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ISLINGTON

Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in Committee Room 1, Town Hall, Upper Street, N1 2UD on **18 October 2017 at 1.00 pm.**

Yinka Owa
Director of Law and Governance

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Despatched	:	10 October 2017

Membership

Councillors:
Councillor Richard Watts (Chair)
Councillor Janet Burgess MBE
Councillor Joe Caluori

Clinical Commissioning Group Representatives:
Tony Hoolaghan, Chief Operating Officer, ICCG
Dr Josephine Sauvage, Chair, ICCG
Dr Katie Coleman, Vice-Chair (Clinical), ICCG
Jennie Williams, Director of Nursing & Quality, ICCG
Sorrel Brookes, Lay Vice-Chair, ICCG

Local NHS Representatives:
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust

NHS England:
Dr Helene Brown Medical Director, NHS England

Islington Healthwatch Representative:
Emma Whitby, Chief Executive, Islington Healthwatch

Council Officers:
Julie Billett, Joint Director of Public Health Camden and Islington
Sean McLaughlin, Corporate Director Housing and Adult Social Services
Carmel Littleton, Corporate Director Children's Services

A.	**Formal Matters**	**Page**

1. Welcome and Introductions

2. Apologies for Absence

3. Declarations of Interest

If you have a Disclosable Pecuniary Interest* in an item of business:

- if it is not yet on the council's register, you must declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may choose to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you must leave the room without participating in discussion of the item.

If you have a personal interest in an item of business and you intend to speak or vote on the item you must declare both the existence and details of it at the start of the meeting or when it becomes apparent but you may participate in the discussion and vote on the item.

*(a)Employment, etc - Any employment, office, trade, profession or vocation carried on for profit or gain.
(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.
(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.
(d)Land - Any beneficial interest in land which is within the council's area.
(e)Licences- Any licence to occupy land in the council's area for a month or longer.
(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.
(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to all voting members present at the meeting.

4. Order of Business

5. Minutes of the previous meetings 1 - 8

- 26 April 2017
- 19 June 2017 (meeting in common with LB Haringey)

B.	**Discussion/Strategy items**	**Page**
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C.	**Business items**	
7.	Draft Pharmaceutical Needs Assessment 2018	191 - 194
8.	Better Care Fund Update	195 - 200

D. Questions from Members of the Public

To receive any questions from members of the public.

E. Urgent Non-Exempt Matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

F. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

G. Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

H. Confidential/Exempt Items for Information

I. Any other business

The next meeting of the Health and Wellbeing Board will be on 18 April 2018

Please note all committee agendas, reports and minutes are available on the council's website: www.democracy.islington.gov.uk

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London Borough of Islington

Health and Wellbeing Board - Wednesday, 26 April 2017

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday, 26 April 2017 at 1.00 pm.

Present: **Councillors:** Richard Watts (Chair) and Joe Caluori

Alison Blair, Chief Executive, Islington Clinical Commissioning Group
Katie Coleman, Vice-Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Simon Pleydell, Chief Executive, The Whittington Hospital NHS Trust
Olav Ernsten, Chair, Islington Healthwatch
Julie Billett, Director of Public Health
Sean McLaughlin, Corporate Director of Housing and Adult Social Services

Also Present: Lisa Arthey, Director of Youth and Communities

Councillor Richard Watts in the Chair

143 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

The Chair welcomed everyone to the meeting and introductions were given.

144 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Jo Sauvage (substitute: Katie Coleman), Emma Whitby (substitute: Olav Ernsten), Carmel Littleton (representative: Lisa Arthey), Angela McNab and Councillor Janet Burgess.

145 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

146 ORDER OF BUSINESS (ITEM NO. A4)

No changes were proposed to the order of business.

147 MINUTES OF THE PREVIOUS MEETINGS (ITEM NO. A5)

RESOLVED:
That the minutes of the meetings held on 25 January 2017 and 31 January 2017 be agreed as a correct record and the Chair be authorised to sign them.

148 ANNUAL PUBLIC HEALTH REPORT 2016/17 (ITEM NO. B1)

Julie Billett, Director of Public Health, introduced the draft report which provided an overview of health and wellbeing in Islington and focused on the economics of prevention.

The following main points were noted in the discussion:

- The report focused on the importance of prevention; it was explained that Islington faced significant health and wellbeing challenges and it was not possible to increase the scale of services within existing resources. As a result local agencies were considering innovative ways of transforming services through initiatives such as the Haringey and Islington Wellbeing Partnership.
- The Board considered the financial challenges on health and care services and commented on the importance of reviewing both what services are provided and how they operate. For example, it was suggested that services could become more efficient by minimising the number of assessments carried out by services and taking a more holistic approach to supporting service users. This would require integrated services and a strong degree of trust between agencies.
- Islington health and care services had a combined annual budget of £800m. The Board considered the importance of reducing bureaucracy to ensure that best use was made of these funds. It was commented that creating jobs in the local community helped to keep local people in good health.
- It was highlighted that a significant amount of money was spent on a relatively small cohort of highly vulnerable people; it was suggested that 'quick wins' were needed, such as reducing duplication between services, to minimise the spend on these individuals and to redirect resources towards prevention.
- The Board commented on the 'make every contact count' initiative. It was suggested that this could reach a wider audience by extending the initiative to voluntary sector organisations, in particular those working with individuals with long term conditions. The Board recognised the assets of the voluntary and community sector and it was suggested that champions from the sector would be welcomed.

Councillor Caluori entered the meeting.

- It was advised that Islington CCG was fully supportive of enhancing preventative work, commenting that greater collaboration between agencies and across local authority boundaries would increase resources and improve the effectiveness of services. The Board noted the challenge of focusing primary care services on early intervention whilst the existing work load is so large.
- Graeme Cooke, Head of Strategy and Change, advised that there were between 1,500 and 3,000 residents in Islington who faced multiple disadvantages and had a significant demand for local services. These people may have housing vulnerabilities, be domestic violence victims, have mental or physical health issues, or substance misuse problems. It was suggested that a radically different model was needed to improve outcomes for these people and reduce the costs to public services.
- A discussion was had on how other agencies can contribute to the 'make every contact count' initiative. It was reported that 130 housing repairs operatives had received relevant training. Whist expanding the initiative would be welcomed, it was commented that culture change would be needed to re-focus some services on early intervention and prevention. It was suggested

that further work with schools and youth hubs could be effective, particularly on issues such as alcohol abuse.

RESOLVED:
That the Annual Public Health Report be noted.

149 VIOLENCE AGAINST WOMEN AND GIRLS STRATEGY 2017-2021 (ITEM NO. B2)

Lisa Arthey, Director of Youth and Communities, and Manju Lukhman, Strategy and Commissioning Manager, introduced the report which set out the borough-wide Violence Against Women and Girls Strategy.

The following main points were noted in the discussion:

- The Violence Against Women and Girls Strategy had been agreed by several partner organisations, including the council, the Police, and members of the Safer Islington Partnership. It was emphasised that organisations needed to work together to minimise the risk of domestic abuse and support victims effectively.
- It was explained that the strategy was focused on women and girls but did not exclude men and boys, who could also be victims of domestic violence.
- The Strategy was supported by an action plan which focused on providing support to victims and perpetrators, as well as developing infrastructure to support the reporting of domestic violence.
- It was considered that primary care services were well placed to both identify and support victims of domestic violence. The IRIS project assisted GPs, pharmacists, dentists and others in identifying and supporting domestic violence victims.
- It was reported that female victims of domestic violence could leave home and then return up to ten times before permanently leaving their partner; it was suggested that services need to offer continual and consistent support to these women.

Katie Coleman entered the meeting.

- A discussion was had on Clare's Law, which allowed people to find out if their partner had a history of perpetrating abuse. Although this was welcomed, it was queried if there was a method of requiring perpetrators to declare their history to their partners, as it was thought that the law put the onus on the wrong partner. It was advised that this would be investigated further.
- It was advised that the council could support domestic violence victims by serving anti-social behaviour orders on perpetrators and by seeking to evict perpetrators living in council accommodation. It was also suggested that homes could be adapted to provide safety features for victims.
- It was suggested that greater partnership working with adult social care could be an effective method of identifying victims of abuse.

RESOLVED:
That the Violence Against Women and Girls Strategy be noted.

150 WELLBEING AND WORK PARTNERSHIP UPDATE (ITEM NO. B3)

Julie Billett, Director of Public Health, and Graeme Cooke, Head of Strategy and Change, introduced the update on the Wellbeing and Work Partnership, which worked to improve the employment and health outcomes of those with a long term condition or disability.

The following main points were noted in the discussion:

- The partnership had resulted in system-wide benefits including creating professional networks, improving the knowledge of staff, and developing services through co-production with those with lived experience.
- 30 out of 33 GP surgeries had signed up to the trial. The trial commenced in January 2017; it was reported that there had already been 135 referrals made through the Partnership, with a target of 1,000 referrals over 18 months.
- The Board considered that it was not only important to support people into work, but to help people retain employment if they were at risk of losing their employment due to a health issue.
- A partner organisation was being sought to develop a peer led mentoring programme. Single Homeless Project (SHP) had expressed an interest in developing this programme.
- It was emphasised that that long-term unemployment had a considerable detrimental impact on health and wellbeing. The Board thanked officers for their work in developing the partnership.

RESOLVED:
That the progress of the Wellbeing and Work Partnership be noted.

151 BETTER CARE FUND: 2016/17 REVIEW OF ACHIEVEMENTS AND 2017/19 PLANNING REQUIREMENTS (ITEM NO. B4)

Sean McLaughlin, Corporate Director of Housing and Adult Social Services, introduced the report which set out the progress and requirements of the Better Care Fund.

The following main points were noted in the discussion:

- Technical guidance had not yet been received for the 2017-19 Better Care Fund period. It was reported that the council and CCG would work together to develop detailed plans once the guidance was received. It would be necessary to align these plans with wider health and wellbeing activity, including the Haringey and Islington Wellbeing Partnership and the North Central London Sustainability and Transformation Plan. It was advised that detailed plans would be reported to the Board in October 2017.
- The additional adult social care funding announced in the government's Spring 2017 budget would provide an additional £11m over the next three years.
- The Board considered the achievements of the Better Care Fund over the past year.

RESOLVED:
(i) That the achievements of integrated working in 2016/17, including areas of improvement of services, be noted;
(ii) That the planning principles for 2017-19 be noted and that a further update report be received by the Board in October 2017, to include the final arrangements for Islington for 2017-19.

152 **QUESTIONS FROM MEMBERS OF THE PUBLIC**

A member of the public queried how early intervention and prevention initiatives were put into practice, and queried if businesses had been approached directly to support the Wellbeing and Work Partnership.

In response, it was advised that it was intended to support residents to develop healthy behaviours through 'nudge' techniques; this included providing intensive support before problems became entrenched, shaping places to become healthier environments, focusing health services around supporting people to stay well, and effectively signposting to services and activities.

It was confirmed that businesses had been approached as part of the Wellbeing and Work Partnership. It was important to develop positive relationships with employers, and to support them in creating opportunities tailored for those with long term conditions.

MEETING CLOSED AT 2.10 pm

Chair

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London Borough of Islington

Health and Wellbeing Board - Monday 19 June 2017

Minutes of the meeting of the Health and Wellbeing Board held at Haringey Civic Centre, High Road, Wood Green, N22 8LE on Monday 19 June 2017 at 2.30 pm.

Present: Councillors Janet Burgess (Chair) and Joe Caluori

Tony Hoolaghan, Chief Operating Officer, Islington Clinical Commissioning Group
Dr. Josephine Sauvage, Chair, Islington Clinical Commissioning Group
Sorrel Brookes, Lay Vice-Chair, Islington Clinical Commissioning Group
Emma Whitby, Chief Executive, Islington Healthwatch
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Julie Billett, Director of Public Health
Siobhan Harrington, Deputy Chief Executive, The Whittington Hospital NHS Trust

Also Present:

Members of Haringey Health and Wellbeing Board:

Cllr Jason Arthur, Cabinet Member for Finance and Health, LB Haringey
Cllr Elin Weston, Cabinet Member for Children and Families, LB Haringey
Sharon Grant, Chair, Healthwatch Haringey
Dr Peter Christian, Chair, Haringey CCG
Catherine Herman, Lay Vice-Chair, Haringey CCG
Beverley Tarka, Director Adult Social Care, LB Haringey
Jon Abbey, Director of Children's Services, LB Haringey
Geoffrey Ocen, Chief Executive, The Bridge Renewal Trust

Other representatives:

Tracie Evans, Interim Deputy Chief Executive, LB Haringey
Rachel Lissauer, Acting Director of Commissioning, Haringey CCG
Stephen Lawrence Orumwense, Assistant Head of Legal Services, LB Haringey
Tim Deeprose, Interim Director of the Wellbeing Partnership

Councillor Janet Burgess in the Chair

153 MINUTE'S SILENCE

The Board observed a minute silence in respect of all of those affected by the Finsbury Park Terror Attack.

154 ELECTION OF CHAIR

RESOLVED:

That, in the absence of the Chair, Councillor Janet Burgess be appointed as Chair for the meeting.

155 FILMING AT MEETINGS (ITEM NO. A1)

The Chair referred those present to Item 1 as shown on the agenda and asked that they review the information on filming at meetings.

156 WELCOME AND INTRODUCTIONS (ITEM NO. A2)

The Chair welcomed everybody to the meeting.

157 APOLOGIES FOR ABSENCE (ITEM NO. A3)

Apologies for absence were received from Councillor Richard Watts, Sean McLaughlin, Carmel Littleton, Jennie Williams, and Simon Pleydell (substitute: Siobhan Harrington).

158 NOTIFICATION OF URGENT BUSINESS (ITEM NO. A4)

None.

159 DECLARATIONS OF INTEREST (ITEM NO. A5)

None.

160 QUESTIONS FROM MEMBERS OF THE PUBLIC (ITEM NO. A6)

None.

161 ESTABLISHMENT OF THE HARINGEY AND ISLINGTON HEALTH AND WELLBEING BOARDS JOINT SUB-COMMITTEE (ITEM NO. B7)

RESOLVED:

i) That the establishment of the Haringey and Islington Health and Wellbeing Boards Joint Sub-Committee be agreed; to discharge on behalf of both boroughs the functions of: encouraging integrated workings between commissioners and providers of health and care in the two boroughs in so far as it relates to areas of common interest and for the purpose of advancing the health and wellbeing of their populations; and preparing and producing Joint Strategic Needs Assessment and Joint Health and Wellbeing Board Strategy;

ii) That the Terms of Reference of the Joint Sub-Committee which include its functions, membership, voting rights and order of business be agreed; as set out in Appendix 2 to the report submitted.

MEETING CLOSED AT 2.35 pm

Chair

ISLINGTON

Housing and Adult Social Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Housing and Adult Social Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Safeguarding adults in Islington in 2016/17 – A review of key achievements and priorities going forward

1. Synopsis

1.1 This report sets out highlights and progress of the council's leadership of adult safeguarding arrangements in the borough.

1.2 The published Annual Safeguarding Adults Review, attached as appendix A, describes this is more detail.

2. Recommendations

2.1 To receive the Annual Safeguarding Adults Review and the contents of this report.

3. Background

3.1 Under the Care Act 2014, Islington Council has a statutory responsibility to lead the borough in safeguarding adults.

3.2 **Key achievements**

- Together with London Fire Brigade, we held a well-attended community fire safety awareness-raising event. This followed on from local fire safety learning reviews.
- Islington has been part of the Learning Disability Mortality Review (LeDER) pilot conducted by Bristol University which is looking at avoidable deaths, diagnostic overshadowing and issues that are not being picked up in a timely way.
- An awareness-raising plan about familial financial abuse was developed and implemented

during the year.

- A Safeguarding Adults Review into the care of Ms BB and CC was published and an action plan to implement the learning from this review has been developed.
- Social isolation and loneliness is a theme that has emerged from discussions at the service user and carer subgroup.

The annual report further details progress on delivering the Islington Safeguarding Adults Board's 3-year strategy and annual plan.

3.3 The review compares the statistics from 2016/17 with the previous year 2015/16. There has been a **6%** increase in safeguarding adults concerns on the previous year (from 1,464 to 1,555). Safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have increased 11% on last year.

3.4 In nearly 6 out of 10 cases (58%), people were worried about an adult but when we looked into it, we decided not to progress it to a formal safeguarding enquiry. This is a higher percentage than the previous year where only 4 out of ten (40%) of cases did not end up in an enquiry.

We are not clear on the reasons for this, but suspect that it may be related to professionals adapting to the Care Act 2014 which came into effect in 2015. London-wide guidance was issued in 2016. The guidance clarified thresholds for formal safeguarding enquiries.

3.5 Physical abuse, financial abuse and neglect have remained the top three categories for several years. The picture is similar across the country. However, the proportion of neglect cases has increased considerably from 20% to 36% in one year. We will be seeking explanations for this trend during the course of the next year.

3.6 The Care Act 2014 has lowered the threshold for reviewing serious cases. The Safeguarding Adults Board has held multi-agency reflective workshops about 2 cases and a Safeguarding Adults Review is underway for another case.

3.8 **Key national developments**

- A Homeless Reduction Bill was debated in parliament. Homelessness and safeguarding are inter-related on many levels. Homelessness can be a consequence of self-neglect, which in certain circumstances under the Care Act, may now require a safeguarding response. Homelessness can also put adults with care and support needs at greater risk of abuse, neglect and exploitation.

- The Jo Cox Commission on Loneliness has prompted a national conversation about the scale and impact of loneliness in the UK. Adults with care and support needs are more likely to be socially isolated; and social isolation in turn puts those people at greater risk of abuse and neglect.

- Since October 2016 NHS trusts are expected to have a 'Freedom to Speak Up Guardian'. This aim of this initiative is to enable and encourage whistleblowing in the NHS and follows on from the enquiry of Robert Francis QC into failings at Mid-Staffordshire NHS Trust.

- The Law Commission shone a light on the 'crisis' in the current Deprivation of Liberty Safeguards (DoLS) system as many councils failed to cope with a tenfold increase in cases. Backlogs in processing cases and breaches of statutory timescales were common across the country, although Islington Council is one of the few councils that has managed to stay mostly within timescales. Widespread failings nationally triggered a government-ordered review by the Law Commission.

The Commission has now delivered its final recommendations and drafted legislation for a replacement system of Liberty Protection Safeguards (LPS). The aim of the LPS scheme is to give human rights protections to a wider group of people and settings than is currently the case

with the DoLS system. The proposed LPS system is intended to be less onerous for councils to implement, because it would involve a two-tier system of checks and protections requiring a best interest assessment only in cases where the care arrangements are against the person's wishes.

4. Implications

4.1 **Financial Implications:**

The Safeguarding Adults Unit 2016/17 gross expenditure outturn was £1.140m. The following contributions were received:
- £86.6k from Islington Clinical Commissioning Group (ICCG)
- £5k from the London Metropolitan Police towards the Islington Safeguarding Adults Board (with a further £500 from the London Fire Brigade).

The Safeguarding Adults Unit 2017/18 gross expenditure budget is £1.285m.

The 2017-18 Budget includes a net increase to fund pressures arising from costs associated with Safeguarding Adults Reviews and the Supreme Court judgment in the 'Cheshire West' case. This landmark case extended the definition of the Deprivation of Liberty Safeguards (DoLS), and has meant the number of people eligible for DoLS assessments has increased significantly in recent years.

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

4.2 **Legal Implications:**

There are no legal implications arising as a direct result of the SAB annual report. The report has been prepared in accordance with the council's statutory duty under the Care Act, Schedule 2 (Safeguarding Adults Boards) which requires the SAB to as soon as feasible after the end of each financial year publish an annual report on the matters specified at paragraph 4 of the Schedule.

Paragraph 4.1 (a – g) of Schedule 2, Care Act 2014 details the type of information which must be included with the SAB annual report; this includes details of what it had done that year to achieve its objective; what it has done during that year to implement its strategy; the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year; the reviews which are ongoing in that year; what it has done during that year to implement the findings of reviews arranged by it; where it decides not to implement a finding of a review arranged by it, the reasons for this decision.

When finalised, the SAB is under a duty to send a copy of the report to various individuals/organisations including the Chief Executive, leader of the local authority; the local policing body; the Local Healthwatch organisation and the Chair of the Health and Wellbeing Board (paragraph 4.2., Schedule 2, Care Act 2014.)

4.3 **Environmental Implications:**

There are no major environmental impacts associated with the Safeguarding Adults Board. Minor

impacts such as transport-related emissions and office-based resource usage (energy, paper etc) are managed by staff by actions including not printing documents unless absolutely necessary, using video-conferencing and encouraging walking, cycling and the use of public transport. Some work has the potential to benefit the environment, such as reducing fire risk or referring service users to the SHINE service, which gives advice to residents on saving energy.

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Appendix B of the full annual review (Attached as Appendix A of this report) sets out the equalities impact of our work to safeguard adults.

5. Conclusion and reasons for recommendations

5.1 The annual safeguarding review sets out the main achievements in safeguarding vulnerable and disabled adults in Islington and details our aims for achieving our strategy and annual plan.

Appendices

- Appendix A: Islington Safeguarding Adults Board Annual Review 2016-17
- Appendix B: Islington Safeguarding Adults Board Annual Review 2016-17 summary

Background papers:

- None

Signed by:

10/10/17

Sean McLaughlin
Corporate Director of Housing & Adult Social Services

Date

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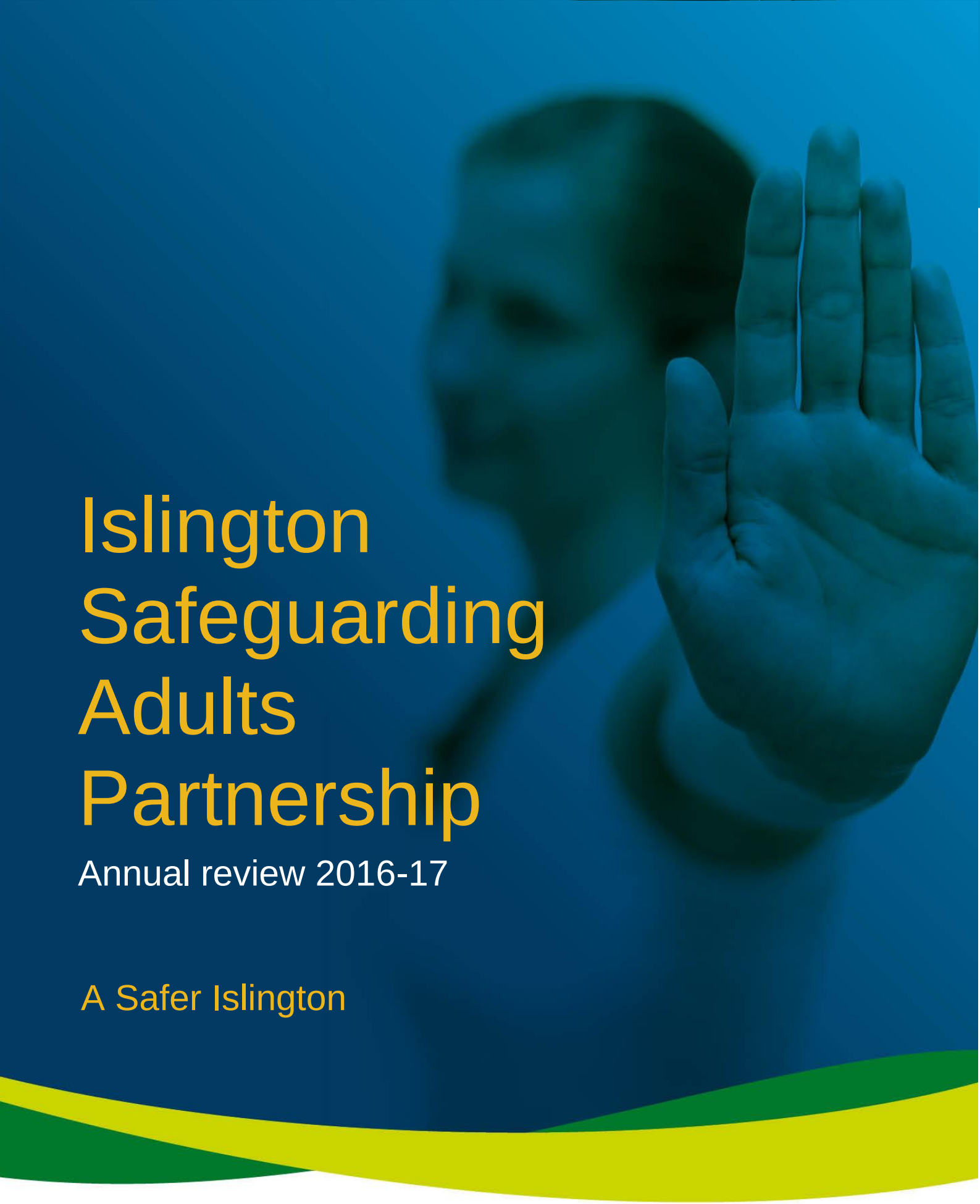


Islington Safeguarding Adults Partnership

Annual review 2016-17

A Safer Islington

NHS

METROPOLITAN POLICE

ISLINGTON
Working in partnership

Foreword

Thank you for your continued interest in safe-guarding adults in Islington. I am pleased to be introducing this 2016/17 Annual Report.

In November 2016, I took over as the independent Chair of the Islington Adult Safeguarding Adults Board. Firstly, I would like to thank my predecessor, Marian Harrington for her contribution over a number of years and acknowledge that much of the work recorded in this report occurred during her tenure.

Our Board is composed of a truly diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services all of whom regularly engage with adults in need. All are contending with significant challenges and in the past year many have been undergoing organisational and leadership changes. Given this, the Board has welcomed a number of new members and thanked departing members for their contributions to the safeguarding endeavours.

This report captures the key actions progressed by the board's partner organisations to secure the wellbeing and safety of the adults at risk whom they serve.

This year a significant focus for many partners was to progress the actions arising from the safeguarding adult review commissioned by the Board to investigate shortcomings in the care of Ms BB and Ms CC. All partners have sought to capture the key lessons to be learned and to adapt and improve their policies, procedures and training programmes. In this year, the joint learning disability service is participating in the pilots for the national programme seeking to establish more systematic reviews of unexpected deaths of adult in receipt of care and support. Later this year these will conclude and the agreed system will be rolled out nationally.

Through on-going training and more general awareness raising we seek to encourage people to raise safeguarding concerns and indeed the number of referrals remains high and is increasing. As more national benchmarking information becomes available we will continue to investigate the comparative level of safeguarding enquiries. Health and Social Care Commissioners continue to regularly monitor the safeguarding practices of the range of care home and domiciliary providers they contract with. When required, incidents of concern are investigated and follow up actions monitored. The Board is particularly grateful to committed staff and members of the public who raise their concerns with the appropriate authority so that these can be checked. Ultimately, securing the highest levels of safety for vulnerable adults relies on vigilance by all in our community.

Through a range of presentations and workshops the Board keeps its members informed of wider community safety concerns relating to targeted fraud and financial exploitation, modern slavery and hate crimes and exploitation experienced by homeless people.

As the Grenfall Tower tragedy continues to occupy our thoughts and actions at this time, I want to acknowledge the proactive work in fire prevention by our local fire brigade with many of our partners working with vulnerable adults which is reducing their risk to fire-related harm.

On behalf of the Board, I would like to thank the chairs of our Board sub groups for progressing the range of activities covered in this report. Our thanks also to the Council team who support all the work of the Board and for the continued support of Sean McLaughlin, Director of Housing and Adult Social Care and Cllr Janet Burgess. This is made possible through the resources which the Council and Health commissioners continue to make available and which complements the resources each organisation commits their own safeguarding work.

James A. Reilly
Independent Chair
July 2017

Contents table

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

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, Executive Director of Nursing

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

Care Quality Commission – Seaton Giles, Inspection Manager

Community Rehabilitation Company- Joe Benmore, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Pentonville, Kevin Reilly, Governor

Independent Chair – James Reilly

Islington Clinical Commissioning Group – Jenny Williams

Islington Clinical Commissioning Group - Dr Sarah Humphrey

Safer Islington Partnership – Jan Hart, Service Director for Public Protection, 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 NHS Foundation Trust, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington – Patrick Goulbourne, Borough Commander

Metropolitan Police, Islington – Treena Fleming, Detective Superintendent

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

Notting Hill Pathways – Linda Strong - Assistant Director

Single Homeless Project – Liz Rutherfoord, Chief Executive

Whittington Health NHS Trust – Doug Charlton, Deputy Director of Nursing & Patient Experience

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 is centred on helping those adults most at risk. Anyone can be vulnerable to abuse or neglect. But adults with care and support needs may need intervention and support to keep safe.

Safeguarding in the headlines

Safeguarding continues to grab headlines in one way or another.

Homelessness has been under the spotlight this year. A Homelessness Reduction Bill has been debated in parliament and provoked much discussion nationally. Street homelessness has increased significantly in recent years in London. Our Board held a themed meeting on this topic and we invited a couple of charities working with street homeless people in this region of London to explore the unique complexities of safeguarding this particular group of people from abuse, neglect and self-neglect.

The Jo Cox Commission on Loneliness has prompted a national conversation about the scale and impact of loneliness in the UK. Loneliness can affect anyone at any stage of their life, but adults with care and support needs are more likely to socially isolated. We also know from research that loneliness and social isolation are risk factors for adult abuse and neglect. This has chimed with feedback and experiences from our service user and carer subgroup. We are starting to explore how we might take preventative steps to tackle social isolation and thereby reduce the risk of abuse and neglect.

Since October 2016 NHS trusts are expected to have a 'Freedom to Speak Up Guardian'. These guardians should play a key role in giving confidential advice and support to staff when they have concerns about patient safety but are scared to whistle-blow.

The Law Commission shone a light on the 'crisis' in the current Deprivation of Liberty Safeguards (DoLS) system as many councils failed to cope with a tenfold increase in cases. Backlogs in processing cases and breaches of statutory timescales were common across the country, although Islington Council was one of the few councils that managed to stay mostly within timescales. Widespread failings nationally triggered a government-ordered review by the Law Commission.

The Commission has now delivered its final recommendations and drafted legislation for a replacement system of Liberty Protection Safeguards (LPS). The aim of the LPS scheme is to give human rights protections to a wider group of people and settings than is currently the case with the DoLS system. The proposed LPS system is intended to be less onerous for councils to implement, because it would involve a two-tier system of checks and protections requiring a best interest assessment only in cases where the care arrangements are against the person's wishes.

You said, we did

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

So, we dedicated the month of June to raising awareness about adult abuse and neglect at various places in the borough.

Community outreach

Pop-up Information stalls were held at

- Central Library
- Islington Carers Hub - Carers Week – Opening Event at The Lift
- Park Theatre
- Cecelia's Café (on a Saturday) for people living with dementia
- City & Islington College in conjunction with Outlook Islington drama group
- Claremont Project
- 222 Upper Street

We also held a conference for professionals – 'Safeguarding Adults at Risk from death/serious injury by fire'. This proved a big success with over 100 delegates in attendance.

'It was a great conference and training session on fire safety with adults at risk. I was able to apply what was learnt directly to our risk assessments'.

'It was a fantastic learning event'

Safeguarding Adults Conference

'I really enjoyed the quiz. It was fantastic and we got all the questions right!'

Service user at Daylight

We worked in partnership to host a large safeguarding awareness raising event at Daylight (Day Opportunities Centre for adults with learning disabilities). More than 40 service users attended and watched a drama performed by service users called Tall Tales featuring the character 'Captain Help' who came to the rescue of people making unsafe decisions in the community. There was also a presentation by two members of the Power and Control group on keeping safe with visitors to your home. The Safeguarding Adults Unit led on an interactive quiz on raising awareness about safeguarding adults which service users and staff fully participated in and thoroughly enjoyed.

All the safeguarding awareness raising events allowed us to speak to a much wider range of groups about safeguarding.

This included service users, family carers, carers, staff, volunteers and members of the public at various places in Islington from Angel to Archway.

- Safeguarding Awareness session was held at Park Theatre for volunteers, family carers and staff
- Safeguarding Awareness for Healthwatch staff and volunteers
- Daylight Safeguarding Awareness event in July

About our strategy

Underpinning our strategy is a simple commitment to safeguard adults from harm - no disabled or elderly adult should live in fear of abuse or neglect.

Our strategy sets the direction of our action. This section gives an overview of the wide range of actions we took towards fulfilling the second year of our joint three year strategy to safeguard adults in Islington & Camden.

Collaboration is vital to achieving the aims of our strategy. For this, we thank our partner organisations who have continued to show energy and commitment to tackling adult abuse and neglect in Islington.

The pillars of our main strategy mirror those of the Care Act guidance: empowerment, protection, prevention, proportionality, partnership and accountability. Our approach was framed together with Camden's Safeguarding Adults Board. This joint approach has yielded many benefits, not least because several of our partner organisations work across both boroughs. However, both Boards have their own annual delivery plan tailored to local needs.

Alongside our joint strategy, the Islington Board also developed a separate three-year strategy focused purely on prevention. Prevention is always 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.

Prevention work has the potential to make a real difference to the lives of adults in Islington. The Care Act 2014 recognises the value of prevention work and places responsibility on Boards to be proactive and think preventatively in an evidence-based way.

Our local prevention strategy is based on seven key themes:

- Preventing fire deaths/injuries
- Preventing choking
- Preventing fraud and scams
- Preventing isolation
- Preventing carer stress
- Preventing pressure ulcers
- Preventing domestic violence

Good intentions are not enough to make a difference. Action is needed. So, each of our partner organisations signed up to specific commitments to collaborate and work with each other to address two or more of the above seven key themes in our prevention strategy and actions on our joint strategy.

Partnership working

Although Islington Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our joint strategy with Camden and our local prevention strategy.

This section sets out how our partners have gone about achieving our strategic aims.

London Fire Brigade

A successful community fire safety awareness-raising event was held in July 2016. The event was attended by a wide range of voluntary sector and community groups.

Fire safety learning reviews were held in relation to relevant fire safety deaths. The London Fire Brigade continues to support and promote fire retardant bedding and have reviewed the effectiveness for each case. Outcomes will be shared. The volume of readily available fire retardant bedding in all sizes has been increased in the borough. A pilot is being conducted of fire retardant nightwear for adults at risk who may be affected by smoking in bed.

Updated e-learning training, incorporating the new Pan-London Safeguarding Adults Procedures, has been rolled out to staff.

A new borough initiative code has been agreed for improved monitoring and new centrally monitored arrangements are in place for all referrals. These are quality assured via local line management with an additional process via our social issues team.

Whittington Health NHS Trust

'Stop the Pressure' material was developed and promoted to partner organisations in October and November 2016. This work is going to be taken forward by the Board and further expanded and developed.

Whittington Health has also increased the opportunities for staff to learn from Safeguarding Adults Reviews by holding two events via the Community Education Partnership network. Attendees included GPs and a range of other partner organisations. A new four-session training course for allied health professionals and district nurses has been developed to address issues identified from the recently published safeguarding adults review. Specific topics covered were use of the Mental Capacity Act, working with self-neglect, dementia care and co-ordinated working across partnerships. A new patient safety newsletter outlines learning from serious incidents for staff.

A series of training sessions on the Mental Capacity Act 2005 and Deprivations of Liberty Safeguards has been delivered across the Trust. With the appointment of an administrator to oversee a centralised database, the number of Deprivation of Liberty Safeguards applications has increased and recording has improved.

Camden & Islington Mental Health Foundation Trust

To prevent vulnerable people from being groomed into terrorism or extremism, a Prevent policy for staff is being developed. WRAP3 training was also delivered as part of both Induction and Core training for staff. Weekly training returns are being submitted to the Home Office and the Trust is taking appropriate measure to meet the 75% compliance target before March 2018.

Islington Clinical Commissioning Group

The CCG continues to be represented on the Channel Panel, which meets to consider concerns about people who are vulnerable to being groomed into involvement in extremism and terrorism.

Moorfields Eye Hospital NHS Foundation Trust

Moorfields is ensuring that commissioned services adhere to the Mental Capacity Act by requiring contract renewals to include a statement about Mental Capacity Act compliance.

London Metropolitan Police

The police worked together with Trading Standards, Safeguarding Adults Unit and the Power and Control group to develop a leaflet called 'Keeping Safe on your doorstep'.

Islington Council

The Making Safeguarding Personal approach has been promoted to social workers. In particular, the principal social workers took a lead on developing best practice around enabling and managing risk and checking service user outcomes satisfaction after a safeguarding meeting.

Initial scoping work on the development of an Islington Safe Places scheme has begun.

Fire safety has been included on the action plan of the Learning Disability Partnership's Keeping Safe Group.

Single Homeless Project (SHP)

Guidance on information sharing is now accessible on the SHP staff intranet.

Healthwatch

Healthwatch is now represented on the Board's Service User and Carer subgroup. Healthwatch continues to ask about people's experiences of safeguarding and takes feedback where offered spontaneously to share learning with the Board.

Nottinghill Housing Group

All catering staff have been trained in Safeguarding Adults Awareness, which will be refreshed annually.

An internal safeguarding board has been established. Meeting quarterly, it reviews cases across the organisation to identify themes, trends and patterns and to take learning from cases forward to improve practice.

Age UK

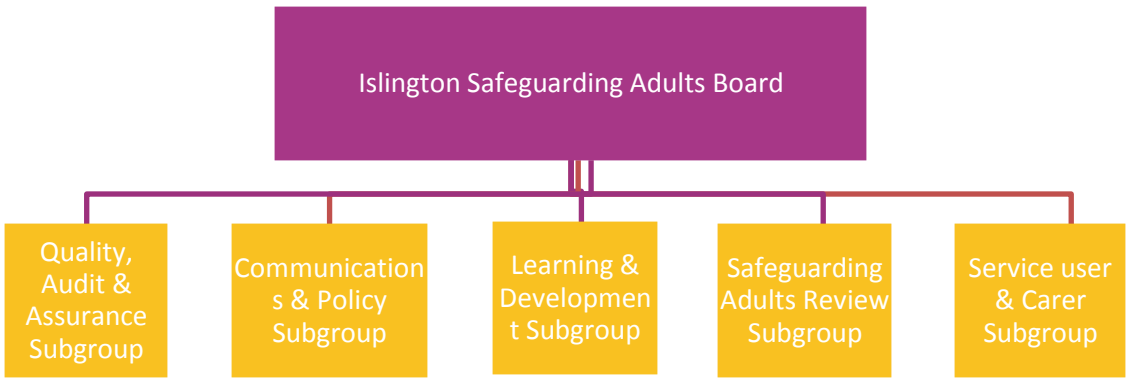
Training for service leads on the Mental Capacity Act has been provided and mental capacity act has been integrated into the organisation's competency framework.

The organisation's outcomes framework has been extended to include making safeguarding personal outcomes.

Subgroups

While the Board oversees the implementation of its strategy, five subgroups carry out much of the actual work. They are the 'work horses' of the Board. Dividing up the work and bringing in expertise and experience from partners in subgroups gives focus.

This section sets out the achievements of each subgroup.



1. Quality, Audit & Assurance

The QAA subgroup had several work streams throughout the year. Work included:

- seeking assurance from the Islington Learning Disability Partnership about the transitioning process from childhood to adulthood and the Learning Disability Mortality Review (LeDER)
- highlighting the inconsistencies in reporting of pressure ulcers
- seeking assurances on appropriate hospital discharges and discharge record-keeping

Islington has been part of the LeDER pilot conducted by Bristol University which is looking at avoidable deaths, diagnostic overshadowing and issues that are not being picked up in a timely way.

The QAA subgroup has also been seeking assurance from partners on the Mental Capacity Act implementation. Notting Hill Housing, Whittington Health, Moorfields and Camden & Islington NHS Foundation Trust all presented progress on this to the QAA subgroup.

Jenab Yousuf
Chair
Quality, Audit & Assurance Subgroup

2. Communications & Policy

An awareness-raising plan about familial financial abuse was developed and implemented during the year. Articles were published in a variety of staff and service user/patient bulletins and in various formats to reach a wide range of groups of people. A presentation was given to the Carers' Pathway Forum about how to spot familial financial abuse and what steps to take in response to it. Pressure Ulcer awareness raising has been undertaken by a task and finish group set up by the Board and led by the QAA subgroup. Work on this will continue into the next year and the Communications and Policy subgroup will support this work as needed.

Close to 200 national reports, policies and pieces of guidance relevant to safeguarding adults have been reviewed by the subgroup. Where appropriate, these items are shared and discussed at the Board for partner organisations to consider the implications for their own organisation.

Claire Johnston
Chair
Communications & Policy Subgroup

3. Learning & Development

The subgroup continues to promote training, development and competencies around safeguarding adults for staff and volunteers.

Subgroup work has included updating training in line with the Care Act, in particular around the new categories of abuse: self-neglect, modern slavery and domestic violence.

A suite of e-learning programmes has been developed and promoted across Islington to partner organisations, non-partner organisations and the general public.

A series of four half-day conference on Domestic Abuse were concluded and it is hoped to be able to develop these for social care staff.

All training courses now include basic information on safeguarding adults from extremism and radicalisation. Specific radicalisation and extremism training is now going to be provided by Islington Council.

The learning log was developed by the subgroup but has now been passed to the SAR subgroup for implementation and monitoring.

Neil Chick
Chair
Learning & Development Subgroup

4. Safeguarding Adults Review

The Safeguarding Adults Review (SAR) subgroup published a review into the care of Ms BB and CC. An action plan has been developed for the Board and all organisations involved in the review have an individual action plan. Over the year, the subgroup considered 4 new referrals for consideration as a SAR under the Care Act 2014. The subgroup considered each referral against criteria set out in the Learning and Review framework. Of these cases, only one was considered appropriate for a multi-agency workshop review. A Chair for this multiagency workshop has been identified. Of the other cases considered, one meets the threshold for a Domestic Homicide Review. With regards to the other two cases, neither met the criteria for the Learning and Review framework, but other recommendations and actions have been identified and feedback will be provided to the SAR subgroup.

A learning log was devised to enhance learning from SARs across all partners. This was re-formatted in response to feedback and presented to the Board meeting in October 2016.

DCI Adam Ghaboos
Chair
Safeguarding Adults Review Subgroup

5. Service User & Carer

The subgroup has been finding its feet during its first year. Various themes are starting to emerge and the objectives of the subgroup are becoming clearer to the members.

Discussions have been wide-ranging and have included

- Updates from the Carers' Hub and Age UK
- CQC's inspection report of Moorfields Eye Hospital NHS Foundation Trust
- Homelessness
- Human Trafficking
- The Safeguarding Adults Review of Ms BB and Ms CC
- Homelessness
- History of safeguarding adults
- Safeguarding Adults and mental health data

A theme of social isolation and loneliness is being explored by the subgroup. A short presentation on the group's views was given to the Board. It links in with the Board's remit of preventing abuse and neglect and touches on current heightened national interest in the topic (as exemplified in the Jo Commission for tackling loneliness). Following on from this the subgroup identified that public transport accessibility issues contribute to the social isolation of many disabled adults and their carers. Transport for London has offered to meet with our subgroup to explore the issues further.

Feedback from the subgroup on the safeguarding process has been that it is difficult for people with no professional training to understand the process. Simple things such as knowing who to contact for an update on a safeguarding concern are not clear to service users and carers. The subgroup will be involved in co-producing user-friendly information on the safeguarding process.

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 identifying our comparative strengths and highlighting areas for further analysis or development.

1. Experiences

No statistic can capture the emotional impact, the fear and distress that abuse and neglect can engender. That's why it's important we look behind the statistics at the human experience. We do this in a number of ways – through auditing case files, seeking feedback from people after a safeguarding case has been closed, analysing complaints and engaging with the public. Listening closely to our service user and carer subgroup is invaluable. Through their willingness to talk candidly about their experiences, we are able to reflect on and improve our practice across the partnership.

2. Statistics

Some people experience multiple forms of discrimination and disadvantage or additional barriers to accessing support. We continue to monitor data on various groups to ensure that the needs of all victims are met.

This year's report contains data captured only by Islington Council. It is important, however, that we monitor statistics and trends from a variety of sources. This is to assure ourselves that adults with care and support needs are safeguarded in a range of settings, such as police cells and hospitals. We will continue to work with our partner organisations to share data in a transparent and secure way.

3. Safeguarding Concerns & Enquiries

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

Concerns have increased by **6%** on the previous year.

This year we had **1,555** concerns about possible abuse). For the previous year 2015/16 we had **1,464.**

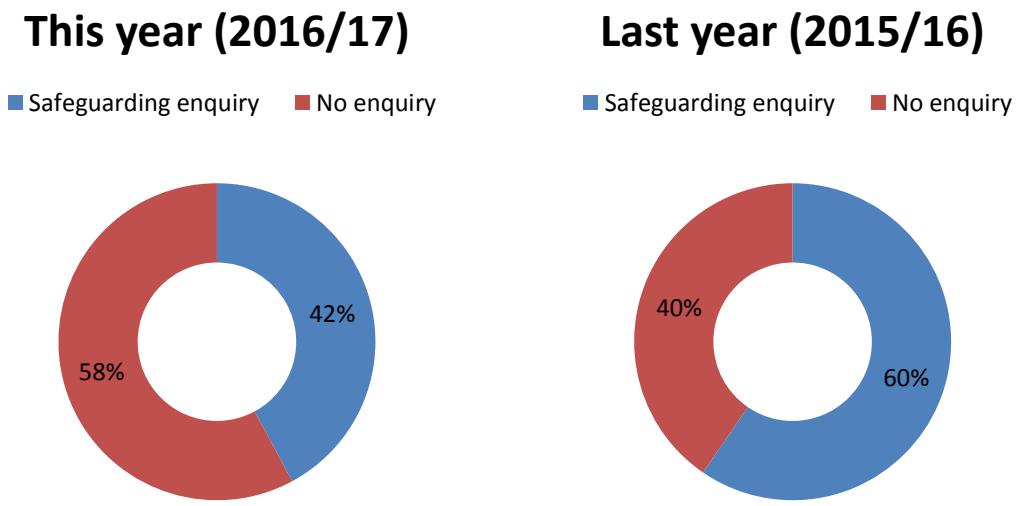
After someone reports a concern to us, we gather more information about the person and the concern. Once this has been done, we decide whether the case needs to be looked into further using a Section 42 safeguarding enquiry under the Care Act 2014.

In 2016/17 we had **655** safeguarding enquiries (**42 %** of the total concerns raised)

The number of safeguarding enquiries we carried out increased 11% on the previous year.

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.

Safeguarding concerns



The chart above compares the number of concerns which became formal Section 42 safeguarding enquiries in the last year with the previous year. Reports of concerns have increased 6% on the previous year. This does not necessarily mean that more abuse took place – only that more concerns were reported to us. We continue to deliver training to many organisations and do much to raise awareness among the general public. Often after these training courses or events, people raise concerns and speak out about a situation that has been worrying them, which in turn leads to a safeguarding concern being recorded.

In nearly 6 out of 10 cases (58%), people were worried about an adult but when we looked into it, we decided not to progress it to a formal safeguarding enquiry. This is a higher percentage than the previous year where only 4 out of ten (40%) of cases did not end up in an enquiry.

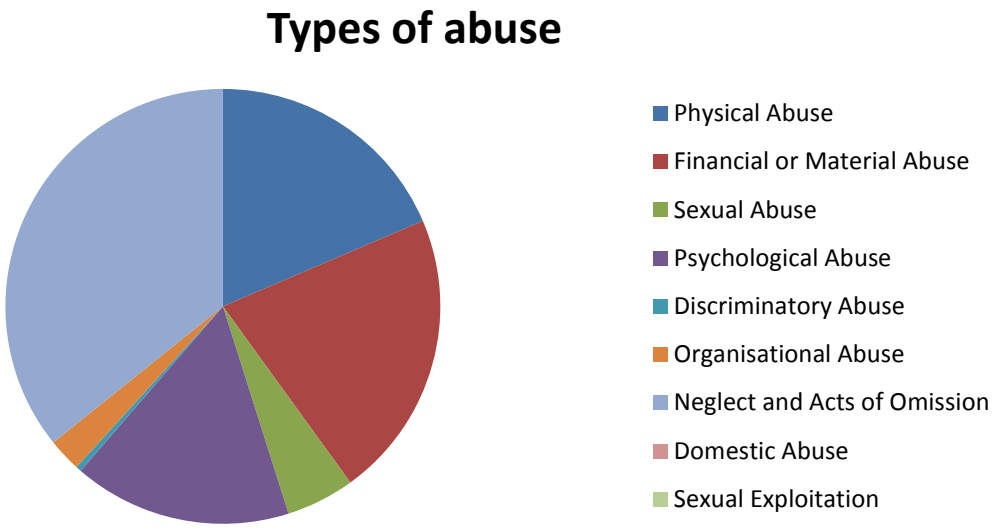
We are not clear on the reasons for this, but suspect that it may be related to professionals adapting to the Care Act 2014 legislation which came into effect in 2015. London-wide guidance was issued in 2016. The guidance clarified thresholds for formal safeguarding enquiries. This may go some way to explaining the differences between the years.

At the time of publishing this report, the national data for 2016/17 has not been published so it is not possible to benchmark our data against that of other areas. The national data for the previous year 2015/16 is available on the NHS Digital website

4. Types of abuse

The different types of abuse about which we made safeguarding enquiries during the 2016/17 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 three most common types of abuse in Islington are neglect, physical and financial abuse.



The chart above shows that over the course of the 2016/17 year, the three most common types of abuse we made enquiries into were physical abuse, financial abuse and neglect. This pattern has been noted in previous years too.

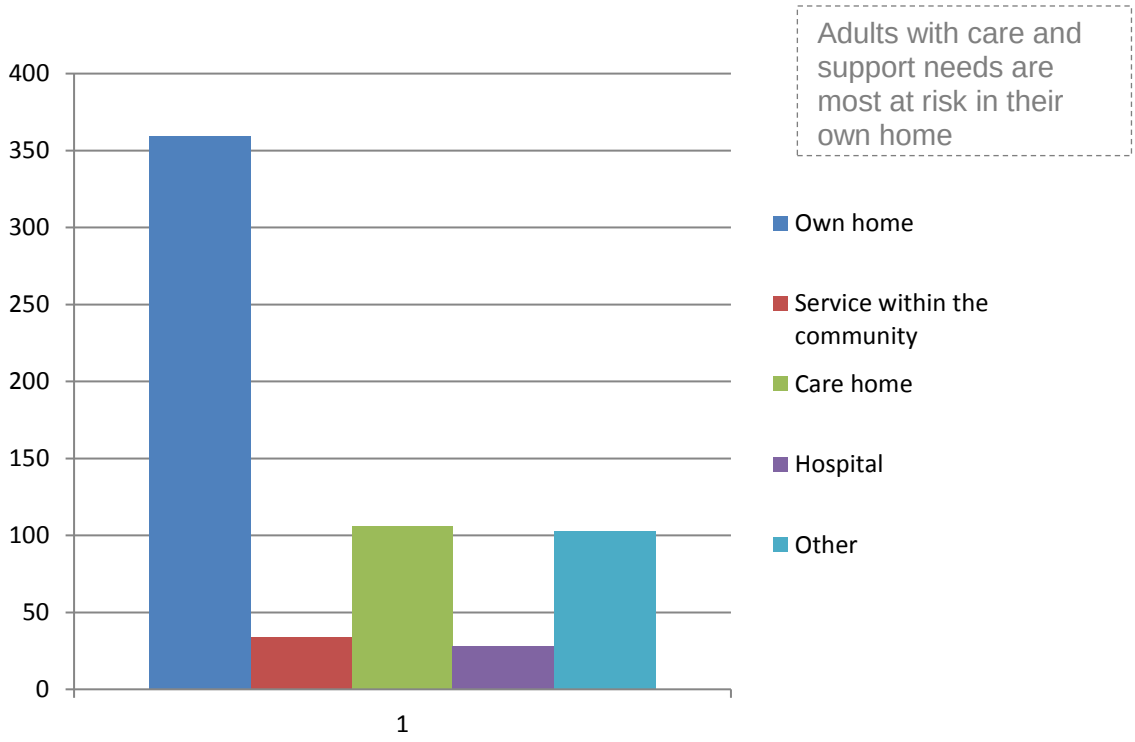
However, the proportion of neglect cases has increased considerably from 20% to 36% in one year. We will be seeking explanations for this trend during the course of the next year.

Some new categories of abuse, such as modern slavery, domestic abuse, sexual exploitation and self-neglect, are now recognised in law. We are working to raise awareness of these types of abuse. Our recording systems are being modified so that it is easier to collect data and monitor trends these newly-recognised types of abuse.

Case example:

A woman who lacked mental capacity, was placed in a care home. While there, her identity was stolen by thieves, who cleared the woman's bank account, sold her investments and even put her house on the market. The thieves were arrested and it was discovered that they were part of a large money laundering gang, which the police is now pursuing. Islington Council's finance team, through careful collaborative work with financial institutions, has managed to get almost all the stolen money returned. They also managed to intervene to stop the sale of the woman's house.

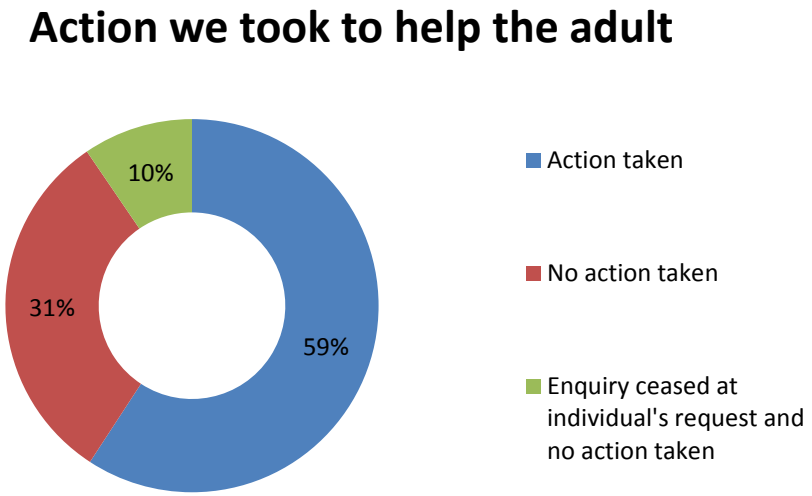
5. Where abuse took place



This chart relates to the 655 safeguarding enquiries which were undertaken during the year. Some cases involved more than one location of abuse.

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.

6. Action we took



The graph above shows what happened as a result of the 655 safeguarding enquiries we made. In nearly 6 out of 10 cases, we took some kind of action.

The most common action is increased monitoring of the adult. Increased monitoring could include family and friends agreed to visit an isolated adult more often. Or it could be a community nurse visiting a 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.

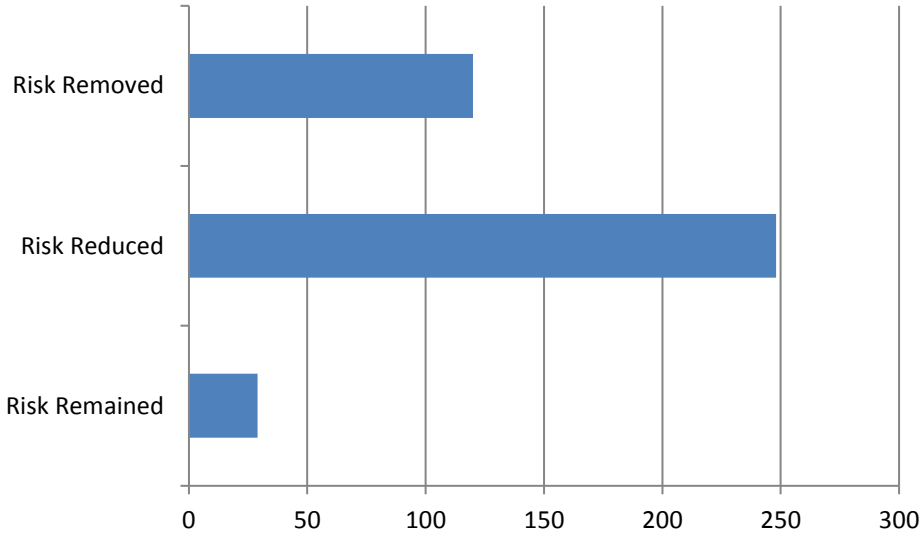
In 3 out of 10 cases, we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

For some cases (10%), the adult told us they did not want us to take any action. Wherever possible, we follow their stated wishes. Occasionally, the risks to other people are too great and we have to take against their wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.

7. 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.

It is only in a very few cases that 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.



8. Making safeguarding personal

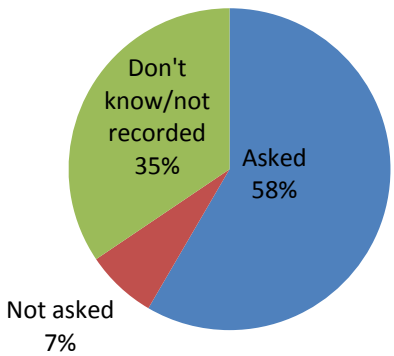
Putting the victim first is becoming an important concept in criminal justice. So, it is also with safeguarding adults. Person-centred working, known as 'making safeguarding personal' is called for by the Care Act 2014. We've been working with practitioners and board partners to encourage them to adopt 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 safeguarding 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 making safeguarding personal.

But we do record data on two aspects of making safeguarding personal. We ask the adult (or their representative) what outcome they wanted from the safeguarding. We know from research that being safe is only one of the 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. We also record whether we were able to achieve their preferred outcome. The next two charts capture this information.

The first chart below shows that in more cases than not, we are asking people about what they want from a safeguarding enquiry, recording their wishes and delivering on it. However, the chart also shows that there's a lot more work to be done in this area of practice. It is not good enough. We need to transform practice and continue to shift working culture to make our safeguarding work truly personalised. In the year ahead, we will be looking into the reasons why practitioners are not routinely asking about or recording the adult's (or their representative's) preferred outcome.

Was the adult asked what they wanted to happen about the abuse?

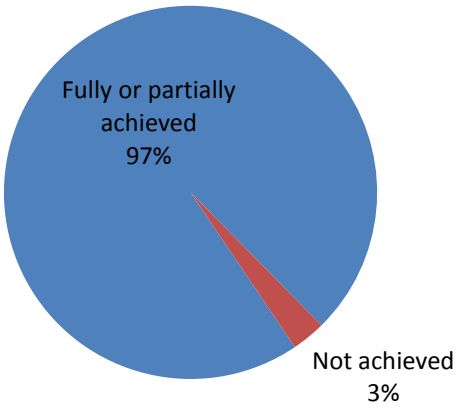


This chart relates to the 2016-17 year. It is based on 630 safeguarding enquiries completed during the year.

But we take some comfort from the related chart below. It shows that where we have asked or recorded the adult's preferred outcome, 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 making safeguarding personal approach to working is a priority for the year ahead.

Did we achieve what the adult wanted?



This chart relates to the 2016-17 year. It is based on 307 cases where we asked the adult what they wanted from a safeguarding enquiry.

9. Safeguarding Adults Reviews

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

SARs are all about learning lessons – not about blaming.

In our last annual report, we reported that a safeguarding adults review (SAR) was being carried out for Ms BB and Ms CC. The SAR has been completed and published. It is available on our webpages. The executive summary can be downloaded here

The SAR report author has made 12 broad recommendations, such as the need to engage better with people who use services and their families and improving practice in the context of the Mental Capacity Act 2005.

During the year we have been implementing the action plans and recommendations from that SAR. We are sharing the learning from this review widely with staff and volunteers in the borough.

SARs often have common themes and learning that is relevant to professionals nationally. For example, some of the recommendations in the Ms BB and Ms CC case are similar to recommendations in the ZZ case in Camden. It is important that we share learning not only within our borough but across the region so that we can all learn together. In this regard, we are keenly awaiting the London-wide analysis of SARs that is currently being undertaken.

10. Deprivation of Liberty Safeguards

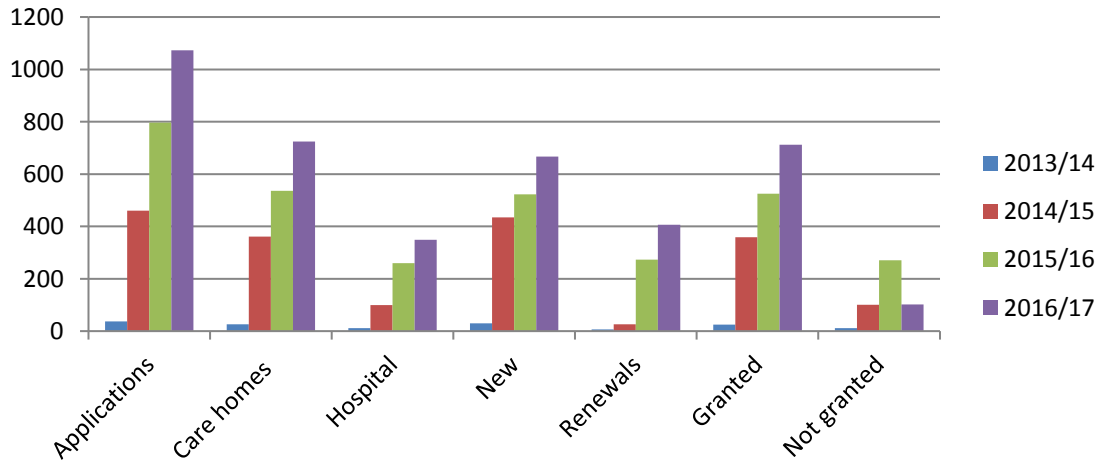
All adults should be free to live life as they want. If someone's freedom is taken away in a hospital or care home, or restricted in another way, there are laws and rules to make sure it is done only when really necessary and in their best interests. The rules are known as Deprivation of Liberty Safeguards (DoLS). We monitor how these safeguards are used in Islington.

Referrals and Authorisations
DoLS referrals increased 35% on the previous year. This has been part of a sharp upward trend across the country since 2014. Many other areas have struggled to cope with the increase in referrals resulting in backlogs and delays. Islington mostly continues to manage to keep to timescales and is performing significantly above national averages.

Half of all new referrals are from hospitals, but they represent only 3% of people who are currently on a DoL authorisation. More than half of referrals from care homes are now renewals. 55% of all current DoL authorisations are for Islington residents placed in care homes or hospitals outside of the Borough.

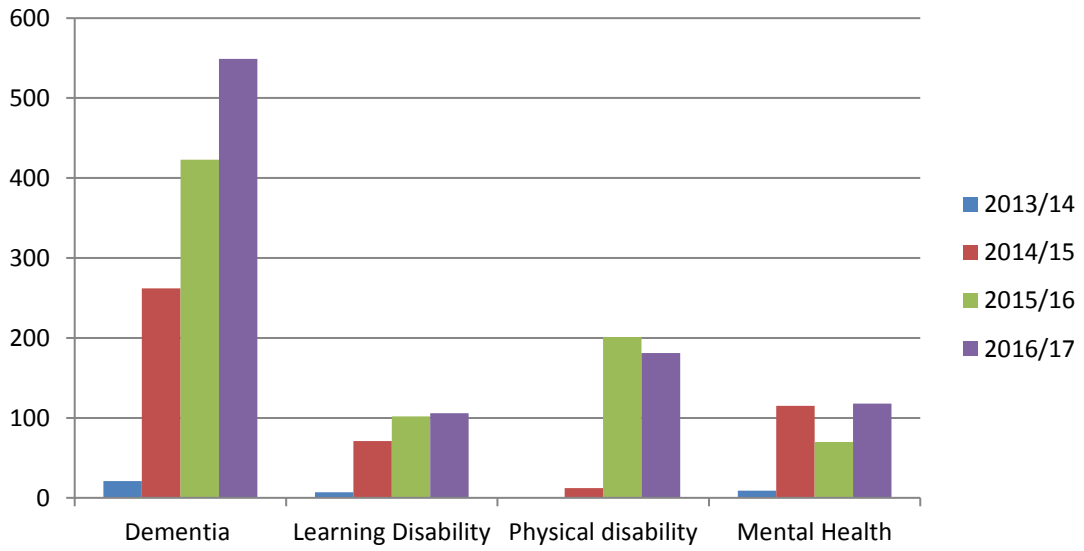
We have 460 residents who currently have Deprivation of Liberty Safeguards in place. The average time for which a DoLS authorisation is granted is 44 weeks.

Nearly half of all DoL authorisations are granted with conditions attached to them. We check that the care homes and hospitals are complying with the conditions in a number of ways. Checks may be carried out by paid representatives who send us reports or by directly contacting and visiting the care homes



The graph below shows that 58% of DoLS referrals during the year were for someone with **dementia.** People with a Learning disability also represent a significant proportion of those people who have a current DoL authorisation

The disability of people referred for DoLS



Diversity

We continue to monitor the diversity of referrals received to check that we are directing our services in the right way and to the right people.

- Six out of ten referrals were on behalf of people 75 and over.
- One third of all referrals were for people age 85 plus.
- The oldest person on a DoL in Islington is 102 years of age.
- We used interpreters for 22 different languages – mostly European languages with Greek being the most common.

Proposed new DoLS scheme:

The law Commission has recommended that the DoLS legislation be replaced urgently. It sets out a replacement scheme – called the Liberty Protection Safeguards.

It also proposes wider reforms to the Mental Capacity Act 2005 to

- promote greater safeguards for people before they are deprived of their liberty.
- Make sure decision-makers place greater weight on the person's wishes and feelings when making decisions about them

.

Next steps

We are proud of what we've achieved in the last year. But as we look ahead, there is so much more to be done. There is no single solution to ending adult abuse and neglect. Tackling it requires a multi-pronged approach with all partner organisations working together in Islington.

Our strategy

We will be implementing the final year of our current joint strategy with Camden Council. We already have in place our local action plan for next year. Also we will continue to implement our prevention strategy.

Both plans are available for download on our webpages here. The plans set out the commitments from our Board subgroups and partner organisations.

Next year we will be putting together a new long-term strategy. It presents an excellent opportunity to refresh our local response to adult abuse. For it to have real impact, it needs to reflect local concerns and priorities. That's why there will be a comprehensive public consultation. We will engage with victims of abuse and neglect, community groups, voluntary sector partners and frontline professionals to hear what they have to say. We need their input and expertise to tell us what needs to be done differently.

Making safeguarding personal

We want the person we safeguard to be at the centre of everything we do. Their wellbeing must be uppermost in our approach. Every person is an individual and whenever possible we must tailor our responses to reflect that person's priorities. We've made a good start on this but there's more to be done. If we work together, we can bring about the culture-shift needed to truly embrace this way of working across agencies and within our communities. It takes time, energy and resources to shift culture, but we are committed to delivering changes in practice.

Mental Capacity Act legislation

We will be watching with interest legislative developments relating to Deprivation of Liberty Safeguards and the Mental Capacity Act. The proposals herald significant changes in the way we work and we will ensure that we are well prepared to adopt new systems and procedures in response.

Learning

We'll be actively ensuring that learning from the Ms BB and Ms CC safeguarding adults review is followed through by agencies.

Listening

Your views are important to us. We are committed to listening to what our community has to say. If you want to take part in our next strategy consultation or about anything else, please get in touch. Our contact details are at the back of this report.

Appendix A

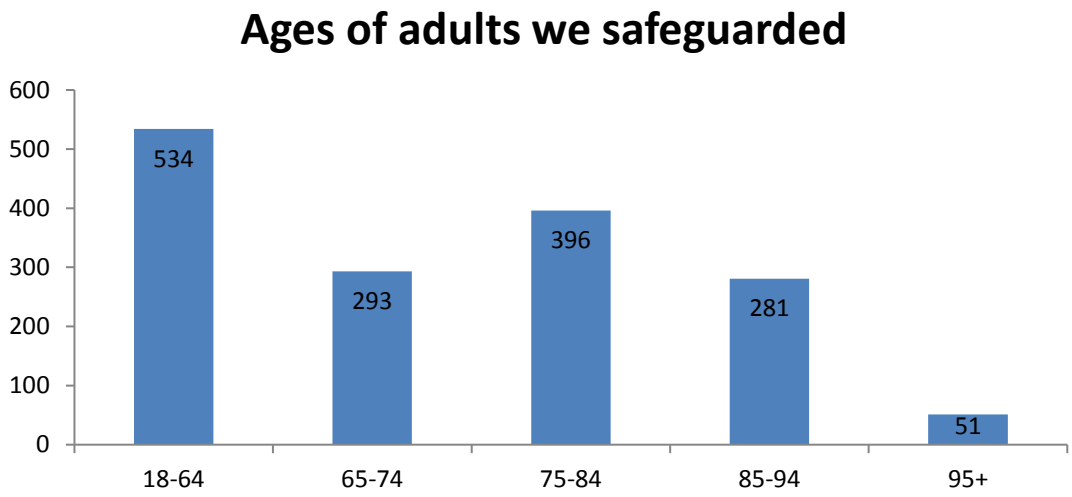
Making sure we safeguard everyone

Equality and diversity matter to us. We want to make sure that everyone who needs to be safeguarded is and that we are not missing people from particular groups

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

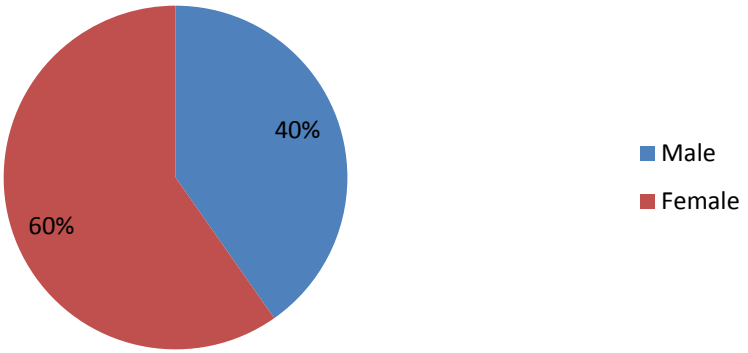
In this part of our review we look at how the Islington population is represented by the people who had safeguarding concerns raised about them.

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



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.

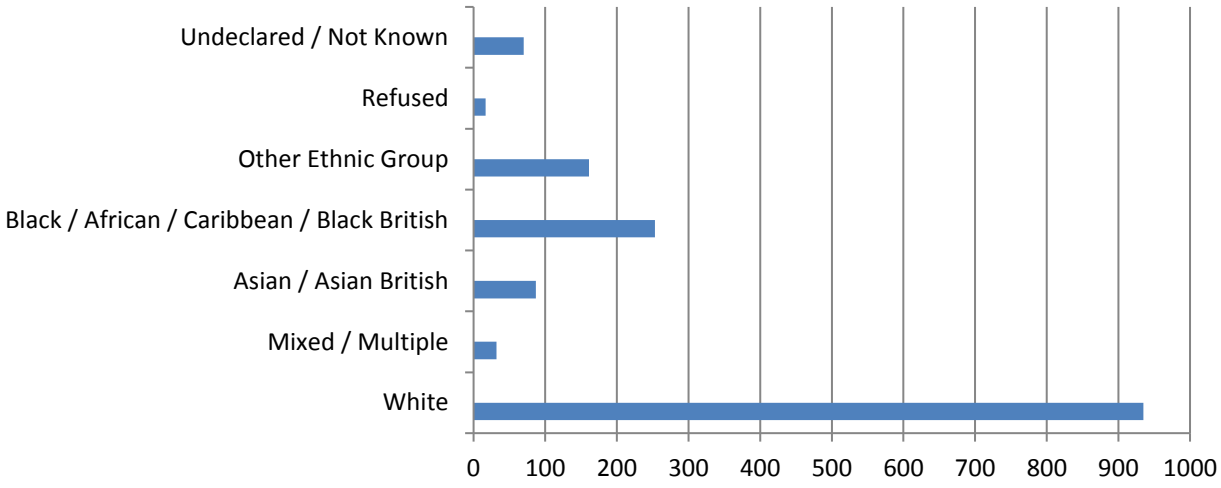
Gender of adults who had safeguarding concerns raised about them



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

There were no safeguarding concerns about people who identified themselves as transgender. This may be explained by transgender adults being a statistically small group of people (estimated to be 0.1% of the population). It may also be because transgender adults chose not to disclose this information to us.

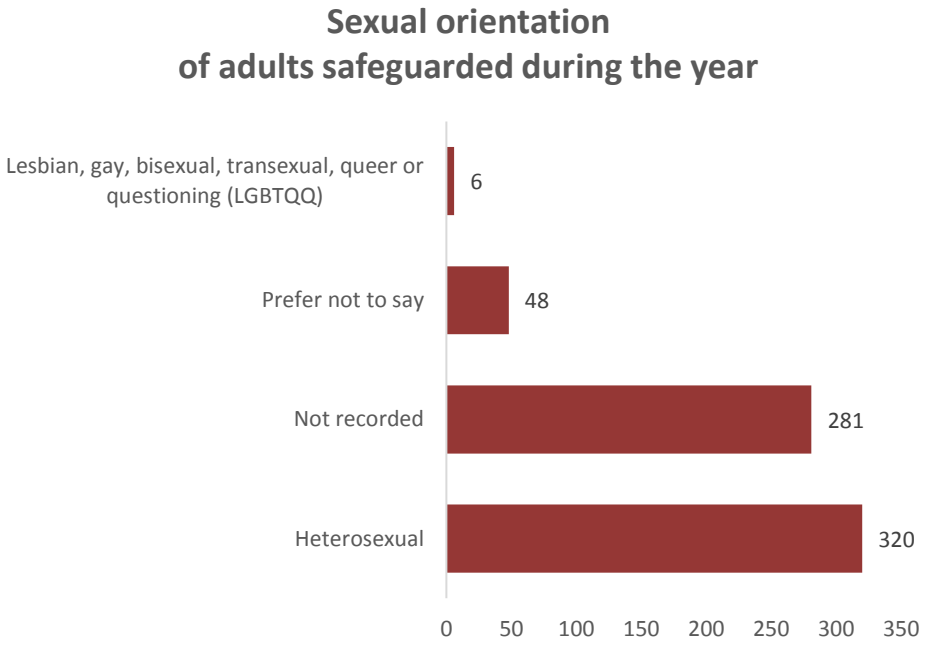
Ethnicity of adults who had safeguarding concerns raised about them



The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year. From in-depth analysis in previous years, it seems that concerns were least likely to be raised about people who described themselves as being of Chinese or Bangladeshi ethnicity. We have

translated leaflets into Chinese and Bangladeshi and will continue to promote these and engage with these communities to ensure that safeguarding concerns are not being missed.

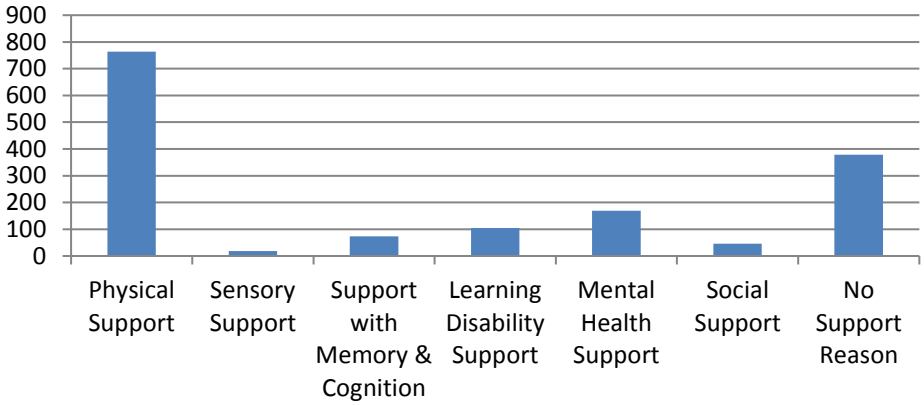
Different ethnic groups have slightly different proportions of adults with care and support needs. For example, the average age varies across ethnic groups in Islington. In an ethnic group where there is a higher proportion of older people, we would expect to see more safeguarding concerns for that group.



In recent years, we have started asking some of the adults we safeguard about their sexual orientation. The chart is not complete because we do not have this information for just under half of the adults we safeguarded. 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.

Further analysis of our data shows that the 6 adults who identified as LGBTQQ were all gay men. The government estimates that roughly 6% of the UK population is lesbian, gay or bisexual. Although our data is not complete, there may be enough data to suggest that lesbian adults are particularly under-represented in safeguarding enquiries. We'll continue to work on this strand of equality and diversity and will engage with partner organisations, including Stonewall Housing, to get a better understanding of any barriers this group may experience in accessing safeguarding support. We will also look to deliver training on this aspect of social work practice.

Main support need of adults who had concerns raised about them

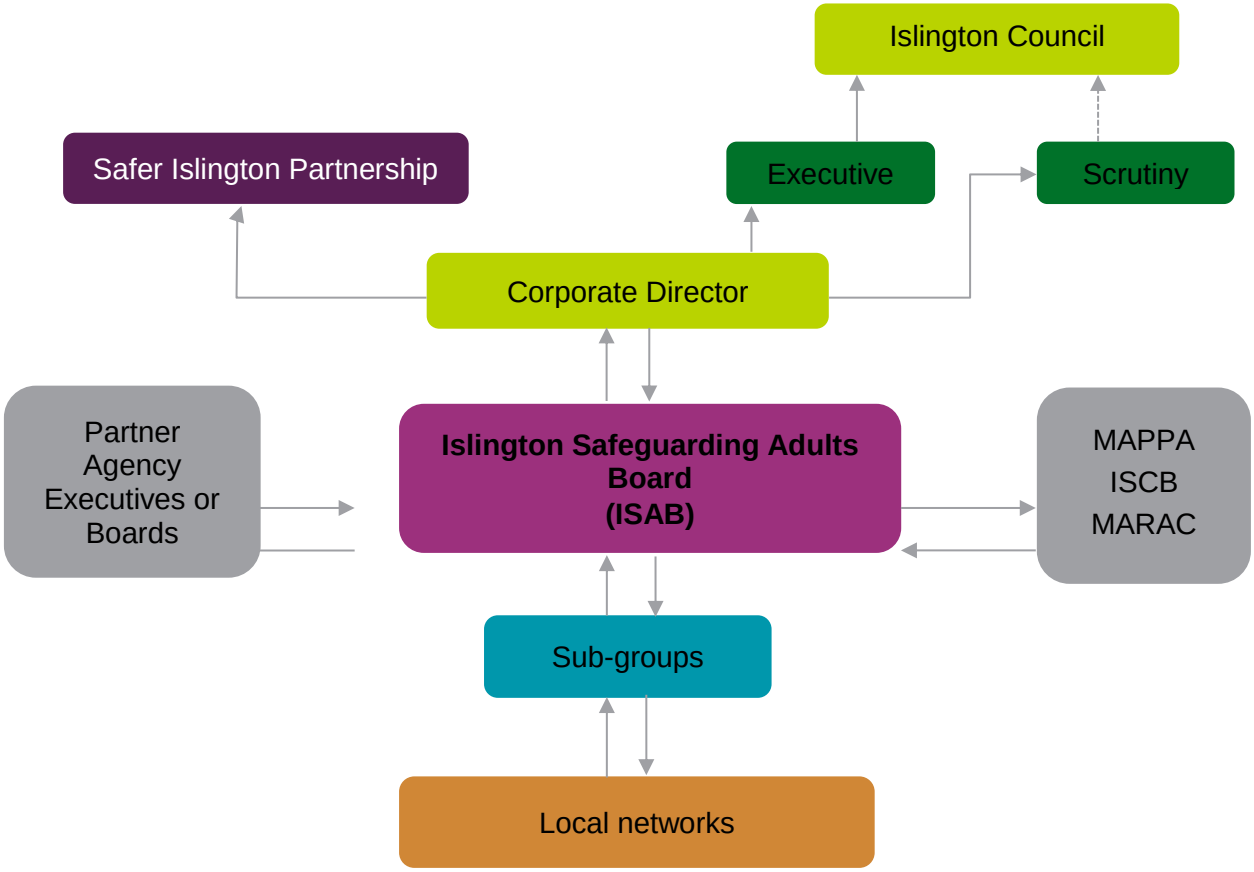


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country.
The chart shows that few concerns were 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 (for Housing and Adult Social Services) – Is responsible for setting up and overseeing the ISAB.

ISAB – 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 is essential. While much of the work goes on behind the scenes, it is important for our partners to take part in the meetings. We hold quarterly Board meetings and an annual challenge event. This year's challenge event was held with 4 neighbouring boards: Camden, Enfield and Haringey Safeguarding Adults Boards.

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

Islington Safeguarding Adults Board meetings Partner Organisation	Board Meeting 11-May-16	Board meeting 18-Jul-16	Board meeting 20-Oct-16	Board Meeting 25-Jan-17	Challenge Event 1-Feb-17
Independent Chair	P	P	P	P	P
Islington Council	P	P	P	P	P
Islington Safeguarding Children's Board	A	A	P	A	A
Safer Islington Partnership	P	S	P	P	A
Islington Clinical Commissioning Group	P	P	P	A	P
Moorfields Eye Hospital NHS Foundation Trust	S	P	A	P	S
London Fire Brigade	P	A	A	S	P
Camden & Islington Foundation Trust	P	P	P	P	S
Whittington Health	P	P	S	S	S
Police	P	P	P	S	A
Community Rehabilitation Company (CRC)	N	N	N	N	N
Probation	A	A	N	N	A
London Ambulance Service	N	N	N	N	N
Co-Opted Organisation					
Age UK Islington	A	A	P	P	A
Notting Hill Pathways	A	P	A	P	A
Healthwatch Islington	A	A	P	S	A
Single Homeless Project	P	S	P	P	A
Attendees					
Care Quality Commission (CQC)	P	A	A	A	A
NHS England	N	N	N	N	A
London Borough of Islington Councillor	P	A	P	A	A
General Practitioner	P	P	A	P	A
Family Mosaic Housing rep	n/a	n/a	P	N	A
Prison	N	N	N	P	N

Key
P = Present A = Apologies no substitute S = Substituted N = No apology/ substitute recorded
C = Does not attend; receives papers only N/a = not applicable

Communication and Policy Subgroup Partner Organisation	Subgroup Meeting 4-Jul-16	Subgroup meeting 14-Sep-16	Subgroup meeting 6-Dec-16	Subgroup Meeting 6-Mar-16
Chair (Camden and Islington NHS Foundation Trust)	P	P	P	A
Safeguarding Adults Unit	P	P	P	P
Whittington Health	A	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	A	P	P	S
Islington Housing	A	A	P	A
Camden and Islington NHS Foundation Trust	A	P	P	A
Islington Communications team	A	A	A	A

Quality, Audit and Assurance Subgroup Partner Organisation	Subgroup Meeting 4-Apr-16	Subgroup meeting 13-Jul-16	Subgroup Meeting	Subgroup meeting 28-Nov-16	Subgroup Meeting 9-Feb-17
Chair (Clinical Commissioning Group)	P	A		P	A
Safeguarding Adults Unit	P	P	P	P	P
Whittington Health	P	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	A	P	A	A	S
Islington Commissioning	A	A	A	P	A
Camden and Islington NHS Foundation Trust	A	P	P	P	P
Notting Hill Housing	A	A	P	P	P
Islington Customer Services team (6monthly attendance)	P	n/a	n/a	P	n/a

Learning and Development Subgroup Partner Organisation	Subgroup Meeting 4-May-16	Subgroup meeting 27-Jul-16	Subgroup meeting 2-Nov-16	Subgroup Meeting 15-Mar-17
Chair (Islington Council)	P	A	A	P
Safeguarding Adults Unit	P	S	P	P
Whittington Health	P	P	P	A
Camden and Islington NHS Foundation Trust	A	P	P	P
HMP Pentonville	P	A	N	N
Centre 404	P	A	P	P
Age UK Islington	P	P	A	P
Stonewall Housing	P	P	N	N
Healthwatch	A	A	A	A
Hillside Clubhouse	P	A	N	N

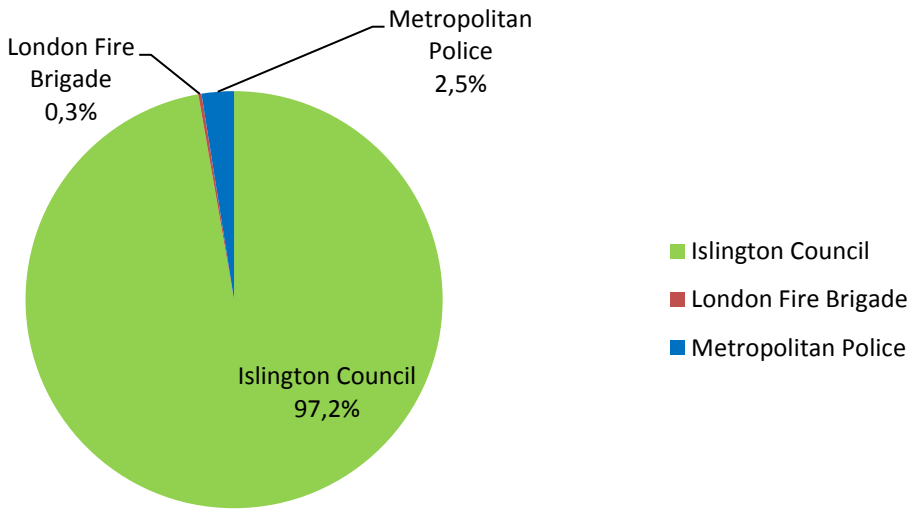
Safeguarding Adults Review Subgroup Partner Organisation	Subgroup Meeting 14-Jul-16	*SAR Panel meeting 14-Apr-16	*SAR Panel meeting 1-Aug-16	Subgroup meeting 18-Jan-17
Chair (Police)	P	P	P	P
Safeguarding Adults Unit	P	P	P	P
Islington Learning Disability team	A	n/a	n/a	P
Healthwatch	A	P	A	P
Single Homeless Project	P	A	P	A
Islington Clinical Commissioning Group	n/a	P	P	P
Islington Social Care and Rehab	P	n/a	n/a	A
Independent SAR Author	n/a	P	n/a	n/a
Age UK	n/a	P	A	n/a
Camden and Islington NHS Foundation Trust	n/a	P	P	n/a

Appendix D

How is our Board resourced?

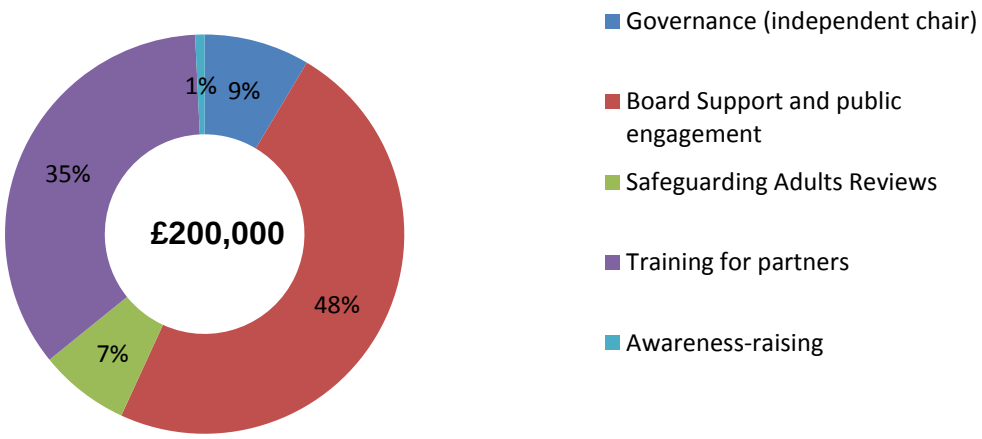
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

Who gave money to the Board?



As the above chart shows, Islington Council financed more than 97% of the costs of the Safeguarding Adults Board in Islington. Discussions continue with other Board partners regarding future funding and resources.

How we spent the money



It costs roughly £200,000 to support the work of the Board. This figure is expected to rise next year because we have recruited staff to previously vacant posts.

Appendix E

Our impact on the environment

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

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

For more information about SHINE, click here.

Appendix F
Jargon buster

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

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

Care Act 2014
An Act that reforms the law relating to care and support for adults.

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

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

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

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

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

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

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

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

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** which is part of the police:
Tel: 020 7421 0174

In an emergency, please call 999.

For more information:
www.islington.gov.uk/safeguardingadults

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

Islington Safeguarding Adults Board

Summary Annual Review 2016-17

Our Achievements

Deprivation of Liberty Safeguards applications continued to increase sharply. We remain one of the few local authorities that do not have backlogs, and are managing to turn around applications mostly within timescales.

Financial abuse is one of the most common types of abuse in Islington. We implemented a plan to raise awareness about how to spot familial financial abuse and what to do about it.

Our joint learning disability service became a pilot site for a proposed national system for reviewing unexpected deaths of adults in care.

We've been promoting the Making Safeguarding Personal approach to social workers in Islington.

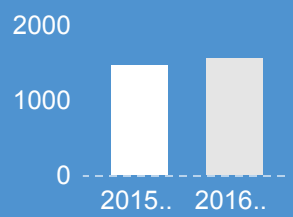
Feedback from our Service User and Carer subgroup is that social isolation is a growing problem. This chimes with findings from national research.

We held a month-long series of different awareness-raising events with conferences and pop-up information stalls at various places in the borough.

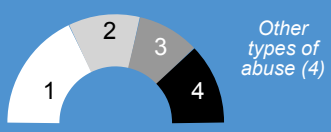
London Fire Brigade has been working with partners to ensure learning from fire safety deaths. A pilot is underway of fire retardant nightwear for adults at risk who smoke in bed.

Whittington Health has launched a patient safety newsletter to pass on learning from serious incidents to staff.

Key Statistics

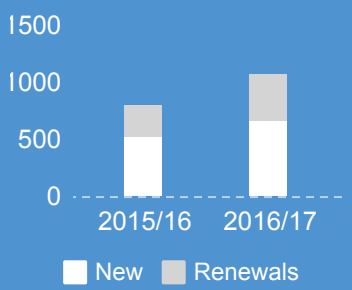


1,555 concerns about possible adult abuse or neglect (6% increase on last year)

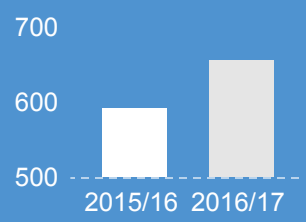


3 most common types of abuse in Islington are neglect (1), financial (2) and physical (3)

More than half of all cases of abuse and neglect took place in the adult's own home



73% increase in deprivation of liberty safeguards referrals



655 enquiries into suspected adult abuse (11% increase on last year)

1 in 3 cases we looked into were about neglect

In 100% of cases where we agreed abuse took place, we took action

In nearly 3 out of 5 cases, people were worried about an adult but when we looked into it, we decided a formal safeguarding enquiry was not needed

Key Developments

The Jo Cox Commission on Loneliness has started a national conversation about loneliness. Socially isolated adults are at greater risk of abuse and neglect.

Street homelessness has increased significantly in London in recent years. A Homelessness Reduction Bill was debated in parliament.

Draft legislation has been published which proposes replacing Deprivation of Liberty Safeguards with a broader but less onerous system of Liberty Protection Safeguards.

A safeguarding adults review into the care of Ms BB and Ms CC was commissioned. Learning has been identified and will be implemented through an action plan.

We will work on these developments over the next year.

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ISLINGTON

Children's Services,
222 Upper Street, London, N1 1XR

Report of: Independent Chair of Islington Safeguarding Children Board

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

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SUBJECT: Islington Safeguarding Children Board Annual Report 2016/17

1. Synopsis

1.1 This report is to update the Board about the findings of the Islington Safeguarding Children Board (ISCB) annual report which highlights the performance and effectiveness of agencies to safeguard and promote the welfare of children and young people. A full copy of the ISCB Annual Report 2016/17 is attached.

2.2 This report is also to update the Board on the inspection of the ISCB, by OFSTED, under the 'Single Inspection Framework' [SIF], which took place in Islington between 28.4.17 and 26.5.17. A full copy of the Inspection report is attached.

2. Recommendations

2.1 To note the findings of the Islington Safeguarding Children Board report and to comment on how the Board members intend to take forward the recommendations in the ISCB Annual Report.

2.2 To note and make any comment on the findings in the OFSTED inspection report.

3. Background

ISCB Annual Report 2016/17

3.1 The ISCB Annual Report sets out the work of the ISCB and its understanding of the effectiveness of safeguarding arrangements across Islington.

3.2 The year was challenging for all of the partner agencies who continue to work in a context of shrinking

budgets and resources. However, whilst this has been the case for several years now, this report provides evidence of the commitment and determination amongst agencies and professionals to keep all of Islington's children and young people safe.

3.3 One of the roles of the ISCB is to influence and shape service delivery which it does this through effective single and multi-agency audits and by challenge and scrutiny of existing practice. During this reporting period specific audits were carried out with a focus on powers of police protection and child sexual exploitation. A comprehensive account of audits can be found on pages 32-37 of the attached report.

3.4 The ISCB challenged the authority and partners around the effectiveness and the data collection of return home interviews conducted with children who go missing. Although there had been a review of practice and a change in processes which should ultimately improve performance it remains an area that could be strengthened.

3.5 In line with the ISCB's priorities we are asking the board and partners to continue the focus on:

- Increasing the resilience of children who are vulnerable because of neglect,
- parental factors that affect the wellbeing of children: domestic violence, parental mental ill-health and substance misuse.
- Identification of children at risk of sexual exploitation and holding perpetrators to account.

3.6 The ISCB annual report finds that ISCB partners are effective in ensuring that front-line practice is good and keep children in Islington safe from harm and abuse.

3.7 The ISCB Report makes several recommendations for strategic partners to further improve practice (pages 47 – 48 of the ISCB Annual Report).

OFSTED inspection of the LSCB

3.7 The LSCB was judged to be GOOD, with strong evidence of partners working together to improve outcomes for children and to keep them safe. Please see full report attached

3.8 Inspectors found that the LSCB is ambitious with a clear sense of vision and purpose and is well led, well managed and well run.

3.9 The LSCB fulfils all of its statutory functions, including those relating to private fostering and allegations against people who work with children.

3.10 Early help, thresholds for access to children's social care services, children looked after and care leavers are very much in scope and constantly under review.

3.11 Partnerships, particularly with health, are well developed and effective. Governance arrangements are robust. The board makes a significant contribution to the development of services at both a strategic and an operational level.

3.12 Only 4 recommendations were made, all of which had been previously identified as areas for action and development and were already in progress. These recommendations can be seen on page 32 of the full report.

3.13 Ofsted found the Local Authority's Children's Services to be GOOD, which provides significant reassurance that the quality of social work and early help practice with children and families is robust, enhances children's safety and wellbeing and is compliant with statutory requirement and expectations.

4. Implications

Financial implications:

4.1 There are no financial implications arising from this report.

Legal Implications:

4.2 Section 13 of the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB) for their area and specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs.

The LSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements.

The Chair must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area (this is a statutory requirement under section 14A of the Children Act 2004).

The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles.

The report should be submitted to the Leader of the Council, the Chief Executive, the local Police and Crime Commissioner and the Chair of the Health and Wellbeing Board.

Environmental Implications

4.3 The main environmental impacts of the Islington Safeguarding Children Board are associated with normal office occupancy (i.e. energy, water and resource use and waste generation) as well as transport-related impacts such as emissions and congestion. The board also encourages agencies to work together, which potentially reduces duplication and therefore contributes to reducing their environmental impacts.

Resident Impact Assessment:

4.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

5. Conclusion and reasons for recommendations

5.1 The ISCB annual report finds that partnership working in Islington is robust and effective to keep children and young people safe. Leadership is particularly strong and this finding was supported by the recent inspection of Children's Services and the LSCB.

Appendices

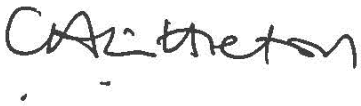
Appendix A - Islington Safeguarding Children Board Annual Report 2016/17

Appendix B - Ofsted Inspection Report; London Borough of Islington; Inspection of services for children in need of help and protection, children looked after and care leavers

Background papers:

None

Signed by:



10/10/2017

Corporate Director Children's Services Date

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London Borough of Islington

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the Local Safeguarding Children Board[1]

Inspection date: 28 April – 25 May 2017

Report published: 14 July 2017

Children's services in Islington are good		
1. Children who need help and protection		Good
2. Children looked after and achieving permanence		Good
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance		Outstanding

[1] Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

Executive summary

Children's services in Islington benefit from highly ambitious, capable and confident operational and political leadership. The population of Islington is richly diverse. Some localities have high levels of social deprivation, and many families in need of support have highly complex needs. The borough has a number of challenges in relation to gang culture, knife crime and substance misuse. Nevertheless, almost all vulnerable children who come into contact with children's services receive good support from resilient and well-managed staff. Building on the safeguarding and children looked after inspection of 2012, services continue to be good, underpinned by outstanding leadership, management and governance.

Elected members are passionate and actively involved as corporate parents. They engage well with young people and take their views seriously. Members take an active role in quality assurance activity and have a good level of understanding of frontline practice. This enables them to scrutinise practice effectively.

Performance management is very strong at strategic and operational levels. Leaders and managers know their service very well and are clear about their priorities for improvement. Management oversight, monitoring arrangements and supervision provide clear guidance to social workers regarding progression of actions and timescales.

Effective joint commissioning arrangements are underpinned by a robust assessment of local needs. This results in services that reflect the diverse communities in the borough.

Early help provision in Islington is both of high quality and effective. Comprehensive early help and targeted services focus on improving children's circumstances before they reach the threshold for statutory services.

When children who are, or may be, at risk of significant harm are referred to the local authority, action is taken quickly to ensure their safety. The local authority has identified that, for other children, processes at the front door are not sufficiently streamlined, and action is being taken to ensure a consistent response.

Social workers see children regularly. They get to know them well through good-quality direct work and they build relationships of trust with them. This helps to improve the outcomes that children achieve. Social workers are supported in doing this by having manageable caseloads. There is a strong focus on, and investment in, recruiting sufficient social workers to make this possible. This has a positive impact on reducing staff turnover and reliance on agency staff. The professional development of social workers is supported by well-planned and resourced training.

Children and families benefit from high-quality, focused and timely assessments, which reflect the seriousness and urgency of their needs, identifying the key risks

and protective factors. The subsequent plans identify appropriate goals, although the quality of plans is more variable. Most children have good access to advocates.

Young people at risk of child sexual exploitation receive excellent support, which is delivered with sensitivity and persistence. The monitoring of children who go missing is managed well by the 'missing children' coordinator. However, the quality of return home interviews when children have been missing is too variable.

Children and young people at risk of radicalisation, female genital mutilation, forced marriage and honour-based violence are protected through a range of clear multi-agency arrangements.

Islington has an extensive, well-coordinated network of services to help children and families address difficulties concerning domestic abuse, substance misuse and parental mental ill health. Consequently, children are protected from harm.

Decisions for children to become looked after are made quickly and in their best interests. Children only become looked after when it is necessary. When legal proceedings are required to secure their safety, assessments and support to children and their families are good and progress is swift. When the plan is for children to return home from care, outcome-focused assessments, planning and support ensure that the decisions are safe and appropriate. Unaccompanied asylum-seeking children receive excellent support.

The health needs of children looked after, including those placed outside of Islington, are met very well by a highly motivated team of health professionals. Children looked after receive good support for their education, although personal education plans (PEPs) are not sufficiently targeted, and the impact of the pupil premium grant is not measured effectively.

When children cannot return to their birth families, new permanent homes are found as quickly as possible. When adoption is the agreed plan for the child, there is a relentless focus on securing the right placement at the right time. Children are well prepared and supported. However, life story work and later life letters are variable in quality. The local authority has recognised this and is taking action to ensure that the quality improves. Adopters are very positive about their experiences, including their post-adoption support.

Leaders and managers have high aspirations for care leavers. There is a range of suitable and safe accommodation options to support care leavers with differing support needs. Islington has a strong track record in supporting care leavers to remain with their foster carers after their 18th birthday. Effective preparation for independence and significant tenancy support enable care leavers to sustain their tenancies when they embark on independent living. Pathway planning is timely, but care leavers are not fully involved in determining their goals and the actions required to achieve them. The numbers of care leavers in education, employment and training are increasing.

Contents

The local authority

Information about this local authority area[2]

Previous Ofsted inspections

- The local authority operates no children's homes.
- The previous inspection of the local authority's safeguarding arrangements was in February 2012. The local authority was judged to be good.
- The previous inspection of the local authority's arrangements for children looked after was in February 2012. The local authority was judged to be good.
- The director of children's services (DCS) has been in post since February 2016.
- The chief executive has been in post since May 2011.
- The chair of the LSCB has been in post since September 2013.

Children living in this area

- Approximately 40,500 children and young people under the age of 18 years live in Islington. This is 17.4% of the total population in the area.
- Approximately 35.3% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
  - in primary schools is 29.1% (the national average is 14.5%)
  - in secondary schools is 33.6% (the national average is 13.2%).
- Children and young people from minority ethnic groups account for 67% of all children living in the area, compared with 26% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are young people of mixed ethnicity and from the White-Other ethnic group.
- The proportion of children and young people who speak English as an additional language:
  - in primary schools is 43.7% (the national average is 20.1%)
  - in secondary schools is 45.9% (the national average is 15.7%).
- Islington is a relatively small authority, but has the highest population density in the country. The authority is one of stark contrasts, with high levels of deprivation and areas of significant wealth.

[2] The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was available.

Child protection in this area

- At 31 March 2017, 2,902 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 2,401 at 31 March 2016.
- At 31 March 2017, 205 children and young people were the subject of a child protection plan. This is an increase from 161 at 31 March 2016.
- At 31 March 2017, five children lived in a privately arranged fostering placement. This is an increase from three at 31 March 2016.
- In the two years prior to this inspection, two serious incident notifications have been submitted to Ofsted, and two serious case reviews (SCRs) have been completed. One SCR was in progress at the time of the inspection.

Children looked after in this area

- At 31 March 2017, 343 children were being looked after by the local authority. This is lower than the 353 children at 31 March 2016. Of this number:
  - 229 (67%) live outside the local authority area
  - 24 live in residential children's homes, all of whom live out of the authority area
  - none live in a residential special school[3]
  - 254 live with foster families, of whom 65% live out of the authority area
  - 10 live with parents, one of whom lives out of the authority area
  - 51 are unaccompanied asylum-seeking children.
- In the last 12 months:
  - there have been 14 adoptions
  - 21 children became the subject of special guardianship orders, 15 of whom had been looked after
  - 210 children ceased to be looked after, of whom 4.8% subsequently returned to be looked after
  - four young people ceased to be looked after and moved on to independent living
  - no children and young people ceased to be looked after and are now living in houses in multiple occupation.

The casework model used in this area

- The local authority uses its own motivational social work model.

[3] These are residential special schools that look after children for 295 days or less per year.

Recommendations

1. The local authority to work together with partner agencies to improve the quality of referrals, to ensure that all information is available as early as possible, so that there is no delay to taking prompt action.

2. Ensure that plans for children are concise and clear and that children in need reviews and core groups effectively measure and record the progress of the child against the plan.

3. Take action to improve the engagement of children and young people in return home interviews, and ensure that all return home interviews effectively identify risk and result in clear safety plans.

4. Ensure that PEPs for children looked after involve children and young people and are specific about targets and achievements.

5. Ensure that the virtual school measures the impact of pupil premium spend for children looked after, so that the grant is used to best effect.

6. Ensure that care leavers are more engaged in the completion and review of their pathway plans, so that the plans become more meaningful.

Summary for children and young people

- Children and families in Islington receive high-quality services when they need them.
- Children and families are provided with a wide range of services to help and support them to feel safe. Social workers act quickly when children need help and protection. Senior leaders make sure that everyone understands the problems faced by children and young people and that different agencies work together well to protect them.
- Social workers, teachers, police and health workers work well together to help things to get better for children and families. This means that problems are often solved at an early stage.
- Children and young people at risk of sexual or gang exploitation are helped by specially trained workers to make them safe.
- Senior leaders and councillors have a passion to make things better for all children. They want them to do well. This is making a positive difference to young people's lives.
- Social workers spend time getting to know children and families. They are good at listening to children and understanding things that are important, such as how they feel and where they want to live.
- Children and their families who arrive from different countries are provided with good help and advice.
- When children and young people are unable to live with their parents, social workers find them a good home with caring adults. Social workers always try to keep brothers and sisters together, and enable children to see people who are important to them. If it is safe for children to return home, social workers make sure that families continue to get the help that they need for as long as they need it.
- Social workers make every effort to find the best possible families for children who need to be adopted. When children and young people cannot return home to live with their parents, social workers need to give them more information to help them to understand the reasons why this needs to happen and to have information about their background.
- Care leavers are getting good support to prepare them for independence.
- Most care leavers are living in suitable accommodation and are given good information about their rights and the things that they are entitled to.
- Too many care leavers are not in education, employment or training (NEET), but numbers are now improving.

The experiences and progress of children who need help and protection	Good

Children in Islington receive high-quality and effective early help support. This is due to an accessible range of early and targeted support delivered by committed multi-agency professionals. Staff implement specific plans on completion of holistic early help assessments. The shared vision and priority of prevention and a 'Think Child, Think Parent, Think Family' principle are strong features of the early help offer, so children and families receive consistently good support services when they need them.

Strong multi-agency partnership working and inclusion of children's views are integral across early help, targeted and specialist intervention. These result in children having a clear voice on decisions made about their lives. Children with child protection plans have additional help to express their views and can access advocacy services.

Children needing early help intervention or immediate protection are effectively identified and receive a prompt and efficient response from the front door by the children's services contact team. However, contacts are variable in quality, so in some cases it is unclear what service or help is needed.

Children's assessments are analytical and child-focused. They are informed by research on complex family difficulties, including domestic abuse, and they identify the significant events in children's lives. Inclusion of children's views means that all information gathered is used effectively to inform appropriate decision-making, risk assessments and plans. Children missing from home and school receive an effective response. However, return home interviews for children are too variable in quality.

Children and families are set appropriate and realistic goals following assessments. Not all children have good-quality plans or concise actions supporting how the goals will be achieved. This, combined with inconsistent recording of meetings that review plans, means that, for a small number of children, it is not easy to identify progress.

Social workers receive good support from the expertise of co-located specialist workers, including the child sexual exploitation and 'missing' coordinator and the integrated gangs team. This enables social workers to have confidence and growing resilience to help and protect children living in families that have extremely complex and diverse needs. They are passionate about helping families and they build strong relationships with children, which means that they know them well.

Inspection findings

7. Children in Islington receive good early help support. The well-established early help offer is implemented by a multi-agency professional workforce that uses its skills to provide targeted interventions across a range of available services. Agencies share a deep-rooted early help vision and effectively adopt a 'Think Child, Think Parent, Think Family' principle that demonstrates their commitment to tackling concerns at an early stage. The early help offer extends to services of support for disabled children and their families, inclusive of a comprehensive local offer and a range of short break opportunities. As a result, children and families receive services targeted to their individual needs.

8. Early intervention teams are successfully implementing the early help and family support strategy 2015–2025. Children's centres have a strong relationship with health partners, and family support workers link to all schools and general practitioner (GP) surgeries. This enables the early identification of children in need of help.

9. Early help assessments are thorough. They consider the whole family's needs and consistently include the views of parents and children. The focus on family strengths as well as areas of concern, using a range of assessment tools, enables a detailed analysis of children's circumstances and the help required to improve their outcomes. Early help plans implemented by multi-agency lead professionals have clear, measurable targets and expected timescales for achieving positive change for children and families. Most children and families receive a proportionate and consistent response to meet their needs. Children's services respond well when children's circumstances change. When risks to their health and welfare increase, effective decisions are made to keep them safe.

10. Children considered at risk of significant harm are quickly identified. All urgent multi-disciplinary requests receive an effective and timely response from a single point of contact in the children's services contact team (CSCT). The CSCT has impressive and experienced senior social workers who utilise a range of resources to access information, including those provided by an integrated multi-agency safeguarding hub (MASH). This helps to identify the most appropriate service response to meet children's needs, including those of children in need of early help. Children in need of urgent protection transfer quickly to one of six locality children in need teams, resulting in prompt assessment of their needs.

11. When the MASH receives contacts, staff respond effectively to identify risks to children. A wide range of multi-agency intelligence is used to inform effective decision-making, including information from schools and early years support, ensuring that workers have a holistic overview of children's attainment as well as their social and family circumstances. Clearly recorded management oversight and the rationale for overriding consent, if necessary, are

appropriately identified at the point of contact, ensuring robust decision-making relating to children's needs.

12. Some contacts and requests for information are variable in quality. This means that the concerns are not always clear. Senior managers know that these areas need improvement, as a result of a commissioned external review in October 2016. However, the review recommendations have not yet been fully implemented, so for a few children the positive impact is not yet evident. (Recommendation)

13. Children receive a good-quality and timely response from dedicated and committed social workers in the children in need service. Social workers benefit from considerable support and advice from a range of skilled specialist workers co-located across the service. This includes expertise from a dedicated child sexual exploitation and 'missing' coordinator, domestic abuse intervention workers and the integrated gangs team. All workers contribute to the identification of known and anticipated risks to children; shared knowledge is used effectively to inform strategy discussions and analysis in children's assessments.

14. Children's assessments are of high quality. They identify precise risks to children, and social workers give due consideration to the individual needs of brothers and sisters within families. Workers use research effectively to inform their analysis of strengths and risk factors and include significant events in the child's family history. Inspectors saw purposeful examples of this, including research on domestic abuse, honour-based violence and religious beliefs within specific cultures. Social workers understand the emotional impact and stress that children may experience when living within complex family structures and clearly report on the actual impact that this has on children.

15. Social workers build strong relationships with children; they spend time with them and understand their needs well. All workers have an individual staff profile that they share when meeting children for the first time. This enables children to understand why social workers need to be involved with families and helps to build a strong rapport so that workers can ascertain what life is like for them at home. Direct work and children's views are integral to assessments, and the majority give thoughtful consideration to children's identity and cultural needs at home, school and within their communities. Workers in the disabled children's team use a creative range of direct work tools to understand and ensure that those children who have complex communication needs are able to express their views and wishes.

16. Assessments identify the complexity of risks and diverse needs of children. They inform children's plans, and subsequent direct work appropriately enables workers to check on children's progress. Girls at risk of female genital mutilation receive the help and support that they need through early identification of risks. Culturally sensitive analysis demonstrates that social

workers have a good understanding of specific cultures and use this information to inform safety plans for children.

17. Plans for children are not consistently concise or clear. All plans contain appropriate family-focused goals derived from strong assessments, so that parents know exactly what needs to change. However, the actions supporting the achievement of those goals vary in quality and detail. Children in need meetings and core groups that review the progress of children's plans do not consistently evidence progress made. This has led to some delays in the goals of a small number of children being achieved, particularly those children who have experienced more frequent changes in social workers. (Recommendation)

18. Most children with child protection plans can access advocacy support to attend or participate in meetings about the progress of their plan. Social workers are diligently helping children to complete 'All about me' books and they promote appropriate advocacy support. As a result, children's wishes and feelings are represented in child protection planning.

19. Multi-agency partnerships and coordination of support to children are exceptionally strong in Islington. These are particularly effective for those children living within families in which there is domestic abuse, parental mental ill health and substance misuse. Lead professionals and social workers co-work with a range of commissioned services to enhance their knowledge of parental risk factors. Specialist workers offer consultations and advice and undertake direct work with children and families. Contingency plans are effective. Families access services when they need support, and this includes therapeutic and practical help.

20. Multi-agency risk assessment conference (MARAC) arrangements are extremely effective. Consistent engagement and attendance from over 20 agencies and professionals in MARAC meetings ensure that broad holistic risks are considered for children living with parents identified as having experienced domestic abuse. The impact of domestic abuse is not seen in isolation and is consistently linked to other inter-dependent risks in children's lives, for example gang activity and child sexual exploitation. A dedicated MARAC coordinator vigorously monitors actions. Agencies share information purposefully and effectively. An appropriate level of challenge results in tight safety plans, which reduce risk for children.

21. Children at risk of and subject to child sexual exploitation receive timely and appropriate action to safeguard their welfare. Social workers and child protection coordinators use the expertise of a specialist coordinator in the assessment of risks to children. Complex strategy meetings effectively coordinate multi-agency identification and planning, so that children benefit from comprehensive and high-quality support. This results in interventions being effectively coordinated to minimise any future risks.

22. Children receive an appropriate and swift response when they are missing from home. Coordinated activity endeavours to locate children and ascertain their safety, with effective information sharing on individual children. Children are consistently offered a return home interview when they are found. However, not all children engage with this process, and return home interviews themselves vary in quality. This means that not all information on potential risks to children is identified to inform their safety plans. (Recommendation)

23. The local authority and managers are well informed about children missing from school and implement timely and persistent processes to locate them. Good liaison with other professionals, including UK Visas and Immigration, neighbouring boroughs and schools, together with use of data from a variety of information sources, ensure that they are aware of all children missing education in Islington. All children identified without a school place have clear plans in place to meet their education needs.

24. A qualified teacher visits children who are electively home educated at least annually. Robust oversight contributes to all families engaging with the local authority in decisions relating to the education of their children.

25. Experienced workers with a range of multi-disciplinary knowledge provide effective and responsive out-of-hours support to children and families in need of emergency help. Emergency duty team workers visit children to assess their needs and identify any risks to their welfare.

26. Children living within private fostering arrangements receive a good service. Children are seen within statutory timescales and they are seen alone. Assessments are of good quality and appropriately consider the needs and views of children and the parenting capacity of carers.

27. Young people aged 16 and 17 who present as homeless receive timely, analytical and thorough assessments. Assessments consider their views and those of their family. Social workers explain to young people their legal entitlements, enabling them to make informed choices about their futures. When young people choose not to be looked after, suitable accommodation and support are provided and are regularly reviewed to ensure that their needs continue to be met.

28. Arrangements for managing allegations against staff, carers and volunteers who work with children in Islington are well managed by the head of safeguarding as the designated officer. Good coordination of activity and strong procedures ensure that effective strategy meetings are held to protect children. Effective work to raise awareness and provide consultation to other agencies results in appropriate referrals. Subsequent action is timely and proportionate to the level of risk identified.

The experiences and progress of children looked after and achieving permanence	Good

Summary

Services for children looked after in Islington are good. Managers and staff are ambitious and aspirational for children and care leavers, and this is underpinned by a clear vision and strategy to continue to strengthen social work practice. Social workers are committed to the children with whom they work. They know the children well and have trusting relationships, and 'go the extra mile' to support children's needs.

Children only become looked after following timely, high-quality assessments, which are clear about risks and what needs to change. When a child returns home, good multi-agency support is in place to make this move successful. Plans are reviewed regularly to ensure that a child's changing needs continue to be met. When a child cannot return home, plans are made early to ensure that there is no delay in identifying a permanent home.

Risks for children looked after are recognised, and swift action is taken to reduce them. This includes the risk of child sexual exploitation, going missing from care and gang activity. Children are involved in their safety planning and, when risks increase, managers take effective protective measures to safeguard children.

Children live in good, stable homes that meet their needs well. The timeliness of children looked after reviews and children's participation in those reviews are very good.

Children looked after who are at the early years foundation stage or key stages 1 or 2 achieve at the same level as their peers. The virtual school headteacher has identified that more work is required to ensure that those children at key stage 4 achieve as they should. PEPs lack input from children, and the targets are not sufficiently explicit. Managers identify this as an area that needs developing.

Adoption services are strong. Permanence through adoption is achieved quickly for children from a diverse range of backgrounds and who have complex needs. Matching is very effective. Social workers prepare children well for their transitions. Adopters are very positive about the level of support that they receive throughout their adoption journey, including post-adoption support.

Care leavers are well supported, they feel safe where they live and have very good access to health provision. The care leavers' service, Independent Futures, works well with partners to ensure prompt access to services. Care leavers have access to a good range of accommodation. However, they are not sufficiently involved in the development of their pathway plans.

Inspection findings

29. Decisions about children becoming looked after are appropriate, timely and based on good-quality assessments. Assessments take family history into account to inform the analysis of risk and needs, and clearly articulate children's and parents' views and wishes. Legal planning meetings are effective, ensuring clarity on the threshold for care, options appraisal and the rationale for decisions made. Effective use of parallel planning and family group conferences ensures that early assessment of extended family members takes place, minimising delay in decision-making for children.

30. Pre-proceedings work is comprehensive and clear on risks and concerns. Social workers ensure that parents understand clearly what needs to happen and how support will be offered. The Child and Family Court Advisory and Support Service (Cafcass) and the judiciary are complimentary about the quality of pre-proceedings work and information sharing by social workers, which minimise delay for children in Islington. Care proceedings are progressed within the 26-week threshold with good, well-prepared evidence.

31. Children do not return home from care unless it is safe for them to do so. Accurate assessments outline ongoing risks and the ways in which support will mitigate these. Child-centred plans result in comprehensive and intensive support, meaning that a return home for children can be sustained.

32. The vast majority of assessments of children looked after are of good quality, explicit about risks and needs and include the views of parents and children. Placements of brothers and sisters are generally informed by a thorough exploration of each child's individual needs and those that they have as a brother/sister group. Assessments are not up to date for a very small number of children, resulting in some delay in progressing plans, particularly in confirming permanent placements.

33. The majority of care plans are of good quality and all are reviewed regularly. Placement plans detail children's routines and needs and are specific about the expectations of the local authority and what carers can expect, including delegated authority arrangements. Identity and cultural needs are explicit, and plans reflect how carers will meet these needs. Parents' views inform placement choice. Children make good progress as a direct result of the care that they receive. Parallel planning starts early in order to reduce delay for children, and recommendations regarding permanence are routinely made at the second review. Reviews are effective and timely, ensuring that care plans are implemented in a consistent manner. Children report having opportunities to speak to their independent reviewing officer (IRO) between reviews and are supported to contribute to decisions and plans. Children directly influence how their reviews are conducted.

34. Independent visitor and advocacy services are strong. Disabled children have good access to advocacy support, with a referral to specialist services if their

needs cannot be met in-house. Children and young people confirmed to inspectors that they understand how to make a complaint and receive support to do so. Numbers of children and young people (including care leavers) who have made a complaint have increased in the last year: 37 in 2016–17 compared with nine in 2015–16. This increase reflects good use of advocacy to give children the confidence to say when things could be improved. The outcomes of complaints are being used to make things better for children. Complaints learning meetings, chaired by the complaints manager and attended by service managers, share learning, identify themes and result in an appropriate action plan.

35. Social workers see children regularly and alone. Direct work with children informs assessments and planning. Some life story work and later life letters are used to good effect to assist a child's understanding of their situation and plan, but these are variable in quality. In some cases, poor recording does not show direct work or reflect the social worker's relationship with the child. Children living with kinship carers do not routinely receive life story books or later life letters to help them to understand why they are not living with their parents. A life story tracker, which provides social workers with clear targets for completion, is now helping to improve practice.

36. The IROs are a dedicated team with manageable caseloads who are strong on scrutiny and clearly 'own' their children. They engage quickly with children and young people, following allocation, and see children or have contact with them between reviews. IROs keep up to date with children's changing needs, and there is effective challenge to progress on agreed actions and plans. In some cases, the IRO writes the review record to the young person as a letter, which is highly effective in reflecting their views and wishes.

37. The children in care health team, including child and adolescent mental health services (CAMHS), offers a comprehensive and well-managed service to children looked after and care leavers, which means that their health needs are very well met. All health assessments seen by inspectors were timely and provided good-quality, child-centred information written in a way that was easy for a young person to understand. Children looked after, including those placed out of Islington, have their health needs comprehensively met by active follow-up. Young people receive services promptly when substance misuse is identified.

38. Emotional health provision for children is effective. Managers have taken decisive action to improve the number of children who have an up-to-date strengths and difficulties questionnaire (SDQ). The recently introduced SDQ pathway helps social workers to understand and use the questionnaires to identify the emotional health needs of children. When a score indicates some concerns, emotional well-being meetings offer a reflective space to inform interventions and care planning, ensuring that children who would benefit from additional help are identified.

39. At the time of inspection, Islington was looking after 50 unaccompanied asylum-seeking children. Very high-quality social work and multi-agency support result in positive outcomes for these children. The impact of trauma explicitly informs the professional network approach to working with this group of young people and includes supporting foster carers, some of whom are former asylum seekers themselves. Particularly strong, sensitive work was seen in relation to forced marriage and bullying, resulting in high-level support for young people that ensures their safety.

40. Partnership working is an area of strength, and good multi-agency work makes a tangible difference to children's outcomes. The response to the risk of child sexual exploitation is good. Risk assessments are updated in response to changes in circumstances, and quick multi-agency action is taken to address any concerns identified. Effective direct work engages young people in their safety planning. Children missing from care benefit from effective multi-agency risk management and oversight by senior managers. Swift action is taken to safeguard young people through the use of secure accommodation when risks become unmanageable in the community, particularly in relation to gang activity. Workers make tenacious efforts to engage young people. Return home interviews are completed and most are clear on risks; they make links with other risk areas like child sexual exploitation, substance misuse and gang affiliation, and the analysis is shared with the professional network. This means that important information is gathered to help to inform planning to keep children safe.

41. The vast majority of children attend good or better schools. Those who do not, have additional visits by the school improvement team to ensure that they are not disadvantaged. The virtual school headteacher has clear attendance records for all children looked after, which are updated each day. The vast majority of children achieve an attendance of over 90%. At the time of the inspection, 20 children were struggling to maintain acceptable levels of attendance. All of them had an action plan that had good targets and appropriate strategies to help them to improve their attendance.

42. Most children in the early years foundation stage, key stage 1 and key stage 2 achieve expected levels of attainment. However, attainment of young people at key stage 4 is lower than that of their peers. Thirteen children are not receiving a minimum of 25 hours of education each week. The virtual school provides online tutoring and support within 24 hours of their leaving education. Currently, this offer is between 12 and 15 hours per week. Child in Focus meetings discuss each of these children to ensure that actions are in place to get them back into a fuller programme of education.

43. PEPs are not good enough and do not involve all children sufficiently in the process. Most children do not have specific actions or timescales in their plans, which means that they do not know what they need to do to meet targets. Currently, the virtual school does not judge the impact of the use of

the pupil premium. This means that the local authority does not have a systematic way of measuring any resultant benefit for children. (Recommendation)

44. Fostering assessments are timely and of good quality and contain clear analysis and recommendations for learning in all cases seen by inspectors. Child-centred review assessments were seen, with good use of the fostering clinical psychologist to support carers through difficulties. The fostering panel has a robust quality assurance process and has not had to defer any cases due to poor-quality assessments in the past two years.

45. The fostering panel benefits from a highly experienced chair and committed membership, including a health partner and a care leaver. Panel minutes show relevant and insightful identification of areas for further exploration, and the panel offers clear advice and recommendations, both to the service and to the agency decision maker (ADM). Managers in the fostering service are responsive to feedback, and there is a clear feedback loop between the panel chair and the ADM, which drives improvements in practice for the benefit of children.

46. Recruitment of foster carers remains a challenge, despite significant recruitment activity undertaken by the local authority. A rolling programme of recruitment and a community development officer working with local schools, churches, mosques and nurseries have led to a number of applications. This is helping to ensure that children live in a diverse range of homes that are reflective of the local community. The local authority shares fostering resources with other north London authorities. This helps to ensure that children are placed near their communities, when this is appropriate. Careful matching takes place and options appraisals are completed. In relation to out-of-area placements, a specific hazards analysis identifies any local issues of concern, and there is a well-thought-out process that matches need with resource.

47. Foster carers are unanimous in their praise for the help, support, encouragement and feedback that they receive from their supervising social workers. They are clear about the decisions that they can make on behalf of the children and young people in their care. They praise the opportunities that children looked after have to participate in a range of leisure and social activities that help to promote children's physical and emotional health and social development.

48. Islington supports and encourages children's interests, and all children looked after are given free access to leisure facilities in the borough. If a child lives out of area, the equivalent access is sought in that area. In addition, the Chrysalis project, aimed at higher achievers, encourages children to expand their learning and to have high aspirations for their futures, by visiting theatres, museums and universities, alongside extra sessions offered by the virtual school.

49. Participation of children looked after is high, including disabled children, who benefit from a highly skilled specialist participation worker, and they are well represented by the Children's Active Involvement Service (CAIS) Council. Members of the CAIS Council attend the corporate parenting board and are influential in developing and improving services. Younger children have fewer opportunities to contribute, but the wide range of activities and work completed by CAIS is highly impressive, and feedback from young people is very positive.

The graded judgement for adoption performance is that it is good.

50. Adoption is considered for all children who may need permanent or alternative families. There has been an increase in the number of adoption orders in the last year, from eight in 2015–16 to 14 in 2016–17. This increase, combined with a growing number of special guardianship orders being granted, means that permanence is achieved for those children who need it.

51. Children receive an effective service from a well-established and experienced team of social workers, led by committed and knowledgeable managers. Social workers and managers know their children very well and robustly track all of those awaiting permanence. All children waiting have potential links with adopters. Information about children and prospective adopters is shared promptly across the north London adoption consortium and cross-London partnership. This, together with the good use of national links, helps to ensure that permanence is achieved quickly for children in Islington.

52. Family finders are tenacious and, as a result, the local authority has been successful in achieving adoption over the last year for brothers and sisters together, disabled children and children from Black and Mixed ethnic backgrounds. Some older children have also been adopted by their long-term foster carers, which is a very good outcome for them, although this has had a negative impact on the local authority's overall performance in relation to the timeliness of adoption. Setting aside this small cohort of children with exceptional circumstances, the vast majority of children move to live with their adopters well within national timescales.

53. Parallel planning routinely takes place to minimise delay. However, some children potentially miss out on the opportunity for very early permanence during court proceedings, as there are currently no adopters in Islington approved to foster to adopt, and such foster carers from external agencies are not always available. Managers are aware of this and are taking appropriate action to increase options.

54. Assessments of potential adopters are thorough. They are undertaken in a timely way and in line with national requirements. Social workers explore all

relevant areas, making good use of research. Detailed reports enable the adoption panel and the ADM to make informed recommendations and decisions about approval. Adopters from a wide range of backgrounds are approved, reflecting the diverse ethnic communities in Islington.

55. The vast majority of child permanence reports are of a good quality. They provide a clear understanding of the child's lived experiences and their specific needs in relation to their age, health, development, any disability and their identity. Matching reports are also of a high standard, demonstrating the tenacious efforts of social workers to find the right match for children. There have been no adoption disruptions in the past two years, either before or after the making of an adoption order, highlighting the effectiveness of the matching processes and support services.

56. An appropriately experienced individual chairs the adoption panel and provides strong leadership to an established team of panel members, who have a range of experience and skills. Panel and ADM minutes demonstrate scrutiny and appropriate challenge when considering approvals and matches. Quality assurance systems and feedback are robust. The chair also produces good-quality six-monthly and annual reports on panel activity. She provides feedback to social workers in every case considered and seeks feedback from prospective adopters. Senior managers know the service very well and are committed to continually improving the quality of the service.

57. Adoption support is a strength. Adopters speak extremely positively about the support that they receive from their social workers throughout their adoption journey. They report feeling very well prepared for becoming adoptive parents. Having the opportunity to meet with the medical adviser to discuss potential lifelong or future needs of their child or children is greatly valued. A particular strength identified by adopters was the additional expert therapeutic support that they received from a psychologist prior to, during and following their child's transition into their family. This enables children who have complex attachment difficulties to move successfully and to settle quickly.

58. Children benefit from meaningful contact with those important to them. Assessments focus on what is right for the child following their adoption. A dedicated contact worker facilitates and supports both direct and letterbox contact. Consequently, children benefit from maintaining relationships, when appropriate, and receiving letters that will add value to their lives in terms of their identity.

59. Social workers undertake some excellent work with children in preparation for adoption, using a range of tools to assist with their understanding of what is happening. All children receive life story books, but the quality of these is variable, and a significant minority lack important information. Some later life letters written for children use too much social work jargon, making them harder for children to understand. Managers have recognised that these are areas for improvement, and work is in progress to address them.

60. Post-adoption support is very good. Children and their adopters have access to an impressive and wide range of post-adoption support. This includes training opportunities, access to workshops, counselling, therapy, support groups for children, teens and adults and signposting to other voluntary sector support services. Once approved, adopters receive a comprehensive support handbook and then receive quarterly newsletters, highlighting pertinent issues, training and support opportunities. Very good use is also made of the adoption support fund, ensuring that families receive the specialist support that they need.

61. Birth parents have access to positive counselling and support. Additionally, the Pause team carries out highly effective work with women who have had children removed as a result of legal proceedings. The team is currently working with 18 women who have had 80 children placed in local authority care. The multi-disciplinary team has passionate and committed staff, who are clear about their roles and know when they need to make a safeguarding referral. There is a high level of engagement, and powerful, early impact for children is evident, particularly in relation to the quality of relationships and adoption processes. Sustaining change following the end of Pause involvement is the next challenge, and the team is engaged with a national charity that is leading on this longitudinal research.

The graded judgement about the experience and progress of care leavers is that it is good.

Inspection findings

62. Over the past year, the local authority has improved the quality of service for care leavers. Managers are clear about the actions necessary to improve the service further. They have a clear understanding of the young people's needs and ensure that the service offers complete wrap-around provision to meet their social, emotional, health and accommodation needs.

63. Young persons' advisers and social workers work effectively together in Independent Futures, Islington's care leavers' service, and they are in contact with nearly all of their care leavers. They know their care leavers well. Workers can clearly articulate care leavers' support needs and the provision available to meet these needs. These care leavers include those who have higher support needs, such as those at risk of sexual exploitation, those in custody, those involved in gangs as both victim and perpetrator and those who are unaccompanied asylum seekers. Care leavers report that they know how to contact their workers, and the vast majority feel appropriately supported. One care leaver stated that he was made to feel that he 'belonged in this country' and that he 'belonged in Islington' by his adviser.

64. Young persons' advisers and social workers work well with other professionals for the benefit of care leavers. This includes positive relationships with the youth offending service, probation, CAMHS, the Department for Work and Pensions, the police and the prison service. Targeted support is offered to help care leavers to progress into independent living. For example, young persons' advisers ensure that prisons receive pathway and other plans to ensure that care leavers receive the support that they need while in custody.

65. The vast majority of pathway plans are up to date. However, these plans vary too much in quality, and many have insufficient involvement of care leavers. Many targets identified in plans do not explain to care leavers how they can be achieved. Care leavers in many cases do not feel that they are set challenging and worthwhile targets by their advisers and they are therefore insufficiently motivated to complete the actions. Recent actions taken by managers, combined with training undertaken by IROs, show an increased focus on the quality of pathway planning. The impact in terms of care leavers' engagement with the pathway planning process is not yet sufficiently evident. (Recommendation)

66. High numbers of care leavers are in further and higher education and achieve well. Currently, 41 care leavers are undertaking degree courses and 140 care leavers are undertaking further education courses at various levels. These care leavers receive good support, both from their young persons' advisers and from appropriate financial provision while they are on their courses. Nineteen young people are undertaking apprenticeships to enable them to gain valuable skills while working. The local authority has developed plans to expand its apprenticeship programme next year so that more care leavers can benefit from such provision. A care leaver stated that she would not have been where she is now without the support and guidance of her young persons' adviser. An adviser explained how proud she was when she attended a graduation ceremony of one of her care leavers.

67. Over a third of care leavers are NEET. However, staff do have clear and precise plans in place to support them into worthwhile activity. Specialist workers offer tailored, specific provision, and care leavers report that they receive good support to find work. Managers discuss each young person who is NEET at quarterly education review meetings to check that plans are in place and appropriate, so that their young people can progress.

68. Care leavers have very good access to health facilities. A children's looked after health adviser facilitates a weekly drop-in at Independent Futures, to support care leavers' sexual, general and emotional health, in addition to providing specialist substance misuse support. Care leavers welcome this and the service is well used. Regular liaison between CAMHS and adult mental health services ensures continuity of provision for those care leavers who have specific emotional health needs. Health advisers refer care leavers to specialists as necessary. Young persons' advisers often take care leavers to

these appointments to give them moral support and to facilitate their attendance.

69. Care leavers receive health passports when they leave the service. This ensures that they are aware of their medical histories and of any allergies or medical concerns, and that they have contact details of medical and dental practitioners. They also receive a list of local specialist health provision, which is individualised to the locality in which they live. All care leavers who spoke to inspectors are aware of their health issues and needs and know whom to contact if they have any problems.

70. Staff at Independent Futures support care leavers well to find appropriate accommodation. There is a clear accommodation pathway with a good range of options available to care leavers. An effective accommodation panel ensures clear tracking of care leavers' needs. Young persons' advisers place care leavers in the most appropriate provision for them at the time, based on a careful assessment of their needs. Care leavers report feeling safe in their homes and know that their young person's adviser will support them with any difficulties that they may have.

71. Young persons' advisers support them to move to independent accommodation when they are ready. There are clear and robust plans for care leavers in temporary accommodation, and these are reviewed frequently by managers to ensure that they have effective moving-on plans in place. No care leavers have been evicted from their permanent tenancy since September 2015, which is reflective of the substantive levels of tenancy support and good preparation activities to ensure that they have the skills necessary to maintain a tenancy. Managers have a clear focus on sustaining staying-put placements for care leavers with foster carers, beyond the age of 18. At the time of the inspection, there were 42 care leavers in such arrangements. This enables continuity of provision for care leavers and ensures that they are not placed in more independent accommodation before they are ready to proceed with such a transition.

72. Independent Futures provides additional and relevant activities for care leavers throughout the year. Groups have visited companies, job fairs and universities to expand their knowledge of job and training opportunities. Driving lessons are available to care leavers who complete their independent skills passports. Care leavers have access to 'Grand-mentors'; these are older professional people, who give enduring emotional and practical support.

73. Independent Futures, alongside partner organisations, provides a two-day independence programme. This course supports care leavers into independence and covers housing, relationships, sexual health and education, employment and training. Care leavers reported to inspectors that they feel that they receive good support from their young persons' advisers to become independent; this includes help with cooking, completing forms, financial benefits, conflict management and practical help with moving house.

74. Sixty care leavers are also young parents, and young persons' advisers ensure that they have access to many activities, specifically provided for them, including soft play dates, children's centre facilities, Inspire (a group for new mums) and the support of the family nurse partnership service. One young mother said that these activities stopped her from feeling isolated and that she has made many good friends through these activities and groups.

75. Staff and elected members in Islington are proud of their care leavers and recognise their achievements by holding an annual celebratory event. A steering group of staff and care leavers plans this event each year. Care leavers report that this event boosts their confidence, gives them real pride in their achievements and helps them to move forward.

76. The care leavers' service is proactive in seeking the views of care leavers. This is achieved through the use of regular surveys and information informally gathered. This is used to help to inform service improvement, with the views of care leavers reflected in the service development plan.

77. Care leavers are aware of their rights and entitlements and know how to obtain support to access them. Each care leaver receives a book explaining what they can expect from Independent Futures and their financial entitlements. Their young person's adviser ensures that they discuss these rights, which helps care leavers to access appropriate financial support at the right time for them.

Leadership, management and governance	Outstanding

Summary

Senior leaders, operational managers and elected members are ambitious, aspirational and determined to provide outstanding services for all children and families in Islington. Effective use of political influence to engage key partner agencies at the highest level reflects the strong and committed partnership contribution to good local services.

Strategic partners demonstrate effective engagement through aligned key priorities that fully reflect the diverse needs of local people. Established and mature governance arrangements support the Islington Safeguarding Children Board to know and improve the quality of multi-agency frontline practice that leads to effective integrated services to children and families. This includes successful coordination of work to effectively identify and support children at risk of sexual exploitation, gang affiliation, radicalisation and female genital mutilation.

The highly effective use of available resources ensures delivery of services consistent with local needs and priorities. Good joint commissioning arrangements, informed by a robust assessment of local needs, result in services that are reflective of, and sensitive to, the diverse culture, religion and ethnicity of families in Islington. Leaders and managers fully understand the value and impact of early preventative services, and this is reflected in the wide range of high-quality provision available to children and families at a local level.

Elected members, leaders and operational managers are excellent corporate parents. They are proactive, highly ambitious and aspirational for children looked after and care leavers, and take real pride in their achievements, celebrating with them as any good parent would.

Senior managers know the quality of frontline practice, informed by extensive and comprehensive performance management information and enhanced by regularly shadowing workers, observing practice and involving young people in a meaningful way. Decisions, taken with the right level of confidence and authority, ensure that children receive the right level of service when they most need it.

The local authority uses creative approaches to recruit and retain staff, and this is leading to improved stability in the workforce. Social workers have manageable caseloads with good supervision and support and extensive training. This helps to improve their capacity and their resilience in undertaking effective direct work with children and families, many of whom have highly complex needs.

The local authority has successfully developed an environment where social work can flourish; children are safer as a result and enabled to achieve their best.

Inspection findings

78. Senior leaders, managers and politicians are highly effective, ambitious and passionate about improving outcomes for children and young people, and aim to provide outstanding services. They are aspirational and effective advocates for all children in Islington, and the quality of services and practice improves as a result. This is in the context of high levels of deprivation, substance misuse and knife-related crime. Many children in need of help and protection, children looked after, including care leavers, and those adopted in the borough have highly complex needs and present considerable challenges. Work completed since the inspection in 2012 has strengthened the quality of practice and has ensured that children remain protected. There are very many examples of highly effective practice that provide children and young people with the support that they need to be safe and do well.

79. The chief executive is tenacious about the local authority's ambition to provide excellent services to local people. Her commitment to continuous improvement has been instrumental in establishing innovation and creativity to improve the lives of children. For example, the pledge to tackle youth violence has led to the highly effective and integrated partnership arrangements to address the prevalent gang and drug culture in the area.

80. The leader of the council, the lead member for children's services and elected members are clearly committed to improving services for all children and families in Islington. They meet regularly with children and demonstrate a good understanding of the challenges that they face. Effective use of political influence to engage key partner agencies at the highest level reflects the strong and committed partnership contribution to good local services. Strategic partner representatives demonstrate effective engagement through aligned priorities that reflect and meet the needs of local people.

81. Routine safeguarding assurance meetings with the corporate DCS fully inform the chief executive and elected members of the quality of frontline practice. This results in a strong corporate understanding of safeguarding and the good quality of social work practice. Effective elected member scrutiny of performance information has led to specific and targeted focus on key areas of risk, for example the multi-agency understanding of the approach to the supply of drugs across local authorities, known as the 'county lines' model. Proactive and persuasive work by the lead member for children's services with elected members has resulted in a corporate understanding and prioritisation of services to vulnerable children, including retention of services that provide effective early help for families.

82. Creative use of available resources increases capacity to provide and extend services across the borough, leading to accessible support at a local level. This includes effective investment in services for children on the edge of care, which has enabled some children to remain living safely with their families.

83. Leaders and managers fully understand the value and impact of early preventative services, reflected in the wide range of good-quality provision available to children and families. A recent example is the investment in research to understand the trauma that children experience living in households in which there is domestic abuse, to improve social workers' confidence and to develop diverse approaches to best help and support them.

84. The highly motivated and effective strategic partnership demonstrates ambition to provide high-quality services in Islington. Established and mature governance arrangements, including effective collaboration with the clinical commissioning group, support the LSCB to know and improve the quality of multi-agency frontline practice. This leads to successful arrangements that provide effective integrated services to children and families. An example of this is the strategic response to strengthening organisational governance arrangements following the inspection of the youth offending service in 2016. As a result, effective joint working and the co-location of a number of services have considerably strengthened the area's response to public protection, including the multi-agency response to youth violence and children at risk of sexual exploitation.

85. Partnership work with voluntary agencies is inclusive and empowering. Strong and effective collaboration with voluntary sector organisations results in the delivery of high-quality, locally accessible services at universal, targeted and specialist levels. These are making a difference, for example, with mentors who are engaging effectively with young people affiliated with gangs.

86. The agency coordination of work with children at risk of sexual exploitation, gang affiliation, radicalisation and female genital mutilation is highly effective. The innovative 'specialist intervention pilot', resulting from a successful bid to the Department for Education innovation fund to tackle serious youth violence, supports two specialist workers who provide exceptional direct intervention to those most vulnerable children assessed as at high risk of harm from gang-related activity or child sexual exploitation. In addition, their expertise through consultation effectively supports social workers to improve the identification of risk and a reduction of harmful behaviour, including, for some, the disengagement from gang-related activity.

87. Work with the police to identify and broker cross-authority police cooperation for children placed in the borough by other local authorities is effective. A detailed analysis of this group identifies those most at risk, and contact is made with the placing local authority. In one case, this resulted in a robust challenge to the placing local authority about the effectiveness and safety of the care planning for a highly vulnerable child; this led to immediate protective action.

88. Effective action to raise awareness of parents in primary schools and of Year 5 and Year 6 pupils, in conjunction with the healthy schools coordinator, is leading to early identification of the possible risks of female genital mutilation.

Specific training delivered to a range of professionals, parents and pupils is leading to greater understanding of the indicators of risk and the protection of children.

89. Established and effective joint commissioning arrangements, informed by a robust assessment of local needs, reflect detailed knowledge of the local population. As a result, services are reflective of, and sensitive to, the diverse culture, religion and ethnicity of families in Islington. For example, parenting programmes developed to address and challenge specific cultural norms, and in the first language of families, enable accessible support that improves the experience of and help to children from specific minority ethnic groups. Children are involved in a range of commissioning processes, and their views inform service specification and procurement. Recently, young carers contributed to the re-procurement of services, directly participating in the redesign of support to them and their families.

90. The quality of corporate parenting is excellent. Elected members, leaders and managers are proactive, highly ambitious and aspirational for children looked after and care leavers. They take real pride in their achievements, and celebrate with them as any good parent would. The chief executive is an inspirational mentor for at least three young people and she has been instrumental in influencing and improving their life chances.

91. The CAIS enables the In Care Council to be a highly influential advocate for children looked after and care leavers as members of the corporate parenting board. The service widely consults children, including those who live outside the borough, about their experiences of care. These views inform services, which have improved as a result of their ideas and input, such as improvements to holiday arrangements with foster carers. Children looked after and care leavers who live outside the borough, provided with travel costs and overnight accommodation, were able to attend the annual evening celebrations of achievements held at the Arsenal Emirates Stadium in 2015 and 2016.

92. The local authority knows the quality of frontline practice, informed by extensive and comprehensive performance management information. The electronic 'intelligence hub' brings together over 60 sources of data, providing team managers and social workers with accessible information on key performance areas of practice, which includes data on individual children, families, households and the wider community. This results, for example, in effective identification and profiling of geographical 'hotspots' where young people involved with, affiliated to and at the fringes of gang activity live and congregate. This leads to effective targeted interventions to those most at risk and early identification of those potentially at risk.

93. Senior managers have a comprehensive knowledge of their strengths and areas for improvement, well informed by shadowing workers, observing practice and involving young people in a meaningful way. At all levels,

decisions taken by managers ensure that children receive the right level of service at the right time. Team managers and social workers know the children well, and good management oversight of practice at an operational level is helping to improve the quality of social work practice.

94. A wide range of effective quality assurance activity includes thorough audits arising from scrutiny of performance management information. This contributes to the local authority's well-informed understanding of areas that require improvement. The recently introduced 'practice week', involving senior leaders, enabled parents, carers, children and professionals to provide feedback to inform a clear and comprehensive action plan that focuses on improving their experience of help and support. Learning from SCRs leads to effective changes and improvements in multi-agency practice. As a result of the SCR on Child E, improved coordination between occupational therapists and housing support workers led to comprehensive assessment and actions that improve the safety of children who 'live at height' in accommodation across Islington.

95. The local authority has successfully completed the first phase of its social work model, 'doing what counts and measuring what matters', a motivational social work approach. Implemented in the children in need service, this improves the quality of relationships between social workers and children, and this was evident during the inspection. This model will be extended across the whole service, to strengthen practice for all vulnerable children.

96. The local authority has effective relationships with Cafcass, which is highly complimentary of the authority regarding the quality and timeliness of pre-proceedings and care proceedings work. Social workers produce good evidence, which negates the need for further independent assessments, resulting in timely completion of care proceedings, the vast majority of which are completed within 26 weeks.

97. The local authority is creative about how to recruit and retain staff, and this is leading to improved stability in the workforce. Recent recruitment of social workers tests the core attributes underpinning the motivational social work approach through role play, and identifies the applicant's ability to build positive relationships and to demonstrate empathy and collaboration skills. This approach, also applied to locum workers, demonstrates good practice. This has resulted in 24 agency workers becoming permanent members of staff, providing continuity of workers for children, and, together with strengthened managerial oversight, this is improving the consistency of social work practice. Key worker housing provided by the local authority is attracting professionals and has enabled 22 social workers to live and work in Islington.

98. Young people are fully involved in the recruitment to all social work and manager, including senior manager, posts and they take part in the induction of new staff. They have developed and deliver the 'listening and connect'

module of training, to describe their experiences to new staff and foster carers. The training powerfully conveys what matters to them.

99. Social workers spoken to on this inspection have manageable caseloads that improve their capacity to undertake effective direct work with children. An established culture of learning and continuous professional development results in a good level of support, supervision and training to workers, with specialist workers and consultants available to help them to improve their practice and build resilience. The local authority has developed an environment where social work can flourish, and as a result, children seen on this inspection are safer and enabled to achieve their best.

The Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board is good

Executive summary

The LSCB is ambitious. It has a clear sense of vision and purpose and is well led, well managed and well run. Partnerships, particularly with health, are well developed and effective. Governance arrangements are robust. The board makes a significant contribution to the development of services at both a strategic and an operational level. The board fulfils all of its statutory functions, including those relating to private fostering and allegations against people who work with children. Early help, thresholds for access to children's social care services, children looked after and care leavers are very much in scope and constantly under review.

The LSCB and its partners have a strong understanding of child sexual exploitation. They have taken decisive and effective action to strengthen the local response to children who go missing from home or care.

The board makes good use of single and multi-agency audits to identify and address any shortfalls in practice and performance. Its management of, and response to, SCRs and local management reviews are robust and effective. Plans are in place to ensure that the section 11 audits, which partners are currently in the process of updating, are subject to rigorous critical challenge and scrutiny.

The board uses performance management information from a number of different sources to monitor and evaluate the impact and effectiveness of frontline safeguarding and child protection practice. However, the board's child protection performance report lacks sufficient commentary or analysis and currently does not include any health or police data.

The board's website provides easy access to a comprehensive range of high-quality policies, procedures and practice guidelines, which are regularly updated. The training provided by the board is of a consistently high quality.

The board's business plan is detailed and comprehensive, but it is not being used to best effect to monitor the activities and track the progress of the board's various sub-groups. Although easy to read, the last annual report was also overly descriptive. It did not provide a clear evaluation of the effectiveness of local arrangements to safeguard and protect children and young people in Islington.

Children, young people and families are not yet sufficiently involved, either directly or indirectly, in the work of the board.

Recommendations

100. Ensure that the board has access to the right level of performance management information and data with which to monitor the impact and effectiveness of multi-agency safeguarding and child protection practice.

101. Ensure that the business plan is used effectively to monitor the work and track the progress of the various sub-groups in a way that makes their activities more visible to board members.

102. Ensure that the annual report provides a clear assessment of the effectiveness of local arrangements to safeguard and protect children and young people.

103. Ensure that the work of the board is better informed and influenced by the lived experiences of children, young people and families.

Inspection findings – the Local Safeguarding Children Board

104. With a clear sense of purpose and direction, an impressive independent chair, a tenacious business manager and good engagement from partner agencies, the board is making steady progress to achieve its overarching objectives. Meetings are well structured. Decisions taken and actions agreed are clearly recorded and routinely followed up. Meeting minutes provide clear evidence of effective challenge between board members and partner agencies and, when applicable, the LSCB and external bodies. While the board's commitment to continuous improvement is very evident, there are unresolved issues regarding financial contributions by some partner agencies.

105. Robust governance arrangements ensure an appropriate level of accountability, while at the same time making it possible for the LSCB to hold other strategic boards to account. The independent chair of the LSCB meets at quarterly intervals with the chief executive of the local authority, the leader of the council, the lead member and the DCS. A written protocol clearly defines the relationship and reporting arrangements between the LSCB, the Health and Well-being Board, the Safer Islington Partnership, the Children and Families Partnership Board and the Adult Safeguarding Board. This means that the board is not operating in a vacuum and is able to exert its strategic influence.

106. The board continues to make a significant contribution to the development of services at both a strategic and an operational level. For example, working collaboratively with the Youth Justice Management Board, the board has helped to revolutionise the local response to gangs and youth violence. Currently, the board is actively involved in the ongoing transformation of early help services. The board uses its influence effectively to ensure that safeguarding issues are prioritised appropriately.

107. The LSCB provides effective critical challenge. Within the last 12 months, the board has, for example, challenged schools about their contribution to core groups and child protection conferences, children's social care about the offer and completion of return home interviews and the local authority about its response to the 'Prevent' duty. During the same period, the board has reviewed the work of the designated officer to assure itself that allegations against people working with children are dealt with appropriately, received updated reports on early help and children looked after and redoubled its efforts to raise awareness of private fostering arrangements. The board is able to demonstrate its impact on raising practice standards and improving outcomes for children, young people and families.

108. The board does not yet have its own performance dashboard. Although the LSCB is using performance management information from a range of different sources to monitor and evaluate the impact and effectiveness of frontline practice, the commentary in its bi-monthly child protection performance information report is insufficient and lacks detailed analysis. The LSCB is aware of this shortfall and has plans to address it, but in the short term, the board does not have a direct line of sight on, for example, the number of young people who present at accident and emergency units as a result of self-harm, substance misuse or peer/gang violence or the number of cases that are stepped up or down between early help and children's social care. (Recommendation)

109. The LSCB takes quality assurance very seriously. Since June 2016, the board has audited children's participation in child protection conferences, the operational response to female genital mutilation, the use by the police of their powers of protection, repeat child protection plans, the level of consideration being given to disability and/or children's voices in child protection medicals and knife-related harm. Any remedial action required is clearly recorded in the form of simple, but specific and measurable, audit action plans. By identifying and systematically addressing shortfalls in practice and/or performance, the board is making a positive difference to the lives of children, young people and families.

110. Annual safeguarding self-assessment reports completed by schools and providers of early years services are rigorously analysed by the board to identify areas for improvement and to evaluate the impact of multi-agency safeguarding training. These reports have been used very successfully to consider referral patterns, explore partners' understanding and application of the threshold criteria for access to children's social care and assess their awareness of, and responses to, the lessons learned from SCRs. When necessary, appropriate follow-up action is taken. For example, designated safeguarding leads have visited those schools that did not have an effective 'missing policy' and organised refresher training on the use of the neglect toolkit for early years providers.

111. Partner agencies are currently in the process of updating their section 11 audits. The LSCB business manager recognises the need, and has plans, to ensure that section 11 audits are subject to robust scrutiny and rigorous critical challenge.

112. Although the number of sudden or unexpected deaths involving children or young people in Islington is relatively small, the child death overview panel (CDOP) ensures that each case is carefully reviewed. Whenever the causes of death are judged to have been preventable, the CDOP works hard to ensure that lessons are learned and appropriate action is taken. For example, an increased focus on knife crime and knife-related homicides is resulting in increased awareness of such incidents by partner agencies.

113. The LSCB has significantly strengthened its approach to SCRs by, for example, ensuring that the referral pathways are clear and unambiguous and that the decision-making process is rigorous and robust. Lessons learned from SCRs and local management reviews (LMRs) are widely disseminated, and the SCR sub-group is persistent and effective in holding partner agencies to account for implementing their SCR and LMR action plans. Following the death of Child E, well-coordinated action involving housing officers and occupational therapists led to a marked reduction in the number of disabled children whose families were on the housing waiting list. Senior managers have also taken appropriate action to improve the communication between Cafcass, IROs and children's social care services in response to the lessons learned from the SCR regarding Child F.

114. Through its website, the board ensures that partners and practitioners are able to access high-quality policies, procedures and practice guidelines, which are regularly updated. For example, the LSCB has reviewed and updated its policies and procedures to reflect the latest developments in relation to child sexual exploitation, female genital mutilation and the 'Prevent' duty. This means that those engaged in safeguarding and protecting children and young people have the policies and procedural tools that they need to do the job.

115. The LSCB and its partners have a thorough understanding of child sexual exploitation. They are making good use of data and intelligence to develop a coherent local profile of the risks associated with child sexual exploitation. The child sexual exploitation, missing and trafficking coordinator is visible, active and influential and ensures that the potential links between child sexual exploitation and other vulnerabilities are recognised and explored. Year-on-year, the number of children and young people who are identified as having been, or are at risk of being, sexually exploited has increased. The LSCB is able to evidence its impact on managing and reducing risks while, at the same time, disrupting the activities of perpetrators.

116. The LSCB has been influential in strengthening the response to children who go missing from home or care. A comprehensive missing and child sexual exploitation action plan, which is regularly reviewed and periodically updated,

provides clear evidence of progress and impact. Senior managers and leaders now have a much clearer line of sight on the offer and completion of return home interviews. Although there is still some way to go, children and young people are being better safeguarded and protected.

117. The training provided by the LSCB is of a consistently high quality. Directly linked to the pan-London Competence Still Matters framework, the training delivered by the board is being used very effectively to promote multi-agency working. In the last 12 months, over 1,100 staff have completed training provided by the LSCB. Online feedback is generally very positive. Members of the training and development sub-group recognise that they need to do more to evaluate the impact of training on practice and performance. However, annual safeguarding reports have demonstrated that the use of chronologies to record issues and concerns relating to individual children, particularly in schools and early years settings, has increased as a result of the training provided.

118. While priorities in the annual report are clear and explicit, the business plan is only updated once a year. This means that it is not being used to best effect to monitor and track the progress of priorities or to evaluate the work being undertaken in the various sub-groups. (Recommendation)

119. Although the annual report is reasonably comprehensive and easy to read and provides a coherent overview of the work of the LSCB and its sub-groups, it is overly descriptive. By concentrating more on the role and function of sub-groups, the focus of audit activity and the content of the multi-agency training, the annual report does not provide a clear and unequivocal assessment of the impact and effectiveness of local arrangements to safeguard and protect children and young people in Islington. (Recommendation)

120. While partner agencies are able to demonstrate their individual efforts to reach out to and engage children and young people, the LSCB recognises that it needs to do more to strengthen the voice and influence of children, young people and families in the work of the board. Holding a recent board meeting at a local primary school, and hearing directly from the children about the things that worry them, are steps in the right direction, but there is still a long way to go. (Recommendation)

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference that adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people whom it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of eight of Her Majesty's Inspectors (HMI) from Ofsted.

The inspection team

Lead inspector: Andy Whippey

Deputy lead inspector: Marcie Taylor

Team inspectors: Rachel Griffiths, Dawn Godfrey, Julie Knight, Neil Penswick, Nigel Parkes, Tracey Zimmerman

Senior data analyst: Stewart Hartshorne

Quality assurance manager: Carolyn Adcock

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ISCB Annual Report

March 2016 – April 2017

Independent Chair
Alan Caton OBE

CONTENTS

LETTER FROM THE CHAIR

I am pleased to present the Islington Safeguarding Children Board (ISCB) Annual Report covering the period April 2016 to March 2017.

This report sets out the work of The Board and its understanding of the effectiveness of safeguarding arrangements across Islington. The report also aims to give those people who live and work in Islington a greater understanding of the way agencies work together and individually to keep children safe from harm and abuse.

The year was challenging for all of the partner agencies who continue to work in a context of shrinking budgets and resources. However, whilst this has been the case for several years now, this report provides evidence of the commitment and determination amongst agencies and professionals to keep all of Islington's children and young people safe.

One of the roles of The Board is to influence and shape service delivery. It does this through effective multi-agency case audits and by challenge and scrutiny of existing practice.

During this reporting period audits were carried out with a focus on *powers of police protection* and *child sexual exploitation*. Learning points identified from these reviews were translated into action plans to ensure the learning was disseminated into front-line practice.

The Board challenged the effectiveness and the data collection of return home interviews conducted with children who go missing. This challenge led to a review of practice and a change in processes which should ultimately improve performance; both in the quality and quantity of return home interviews.

In the coming year, we will give priority to ensuring that there is a continuing focus on child sexual exploitation, on the effectiveness of early help and on domestic violence. We will also monitor, and ensure improvement, in the identification and response to children's mental health and wellbeing along with cases of neglect.

Included at the rear of this report there are a number of key messages for all partner agencies and strategic partners. These messages are to ensure that safeguarding and protecting children in Islington remains a priority for all.

The Board partners have worked hard to ensure that front-line practice is as good as it can be to keep children in Islington safe from harm and abuse. The Board was delighted that following the recent Ofsted review of the effectiveness of the LSCB it was found to be *Good*[1].

Finally, may I take this opportunity to thank on behalf of ISCB all of the organisations and individuals in the public, voluntary and private sectors who work tirelessly across Islington to improve the safety and quality of life of our children and young people.

Alan C Caton OBE

Independent Chair
Islington Safeguarding Children Board

[1] Single Inspection of LB of Islington Children's Services

INTRODUCTION

PURPOSE OF THIS REPORT

Legislation[2] requires Local Safeguarding Children Boards (LSCBs / "The Board") to ensure that local children are safe, and that agencies work together to promote children's welfare. The Board has a statutory duty[3] to prepare an annual report on its findings of safeguarding arrangements in its area:

"The chair of the LSCB must publish an annual report on the effectiveness of child safeguarding and promoting the welfare of children in the local area.

The annual report should be published in relation to the preceding financial year and should fit with local agencies' planning, commissioning and budget cycles."

AUDIENCE OF THIS REPORT

The report should be submitted to *the Chief Executive Officer* of the Local Authority, the *Leader of the Council*, the *Local Police and Crime Commissioner* and the *Chair of the Health and Wellbeing Board (H&WBB)* to:

- note its findings and,
- inform the Independent Chair of actions they intend to take in relation to those findings.

REMIT OF THIS REPORT

This report follows the *ISCB Annual Report 2015/16*[4] and covers the financial year from April 2016 to March 2017.

METHODOLOGY

In writing this report, contributions were sought directly from board members, chairs of sub-groups and other relevant partnerships.

The report drew heavily on numerous monitoring reports presented to The Board and its sub-groups during the year, such as Local Authority Designated Officer (LADO) Report, Private Fostering Report and Corporate Parenting Board report.

PUBLICATION

The report and child-friendly executive summary will be published as an electronic document on The Board's website

[2] Children Act 2004

[3] Apprenticeships, Skill, Children and Learning Act 2009

[4] http://www.islingtonscb.org.uk/Pages/default.aspx

ABOUT ISLINGTON AND THE BOARD

DEMOGRAPHICS

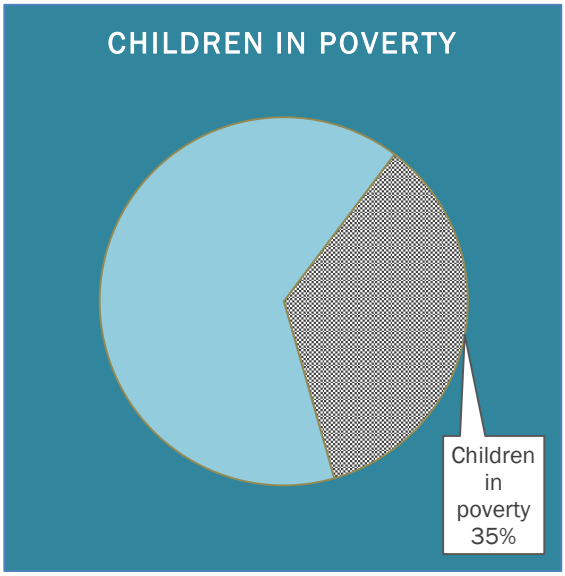
London Borough of Islington has a population of about 220 100. Islington is a relatively small authority, but has the highest population density in the country.

The authority is one of stark contrasts, with high levels of deprivation and areas of significant wealth. The Index of Multiple Deprivation (2010) listed Islington as the 14th most deprived local authority in the country,

Islington has one of the highest rates of population turnover [5] in London. Population churn[6] in Islington is low compared to other areas in London[7].

Children living in Islington

- Approximately 40,500 children and young people under the age of 18 live in Islington. This is 17.4% of the total population in the area.
- Approximately 35.3% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals in primary schools is 29.1% (the national average is 14.5%). In secondary schools is 33.6% (the national average is 13.2%).
- Children and young people from minority ethnic groups account for 67% of all children living in the area, compared with 26% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are young people of *mixed ethnicity*



and from the *white-other* ethnic group.

- The proportion of children and young people who speak English as an additional language: in primary schools is 43.7% (the national average is 20.1%); in secondary schools is 45.9% (the national average is 15.7%).
- 6 out of 10 families with dependent children live in social housing (compared to 2 out of 10 nationally). 11% of households live in overcrowded conditions

Islington's population-profile in terms of relationship status is considerably different from other London boroughs and England, with 60% of residents recorded as *single* compared to 44% in London and 35% in England. The percentage of people recorded as *single* in Islington has increased from 54% in 2001. The equivalent figure was 41% in London and 30% in England in 2001.[8]

[5] New people moving to the area and old residents leaving

[6] Residents moving house within the borough

[7] Islington Evidence Hub

[8] Census 2011

CHAIRING AND LEADERSHIP

The ISCB is independently chaired by Alan Caton OBE and he's been the independent chair since September 2013.

Accountability

There are robust accountability mechanisms between The Board and chief officers in the authority with quarterly *Safeguarding Accountability Meetings* taking place between the Chief Executive of the LB of Islington, the Lead Member Officer of the Council, the Lead Member for Children's Services[9], Director for Children Services and the Director for Targeted and Specialist Children Services.

AGENCY REPRESENTATION AND ATTENDANCE OF THE BOARD

Islington agencies are well re-represented with a range of suitably senior officers attending the ISCB on a regular basis (**APPENDIX 2 – ISCB ATTENDANCE**). Where necessary, representative send delegates if they are unable to attend.

The Chair has been concerned that NHS (London) England is a statutory board partner but they have not yet been able to attend because of pressures from multiple LSCBs Pan-London. The ISCB Chair has raised this with the NHS England representative.

BOARD SRUCTURE

The Board structure has remained unchanged for most of the year. In February 2017 at an ISCB away-day The Board agreed that the work of the *Policy and Practice sub-group* should be continued by means of task and finish groups, as and when required.

The Board also proposed that the work of the *Harmful Practices Steering Group* should be moved under governance of the Violence Against Women and Girls Steering Group (VAWG). The current *Core Business and Improvement Group* will in due course be replaced by a group with more executive features. The hierarchy at the end of the page shows the proposed new structure.

The Board further wished that an *Education sub-group* be established to allow early years, schools and colleges to be better represented on The Board.

Sub-groups continue to be chaired by a range of senior multi-agency partners.

Training and Professional Development sub-group

Key responsibilities of the sub-group are to:

- Identify the inter-agency training and development needs of staff and volunteers.
- Develop and implement an annual training and development prospectus.
- Monitor and evaluate the quality of single and multi-agency training.

[9] Section 19 of the Children Act 2004 requires every top tier local authority to designate one of its members as Lead Member for Children's Services. The LMCS will be a local Councillor with delegated responsibility from the Council, through the Leader or Mayor, for children's services

- Ensure lessons from Serious Case Reviews (SCRs) are disseminated.
- Measure the impact of multi-agency training.

Quality Assurance sub-group

Key responsibilities of the sub-group are to:

- Develop agreed standards for inter-agency safeguarding work.
- Establish and maintain appropriate mechanisms and processes for measuring the quality of inter-agency safeguarding work.
- Contribute to the development of strategies to address any shortfalls in effectiveness.
- Monitor and evaluate the quality of safeguarding work within individual Board partner agencies.
- Contribute to the development of strategies for single agencies to address any shortfalls in effectiveness.

Policy and procedure sub-group

This sub-group ceased mid-way through the year. Key responsibilities of the sub-group are to:

- Continually review and monitor ISCB's policies, practices and procedures.
- Plan the piloting of and / or introduce new multi-agency working practices.
- Maintain an up-to-date knowledge of relevant research findings.
- Develop / evaluate thresholds and procedures for work with families.
- Assume editorial control over the ISCB website and Newsletter.
- Going forward into the new financial year, this will sub-group will function as a task-and finish group.

Missing and CSE sub-group

Key responsibilities of the sub-group are to:

- Agree and monitor the implementation of a child sexual exploitation strategy and action plan to minimise harm to children and young people.
- Raise awareness of sexual exploitation within agencies and communities.
- Encourage the reporting of concerns about sexual exploitation.
- Monitor, review and co-ordinate provision of missing and child sexual exploitation practice.

Case Review sub-group

Key responsibilities of the sub-group are to: Child Death Overview Panel:

- Consider all cases that may potentially meet the criteria for a serious case review.
- Appoint a suitable panel to carry out a serious case review.
- Commission a suitable independent reviewer to carry out a serious case review.
- To evaluate and monitor implementation of agencies case review action plans.

Child Death Overview Panel

Key responsibilities of the sub-group are to:

- Collect and analyse information about each unexpected death with a view to identifying any learning.
- Notify the ISCB of cases that may need

to have a Serious Case Review (SCR).
- Review and respond to any matters of concern affecting the safety and welfare of children.
- Review and respond to any wider public health or safety concerns arising from a particular death, or from a pattern of deaths.
- Put in place procedures for ensuring that there is a co-ordinated response by the Authority and its Board partners and other relevant persons to an 'unexpected' child death.
- Alert The Board about professional practice concerns that may require a review.

Core Business and Improvement Group

Key responsibilities of the sub-group are to

- Develop, implement and monitor the Islington LSCB's Annual Report and Business Plan.
- Oversee the functions of Islington LSCB' sub-groups.
- Oversee the Learning and Improvement Framework.
- Agree priority actions against The Board's core business.
- Develop The Board's forward plan and set the agenda for board meetings.
- Receive and agree policies and procedures received from sub-groups.
- Review relevant national policy developments and initiatives, prepare briefing papers to The Board, and recommended actions that may be required.
- Monitor attendance and agency representation at the Islington LSCB and its Sub-groups and make recommendations as appropriate.
- Provide in-depth scrutiny around The Board priorities, including s11 duties

KEY ACTIVITIES OF THE ISCB

In previous reports The Board set out the rationale for choosing our current priorities, and this is the second update on our three-year work plan. This is therefore an interim report on the progress we have made against our agreed objectives. The Board and sub-groups' key-activities are captured in an accompanying business plan

BOARD PRIORITIES

These priorities reflect our desire to improve the collective effectiveness of agencies in three key areas:

- Addressing the impact of neglect on children, including to help children become more resilient.
- Addressing the consequences / harm suffered as a result of domestic violence, parental mental ill-health and substance abuse.
- Identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.

KEY ACTIVITIES OF THE MAIN BOARD

The Board scrutinised work in the following areas (in chronological order):

PREVENT and Radicalisation

In last year's report The Board was concerned about the absence of a strategic multi-agency action plan to protect children and young people from harm because of radicalisation.

We were therefore pleased that the Chief Executive Officer and Leader of the Council attended The Board in May 2016 to assure the partnership that suitable arrangements are now in place.

Considering the progress that had been made, we agreed at the ISCB's away-day that it in future *Prevent* and *Radicalisation* should be progressed at the *Safer Islington Partnership*[10] and that The Board would monitor its progress by means of an annual update from the SIP about the progress against the action plan.

Private Fostering arrangements

In anticipation of the annual Private Fostering report[11], the chair wrote to all partners asking that agencies intensify their efforts to raise the profile of Private Fostering.

Current Private Fostering Situation

The Local Authority had 12 new Private Fostering notifications during the year ending 31st March 2016, which is 5 more than the year before.

Although this is still not enough, the increase suggested that a dedicated SSWPF raised awareness of private fostering and

[10] Safer Islington Partnership (SIP) coordinates work on crime reduction and community safety in Islington. The Council is a lead authority in this partnership, which also includes the Police, Islington Primary Care Trust, London Fire Brigade, the Probation Service, and representatives from the voluntary, community, faith, and business sectors (Safer Islington partnership

[11] The annual Private Fostering report to the Islington Safeguarding Children Board (ISCB) is a requirement under *The Children (Private Fostering Arrangements for Fostering) Regulations 2005*.

led to more notifications.

By year end, 31st March 2016, there were fifteen Private Fostering arrangements (twelve new notifications and another three which TSCFS had already been notified of in the previous year).

Compliance with Private Fostering Standards

The Regulation (as before) requires the Local Authority to comply with the following Standards.

Standard 1 – Statement on Private Fostering

Islington Children's Services Statement of Purpose on Private Fostering was updated and meets the statutory requirements

Standard 2 – Notification

The above data shows that the majority of Private Fostering arrangements are initiated during the child's adolescence but, in contrast to last year's arrangements, most of the children were female. Data evidences that our privately fostered children are ethnically diverse and from a wide range of nationalities, which corresponds with last year's findings.

The Local Authority account for one third of Private Fostering notifications. The remainder is from a variety of sources including other Local Authorities, school, health, Youth Offending Service and self-referrals.

It is important to note that in the cases where notifications were received from agencies other than the Local Authority the primary reason for referral was not Private Fostering - even when the child was being Privately Fostered at the time.

By July 2016 the new SSWPF has made contact with every state-funded school in Islington, children's centres, Families First, teams within TSCFS and re-established links with Arsenal Football club regarding their Host Family scheme. The SSWPF has strengthened links with community, voluntary and faith organisations.

Awareness-raising work showed that some agencies / settings still lack basic awareness of private fostering.

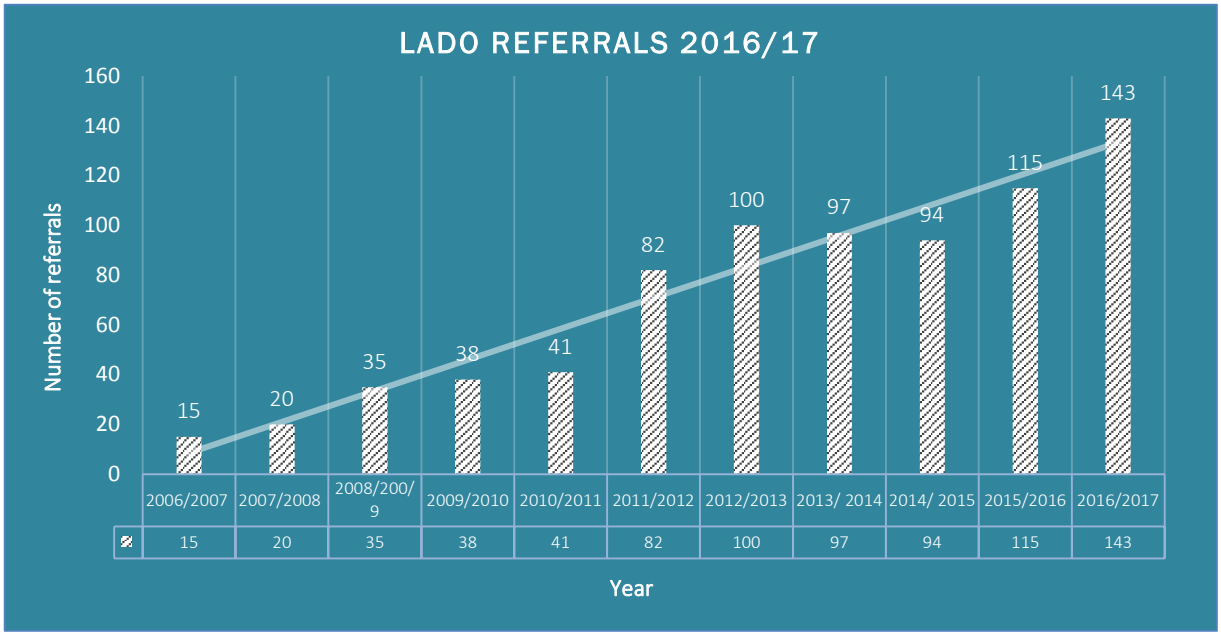
There continues to be routine screening for Private Fostering cases on the school's admission board, with screening questions added to all in-house admission papers. This will continue, and the SSWPF will look into whether a similar approach can be adopted with GPs.

A referral pathway tool was developed in different formats appropriate to different settings i.e. education, health, internal and external services, and distributed during training sessions, forums and meetings.

An adaptation of this tool was used for a service-wide audit on all open cases in CSC to try and find privately fostered children.

Standard 3 – Safeguarding and Promoting Welfare

Three privately fostered children became Looked After; one was due to a bereavement another because the child's mother



did not consent to her remaining with the private foster carer and the other was to secure a more permanent arrangement for the child in the form of a Special Guardianship Order.

The SSWPF undertakes DBS checks on all private foster carers and anyone else over 16 years old living in the household where the child lives. All private fostering arrangements are signed off by a senior manager at the Access to Care and Resources Panel.

Standards 4-6 – Advice and Support

The Local Authority provides advice and support to private foster carers and prospective foster carers. Children who are privately fostered are able to access information and support when required so that their welfare is safeguarded and promoted.

Privately fostered children are enabled to participate in decisions about their lives. The local authority also provides advice and support to the parents of children who are privately fostered with in their area.

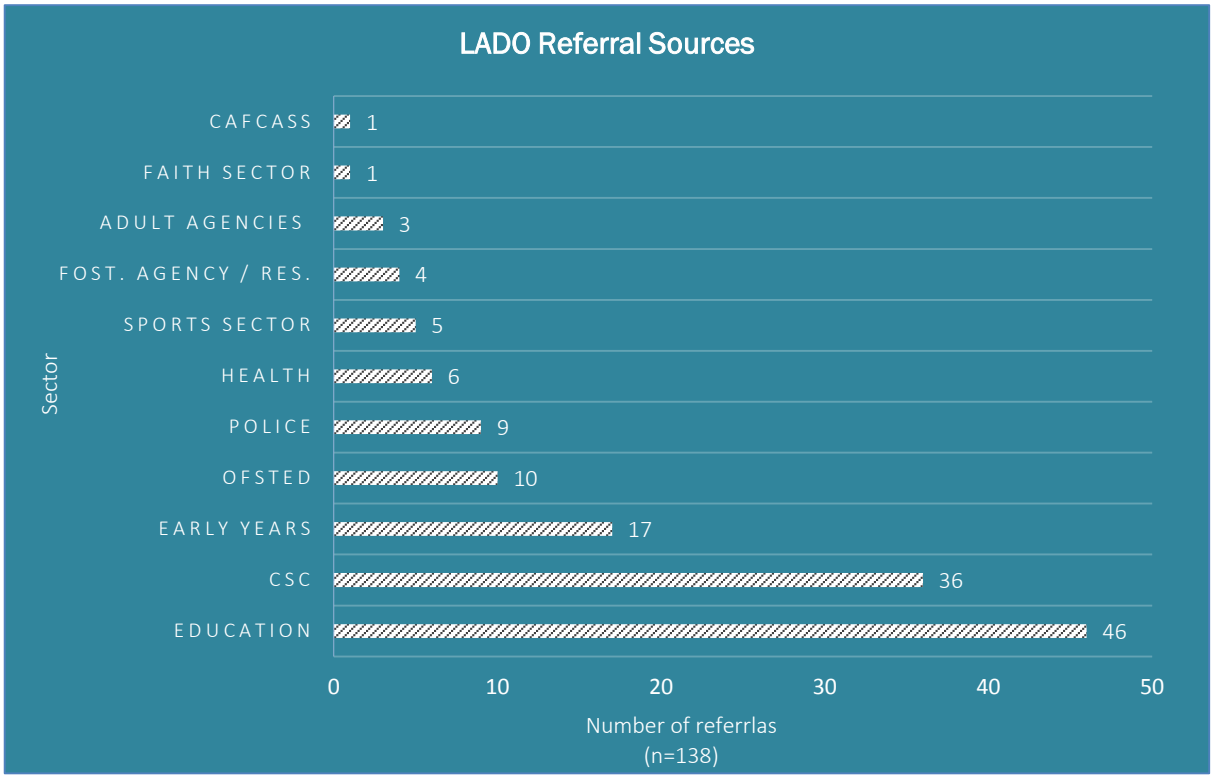
Standard 7 – Monitoring and Compliance with Duties and Functions in relation to Private Fostering

In the year ending 31st March 2016, there were two young people whose initial visits were delayed, and with such low numbers, it meant that only 83% of cases had a visit undertaken within seven working days after notification

The council maintain confidential records of all privately Fostered children, their carers and their parents on the electronic records of the child's file (LCS). Visits, actions, decisions and information regarding the child, carers and parents are appropriately recorded and there is a performance management system in place to ensure that statutory duties are complied with.

Safer Workforce

Children and young people are occasion-



ally harmed by professional who are responsible to promote their welfare and safeguard them. This is never acceptable and The Board wants to be sure that those who work with children are carefully selected and that concerns or allegations are thoroughly investigated by the LADO, in accordance with The Board' procedures[12].

LADO report

The Board received the LADO's annual report on 12 July 2016 and again, with improvements, on 20 September 2016.

A multi-agency LADO steering group continues to raise awareness, share best practice and learning from serious case reviews.

Sources and nature of referrals

As in previous years a variety of agencies in made 143 referrals between them, which is 28 more than the last year. This increase continues and almost unbroken trend in referrals year on year as can been above.

The steepest rise has been school-based referrals which is likely due to the LADO providing more advice directly to schools following the retirement of the Safeguarding Lead in Education who had been in post for a substantial period of time.

[12] Section 7 of London Child Protection Procedures sets out roles and responsibilities in managing allegations against staff or volunteers who work with children. These procedures are applied when there is an allegation or concern that any person who works with children has: 1.) Behaved in a way that has harmed a child, or may have harmed a child; 2. Possibly committed a criminal offence against or related to a child; 3.) Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

There was also an increase in sports-based referrals which is probably attributable to the high-profile child abuse enquiries in football in recent months.

Highlights from referrals include:

- 111 (78%) referrals were related to an allegation in the workplace (99 in 2015-16)
- 32 (22%) referrals related to issues in staff's private lives that raised concern about their suitability to work with children (16 in 2015-16)
- 13 referrals (12% of work-based referrals) concerned disabled children. The local estimated percentage of disabled children in Islington is 4%-6% of the child population. The fact agencies are considering a higher percentage of disabled children in managing allegations procedures is therefore positive.
- The gender-split of children is about even (54% boys and 46% girls).

Outcomes of investigations

As in previous years, the most frequent outcome was to give advice without the need to take further steps. A number of allegations (11), however, were substantiated and a small number were very serious:

- 8 referrals involved private-life matters (including domestic violence and sexual abuse)
- 2 physical abuse allegations
- 1 was an historic sexual abuse allegation.
- 6 members of staff were dismissed and two are pending disciplinary hearings
- 2 members of staff resigned and were referred to the Disclosure and Barring Service by the LADO.

Timescales

There has been a real improvement in terms of complying with The Board's procedures of making a referral within one working day (82%). This demonstrates good knowledge by agencies about LADO procedures and their responsibilities to report swiftly.

Like last year, the vast majority (88%) of referrals were dealt with within one month from referral. Where allegations / concerns were substantiated, it often took longer due to criminal investigations, awaiting trial and/or awaiting disciplinary investigations and hearings.

Even though it is not a requirement that the same person must investigate all referrals, The Board was nevertheless pleased that almost 70% of referrals were dealt with by the same senior manager. This provides a greater sense of overview and consistency.

Elective Home Education

The Boards Learning and Schools representative presented an annual report on elective home education to the Board on 12 July 2017.

The Board was pleased that the LA partners are doing everything possible to identify children and young people who may be home educated *and* at risk, we remained concerned that there were not sufficient national safeguards / procedures in place

to assist the Local Authority in finding children that may potentially be at risk.

The Chair wrote to the minister on 25 August 2016 to raise concerns about this. The Board was pleased that the minister responded but was disappointed that he did not outline any additional actions to address our concerns. As a board, we'll continue to look at practice locally.

Corporate Parenting Board[13] report

The Corporate Parenting report was presented to the ISCB in March 2017. The ISCB noted strong performance around attaining suitable placements for children and young people and especially strong commitments in relations to long-term planning e.g. special guardianship orders and adoption.

It is clear that the authority takes its role as corporate parents seriously and constantly strives to promote LAC's welfare, educational attainment and health outcomes.

The Board particularly welcomed the emphasis on LAC who are missing from their placements.

CAHMS Transformation Strategy

The transformation strategy was sighted at the ISCB in March 2017 and agreed by The Board with comments.

The Pause Project

The Pause Project provides ongoing practical and emotional support to women with two or more children in care. The project is at full capacity and has seen 18 women make significant and lasting changes to their lives, and none of the women in the project had got pregnant.

The 18 women who have signed up for Pause Project have, between them, 80 children in care. The local authority currently spends over £1,100,000 per year on the care of these children in direct payments to carers alone. Given previous rates of birth, we would have expected these women to have 7 children in the next year, and 35 children over the next 5 years, if PAUSE wasn't involved. Given these projections, PAUSE has already paid for itself 7 months after the project started.

Islington has mainstreamed PAUSE into its core-offer of services, and all members of the team now have permanent jobs in Islington. Islington are the first borough to mainstream PAUSE, although other boroughs have extended their funding commitment to 2018.

Violence Against Women and Girls Strategy

The strategy was reviewed in the Autumn of 2016 and the LA updated the ISCB on progress on 22 Nov 2016. The ISCB agreed the strategy in January 2017 and will participate in its implementation. The

[13] The Corporate Parenting Board (CPB) acts strategically to ensure that children looked after and care leavers are effectively supported to reach their potential through the provision of excellent parenting, high quality education, and opportunities to develop their talents and skills, and effective support for their transition to adulthood

strategy will sit under the governance of the VAWG Steering Group.

Youth Crime Strategy

The strategy was reviewed in the Autumn of 2016 and the LA updated the ISCB on progress on 22 Nov 2016. The refreshed strategy came to The Board in January 2017 and will sit under the governance of the Safer Islington Partnership.

Housing Changes

Government announced significant changes in national housing policy and housing benefit. The ISCB received an update from a senior Housing Manager on 22 Nov 2016. The partnership is predicting an impact on children and families to the extent that it was placed on the ISCB's risk register at the same board meeting. It currently remains on the risk register.

Key Partnership Changes

Islington Services Review and restructuring

The Director for Children's Services[14] (DCS) updated The Board (Nov 2016) on organisational changes that will affect services in the foreseeable future.

Children's Services Directorate were previously constituted of two sub-directorates:

- Schools and Learning and,
- Targeted -and Specialist Children and Families Service[15] (TCSF).

Schools and Learning will mostly continue as before.

Youth and Community Services, the *Integrated Gangs Team* (IGT), *Violence Against Women and Girls* (VAWG) and all *universal youth services* will be delivered under the auspices of a new interim Director of Youth and Communities, and she will also join the ISCB.

Work, Skills and Culture, *Getting Residents into Work*, *Adult Learning*, and *Arts and Library Services* will join the directorate and will be overseen by an Interim Director for Employment, Skill and Culture.

Elsewhere, *Community Safety* has moved from *Corporate Services* to *Environment and Regeneration* and is being headed up by Service Director Public Protection. The PREVENT agenda will also in future sit under this directorate. A new representative from the SIP / Environment and Regeneration will join the ISCB in the near future.

Domestic Violence Advocates (DVA) will sit under Children's Services Directorate as will Troubled Families.

Metropolitan Police Service

"In March 2017, a new safeguarding polic-

[14] Section 18 of the Children Act 2004 requires every top tier local authority to appoint a Director of Children's Services. The DCS has professional responsibility for the leadership, strategy and effectiveness of local authority children's services

[15] The name of this directorate has since changed to *Safeguarding and Family Support (S&FS).*

ing model was introduced on Islington Borough, which ensures that every investigation has renewed focus around the individual needs of the victim and how best they can be supported by police and partner agencies. The safeguarding strand now comes under the leadership of one Detective Superintendent and services that were delivered separately by Islington Borough officers and the Sexual Offences Exploitation and Child Abuse Command have now been integrated. This means that the investigation of domestic abuse, sexual offences and child abuse is now delivered locally by omni-competent teams, ensuring that there is one lead investigator who is the sole point of contact for the victim, avoiding unnecessary duplication and ultimately improved victim care. To support this, a new performance framework is being developed that centres around all positive outcomes for victims, not just sanctioned detections, so that we may fully understand how their lives have improved as a result of police and partnership intervention.

The deployment of an immediate safeguarding response car to all serious and complex safeguarding offences allows for specialist detectives to own the investigation from the outset so that they can maximise evidential recovery and ensure that the wellbeing of any child connected to the crime or offender is at the forefront of our response and intervention.

The aim over the coming year is to train as many officers as possible from the safeguarding strand in the specialist child and domestic abuse training programmes so that we enhance our response to victims by developing a wider pool of omni-competent officers who possess the necessary skills and acumen to investigate all forms of abuse and neglect where a child is at risk. This training will be completed in conjunction with our partners so that we maximise the opportunities to learn from one another and augment the excellent partnership arrangements that already exist within Islington Borough.

MPS Single Front Door

The new safeguarding model has created a single front door for all referrals involving vulnerable children, aiming to merge the Child Abuse Investigation Team (CAIT) referrals desk with the Public Protection Desk already situated in the Islington Local Authority Multi Agency Safeguarding Hub (MASH). The CAIT referrals desk and the Police Conference Liaison Team, who attend case conferences for children on a Child Protection Plan, will shortly be co-located with partners in the MASH to support timely strategy discussions, enhanced information sharing and overall improved case management.

The Board continues to monitor the effectiveness of the new model to ensure that its priorities in respect of safeguarding children are being met.

Presentation from Duncombe Primary School

In September 2016, the ISCB met at *Duncombe Primary School* whose debate team prepared a challenging presentation for the ISCB about safeguarding in their area. The Board heard that:

Young people and their families appreciate:

- Local libraries
- Their after school club SWES
- Local parks and sporting facilities

They also had concerns, and asked the partnership to address the following:

- They want to see more police and community support officers on the street
- Better street lighting on key roads
- More police patrolling key roads and they are concerned over young people riding mopeds and stealing mobiles.
- Enough funding for After School Club, SWES and local libraries so they are not forced to close
- More staff helping out at foodbanks
- Better housing for poorer members of the community
- Noisy neighbours keeping children awake at night
- Concerned about gun- and knife crime causing them to be scared about using local parks.

The ISCB chair has since met with the young people again to feedback the actions the partnership had undertaken. Actions have been added to the ISCB action-tracker.

Strategic Direction of ISCB – away day.

In February 2017, The Board met to consider its Business Plan. We also:

- Reviewed the ISCB Terms of Reference, ISCB membership and ISCB sub-groups
- Scrutinised the ISCB self-assessment and effectiveness of ISCB that was prepared by the ISCB Chair and Business Unit.
- Considered further ISCB priorities, including: County Lines, Serious Youth Violence, Knife Crime and Early Help.

Knife-Crime Review

The Assistant Director Public Health and chair of CDOP presented the key findings of the *Islington Knife Crime Review* that was jointly commissioned between the ISCB and The Youth Justice Management Board (YJMB). The review made the following recommendations:

1. Ensure our early intervention gets earlier.

2. Strive for better engagement and supporting protective relationships.

3. Make trauma informed approaches more widespread.

4. Support better education journeys for young people.

5. Break down silos of working.

6. Consider how we support boys' journeys through adolescence and peer relations.

7. Take a stronger focus on intervention and impact.

8. Adapt and learn as we try to improve our response to adolescent risk and safeguarding practice.

9. Effectively support professionals across

the public system

Co-operation with other strategic boards.

The Board continues to improve its working relationship with other strategic boards i.e. the Health and Wellbeing Board, Islington Children and Families Board, SIP, Corporate Parenting Board and Adult Safeguarding Board. The Chair (or ISCB representative) attends all these boards in order to facilitate co-operation. This report will also be shared with the chairs of those boards.

ISCB Risk register

The Board maintains a risk register to ensure risks are identified and plans formulated to mitigate risks.

The Board carried over several risk from the previous year:

- "Vacancies in key-staffing areas (Whittington Health) – now removed.
- "Vacancies in key staffing area (CSC) – now removed
- "Children waiting more than a year to see perpetrators charged."- current risk.
- "Staff not meeting ISCB training requirements because of staff job-role being reclassified." – removed.

The following risks were added to the risk register in 2016/17:

- "Absence of LBI multi-agency Prevent Action Plan to identify, prioritise and facilitate delivery of projects, activities or specific interventions to reduce the risk of children / young people being drawn into terrorism in LA area" – now removed.
- "Long term staff sickness impacting on Early Years ability to provide staff with Safeguarding Training" – now removed.
- "Whittington Health concerns that MASH was not functioning optimally and that only a very small number of cases are coming through MASH. Health staff have been withdrawn due to underutilisation". – now removed.
- "CP-IS has gone live in the Borough but Whittington Health is not yet online." – current risk.
- "Concerns about young people running drugs across county lines" – current risk.
- "Potential Impact of changes in housing and welfare legislation." – current risk.
- "Early Years Services are going through transformation; there may be some disruption to services. Services to be maintained as best possible"- current risk.

In most instances e.g. staff vacancies and training, arrangements are in place to manage the risk. All risks have ownership of a board member as well as action plan to reduce / remove the risk.

Escalation procedures

In line with Working Together to safeguard Children and The Board's Child Protection Procedures, The Board published a procedure to resolves professional disagreements or concerns between professionals.

In 2016/17 the procedure was used on several occasions, with an update given by

the Head of safeguarding at each board meeting. Matters were most frequently escalated by schools and escalations related to the application of the threshold criteria.

All escalated matters were satisfactorily resolved before reaching The Board for resolution.

Lay Members

The Board continues to benefit from having two lay members that actively contribute to the work of The Board.

They have consistently challenged the work of The Board where appropriate, and continue to bringing a fresh perspective from Islington residents.

MISSING AND CSE SUB-GROUP

The Board, through the work of its Missing and CSE sub-group, continues to challenge all member agencies to identify, address and respond to children who were at risk of going missing or who are at risk of sexual exploitation.

The sub-group is well attended and has developed a strategy and an overarching action plan based on a *Victim*, *Offender*, *Location* and *Time* profile.

Since 2011, there has been a year on year increase in referrals to CSC (2011/12 – 3, 2012/13 - 68, 96 in 2013/14 - 96 and 2014/15 – 125).

This year, however, saw a reduction in referrals (98) similar to 2013/14. It's postulated that as identification and risk assessment processes becoming more embedded and accurate number will slow down. The Board will continue to seek evidence for this hypotheses.

The Board believes the partnership's efforts, training, CSE awareness, prevention work targeting potential offenders have also reduced the number of potential CSE victims.

Multi-Agency Sexual Exploitation Panel (MASE)

The sub-group continues to work closely with the police, CSC and key partner agencies in the development of Multi-Agency Sexual Exploitation meetings (MASE). In 2016/17, in line with Pan-London guidance, the MASE was reviewed and developed to be more strategic. This has resulted in themes now being identified and followed up via the sub-group and / or MASE.

The CSE and Gangs Analyst developed a CSE Profile that is regularly shared with the MPS and CSC. Profiling is an on-going process of linking, charting, mapping MASE subjects to identify those at risk, themes, trends and locations/friendships etc. that provide the basis for discussion at the MASE panel.

Return to home Interviews[16]

Ensuring that Return to Home Interviews

[16] the data in relation to this section runs September 2016 – end of March 2017

are offered on time (i.e. within 72 hours) remains a developmental area. A small proportion of RHIs are refused by either the parent or the child or because the young person cannot be contacted. In other cases, the young person remains missing and the RHI cannot be completed.

There has been some system-difficulties during this reporting year, where teams did not receive system notification and this has now been rectified.

RHIs for CLA Missing

There have been a total of 502 missing episodes for 45 young people (averages 9 episodes each). Of the 502 missing episodes:

- 141 RHI's were offered out of a possible 152 opportunities (93% and an increase of 59% on the same time period last year).
- 67 RHI's were completed (44% and a decrease of 9% on the same time period last year).
- 90% were offered a RHI within 72 hours.

RHIs for CLA away from their placement

There have been a total of 202 recorded missing episodes for 30 CLA who have been away from placement. Of the 202 missing episodes:

- 55 RHI's were offered out of a possible 55 opportunities (100%).
- 24 RHIs were completed (44%). 94% were offered a RHI within 72 hours.
- There is no comparative data for the previous year.

RHIs for children going missing from home

There have been a total of 200 recorded missing episodes for 99 young people. Of the 200 missing episodes:

- 96 RHI's were offered out of a possible 121 opportunities (79% and an increase of 24% on the same time period last year).
- 25 RHIs were completed (21% and a 54% decrease on the same time period last year).
- 89% were offered a RHI within 72 hours.

CSE policy

The group has seen over the last year considerable activity, oversight and influence on the development of:

- Several key policies, including the *Islington Strategy to Prevent Child Sexual Exploitation* (ISCB, 2016), *Islington Child Sexual Exploitation Profile 2016* (Missing and CSE sub-group, 2016).
- *Islington Safeguarding Children Affected by Gang Activity and /or gang-related Serious Youth Violence Multi-Agency Protocol and Practice Guidance 2016* (ISCB, 2016).

Staffing and resources

London Borough of Islington

Has demonstrated a commitment to this area with the recruitment to a number of posts to support children at risk of going missing or becoming sexual exploited;

Missing and CSE Project Officer who supports, among others, Missing and Trafficking Coordinator, Gangs and Safeguarding Coordinator and the MASE.

Funding has also been continued for the Gangs and Safeguarding Coordinator Post.

A Specialist Interventions Pilot Project (SIPP) has been launched in September 2016.

The Local Authority has also put in place the role of the Return Safe Manager in March 2017.

Metropolitan Police Service

As part of the new Safeguarding model of policing on Islington Borough, there is a now a dedicated CSE team consisting of three Detective Constables to investigate offences, engage and support victims and pursue offenders.

CSE Training and Awareness Raising events

Over the past 2 years Safeguarding and Family Support practitioners have developed and delivered the following training and awareness:

LB of Islington

- AIM2 Assessment and Intervention training for Social Workers.
- Direct Work with Adolescents training for practitioners across Safeguarding and Family Support and Targeted Youth Support (TYS).
- Young men and Gender Perspectives
- Gangs and Safeguarding (mandatory training delivered to 349 front-line practitioners
- Mandatory CSE training for all S&FS staff.
- Specialist indication training is now provided
- Mandatory missing briefings were delivered to all social workers
- Serious Case Review Learning Practitioners Forum.

The partnership

Over the last two years S&FS practitioners have delivered numerous training and awareness courses across the partnership to a wide range of professionals. Some of this training include:

- The Islington Safeguarding Children's Board (ISCB) combined CSE-and Gangs training for the partnership.
- CSE and Gangs training has been delivered to approx. 50 British Transport Police Officers in 2017 and is ongoing.
- Targeted training for health staff, housing and estate management officers.
- Development of the *Adolescents at Risk Update* and the first issue distributed in September 2016 to disseminate key information and updates on relevant issues affecting the adolescents at risk in the borough.

Children, Young People and Families

Since the SIPP project started in September 2016 they have delivered awareness raising and socio-educational sessions to approx. 300 children and parents. This includes:

- 2 x sessions on healthy relationships (consent, CSE) delivered to all year 9

pupils at a Secondary Schools.
- Secondary school year 7 induction sessions for parents and children on staying safe online and CSE. This was co-delivered with Islington Safer Schools Officers
- Specialist CSE and children with disabilities training and awareness session for a Special Educational Needs and Disabilities (SEND) Secondary School
- Chelsea's Choice: As part of the lead up to National CSE day SIPP facilitated and supported the delivery of Alter Ego's Chelsea's Choice performances to all Islington schools including the PRU, an independent performing arts school and a special school (LD). SIPP also organised a community showing of the play for parents/ carers and young people out of school or attending college. In total approximately 1200 young people were able to see the performance.

SIPP supported several disclosures following the performances and we have supported schools to follow up the messages. In total 10 young people were supported via 1-1 discussions and individual follow up sessions.

CSE Awareness Raising Events

CSE Awareness Day (March 2017) included joined up working with Camden Children's Social Care (CSC), Borough Police, Sexual Exploitation Team (SET) police, Islington Council Licencing and the ISCB; where an awareness raising stall was held at Kings Cross station and local premises such as hotels, pubs, licensed premises and massage parlours were visited to raise awareness.

- CSE and HSB stall was facilitated at the recent Violence Against Women and Girls (VAWG) strategy launch community event.
- SIPP presented at the Islington Youth Health Forum.

CSE Children's Home

The Board has oversight of the first CSE children's home in London. The sub-group identified a need for safeguarding training to staff, and the ISCB Workforce Development sub-group has ensured that most staff have now received training at the appropriate level, including senior managers and designated safeguarding leads.

Missing Children

Children Missing from Education.

Reasons why children are not in education include:

- Failing to start appropriate provision i.e. not entering the system at all;
- Stop attending, due to exclusion (e.g. illegal unofficial exclusions) or withdrawal from educational placement;
- Failing to complete a transition between providers (e.g. being unable to find a suitable school place after moving to a new local authority).

The sub-group receives assurance at each meeting that a range of robust procedures are in place to preventing pupils from going missing from education at these key transition points.

The partnership has agreed that after exhausting all avenues of investigation through the LA's *Pupil Services Children*

Missing Education process, a child is still not found, the case will be escalated to MASH, and reporting the child to the Metropolitan Police as a missing child.

The sub-group has been effective in ensuring that local processes are effective. There have been (between 1/04/2016 & 31/03/2017):

- 109 Missing Pupil Alerts received by Pupil Services
- Of these, 87 children were found and returned to school while
- 17 were not found and registered to s2s (DfE secure site), 14 due to an unconfirmed school destination abroad and 3 with an unknown location.
- 5 were under investigation at that time

The Board was satisfied that for the 17 children who were not found, a full multi-agency investigation was carried out

Missing from Care and Away from Placement without Authorisation

The following analysis covers both looked after children that go missing from care and children considered to be away from placement without authorisation.

Away from placement without authorisation is where the young person's whereabouts are known but they are not at their placement or place where they are expected to be. Some children may stay out later with family or friends as a boundary testing activity, others may go to stay with their family members and stay for longer than agreed with the carer. These children are considered to be absent rather than missing by the police and they would not usually be involved in trying to locate them. The Local Authority's response will depend on an ongoing assessment of risk and particular attention is paid to repeat episodes.

In total over the course of the year, 98 children were reported as missing from care and 63 were reported as away from their placement without authorisation.

55 of these 161 children were recorded as both missing from care and away from placement without authorisation, which leaves a total of 106 children overall.

The total of 161 children went missing from care or away from placement on 1000 episodes, with 736 episodes being recorded as missing from care and 264 being away from placement without authorisation.

Duration of absence	N of episodes
< 24 hours	440
1 day / overnight	129
2 days	58
3 days	30
4 days	15
5 days	11
6 days	12
1 wk. to 2 wks.	27
2 wks. to 1 month	7
One month +	7
Total	**736**

Table 1- Duration and number of missing from care episode

Boys are more likely to go missing from care than girls (60 boys and 38 girls). Boys are also more likely to be away from placement without authorisation as boys (35 boys and 28 girls).

Those aged 17 years were significantly more likely to go both missing from care and away from placement without authorisation (with 48 children aged 17 years accounting for 49% of the total children missing from care, and 38 children aged 17 years accounting for 60% of the total children away from placement without authorisation).

All children that are reported missing from care and away from placement are cross matched with CSE, Gangs and radicalisation risk markers to ensure necessary oversight:

- Out of the 161 Children missing from care/away from placement 30 were considered to be at risk of CSE. These 30 children went missing from care/away from placement a total of 184 episodes over the course of the year.
- 16 children were considered to be at risk of gangs or identified as a gang nominal. These 16 children went missing from care/away from placement a total of 123 episodes over the course of the year.

Children Missing from home

Over the course of the year 177 children were reported as missing from home.

The 177 children went missing from home on 372 missing episodes.

Boys are more likely to go missing than girls (100 boys and 77 girls going missing from home).

Those aged 15, 16 and 17 years were significantly more likely to go missing 102 of the 177 children missing were in this age range).

Missing from Home Duration	N of Episodes
< 24 hours	142
One day / overnight	70
2 days	43
3 days	29
4 days	12
5 days	8
6 days	9
1 wk to 2 wks	35
2 wks to 1 month	16
One month +	8
Total	**372**

Table 2 - Duration for children missing from home

All children that are reported missing from home are cross matched with CSE, Gangs and radicalisation risk markers to ensure necessary oversight:

- Out of the 177 Children missing from home 16 were considered to be at risk of CSE. These 16 children went missing a total of 64 episodes.
- 8 children were considered to be at risk of gangs or identified as a gang nominal. These 8 children went missing a total of 15 episodes.

No children recorded as missing from home were referred to PREVENT in response to radicalisation risks.

Other missing children

Over the course of 2016/17 there were 128 Looked After Children placed in Isling-

ton by other boroughs. Their 'home' borough remains responsible for their well-being and care planning. However, as the borough in which these children are placed, Islington can challenge the home authority if there are concerns about these children's safety. Islington Children's Services Contact Team receives notifications from the police of missing children in Islington and this includes Looked After Children placed in Islington by other Local Authorities. The team contact the home authority to ensure they are aware of the missing episode. The home authority is responsible for responding and ensuring the child's safety.

14 of the 128 children recorded as other borough's Looked After Children went missing from care or were away from placement without authorisation during the year 2016/17 and only one went missing on more than one occasion. There were no challenges needed to home authorities about the suitability for the placements for these children.

All Local Authorities are written to quarterly and asked to provide an update as to whether their children are still placed and whether they have placed any new children in Islington.

We request that an "Arrangement for the Placement of Children" form is completed which requires the risk to be clarified in terms of missing, CSE, gangs and offending behaviour. The CSE, Missing and Trafficking Co-ordinator cross checks these children quarterly with the Missing contact code. The purpose of this is to provide support and challenge to the home Local Authority about whether the care plan keeps the child safe.

QUALITY ASSURANCE SUB-GROUP

Attendance at the sub-group is good, and commitment is strong. Due to the volume of the work programme, the sub-group has met 5 times during the year and is now chaired by the Head of Safeguarding and Quality Assurance in the Local Authority.

Performance data – Core Business Report

The sub-group scrutinises the performance report prior to it being presented to The Board. The members assist in the analysis that gets written into an accompanying commentary report for each Board. During the year the ISCB requested that the data included other areas that would assist The Board in a better understanding of children's safeguarding and therefore the report changed to include further data. Other data was removed.

Learning from the multi and single agency audits.

Repeat Child Protection Plans

2015/16 saw a substantial increase in children who were made the subject of a CP plan who had been previously subjected to a CP plan (22% of all the children made the subject of CP plans within the year). All 42 children (24 families) were audited and a number of recommendations were made.

This year (2016/17) this figure has dropped dramatically and only 12% of all children made the subject to a CP Plan

had previously been on a plan, this is within the target.

Children on CP plans for 15+ months

Some boroughs have a multi-agency panel to consider children who have been the subject of a CP plan for 15 months or more (i.e 4 Child Protection Conferences have taken place).

Analysis showed that 14 children met the criteria this year. An audit concluded that 11 of the 14 children who were subject to a CP Plan for this length of time were also in Court Proceedings where a judge had made the decision for the child/ren to remain at home.

Due to the small number of cases and their status, in court, a decision was made that a multi-agency panel was not necessary but that the Service Manager for Child Protection would consider all cases prior to the 4th Child Protection Conference to ensure there was no drift in implementing the plan and detriment to the child's welfare.

Re-referrals

There had been a steady increase in re-referral rates, 2014/15, 12.4%; 2015/2016, 17% and 2016/2017 23%.

The increase was above that of statistical neighbours. An intensive audit within the Children in Need Service had taken place of the 58 cases where there had been a re-referral in the previous 6 months. The following themes were found:

- DVA incident which reached the threshold for a further assessment,
- adolescence/behaviour
- concerns/gangs and
- closing case too quickly.

The national average for re-referrals is 22%. Further work is planned in this area.

Timeliness of allocation

Via a school inspection, a matter was raised with the CIN service that there was a delay in responding to a contact from the school for 7 days. On looking at the case in depth it was ascertained that CSCT progressed the school's contact to the CIN service the same day and the content of the referral required swift action. This precipitated the need for a further exploration of cases within the CIN service and whether there were delays within the CIN Service in allocating cases for assessment.

Data showed that 18% of cases were allocated on the same day of the contact. 21% were allocated the next day, 11% in 2 days, 78% in 3 days, 11% in 4 days and 7% in 5 days.

This equates to 75% being allocated to a worker with 5 days. Several recommendations were made and there is ongoing weekly quality assurance of timeliness of allocation resulting in all cases being allocated within 2 days and where they are not, there is good reason recorded by a manager.

Increases of referrals

The data for the year showed that there had been 500 more referrals to Children's

Social Care this year, mainly from the police.

The HMIC inspection in child protection may account for the increase and given the referrals are assessed as needing statutory intervention this is a positive.

The increase in referrals, however, was mirrored in the system as whole with increases in the Number of Child and Family Assessments and the Number of Children Made the Subject to a CP Plan.

This year ended with over 200 children subject to CP plans, compared with the year before at 130.

There has also been a rise in the number of court proceedings. The sub-group postulated that this may be due to deprivation as there was not one specific characteristic that the increase could be attributed to.

There has not been a change in threshold and the increase in Child Protection Plans are needs-led.

All London Local Authorities have seen a rise in referrals in Court Proceedings during this reporting year.

Health Involvement in Strategy Meetings

In 2015/16 audits showed that most strategy meetings did not include a contribution by health.

The Named Nurse and the Head of Safeguarding worked together to address this concern and a re-audit demonstrated that in 75% of cases health contributed to the strategy meeting; where they hadn't, cases were mainly in the Children Looked After Service or the Disabled Children's Service and further action will need to be taken to develop the practice in these service areas.

Early Help Review

An external consultant had undertaken a review of early help. The findings were that:

- the ISCB should have more oversight of Early help services,
- that the migration onto the Early Help Module (EHM) system was positive,
- the work of early help services was variable and most cases viewed required improvement.

An Improvement Plan was put in place and has resulted in the Early Help services being graded as *Good* in the recent Ofsted inspection.

Other Local Authority's children in Islington

The subgroup receives figures on other LA's children who are Looked After and placed in Islington or who are subject to a Child Protection Plan and are temporarily in Islington.

An overview of these cases did not highlight any concerns.

Child Participation in Child Protection Conferences

Last year highlighted concerns about the lack of involvement of children in their Conferences.

Work was undertaken with agencies to consider all types of participation ranging from attendance, to advocacy, to completing a *Have Your Say* booklet as well as Child Protection Co-ordinators specifically recording the wishes and feelings of a child and their experiences.

A further audit was presented to the sub-group which noted that in 85% of cases children over 5 years old now participated in their conference.

Children Vulnerable to Extremism

All cases that were presented over a 6-month period were audited, but numbers were too small to make thematic conclusions; however, the sub-group were pleased to note that referrals were being made from different agencies and young people's welfare were considered in relation to this area. Ofsted found this area of practice effective.

Children at risk from Harmful Traditional Practices

In response to agency concerns at the Harmful Practices Sub-group, all cases that related to FGM presenting over a 6-month period were audited. Numbers were too small to make thematic conclusions however the response of the referring agency in all but one case was appropriate as was the response from Children's Social Care. Ofsted found this area of practice effective and strong.

Children coming into care for a subsequent time

All cases presenting over the last year were examined and equated to 20 children, 7 of whom were remanded into LA care. The audit showed improved management oversight was noted but improvements were required to strengthen the child's voice and to better use (mental health) assessment to inform the planning for the young person

HMIC inspection of MPS

The inspection was presented which highlighted the need for improvements in the police force to safeguard children. Islington's practice in relation to Section 47 investigations was highlighted as a positive.

A restructure of services has since taken place, and there will be a further HMIC inspection in Autumn 2017.

FGM Midwifery Audit

This was the 4th report from audits which initially started in 2014. The audits in 2014/15 and 2015/6 highlighted that the existing systems were not effective and breached recommended national and local guidance.

The current audit monitored compliance of the 13 standards contained within the FGM audit tool and had produced 100% compliance. In future audits would now be heard yearly instead on six monthly because of the good progress made for identifying and responding to future risk for these children born to mothers who had undergone FGM.

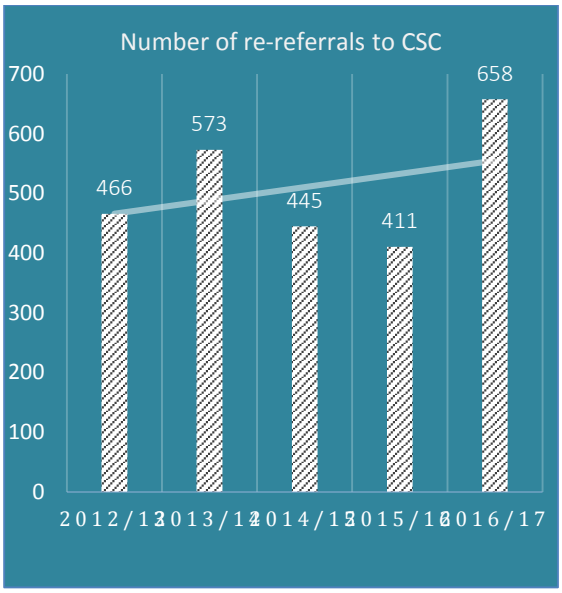
Agency Participation in Child Protection Conferences

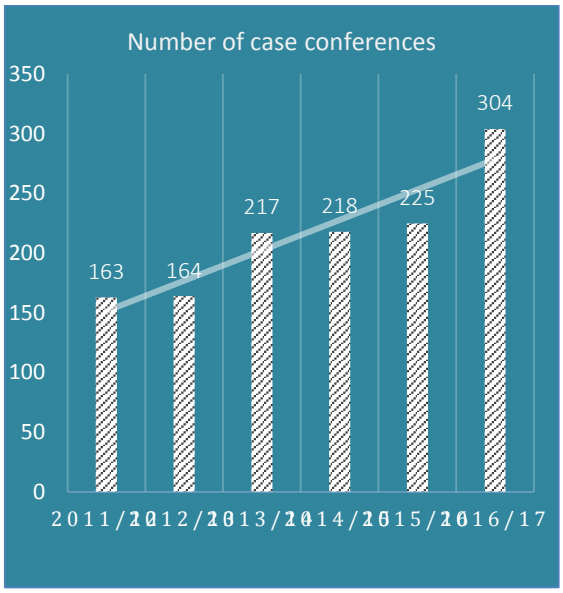
Agency participation is examined at every

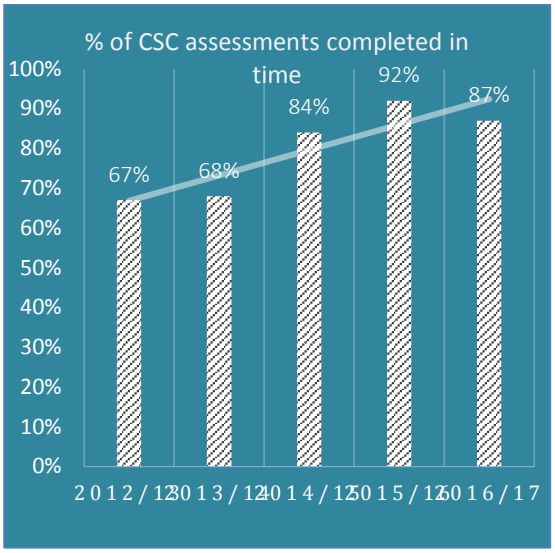
meeting and reported to the QA sub-group to challenge non-attendance or non-reporting.

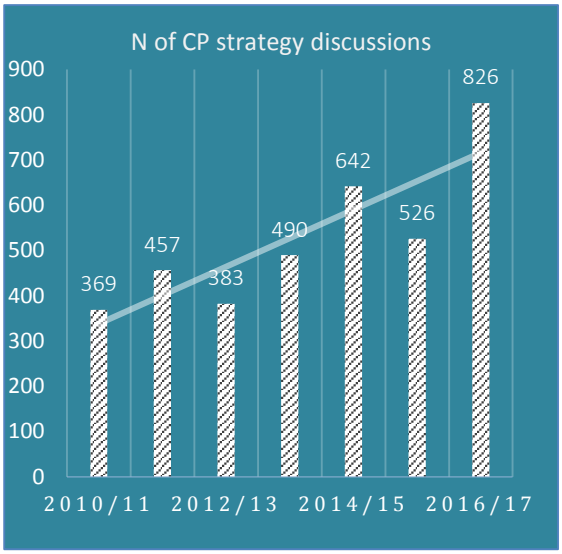
The sub-group on behalf of the ISCB held agencies to account against the standard required in its safeguarding procedures i.e. to produce a report and attend; the ISCB is no longer satisfied solely with attendance and verbal reporting.

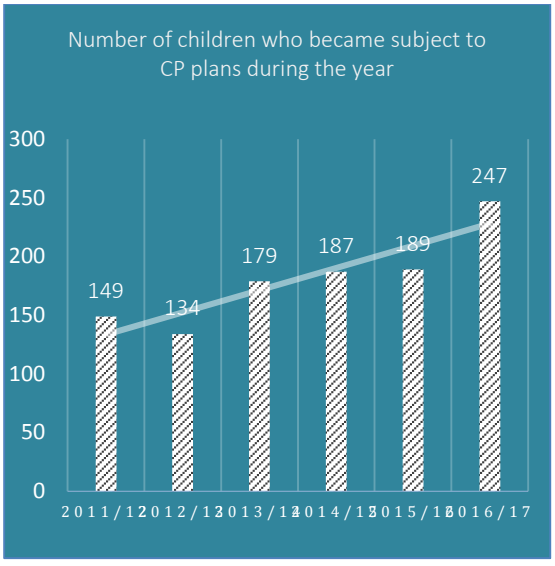
All agencies participated to a high standard. The Board was, however, concerned about the lack of school-nurse attendance at Review Child protection Conferences but noted this was due to the shortage of School Nurses. It appears they are unable to attend case conference because they are required to meet the demands of the immunisation programme.

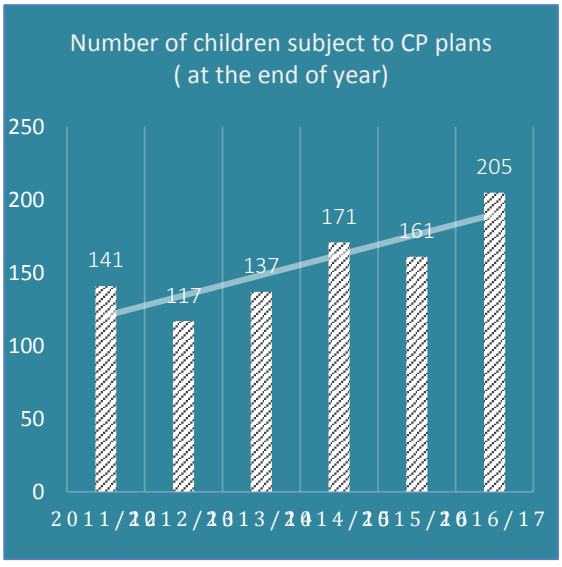

Number of re-referrals to CSC
700
600
500
400
300
200
100
0
466
573
445
411
658
2012/13
2013/14
2014/15
2015/16
2016/17

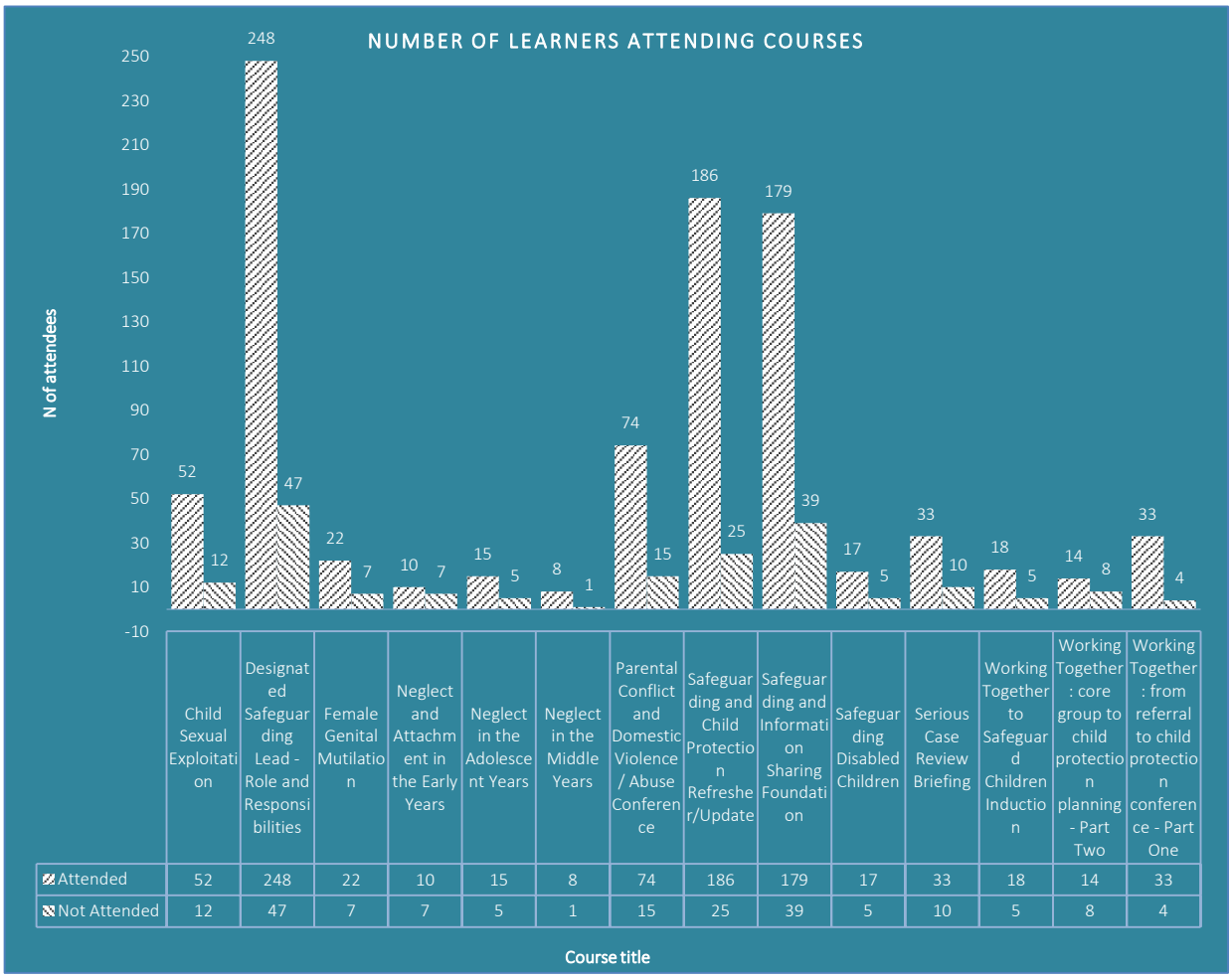

Number of case conferences
350
300
250
200
150
100
50
0
163
164
217
218
225
304
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17


% of CSC assessments completed in time
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
67%
68%
84%
92%
87%
2012/13
2013/14
2014/15
2015/16
2016/17


N of CP strategy discussions
900
800
700
600
500
400
300
200
100
0
369
457
383
490
642
526
826
2010/11
2012/13
2014/15
2016/17


Number of children who became subject to CP plans during the year
300
250
200
150
100
50
0
149
134
179
187
189
247
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17


Number of children subject to CP plans (at the end of year)
250
200
150
100
50
0
141
117
137
171
161
205
2011/12
2012/13
2013/14
2014/15
2015/16
2016/17



TRAINING AND WORKFORCE DEVELOPMENT SUB-GROUP

The ISCB sub-group is chaired by the Named Nurse for Safeguarding in Whittington NHS and attended by a wide variety of agencies, including representatives from the private and voluntary sector.

Once again, the ISCB has commissioned a comprehensive training offer in line with its training strategy, *Competence Still Matters*.

ISCB Training Offer

The core training offer to multi-agency staff included:

- Child Sexual Exploitation (all groups)
- Designated Safeguarding Lead - Role and Responsibilities (group 5)
- Female Genital Mutilation
- Neglect and Attachment in the Early Years (All Groups)
- Neglect in the Adolescent Years (All Groups)
- Neglect in the Middle Years (All Groups)
- Parental Conflict and Domestic Violence / Abuse Conference (in partnership with LBI Early Help) (Groups 205)
- Safeguarding and Child Protection Refresher/Update (Groups 2-5)
- Safeguarding and Information Sharing Foundation (Group 2)
- Safeguarding Disabled Children (Groups 2-5)
- Serious Case Review Briefing (All Groups)

- Working Together to Safeguard Children Induction (Group 1, voluntary sector)
- Working Together: from referral to child protection conference - Part One (Group 1)
- Working Together: core group to child protection planning - Part Two

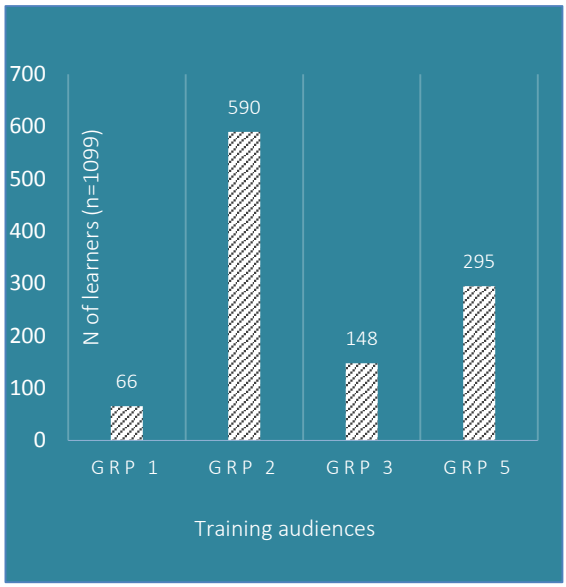
Key Training Data

This year, the ISCB offered in excess of 1300 training places, 85% of which were taken up by the work force. The most popular courses were: *Safeguarding Training for Designated Safeguarding Professionals*, *Safeguarding Foundation* and *Safeguarding Refresher* Course.

The least popular courses were the suite of *Neglect* training courses and *Working Together Parts 1 and 2.* The sub-group will need to do more work to understand why these course were not popular, especially because child Neglect continues to be the most prevalent form of child abuse in Islington.

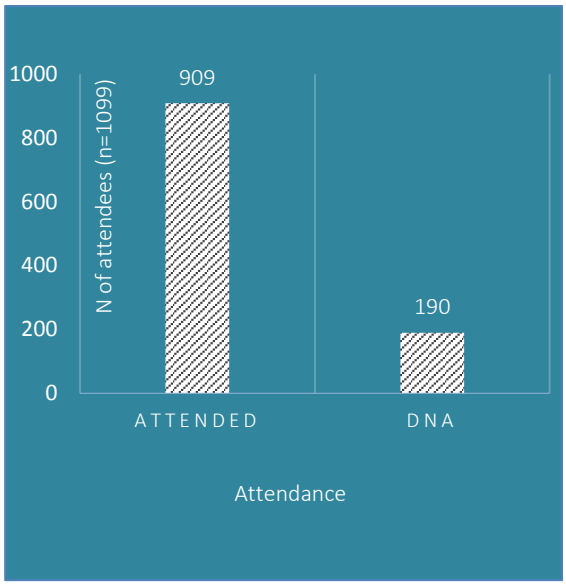
Working Together to Safeguard Children courses specifically covers the role, policy and procedures around child protection enquiries and Child Protection planning and it is disappointing that more professionals did not make use of the learning offered by the ISCB.

Quality Assurance reports show that more could be done to ensure that procedures are followed, e.g. quality of referrals, quality of CP reports to conferences and ensuring that parents and young people routinely see reports before they are presented at professional meetings and that their wishes and views are consistently reported.



Education establishments, in particular, are prone to send staff directly to more advance courses e.g. *Designated Safeguarding Lead* training while neglecting the foundation courses: Group 2 and especially Groups 3.

Training evaluations had shown that staff attending Group 5 courses often lack sufficient experience and understanding of quite basic concepts such as thresholds, referrals procedures child protection roles and responsibilities. Next year, The Board will ask agencies to carry out self-audits against The Board's workforce development strategy.



Non-attendance

The ISCB training portal has introduced a good level of management oversight to ensure that the correct courses are selected and managers are notified if staff cancel courses.

Even though this has increased course attendance, 17% of learners did not arrive for courses. It costs The Board just of over £33[17] per head to provide a course translating into an opportunity cost loss in excess of £6000 per year. Although The Board has not yet charged agencies for failed attendance, it plans to introduce charging which will equate to an unnecessary expenditure of £9500 to partners.

Training audience

There is an excellent variety of staff from all sectors (table below) attending ISCB training, representing more than 290 individual settings. Attendance from schools

Training attendance by sector	N
Academy - Primary	4
Academy - Secondary	12
Adventure Playground	33
Alternative Provision	9
Chaperone Service	5
Charity	106
Childcare on Domestic Premises	1
Childminder	28
Children's Centre	69
Children's home / residential	15
Church, Temple, Mosque etc.	4
College Nursery	12
Company	7
Criminal Justice	4
Family Justice	1
Free School	9
GP Practice	12
Independent (PVI)	10
Independent School	17
Leisure Centre	1
Local Authority	238
NHS Trust	59
Other	2
Out of School Club	17
Primary Health Care	1
Primary School	127
Private (PVI)	70
PRU	10
Secondary School	28
SEN School	18
Supplementary school	6
Tertiary education	24
Voluntary (PVI)	51
Voluntary Children's Centre	28
Voluntary Sector	50
Youth Service	2
Not specified	9
Grand Total	**1099**

[17] DSG Review.

(notably Primary Schools), early years, children's centres, child minders and the local authority is very good. The Board is pleased that school settings are much better represented compared to the first annual report in this Business Planning Period.

There has been a steady increase in attendance from Health Partners, albeit not as high as it could be. Islington GP practices have been diligent in attending training which is attributable to the active involvement of the Named GP on the LSCB.

Quality Assurance and impact

ISCB training is very well regarded, with more than 80% of training rated *Excellent* and the remainder *Good*. One course by an external provider was rated *Poor*. That course wasn't recommissioned and subsequent courses were rated as *Excellent*.

As in previous years, the ISCB Business Unit randomly selected learners from every ISCB course and asked a secret shopper to enquire about the quality and impact of ISCB training. All ISCB courses received excellent feedback with 100% respondents saying they will definitely recommend the course to a colleague.

The majority (95%) of respondents were able to give examples of how training had improved their safeguarding practice / enhances their role. Those who were not able to give examples cited that they attended the course before and they hadn't expected their practice to change.

A number of attendees continue to re-attend the same course as a means of updating their safeguarding knowledge. In most cases this is not appropriate; it is almost always preferable to attend the *Refresher Safeguarding* Course that provides and update on a wider range or local and national learning and developments.

CASE REVIEW SUB-GROUP

During this year, The Board agreed the Serious Case Review and action plan for Child F and it was published on the ISCB website in June 2016.

Multi-agency briefing took place to disseminate learning and the sub-group is tracking implementation of agency action plans.

The knife-crime review recommended by the CDOP chair was also published and the action plan has been incorporated in the Youth Crime Plan.

Draft PACE Concordat Review.

The ISCB chair had previously raised the matter of young people remaining in custody overnight.

Sparked by a Judicial Review (LBI) The Board agreed to commission an Independent Management Review to examine a set of relevant cases to understand what can be learned from children remaining in custody overnight and to recommend best practice.

The review found that the Draft-Concordat applied to very view instance of young people being custody overnight. By far the majority of instances related to young people who were in breach of bail condition, the latter being an explicit exception to the

Concordat.

The independent author had made recommendations for both the Police and the Local Authority in relation to case management recording.

He also recommended that the Practice Protocol between LBI and the Police be updated / re-developed and that it should include the role of agency champions to act as advisors of best practice.

SCRs

There had been two Serious Incident Notification in this reporting year. One of these incidents did potentially fit the criteria for a serious case review, but the decision was delayed pending forensic evidence.

The chair agreed in May 2017 that there should be an SCR in relation to Child K and the final report is expected in November 2017.

CHILD DEATH OVERVIEW PANEL

In its 9th year of working, the Child Death Overview Panel continues to be well attended by a core group of professionals form health, social care and the police. Additional members from other services are invited to attend depending on the cases being discussed. We also held our first joint Islington and Camden neonatal CDOP. This was attended by a specialist obstetrician and neonatologist from UCLH. We will continue to review neonatal deaths in this way as the additional specialist input added great value to the review.

In 2016/17 there were 11 deaths of Islington residents under the age of 18 years; compared to the long term average of 14 deaths per year, since the CDOP process began.

The vast majority of deaths reviewed in 2016-7 had no modifiable factors identified.

Concerning one case, where CDOP has not completed its review, we recommended to the Safeguarding Board that they undertake a SCR. In addition, we have written to a local NHS Trust asking them to review their involvement. This case should also be considered by the Adult Safeguarding board and local primary care as part of the SCR or alongside it.

The panel intend to follow up regarding concerns regarding urgent access to tertiary care for with complex congenital cardiac disease.

The panel continues to engage with partners with respect to maximising approaches to prevent youth violence. The ISCB and partners are working on an action to plan to raise awareness about knife and weapon crime in school.

Since the last annual report

- All families are now offered the opportunity to be involved in the CDOP process. This is by writing to them to offer to meet with the CDOP chair and Designated Doctor.
- Information for families and professionals regarding the ICDOP can now be found on the ISCB website.
- We have been engaging in the Healthy London Partnership Children and

Young People's Programme – London CDOP Project.

- We have commenced an Audit through the NCL maternity network (better births) on how non-obstetric risk factors (such as Domestic violence, smoking and mental illness) are addressed in antenatal care.
- The Designated Doctor for Child Death and CDOP SPOC have met with the Islington coroner and have agreed processes to access post mortem and Inquest findings, as well as how to meet the requirements locally of the new guideline into Sudden Unexpected Death in Infancy (SUDI) guidelines for care and investigation.
- The designated doctor for child death in Islington, Dr Tracy Ellenbogen has attended Warwick Training Programme in Unexpected Child Deaths and has shared her learning with the panel and the HLP programme

Over the coming year we intend to:

- Review family feedback.
- Seek to improve contributions from primary care into CDOP process.
- Continue to engage with HLP to develop practice in line with changes to CDOP process in London.

BUDGET AND RESOURCES

Funding of LSCBs continues to be challenging, and collectively the London LSCB chairs are disappointed that the MPS continues to choose to fund partnership safeguarding in London at a level which is 45% less than all the other large urban Metropolitan Police Forces in England.

Safeguarding is a complicated and demanding partnership arrangement that needs appropriate resourcing if it is to be effective. If the ISCB is to carry out its statutory duties, it needs to be properly supported.

The guidelines which we adhere to (*Working Together to Safeguard Children (2015)*) makes it clear that funding arrangements for Safeguarding should not fall disproportionately and unfairly on one or more partner to the benefit of others.

In London this burden does fall unfairly on Local Authorities and MOPAC are being approached to provide reasonable and proportionate levels of funding to the Local Safeguarding Boards.

Historically, The Board understood that NHS (England) London should contribute financially to The Board and the contribution from the Islington CCG has been reduced as a result. It appears that the total funding should be provided by local CCGs. This matter still needs to be clarified as a matter of urgency.

The Safeguarding structures in London are due to change in a year or two. When they do, there will still be a need to resource whatever arrangements are put in place. The police are a key partner in the future arrangements for safeguarding and we ask that the MPS and The Mayor's Office for Policing and Crime increase their funding to a level which is fair to the other partners and which will assist in keeping London's children safe.

	2015/16	2015/16	2016/17	2016/17
INCOME	**Projected**	**Actual**	**Projected**	**Actual**
Balance brought forward				
Balance 2013/14	£0.00	£0.00	£0.00	£0.00
Agency contributions				
London Borough of Islington	£118,754.00	£74,100.00	£132,200.00	£132,200.00
DSG Grant	£50,000.00	£50,000.00	£50,000.00	£50,000.00
Islington CCG	£10,000.00	£10,000.00	£10,000.00	£0.00
NHS England (London)	£10,000.00	£0.00	£0.00	£0.00
Camden & Islington NHS Trust	£7,500.00	£7,500.00	£7,500.00	£7,500.00
Whittington NHS Trust	£15,000.00	£15,000.00	£15,000.00	£15,000.00
Moorfields NHS Trust	£7,500.00	£7,500.00	£7,500.00	£7,500.00
National Probation Trust	£1,000.00	£1,000.00	£1,500.00	£1,500.00
Community Rehabilitation Company	£1,000.00	£1,000.00	£1,000.00	£1,000.00
MPS (MOPAC)	£5,000.00	£5,000.00	£5,000.00	£5,000.00
Cafcass	£550.00	£550.00	£550.00	£550.00
Fire Brigade	£550.00	£550.00	£550.00	£550.00
Subtotal	£226,854.00	£172,200.00	£230,800.00	£220,800.00
Other income				
None	£0.00	£0.00	£0.00	£0.00
Subtotal	£0.00	£0.00	£0.00	£0.00
Total income	**£226,854.00**	**£172,200.00**	**£230,800.00**	**£217,354.00**
EXPENDITURE	**Difference**	**Difference**	**Difference**	**Difference**
Staff				
Salaries, 2.5 staff	£134,663.90	£134,663.90	£134,663.90	£131,572.04
Chair	£23,316.88	£23,316.88	£23,316.88	£28,789.61
Agency (training)	£0.00	£0.00	£0.00	£0.00
Sessional worker	£8,824.11	£6,716.63	£5,000.00	£7,522..51

Subtotal	**£166,804.89**	**£164,697.41**	**£162,980.78**	**£167,884.16**
Board training				
Facilities & refreshments	£2,262.50	£2,262.50	£2,262.50	£4,281.75
ISCB Conference	£0.00	£0.00	£2,500.00	£0.00
Trainers	£0.00	£1,818.00	£2.000,00	£0.00
Subtotal	**£2,262.50**	**£4,080.50**	**£6,762.50**	**£4,281.75**
Other expenses				
SCRs	£13,432.75	£13,432.75	£12,000.00	£23,436.09
Training portal license	£0.00	£0.00	£12,000.00	£15,517.00
Legal costs	£9,389.69	£9,389.69	£1,500.00	£0.00
Board development	£599.75	£599.75	£2,000.00	£2,108.25
Stationary + phones	£880.76	£880.76	£880.76	£898,92
Printing	£0.00	£0.00	£1500.00	£1,350
Travel	£203.00	£203.00	£203.00	£162,00
Subtotal	**£24,505.95**	**£24,505.95**	**£30,083.76**	**£43,472.26**
Total expenditure	**£193,573.34**	**£193,283.86**	**£199,927.04**	**£215,638.17**
Income	£226,854.00	£172,200.00	£230,800.00	£220,800.00
Expenses	£193,573.34	£193,283.86	£199,927.04	£215,638.17
Balance	**£33,280.66**	**-£21,083.86**	**£30872.96**	**£5,161.83**

CONCLUSIONS AND KEY MESSAGES

Our aim year on year is to make sure that children in Islington are best protected from harm. This can only be achieved through ensuring the right systems are in place, that agencies work well together for each individual child and family and we develop our learning culture.

We need to be constantly reflecting whether children in Islington are safe and, if not, what more can be done to reduce incidents of child maltreatment and intervene when children are at risk of suffering significant harm. We will continue to raise awareness within our local community that safeguarding children is everybody's business.

Key Messages for all partner agencies and strategic partners.

Partner agencies and strategic partners should:

- Support and champion staff to share and record information at the earliest opportunity, and proactively challenge decisions that fail to adequately address the needs of children and young people and their parents or carers.
- Make sure that help for parents and children is provided early in life and as soon as problems emerge so that children get the right help, at the right time.
- Ensure that the priority given to child sexual exploitation by the Safeguarding Board is reflected in organisational plans, and that partners play their part in the work of The Board's sub-groups.
- Ensure that work continues to address domestic abuse and that the evaluation of the local approach recognises the needs and risks to children and young people.
- Ensure work being undertaken to tackle neglect is evaluated and evidence of its impact on children and young people informs both strategic planning and service delivery.
- Ensure that substance misuse services continue to develop their role in respect of safeguarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' substance misuse and the high number of children and young people at risk of significant harm.
- Focus on young people who may be at risk and vulnerable as a result of disabilities, caring responsibilities, radicalisation and female genital mutilation.
- Make sure that young people going into Adult Services for the first time get the help they need and that there is clarity about the different processes and timescales involved.
- Ensure that agencies commissioning and delivering services to adults with mental health issues need to ensure mechanisms are in place for the moni-

toring and reporting of their performance in respect of safeguarding children and young people.
- Ensure that performance information is developed, collected and monitored and that this is provided with a narrative that helps everyone understand how effective safeguarding services are.

Key Messages for Politicians, Chief Executives, Directors

Politicians, Chief executives and Directors should:

- Ensure their agency is contributing to the work of the Safeguarding Children Board and that it is given a high priority that is evident in the allocation of time and resources.
- Ensure that the protection of children and young people is consistently considered in developing and implementing key plans and strategies.
- Ensure the workforce is aware of their individual safeguarding responsibilities and that they can access LSCB safeguarding training and learning events as well as appropriate agency safeguarding learning.
- Ask how the voice of children and young people is shaping services and what evidence they have in relation to the impact it is having.
- Ensure the agency is meeting its duties under Sections 10 and 11 of the Children Act 2004 and that these duties are clearly understood and evaluated.
- Keep the Safeguarding Children Board informed of any organisational restructures so that partners can understand the impacts on their capacity to safeguard children and young people in Islington.
- Ask questions about ethnicity, disability, gender to ensure strategic planning and that commissioning arrangements are sensitive to these issues.

Key Messages for the children and adult's workforce

Everyone who works with children, in a paid or voluntary capacity, should:

- Use safeguarding courses and learning events to keep themselves up to date with lessons learnt from research and serious case reviews to improve their practice.
- Should familiarise themselves with the role of the ISCB and *London's Child Protection Procedures*.
- Should subscribe to the Islington Safeguarding Board website and visit it regularly to keep up to date at www.islingtonscb.org.uk
- Ensure that they are familiar with and routinely refer to The Board's Threshold document and assessment procedures so that the right help and support is provided and that children and young people are kept safe.
- Should be clear about who their representative is on the Islington Safeguarding Children Board and use them to make sure the voices of children and young people and front-line practitioners are heard at The Board.

APPENDICES

APPENDIX 1 – PRIVATE FOSTERING STANDARDS

Regulations above requires the Local Authority to comply with the following Standards.

Standard 1 – Statement on Private Fostering

- The Local authority has a written statement or plan, which sets out its duties and functions in relation to Private Fostering and the ways in which they will be carried out.

Standard 2 – Notification

- Promotes awareness of the notification requirements and ensures that those professionals who may come into contact with privately fostered children understand their role in notification;
- Responds effectively to notification; and
- Deals with situations where an arrangement comes to their attention, which has not been notified.

Standard 3 – Safeguarding and Promoting Welfare

- The local authority determines effectively the suitability of all aspects of the Private Fostering arrangement in accordance with the regulations.

Standard 4-6 – Advice and Support

- The Local Authority provides such advice and support to private foster carers and prospective foster carers as appears to the authority to be needed.
- Children who are privately fostered are able to access information and support when required so that their welfare is safeguarded and promoted. Privately fostered children are enabled to participate in decisions about their lives.
- The local authority provides advice and support to the parents of children who are privately fostered with in their area as appears to the authority to be needed.

Standard 7 – Monitoring and Compliance with Duties and Functions in relation to Private Fostering

- The local authority has in place and implements effectively a system for monitoring the way in which it discharges its duties and functions in relation to private fostering. It improves practice where this is indicated as necessary by the monitoring system

APPENDIX 2 – ISCB ATTENDANCE

Designation	Agency	May-16	Jul-16	Sep-16	Nov-16	Jan-17	Mar-17
ISCB Chair	ISCB						
ISCB Coordinator	ISCB						
ISCB Board Manager	ISCB			A			
Lay Member	Lay Member	A		A			
Lay Member	Lay Member						
Leader of Council	London Borough of Islington		Not expected				
Lead Member for Children's Services	London Borough of Islington	A				A	
Director, Children's Services	London Borough of Islington						
Director Youth and Community Services	London Borough of Islington						
Head of Community Safety	London Borough of Islington						
Head of Service, Early Help for Families	London Borough of Islington						D
Chief Executive	London Borough of Islington		A	A	A	A	A
Director TSCFS	London Borough of Islington						
Dir of Operations HASS	London Borough of Islington		A	A	A		
Ass Director Public Health	London Borough of Islington	A		A			A
Head of Pupil Services	London Borough of Islington				A	A	A
Safeguarding Q&A	London Borough of Islington	A					
Head of Early Years Service	London Borough of Islington			D	D		
Head Safeguarding Adults	London Borough of Islington			A	A		A
CCG Representative	Islington CCG	A		A	A		
Designated Nurse CP	Islington CCG						
Designated Paediatrician	Islington CCG					A	A
Named GP	Islington CCG						
Dir Nursing	NHS (London) England						
Chief Operating Officer	C&I Mental Health NHS			A			D
Deputy Director of Nursing	Whittington Health NHS	A	A	A		A	
Head of Nursing	Whittington Health NHS						
Head of Safeguarding	Whittington Health NHS	A		D	D	D	D
Director of Nursing	Moorfields Hospital NHS			A	A		D
London Ambulance Service	London Ambulance NHS						
Det. Superintendent	Metropolitan Police		D	A			
DCI	Metropolitan Police			D			
Head of Islington NPS	National Probation Service		A	A			A
Service Manager	CAFCASS				A		A
Voluntary Representative	Voluntary Representative						
Voluntary Representative	Voluntary Representative						
Deputy Headteacher	Secondary School Rep			A		A	A
Headteacher	Primary School Rep			A			
North London LIT	UK Border Agency	Attend as necessary					

ISLINGTON

Children's Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Children's Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Islington Fair Futures Commission: Making Islington a great place to grow up, learn and work

1. Synopsis

1.1. Islington has committed to create a place where everyone, whatever their background, has the opportunity to reach their potential and enjoy a good quality of life – a fairer Islington. This also means fairer for the forty thousand children and young people living in over twenty thousand households in Islington to ensure that they are life-ready. Children and young people still have to compete for political priority and resources without an accountability mechanism directly to them for a place they have to grow up in. The local authority has a statutory duty to make arrangements to promote cooperation between the Council and its partners with a view to improving the five statutory well-being outcomes of children and young people. This means reflecting and challenging ourselves to do better in the way we exercise our role as the place leader, shaper and maker of Islington for children and young people.

1.2. To enable a focused and independent reflection on our ambitions to build resilience through prevention and early intervention for this key group in Islington, Cllrs Richard Watts and Joe Caluori via the Children and Families Board requested a Commission inquiry focused on children and young people that will help to fast track our journey to making Islington a great place to grow up in.

1.3. The Fair Futures Commission was successfully launched at the end of February 2017. This report outlines the progress and key highlights to date.

2. Recommendations

2.1. To note the progress and the next steps for the Commission.
2.2. To encourage all Health and Wellbeing Board partner organisations to fully engage in the next phase of the Commission.
2.3. To consider how the Commission can inform or progress other initiatives such as the Haringey and Islington Wellbeing Partnership and the NCL Sustainability and Transformation Plan.

3. Key issues, highlights and next steps: moving from challenges to action

3.1. The Commission chose three themes to guide its discussions and research: place, power and possibilities.

- **Place** is about the physical environment. It will look at what children and young people need from their local area in order to thrive. Particular issues include safety, housing, outside space and travelling across Islington.
- **Power** focuses on how children, young people and families can shape and support their own lives. There will be a focus on the role of the wider community and different types of networks including digital support.
- **Possibilities** focuses on how we can ensure that children and young people develop the life skills that they need to thrive. This includes inclusive economic growth, preparation for the workplace, independent living and other key transitions in life.

3.2 Over the past five months we have conducted a programme of insight and intelligence gathering to enable the Commission to understand the issues for Islington's children and young people. At the Commission's launch, organisations and individuals were spurred to debate the challenges and opportunities to make Islington a great place to grow up in.

3.3 We issued a Call for Evidence asking departments within the council, organisations and individuals to send in submissions that answered questions about Place, Power and Possibilities. We have received submissions covering a range of perspectives.

3.4 A data profile which presents a picture about how well children, young people and the community are doing against the three themes is nearly complete and will be ready shortly. Similarly, existing evidence, information and intelligence from published and 'grey' literature is almost complete for all three themes. This has identified knowledge and awareness about what is already happening and promising practice.

3.5 We are now running a ViewPoint essays initiative which outline the opinions and stories of young people, parents and those who work with or devise policy for children and young people. These will form part of the evidence for the Commission. Jermain Jackman, Chair of the Fair Futures Commission, has also produced a thinkpiece advocating the need to put children and young people's issues and needs back on the agenda.

3.6 Several external organisations and several councils have expressed an interest in meeting or working with the Commission to contribute intelligence and ideas. There have also been enquiries about replicating the Fair Futures Commission. Promotional and update meetings have happened with the Islington Partnership Board, the Business Board, schools and services within the council.

3.7 Several place-based commissioning and leadership 'promising practice' local areas have been identified. Some of these have identified ways to join up conversations and decisions for the health, care, education and other determinants of health for children and young people.

3.8 One success of the Commission's process so far is that values such as the involvement of the voice of children and young people are now at the forefront of non-Children's Services officers' ambitions e.g. in Greenspace and Leisure.

3.9 A core thread that brings together the emerging issues and themes is **using the opportunities and assets Islington has – as a community and a network of organisations - to make social mobility real particularly for the children and young people who face challenges as they grow up**.

3.10 PLACE: A safe and prosperous community with space and room to grow, live, play and work

3.10.1 We hosted the **Place Summit** on 27 June. This was attended by architects, planners from Islington council, the GLA, developers, housing associations, council officers, FF Commissioners and young people. It followed two successful youth-led borough tours which brought council officers and young people together to reflect on places and spaces in Islington. The Summit reflected on good practice and key findings. Participants visited the local area and identified how it could be designed differently. The outcome of these events can be read at: https://storify.com/FairFutures

3.10.2 Dinah Borat, who worked with us on the borough walking tours and the Place Summit, is now a Design Adviser for the Mayor of London and has advocated the Commission's approach to progressing children and young people's needs in urban planning and the forthcoming London Plan. Deputy Mayor Nicky Gavron is also working on the creation of child-friendly neighbourhoods to feed into the development of the London Plan.

3.10.3 Emerging issues:

Built environment

- Islington is a borough of lots of people and very little land, meaning space is hugely valuable to people and under an enormous amount of pressure. Whether we are talking about public space, infrastructure or housing, the lack of space is something which looms over Islington's ability to adapt and change to accommodate children, young people and families' needs. We have to start thinking about other ways to meet need through small changes, such as the way we use an existing space, behaviour change, or community empowerment.
- **Contested Space:** Space means different things to different ages and those with particular needs. The conflict between generations and the purpose/use of space can be an issue in a borough with such limited space.
- **Ownership of space:** It's not always that space is contested for different uses, but that sometimes, children, young people and family needs are misunderstood (for example, safety vs risk)
- **Inclusive Design:** a way of making space usable for all is a good use of space
- **Public/Private Space:** Some developments with social housing cut off access to open space to these tenants. Many new developments feature private space that has public access but there is threat that this access could be revoked by official owners. Planning Policy tries to protect it, but more could be done to convey the importance of it.

In this context, where our spaces are under such pressure, with competing demands and a strong sense of ownership, how do we ensure that these spaces benefit and work for children and young people and their parents and carers?

Travel and safety

- There is perception that much crime in the borough is committed by young people (whether to other young people or the wider general public)
- Children surveyed at our Adventure Playgrounds identified that they hardly travelled or played out without their parents.
- A strong feeling of safety on a street or access route may result in the area being used for play and socialising rather than simply for access, but this has to be cultivated

Housing

- The lack of space in the borough combined with an ever increasing population and high levels of poverty has led to problems such as overcrowding and challenging living conditions for families.

- There is a feeling of being forgotten in Islington's regeneration and agitation with the gentrification around them. Several young people have suggested that they cannot see themselves living here to raise a family due to the cost of living and unaffordable housing. However, it was also suggested that Islington is part of a big city with great access links.
- This set of issues means we need to build more homes that are truly affordable, including enabling young people to either rent or buy, in a borough that has some of the most premium property prices in the country and with very little space left for development.

3.11 POWER AND POSSIBILITIES

3.11.1 We have conducted several focus groups and interviews with young people to complement the thematic analysis of evidence submissions from organisations and the public, previous consultations, needs assessments and local intelligence about the issues for this theme.

3.11.2 The exploratory phase for this theme is ongoing and will be further complemented by results from a Health and Wellbeing Survey conducted in schools earlier this year and continuing the focus groups programme.

3.11.3 The focus on readiness for life and work includes independent living, emotional wellbeing, relationships with peers and adults and readiness for work will be at an event on the 8th of November.

3.11.4 There is a focus on the lived experiences and hidden voices of:

- Young carers
- Young LGBTQ people
- BAME young people
- Disabled children and young people
- Young children
- Life before vulnerability and those who have overcome challenges

3.11.4 Emerging issues:

Children and young people in Islington

- The younger age groups are more culturally diverse than the older age groups
- A significant number of children live in poverty
- Young people and families are mobile. There are also a range of vulnerabilities experienced by children and young people in Islington. The issues for children, young people and families are becoming more complex e.g. youth crime, special educational needs and disability, problems within families
- National policies such as housing and welfare reform are intensifying the challenges of growing up in Islington
- The challenges are affecting middle-income as well as low-income families

Living in Islington

- There is positivity about living in Islington
- There is also a sense of feeling removed or disenfranchised by external forces such as gentrification, money and people in control (local and national decision-makers, schools, police, etc)
- There are a range of assets and resources in Islington – it just depends on whether you know about them
- Some young people felt unsafe in Islington; others thought that this is being "over-hyped" by the media and others

Early childhood, children and the transition to adolescence

- The foundations set in early childhood are significant and Bright Start Islington is intrinsic to a sustained focus on this.

- Before and after the birth of the child is a crucial time to support families to give children the foundations for good health, as they are especially receptive to offers and advice. Early identification and intervention can identify families at risk of problems escalating into neglect and abuse
- The active involvement and full participation of parents including fathers contribute to the effectiveness and efficiency of early childhood interventions for vulnerable children.
- Playful children are securely attached to significant adults. Play deprivation can be from:
    - Poverty and urban living, resulting in stressed parenting and lack of access to natural and outdoor environments
    - Over-scheduled and over-supervised children, as a consequence of perceptions of urban environments as dangerous for children
    - Growing culture of risk-averse parenting.
- Children suffering from severe play deprivation suffer abnormalities in neurological development. However, provision of play opportunities can at least partially remediate the situation
- Positive factors which might support wellbeing during transition to early adolescence include positive parent-child relationships, attainment, and children's friendships.
- Families, particularly those contending with a significant number of problems (e.g. parental depression, low income), benefit from accessible and non-stigmatising support.
- Schools play a positive role in fostering engagement and enjoyment of learning, improving school wellbeing, particularly important for children who have particular pressures in their lives (e.g. difficulties at home, poor parental support or experiencing stressful events).
- Special education needs status is consistently the most powerful predictor of worse than average change in wellbeing for both boys and girls, affecting all dimensions of wellbeing, but particularly social and behavioural aspects.

Supporting adolescents

- The focus during adolescence tends to be on the negative things to do with this phase in life e.g. involvement in crime, risky health behaviours, rather than how we build on young people's assets and strengths
- Young people have expressed a sense of disempowerment as if power is not a personal ability
- Relationships when working or engaging with young people and parents were key and understanding the lived experiences and realities has been called for at all levels including those who make decisions
- Islington needs to have people and places (services) that empower imagination and possibilities
- Interactive support such as using digital technology to complement and extend how services are delivered. This is a slightly different approach from digital skills education and what is provided in settings to support that. It focuses on how organisations who work with children, young people and their parents can use digital technology to support them, active citizenship and social action. An example of this is Newham University Hospital DAWN project.

Life-skills and readiness for work

- Some young people felt left behind by gentrification. However, for some, living cheek by jowl to wealthier residents/families encouraged their aspirations to succeed in life
- Young people have expressed that there is mainly a focus on academic skills and felt there was limited support for teaching life-skills which are connected to issues such as employability and youth crime, particularly:
    - Independence
    - Managing relationships including conflict resolution
    - Managing a home and money
    - Emotions and managing stresses
- Where young people could no longer afford to live in Islington, this could lead to a brain drain which could be detrimental to local economic growth

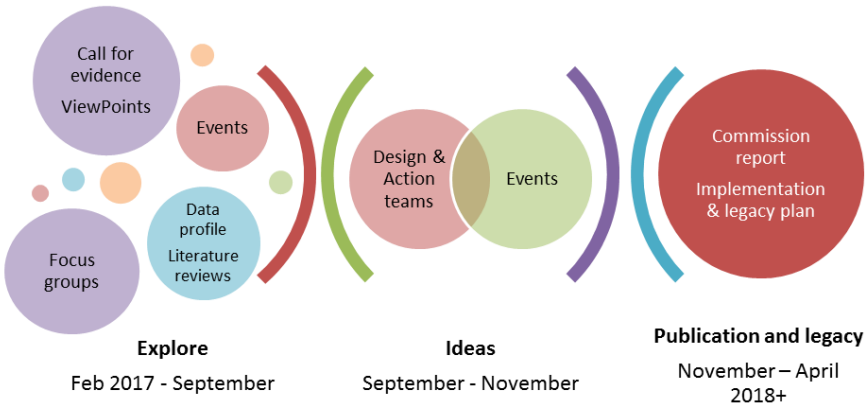
- Young people would value independent careers advice and guidance from those who work in the different sectors at the right time
- Young people highlighted that it can be about who you know and that if a young person is from a disadvantaged background, they are several steps behind young people whose parents have the connections in the business world or different industries. This also includes connections for good work experience.
- They don't feel prepared with employability skills to compete with others or for the future of work (the 4th industrial revolution) e.g. flexible working, skills particularly technological innovation and adapting to this
- There were not many opportunities to consider being an entrepreneur and this wasn't encouraged as much as it could be. It was also identified that to do so would take finances to tide young people over at the start and some young people were from families that are not in a position to do that.

Other

- Adopting a focus on health and care for children and young people in the same that it is now viewed for adults and older people
- A different way for leaders across the public, business and third sectors to constructively drive and invest in children and young people
- Engineering a strategic shift of this kind when the pressures on public funding are intense is challenging.
- For the benefit of children, families and a thriving community it is a challenge that those involved in all areas of children and young people's lives must continue to invest in.

3.12. The Commissioners are now entering their final phase, considering the findings from the previous 6 months and developing recommendations for building a fairer Islington for children and young people (Figure 1).

Figure 1: Fair Futures Commission Roadmap



4. Implications

4.1 Financial Implications:

There are no financial implications arising from this report.

4.2 Legal Implications:

The council has a duty under section 10 of the Children Act 2004 to promote cooperation with relevant partners (including health, education, police and probation services) regarding children's well-being in Islington, and relevant partners have a duty to cooperate with the council. The focus of the arrangements referred to is children's physical and mental health and emotional, social and economic well-being; protection from harm and neglect; and education, training and recreation.

4.3 Environmental Implications

None.

4.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment will be completed when the Fair Futures Commission has developed its recommendations for submission to the Council and its partners.

5. Conclusion and reasons for recommendations

The overall goal of the Commission is promoting the necessary social and health development of all children and young people to ensure a sustainable community which is fit for all. It embeds the original imperative of the Children Act 2004 and subsequent Every Child Matters programme where the wellbeing of children and young people is everybody's business.

The Children Act 2004 places a statutory duty on local authorities to lead co-operation arrangements that will improve the five statutory children's wellbeing outcomes:

- Physical and mental health and emotional well-being;
- Protection from harm – both from a safeguarding children and community safety perspective;
- Education, training and recreation
- Opportunities and support to make a positive contribution to society; and
- Social and economic well-being

This can only be achieved by:

- enabling the statutory roles of the Director of Children's Services and Lead Member for Children to fulfil their place leadership function by steering, promoting and creating opportunities for co-operation within the council and with local partners;
- working together across the Council departments;
- working with other public, private and social sector organisations; and
- working with children, young people, families and the wider community

The aim is to have the Commission's initial recommendations ready for Universal Children's Day on the 20th of November. Consideration of the issues within the Fair Futures Commission will support progression towards becoming a UNICEF child-friendly community and the place leadership and legacy required for children and young people for the future.

Appendices: None

Background Papers: None

Signed by:

10/10/2017

Corporate Director of Children's Services Date

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ISLINGTON

Healthwatch Islington
200A Pentonville Road, London, N1 9JP

Report of: Chief Executive of Healthwatch Islington

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Healthwatch Islington Work Plan 2016-18

1. Synopsis

1.1 This report outlines Healthwatch Islington's current Strategic Plans.

2. Recommendation

2.1 That Healthwatch Islington's current strategic plans be noted.

3. Background

3.1 Healthwatch Islington is commissioned by Islington Council as set out in the Health and Care Social Act 2012, to influence commissioning of health and care services. Each April it sets a Strategic Plan for the year ahead following consultation with the local community.

3.2 As well as gathering the views of local residents, Healthwatch Islington meets with commissioners to assess the scope for influence on the issues that the community raises. We also sit on the council's Qualitative Research Information Network to ensure that we add value, rather duplicate, existing work.

3.3 The plan and progress against the plan are kept updated on the Healthwatch Islington website: http://www.healthwatchislington.co.uk/work-plan

4. Implications

4.1 **Financial Implications:**
None.

4.2 **Legal Implications:**
Healthwatch is a statutory service commissioned by local authorities under the Health and Social Care Act 2012. The task of Healthwatch is to give communities the opportunity to influence and challenge how health and social care services are provided.

4.3 **Environmental Implications**
The main environmental impacts of Healthwatch Islington are associated with normal office occupancy (i.e. energy, water and resource use and waste generation) as well as transport-related impacts such as emissions and congestion.

4.4 **Resident Impact Assessment:**
The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Healthwatch Islington works to seek out views from a diverse audience. To strengthen our reach we work closely with a range of voluntary sector partners. We work closely with Children's Services delivering training, to create opportunities for engagement in this area.

5. Conclusion and reasons for recommendations

5.1 The Board are asked to note and comment on the report.

Appendices
- Healthwatch Islington Work Plan 2017/18.

Background Papers:
- None.

Signed by:

22nd August 2017

Chief Executive of Healthwatch Islington — Date

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Work Plan 2016-18

Healthwatch develops a work plan based on conversations with local residents, commissioners and providers. This plan covers 2016 – 18, we review the plan each April.

	What we want to achieve	Actions	Completion date	Progress	RAG
1	To measure and demonstrate influence.	- Follow up previous recommendations from 2015 - 17. - Use log to approach providers/ commissioners. This is to ensure maximum value for any work we carry out.	Ongoing Ongoing	Chasing up recommendations with local partners.	
Gather and report views					
	What we want to achieve	**Actions**			
2a	For views of children and young people to be included in commissioning.	Look for opportunities to work with partner organisations, and ensure that approaches we use are flexible to ensure people of all ages can take part.	Mar-18	This is still fairly ad hoc. We are working with Whittington Health to support their Children and Youn People's Forum to include some more strategic involvement.	

2b	To ensure mental health preventative service specification is informed by user needs	Gather views from users of mental health day services about provision	Mar-18	Spoke to 101 residents at the service and 24 residents who were eligible but may not have used the service.	
2c	To assess person-centred nature of re-ablement services	Speak to users of re-ablement services about their experience	Dec-17	Reviewing methodology with service manager in September as service users are finding it difficult to remember their experience.	
2d	To consider how to reduce isolation for older people	Speak to users of day services and potential users about the offer	Jun-18	Drafted desk-based research on isolation. Liaising with LBI to ensure our work adds value.	
2e	To engage parents	Train parent champions to promote Early Years services and mystery shop those services	Dec-17	First cohort trained, recruiting second cohort at present.	
		Work with Bright Beginnings to champion needs of new parents	Mar-19	Auditing the service, and gathering experiences of new parents.	
2f	Support the Islington Patient Group on behalf of the Clinical Commissioning Group	Deliver two meetings and a series of focus groups	Mar-18	Initial round of activity delivered. Next phase in November.	
2g	Maintain a programme of conversations with community members	Need to monitor more closely to ensure diversity, and strong evidence collection	Ongoing	Focussing on BME residents and parents of children aged 5 and under.	

2h	Engage students from London Metropolitan to support our engagement	Their area of interest is older people - to start September 2017	Ongoing	Recruiting at the moment. First cohort due to join us in November.	
Visit services					
	What we want to achieve	**Actions**			
3a	Assess accessibility for people with Autism	Mystery Shop Accessibility for people with Autism	Dec-17	Working with service users to devise and deliver a mystery shopping programme. Healthwatch Islington is an active member of the Autism Partnership Board and has fed in to their 'reasonable adjustments' work.	
3c	Assess accessibility in line with Accessible Information Standard	Build on the Autism mystery shopping to assess wider accessibility.	Jun-18	To start in Jan 2018	
3d	Support Safeguarding work of LBI	Take an active role in the Safeguarding Board and Safeguarding Reviews where capacity allows.	Mar-18	As well as being an active Safeguarding Board patner our Chief Exective sits on the SAR Board and will chair an initial review this autumn. We are also working with a local befriending organisation to support their volunteers to raise alerts.	
Involve residents in commissioning					
	What we want to achieve	**Actions**			
4a	To influence commissioning	Ensure that all of our work is reported to relevant commissioners and that we are sighted on the STP	Ongoing	All reports are shared with relevant commissioners, CQC, public health. Measuring success proves tricky but we have set aside more time to follow up on recommendations.	

4b	To influence the development of Care Closer to Home Networks	Ensure that residents voices feed in to this planning and that there is service user engagement	Ongoing	Hosted a dicsussion on this and shared information with members. Some engagement had to be postponed due to purdah (back in June).	
Provide information about services					
	What we want to achieve	**Actions**			
5a	Continue to deliver 5-day a week signposting service		Ongoing	Uptake of this service remains constant.	
	Keep our local community informed of policy relating to local services	Community meetings. Key messages for information stalls. Key messages for specific pieces of engagement work.	Ongoing	Web-site, newsletter and Healthwatch meetings create space for this, as well as the Patient Group we administer for the CCG. Topics include Care Closer to Home Networks and changes at Camden and Islington Foundation Trust.	
Deliver a quality experience for our volunteers					
6	Complete Investing in Volunteers Quality Mark	Gather evidence of existing practice, assess this and develop areas which could be improved	Feb-18	Action Plan devised	

ISLINGTON

Children's Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Children's Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Joint Targeted Area Inspections

1. Synopsis

1.1 In 2016, a programme of joint targeted area inspections (JTAI) was launched. These short, focused inspections are carried out on a multi-agency basis, led by Ofsted and involving HMIC, the Care Quality Commission and Her Majesty's Inspectorate of Probation.

1.2 This report outlines what the JTAI is and what it will involve for Health and Wellbeing Board member organisations.

2. Recommendations

2.1 To note the report.

2.2 To consider how Health and Wellbeing Board member organisations can prepare for a future JTAI.

3. Joint Targeted Area Inspections

3.1 The JTAI is a new inspection framework for evaluating services for vulnerable children and young people and sits alongside the existing Single Inspection Framework (SIF). Islington Council's Children's Services was inspected under the SIF in May 2017 and received a positive outcome.

The inspection is carried out jointly by Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC) and Her Majesty's Inspectorate of Probation (HMIP). All four inspectorates will jointly assess how the local authority, police, probation, health and youth offending services are working together to identify, support and protect vulnerable children and young people. Inspectors will carry out a deep dive investigation of the response to a specific issue and evaluate children's experiences against the full range of criteria. The inspection report will include narrative findings and set out what local partners are doing well and their areas for development and innovative and effective practice for others to learn from. This inspection is unannounced.

3.2 A number of local areas are chosen to be inspected against the selected deep dive theme. Previous JTAIs have covered domestic abuse including victims of domestic abuse and adult perpetrators (February to August 2016) and children at risk of child sexual exploitation (CSE) (September 2016 to March 2017). When all inspections are complete, an overview report is published to highlight learning and good practice. From May to December 2017, JTAIs will focus on children living with neglect. The guidance can be found here.

What would the next JTAI involve?

3.3 The inspection team will usually comprise of three inspectors from each of Ofsted, HMIC and the CQC, and two from HMI Probation. An Ofsted social care HMI will lead the inspection.

3.4 Notification of inspection will take place on a Tuesday before 9:30am by the Lead Inspector contacting the Director of Children's Services (DCS). The other inspectorates contact their relevant agencies. Notification will be nine working days before the inspectors come on site. During those nine days, the following information will need to supplied before the inspectors arrive:

- Child-level data
- A list of children for the deep dive theme
- Case file documents
- Other information to support the inspection including a joint report by the local partnership on the evaluation of children's experiences.

3.5 The inspection will use the following information to evaluate children's experiences:

Case sampling and tracking

- Inspectors will use sampling to evaluate the response to all forms of child abuse, neglect and exploitation at the point of identification, notification and referral (the 'front door) and to triangulate evidence across the inspection, including that for the deep dive theme; they will undertake both multi-agency and single-agency sampling.

Observation of practice and interviews

- Inspectors will gather evidence by observing a range of meetings (e.g. a family group conference; the work of independent reviewing officer; and the work of child protection conference chairs), and triangulate evidence by meeting with children, parents and carers and talking to practitioners and/or managers (in person or by phone), including:
  - The Local Authority (LA) Chief Executive
  - Director of Children's Services (DCS)
  - Lead member for children's servicers
  - Head of social care
  - Chair and Business Manager of the LSCB
  - Police superintendent responsible for child protection and safeguarding
  - Supervisor of the investigative/multi-agency team relating to the deep dive theme
  - MASH (Multi Agency Safeguarding Hub) / CRU (Criminal Referral Unit) police lead
  - MAPPA (Multi-agency public protection arrangements) chair
  - Youth Offending Team manager
  - Senior representative(s) of the Clinical Commissioning Group (CCG(s))
  - Safeguarding leads for the Community Rehabilitation Company and the National Probation Service

Information from individual agences

- Inspectors will request information from: the local authority, LSCB, the police force, the national probation service and community rehabilitation company/ companies, the youth offending team and health partners in order to understand the work of the different agencies.

3.6 Time spent in Islington would be over a three-week period. At the end of week three, the inspectors will meet with senior leaders of the local partnership for a feedback meeting and share their key findings. Subsequent weeks are concerned with writing the 'letter of findings' and quality assurance processes. Inspectors will review evidence against the evaluation criteria, and identify areas of good practice, development and priority action for the partnership and present their findings. The letter of findings will be sent to the local partnership in week nine. The findings will be in the form of a narrative rather than

graded judgements and will include strengths and areas for development and any areas of priority action.

4. Implications

4.1 **Financial Implications:**
There are no financial implications form this report.

4.2 **Legal Implications:**
JTAIs are carried out under section 20 of the Children Act 2004. JTAIs are an inspection of multi-agency arrangements for the response to all forms of child abuse, neglect and exploitation, including the quality and impact of assessment, planning and decision making and the leadership and management of this work.

4.3 **Environmental Implications**
None

4.4 **Resident Impact Assessment:**
The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has not been completed. This report outlines a statutory regulatory process.

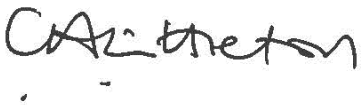
5. Conclusion and reasons for recommendations

5.1 JTAIs look at the system for supporting vulnerable children and young people. As with any other local authority in England, Islington should expect that it will be chosen for an inspection.

Background papers: None

Appendices: None

Signed by:



10/10/2017

Corporate Director of Children's Services — Date

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ISLINGTON

Children's Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Children's Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

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SUBJECT: Child and Adolescent Mental Health Services Transformation Plan – Refreshed Plan and Priorities

1. Synopsis

1.1 Following the publication of 'Future in Mind' by NHS England in 2014, Clinical Commissioning Groups (CCGs) and partners are required to develop and submit local Child and Adolescent Mental Health Services (CAMHS) Transformation Plans. Plans are required to set out how local partnerships are working to develop and transform local CAMHS services in line with both national and local priorities. Plans are also required to set out how CCGs and its partners are utilizing additional funding to improve access to local Child and Adolescent Mental Health Services. Since 2014, CCGs have been required to refresh local plans annually, by the 31st October. Key lines of enquiry, used by NHSE to assure plans, reflect revised national and local targets published throughout the course of the year.

1.2 Plans are required to be signed off by the CCG and its partners including the local Health and Wellbeing Board.

1.3 Islington CCG and its partners are now required to submit our third refresh for 2017/18 (phase 3). This process has enabled us to look at what the achievements have been to date, consider impact of the Transformation Plan and reconsider our local priorities in light of current progress.

1.4 Refreshed plans also enable us to keep abreast of local and national developments and ensure these are reflected in local plans. These include the publication of the Five Year Forward View for Mental Health that includes some challenging national targets for CAMHS, the newly developed Sustainability and Transformation Plans, the new strategic health structures across North Central London, as well as published NICE guidelines and Best Practice from the Healthy London Partnership.

1.5 For the purposes of the refreshed plan previous year's plans will be referred to as Phase 1 (15/16) and Phase 2 (16/17) with the development of our refreshed 2017/18 plan for Phase 3.

1.6 This paper sets out progress to date and puts forward key priorities for Phase Three as the focus for the 17/18 refreshed plan.

2. Recommendations

2.1 The Health and Wellbeing Board are asked to note progress made from Phase 1 and 2 of previous Transformation Plans and to comment on the proposed priorities for the refreshed 2017 plan – Phase 3.

2.2 To agree that the final plan can be signed off outside of the committee in order to meet the final deadline set by NHSE.

3. Background

3.1 CAMHS Transformation Plans and funding allocations

Initially CAMHS Transformation funding, linked to the submission of local plans, was ring-fenced. However, since 17/18 the funding is now part of the CCG's baseline.

For the first 2 years of funding, allocations were published in advance, however more recently this has not been the case so in order to enable forward planning locally we applied the national CAHMS TP allocations in order to determine our local allocation. This is indicated by an asterix in the total funding line below. For 17/18 this proved to be an accurate approach.

	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Transformation Plan funding	£338,355	£556,000	£653,856 tbc	£793,781 tbc	£886,653 tbc	£1,068,417 tbc
Eating Disorder funding	£134,174	£140,000	£140,000 tbc	£140,000 tbc	£140,000 tbc	£140,000 tbc
Total	**£473,526**	**£696,000**	***£793,856 tbc**	***£933,856 tbc**	***£1,026,653 tbc**	***£1,208,417 tbc**

As part of the key lines of enquiry, against which plans are assured, local areas are required to demonstrate the funding going into local CAMH services across the whole system, with an expectation that the proportion of funding is increasing year on year.

Across the partnership annual spend on CAMHS has reflected the annual increase from the additional NHSE investment despite some identified savings by LBI.

3.2 Summary of CAMHS Local Needs Assessment for 2017 refresh

In 2017, the local resident population of 0-18 year olds in Islington was around 43, 800. This equates to 18.6% of the total borough population. Within this population, around a third of young people under 18 are from the White British ethnic group and almost a quarter are from Black, African, Caribbean or Black British ethnic groups. The number of children and young people aged 0-18 is projected to grow by just over 3,000 (8%) between 2017-2027; with the older age groups within this range expected to grow at a faster rate than the younger age groups. Islington is the 5th most deprived local authority in London and the 24th most deprived local authority in England.

Data from the 2017 Child Health Profile for Islington indicate that there have been significant improvements in local children and young people's health in recent years, however, undoubtedly this population faces a number of adverse determinants of poor health, both physical and mental health.

Prevalence of mental health conditions

Islington children and young people have many of the risk factors associated with poorer mental health outcomes, with particular reference to deprivation, child poverty, living in workless households and single parents. This is reflected in high prevalence of mental health conditions among children and young people.

Prevalence of mental health disorders among Islington children and young people (5-16 years) using the 2004 ONS survey Mental health of children and young people in Great Britain is estimated at 10.0%; this equates to 2,668 5 - 16 year olds. Locally, taking into account levels of deprivation and housing tenure, a higher 'preferred prevalence' rate has been estimated at 14% (Camden and Islington Annual Public Health Report 2015) this equates to 3,736 5 – 16 year olds. Prevalence is higher in boys than girls. Mental health disorders are highest in Black children and young people followed by White children and young people.

There are three main disorder categories: conduct disorders having the highest prevalence, followed by emotional disorders, and hyperkinetic disorders.

3.3

Progress to date: Phase One (15/16 plan) and Phase 2 (16/17 plan)

Islington's 15/16 Transformation Plan and subsequent 16/17 plan had at the heart of it the aim of reducing waiting times, improving capacity and access and building flexible services around children young people and their families, locating services in universal community settings and addressing health inequalities. It also had a particular focus on ensuring the needs of vulnerable children were being met.

The table in appendix 1 sets out all of the priority areas for phase 1 and 2 and outlines progress made against each local priority scheme. As sign off of the plans was very late in the financial year, many of the schemes received only part funding for 15/16 and some did not commence until the new financial year.

Some key elements of progress made in phase 1 and 2 include:

1. Increased capacity in community CAMHS services to respond to crisis within agreed timescales – increased 0.6 wte nursing and 0.4 wte Psychiatry - YP who present to Community CAMHS in crisis will now be seen within 24 hours for emergency cases (providing they do not require acute emergency care) or within 5 working days for urgent cases.

2. An "in hours" crisis care pathway has been drawn up and circulated widely to professionals working with young people to give clear guidelines about when and where a young person can be seen in crisis.

3. Capacity has been increased within the Adolescent Outreach Team (community CAMHS) to enable them to continue to deliver services to vulnerable young people flexibly in the community. This includes in the home, at school or other community settings where YP feel comfortable.

4. Increased staffing capacity in specialist eating disorder services (Royal Free Hospital) to meet new community waiting times – 1 week for an urgent referral and 4 weeks for a routine referral.

5. Development of a local eating disorder specialist within local services to support schools and primary care in early identification and onward referral. This post also supports YP in specialist services to step down back to local provision.

6. Development of a specific CAMHS pathway for YP with learning disabilities staffed by a 1 wte senior clinician. Screening has also been established for all YP coming into community CAMHS to identify if they have a learning disability.

7. We have worked with the CYP IAPT (increasing access to psychological therapies) programme to develop four new skill mixed roles that can undertake short evidence based interventions around depression and anxiety and deliver parenting programmes. These Children's Well Being Practitioners (CWPs) are based within Families First

.

8. Undertaken a mapping of services for children known to, or on the edge of, youth justice pathways which has resulted in the development of a pilot programme supporting schools (including the PRU) to support children and YP who have experienced trauma.

9. Worked with Islington Young People to develop a Youth Mental Health Charter that sets out what young people would like to see as being different by 2020/21 if CAMH services are going to be effective (Appendix 2)

10. Completion of a Health Equity Audit of CAMHS

11. Finally, there has been a focused initiative to reduce the long waits for core community CAMHS (behaviour pathway and emotional pathway). At the outset of 16/17 waits were approximately 22 weeks - the service made initial good progress towards the challenging target set, which was to reduce waiting times to 8 week's referral to treatment. However more recently, due to staff absence, recruitment difficulties and a 30% increase in referrals this has crept back up and is currently at 15 weeks. This will remain an ongoing focus of work; but we need to consider the current pathways given national demands to increase the numbers of young people the service is seeing and to need to see them more quickly.

3.4

Current picture / challenges

The new initiatives, developed as part of the Transformation Plan over the last 2 years, have largely delivered in line with agreed KPIs, with the exception of the waiting times initiative where further work is needed. However, the programme of work has largely been project based with a range of new initiatives established or services improved. What has become apparent, however, is that the focus has been on individual elements of service and projects and not on the system as a whole. This has resulted in a potentially fragmented range of services, and does not necessarily support the concept of Right Care, Right Place, Right Time or promote access to all sections of our population.

Through our ongoing review of progress and discussions with providers, CYP and wider partners it is clear that we need to establish a whole system pathway that enables YP to access the right service at the right time and in a venue or setting that they are comfortable with; recognizing that not all YP need a referral to specialist CAMHS. Prevention and early intervention as well as low level support will ensure we can support CYP in different ways without always having to access specialist support.

Digital Information and support also needs to be considered as part of this pathway and we are currently involved in an NHSE Digital Participation Pilot that is looking specifically at the needs of CYP with mental health needs and how digital technology can support them at the front door. This can provide signposting to a range of services, self-management opportunities as well as potentially digital support for YP with low level needs.

3.5

Findings of CAMHS Health Equity Audit

In 2017, Camden and Islington's Public Health Team undertook a Health Equity Audit of Islington CAMHS. The aim of this was to assess and describe how Islington CAMHS are accessed and used by the local population of children and young people, and in relation to the need for those services by different groups.

This audit found the highest proportion of children and young people accessing the service were male, aged 11-16, white British and from the most deprived quintiles. 22% of all those aged 0-18 in Islington, expected to have a mental health condition, were in contact with the service.

Most children and young people accessing the Islington CAMHS in 2015/16 did so through the Community CAMHS team. The majority were referred to the service by either an Education establishment or a GP Surgery, and were offered one appointment. Most of these children and young people attended one appointment and the majority attended all their appointments.

Further analysis of the data used in the Equity Audit has found that higher proportions of those referred towards the end of the year were only offered or attended a single appointment, so some of these could have had further appointments after the period covered by the data. Also, for around a third of all those who were only offered / attended one appointment, this was a Choice appointment, where the young person finds out more about the services available. This could indicate that a significant minority of those who only had one appointment either chose not to access any further services or didn't require further intervention. These two issues may provide some explanation why around half of the group were only offered or attended one appointment. Further work may be required to understand the remaining cohort who were only offered or attended one non-Choice appointment (and were referred well before the end of 2015/16).

More males than females accessed the service, which tallies with the higher prevalence in this group found by Green et al[1] in the last survey of the Mental Health of Children and Young People in Great Britain. This was also reflected within the separate age groups, except for 17-18 year olds, which saw more females in contact with the service – according to the Adult Psychiatric Morbidity Survey[2] females aged 16-24 do have a higher prevalence than males. Education was the most frequent referral source for males, but for females it was both Education and GPs.

The highest proportion of children and young people accessing the service overall were from the most deprived quintiles. This is in line with what is known about the influence of child poverty on the development of mental health conditions. This was reflected in males and females separately, across all age groups and ethnicities.

There is a need to increase access and use of CAMHS across the under 18 population of Islington, regardless of sub-populations. The level of unmet need is likely to further increase the risk and consequences of mental ill-health for these children and young people as adults. However, the following populations were found to be currently less well represented than others:

- Females aged 5-10
- Females of black and Asian ethnicity
- Males aged 17-18
- Males of Asian ethnicity
- All those of white British, black, mixed and white other ethnicity aged 17-18
- Those of Asian ethnicity and aged 5-10 and 11-16

This Health Equity Audit was completed at a similar time to the Social, Emotional and Mental Health (SEMH) needs research. One interesting point raised when comparing the findings of the two pieces of work was that although the SEMH needs analysis found a higher proportion of young people from the Black-Caribbean and Mixed White & Black Caribbean ethnic groups than would be expected based on the ethnic breakdown of the Islington population of young people, the Equity Audit found that the proportion of CAMH service users from a Black ethnic group was around what would be expected,

[1] Green, H., McGinnity, A., Meltzer, H., Ford, T and Goodman, R. Mental health of children and young people in Great Britain 2004. London: Palgrave, 2005

[2] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital, 2016

based on the population of Islington (more detailed ethnicity breakdowns within this group were not available). This suggests that young people from the Black-Caribbean ethnic group have SEMH needs that are not being met by CAMHS, or are not resulting in them receiving a direct intervention from CAMHS. This may indicate a level of unmet need amongst this ethnic group.

The findings of this audit suggest that we need to think about our local pathway into CAMHs and we need to ensure we have a wider range of services delivered in a range of settings to ensure we are able to meet the needs of the whole population. Our service model at the moment places a strong focus on NHS provided services, predominantly those services delivered by Whittington Health which offer specialist intervention.

3.6

Five Year Forward View – Mental Health - Access Target for CAMHS services

As set out in the Five Year Forward View for Mental Health, the national target for increasing access to services is to increase access for 70,000 children and young people by 2020/21. In order to support the delivery of the national target, Islington CCG is required to increase access to 35% of its prevalent population by 2020 / 2021. Access in this case is measured as 2 or more treatment appointments within a 6 week period of each other and within services that are NHS funded.

We will work towards this target by increasing service capacity and ensuring that young people are able to access the most appropriate service to meet their needs. A relatively significant number of young people who access CAMHS services only require 1 treatment appointment and we also know that CAMHS generally has a higher DNA (did not attend) rate than other health services. However, we need to challenge ourselves locally over and above the target set by NHSE to think about how we meet all of the young people who require a CAMHS intervention not just 35%.

In order to achieve this we have taken up initiatives offered by CYP IAPT (Increasing Access to Psychological Therapies) to increase workforce capacity via training opportunities and recruit to train opportunities. This will enable us to ensure interventions are evidence based and that we are able to deliver a skill mix approach in delivering robust services across all levels of need. We do, however, need to give further consideration to our local workforce strategy with partners, to further develop our capacity and ability to deliver a range of interventions.

NHS England's Five Year Forward View for Mental Health has set 2 national workforce targets:

- 1,700 new CAMHS professionals, nationally.
- 3,400 IAPT trainees

Based on Islington's proportion of the national population of under 18s, the proportionate figures for Islington contributions to meeting these targets would be:

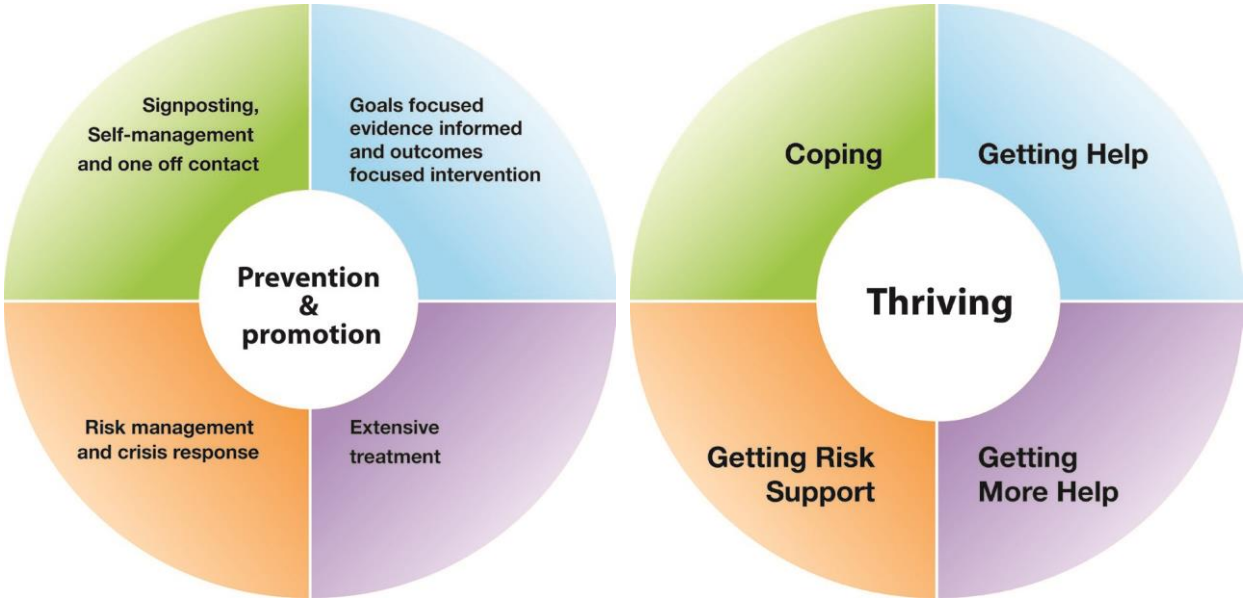
- 6 new CAMHS professionals
- 12 IAPT trainees

We are on track to meet both of these targets. Additional funding made available via Transformation plans has already enabled us to increase capacity across the service with new posts in adolescent outreach services / priority 1 team and other specialist pathways. However, in order to support the delivery of the national target, we need to continue to increase local access to services.

In order for us to achieve this, whilst still maintaining acceptable waiting times within services, we need to look at the whole system and consider the design of a new CAMHs model that aligns itself with the Future in Mind Report and reflects the concept of a tier-less model as reflected in the Thrive Model endorsed in Future in Mind.

The THRIVE model is a departure from the traditional tiered service and has one single point of access for all the CAMH Services. No family or young person should be turned away and they will be able to access information and advice at a minimum. For those who do not require a CAMHS intervention there will be sign posting to other universal services for support. CAMHS will assist families to access universal services where this is required and CAMHS will develop an active partnership with universal

services including third sector to ensure that individuals can access the right services at the right time. For those that do require support from CAMHS they will receive a prompt assessment of their needs and access to appropriate treatment within CAMHS within agreed timescales. Part of this pathway should also include a digital solution and Islington are currently involved in a pilot project looking at how to increase digital participation across CYP with low level mental health needs. The model also has a strong focus on prevention and early intervention.



3.7 **Proposed priorities for October 2017 refresh Phase 3**

In the context of progress to date and our review of current service provision we are proposing the following priorities for our refreshed plan as part of Phase Three. These are made up of those already established that will remain open for 17/18 which were set out and agreed in the 16/17 plan; and five new priorities. The closed schemes are discreet projects that no longer require ongoing monitoring as part of this programme of work.

The proposed priorities are set out overleaf.

LPS	Scheme	Status
LPS 1	Ongoing work to deliver Young Peoples Mental Health Charter	ongoing
LPS 2	Mental Health Promotion building resilience in schools	ongoing
LPS 3	CAMHS in Early Years Transformation	closed
LPS 4	CAMHS Waiting Times	ongoing
LPS 5	CYP IAPT Training Programme	ongoing
LPS 6	Health Equity Audit	closed
LPS 7	Increase access by building capacity ad sustainability in the voluntary and community sector	ongoing
LPS 8	Develop community ED post to support schools and primary care	ongoing
LPS 9	Develop local crisis care pathways across PI and AOT services	ongoing
LPS 10	Delivery of crisis care concordat including training CAMHS AMHP	closed
LPS 11	On-going development of LD pathway Development of Positive Behavior Support Service for Transforming Care Cohort	ongoing
LPS 12	Increased capacity into the ASD pathway in the Social Communication Team	closed monitored via contract monitoring mtgs.
LPS 13	Review of CAMHS CLA service	closed will be picked up in LPS 17
LPS 14	Vulnerable children mapping of youth justice pathways YOS Health Team and Liaison and Diversion Nurse in TYS / YOS	ongoing
LPS 15	Establish a working group to undertake a programme of work relating to CAMHS / AMHS Transition	ongoing
LPS 16	Increased capacity to support complex eating disorder / MH cases	closed
LPS 17	Service Transformation Redesign – Whole System Pathway	new
LPS 18	Development of a local workforce programme building on the NCL wide workforce mapping currently underway	new
LPS 19	Consideration to be given to the findings of the Digital Participation Project for CYP	new
LPS 20	CAMHS outcomes measures (PROMS and PREMs to demonstrate impact and effectiveness)	new
LPS 21	Develop integrated Personal Commissioning (IPC) to support young people with mental health needs; building on the current pilot with looked after children.	new

In line with the October 2016 submission and NHSEs Key Lines of Enquiry, our local plan will include an NCL wide section reflecting the Mental Health - CAMHS work stream areas that have been previously

set out. The section will be updated to reflect progress to date. These areas include:

- Shared Data Collection
- Workforce Planning
- Eating Disorders
- Health and Youth Justice
- Development of the Child House
- Crisis Care 24/7 pathway for out of hours and Co commissioning of Tier 4 services
- Peri -natal Mental Health Service
- Transforming Care

4. Implications

4.1 **Financial Implications:**

There are no financial implications arising directly from this report. Any future action that the council decides to take in order to further the objectives set out in this report will need to be managed from within relevant existing budgets. Any details relating to such actions will be assessed for financial implications as and when they arise.

4.2 **Legal Implications:**

The Children and Families Act 2014 provides a system of support across education health and social care to ensure that services are organised with the needs and preferences of the child and family, from birth, to the transition to adulthood. The support includes provision for children with long term health conditions, as well as and including mental health.

The Children and Families Act 2014 requires local authorities CCG's and NHS England, to establish joint commissioning arrangement to improve outcomes for children and young people. Local Authorities have a duty under section 17 of the Children Act 1989 to safeguard and promote the welfare of 'children in need' in their area by providing appropriate services to them. The Care Act 2014 applies to young people transitioning to adulthood. Under section 1(2)(b), Local authorities have a duty to promote the general wellbeing of individuals including their mental health.

4.3 **Environmental Implications**

There are no significant environmental impacts associated with the refreshed Child and Adolescent Mental Health Services (CAMHS) Transformation Plan. Although an increased level of service provision is likely to lead to an increase in the environmental impacts associated with building occupancy (i.e. energy, water and resource use and waste generation) as well as transport-related impacts such as emissions and congestion, an increased level of digitisation could contribute to mitigating the services' impact.

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

As workstreams develop from the refreshed CAMHS Transformation Plan they will each be subject to individual assessments.

5. Conclusion and reasons for recommendations

As part of the refresh of our current Transformation Plan we need to consider our future priorities. These priorities must be guided by our work to date, findings of local reviews and audits as well as ongoing feedback and service user engagement.

There are also a number of key national targets that we need to deliver; most notably NHSE National Access Target and the need to increase access to CYP IAPT evidenced based interventions and to increase workforce capacity, as well as working towards improved waiting times for core CAMH services.

Whilst work to date has demonstrated some progress we need to consolidate the work streams that remain outstanding from 17/18 but we also need to consider how we can more effectively ensure young people get the service and intervention they require in a timely and accessible way.

As such we are seeking agreement on the proposed priorities set out in section 8 for the refreshed CAMHS Transformation Plan 2017 (Phase 3)

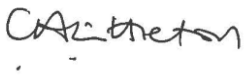
Appendices

- Appendix 1: Islington CAMHS Transformation Plan progress against priorities for Phase 1 and Phase 2.
- Appendix 2: Young Peoples Mental Health Charter
- Appendix 3: CAMHS Transformation Roadmap

Background papers:

- None

Signed by:



29/9/17

Corporate Director for Children's Services — Date

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Islington CAMHS Transformation Plan progress against priorities for Phase 1 and Phase 2

Progress to date - Phase 1 2015/16 priorities

Local Priority Scheme 2015/16		**Phase 1**		
Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people				
		Progress Update	***Funding allocation***	***Status***
LPS-1	Mental health promotion building resilience in schools	This is an ongoing piece of work that has enabled the team to increase the number of schools that they are able to work with directly. **KPI of 80% of schools to have implemented 1 or more of the components of the IMHARS framework**	25,000	OPEN (ongoing programme of work)
LPS-2	Perinatal mental health	This piece of work was taken forward across North Central London following a successful bid to NHS England. The programme of work supports the development of specialist peri natal services with robust care pathways across all Acute Trusts in NCL to ensure equity of access regardless of where a mother decides to have her baby.		OPEN (moved to NCL priorities)
LPS-3	Review of parental mental health services to coherent pathway	This review of 'Growing Together' Parental Mental Health Service, was undertaken by an external consultant with a final report circulated. The aim of the review was to ensure that the service was appropriately targeting women with mental health needs and was not duplicating services.	Existing CCG funding stream	CLOSED

Improving access to support – a system without tiers				
LPS-4	Urgent Waiting list initiative	This initiative was implemented into 16/17 following the recruitment of 4 fixed term band 7 practitioners and assistant psychologists to increase capacity to address an increasing waiting list for core CAMH services. The service was set a challenging target of reduction to a waiting time. **KPI 4 weeks to choice and 4 weeks to treatment – an overall Referral to Treatment of 8 weeks(RTT)**	308,463	OPEN
LPS-5	Community CAMHS crisis care, extended opening hours, improved response and wait times	Increased capacity in Adolescent Outreach Team by 0.6 wte to support the team to respond quickly and flexibly delivering services in the community targeting vulnerable young people who would find it difficult to access services at the Northern Health Centre. Capacity within Priority 1 team (P1) was also developed 0.6 nursing and 0.4 psychiatry to enable them to respond quickly to priority cases. **KPI 24hr response to an emergency (that does not require attendance at A&E) and urgent cases within 5 working days.** This target has been achieved.	30,652 (183,913) full year costs	OPEN
LPS-6	Implementation of Camden and Islington's crisis care concordat	The key focus of this programme of work was to identify a CAMHS practitioner locally who was able to undertake training to qualify as an Allied Mental Health Practitioner (AMHP) to undertake Mental Health Act assessments. We were unable to identify a professional to undertake the training so this was rolled over to 16/17.	3,000	OPEN
LPS-7	Building sustainability and sufficiency in Voluntary Community Faith Sector (VCSF)	To work with voluntary sector providers to increase counselling and therapeutic interventions delivered in a range of community settings – for 15/16 we increased existing capacity in services being provided from our youth hubs to maximise resources late in the year with further preparation work undertaken with the VCSF in preparation for 16/17 funding	22,188 (67,188 full year allocation)	OPEN

LPS-8	Community eating disorder service	Increased funding provided to our local specialist Eating Disorder Service provided by The Royal Free Hospital to ensure compliance with community service guidelines and to meet waiting times: **KPI: urgent 1 week and routine 4 weeks**. This has now moved to NCL priority as part of our STP programme of work.	67,587	OPEN (Moved to NCL priorities)
LPS-9	ED Self Harm post within AOT	This is a dedicated post to support primary care and schools in early identification of eating disorders and where required timely referral into services. This post was delayed in recruitment so was not recruited to till 16/17 – slippage was used against waiting list initiative.	11,264 (full year costs 67,587)	OPEN
Care for the most vulnerable				
LPS-10	Development of an LD Pathway (including C&YP with Autism)	A newly established pathway to deliver comprehensive assessment of learning disabilities for YP thought to have a significant LD. **KPI: All young people will be screened for LD on entry into CAMHS.**	10,375 (62,254 full year cost)	OPEN
LPS-11	New ways of working to support children and young people at risk of or with experience of CSE	This pilot, delivered by Safer London, ran from January 2016 through to June 2016 and the findings from the pilot were used to inform new service developments focusing on this cohort of vulnerable young men who demonstrate sexually harmful behaviours	8,000	CLOSED
LPS-12	Build on and develop CYP IAPT data collection infrastructure	This supported data infrastructure to support the Trust with compliance on data collection for both CYPIAPT (Children and Young People increasing access to psychological therapies) and then moving into the introduction of the Mental Health Dataset (MHDS)	12,000	CLOSED

Progress to date Phase Two (16/17 refresh)

The table below sets out progress against agreed 16/17 priorities, many of which were carried over from 15/16.

Local Priority Scheme 16.17		**Phase 2**		
Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people				
		Progress	***Funding Allocation***	***Status***
LPS-1	Develop a sub group of young people and an action plan to deliver Islington Young people's Mental Health Charter(Mental Health Charter appendix 2)	This programme of work is tasked with overseeing the delivery of the Mental Health Charter, a piece of work undertaken with local YP identifying what they see as the priorities for transforming local CAMHS. This was delayed due to changes in our participation worker but is now back on track and will be core to our engagement strategy for the 17/18 plan. **KPI: deliver outcomes indicated in Islington CYP CAMHS Charter**	5,000	OPEN
LPS-2	Mental health promotion building resilience in schools	Ongoing contribution to the IMHARS programme of work that supports schools to develop programmes of work to support positive emotional health and well-being. **KPI 80% of Islington schools to have implemented one or more of the components of the IMHARS framework by 2021**	25,000	OPEN and on track
LPS-3	CAMHS in Early Years Transformation	This is an ongoing piece of work that Whittington Health have been engaged with as part of the Bright Starts Transformation which impacts on the way CAMHS services are delivered in local children's centres but without a reduction in the local offer.	Existing funding stream	CLOSE

Improving access to support – a system without tiers				
LPS-4	Urgent Waiting list initiative	This piece of work ran through the most part of 16/17 and was on track to meet the challenging waiting time of RTT 8 weeks. However, recruitment and staff sickness meant that at the end of the financial year we started to see a significant increase in waiting times again, although not to the same level as previously) This coupled with a significant increase in the number of referrals into the CAMH service at the Northern alongside a national target to increase the numbers of CYP accessing CAMH services informs the key piece of work proposed for 17/18 around service transformation. **KPI referral to treatment 8 weeks – as of end 16/17 15 weeks (down from 21 weeks)**		OPEN
LPS-5	Increase Access to services by developing CYPIAPT workforce development and training programme Existing Staff IAPT Training 2 ASD/LD 1 Infant Mental Health 1 Adolescent depression 4 CWP trainees	This target is on track – CAMHs recruited 4 Children's Well Being Practitioners who are recruited to undertake an evidenced based training programme delivered by CYPIAPT programme. In Islington we have located these practitioners in the community with Families First and also linked to our local schools. Once trained CWPs are able to deliver evidenced based short term interventions for low level anxiety and depression as well as support a range of parenting programmes / parenting support. We propose to continue this programme next year where we will need to identify to pick up the salary costs of the CWPs (funded by the CYP IAPT programme this year)	9,760 (contribution to CYP IAPT Training costs)	OPEN

		We have also continued to support staff development in the principles of CYP IAPT that promote the use of evidenced based interventions. The programme has a strong focus on measuring progress and outcomes in partnership with the parent or young person as well as ensuring services embed the principles of service user participation and engagement. **KPI: recruit 4 CWPs for training programme to increase skill mix**		
LPS-6	Health Equity Audit	Public Health have conducted a Health Equity Audit in order to assess and describe how Islington's Children and Adolescent Mental Health services are accessed and used by the local population. In particular, the audit wanted to explore whether some population groups were underrepresented in the service and if so what recommendations we needed to consider in order to redress any underrepresentation. The key recommendations are set out below which are being used to inform plans for 17/18 proposals.	Within existing resources	CLOSE With recommendations being taken forward.
LPS-7	Increase access by building capacity and sustainability in the Voluntary and Community & Faith Sector	Significant work with our voluntary sector partners has been undertaken. Projects and programmes of work have been commissioned to deliver increased capacity in counselling and therapeutic Interventions delivered in community settings – these are being provided by the Brandon Centre and Mind Connect. The programme has increased capacity for VCSF partners to deliver early intervention and prevention	67,188	OPEN

		projects to support emotional health and wellbeing of C&YP, delivered within the community. Through this work with the VCSF a provider forum for CAMHS providers has been developed which spans NHS, LA and VCSF providers to develop a network approach to share learning as well as developing capacity and an understanding of the service offered across the network. The network links our local NHS community CAMHS providers. This will continue to support our commitment to the principles of 'Thrive', ensuring YP access the right service at the right time and in the right place by ensuring capacity across the whole system is being utilised efficiently. This is a core element of our proposals for 17/18 moving forward.		
LPS-8	Develop community ED post to support schools and primary care to support early identification	The initial post holder resigned and the service had to go back out to recruitment. This has now been successfully recruited to and provides a specialist approach to ED cases in the community as well as supporting those in T4 beds to support seamless care planning for discharge and support back into the community**. KPI contact to be made with all GP practices by e mail and 50% direct contact by March 2017.**Contact has already been made with 100% of GPs in primary care.	67,587	CLOSE
LPS-9	Develop local Crisis care pathways in hours	An in hour's crisis care pathway has been developed clearly setting out pathways for young people who require a crisis response. This was drawn up in consultation with a wide range of providers and	183,913 (AOT and P1 posts)	CLOSE (Out of hours crisis care pathways are being developed across NCL as part of our STP

		has been widely circulated. The increased capacity within P1 and AOT (a 15/16 priority) has supported the implementation of this programme of work**. KPI improved access to emergency appointments within 24hrs and priority apt. within 5 working days. In hour's crisis care pathway developed and published by March 2017. KPI ACHIEVED**		work stream)
LPS - 10	Delivery of Crisis Care Concordat including CAMHS professional to be AMHP trained	This year we have identified a member of the Adolescent Outreach Team who is currently undertaking the AMHP training which will give us a CAMHs professional who is able to undertake Mental Health Act Assessments – this supports the crisis care concordat programme of work **KPI: CAMHS practitioner trained as AMHP**	21,000 (Training and backfill)	CLOSE
Care for the most vulnerable				
LPS-11	On-going development of LD pathway and local interface with Transforming Care Intensive Outreach Positive Behaviour Support Service for C&YP with challenging behaviour at risk	An ongoing piece of work with increased staffing capacity to specialise in supporting young people with Learning Disabilities who have mental health needs. This pathway needs to be reviewed in the context of the Neuro Developmental Team (NDT) and Autistic Spectrum Disorder (ASD) assessment pathway. **KPI 100% of YP on LD pathway to receive appropriate assessment and follow up intervention. 100% of YP to be screened on entry to CAMHS service for LD. KPI on track** A specification is currently being worked up to commission a Positive	62,254 50,000	OPEN

		Behaviour Support Service. The premise behind the service is to work with young people to support them to stay and home and in the local community for as long as possible avoiding residential provision where possible. This programme of work builds on the successful programme of work undertaken in Ealing, which has seen significant reductions in residential placements. **KPI: established PBS service**		
LPS-12	Increase capacity into the ASD pathway in the Social and Communication Team (under 5s assessment and diagnostic pathway) and deliver the findings / recommendations of the ASD Review	Increased capacity in the Social and Communication Team (SLT and OT) which supports a business plan to reduce waiting times to 18 weeks by August 2018. This is currently on track and waiting times are reducing. **KPI Assessment and Diagnostic waiting time of 18 weeks by March 2018**	101,000	CLOSED
LPS-13	Review of CAMHS CLA service	This piece of work has had an initial kick off and is underpinned by a commitment for CLA CAMHS service to work in partnership with children's social care and the development of the Innovation Project, rather than take on a separate piece of work.	Within existing resources	OPEN
LPS-14	Vulnerable Children – Mapping of local Youth Justice Health Pathways	The mapping was completed and a pilot project looking at how we support schools and PRU and local community partners to work with young people who have experienced trauma has been established. The programme of work will be fully evaluated and the findings will be widely shared.	NHSE Health and Youth Justice funding	CLOSED

LPS-15	Establish a working group to consider current CAMHS / AMHS Transition project and potential for development	Transition is a key area of focus and whilst we have started this piece of work its early stages. We are looking to replicate some aspects of the Camden Minding the Gap model, continuing our local Transition model with our shared transition team across children and adults services, as well as looking to hold a workshop to consider how we deliver services for 0 – 25 years olds in relation to mental health.	Within existing resources 14,000 extension of existing within Islington Transition Team	OPEN
LPS-16	Increased capacity with Intensive Eating Disorder Service	Completed now additional capacity within community service.		Closed

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YOUNG PEOPLES MENTAL HEALTH CHARTER

YOUNG PEOPLE WANT:

- the knowledge and confidence that professionals in whatever settings they use are able to talk openly and honestly and know how they can help
- to feel confident and able to seek support from family, professionals and friends without fear of stigma when they do
- to have opportunities to talk and explore issues that may contribute to increased anxiety, stress and poor mental health
- to do this in ways that feel safe and are recognised and accepted as an important and normal part of everyone's future health.

THE 10 CHARTER STATEMENTS

1. **By 2020:** There will be high quality and accessible opportunities for young people to enjoy physical and emotional healthy lifestyles

2. **By 2020:** Schools will aim to provide high quality PHSE lessons to teach information on mental health topics such as eating disorders, substance misuse, types of mental health illnesses, how to stay mentally well and healthy relationships. These will be delivered by appropriate and confident professionals.

3. **By 2020:** All services that help young people will have a clear plan on how they help improve young people's mental health and make their lives healthier and happier (Focus on services for young people in care, young parents, and young people with parents with mental illness)

4. **By 2020:** Opportunities will be developed for children and young people to talk about emotional and mental health from an early stage

5. **By 2020:** Schools will aim to provide initiatives to address educational pressure and increase support available to young people at critical times

6. **By 2020:** Professionals that work with young people will be trained in appropriate mental health awareness. To include teachers.

7. **By 2020:** There will be a range of approaches that enable young people to help themselves and their friends in different settings.

8. **By 2020:** There will be high quality support for parents to help them better understand and support their child. Support structures will be well promoted.

9. **By 2020:** There will be a decrease in waiting times for young people that need to speak to a counsellor. The first assessment meeting will be within 4 weeks

10. **By 2020:** All mental health services will have a system in place to ensure young people are engaged in reviewing their service to make sure it remains 'youth friendly'

By 2020: *All key commissioners, mental health service providers and schools in Islington will sign up to the charter*

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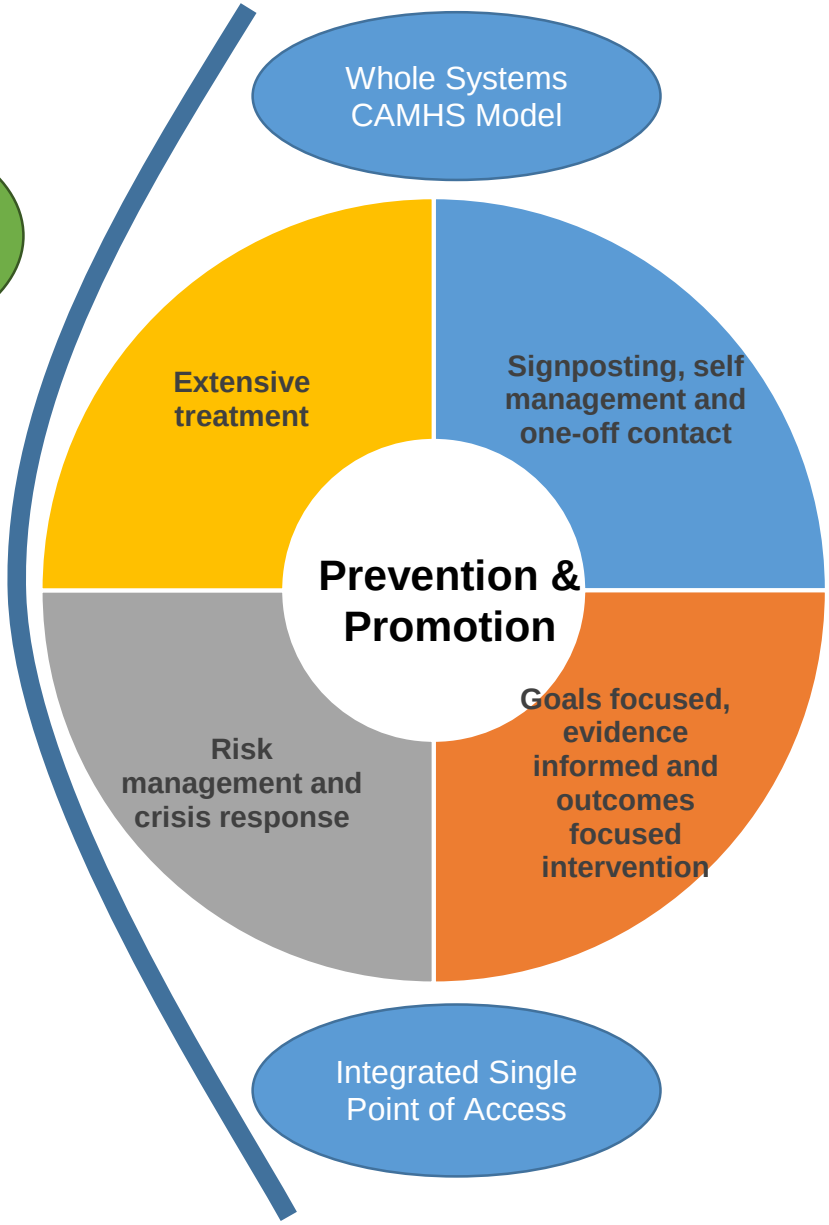
CAMHS Transformation Roadmap 2015/16 – 2020/21

2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Mental Health Charter Engagement	CYP IAPT Training	CWP Programme	Transformation Model	Whole Systems CAMHS Model	
Waiting Times	ASD Assessment and Diagnosis	Perinatal Mental Health Services			
iMARS	Increase capacity Counselling & therapeutic VCSF	Health Equity Audit	Single Integrated Door		
Learning Disability Pathway	Vulnerable Children	CAMHS AMPH	Out of hours Crisis Pathway		
Eating Disorders		Health and Youth Justice Pathways			
				Integrated Single Point of Access	



CAMHS Access target (no. of young people)	**893 (25%)**	**30%**	**32%**	**34%**	**35%**
Spend on CAMHS	**£696K**	**£794K**	**£934K***	**£1.027M***	**£1.208M***

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ISLINGTON

Camden and Islington Public Health
222 Upper Street, London, N1 1XR

Report of: Director of Public Health

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Draft Pharmaceutical Needs Assessment 2018

The draft PNA has been circulated separately to members of the Board.

1. Synopsis

1.1 This is Islington Health and Wellbeing Board's (HWB) second Pharmaceutical Needs Assessment (PNA) under the 2013 regulations and requirements. The PNA regulations require that each local HWB publish a PNA covering their area. The HWB is responsible for publishing a PNA and ensuring that all required information and assessments are included; specifically: -

- Ensuring an up-to-date map of services is included in the assessment;
- Publishing any statements or revisions within 3 years of the previous publication;
- Ensuring that other HWBs have access to the PNA;
- Consulting stakeholders, including the public, and other areas about the content of the assessment for the minimum 60-day period;
- Responding to a consultation from a neighbouring HWB;
- Ensuring that once published, the PNA is kept up-to-date and any supplementary statements or full revisions are published as soon as possible following any changes.

1.2 Islington's first PNA was published on 1 April 2015. This second, refreshed PNA is intended to meet the requirement to publish any statements or revisions to the PNA within 3 years of the previous publication.

1.3 Islington's PNA includes a comprehensive analysis of the health needs of the population at a locality level, key themes and insight from previous qualitative research with local residents, a summary of more recent local and national research which helps us better understand people's views of pharmacy services, and a thorough assessment of each pharmacy's services, using service data to determine any

1.4 gaps.

Overall, this updated PNA has determined that Islington's population has sufficient provision of pharmaceutical services to meet the health needs of the population.

The attached PNA is a final draft, produced by the PNA Steering Group. Once approved by the HWB, the draft PNA will be subject to a mandatory 60-day consultation period. The consultation will run from October 2017 to December 2017, with exact dates to be confirmed. Communications will be sent out to raise awareness of the consultation, and the consultation documents will be available on the Council and CCG websites for downloading.

2. Recommendations

2.1 To approve the draft PNA, prior to launching the mandatory 60-day consultation period.

2.2 To delegate final approval of the PNA to the Chair of the Health and Wellbeing Board, subject to any necessary changes being made in response to the consultation.

3. Background

3.1 The NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements of the PNA, as well the process for market entry of pharmacies into an area. The PNA, as part of this process, assesses the need for pharmaceutical services in Islington's population, identifying any gaps in service delivery and any areas for improvement. The PNA will be used by NHS England when determining whether to approve applications for pharmacies in the area to join the pharmaceutical list, and to inform NHS England's commissioned services.

3.2 Previously, PNAs were the responsibility of Primary Care Trusts (PCTs) to produce. The first PNAs were published in 2005, as the basis for deciding market entry of pharmacies to PCT areas. The publication of the White Paper *Pharmacy in England: Building on strengths – delivering the future* proposed a review of the requirements of PNAs in order to make the process more robust, and make PNAs more effective in assessing the need for services. The Health and Social Care Act (2012) transferred this responsibility to local authority Health and Wellbeing Boards (HWBs), and further widened the scope of the PNA.

4. Key Findings

4.1 The assessment has determined that Islington's population has sufficient provision of pharmaceutical services to meet the health needs of the population.

4.2 Islington has a similar rate of community pharmacies per 100,000 residents to the London average and there is at least one pharmacy in most wards of the borough, and a late opening pharmacy in three localities. Resident engagement undertaken as part of the previous PNA has showed that pharmacies are generally viewed positively, with pharmacists viewed as professional and knowledgeable, with regular pharmacy users in particular commenting that they highly value the support and personal service that they receive at local pharmacies. However, there is scope for more work to improve awareness of the services offered by pharmacies, as well as improving their accessibility for people with mobility needs. This was also reflected and in more recent local and national reports.

Data analysis indicates that the current demand for essential services is being met and there would be

capacity, on average, to meet any increased demand for prescriptions that might arise over the next few years as a result of inward migration and an increase in the prevalence of long term conditions.

4.3 Within the context of the PNA, areas where improvements can be made in order to maximise the potential of community pharmacies in helping Islington's population stay healthy, look after their health needs, and reduce demand on other parts of the health system were identified. These are:

4.4
- Improving population awareness of available pharmacy services
- Improving population awareness of longer opening hours
- Addressing the areas where pharmacies can increase the provision of key public health programmes, such as the Healthy Living Pharmacy

These recommendations should also be reviewed by the responsible commissioners (the CCG, NHS England, London Borough of Islington) in order to determine ways in which pharmacy services could be improved in general.

4.5

Implications

5.

5.1 **Financial Implications:**

There are no financial implications arising directly from this report. Any future action that the council decides to take in order to further the objectives set out in this report will need to be managed from within relevant existing budgets. Any details relating to such actions will be assessed for financial implications as and when they arise.

5.2 **Legal Implications:**

PNA is a statement of needs for pharmaceutical services which each Health and Wellbeing Board (HWBs) is required to publish by virtue of s.128A of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and this applies to any revised assessment.

The Health and Social Care Act 2012 transferred the responsibility for developing and updating PNAs to Health and Wellbeing Boards. Under the Act, the Department of Health has powers to make Regulations. Regulations 3-9 and Schedule 1 of the NHS (Pharmaceutical Services and Local Pharmaceutical Services) Regulations 2013 set out the requirements for PNAs.

5.3 **Environmental Implications**

There are no significant environmental impacts associated with the Pharmaceutical Needs Assessment. The report will be available online, with printed versions only on request, as required by the regulations.

5.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

As this is a needs assessment, equalities were included in assessing pharmacy services. Protected characteristics were also fully considered, as required by the Regulations (schedule 1, paragraph 6)

6. Conclusion and reasons for recommendations

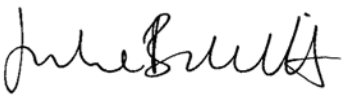
This report seeks HWB approval of the final draft PNA, ahead of public consultation. Following the end of the consultation period, the PNA steering group will review all comments received during the consultation period, and agree and make any necessary changes. In order to meet the statutory requirement to publish the final Islington PNA before 1 April 2018 and in light of the schedule of future Islington HWB meeting dates, the Board is also asked to delegate approval of the final PNA to the Chair of the HWB.

Appendices

- Draft PNA – *circulated separately*

Background papers:

- None

Signed by: 

8 September 2017

Director of Public Health — Date

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ISLINGTON

Housing & Adult Social Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Housing and Adult Social Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Better Care Fund Update

The Integration & Better Care Fund Narrative 2017/18 has been circulated separately to members of the Board

1. Synopsis

1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

1.2 The BCF represents a collaboration between NHS England, Department for Communities and Local Government, Department of Health and the Local Government Association (LGA). The four partners work closely together to help local areas plan and implement integrated health and social care services across England, in line with the vision outlined in the NHS Five Year Forward View.

1.3 The BCF encourages integration by requiring CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. In 2016/17, £5.9 billion was pooled in the BCF nationally. Locally, the Islington pool is £26.2m.

1.4 Islington submitted our local Better Care Fund plan for 2017/18 on 11 September 2017. The full plan is appended to this document and has been circulated separately. This report summarises the submission.

2. Recommendations

2.1 To note the submission of the local Better Care Fund plan for 2017/18.

3. Background

3.1 The Health and Wellbeing Board received a report on the achievements of 2016/17 for the Better Care Fund in April 2017. This report also asked the board to note the additional requirements for the 2017/18 submission. The 2017/18 submission has now been signed off and submitted. Due to the timelines, the submission was signed off by Richard Watts as Chair of the Health and Wellbeing Board.

3.2 The financial summary of the 2017/18 plan is

	Scheme	2016/17 Total (£k)	2017/18 Proposed Total (£k)	2018/19 Proposed Total (£k)
LA	**1. Protection of adult social services**	**7,802**	**7,861**	**7,861**
LA	**2. Reablement**	**1,200**	**1,200**	**1,200**
LA	**3. Carers**	**95**	**246**	**246**
LA	**4. Care Act**	**663**	**663**	**663**
LA	**5. DFG**	**1,318**	**1,452**	**1,584**
CCG	**6. IT**	**600**	**600**	**600**
CCG	**7. Out of Hospital Services**	**5,382**	**6,828**	**7,159**
LA	**8. Improved BCF**	**0**	**1,269**	**6,457**
LA	**9. Improved BCF**	**0**	**6,070**	**3,700**
	Total	**18,411**	**26,190**	**29,470**

Full detail is included in the appended document, circulated separately.

3.3 The governance arrangements for the Better Care Fund are as follows

- Leadership and direction for the overall move to greater Integration is provided by the Wellbeing Partnership Board, working across Islington and Haringey. The pre-existing Integrated Care Programme Board has been merged into this group. This group brings together local residents, clinicians, commissioners and providers.
- Within the more restricted definition of the pooled budget that is the Better Care Fund, this is overseen by the Pooled Budget Group between the Local Authority and the CCG. This group is a commissioner and finance focussed group.

Islington CCG has appointed a Programme Director for Integrated Care, within the existing Joint Commissioning Arrangements, to lead on the Better Care Fund.

3.4 Expected outcomes for the Better Care Fund for 2017/18 are detailed in the appendix, however, a high level summary is as follows:

BCF Metric	Islington 2017-2019	Islington 2018-2019
Non-Elective Admissions (NEAs)	2.2% Increase This due to expected demographic and non-demographic changes, and reduced activity in line with QIPP schemes	9% reduction
Delayed Transfers of Care (DTOC) - ALL	1.7% reduction This is the 2016/17 whole year actual compared with the 2017/18 whole year target.	TBC
Residential/ Nursing Care Home Admissions	5% reduction	0% reduction due to demographic pressures and D2A requirements
Reablement effectiveness – 91 days still home	0% change due to high performance	0% change due to high performance

3.5 The progress of the Better Care Fund has been managed through the Islington Integrated Care Programme. This programme is aligned to the wider Wellbeing Partnership across Haringey and Islington and the Sustainability and Transformation Plan. The Islington Integrated care programme board as over the past 3 years (of the 5 year national programme) has strengthened partnership working; identified opportunities for integrated care and has overseen whole systems integration initiatives particularly in the areas of care closer to home.

Key achievements in 2016/17 that were enabled by the Better Care Fund include:

- **Protection of Adult Social Care:**
  The Better Care Fund, alongside existing pooled budgets between health and social care, has supported investment into frontline services such as social care services that benefit health (core social care offer of assessment, care management and reablement); Carers funding (Carers funding, assessment and carers breaks) and disabled facilities grant (home adaptations for independent living). The fund has also been used to support demographic pressures and substantial growth in NHS funded Continuing Healthcare for people with Learning Disabilities and older people. This resourcing has enabled local people to live more independently, and return to the community in a timely way when accessing hospital services;

- **Universal coverage for people with complex needs through locality Integrated Health and Social Care Networks:**
  Islington CCG and Council alongside GP practices developed extended health and care teams to support networks of practices, to provide an integrated response to those patients most at risk of admission who would benefit from a more joined up response. This model is now available across the borough. This model of care includes regular meetings of health, care, housing and voluntary sector professionals to directly discuss patient care. These networks will be aligned into the wider GP locality working through the Care and Health Integration Networks.

- **Enabling IT solution:**
  Islington has progressed with BT the development of an Integrated Digital Care Record and a Person Held Record called CareMyWay (Personal and Professional). CareMyWay Professional provides a joined up health and care record and this is in pilot phase in the borough.

- **Workforce to join up health and social care:**
  The Islington Community Education Provider Network was established and developed an integrated care training programme to enable a skilled workforce that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts.

- **National status as an Integrated Personalised Commissioning site and Extension of Personal Health Budgets:**
  Islington in November 2016 was awarded national status as a leading site to bring together health and social care for complex individuals (adults and childrens) as a site for integrated personalised commissioning. This programme includes developing innovative approaches to deliver care planning and personal budgets as required. A key enabler of this work has been Islington's progression in personal health budgets which is now available to people with multiple sclerosis.

4. Implications

4.1 **Financial Implications:**
The Better Care Fund plan has been submitted for 2017-18 and there are no direct financial implications from this report.

Any financial implications arising should be considered and agreed as necessary by the Council and/or the Clinical Commissioning Group (CCG).

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or the Clinical Commissioning Group (CCG).

4.2 **Legal Implications:**
Section 121 of the Care Act makes provision for a fund for the integration of care and support with health services to be known as the "Better Care Fund". This provision is a mechanism which allows the sharing of NHS funding with local authorities to be made mandatory. Section 121(1) of the Care Act 2014 amends section 223 (B) of the National Health Service act 2006 (funding of the National Health Service Commissioning Board) to allow the Secretary of State ("SOS")to specify in the mandate to NHS England a sum which the Board must use for objectives relating to integration. The mandate is given to the Board by the SOS under section 13A of the National Health Service Act 2006.

Section 121(2) of the Care Act 2014 inserts a new section 223GA into the National Health Service Act 2006 which allows the Board to direct clinical commissioning groups (CCGs) to use a designated amount of their financial allocation for purposes relating to service integration. It also makes provision for how the designated amount is to be determined. Payment of the designated amount must be subject to a condition that the CCG pays the money into a pooled fund established under arrangements made with a local authority under section 75 of the National Health Service Act 2006. In exercising its powers in relation to the Better Care Fund, the Board must have regard to the need for provision of health services, health-related and social care services.

4.3 **Environmental Implications**
The Better Care Fund encourages agencies to work together, which potentially reduces duplication and therefore contributes to reducing their environmental impacts. Increasing use of digitised record systems also reduces the impact of resource use.

4.4 **Resident Impact Assessment:**
The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

An additional Resident Impact Assessment has not been completed because the workstreams within the Better Care Fund are covered within the Sustainability and Transformation Plan, where the impact was noted as positive.

5. Conclusion and reasons for recommendations

5.1 The Health and Wellbeing Board is asked to note the submission of the Better Care Fund plan for 2017/18.

Appendices

- Integration and Better Care Fund Narrative 2017/18 – *circulated separately*

Background papers:

- None

Signed by:

10 October 2017

Corporate Director for Housing and Adult Social Services Date:

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