e-learning training with infographic to support learning introduced for staff in response to suspension of face to face training due to covid-19.
- Shared relevant learning effectively via safeguarding adults committee, safeguarding intranet pages and safeguarding newsletters
- Developing and promoting Safeguarding eLearning. Covid-19 vaccine scam awareness disseminated via staff Intranet and internal safeguarding newsletter
- Supported further development of existing Moorfields safeguarding champions, sharing information, trends and learning and development opportunities including County Lines, Cuckooing and FGM.

London Fire Brigade (LFB)

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.

Camden & Islington Mental Health Foundation Trust

Throughout the reporting year 2020/21, the safeguarding team maintained core business in the face of pandemic changes. The safeguarding team had consistent representation at MARAC, Prevent/Channel Panel, safeguarding adults and children partnerships and subgroups.

- Successfully developed and rolled out integrated safeguarding adults and children training with a participatory and e-learning component.
- Collaborated with the Mental Health Law Team to offer weekly Drop-in Surgeries for Trust practitioners for case discussion.
- Combined the adults and children safeguarding policies in the Trust with a single policy.
- Established a Single Point of Contact for the safeguarding duty desk to provide safeguarding advice to Trust and multi-agency staff via phone, emails and MS Teams.

Priorities for the year ahead include:

- To develop a lifespan approach to safeguarding training and supervision arrangements in the Trust with an integrated 'Think Family' approach and Making Safeguarding Personal at the core.

- To work with local authority partners to strengthen safeguarding practice and reporting systems in relation to Section 75 arrangements, Section 42 workflow and the implementation of the Safeguarding Dashboard

- To develop safeguarding activity at an integrated care system and integrated care partnership level and strengthen strategic safeguarding alliances across the NCL footprint.

Islington Council

During the pandemic relaxations were made to the Care Act 2014 duties, known as Care Act Easements. However these easements did not affect the duties to safeguard adults at risk of harm.

However, the Council's responses to safeguarding concerns in care homes and hospitals were affected by the national public health guidance which prevented Council staff, such as social workers, from visiting care homes and hospital patients. To overcome the challenges of the restrictions on face to face visits the Council adjusted the ways it worked with people by offering meetings via video technology or over the phone if they preferred.

- Additional guidance for staff was produced to help them work safely and prevent the transmission of covid-19 whilst keeping people safe from abuse. This included creating specialist guidance to help staff support people who lacked mental capacity as they were discharged from hospital.
- Staff were kept informed of the new local arrangements for accessing support via mutual aid groups and the voluntary sector.
- A comprehensive system of welfare telephone checks for shielding residents or those with care and support needs was set up, with follow-up welfare visits, organising food boxes and making referrals where needed
- Ensured services were able to respond to calls raising concerns about safeguarding adults for more hours of the day than usual and at weekends.
- Created new guidance around caring for people who have had covid-19
- Updated staff and local residents about novel scams, such as scammers charging people for covid tests and vaccinations.
- Updated arrangements for people who were deprived of their liberty in care homes and hospitals. As staff could not visit people in care homes, measures were put in place to ensure that any new authorisation of a deprivation of liberty would take account of the fact that the person hadn't been seen face to face.
- Put in place rapid and timely reviews for authorisations.
- Offered families additional support from specialist mental capacity advocates in recognition that they would not be able to visit their loved ones during the lockdowns
- Provided safeguarding data to the Covid-19 Safeguarding Adults Insight project, which monitored and benchmarked against emerging national safeguarding trends

Due to increases in domestic abuse and self-neglect cases:

- a poster campaign about domestic abuse was launched in our local supermarkets during February 2021
- a daily meeting was instituted to review domestic abuse concerns promptly and with all the appropriate agencies involved. This brought about really good outcomes for a lot of people who now do not need to wait for the help they need.
- additional guidance and information was given to all the volunteers of the mutual aid organisations about how to recognise abuse and self-neglect and knew what to do if they had a concern about someone.
- Training for staff was moved onto to video based and on-line training. The video training has proven to be very popular and we are now looking at new ways of delivering training for the future.

In order to make sure people were kept safe, the Council carried out a number of audits of safeguarding work during the lockdown periods. Conversations were also been held with staff to find out from them how they were managing to keep people safe during the lockdown and if they needed any additional information or support.

The Council worked closely with the Safeguarding Adults Board's service user and carer sub group to make sure the voices of people who use Council services were being heard and to find out what their experiences of safeguarding during the lockdown were like. Feedback from this group has been used to shape the Council's safeguarding practice going forwards.

North London Early Homelessness Prevention service was shortlisted for a LGC award. The

service, which is hosted by Islington Council, helped to prevent hundreds of households from becoming homeless across the north London region over the last two years.

When the UK locked down for the first time back in March, rough sleepers all over the country were supported into temporary accommodation to help reduce the spread of the disease amongst the homeless population. The approach became known as 'Everyone In'.

It meant that Islington Council was able to engage with a whole new range of at risk people, to help them get support. Many of these people faced additional challenges due to their immigration status or nationality.

The council's Covid-19 Homeless Pathway, meant that people who were rough sleeping or homeless were provided with accommodation to prevent transmission of the virus, with an integrated approach to meeting needs during the placement.

Through this humanitarian approach, the council and its partners achieved some great successes:

- 167 verified rough sleepers were accommodated
- A further 93 'hidden homeless' cases were accommodated, some of whom would not normally be eligible for homelessness assistance because of their immigration status. 55 of which were placed in Greater London Authority hotels

By year-end, the number of verified rough sleepers in Islington being engaged with was 10-15, dramatically down from the November 2019 street count of 50 people.

> "We've seen a totally new cohort of cases and had to be really flexible and responsive in adapting our approach to the specific needs of some of the new people we've worked with during the pandemic. This includes rough sleepers, people released from prison, those who were potential victims of trafficking or modern slavery.

The Council's Commissioning, Contracts and Brokerage team engaged extensively with a range of providers during the Covid-19 pandemic. Specific work included:

- Regular contact with providers to ensure that they were able to operate safely and with confidence throughout the crisis
- A dedicated webpage with the latest updates and guidance
- Support to access mutual aid opportunities as well as the coordination of staff testing (prior to centralised rollout)
- Continued supply of PPE when providers are unable to source their own through their usual supply chains
- Responded to Covid-19 funding requirements for providers both prior to and in line with the national grant programmes
- Data collection and service planning including through the implementation of and support with local, regional and national sitreps
- Logging and responding to emerging issues for providers
- Daily weekday communications for providers at the start of the pandemic, moving to weekly newsletters
- PPE sourcing, logistics and distribution in partnership

- Strategic planning and participation in an 'after action review' across north central London with other local councils
- Coordination of Covid-19 staff/resident testing
- Bespoke guidance for unpaid carers and PPE supplied to Islington Carers Hub to issue to carers as needed
- Range of support, in partnership with health and public health colleagues, to roll out and encourage uptake of the Covid-19 vaccine among residents who use adult social care services and the Islington adult social care workforce
- Continuation of remote monitoring and quality assurance within Covid-19 restrictions
- The Resource Team readjusted to new national directive quickly and ensured that the 3-hour discharge pathway could be implemented during lockdown conditions, providing a 7-day offer 8am-8pm during the first and second waves
- Joint Commissioning continued with business as usual, while also ensuring a shifted focus to support providers and pick up new pieces of work for residents during Covid-19 (such as homelessness)
- Support with recruitment through iWork and Proud to Care
- Regular contact with all services to check on wellbeing of service users and staff, identifying risks/issues early
- Support for all care homes inspected by the Care Quality Commission (CQC) to improve their quality ratings
- Facilitation of access to Public Health guidance
- Infection control funding, training and audits
- Provider forum calls to share and discuss common issues and best practice
- Establishment of remote assessment processes for mental health supported accommodation to ensure rapid discharge from mental health hospitals
- Contact made with all out of borough provision at the start of the pandemic to ensure clear lines of communication
- Arranged open-space access specifically for people with learning disabilities

Single Homeless Project (SHP)

The SHP Navigator outreach service identifies, targets and engages individuals who are street homeless in Islington. Despite the pandemic and the rules of lockdown, it was imperative that the team continued to outreach to clients, to provide intensive support and to ensure clients were kept as safe as possible. Working flexibly and creatively was key, here are some of the ways the team adapted to support and safeguard clients.

- Joint outreach meetings with St Mungo's and Islington's Complex Needs Outreach worker to identify clients who were rough sleeping and had poor physical health.
- Meeting with clients in local parks to fill in forms on laptops.
- Advocated for clients at medical appointments.
- Assisted with lower limb wound dressings when appointments with nurses could not be made.
- Zipcars were used to transport clients to temporary accommodation. This provided many benefits; minimized the risk of contracting COVID-19 via public transport, provided a quiet warm place for telephone assessments/appointments to take place, and saved time as the team would pick up supplies on the way.

SHP's Navigator service prides itself on building strong relationships with our clients, so meeting in person was not only important for their clients' safety, but it was also essential for their well-being and the progression of working relationships with them.

Healthwatch

- During the pandemic Healthwatch adapted how it worked and supported its partners to do the same.
- Gathered feedback about residents accessing health services by phone or online, which revealed that a 'digital first' approach to accessing services can make existing health inequalities worse.
- 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

Throughout the period of COVID, the Whittington maintained a visible safeguarding adult lead presence, to ensure staff were supported during this unique period in fulfilling their safeguarding adult duties. Despite significant pressures including staff shortages, safeguarding adult referrals continued to be made appropriately, and numbers were the highest ever recorded.

An increase in reports of self-neglect were received, which were shared with partners and the SAB; working together to mitigate risks identified was key.

The reduction in social care presence for inpatients who had a safeguarding adult concern raised led to discussions with social care and partners about how the voice of the person could be heard.

Given public attention around use of Do Not Attempt Resuscitation (DNAR) for patients with a learning disability, Whittington Health completed an audit into their practice and found proper processes had been followed. On the back of this, they will develop training for provider agencies around DNAR.

Whittington Health continued to be an active partner in the LeDeR (Learning Disability Mortality Review) steering group and programme, and has supported reviews being undertaken. Learning from reviews continues to be shared.

An external audit into safeguarding practice within the Trust found staff knew what their safeguarding adult responsibilities were, and also had a good understanding of the Mental Capacity Act.
Key achievements included:

- Embedded The Homelessness Reduction Act duty to refer those who are homeless or at risk of homelessness for housing advice with consent.
- Maintained a high compliance rate for safeguarding adults training despite the challenging times
- Ensured reasonable adjustments were in place throughout COVID for those with a learning disability, dementia, mental illness etc continued.
- Produced two safeguarding adult training films
- Commenced group supervision for community matrons
- Led on COVID vaccinations

Voluntary Action Islington

Key messages were promoted to local voluntary organisations communication channels.

Health partners of the Safeguarding Adults Board have also published their annual reports for 2020/21 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

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.

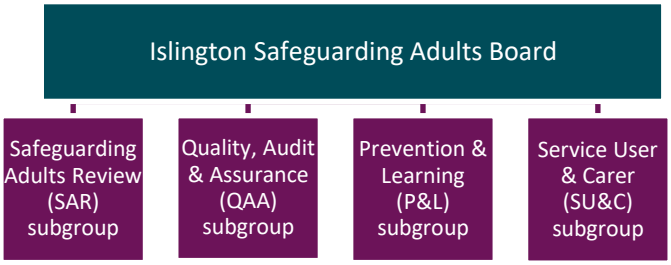
It would be impossible to list every single action and activity our partners took towards ensuring the safety and wellbeing of adults at risk. The specific achievements set out above are by no means all that partners achieved towards safeguarding adults – they are merely highlights.

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

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 referrals for a safeguarding adults review. Neither referral met the thresholds and criteria for a full Section 44 Safeguarding Adults Review under the Care Act 2014.

However, it was agreed that as both cases involved an element of self-neglect, a learning event should be arranged for the cases. The learning event will be a means of exploring and sharing what could be done better to prevent serious cases of self-neglect in future.

A learning event was held for a case which had been referred to the SAR subgroup the previous year. A 7-minute briefing about the learning from this case, referred to as 'EE' has been shared with partners.

DCI Brian Hobbs
Chair, Safeguarding Adults Review subgroup

Quality, Audit & Assurance subgroup

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

- During the year we have reviewed safeguarding adults data and trends with particular focus on the impact of the Covid-19 pandemic
- reviewed local DoLS activity
- received and reviewed updates on LeDeR and
- kept the Board's risk register under review and made recommendations to the Board on risk when appropriate.

David Pennington
Chair, Quality Audit & Assurance subgroup

Prevention & Learning subgroup

This group worked 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 and disseminated a series of 7-minute briefings on previous serious cases
- A thematic analysis of the Mental Capacity learning from recent serious cases
- Overseeing the formation of a project group on embedding pressure ulcer prevention across the partnership

This work will be developed further in the next year.

Tracy Luckett
Chair, Prevention & Learning subgroup

Service User & Carer subgroup

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

It proved difficult to get the group together in the early phase of the pandemic. Video and teleconference meetings were held for the latter part of the year.

Discussions have mostly focused on the impact of the pandemic on disabled and shielding people and their carers. The group has given rich feedback and insights into their personal experiences of the pandemic, which have been used to challenge and inform the Board's new priority around implementing proportionate responses to the evolving safeguarding risks.

Eleanor Fiske
Chair, Service User & Carer subgroup

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 rises in reports of domestic violence. 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 will continue to work with our partner organisations to share data in a transparent and secure way. Only through shared aggregate data can we get a clearer picture of abuse and neglect trends and activity across the borough.

3. Safeguarding Concerns

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

During the year we had 3,353 **safeguarding concerns** reported to us, compared with 3,228 in 2019/20 and 3,724 in 2018/19.

4. Safeguarding enquiries

In 2020/21 we had 342 **safeguarding enquiries** (**11%** of the total concerns raised). Of these 342 enquiries, 322 were carried out as safeguarding enquiries under Section 42 of the Care Act 2014.

A further 20 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

Joni, who has learning disabilities and physical disabilities, telephoned her GP in great distress. She had started to suspect she might have been taken in by a Covid-19 fake vaccination scam, but she wasn't sure. She explained to the GP that a nurse, or who she thought was a nurse, had turned up on her doorstep unannounced and offered her a Covid booster vaccination for £100. The 'nurse' told her the booster vaccinations were in such demand, it was now or never.

As Joni has been very fearful about her health during the pandemic, she handed over £100 to the 'nurse' on the doorstep. The 'nurse' then said she would go to her car to get the vaccinations. Joni waited and waited for the 'nurse' to return until she eventually started to suspect that perhaps she had been scammed.

The GP confirmed that no-one from the NHS would charge people for Covid booster vaccinations and that it was a scam. He explained to Joni that he would need to report this to Adult Social Services as a safeguarding concern.

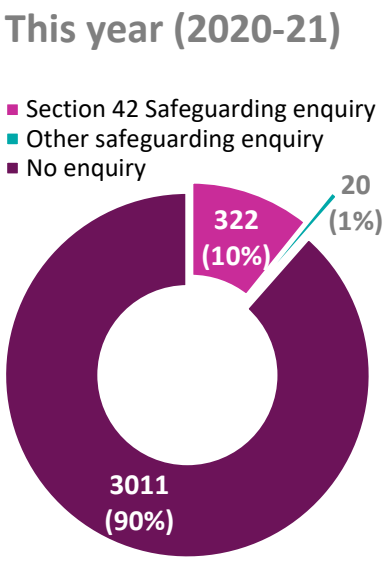
A social worker went to visit Joni and noticed that Joni was looking thin and her flat was untidy. A multi-agency safeguarding meeting was held. The GP confirmed that Joni's health has been deteriorating and so the social worker is helping Joni to think about whether she needs help now with cooking, daily living tasks and her finances.

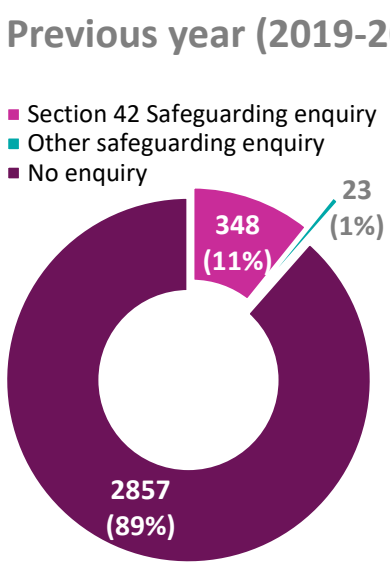
Joni was able to provide a description of the 'nurse' which is being followed up by the police and trading standards.

** 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

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

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

The framework

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

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

Care Act in line with the framework all along. So, our conversion rates at 10 - 12%, although appearing low initially, are now considered to be at an appropriate level.

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

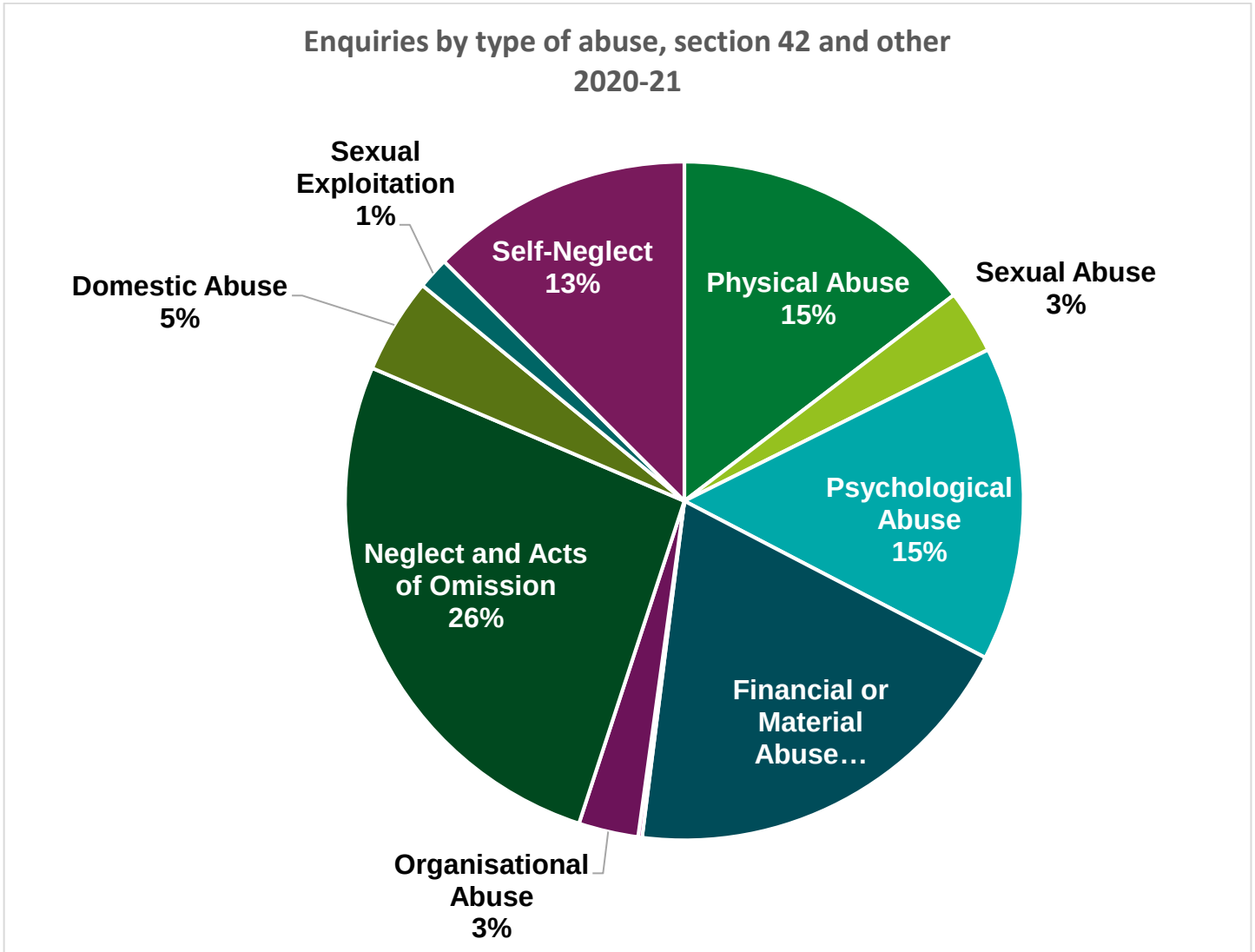
The only additional work required by us was some training for staff to ensure they understood the new framework and were implementing it correctly. We are carrying out case file audits and workshops for social workers around safeguarding adults in order to ensure that the decision-making processes are well evidenced and that people who have experienced harm and abuse have their risks reduced or removed. We continually reflect on our application of the ADASS/LGA framework and respond to any support or training needs that our social workers may have.

At the time of publishing this report, the national data for 2020/21 had not been published so it is not yet possible to benchmark our data against that data. The national data for the previous year 2019/20 is available on the NHS Digital website.

Benchmarking has been done against the Second Covid Safeguarding Insight report instead, 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.

6. Types of abuse

The different types of abuse about which we made safeguarding enquiries during 2020-21 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 2020-21 year, the three most common types of abuse we made enquiries into were neglect, financial abuse and psychological abuse. A broadly similar pattern for the various types of abuse and neglect have been noted in previous years. For example, the proportion of neglect cases at 26% remains similar to last year's at 28%. However, it has been noted 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

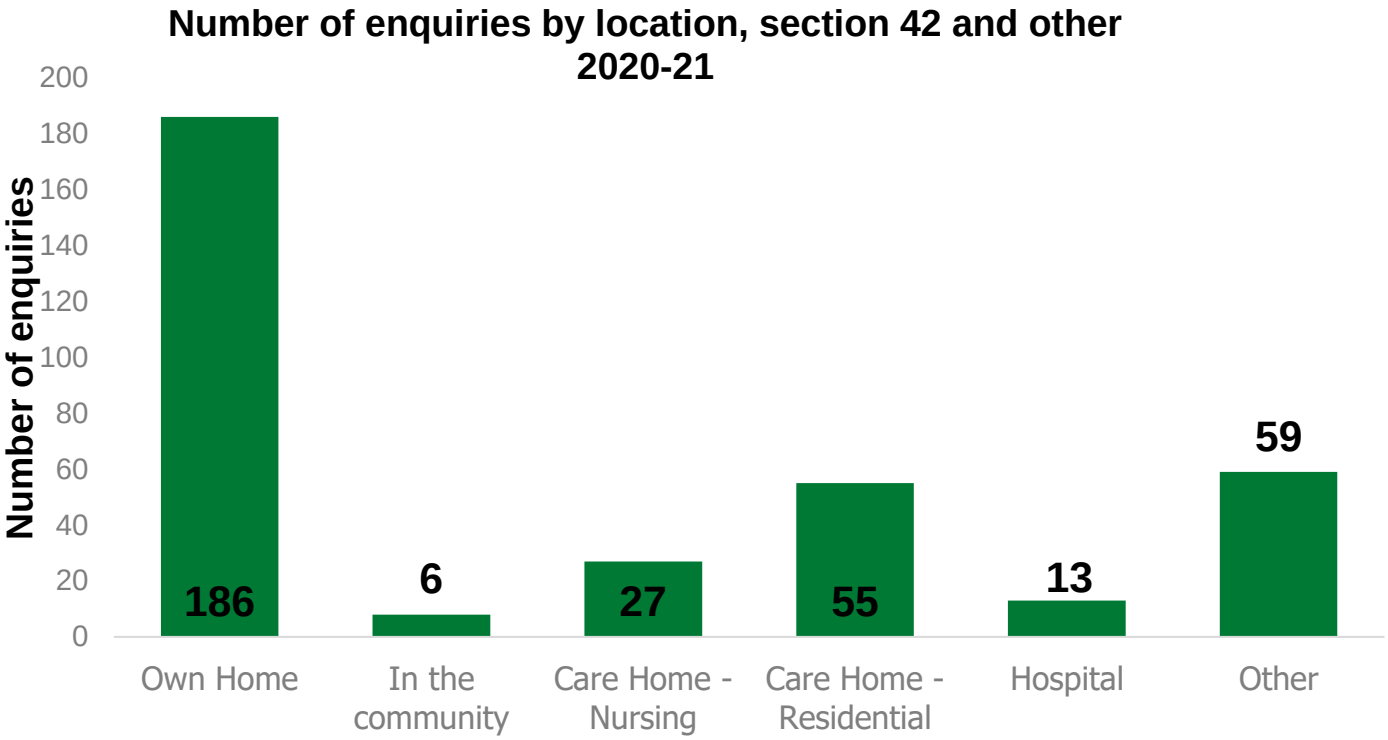
Adult Safeguarding for Designated Leads – live online course:

'The session was very interactive. The trainer encouraged people to get involved and people did. Although it was on zoom, it did not feel isolated. The trainer encouraged people to put their views across as if it was a classroom based session'.

Safeguarding Adults Managers online live training course:

'This was well worth the wait. David is an excellent trainer'

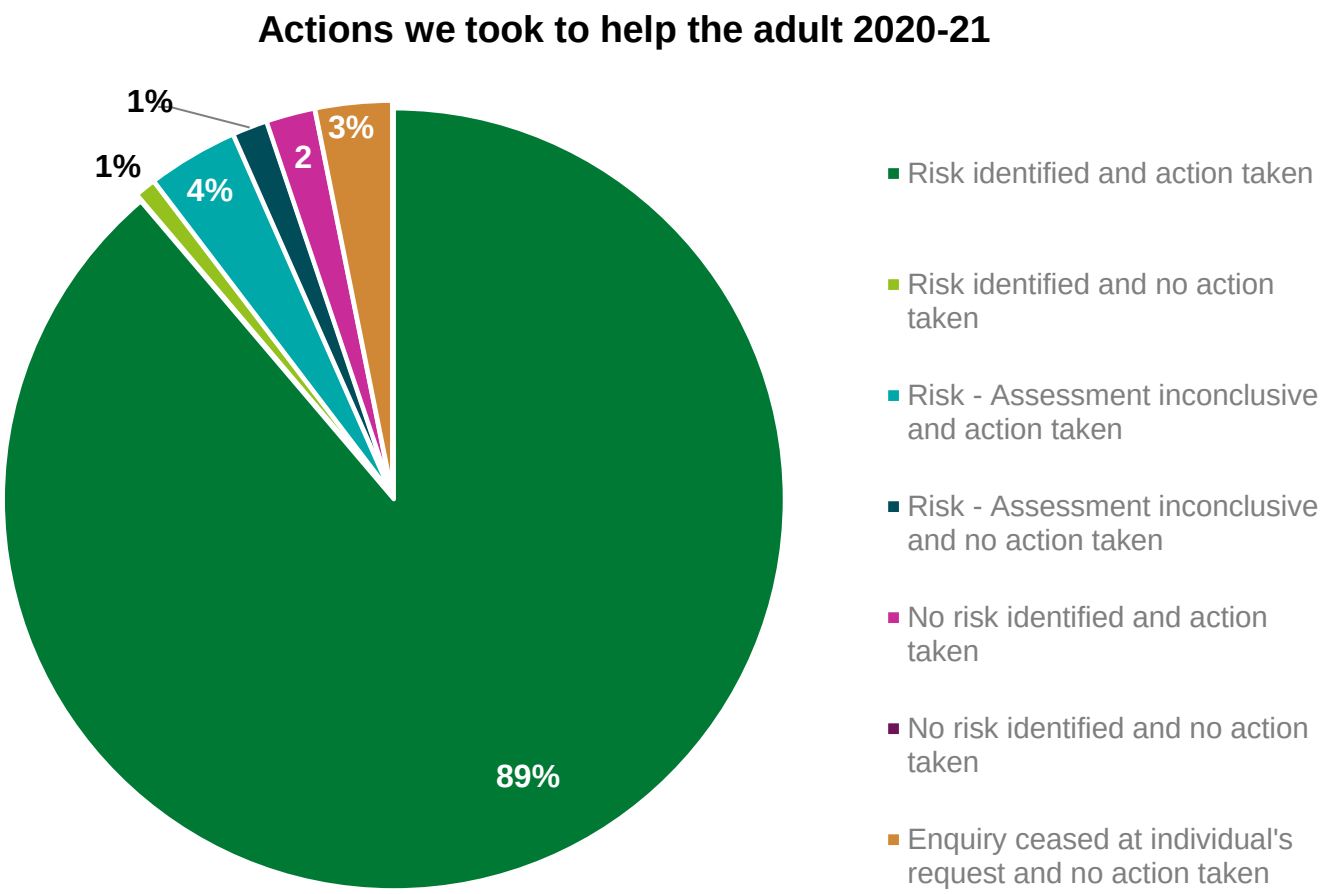
7. Where abuse took place



Note: In the Community & Community Services have been grouped together and Hospital admissions due to small numbers & potentially disclosive

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

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 2020-21. 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, which is a significant increase from 75% in the previous year. We will continue to monitor whether social workers are correctly recording all the protective actions they take in a safeguarding enquiry. Through case file auditing, we also check that social workers have considered the full range of protective actions available to the adult.

The most common action is increased monitoring of the adult. Increased monitoring could include family and friends agreeing to visit an isolated adult more often. Or it could be a community nurse visiting patient at home regularly to check for pressure sores.

A wide range of other actions were also used. They included referrals to counselling, staff training, applications to the Court of Protection, change of appointee and restricting access to the person causing risk. In some cases, the concerns are serious enough for the Police to prosecute or caution the person who caused harm.

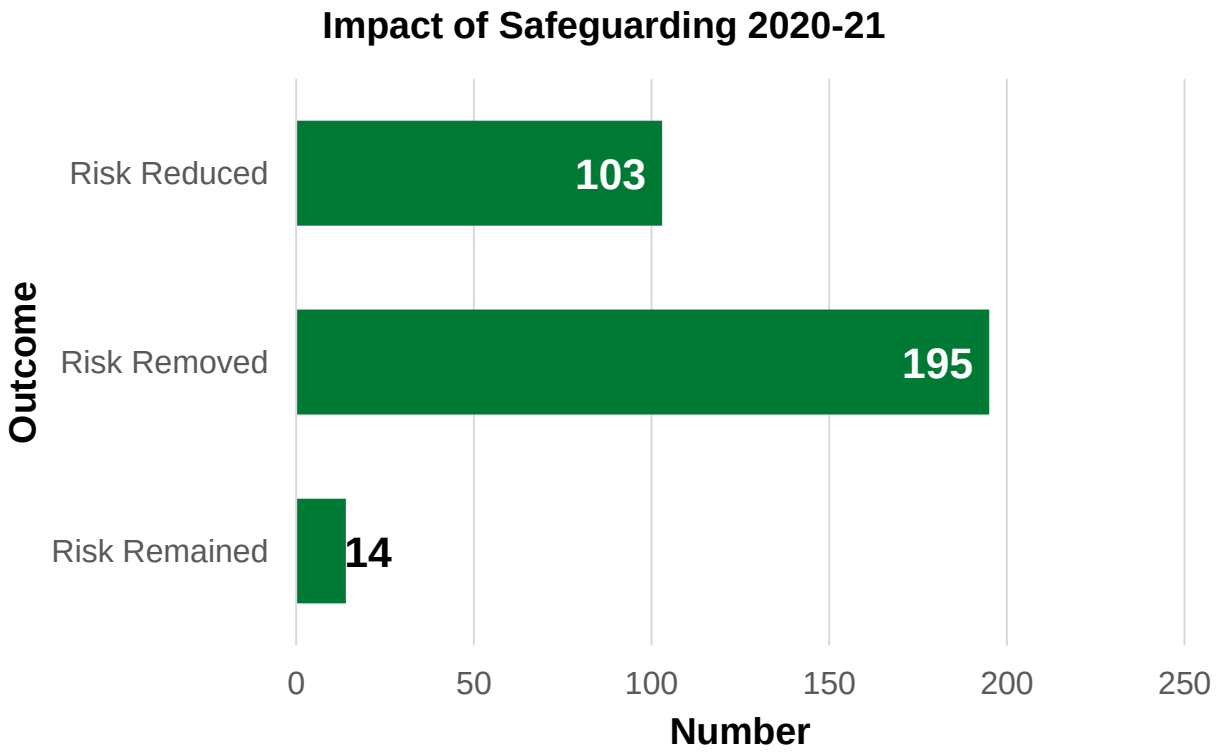
In 1% of the cases we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

In 3% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against someone's wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.

9. The impact of safeguarding

The purpose of safeguarding is to help people feel safer. One of the ways we measure this is by looking at our safeguarding actions to see if we have reduced the risk of future abuse or neglect happening. The chart below shows that in most cases, our actions have either removed or reduced the risk of harm.

In only a very few cases the risk remains. Usually this is the adult's choice. We always check first that the adult has the mental capacity to make decisions about the risk, is comfortable with the risk and understands the possible consequences of not taking steps to reduce the risk. We also factor in risks to other adults or children and whether the person causing harm is a paid professional.



This graph is based on the number of closed Section 42 enquiries in 2020-21 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate. We have excluded any enquiries which were still being investigated at the time of writing this report.

10. Making safeguarding personal

Putting the victim first is 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 elements are included in the Board's annual plan for the year ahead.

11. Safeguarding Adults Reviews

Sometimes when an adult with care and support needs has died or been seriously injured, we question whether services could have worked together better to prevent it happening. If we think that might be the case, we carry out a safeguarding adults review (SAR).

SARs are all about learning lessons; not about blaming people.

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
- Mental health and mental capacity
- Pressure ulcers

The subgroup agreed that neither case warranted an independently authored, full Safeguarding Adults Review. But because 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.

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.

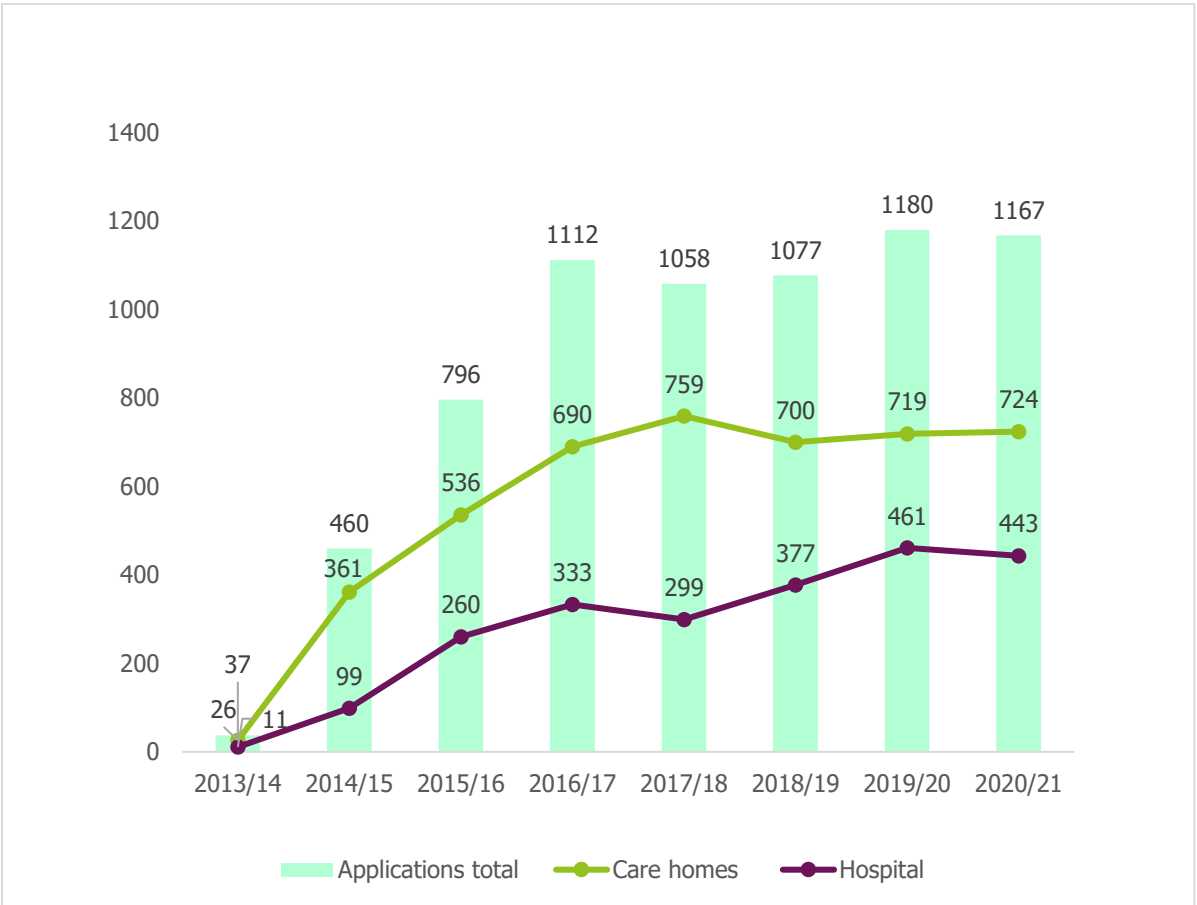
Our Prevention & Learning subgroup published a series of 7-minute briefings from previous SARs and reviews to help embed key learning points. The subgroup undertook a thematic analysis of serious cases in Islington in recent years and identified that a better understanding of some parts of the Mental 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.

DoLS Referrals 2019 - 2020

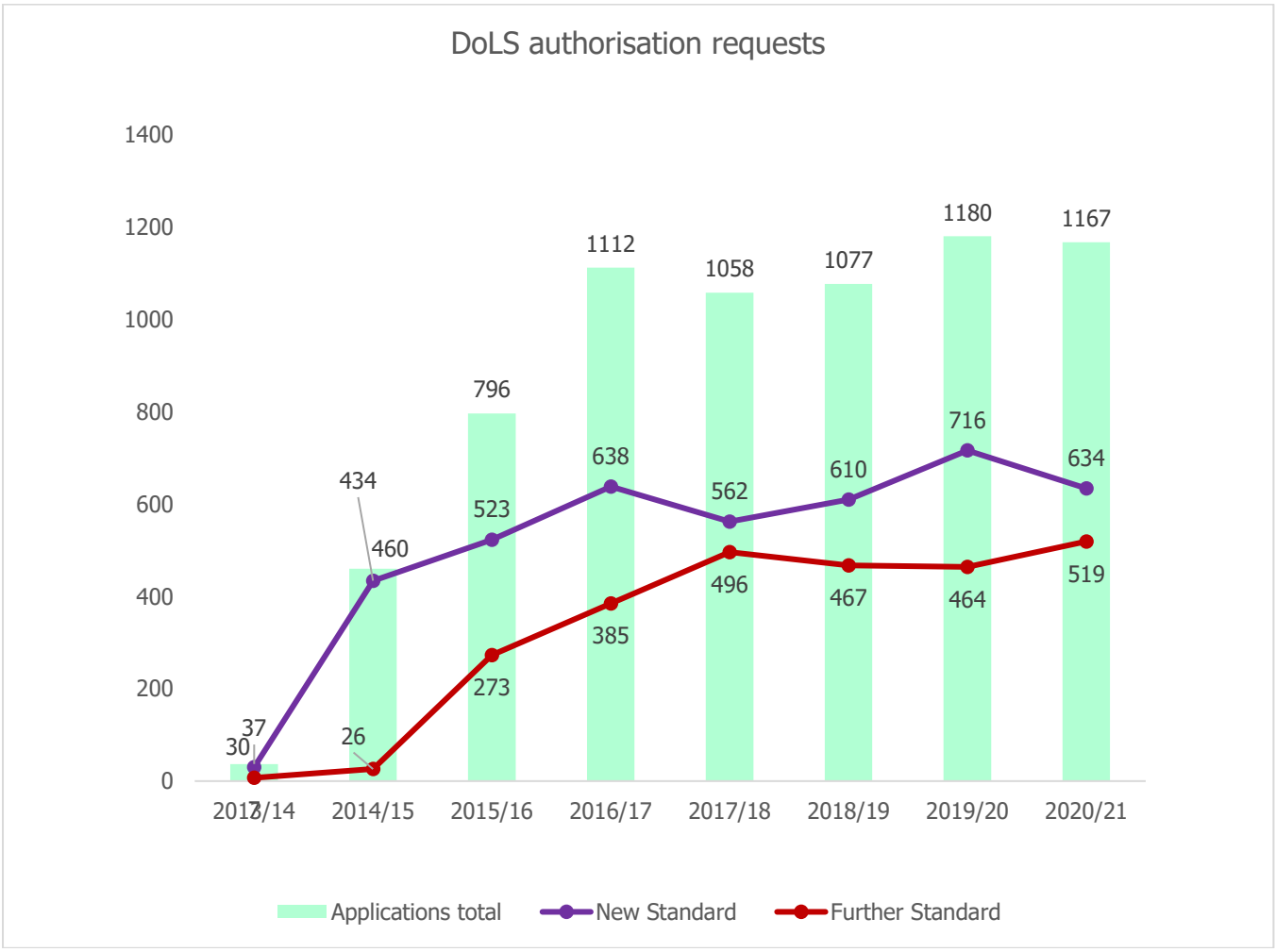


Referrals during the year were at similar levels to previous years, and over the last four years referrals have been levelling off.
The majority of DoLS referrals (62%) are from residential care homes.

Overall **new referrals decreased by 11%** and further standard authorisation requests increased by 17% as a result of the shorter authorisations in place till September 2020.

During the Covid-19 pandemic there have been rapid discharges from hospitals through a range of pathways. Where a hospital raises a DoLS referral on admission, we are tracking the discharge destination and instigating a DoLS referral if needed. We have established a relationship with Resource Team that notifies us of any new care home placements that may meet criteria for DoLS authorisation. We then investigate and initiate DoLS process if required.

New placements



Current authorisations

We granted **623 DoLS authorisations** during the year and at year end had **389** residents under standard authorisation. In 2019/20 we observed a decrease in people under a DoLs authorisation by 22%. This was due to a number of reasons, including increased numbers of deaths from Covid-19 and restrictions on assessors being able to enter hospitals during the early part of the pandemic. However in 2020/21 we recorded an 18% increase compared with the previous year, which shows that the situation seems to be stabilising and numbers of authorisations are expected to return to pre-pandemic levels.

Relevant Persons Representatives (RPR)

Roughly **50%** of DoLS authorisations were granted with a paid RPR. The majority (72%) of the paid RPR's were provided by advocacy provider POhWER.

Applications process

Despite the Covid-19 pandemic, the Islington DoLs team continues to process applications in good time and has **no backlogs**.

COVID-19 Pandemic

Throughout theCovid-19 pandemic Islington DoLS office continued operating to provide safeguards for Islington residents in residential care homes and hospitals. The DoLS office took account of DHSC guidance, best practice and worked with our Residential care homes and hospitals to ensure the DoL Safeguards were implemented in a sensitive and proportionate manner taking into account the enormous pressures care homes and hospitals were under, particularly during the initial stages of the pandemic. As the crises in care homes and hospitals eased, we have been able to move from the initial Risk Assessment phase to remote assessments and now slowly moving towards face-to-face assessments for hospital cases and new placements in care homes, to ensure that people are effectively safeguarded.

Safeguarding

Safeguarding concerns raised by our assessors are recorded and then reported at the regular RADAR meetings. In addition, the DoLS service has been pro-active in raising safeguarding issues. The team also follows up on concerns with the social work teams when these are raised by the DoLS assessors in their assessments and by paid Relevant Person's Representatives in their regular monitoring reports.

If and when a resident under DoLS or their representative expresses objection to their placement, the social work teams are notified and a paid Relevant Person's Representative is put in place to help facilitate a Court of Protection (COP) referral if appropriate. We currently have **14 active COP cases**, 12 of which are Section 21 challenges dealing with the Relevant Person's objection to the placement.

Conditions and recommendations

The Supervisory Body attaches conditions or recommendations to DoLS Standard Authorisations in 40% of all granted authorisations. Conditions are specifically attached to lessen the restrictions that the Relevant Person is subjected to.
Good examples or conditions or recommendations that we attach are regarding:

- 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 assessments 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

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

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

Next steps

We are proud of what we've achieved in the last year. But as we look ahead, there is so much more to be done. There is no single solution to ending adult abuse and neglect. Tackling it requires creativity and commitment from all our partner organisations in Islington.

Covid-19 (Coronavirus) pandemic

With the Covid-19 pandemic rightly having taken priority for many of our partners, there remains much work to do towards delivering on the Board's long-term strategy.

With the gradual opening up the economy and the prospect of some return to normality ahead, we will continue to monitor the local situation and review any systems, processes, providers or partners as needed.

Transitional safeguarding

The particular safeguarding needs of the 16-25 year old cohort deserves closer attention. The Board will work towards building a fluid and nuanced approach to safeguarding this group in transition from children's services to adult services.

Making Safeguarding Personal

Every person is an individual and whenever possible we must tailor our responses to reflect that person's priorities. We'll continue to work together to bring about the culture-shift needed to truly embrace this way of working across agencies and within our communities.

Liberty Protection Safeguards

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

Learning

We are committed to learning from serious cases. Our newly-formed Prevention & Learning subgroup will be driving this agenda forward by publishing a range of materials and learning events about the Mental Capacity Act and pressure ulcer prevention.

Self-neglect appears to be a theme from serious cases that needs closer examination. The Board will evaluate and consider how best to improve multi-agency responses to self-neglect.

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

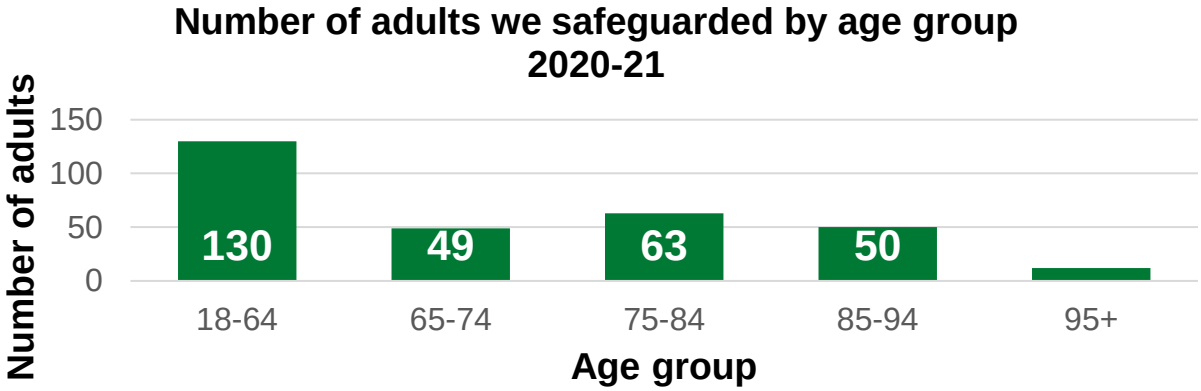
Making sure we safeguard everyone

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.

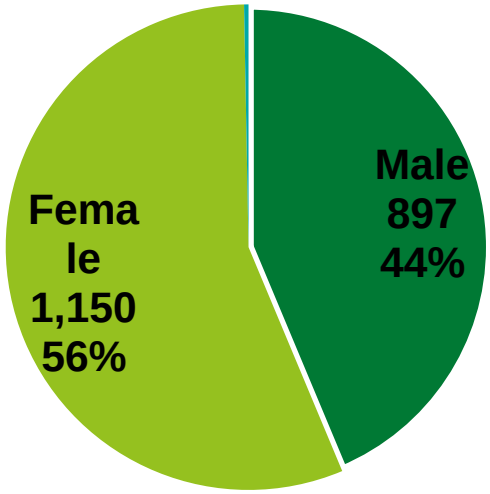
In this part of our review we look at how the Islington population is represented by the people who had safeguarding concerns raised about them.

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.



The chart above shows that this year (as in previous years) there were a lot of safeguarding concerns about people over 65 years of age. This is consistent with national and international research which shows that the older an adult is, the more at risk of abuse they become. Therefore, it appears we are continuing to do well in encouraging people to come forward and report suspected abuse of older people.

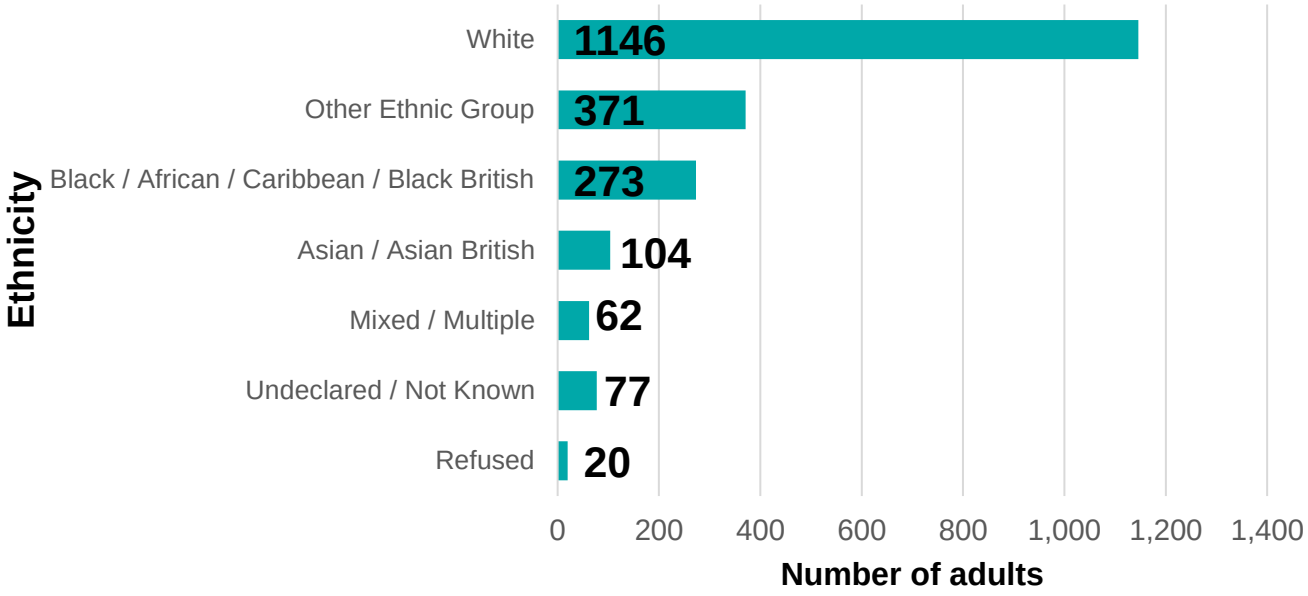
Gender of adults who had safeguarding concerns raised about them 2020-21



This chart shows similar gender proportions to last year. There were more concerns reported about women than men. It is difficult to know whether this is because women experience more abuse or whether abuse of women is more commonly reported than abuse of men. National research (Scholes et al, 2007) found that women are more likely than men to experience domestic abuse.

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.

Ethnicity of adults who had safeguarding concerns raised about them 2020-21



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.

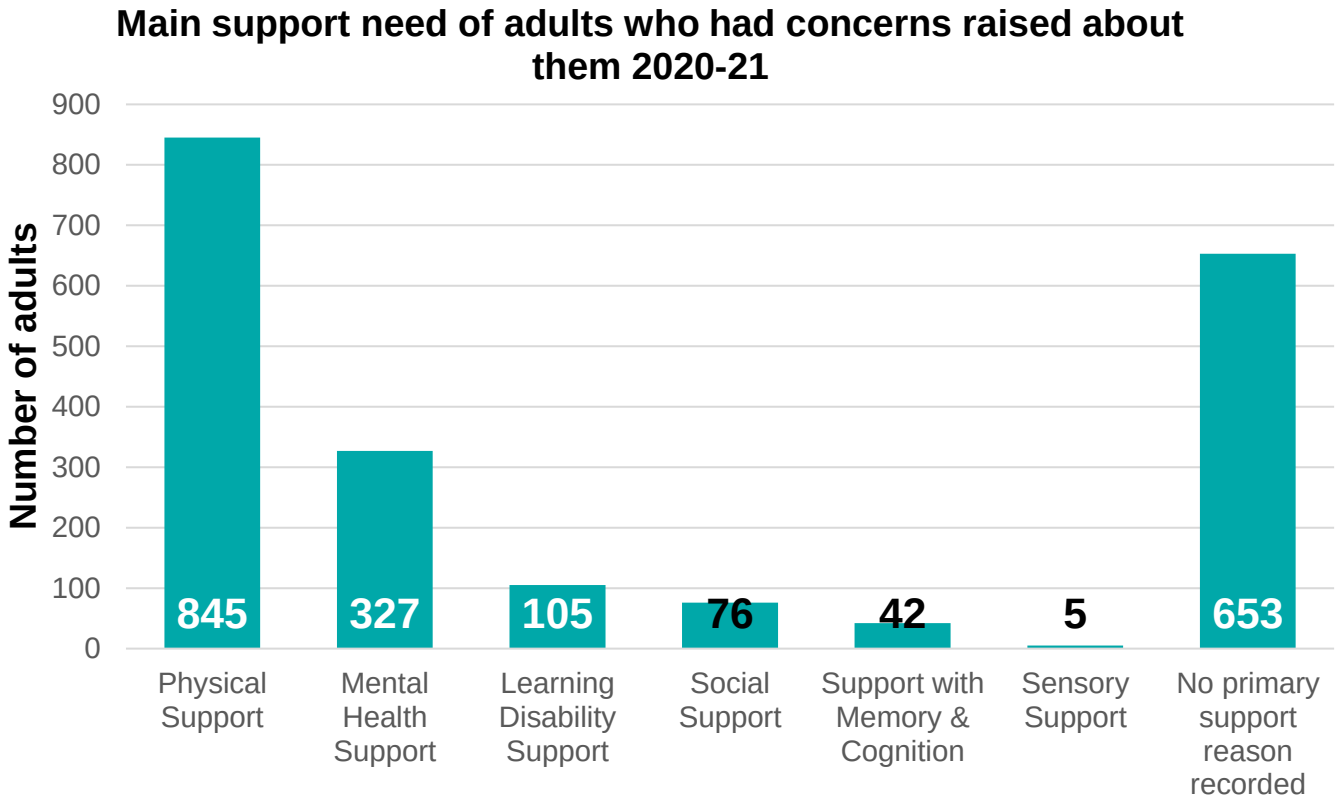
Our data shows that adults who identify as white are slightly over-represented in safeguarding data, while most of the other ethnicities are under-represented. We want to understand why some ethnicities are less likely to have safeguarding concerns reported about them. It may be that there are language 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 get a better understanding of the issues, we will explore the theme of equalities during the coming year through our Service User & Carer Subgroup.

We will also promote safeguarding adults through leaflets and engaging with local communities to ensure that safeguarding concerns are not being missed.

Sexual orientation of adults safeguarded during the year

The government estimates that roughly 6% of the UK population is lesbian, gay or bisexual. Although the department of health does not require us to collect and report on sexual orientation, in recent years we have started asking some of the adults we safeguard about this. We will work towards creating an environment where staff feel confident about asking questions about sexual orientation and the adults concerned feel safe disclosing their sexual orientation.

Even though our data is not complete, there may be enough data to suggest that lesbian adults are under-represented in safeguarding enquiries. We continue to work on this strand of equality and diversity and will engage with partner organisations including Stonewall Housing. This will allow us to get a better understanding of any barriers this group may experience in accessing safeguarding support. We will also look to deliver training on this aspect of practice.

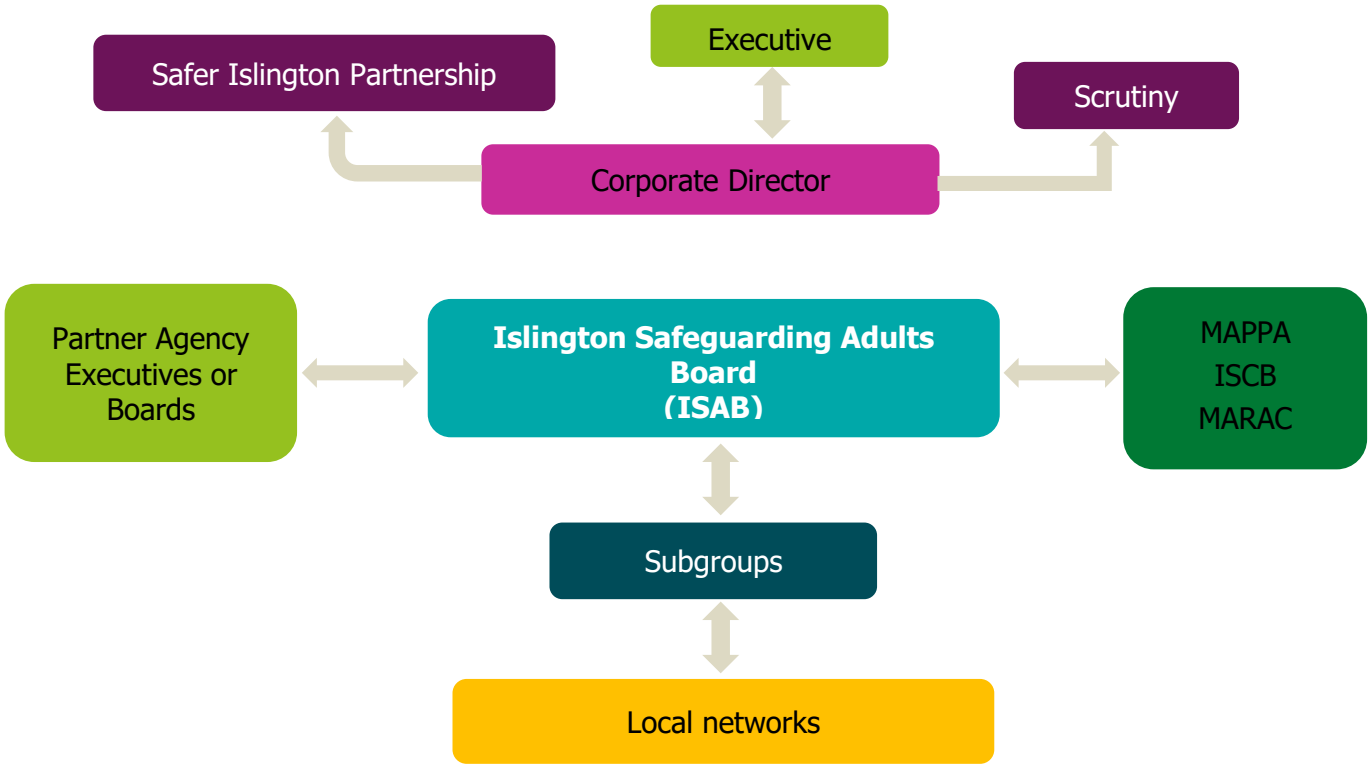


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that few concerns raised for people whose main need was that they care for someone else. It suggests we need to continue raising awareness amongst carers and organisations that support carers.

Appendix B

How the partnership fits in

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



Council	All elected councillors. It is the lead body for the local authority.
Executive	Eight councillors who are responsible to the council for running the local authority.
Scrutiny	This is a group of 'back bench' councillors who look very closely at what the council does
Safer Islington Partnership	This is a group which looks at crime and community safety. It involves the council, police, fire service, voluntary sector and others.
Corporate Director	People Services- is responsible for setting up and overseeing the ISAB
ISAB	Islington Safeguarding Children's Board works to safeguard children in the borough.
MARAC	Multi-Agency Risk Assessment Conference. This group responds to high risk domestic abuse

Appendix C

Who attended our board meetings

Islington Safeguarding Adults Board Meetings	Board Meeting 29 April 2020	Board Meeting 8 July 2020	Board Meeting 7 Oct 2020	Board Meeting 3 Feb 2021
Partner Organisation				
Independent Chair	P	P	**P**	P
Police	P	N	P	P
Islington Council	P	P	P	P
Islington Clinical Commissioning Group	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	N	P	P
London Fire Brigade	A	P	P	A
Camden & Islington Foundation Trust	P	p		P
Whittington Health	P	P	P	P
Community Rehabilitation Company (CRC)	A	P	A	P
Probation	A	A	P	P
London Ambulance Service	A	A	A	A
Safer Islington Partnership	A	A	A	A
Co-Opted Organisation				
Age UK Islington	A	A	A	P
Notting Hill Pathways	A	A	A	A
Healthwatch Islington	P	A	P	P
Single Homeless Project	P	P	P	P
Attendees				
Care Quality Commission (CQC)	P	P	P	P
NHS England	N/A	N/A	N/A	N/A
London Borough of Islington Councillor	A	P	A	P
General Practitioner	N/A	N/A	N/A	N/A
Family Mosaic Housing rep	N/A	N/A	N/A	N/A
Prison	A	A	P	P
Voluntary Action Islington	P	A	P	A

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 17 June 2020	Subgroup meeting 16 Sept 2020
Partner Organisation		
Chair (Clinical Commissioning Group)	P	P
Islington Council	P	P
Whittington Health	P	P
Moorfields Eye Hospital NHS Foundation Trust	A	A
Camden and Islington NHS Foundation Trust	P	P
Notting Hill Housing	A	P
Police	P	A

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

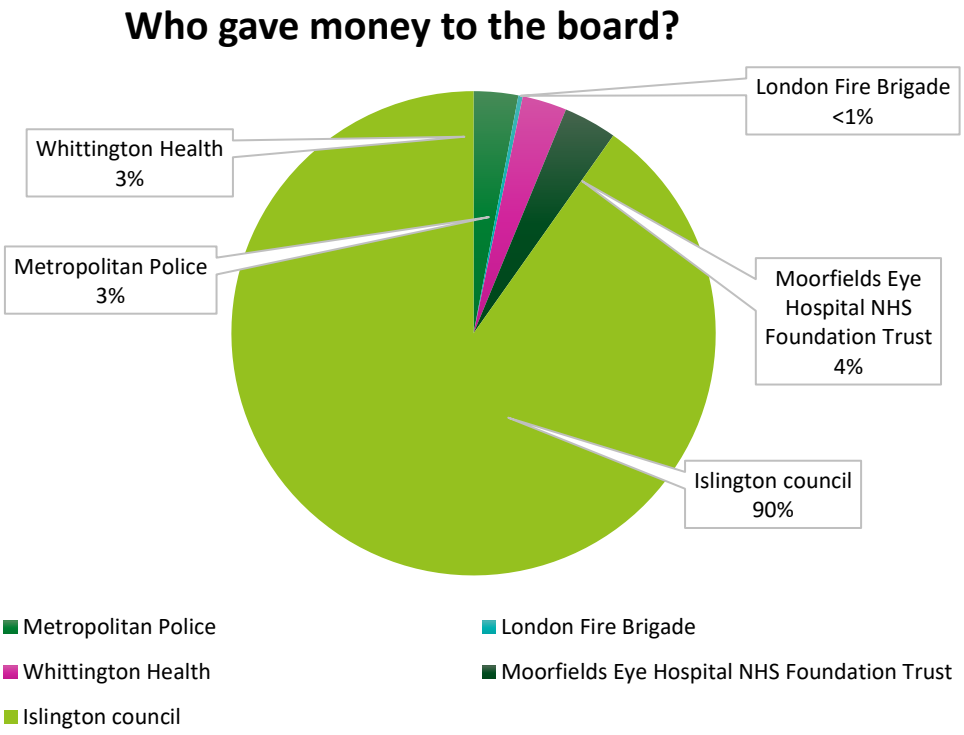
Safeguarding Adults Review Subgroup Partner Organisations	Subgroup Meeting 1 June 2020	Extra ordinary Subgroup meeting 23 June 2020	EE Multi-Agency reflective workshop 30 June 2020	Subgroup Meeting 9 Sept 2020	Subgroup meeting 11 January 2021
Partner Organisation					
Chair (Police)	P	P	A	P	
Islington	P	P	P	P	
Single Homeless Project	P	P	N/A	P	
Islington Clinical Commissioning Group	P	P	P	P	
Age UK	A	A	N/A	A	
Camden and Islington NHS Foundation Trust	P	P	P	P	
Whittington Health	P	A	P	P	
Moorfields	N/A	N/A	N/A	A	

Prevention and Learning Subgroup	Subgroup meeting 25 June 2020	Subgroup meeting 5 Aug 2020	Subgroup meeting 23 Sept 2020	Subgroup meeting 16 Dec 2020	Subgroup meeting 10 March 2021
Chair (Moorfields NHS FT)	P	P	A	P	
Islington Council	P	P	p	P	
London Fire Brigade	P	A	A	A	
Prison	P	A	A	A	
Notting Hill Genesis	P	P	A	A	
Camden and Islington NHS FT	A	A	p	A	
Whittington Health	P	A	A	A	
CCG	N/A	N/A	P	P	

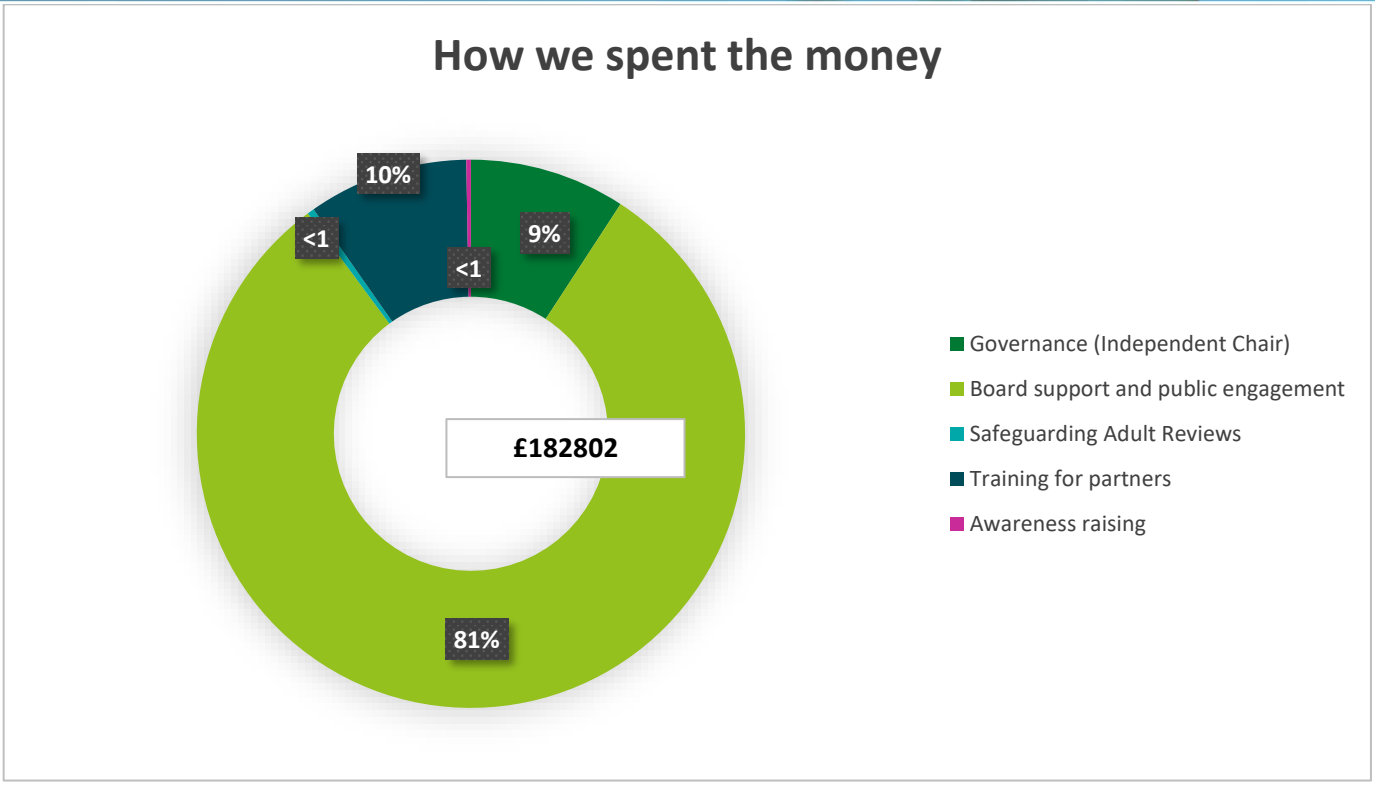
Appendix D

How is our Board resourced?

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



As the above chart shows, Islington council financed 90% of the costs of the Safeguarding Adults Board in Islington. Islington CCG makes a significant contribution to the Council's functions relating to the Mental Capacity Act and Deprivation of Liberty Safeguards work in the borough that in part contribute to the Board's safeguarding aims. For the first time, Whittington Health and Moorfields Eye Hospital, two of our major health partners, have contributed to the finances of the Board. Discussions continue with other Board partners regarding future funding and resources.



It cost roughly £182,802 to support the work of the Board during the year. This is nearly the same as last year's expenditure, being less than a quarter of a percent decrease.

A significant amount of the basic awareness around MCA/DoLS, community DoLS and modern slavery training have been delivered by in-house staff which helped to save on costs for external trainers. Some training has also been delivered online via e-learning modules. This included training on domestic violence, safeguarding adults at risk in Islington, and some MCA/DoLS training which have had a positive update. Some members of the public also completed this training.

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

Appendix E

Our impact on the environment

The work of the Safeguarding Adults Board has a low impact on the environment in Islington. Environmental impacts include fuel use for vehicles visiting service users, carers and their family and other general office impacts such as paper and energy use. Wherever possible we try to minimise the impact on the environment. For example, wherever we can we avoid printing documents and send out electronic versions instead to reduce paper and energy use. From time to time we hold 'virtual' meetings on line to cut our travel impact.

Sometimes our work also highlights opportunities to reduce household environmental impacts. For example, we might refer adults at risk to the Seasonal Health Intervention Network (SHINE). SHINE gives energy saving advice to residents. Not only does this help the environment, but it also reduces fuel poverty and improves the health and wellbeing of residents in Islington.

For more information about SHINE, click here.

Appendix F

Jargon buster

Abuse
Harm caused by another person. The harm can be intended or unintended.

Adult at risk
An adult who needs care and support because of their age, disability, physical or mental health and who may be unable to protect themselves from harm

Care Act 2014
An Act of parliament that has reformed the law relating to care and support for adults.

Clinical Commissioning Group (CCG)
CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Channel Panel
Channel is multi-agency panel which safeguards vulnerable people from being drawn into extremist or terrorist behaviour at the earliest stage possible.

CRIS
This is a Police Crime Database. The CRIS database acts as a case management system for logging and recording crimes.

Community Risk Multiagency Risk Assessment Conference (CRMARAC)
A multi-agency meeting where information is shared on vulnerable victims of anti-social behaviour. The aim is to identify the highest risk, most complex cases and problem-solve the issues of concern.

Deprivation of Liberty Safeguards (DOLs)
The process by which a person lacking the relevant mental capacity may be lawfully deprived of their liberty in certain settings or circumstances. It operates to give such a person protection under Article 5 of European Convention on Human Rights (right to liberty and security).

Sometimes, people in care homes and hospitals have their independence reduced or their free will restricted in some way. This may amount to a 'deprivation of liberty'. This is not always a bad thing – it may be necessary for their safety. But it should only happen if it is in their best interests.

The deprivation of liberty safeguards are a way of checking that such situations are appropriate.

Female Genital Mutilation
Female Genital Mutilation involves any kind of procedure that partly or total removes external female genitals for non-medical reasons and without valid consent.

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

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.

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

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

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

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

Section 136 of Mental Health Act 1983 (Mentally disordered person found in a public place)
This law is used by the police to take a person to a place of safety when they are in a public place. The police can do this if they think the person has a mental illness and is in need of care.

Section 135 of Mental Health Act 1983 (Warrant to search for and remove patients)
This law is used by the police to take someone to a place of safety for a mental health assessment.

Section 5 of Mental Health Act 1983 (Application in respect of a patient already in hospital)
This law is used by a doctor or Approved Mental Health Practitioner (AMPH) to stop an adult from leaving a hospital in order to treat them in their best interest.

Section 6 of Mental Health Act 1983 (Application for admission into hospital)
This law is used by a doctor or AMHP to admit an adult to hospital in order to treat them in their best interest.

Workshop Raising Awareness of Prevent (WRAP)
A specialist workshop created by the Government to help health and social care professionals understand the Government's strategy on Prevent.

Appendix G

What should I do if I suspect abuse?

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

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

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

Adult Social Services Access and Advice Team
Tel: 020 7527 2299
Fax: 020 7527 5114
Email: access.service@islington.gov.uk

You can also contact the
Community Safety Unit (part of the police)
Tel: 020 7421 0174

In an emergency, please call 999.

For more information:
Islington Community Safety
https://www.islington.gov.uk/community-safety

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

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

For more information, click here

All the people whose faces you can see in the photographs in this review have agreed for their images to be used.
We hope you enjoyed reading this review. If you would like to let us know your thoughts, please email:
safeguardingadults@islington.gov.uk or write to us at:
Safeguarding Adults Unit, Islington Council, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR