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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 via Zoom on **4 November 2020 at 1.00 pm.**
The link to the Zoom meeting is below. If you prefer to join the meeting by phone please dial 020 3481 5237. Enter meeting ID 943 4991 0873 when prompted.

https://weareislington.zoom.us/j/94349910873

Enquiries to : Zoe Lewis
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Despatched : 27 October 2020

Membership

Councillors:
Councillor Richard Watts (Chair)
Councillor Kaya Comer-Schwartz
Councillor Nurullah Turan

Islington Clinical Commissioning Group:
Dr Jo Sauvage, NCL CCG, Governing Body Member for Islington
Sarah McDonnell-Davies, Executive Director of Borough Partnerships

Islington Healthwatch:
Emma Whitby, Chief Executive **(nv)**

NHS England:
Dr Helene Brown, Medical Director, NHS England **(nv)**
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust **(nv)**
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust **(nv)**

Officers:
Julie Billett, Director of Public Health
Carmel Littleton, Corporate Director – People
Katherine Willmette, Director of Adult Social Services

Voluntary Sector Representative:
Katy Porter, Chief Executive, Manor Gardens Welfare Trust **(nv)**

Islington GP Federation:
Michael Clowes, Chief Executive Officer **(nv)**

Quorum is 4 voting members including one CCG representative and one councillor. **(nv)** indicates non-voting members of the Board

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 meeting 1 - 6

B.	**Discussion/Strategy items**	**Page**
1.	Annual Public Health Report 2019-20 - Going further on Health Inequalities with Camden and Islington	7 - 14
2.	Islington Safeguarding Children Board Annual Report 2018/19	15 - 80
3.	Safeguarding Adults in Islington in 2019/20 - A Review of Key Achievements and Priorities Going Forward	81 - 132
4.	Islington Health and Social Care Section 75 Arrangements: Annual Report 2019/20	133 - 174
5.	COVID-19 Impacts in the Borough to date including Disproportionate Impacts	175 - 218
6.	Islington's Health and Care System Winter Plan and COVID-19 Preparedness 2020-21	219 - 240

C. Questions from Members of the Public

To receive any questions from members of the public.
(Note: Advance notice is required for public questions).

D. 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.

E. 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.

F. 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.

G. Confidential/Exempt Items for Information **Page**

The next meeting of the Health and Wellbeing Board will be on 10 March 2021

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

London Borough of Islington

Health and Wellbeing Board - Wednesday, 6 November 2019

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD - Islington Town Hall on Wednesday, 6 November 2019 at 1.00 pm.

Present: Cllr Richard Watts, Leader of the Council (Chair)
Cllr Janet Burgess, Executive Member for Health and Care
Cllr Kaya Comer-Schwartz, Executive Member for Children, Young People & Families
Dr Jo Sauvage, Chair, Islington CCG
Tony Hoolaghan, Chief Operating Officer, Islington CCG
Sorrel Brookes, Lay Vice-Chair, Islington CCG
Clare Henderson, Director of Commissioning and Integration, Islington CCG
Julie Billett, Director of Public Health
Katharine Willmette, Director of Adult Social Services
Emma Whitby, Chief Executive, Healthwatch Islington
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust
Katy Porter, Chief Executive, Manor Gardens Welfare Trust
Michael Clowes, Chief Executive Officer, Islington GP Federation

Also present: Jess Mcgregor, Service Director – Strategy & Commissioning
James Reilly, Chair, Islington Safeguarding Adults Board

Councillor Richard Watts in the Chair

21 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

Councillor Watts welcomed everyone to the meeting and introductions were given.

22 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Carmel Littleton, Jennie Williams, Angela McNab and Imogen Bloor.

Clare Henderson substituted for Jennie Williams.

23 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

24 ORDER OF BUSINESS (ITEM NO. A4)

The Chair indicated that Items B1 and B2 would be considered together.

25 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

RESOLVED:

That the minutes of the previous meeting held on 20 March 2019 be agreed as a correct record and the Chair be authorised to sign them.

26 DEVELOPMENT OF THE INTEGRATED CARE SYSTEM IN NORTH CENTRAL LONDON AND ISLINGTON (ITEM NO. B1)

Jess McGregor, Service Director – Strategy & Commissioning, Clare Henderson, Director of Commissioning and Integration at Islington CCG, and Julie Billett, Director of Public Health, introduced Items B1 and B2 on partnership working and integration of the local health and care system.

The following main points were noted in the discussion:

- Partnership working was crucial to improvement of local services. Services for those with learning disabilities were cited as a successful example of joint commissioning by the clinical commissioning group and the local authority, and joint delivery by the local authority and the local mental health trust. The procurement of supported accommodation was also cited as a good example of joint working which ensured that the needs of local people were met.
- It was commented that commissioning of Child and Adolescent Mental Health Services was another example of effective joint working between the local authority and clinical commission group. The use of pooled resources across the health and care system ensured that services were able to meet the needs of local people in an efficient and comprehensive way.
- Islington Public Health led on the commissioning of sexual health services across North Central London. The successful rollout of PrEP was an example of effective joint working across the partnership.
- Members of the Health and Wellbeing Board welcomed successful joint working initiatives and commented on areas that would benefit from further joint working across the local health and care system.
- In response to a question, it was advised that the Royal Free provided patient transport services on behalf of various local hospitals and Barnet CCG was the lead commissioner at NCL level. It was advised that any issues associated with the service should be communicated to the Provider Board.
- Following a question, it was advised that a carers' needs analysis would be carried out and this would help to inform the commissioning and delivery of future services. To date services for carers had primarily focused on meeting the needs of particular groups, including young carers, BME carers, and challenging the stigma faced by residents who care for people with substance misuse or mental health issues.
- There were many "hidden carers" and carers often only became known to local services when they reached a crisis point. It was commented that carers could be better supported if they were known to local services before they reached this point.
- It was reported that services for young carers were well received and the local authority was confident of their offer to young people with caring responsibilities; however young carers had reported to the local authority that they thought young carers were significantly under identified. It was suggested that further work with schools would help to identify young carers and ensure that they were able to access support services.
- The Board queried what actions were being taken to reduce delayed transfers of care. In response, it was advised that work was underway to improve performance in this area, including further collaboration with local hospitals, weekly multidisciplinary calls to resolve delays, the implementation of a Trusted Assessor role to support the timely discharge of patients into care homes, improving communication with care homes, and work to support the care home market across North Central London. It was commented that some families reject the onward care arrangements made for their relatives. The reasons for this were often complex and specific to the case and further work was needed to understand and resolve such issues.

- It was queried why Islington had a higher number of delayed transfers of care in comparison to other London boroughs. In response, it was suggested that the reasons were complex, and the relatively higher proportion of patients with mental health needs could be a contributing factor. It was also commented that the accuracy of the data would need to be reviewed before drawing conclusions on this issue. It was suggested that this issue could be reviewed at a future meeting.
- A member commented on the importance of gathering feedback on the patient experience, particularly over winter, as this would help to inform future improvements to care pathways.
- The Board reviewed the high level road map to the integration of services detailed in the meeting papers and agreed that it was a sound basis for the development of a borough-wide integrated health and care system.
- It was commented that the integration of health and care services would need to develop coherently alongside the local authority Localities Programme. It was noted that further discussions on this alignment would take place outside of the meeting.
- The Board agreed the recommendations in the reports.

RESOLVED:

(i) That the progress made since March 2019 towards the development of an Islington Borough Partnership be noted;
(ii) That the progress in 2018/19 between health and social care under Section 75 arrangements including key achievements be noted;
(iii) That the priorities for 2019/20 be noted, and the receipt of future annual reports on these arrangements be agreed;
(iv) That the Better Care Fund 2019/20 Islington plan be ratified.

27 SAFEGUARDING ADULTS IN ISLINGTON IN 2018/19 - A REVIEW OF KEY ACHIEVEMENTS AND PRIORITIES GOING FORWARD (ITEM NO. B3)

James Reilly, Independent Chair of the Islington Safeguarding Adults Board, presented the report to the Health and Wellbeing Board.

The following main points were noted in the discussion:

- The Safeguarding Adults Board was grateful for the work of the local authority on raising the awareness of Lasting Powers of Attorney. The power of attorney was an important preventative protection against financial and other types of abuse.
- The Safeguarding Adults Board welcomed local initiatives to reduce the risks to roughsleepers.
- There had been a 15% increase in the number of safeguarding concerns in comparison to the previous year. This was thought to represent an increase in awareness of safeguarding issues, rather than a significant increase in the levels of abuse. It was thought that staff across the public sector were developing a more sophisticated understanding of adult safeguarding issues and increased reporting was enabling local services to address these issues.
- It was noted that the number of safeguarding enquiries had decreased over the past year; only around 1 in 10 concerns raised were deemed to require a formal enquiry.

- It was advised that the Safeguarding Adults Board robustly challenged thresholds for intervention; this was essential to be assured that thresholds were being applied correctly.
- New national guidance had been published which concurred with practice models already operating in Islington.
- A serious adults review had been held. This highlighted a number of issues related to partnership working between local authorities and information sharing between services. An action plan was being developed to ensure that local services learn from the review.
- It was advised that national changes to the Deprivation of Liberty Safeguards regime in 2020 would present challenges, however Islington was one of the few local authorities with no backlog on Deprivation of Liberty Safeguards applications and therefore was well-placed to implement the new processes.
- It was commented that there had been several leadership changes among Safeguarding Board partners which presented challenges to the Board.
- A member queried what local agencies could or should be doing better to improve services for vulnerable adults. In response, it was advised that care home provision in the borough was challenging, however it was understood that work was underway to address this. It was also acknowledged that there were risks associated with the funding of social care services, however this was a national issue which would require a political solution.
- It was suggested that the Safeguarding Adults Board would benefit from a more analytical evaluation of data.
- Members highlighted the importance of all local partners attending the Safeguarding Adults Board.

The Health and Wellbeing Board thanked Mr Reilly and the members of the Safeguarding Adults Board for their work.

RESOLVED:

(i) That the Annual Safeguarding Adults Review be received;
(ii) To commend adult social services staff for their commitment to preventing abuse where possible and responding to concerns of abuse or neglect of vulnerable Islington residents.

28 HEALTHWATCH ISLINGTON WORK PLAN 2019/20 (ITEM NO. B4)

Emma Whitby, Chief Executive of Healthwatch Islington, introduced the report.

The following main points were noted in the discussion:

- Healthwatch had worked with young adults at City and Islington College to examine what a welcoming health space looked like for young people. This would inform commissioners and providers when planning new developments. It was also advised that Healthwatch had engaged with the local authority on the outcomes of the Fair Futures Commission.
- GP access was a priority for local people. Healthwatch would continue to work with health colleagues to ensure that there was adequate access to GP surgeries.
- Healthwatch had held focus groups to ascertain if local people were aware of social prescribing. In summary, these had found that there was limited awareness of “social prescribing” as a term, but local people understood the principles of social prescribing and some had experience of such interventions.

- Healthwatch was working with voluntary sector organisations to gather information to inform the Joint Strategic Needs Assessment.
- Healthwatch was contributing to digital inclusion work to increase access to the internet among local people. This would help residents to access health and care services online.

RESOLVED:

That the report and Work Plan be received.

MEETING CLOSED AT 2.05 pm

Chair

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ISLINGTON

Public Health
4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Health and Wellbeing Board	**Date: 24/09/2020**	**Ward(s): ALL**

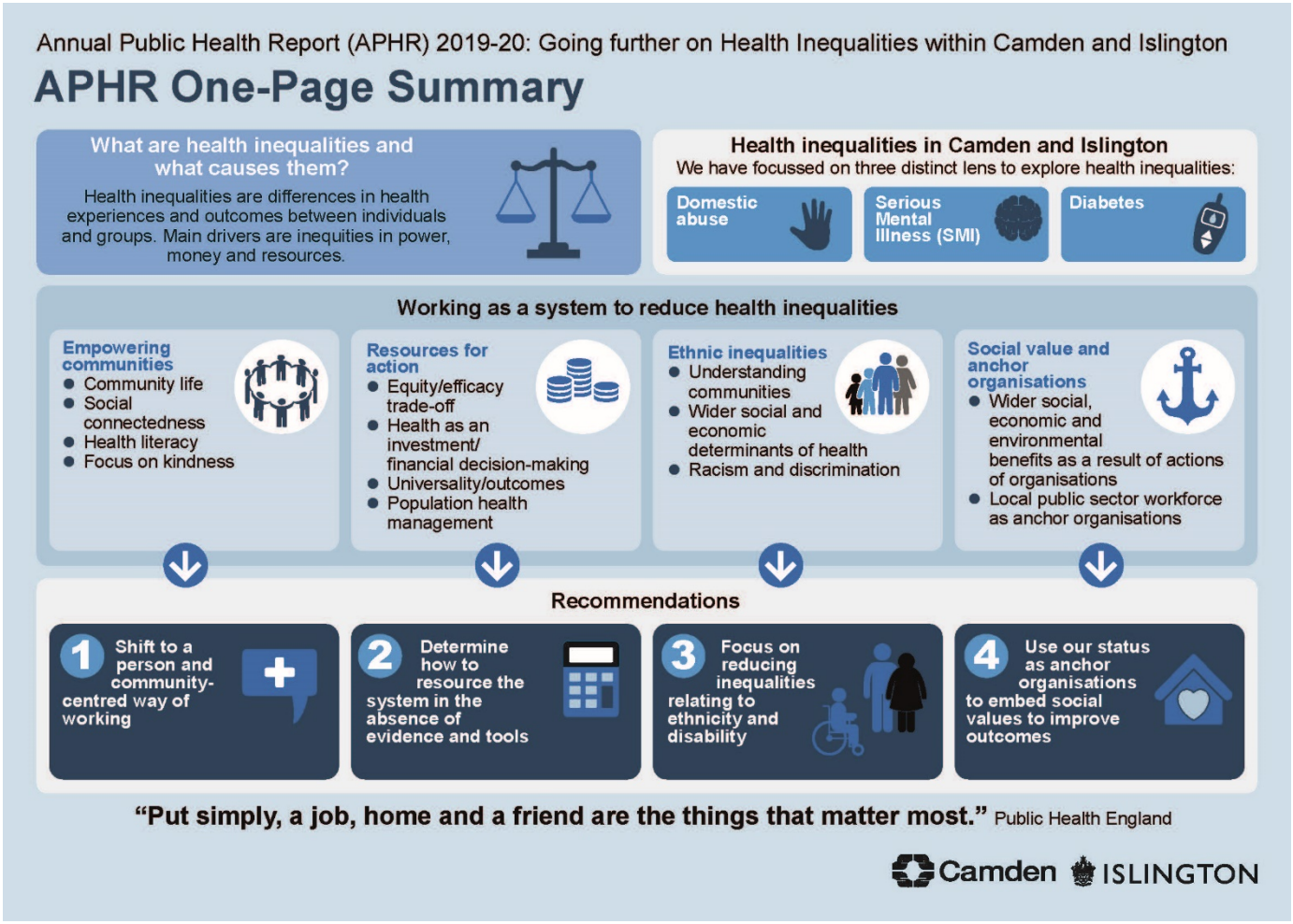
Delete as appropriate		Non-exempt

SUBJECT: Annual Public Health Report 2019-20 Going further on Health Inequalities within Camden and Islington

1. Synopsis

1.1 Directors of Public Health in England have a statutory duty to write an Annual Public Health Report (APHR) to consider the state of health within their communities and provide evidence-based recommendations for improving health and wellbeing. The content and the structure of the report is decided locally. In 2013-14, Camden and Islington's APHR focused on tackling health inequalities. In this year's APHR, we revisit this focus on health inequalities in the two boroughs to understand what progress has been made, to consider what else we need to do and how we might need to work differently in future to reduce health inequalities. This APHR was published in February 2020, and was due to come to the March meeting of the Health and Wellbeing Board, which was postponed due to the COVID-19 pandemic.

1.2 While the APHR has traditionally been in the format of a published paper-based report, this year the APHR adopts a new, more interactive online format. **Below is a brief summary of the report, however to access the full online content, please visit the link here (full online address: https://sway.office.com/ekoBb0CN5VesgU38).**



2. Recommendations

2.1 **NOTE** the content of the report.

2.2 **CONSIDER** and **DISCUSS** the report's major themes and recommendations, and the role of the Board in helping take forward the work on improving outcomes related to health inequalities in Islington.

3. Background and Summary

3.1 Camden and Islington have some of the starkest inequalities in health in the country. Health inequalities are deeply entrenched within different communities and notoriously difficult to reduce. Nationally and locally, the COVID-19 pandemic has both highlighted and exacerbated these long standing structural inequalities, and has disproportionately impacted on certain population groups, in particular older people, people from Black, Asian and minority ethnic (BAME) backgrounds and more deprived populations[1]. Despite a long-standing focus on health inequalities in both boroughs over many years, and a more focussed effort, in response to COVID-19, to protect these population groups, and prevent and mitigate any further

[1] Public Health England (PHE). Disparities in the risk and outcomes from COVID-19 [Online]. June 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

disproportionate impacts, there has been relatively little progress in reducing the stark differences in health experience and outcomes that exist within our communities.

3.2 Whilst recognising the structural and complex causes of health inequality, and that change requires a commitment to concerted long-term action, this report also calls for a shift in approach and a shift of gear if we are really to effect change, which, in light of the COVID-19 pandemic, is more pertinent now than ever. An approach that empowers individuals and communities to improve their health and wellbeing is crucial, as is a different whole system approach across the public sector system, working with partners and communities. Borough health and wellbeing partnerships in both Camden and Islington, as well as the developing integrated care system across North Central London, present an opportunity for us to work differently and capitalise on the acceleration in partnership working that has occurred as a result of COVID-19, to really reduce health inequalities and support all our residents to live fulfilling lives.

3.3 Within this report we have explored health inequalities through three different lenses (community empowerment, resource allocation decisions, a targeted approach to ethnic inequalities, and anchor institutions and social value) that impact different people and different parts of the public sector system, as well as looking at the essential components and levers that are important if we are to reduce health inequalities (community empowerment, resourcing, ethnicity, and anchor organisations and social value). There is no single action to reduce health inequalities. Many of the factors that influence health and wellbeing, for example kindness in communities, are influenced by many other things than local public sector policy and action. However, what is clear is that, as public sector bodies and as major employers, we can all make a difference.

3.4 While austerity has led to dramatic reductions in local government funding, and the local NHS is under significant financial pressure, in each borough the council, the NHS and the wider public sector is still a significant economic force. There are no easy answers on how to distribute resourcing across an organisation or system to reduce health inequalities. There is also a lack of evidence-based tools to help prioritise and assess the impact of actions. However, with the move towards population health and integrated care we need to be proactively exploring whether we can do things differently within current levels of resource – this includes looking at how we use and deploy our workforce differently, as well as our money.

- The developing local borough partnerships in each borough, and the emerging integrated care system, provides an opportunity for a discussion with our communities about how we should allocate resources to tackle health inequalities in order to prioritise investment based on community priorities. This would include for example, a deliberative discussion on the trade-off between equity and efficiency, as well as investing for future health versus short term gains in efficiency.

- Within existing services, there needs to be specific consideration of whether resources are being appropriately distributed based on differing levels of need or use of services based on local demographic or socio-economic factors and/or if further weighting is needed to tackle inequalities. Examples of this could include explicitly incentivising for the delivery of services to particular ethnic groups and/or for those with severe mental health illness so that outcomes can be 'levelled up'. With the emergence of primary care networks (PCNs), and neighbourhood and locality working in our respective boroughs, there may be new opportunities to proactively address this.

- For some of our most vulnerable residents and families, such as victims of domestic abuse, we should consider as a system whether we are investing sufficient resources, given the long lasting and significant impacts on both resident outcomes, as well as the impacts on the public purse, and we should also consider the balance in our investment between "response" versus "prevention or early intervention". In the case of domestic abuse, preventing a child from experiencing violence, and the negative impact on their health and wellbeing, could result in long term savings for the public sector. There is a role for all agencies to tackle these kinds of complex social issues through a public health approach.

- In recognition that community empowerment is vital for reducing health inequalities (and particularly ethnic inequalities) there should be consideration of how as public sector organisations, we are proactively supporting the community, through the voluntary and community sector and faith-based groups, for example, to ensure that the needs of communities are heard and acted upon.

3.5 Some of the largest opportunities to make a difference quickly, as we have more direct control and levers over the policies and outcomes, is in our roles as anchor institutions and through the delivery of social value. Across organisations there are opportunities to share learning and potentially the delivery of some initiatives, particularly for more vulnerable groups.

3.6 A sizeable proportion of both NHS and local government staff on lower wages live locally.

- Directly supporting their health and wellbeing in the workplace, for example, promoting healthy eating, active travel, stopping smoking, and positive mental health which are designed to be accessible and promoted to those on lower wages, will have a direct impact on health and wellbeing outcomes, including conditions like diabetes.

- We also need to ensure that there is support for staff in relation to the wider determinants of health, such as support for staff who may be experiencing issues such as domestic abuse and debt.

- Wider workforce initiatives (e.g. unconscious bias training to tackle racial discrimination) that seek to address the equality gaps that persist for those from BAME groups, women, and people with disabilities, will also make a difference. Ensuring our workforce, particularly senior managers, are more representative of local communities is important.

3.7 As major employers, and through our supply chains, we have the opportunity to proactively support people getting into work.

- As a system and building upon existing programmes, we have an opportunity to support those with severe mental health illness to gain meaningful employment – a key driver of inequalities for this group.

- On average, people living with a disability in Camden and Islington report that their lives are less meaningful. Providing more opportunities for people with disabilities (as well as supporting our existing workforce with disabilities) to get a job within local public sector organisations or participate in volunteering is important for wellbeing.
- Apprenticeships provide an opportunity to get local people into employment, including those living with disability but also those from different local communities. Both

councils have well developed apprenticeship schemes and all organisations have a financial incentive to utilise their apprenticeship levy.

3.8 Through delivery of our own services as well as commissioning and procurement there are opportunities to ensure that we are enabling community empowerment, resourcing to support a reduction in health inequalities and reducing ethnic inequalities including tackling racial discrimination.

- We can ensure that robust equalities impact assessments are being undertaken that highlight where there are inequalities that need to be addressed, and that subsequent monitoring is undertaken to assess the impact of measures or mitigations taken to tackle these inequalities.

- Our measures to secure and maximise social value should also seek to reduce health inequalities between different groups. There also needs to be value placed on empowering our local communities to improve their health and wellbeing, including through the commissioning of voluntary and community sector organisations who have a unique role in supporting local communities.

- As an example of how we can better embed kindness in public sector policy to improve wellbeing, emerging work from Scotland is looking at how kindness could be delivered through contracting and procurement. It focuses on the importance of building relationships with communities (again, a key role of the voluntary and community sector) rather than the traditional, rational side of service delivery.

3.9 The recommendations from this APHR include:

3.9.1 We need a systematic shift to more person and community centred ways of working across the public sector system to improve health and wellbeing. To do this, we need to:

- Consider how community-centred approaches that build on individual and community assets can become an essential part of mainstream strategies and local plans to improve health and wellbeing.

- Work with a wide range of statutory and community partners to develop an asset-based community development approach, which involves mapping local community assets as well as needs as part of the joint strategic needs assessment (JSNA) process.

- Value, harness and support the role of people and communities in their health and wellbeing, including through co-production, volunteering and social movements for health.

- Ensure that accessible, inclusive and meaningful resident and service user engagement and involvement is embedded at all levels across the system.

- Enable health and care professionals and the wider workforce to understand and work in person- and community-centred ways, including a focus on kindness.

3.9.2 We need to determine how we invest and use resources to reduce health inequalities across the system. To do this, we need to:

- Agree how resources are coordinated and used in a systematic way to address strategic goals for reducing health inequalities.

- Think differently about resource decisions which are designed to prevent problems and promote good health and wellbeing, compared with decisions which are primarily about efficiencies in how services are delivered and the delivery of shorter term savings.

- As we increasingly shift to a system focused on outcomes, we need to ensure those people or communities experiencing inequalities are not left further behind by focusing on 'population averages'. Outcomes need to be 'levelled up' across the population.

3.9.3 We need a continued and concerted focus on ethnic inequalities, and given the findings from our kindness survey, on improving experience and outcomes for people living with a disability. To do this, we need to:

- Improve data recording, collection, analysis and reporting across the whole health and care system for ethnicity and disability.

- Meaningful use of detailed Equality Impact Assessments (EIA) that are well thought through, robust, and collaborative before service and system level changes are made.

- Increase health literacy of key community and faith leaders in order to promote health and wellbeing including signposting to key services within the system.

- Engage and involve BAME communities in the planning, development and implementation of interventions and services.

- Education and training for the workforce on diversity, cultural competency, unconscious bias and conscious inclusion.

3.9.4 We need to capitalise on the opportunities we have as anchor organisations and embed social value across the system to achieve our goals for prevention, early intervention and resilience. To do this, we need to:

- Use our social value leavers to address factors that contribute to health inequalities and reach those communities and groups experiencing significant inequalities.

- Capitalise on public sector organisations as employers, to improve health and wellbeing, with a focus on lower paid staff, many of whom live locally.

- Scale and sustain action across 'anchor organisations' locally to deliver change over the medium and longer-term.

The recommendations included in this APHR should be considered in combination with those outlined in a recently published report from Public Health England, which aimed to understand

the extent that ethnicity impacts upon COVID-19 risk and outcomes[2]. Recommendations in the PHE report largely align with, and bolster, those outlined in this APHR, signalling where commitment, focus, and delivery at scale could make a significant difference in improving the lives and experiences of BAME communities.

4. Implications

4.1 Financial Implications:

There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 Legal Implications:

The Health and Social Care Act 2012 (2012 Act) confers duties on Local authorities to improve public health. Local authorities s have a duty to take steps as they consider appropriate for improving the health of people in their area.

The 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the Local Authority and the Local Authority is required to publish this report.
5.4.2 Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, Local Authorities are required to take particular steps in exercising public heath functions, and the regulations cover commissioning of services.

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

Some of the recommendations made by the report will have an environmental impact as services change. In some cases – particularly those involving integrating existing systems – these impacts are likely to be positive.

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 because this report discusses impact on residents' health and includes input and feedback from local residents throughout.

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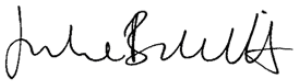
[2] Public Health England (PHE). Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities [Online]. June 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

5. Conclusion and reasons for recommendations

5.1 Based on the report's major themes and recommendations, significant work remains to effectively tackle health inequalities across the borough, particularly in light of the COVID-19 pandemic. By working differently together with our local communities, drawing on support from the Board and the system, there is the opportunity to reduce health inequalities and support all our residents to live fulfilling lives.

Signed by:



Director of Public Health Date: 24/09/2020

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ISLINGTON

People Directorate 222 Upper Street, London N1 1XR

Report of: Corporate Director of Children, Employment and Skills

Health and Wellbeing Board	**Date: 4 November 2020**	**Ward(s): All**

Delete as appropriate:		Non-exempt

SUBJECT: Islington Safeguarding Children Board Annual Report 2018/19

1. Synopsis

1.1 The attached report shows that safeguarding activity is progressing well locally and that the Islington Safeguarding Children Board (ISCB) will continue with its strategic priorities for the coming year (p.15)

1.2 The ISCB has worked well in fulfilling its statutory functions under *Working Together to Safeguard Children 2015* statutory guidance. Statutory and non-statutory members are consistently participating towards the same goals in partnership and within their individual agencies.

1.3 This report covers an 18-month period from 1st April 2018 to 31st August 2019. This covers the period under old legislative requirements contained in Working Together 2015. This has since been superseded by Working Together 2018. New multi-agency safeguarding arrangements were introduced in Islington on 1st September 2019.

2. Recommendations

2.1 That the Islington Safeguarding Children Board Annual Report 2018/19 and the Key Messages (pp. 57-59) be noted:

- 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 safe-guarding children and young people and that greater evaluation is undertaken in regard to the links between parents and carers' sub-stance 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 monitoring 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 safe-guarding services

3. Background

3.1 The Independent Chair of the ISCB has a statutory obligation to prepare an annual report on the work of the ISCB and the safety of children in the Local Authority.

3.2 The Board has done well to monitor and evaluate the effectiveness of safeguarding within Islington. The ISCB was subject to an Ofsted Joint Targeted Area Inspection in December 2018, looking specifically at the multi-agency response to sexual abuse in the family in Islington. The final report concluded that '*partners have good engagement with the board. Their consistent attendance and ownership of the work of the board's subgroups demonstrate a shared responsibility to improving outcomes for children and help agencies to hold each other to account. ISCB partners have created a learning environment with constructive challenge that drives continuous improvements in operational practice. An example of this is the effective monitoring of partners' engagement in child protection processes. This has improved information-sharing by strengthening levels of reporting and attendance at child protection case conferences.*

4. Implications

4.1 Financial implications:

There are no direct financial implications arising from the report.

4.2 Legal Implications:

The Local Safeguarding Children Board must prepare and publish an annual report about safeguarding and promoting the welfare of children in Islington (section 14A Children Act 2004).

The objective of the LSCB is to co-ordinate what is done by public bodies offering safeguarding services to children who are being provided with care by others (section 14 (1) Children Act 2004; regulation 5 The Local Safeguarding Children Boards Regulations 2006/90).

The report should provide an assessment of the performance of local services, identify areas of weakness, set out proposals for action and include lessons from reviews (*Working Together to Safeguard Children 2015*).

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There are no direct environmental implications arising from the report. The board itself has some minor environmental impacts from its building use and member travel.

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 RIA has not been completed because an assessment is not necessary in this instance. The Committee is asked to receive the report, note the ISCB priorities and utilise the priorities to inform its future work. No negative equalities implications for any protected characteristic, nor any human rights issues, are envisaged as a result of these recommendations. The report proposes actions which are intended to strengthen the Council's safeguarding measures. Should the Scrutiny Committee decide to take any other specific actions in response to the report, separate consideration of the impacts of these actions may be required.

5. Reason for recommendations

5.1 The LSCB Annual Report 2018/19 is for information and consideration by the Committee

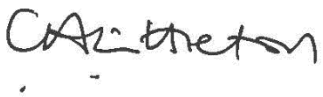
Appendices

- Appendix 1: ISCB Annual Report 2018/19

Background papers: None

Final report clearance:

Signed by:



Carmel Littleton, Corporate Director of Children, Employment and Skills — Date: 11 June 2020

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ISCB Annual Report

1st April 2018 – 31 August 2019

Independent Chair
Alan Caton OBE

Letter from the chair

I am pleased to present the Islington Safeguarding Children Board (ISCB) Annual Report covering the period 1st April 2018 to 31 August 2019.

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 period covered in this report was again challenging for all of the partner agencies who continue to work in an environment characterised by fewer resources and increased demand.

This has ultimately led to a reduction in capacity and resources in key safeguarding areas such as sexual health, mental health, school nursing services and specialist police child protection officers. This can lead to children experiencing delays in accessing services and support. The Board continues to monitor the impact of this reduced capacity and is scrutinising the agencies responses and planning to respond to increased demand.

Having said that, this report provides evidence of the commitment and determination amongst agencies and professionals to keep all of Islington's children safe.

It was during this period that Islington's safeguarding arrangements were subject to external scrutiny by Ofsted when they and their partner inspectorates conducted a joint targeted area inspection (JTAI) of the multi-agency response to sexual abuse in the family in Islington. The inspectors' findings highlighted that;

'….partners have good engagement with the Board. Their consistent attendance and ownership of the work of the Board's sub groups demonstrates a shared responsibility to improving outcomes for children and help agencies to hold each other to account'.

'ISCB Partners have created a learning environment with constructive challenge that drives continuous improvement in operational practice'.

July 2018 saw the publication of *Working Together 2018* in response to the *Children and Social Work Act 2017*. This act introduces significant changes to safeguarding arrangements. The Board and its partners have worked well together to develop new multi-agency safeguarding arrangements which will replace the Local Safeguarding Children Board on 1 September 2019.

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.

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.

I commend this report to you and invite you to feedback your thoughts on how we can continue to develop and improve in order to keep all of Islington's children safe.

Alan Caton OBE
Independent Chair
Islington Safeguarding Children Board

Introduction

PURPOSE OF THIS REPORT

Legislation [1] 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[2] 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 2017/18*[3] and covers the period from 1st April 2018 to 31 August 2019.

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 will be published as an electronic document on The Board's website.

[1] Children Act 2004

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

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

DEMOGRAPHICS

London Borough of Islington has a population of about 241 600 which is estimated to increase by 10% in 2039. Islington is the second smallest authority in London (after the City of London), but has the highest population density.

The population profile is on average younger than those for London are and England, with 45% being young adults aged between 20 and 39 years. There are approximately 47,900 children and young people aged 0-19 living in Islington, and around 77,000 0-25 year olds. The proportion of children from a BME background is relatively high at 66% and a significant proportion of children live in households where English is not the first language

In the 2019 Index of Multiple Deprivation (IMD), Islington was found to be the 53rd most deprived local authority in the country and 6th most deprived in London. It is the tenth most deprived based on IDACI (Income Deprivation Affecting Children Index), an improvement from being the third most deprived in the 2015 release, with 27.5% of children living in income-deprived households. 20% of Islington 0-18 year olds live in households where a parent or guardian claimed an out-of-work benefit, based on the latest data for 2017.

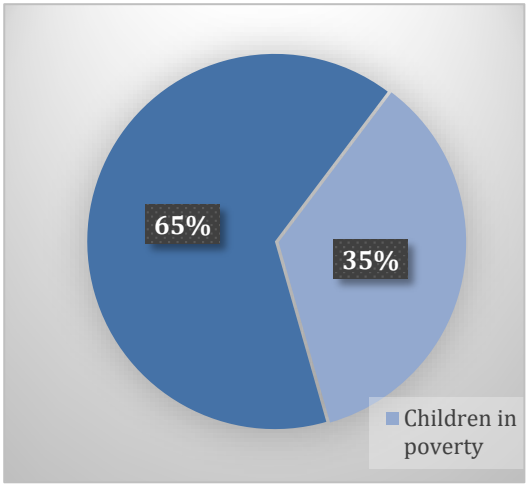


Figure 1 - Islington Children in Poverty

Of 123 Lower Super Output Areas (LSOA) in Islington, none is within the least deprived (IDACI) quintile nationally, and six are within the second least deprived quintile. At the other end of the scale, 69 Islington LSOAs are within the most deprived (IDACI) quintile nationally, and 33 in the second most deprived quintile.

Most housing is in flats with no outdoor space - only 13% of the borough's land is green space, the second lowest proportion of any local authority in the country. Overcrowding levels are similar to the London average at 11% of households.

Educational attainment has improved in Islington. The most recent Ofsted Official Statistics show that 91.0% of Islington's schools are 'good' or 'outstanding' as

judged by Ofsted, which is above the national average of 86.0% (as at September 2019). The number of young people who are not in education, employment or training (NEET) was 1.8% in 2018/19 (compared to 2.6% across the country), although the proportion whose status was unknown was higher than the national average. Overall, the borough has a high proportion of residents with low or no qualifications (25%) and a very high proportion of highly qualified individuals (48% have university degrees), who will generally be working in professions.

CHAIRING AND LEADERSHIP

Alan Caton OBE independently chairs the ISCB, and he has 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[4], Director for Safeguarding and Family Support and the Director.

AGENCY REPRESENTATION AND ATTENDANCE OF THE BOARD

Islington agencies are well represented with a range of suitably senior officers attending the ISCB on a regular basis. Where necessary, representatives send delegates if they are unable to attend.

BOARD STRUCTURE

The structure chart (Figure 1) on page 14 shows how the functions of the LSCB are organised. Most of the Board's functions are discharged through one of The Board's six sub-groups that report to the ISCB chair at the *executive meeting* whereas strategic oversight sits with the main board who is accountable for the Board's statutory functions.

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

The ISCB business unit supports the Independent Chair, Board, and sub-groups.

ISCB Executive Meeting, *Chair: Alan Caton, Independent Chair of ISCB*

Key responsibilities of the sub-group are to

- Develop, implement, and monitor the Islington Business Plan.

[4] 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

- 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

Training and Professional Development sub-group, *Chair: Stella Balsamo, Named Nurse, Whittington Health*

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

Quality Assurance sub-group, *Chair, Laura Eden (recently, Deborah Idris), Head of safeguarding & Quality Assurance.*

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 (ad-hoc)

This sub-group is convened on a Task-and finish basis only

- Continually review and monitor ISCB's policies, practice, 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 web site and Newsletter.
- Going forward into the new financial year, this will sub-group will function as a task-and finish group.

Missing, Child / Adolescent Exploitation sub-group, Chair: Detective Superintendent Treena Fleming / T/Detective Superintendent Jane Topping, MPS, North Central BCU

Key responsibilities of the sub-group are to:

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

Case Review sub-group, Chair: Laura Eden / Deborah Idris, Head of safeguarding & Quality Assurance.

Key responsibilities of the sub-group are to:

- 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.

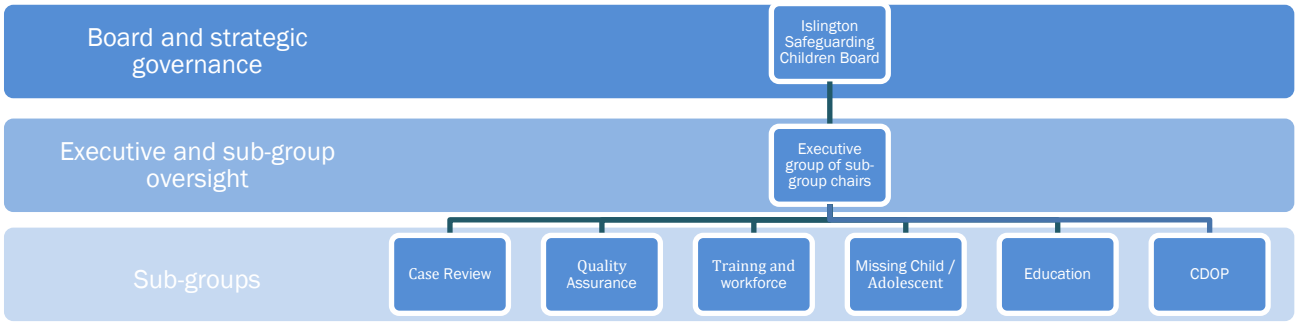
Education Sub-group, Chair: Nicola Percy, Head of New North Academy, Recently Anthony Doudle, Head of Primary School Improvement

- To provide opportunities for the ISCB to hear and learn from Education providers in order to strengthen multi-agency working.
- To draw on the experiences of a core group of professionals engaged in the safeguarding and promotion of well-being of children and families to inform policies, procedures, and practices of the ISCB.
- To support the dissemination of recommended best safeguarding practice in education across Islington schools and settings.
- To collaborate with the ISCB to further strengthen agencies collective efforts to safeguard children.

Child Death Overview Panel, Chair: Jason Strelitz, Assistant Director, Public Health / Dr Leonora Weil, Acting Assistant Director, Public Health.

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 per-sons to an 'unexpected' child death.
- Alert The Board about professional practice concerns that may require a review



Key ISCB activities

In previous reports, The Board set out the rationale for choosing our current priorities, and this is the fourth update on our work plan. The Board and sub-groups' key-activities are captured in the ISCB 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 because of domestic violence, parental mental ill health, and substance abuse.
- Identification of children who are vulnerable to sexual exploitation, criminal exploitation, and gangs.

KEY ACTIVITIES OF THE MAIN BOARD

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

Private Fostering arrangements

The Local Authority's annual report to the Islington Safeguarding Children Board (ISCB) is a requirement under *The Children (Private Fostering Arrangements for Fostering) Regulations 2005*.

Current Private Fostering Situation

There were **ten** notifications in the year 2018-2019. This is slightly higher than the previous year where nine notifications were received. The total number of private fostering arrangements is 12, involving 16 children.

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

Standard 2 – Notification

Standard 3 – Safeguarding and Promoting Welfare

Standards 4-6 – Advice and Support

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

The report showed that the Local Authority complied with the above standards. Statutory visits were carried out as required although a small number of visits were delayed on reasonable grounds e.g. the child not available because of holiday with their parents, college commitments etc. All visits were, however, carried out despite being delayed.

Similar to last year's arrangements, most of

the children are female (75%). They come from a diverse range of ethnic backgrounds incl. Caribbean, African, Bangladeshi, Cambodian, Korean, Portuguese, and British.

Six notifications came from social workers within the Safeguarding and Family Support Service in relation to (or related to) children already open to the service. Family members were the next most common referrer along with colleges/homestay notification. The remaining referrals came from other local authorities, a school and border police

Recommendations from 2017/18

Recommendation 1: *Continued quality assurance of privately fostered children by Safeguarding and Quality Assurance Service and the Performance team, so there continues to be regular visiting to these children and thorough assessments to ensure they are safeguarded and their wellbeing promoted.*

This has continued. The senior management team have agreed that this quality assurance and advice function will transfer to the *Permanence Team* later this year.

Recommendation 2: All ISCB training to consider Private Fostering and ensure any updates in legislation and procedures are incorporated, as a compulsory element to the training, ensuring new staff is provided with this training and current staff receive refresher training.

This continues to be the case; private fostering remains an integral part of all safeguarding training.

Recommendation 3: Team managers and Deputy Managers across the service to review and monitor initial and on-going visits to ensure that social workers are completing these within timescale and each visit meets the statutory requirement.

This is taking place as evidenced in supervision records and management direction on case files. There remain a challenge in avoiding delays, many of which are due to families not being able to prioritise visits. More work will need to be done to examine the reasons for delays in the year 2019/20.

Recommendation 4: Social workers to continue to provide privately fostered children and young people with information about their right to have an advocate, seeking their views about this and informing the designated private fostering lead if any child would like to be provided with an advocate so this service can be put in place.

This continues to be the case.

Recommendation 5: Consideration to what action can be taken by the CCG and Whittington health to assure themselves that their staff is aware of their duties in relation to Private Fostering.

Private fostering is part of all safeguarding training within the trust.

Recommendations

1. Quality assurance and monitoring of privately fostered children to be transferred to the Permanence Service in partnership with the Data and Performance Team. Emphasis on future quality assurance will be around late visits.
2. ISCB will continue to include Private Fostering as a compulsory element to safeguarding training.
3. Team managers and Deputy Managers across the service to review and monitor initial and on-going visits. An audit of late visits should be carried out to understand the challenges better.

Safer Workforce

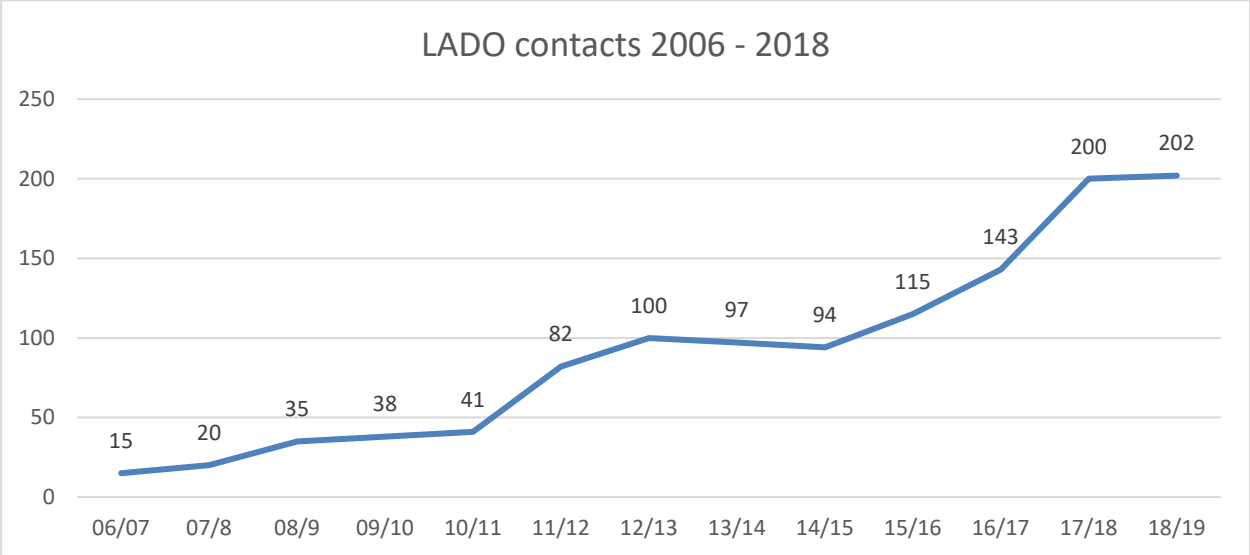
Children and young people are occasionally harmed by professional who are responsible to promote their welfare and safeguard them. This is never acceptable and the Board wants to be sure that those who work with children are carefully selected and that concerns or allegations are thoroughly investigated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

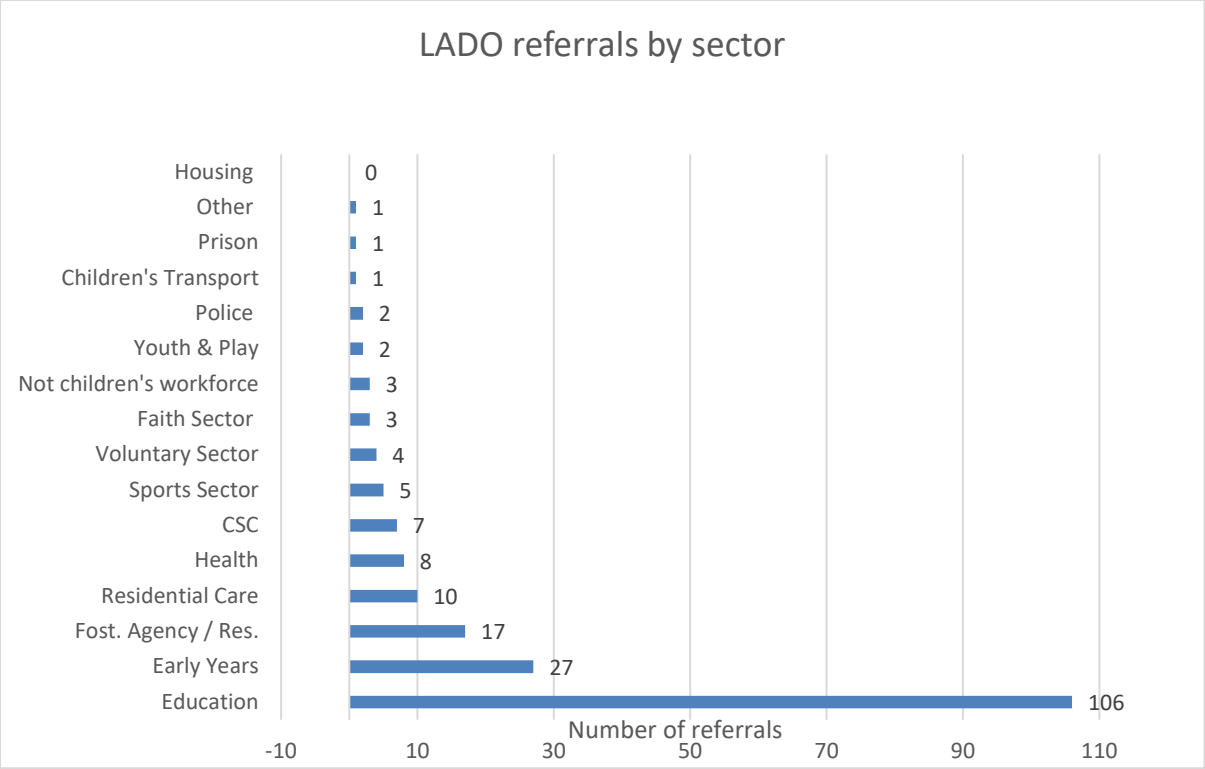
LADO report

The ISCB received the 2018/19 LADO Annual Report for scrutiny.

Sources and nature of referrals

As in previous years, a variety of agencies between them made 202 referrals, which is only 2 more than the previous year. This





plateau halts an almost unbroken increasing trend since 2006.

The vast majority of allegations relate to teaching staff, which is proportionate in view of the fact they are the major employer of the children's workforce, having the most contact with children than any other agency. The Principal Officer Safeguarding in Education remains crucial in supporting head teachers and designated safeguarding leads.

The next most likely referral-setting is Early Years and referrals were very well supported by Safeguarding Leads in Early Years.

The wide variety of referral sources suggest that managing allegations procedures are well known across the professional network.

LADO Referrals Nature of concerns	N	%
	Previous year in brackets	
Physical	82 (73)	41% (36%)
Private-life matters	36 (50)	18% (25%)
Complaints / Care standards	42 (34)	21% (17%)
Sexual	14 (24)	7% (12%)
Emotional	12 (15)	6% (7%)
Neglect	16 (4)	8% (2%)

Nature of referrals

The table above sets out the nature of referrals that were made to the LADO.

The majority of contacts were concerns about *physical abuse*.

Complaints about *care standards* follow which is a rise from last year, for the first time overtaking *private life matters*; these did not meet the LADO threshold since there was no allegation that a child was harmed. Agencies were advices to follow their disciplinary or complaints procedures.

The third highest number of contacts related to *private life matters*; such contacts only progress to an ASV meeting if there is a police investigation or if a member of staff's own children become subject to child protection procedures.

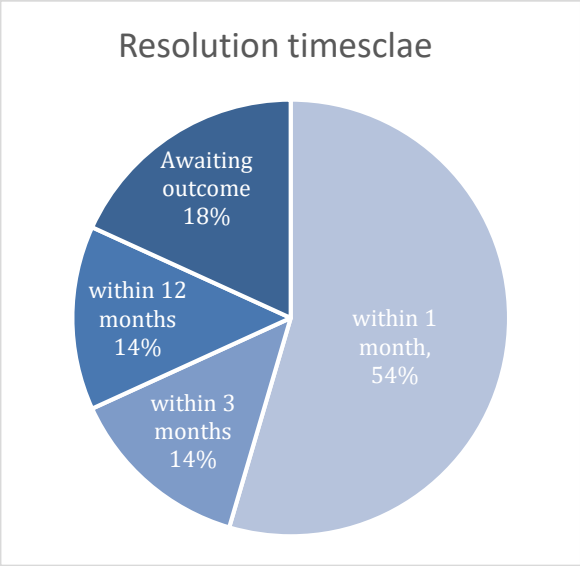
This year, 90% of referrals were made within one working day. This demonstrates good knowledge by agencies of their responsibilities to report swiftly. Where referrals were not made within one working day, this was taken up by Safeguarding Leads for the relevant agency.

In 83% of referrals, the employer was given advice and 22 cases proceeded to an ASV meeting.

The ISCB procedures expect that:

- 80% of cases should be resolved within **one month,**
- 90**% within 3 months**

All, but the most complex investigations, should be completed within 12 months.



As can be seen above, the LA completed 68% (previously 92%) of cases within 3 months.

JTAI inspection

Between 3 December 2018 and 7 December 2018, Ofsted, the Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS) and HMI Probation undertook a joint inspection of the multi-agency response to sexual abuse in the family in Islington. This inspection included a *deep dive* focus on the response to sexual abuse in the family. Inspectors

found that:

"Islington senior leaders hold a strong strategic commitment to the multi-agency partnership and have made significant investments to improve practice and outcomes for children at risk of abuse, including those children subject to child sexual abuse in the family environment."

The inspection report[5] found good partnership support of the ISCB, consistent attendance, and ownership. The work of the sub-groups also demonstrated a shared responsibility to improve the outcomes for children and agencies holding each other to account: "ISCB partners have created a learning environment with constructive challenge that drives continues improvements in operational practice"

ISCB Away-Day

The ISCB had its annual away-day to discuss the strategic direction and future priorities. The Board made the following decisions:

1. The multi-agency training offer should continue, focussing on core training and training related to ISCB Priorities
2. A clearer voice for schools through the education sub-group and *Islington Community of Schools*.
3. Transition-points, particularly transition from childhood to adulthood.
4. Board to ensure that partners are hearing the voice of children and partners in the delivery of their services.
5. Improving the Board's data-set to include a dashboard and principle from NICE guidance.
6. Better links with *Adult Safeguarding Board.*
7. A greater focus on Early Help as a "way of working" instead of a service. ISCB agreed the establishment of an Early Help Sub-group as part of the new arrangements.
8. Continuing to explore the relationship between exclusions from school and safeguarding.
9. E-safety
10. Retain *neglect* and *impact of parental factors* (substance abuse, mental ill-health and domestic violence and abuse) as abuse. The current priority relating to sexual exploitation will be widened to include all factors making adolescents more vulnerable e.g. criminal exploitation.
11. Continuing to develop a whole-partnership approach informed by *trauma informed practice.*

Changes to CDOP arrangements.

As part of new safeguarding arrangements

[5] Joint target areas inspection of the multi-agency response to Child Sexual Abuse in the family in Islington

set out in *Working Together to Safeguard Children*, published in July 2018, Child Death Review processes were required to transform. Guidance[6] published by *Department of Education* and *Department of Health and Social Care* recognises that most child deaths are due to medical factors rather than safeguarding or other external factors, and to reflect this, national oversight for child death review processes has moved from the *Department for Education* to the *Department for Health and Social Care*. At a local level, the *Child Death Overview Panels,* first established in 2008, on 1 September 2019 seized as a sub-group of the ISCB and moved under the governance of the London Borough of Islington and Islington Clinical Commissioning Group.

To ensure that any potential safeguarding concerns are followed up the chair of Islington CDOP will continue to be represented on the *LSCB Executive Group* and *LSCB Partnership Board*. The LSCB will continue to receive an annual report from the CDOP Chair.

Future Safeguarding Partnership arrangements in Islington

In May 2017, the *Children and Social Work Act* received Royal ascent requiring *Local Authorities*, *CCGs,* and the *Metropolitan Police* to establish Multi-Agency Safeguarding Arrangements (MASA) and to set out the safeguarding arrangements that will replace LSCBs when they seize to exist on 29 September 2019.

Working Together 2018 provided further guidance for the three safeguarding partners in setting up local safeguarding arrangements. In Islington, partners have started development of the new arrangements in April 2018 and they published the Islington Multi-Agency Safeguarding Arrangements in July 2019 and the partnership became effective on the 1st September 2019.

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.

Youth Justice Service Management Board (YJSMB)

In January, the Chief Executive Officer of

[6] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/777955/Child_death_review_statutory_and_operational_guidance_England.pdf

the Local Authority, and the Director of Youth and Communities attended the LSCB to present a paper relating the work of the YJSMB and the *Islington Youth Justice Plan 2018-2019*, which identified the following priorities areas to improve outcomes for young people whether they are victims or perpetrators:

1. Ensure that there is a strong focus on early intervention and prevention. This also means focussing on issues around trauma, DV, and young victims becoming perpetrators.
2. Increase education, training, and employment. Increasing the number of young people in education, employment, and training to reduce re-offending and improve their outcomes.
3. Hear and listen in respect of young people's voices. Ensuring that service user's voices are influencing service delivery and this includes hearing from them directly at the Board (and in other key forums where the views and perspective of the child/ young person is paramount)
4. Challenge and test ourselves so that learning is built into everything that we do and the learning from Serious Cases is embedded into all our work.
5. Work in partnership and act collectively. Collaboration is key.
6. Address *disproportionality*. Working as services to reduce disproportionality, supporting BME children and young people to decrease their involvement in the criminal justice system and improve their outcomes

The Board welcomed the plan as a whole and in particular for supporting the ISCB priority area of working with vulnerable adolescent at risk of exploitation.

Safer Islington Partnership

"Islington Youth Council recognises the importance of crime and safety; we strongly believe that the youth of today represent a measure of success or failure for every borough. We believe that this plan will significantly help young people as they are the learners of today and the teachers of tomorrow. We need to do more to help young people to have a better future and a better life".

- ***Young Mayor Diana Gomez***

In response to the ISCB challenge that youth crime must be seen within a safeguarding framework, the Local Authority agree a partnership strategy and in January presented their *Working Together for a Safer Islington 2017 -2020 – a partnership response to tackling youth crime in our borough*. This plan is monitored by the ISCB and SIP and sets out the following objectives:

Objective 1: Create safer places for our children and young people to grow up in, learn

and enjoy.

Objectives 2: Build resilience within individuals, families, and communities.

Objective 3: Protect and safeguard young people and support them and their families when they are victims of crime.

Objective 4: Prevent young people from getting involved in crime and entering the Youth Justice System for the first time.

Objective 5: Tackle gangs, knife-crime and other violence by and against young people and reduce reoffending by young people

These objectives are aligned with the ISCB priorities to develop resilience in young people and the Board welcomed the strategy.

ISCB Risk register

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

The Board ensures that arrangements are in place to manage each risk. All risks have ownership at board level and an agency action-plan to reduce / remove the risk.

Escalation procedures

In line with *Working Together to safeguard Children* and The Board's Child Protection Procedures. There is a published protocol to resolve professional disagreements or concerns between professionals.

In 2018/19 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 between the Children Social Care, the Metropolitan Police Service, and Schools.

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

Lay Members

The Board benefited from having two lay members that actively contributed to the work of the Board. During the year a vacancy was created, which will be filled with the commencements of the new safeguarding arrangements in September 2019.

Lay members consistently challenge the work of the Board where appropriate, and continue to bringing a fresh perspective from Islington's residents.

EDUCATION SUB-GROUP

The sub-group is coordinated with the *Islington Head Teachers' Forum* to ensure collaboration between the Board and Islington's Schools and Early Years settings. The membership of the group now includes senior manager representing the School Visiting Service and Safe Schools Officers.

Shared Vision Event

Several Young People from a local school participated in a joint event between the ISCB, *Shared Vision* and youth drama company. Young people explored the local impact of youth crime.

Section 175 / 11 Return

A bi-annual *Section 175 (section 11) self-audit* in schools and early year's settings is co-ordinated by the Principal Officer for Safeguarding in Schools and the Safeguarding Lead for Brightstart and reports to this sub-group. There has been a very good return of audits, and most had appropriately detailed action plans for improvements.

A *Section 11 Overview in Education Report* was presented to the sub-group showing the schools are meeting the required S11 Standards and that they have action plans to address any areas of improvement.

Overall, schools performed well in areas of governance, policy, and procedure, and safeguarding training. Inter-agency working, information sharing, and safer recruitment were areas that required the most remedial action.

Designated Safeguarding Lead (DSL) Supervision

In response to ISCB challenge, the *DSL Supervision Pilot* was launched in partnership with the Education Psychology Service in the LA. An update *DSL Supervision Annual Report* was presented to the sub-group outlining that 61 DSL (52 schools) now benefit from monthly supervision and the service is highly valued by DSLs and Schools. This report, and the S175 audits, highlighted that DSLs in schools work under considerable pressures and this matter requires further attention.

Themes emerging from discussions at DSL supervision are:

1. Inter-agency working and difficulties around referrals, follow-up, thresholds, communication, updates, notification of case closures bureaucracy.
2. Home Schooling / schools changes as a response to schools raising safeguarding concerns with parents.
3. Children missing from education
4. Social Media.
5. Parental relationships and parental conflicts.
6. Reliability of external agencies (CAMHS etc.).
7. Level of need and of risk in community for children: poverty, knives, county lines etc.)
8. Multiple expectations and pressure on schools from different sources.
9. Pressure and lack of time to carry out the DSL role.
10. In some schools, lack of team members in DSL role.
11. Discussion around admin (CPOMs etc, transfer of records).

Youth Violence and Schools Project

This project was established by the Local Authority to aid schools who were not always able to access the help they needed to recognise and address the issues of gangs and youth violence and effectively support their pupils.

A youth violence tool was developed across the council along with police and after consultation with schools to help identify those at risk. The feedback from schools has been very positive.

Schools / CSC Communication Report

The sub-group welcomed the report commissioned by the LA's Head of Safeguarding and Quality Assurance to look at the communication between children social workers and schools. A lack of communication is a frequent discussion-point in the DSL Supervision forums. The report made several recommendations:

1. Better recording of communication on both CSC and Schools records
2. CSC to evidence communication with schools at important transition points: case transfer, closure, step-up/down or change in social worker.
3. Improved communication between DSLs (if not head teachers) and their DSLs.

Transfer or Records Policy

In response to the recommendation from the Child K Serious Case Review, the schools *Transfer of Records Policy* was extensively discussed and updated to ensure that information transfers with a child to their next schools. This policy was distributed through the Designated Safeguarding Leads networks.

Policy Development

Model Safeguarding Child Protection Policy

Schools report that they find the *Model Safeguarding Child Protection Policy* very useful and it is available on the ISCB website for schools to adapt as they deem fit. It was also updated in response to *Keeping Children Safe in Education* and *Working Together 2018*

Separated Parents Policy

The area around *parental responsibility* was identified as a need for schools and that area was strengthened in the Separated Parents Policy.

Gender stereotyping and sexual bullying in Schools: a resource for schools staff.

An awareness raising resource for primary and secondary school staff to support them in identifying, preventing, and responding to gender stereotyping and sexual bullying (GSSB) in school. In addition, to provide support when working with children, young people, parents and carers so that the entire school community works collec-

tively to implement a whole school approach which prevents sexual bullying and gender stereotyping and creates a gender equality ethos in Islington schools.

Draft Information-sharing Protocol

The sub-group looked at the London Board's *Draft Information Sharing Protocol*. The sub-group agreed with the proposal that *legal obligation* and *public task,* instead of *consent*[7] should be relied on as basis for sharing information under the *Data Protection Act 2018.*

MISSING AND CSE SUB-GROUP

The Board, through the work of its Missing and CSE sub-group, challenges 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.

Strategic Development:

The sub-group agreed four key themes, which forms the basis of the sub-group's action plan for 2018-2019:

1. Harmful Sexual Behaviour
2. Boys and Young Men
3. County Lines
4. Intelligence Gathering and Information Sharing

The sub-group annual report finds that:

"…data consistently shows that risks to Islington's children and young people to become vulnerable to CSE, HSB, Gangs, SYV, Modern day Slavery and trafficking, are intrinsically linked to peer groups and offending networks, such as gangs. The cohort of children and young people vulnerable to exploitation overlaps significantly with children and young people that go missing from home and care."

In response, the LA's *Exploitation and Missing Team* have focused on developing a less silo-ed, and more flexible model of *assessment*, *intervention* and *governance*; ensuring that children and young people across the spectrum of risk receive timely and targeted interventions, and that those children at acute risk receive a consistent safeguarding response.

Analysis and *mapping* of current risks related to exploitation and missing children remain is an important priority; alongside that the *Safeguarding and Family Support Service* and *Youth and Community Services* have undertaken a number of large pro-

[7] GDPR defines consent narrowly because it was primarily concerned with limitations of data sharing for commercial purposes. It is no longer a satisfactory basis for sharing information for the purposes of promoting the wellbeing of or safeguarding children

jects. This includes embedding *trauma informed* and *motivational practice* models.

A review of children and young people connected to serious youth violence demonstrated that childhood-experiences of domestic violence and abuse was significantly prevalent across all profiles of exploited children.

The Local Authority have in response developed the innovative, co-ordinated multi-disciplinary *Keel-project* for families who experience domestic violence and abuse.

MASE

In November 2018 the MASE reviewed its Terms of Reference (TOR) given that the scope of MASE was expanding to consider not only child *sexual exploitation* but other areas of exploitation including *gangs*, *serious youth violence*, *harmful sexual behaviour* and *criminal exploitation*. It was agreed that input from additional partners was required to strategically respond to this broader area of exploitation; as such, *Community Safety* is now part of the MASE.

In the January 2019, the sub-group ratified the decision that the MASE should in future be known at the *Multi Agency Child Exploitation* (MACE) group to reflect all areas of exploitation. The MACE was also asked to prepare an annual report for the sub-group to strengthen the Board's oversight of the MACE work.

Ofsted inspection

The LA received an Ofsted inspection in April 2018. The themed visit focusing on *vulnerable adolescents* was very positive: including the following:

'the service provision for vulnerable adolescents in Islington is strong and robust…Risks to vulnerable adolescents…were identified well and comprehensively assessed. Risks are not seen in isolation and the interlinkages between risks are well understood. This leads to the development of effective intervention plans…result in effective targeted interventions and support'

Inspectors also remarked on the "substantive awareness raising and specialist training across the partnership" that have been undertaken by the Exploitation and Missing Team… "The impact of this activity has led to an increased confidence for those working with this vulnerable group in recognising and tackling such forms of exploitation".

CSE Training and Awareness

Approximately 2,000 professionals from a range of services have received training on Exploitation and Missing risk areas over the past year. Audiences include whole-school staff groups, all Central North Police Officers and training for Special Guardians.

In the last year, we have been able to see the impact of our training and awareness raising on the response to safeguarding children and young people; an example of visible impact is evident in the training delivered to the *British Transport Police*, after which a practice-pathway was set up and a number of children missing and at risk of exploitation have been identified by them at an earlier stage. This is now being used London-wide.

In addition, training was delivered to *Safer Schools Police officers* in January 2019, in relation to Trauma Informed Practice (TIP). This training was well received and provided the opportunity for officers to reflect upon their own thinking and practice when working with vulnerable children and adolescents at risk of exploitation.

School-based Preventative Education

Specialist Social Workers in the Exploitation and Missing Team have over the last year offered 400 children targeted awareness sessions in their schools, with year-9 children accessing sessions on consent and healthy relationships.

Missing Children

During the last year, the total number of children missing from home and from care

Children *Missing from Care*, *Missing from Home* and *Away from Placement without Authorisation* (APWA)				
Month	**N**	**Total**	**Episodes**	**Total**
April 2018	53	**101**	98	**289**
May 2018	51		87	
June 2018	53		104	
July 2018	46	**85**	109	**269**
Aug. 2018	41		93	
Sept. 2018	35		67	
Oct. 2018	38	**74**	75	**211**
Nov. 2018	37		59	
Dec. 2018	33		77	
Jan. 2019	34	**72**	90	**226**
Feb. 2019	30		59	
March 2019	39		77	

Figure 2 Children who went missing

was 332 (this includes away from placement without authorisation).

Children Missing from Home - Length of Missing Episode

In total 50% of the missing episodes involved young people going missing for less than 24 hours, and 20% involved children returning the following day.

2% of the missing episodes related to children going missing for more than one month. This data can be related to two individual young people, both of whom were identified as being criminally exploited to run County Lines, and were classified as *wanted* by police. This may have led to these young people believing that staying missing was better for them.

All of these young people have been offered a range of interventions.

Children Missing from Care - Length of Missing Episode

In total 56% of the missing episodes involved young people going missing for less than 24 hours, and 20% involved children returning the following day.

1% of episodes involved young people going missing for more than one month. This data is in relation to two individual children, both boys. One of whom was an unaccompanied asylum seeking child (UASC) remanded into the care of the LA and went missing immediately after being placed in supported accommodation. The other child was identified as at risk of gangs and the Local Authority initiated care proceedings due to him continuing to be at significant risk of harm, despite intensive support and intervention.

Additional Vulnerabilities of Missing Children

When cross-matched with the risk hazards marker system for CSE, Gangs and Radicalisation we are able to see how many children that go missing from home and care are assessed as being at additional risk.

- **28** children who went missing this year are assessed as a category 1, 2 or 3 risk of CSE (category 3 being the highest level of risk and category 1 being the lowest level of risk)
- **45** children who went missing this year are identified to be either a gang nominal or considered to be at risk of gangs/serious youth violence.
- **0** children who went missing this year were assessed as at risk of radicalisation and referred to Prevent.

This data shows a significant increase from

2017-2018 in terms of the number of children who go missing from care and from home who are identified as at risk of CSE or at risk of gangs/serious youth violence.

Other Local Authority Missing Children

Over the last year there were **94** children residing in Islington who were *Looked After Children* by another borough[8].

Eight of the 94 children were reported missing from care or away from placement without authorisation. This is a decrease from 11 children in 2017/2018.

All Local Authorities who have placed children in Islington are written to on a quarterly basis and asked to provide an update as to whether their children are still placed and whether they have placed any new children in Islington. Where the LA believes a child to be at risk of exploitation or offending, the placing authority is asked to clarify the risk to their child.

Return Home Interviews (RHI's)

In the previous annual report, the recommendation was to bring the RHI team into the *Exploitation and Missing Team* to enable closer collaborative working with children who go missing from home and care,

Return to Home Interviews Status	N	%	%
Completed	194(129)	20%	34%
Attempted, Child Refused	146(117)	15%	25%
Attempted, Parent(s) Refused	25(13)	2%	4%
Not Possible, Unable to make contact	65(42)	7%	11%
Not Possible, Other	0(115)	0%	0%
Not Required, Authorised Absence	29(15)	3%	5%
Not Yet Completed	118(122)	12%	20%
Total (Excluding Still Missing Code)	**576**	**58%**	**100%**
RHI Not Possible - Child is Missing	418(303)	35%	-
Grand Total	**994(856)**	**100%**	**-**

[8] Their *home* borough remains responsible for their well-being and care planning. However, as the borough in which the children are placed, Islington can challenge the home authority if there are concerns about the children's safety.

and to focus on developing and improving the take-up of RHI's. This has been done, although vacancies have existed in this team. The *Return Safe Team* now contribute to strategy meetings and mapping meetings for young people, and undertake on-going direct work with some children, with a view to decreasing the likelihood they will go missing again.

Over the last year, 458[9] RHI's were offered to Islington children that went missing from home or from care.

The percentage of RHI's offered within 72 hrs is 54%, and this is an improvement from 2017-2018 (35%). Although this number is still relatively low, several factors affect this:

1. The social worker is not notified immediately by a parent or other agency that the child has returned, or a child returns over the weekend period and the Social Worker is not notified until Monday morning.
2. If a child returns over the weekend period, the RHI worker will not be notified until the Monday morning and therefore there is a delay in offering the RHI.

Child Sexual Exploitation

The number of contacts Children Services Contact Team (CSCT) received in regards to CSE has quite significantly reduced over the last year; in 2017/2018 there were 115 contacts, decreasing to 65 in 2018/2019 (table below).

It is hypothesized that the extensive training and awareness raising across the partnership has increased the confidence of partner agencies in identifying and working with young people at risk or experiencing CSE.

The majority of children who have been identified as at risk of CSE over the year

Child Sexual Exploitation													
	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
Contacts to CSCT	5	6	6	3	9	4	4	9	4	4	0	11	65

[9] This number excludes the RHIs that were Not Yet Completed, those that were not required as the episode was actually an Unauthorised Absence, and those where it was not possible to offer an RHI as the child went missing again

2018/2019 are female (53) with 8 males being identified.

In regards to age, in the previous two years the two most common ages were 17 and 14, however in 2018/19 the most common age was 15, followed by 14 and 17 being joint second.

The ethnicity of children categorised as:

- Level 1 risk: 39% White British, 18%, Black British-Caribbean, 13% any other White background, and 8% were Black British-African.
- Level 2 risk: 23% White British, 30% were mixed parentage.
- Level 3 risk: no discernible pattern because of small numbers.

Harmful Sexual Behaviour (HSB)

The data in relation to the number of contacts CSCT received over the past year in regards to HSB shows that the number of referrals fluctuates month to month and it is not possible to identify a specific pattern.

In response to recognising in last year's report that harmful sexual behaviour may be described in various ways, the Specialist Social Worker for CSE and HSB with CSCT carried out a piece of in relation to coding of referrals.

Seven Complex HSB Strategy meetings took place. The low number of strategy meetings is a reflection of the police involvement with HSB cases. If the child is under 10, there is not a clear victim or offence that would lead to a conviction. Given the limited role of the Police in such cases, a professionals meeting is held rather than a complex strategy meeting.

County Lines

Referrals received in relation to County Lines would likely be coded as *CSE*, *gangs*, *SYV* or *missing* by CSCT, as there were no specific code on the recording system for County Lines at the current time. Additionally, these factors may be the presenting concern at the time of referral and upon further assessment indicators of County Lines may be identified

In November 2018, a new hazard for county lines were created by Children Social Care allowing better monitoring and identification of children and young people as at risk of county. As of the end of March 2019 a total of 20 children under the age of 18, and 6 young adults had been identified as at risk of county.

Serious Youth Violence (SYV)

There has been an increase of 39 contacts to CSCT between April 2018 and March 2019 in comparison to 2017/2018. This is likely due to the continued increase in training and awareness raising, promoting better identification, along with an overall

rise in gang related criminal activity and SYV.

A *gangs* and *SYV* contact code has been in place since early 2017, which allows for an accurate picture in terms of number of referrals. Since this contact code has been in use, CSCT have received 211 referrals in relation to gangs and SYV.

Over the year, 125 children were referred to CSCT in relation to gangs or SYV risk.

As of end of March 2019, 55 children were identified as at *risk of gangs / SYV* or identified by Police as a *gang nominal*.

In addition, 14 of these children have been assessed as likely to be involved in county lines.

QUALITY ASSURANCE SUB-GROUP

Attendance at the sub-group is good, and commitment is strong and was during this report period chaired by both the Head of Safeguarding and Quality Assurance in the Local Authority and the Independent ISCB Chair.

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 is written as an accompanying commentary report for each Board. During the year, the ISCB requested that the data should include other areas that would assist the Board to have a better understanding of children's safeguarding and therefore the report was changed to include more data. Repetitive data was removed.

Health data

QA Sub-group receives an annual report from the CCG reflecting on Islington's performance against a wide range of health-related measures related to safeguarding, including some that were specifically requested by sub-group in the previous annual report. The report includes information on:

- Overall levels of hospital activity relating to children and young people in Islington
- Mortality rates
- Specific health issues
- Commissioned health services

This detailed report highlighted that A&E attendance rates are highest amongst children below the age of one. The report showed that there was, on average, an A&E attendance for every Islington child under one-year-old in 2015/16. This is in line with the Statistical Neighbour and London averages, although it is above the England average.

The report provided a wealth of health data and information regarding the service redesign to produce a new Emotional, Health, and Wellbeing model. The report

also highlighted the current and ongoing issues in staffing, particularly around recruitment and retention of specialist staff namely health visitors and school nurses.

The CCG agreed to develop a Dashboard for future reporting which would highlight areas of concern and analysis for scrutiny by the ISCB; this work is ongoing.

Learning from audits

Joint Targeted Area Inspection (JTAI) – Child Sexual Abuse (CSA) in the Family Environment

The ISCB developed an audit tool to carry out the multi-agency audit in relation to CSA. The finding of the JTAI is reported elsewhere in this report and will not be repeated here. Key findings include the lack of an agreed data-set for senior leaders to review and oversee work in this area. The sub-group is in the process of agreeing how multi-agency CSA data can be obtained for inclusion in the *ISCB Core Business Report.*

In the multi-agency audit report, partners drew the following conclusions:

1. It is hoped that utilising *the Lighthouse* for all Child Sexual Abuse cases will provide more timely support to post abuse therapy, the criminal justice system, and intermediaries.
2. Where cases are taking a lengthy time to progress from arrest to charge, the police, social care and other agencies should discuss the impact of the harm the wait is causing to the child and their family and escalate to senior managers using the *Islington Safeguarding Children Board Escalation procedure.*
3. The Chair of the ISCB should raise with the London SCB the time that children wait for their alleged abusers to be tried to ascertain whether cases involving sexual abuse and children could be prioritised with the court.
4. In cases where there are abuse and neglect features and past parental issues such as mental health, reflective supervision should take place with staff to consider how this affects the parent's ability to identify and respond to the abuse.
5. Direct work with children who have been sexually abused, are at risk of sexual abuse of have displayed harmful sexual behaviour should cover interventions to help the child comes to terms with the loss they have suffered. All professionals should be attuned to this loss and approach this through a trauma informed lens including where the loss involves the perpetrator of the abuse.
6. In cases where children have displayed harmful sexual behaviour and are being interviewed under caution the police and social care should work together to develop a system whereby such children are offered an ABE

trained social worker to facilitate disclosures of abuse as well as the interview of the child.
7. Social Care training to consider specific training for managers on secondary trauma, given the emotional impact of this work.
8. Named GP to complete an article in the GP newsletter of the need to stay proactively involved with Children's Social Care where needed.

JTAI Task and Finish Group

A task and finish group, with governance to the QA sub-group, was established to monitor the implementation of the *JTAI Multi-Agency Action Plan*. Implementation of the recommendations are progressing well but issues of agreeing a data-set for leadership oversight has not yet been fully completed.

PACE Audit on Children in Custody

This audit reviewed 18 incidences of young people in police custody within a 6-month period. Most young people were male, 16-17 years old, overwhelmingly from a BME background and over half of the children were Looked After.

It is clear that since the *PACE Case Review* commissioned by the ISCB, there is evidence of more joined-up thinking and planning between social care and the police when children come into custody. Most (83%) children, however, who were arrested, charged and then have their bail refused remained in police custody until a court hearing. This can be anything up to 48 hours.

In some cases, police and social care worked hard to prevent young people from being in custody overnight. In other cases, more could have been done to improve the timeliness of charging and earlier liaison with social care so that if in the event a placement was needed, a search had already started for that placement.

Recommendations

1. Disseminate London Board PACE procedure when agreed. (The procedure has since been published)
2. Raise awareness about the PACE-champion role throughout the police and children's social care.
3. Encouraging MPS officers to notify the LA of a possible PACE transfer when it looks likely that a young person will be charge, instead of waiting for the charging decision.

There is ongoing good practice in this area, and CSC and MPS endeavour to avoid any child being held in custody overnight. The Head of Quality Assurance reviews the monthly *Islington Custody Data* shared by the MPS to ensure that practice in this area remain of a high standard.

Analysis of Sec 47 Investigations following an increase in Islington compared to Statistical Neighbours

Through performance data, CSC detected an increase across the service of S47 Enquiries, exceeding that of comparator Local Authorities as well as an increase in Islington compared to previous years.

Twenty-seven *Section 47 enquiries* were reviewed, and the auditor examined strategy discussion decisions to undertake either a single or a joint investigation. It was found that in most instances, the correct decision was taken and in 7 cases (5 of these being single agency) an assessment under section 17 may have been more appropriate.

Threshold

In strategy meetings where the police decided not to initiate a criminal investigation (joint s.47 enquiry) there was sometimes an assumption that the enquiry must continue as single agency when it might have been more appropriate to undertake a child and family assessment under s17.

Out of 1181 *child protection enquiries*, 450 were *joint-agency* with the police and 715 were *single-agency*. The number single-agency enquiries were striking.

The review also found that children were not routinely seen before decisions about child protection enquiries were made, which needed to be addressed.

Practitioners found the threshold table that used to be in the London Procedures useful and that is now part of the ISCB's threshold document[10].

Practice Week

The scope was extended from previous Practice Weeks to include *Targeted Youth Support*, *Youth Offending Service,* and the *Integrated Gangs Teams*. As in previous Practice Weeks, it included managers and teams across *Early Help*, *CSCT*, Children in Need (including Disabled Children's Team) *Children Looked After* (including *Fostering and Adoption*) and *Independent Futures*.

Aims of practice week

- Observing practice helps senior managers to hold the experience of practitioners in mind, by walking in their shoes and gaining a richer understanding of the current frontline practice experience.
- It increases the visibility and approachability of senior leaders. Social workers learn that their senior leaders have a depth of knowledge around practice and the ability to build relationships

[10] https://www.islingtonscb.org.uk/SiteCollectionDocuments/2018.11.20%20%20ISCB%20Threshold%20Document.pdf, p35

with families.
- It is a chance for senior managers to role model the behaviours that they expect from social workers and practice managers.
- It provides a huge and thorough audit of practice, helping us understand our strengths and weaknesses, and can be focused around a specific theme.

Findings and recommendation

- Continue to develop use of group supervision 'team around the child' particularly where planning for children involves several different teams e.g. Fostering and CLA.
- Develop advanced training around engaging other professionals in risk management through collaboration. Develop training for social workers on using Motivational Practice skills to build participation and ownership in a professional network, regardless of threshold level.
- Link trauma-informed training and narratives to a clearer understanding of adult-child attachments
- Create a tracking system for fostering and adoption family finding.
- Include trauma-informed language on case recording e.g. placement breakdown, disruption meeting.
- Children's lived experiences should form part of all updated case summaries.
- To further develop supervision training for Managers.
- Collaborate with social workers to develop more guidance / best practice around supporting parenting / caring, using specific case studies of situations where carers may take a variety of approaches
- Team managers training – building a trauma-informed culture in teams.
- Develop training on assessment of a home environment.
- Develop a system of Serious Success Reviews.

Radicalisation

During this reporting period, the QA Subgroup received a report relating to children referred to the *Children's Services Contact Team* (CSCT) under the category *Vulnerable to being drawn into terrorism (radicalisation/extremism)* during the period April 2017 to March 2018.

CSCT received 24 contacts during the 12 months audited, involved 20 children from 10 families. Four children were referred twice. The sibling groups ranged from one to four children. 12 females and 8 males made up the sample group. The *index child* in 10 families was male on 6 occasions, and out of the 4 female children, 2 were from one child families. The ages of the children, at the point of contact, ranged from one month to 17½ years old.

In 7 out of the 10 referred families there was a school connection. Four contacts

(eight children) were received after children researched concerning topics online at school/college. In other instances, children researched topics online but shared information in school.

Finding and Recommendations

- All of the contacts made to CSCT were, in the view of the auditor, appropriate.
- Referral frequency compares favourably with statistical neighbours and national figures.
- The audit evidenced outstanding partnership working between the Police, Education and Safeguarding and Family Support.
- The guidance and protocols between the three agencies are effective and swift action is taken once a concern is identified.
- As part of MASH-checks health, probation and housing were consulted as part of decision-making.

Trafficking

QA Sub-group received a report giving a brief overview of all children[11] and young people referred to the CSCT under the category *trafficking* during a 12-month period.

Only four contacts were received by CSCT during this 12-month period, involving one sibling group of three children, and one other contact in respect of a 16 years old (the age was in dispute).

With such a low number, it is reasonable to assume there may be hidden cases that have not come to the attention of agencies. It is not clear how well Islington compares to neighbouring authorities or the national picture.

Findings and recommendations

- Peer review with neighbours to ascertain how Islington compares statistically in relation to trafficking.
- Inclusion in the ISCB Missing and Exploitation Action Plan (This was included in the action plan)
- Implement guidance provided within the Human Trafficking and Modern Slavery Briefing, dated March 2018. (Included in all *ISCB Refresher Safeguarding Training* course).

Quality Assurance Frameworks

The QA Sub-group received a report outlining the newly produced *Youth Offending Service, Quality Assurance Framework*. The Framework delivers an evidence-based approach which offers a 'Good Lives' model and a strengths-based approach to rehabilitation from offending which is fairly new to the service and to which all staff have

[11] Referrals not include cases of internal trafficking / county lines which are dealt with elsewhere.

been trained.

The sub-group requested that other partners also provide updates on their own Quality Assurance Frameworks / Arrangements. The *Designated Nurse* for Islington CCG provided an update on quality assurance arrangements on behalf the health economy.

The ISCB also presented its own *Learning and Improvement Framework*.

Updates from other partners have been added to the forward plan for the sub-group.

The role of Lead Professionals / Early Help

Islington CCG challenged the partnership on oversight regarding *early help* and in particular, how agencies fulfil the role of the *lead professional* in their organisations.

It was greed that the Board does not currently have sufficient oversight of early help, and the local *early help* model that was agreed by the partnership in 2012 centres around targeted family support needs to be reviewed. There is a question about how partners support *Team Around the Family* meetings.

It was also acknowledged that some agencies, like school, do act as *lead professionals* calling multi-professional meetings but that other organisations may not necessarily be aware of it. These efforts need to be mapped so that there is a shared understanding of the impact of those efforts.

The ISCB agreed that an Early Help Sub-group should be established under the governance of the ISCB and this issue will be pursued as part of a refreshed Early Help Strategy.

Annual Reports from partner agencies.

The sub-group scrutinises Annual Safeguarding Reports of agencies, where these are available. It is proposed that the sub-group requests safeguarding annual reports from *all partners* in future, particularly from the three local safeguarding partners: Local Authority, Islington CCG and North Central London Borough Command Unit.

Whittington Health NHS Trust

The Trust's *Quality Committee* receives a twice-yearly report from the Head of Safeguarding on the child and adults safeguarding arrangements in the trust relating to:

- staff training compliance,
- supervision,
- serious case reviews,
- LADO allegations,
- serious incidents and
- Inspections.

The Safeguarding report was comprehensive and informative.

Moorfields Eye Hospital NHS Foundation Trust

The Designated Director and Nurse for safeguarding leads on presenting a *Safeguarding and Promoting the Welfare of Children and Young People Annual Report* to:

- Safeguarding Children and Young People Group Meeting
- Trust Board
- Quality and Safety Committee
- Clinical Governance Committee

Key Achievements noted by the QA subgroup.

- Continued to increase both the cohort of staff and the departments/services across the trust who have completed level 3 training.
- Held a safeguarding awareness stand at the clinical governance half-day in November 2018.
- Further developed the safeguarding champions including training another two cohorts.
- Took part in the Domestic Violence and Abuse Bill consultation.
- Worked collaboratively with Solace Woman's Aid and Mankind to promote awareness of domestic violence and abuse including supporting the international "16 Days of Action".
- Extended the distribution of the internal Safeguarding Snippets newsletter.
- Contributed to the review of and had our feedback included in the Safeguarding Children and Young
- People Roles and Competencies for Healthcare Staff Intercollegiate Document (2019).
- Hosted the inaugural pan London Band 7 safeguarding children & young people acute trusts professionals network meeting.
- Been compliant with National Institute for Clinical Excellence (NICE) quality standards relating to safeguarding children and young people.
- Commenced question and answer sessions at Moorfields south network sites

The sub-group welcomed the comprehensiveness of the safeguarding report and the clear alignment with ISCB priority areas.

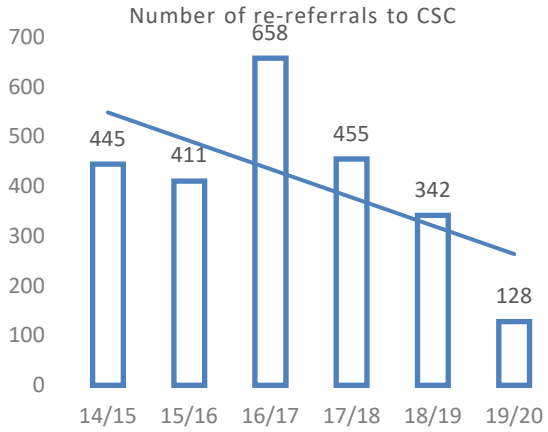
Camden and Islington NHS Foundation Trust

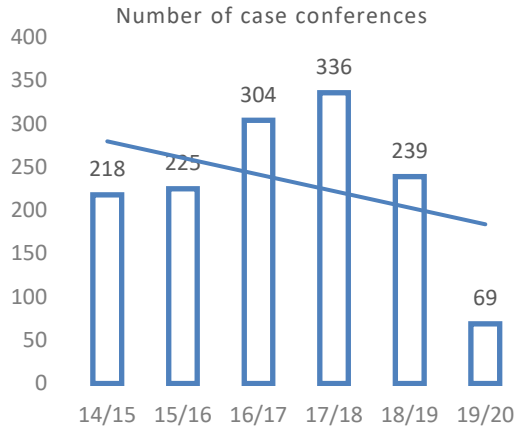
The Director of Nursing and Safeguarding Manager presents an annual safeguarding report to the Trust's *Quality Committee* and the ISCB sub-group covering:

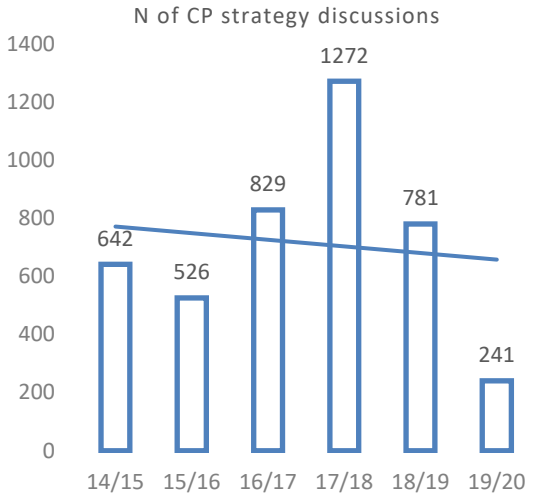
- Training compliance
- Safeguarding reporting data
- Supervision

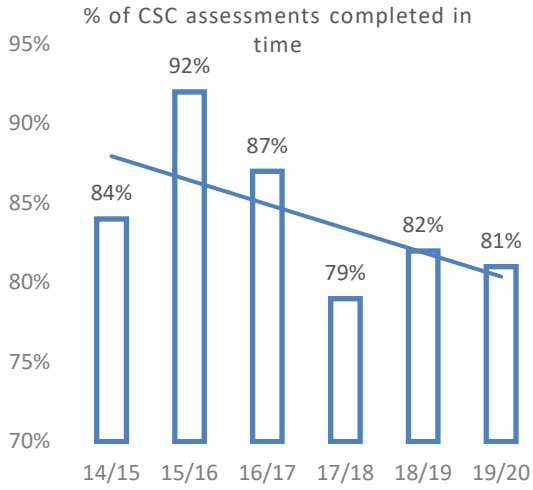
- Local Safeguarding Policies and procedures
- Prevent
- Serious Case Reviews and Multi-Agency reviews / DHRs / SARs
- LADO
- Domestic Abuse and Violence
- FGM
- Modern slavery and Trafficking
- MAPPA / MARAC / Channel
- JTAI
- S11 Audit

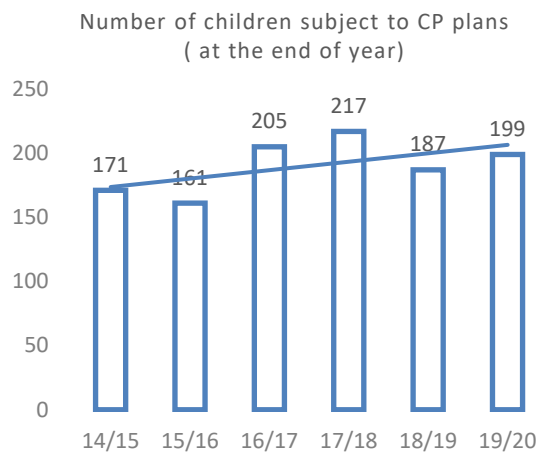
The annual report is very comprehensive and highlights areas of good practice and improvement, giving assurance to the sub-group that safeguarding in the trust is a high priority and that children are safe.

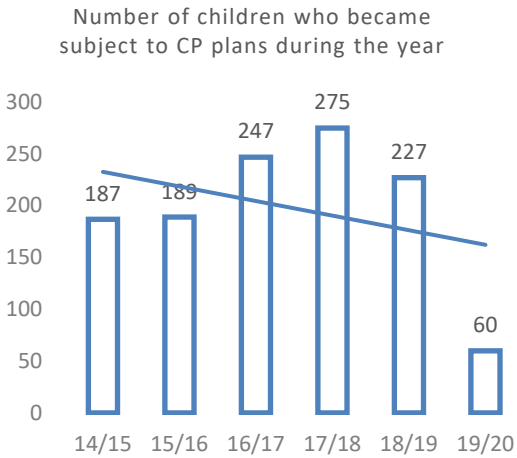

Number of re-referrals to CSC
700
600
500
400
300
200
100
0
445
411
658
455
342
128
14/15
15/16
16/17
17/18
18/19
19/20


Number of case conferences
400
350
300
250
200
150
100
50
0
218
225
304
336
239
69
14/15
15/16
16/17
17/18
18/19
19/20


N of CP strategy discussions
1400
1200
1000
800
600
400
200
0
642
526
829
1272
781
241
14/15
15/16
16/17
17/18
18/19
19/20


% of CSC assessments completed in time
95%
90%
85%
80%
75%
70%
84%
92%
87%
79%
82%
81%
14/15
15/16
16/17
17/18
18/19
19/20


Number of children subject to CP plans (at the end of year)
250
200
150
100
50
0
171
161
205
217
187
199
14/15
15/16
16/17
17/18
18/19
19/20


Number of children who became subject to CP plans during the year
300
250
200
150
100
50
0
187
189
247
275
227
60
14/15
15/16
16/17
17/18
18/19
19/20

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.

The ISCB has commissioned a comprehensive training offer in line with its training strategy, *Competence Still Matters* and the *ISCB Business Plan*.

ISCB Training Strategy

The training strategy[12] was reviewed and the following requirements were inserted in light of Board's decision to embrace a *trauma informed approach* and findings from the JTAI inspection:

- All agencies to ensure that staff receive at least introductory training in *Trauma Informed Practice*
- All agencies to ensure that staff receive training in *Child Sexual Abuse in the Family Environmen*t as part of agency training

Amendments were made to the *ISCB S11 Audit Tool* to reflect these two requirements. The S11 analysis will be included in the next annual report.

Amendments to Core Training

The ISCB have made the following amendments:

- Reviewed and incorporated learning from the serious case reviews for *Child K*, *Child EML*, *MAMR Child O*, *Pathways to Harm* and JTAI *CSA in Family Environment*
- Changes in *Working Together 2018*
- Changes in *Keeping Children Safe in Education 2018 and 2019*
- Learning from London Borough of Islington *Practice Week*
- *London Child Protection Procedures*, 6 monthly updates
- *General Data Protection Regulations* and *Data Protection Act 2018*
- Focus on *contextual safeguarding* and *Trauma Informed Practice* on all ISCB courses, including *criminal exploitation*.
- NICE Guideline NG76: *Child Abuse and Neglect, recognising, assessing and responding to abuse and neglect of children and young people*

Core Training Offer

At the ISCB away-day the Board agreed that the core training offer will remain unchanged, and that the Board will continue to offer multi-agency training as part of its

[12] Competence Still Matters

core function. During the JTAI inspection, inspector remarked that:

"Staff across the partnership have opportunities to attend a wide range of core and specialist training programmes offered from the ISCB"

The core-training offer to multi-agency staff includes:

- *Child Sexual Exploitation (all groups)*
- *Designated Safeguarding Lead - Role and Responsibilities (group 5)*
- *Safeguarding and Child Protection Refresher/Update (Groups 2-5)*
- *Safeguarding and Information Sharing Foundation (Group 2)*
- *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*
- *Working Together: core group to child protection planning - Part Two*

Key Training data

This year, the ISCB trained in excess of 1125 members of staff. This is a 10.7% decline since last year (1260) despite the Board offering more training opportunities than last year and a steady demand for training places. Only 70% of training requests resulted in training.

The reasons for this are multi-factorial:

- *The learner or organisations withdrew their application.*
- *The Board declined the application.*
- *The learner failed to arrive for training.*

Training cancellations

It is expected that some learners will need to withdraw from courses because of sickness, operational pressures, or staff changes. The number of cancellations was not remarkable.

Non-attendance

As in previous years, some course places were wasted because of staff not attending booked courses - despite allowing course to be overbooked by 10-15%. Empty seats on training courses lead to complaints and unhappiness from partners who wanted to book their own staff on courses, and it is costly.

On average 14% of learners did not arrive for training, although it did vary considerably from course to course, e.g. *Designated Safeguarding Lead* training achieved 92% attendance, which is better than expected and because of overbooking effectively resulted in a full course. By contrast, attendance at *Gangs and CSE training* was more than twice as poor at 20%. Despite overbooking, courses were on average only 90% full.

In response to learner feedback, the ISCB

invested in the development of *system reminders* and *automated calendar invites* to diaries, but these measures have not made any difference suggesting that the lack of a system reminder, frequently sighted as the reason for non-attendance, is not the root cause of the problem.

It might be a factor that staff who attend *Designated Safeguarding Training* are more likely to be senior members of staff and failure to engage with training would result in potentially serious repercussions for their agency during safeguarding inspections.

Places withdrawn by the ISCB

Leaners apply for courses on-line using the multi-agency training portal. Line managers in partner agencies have oversight of applications and they approve all their own staff's training to ensure that staff are available, operational demand can be met, that the course is appropriate, and that staff meet the course requirement.

An audit of course bookings have shown that despite line manager approvals a significant proportion of approved bookings did not meet the course requirements. The most likely reasons are:

- Learners requesting a place on the Designated Safeguarding Course but they have not completed the foundation course in safeguarding.
- They have already done the same course within the last three years (or two years for schools).
- Learners apply for courses that are not appropriate for their role and the organisation does not intend to utilise the member of staff in that role.
- Organisations booking entire staff-teams on one course, effectively using ISCB training as internal single-agency training.
- Learners booking themselves on several instances of the same course.

Responding to these issues are very time-consuming requiring significant administrative oversight, correspondence and management of enquiries.

The ISCB Business Unit is doing further analysis to see how these issues can be addressed, including a charging-model for partners who are not core financial contributors to the ISCB.

Training audience

There is an excellent variety of staff from all sectors (see table) attending ISCB training, representing more than 290 individual settings. Attendance from schools (notably Primary Schools), early years, children's centres, child minders, and the local authority is good.

Training attendance by sector (n)	
Academy - Primary	3
Academy - Secondary	13
Adventure Playground	11
Alternative Provision	6
Chaperone Service	15
Charity	116
Childcare on Domestic Premises	1
Childminder	15
Children's Centre	71
Children's home / residential set	16
College Nursery	14
Community Centre	4
Company	8
Criminal Justice	1
Free School	11
GP Practice	30
Independent (PVI)	10
Independent School	42
Justice - Criminal	11
Local Authority	271
NHS Trust	43
Other	3
Out of School Club	27
Post-16 Learning	1
Primary School	134
Private (PVI)	94
PRU	9
Secondary School	40
SEN School	18
Social Enterprise	2
Supplementary school	13
Tertiary education	10
Voluntary (PVI)	89
Voluntary Children's Centre	42
Voluntary Sector	48
Youth Service	17

Grand Total	1259

Training Quality Assurance and impact

ISCB training is very well regarded by attendees and 98% reported that the course met their training needs very well. 98.4% thought ISCB courses fulfilled their published objectives. Nearly all (99%) participants stated that ISCB courses enhanced their learning and knowledge about safeguarding children and associated procedures. Only 9% of participants claimed that they would not do anything differently as a result of attending the course and in all instances those participants explained that they are already very experienced in the field and attended only to refresh their knowledge. 99.2% of attendees will recommend ISCB course to their colleagues.

2019 /20 Training priorities

The Training and Professional Development sub group will focus on the following work streams:

- Core ISCB training
- Support and train the partnership in recognising the impact of early childhood trauma and domestic abuse as important predisposing factors that may contribute to vulnerability.
- Training needs analysis of skills supporting early help (once the Early Help Strategy has been revised and agreed
- Inclusion of quarterly agency and ISCB training data in the ISCB core-business

report.

- Analysing the *Training Standard* in the Section 11 / 175 audit.
- Parental Conflict Training and Conference
- ISCB Summer Conference – Lessons from serious case reviews.
- *Train the trainer* training to enhance confidence in training multi-agency audiences and increasing ISCB training capacity.
- *Safer Recruitment training* (not for schools).

CASE REVIEW SUB-GROUP

In June 2018, the Board agreed a serious case review in relation to EML, a young person with significant and enduring mental health concerns who died by suicide. This review was published on 6 December 2019 and the case review sub-group is overseeing the implementation of the action plan.

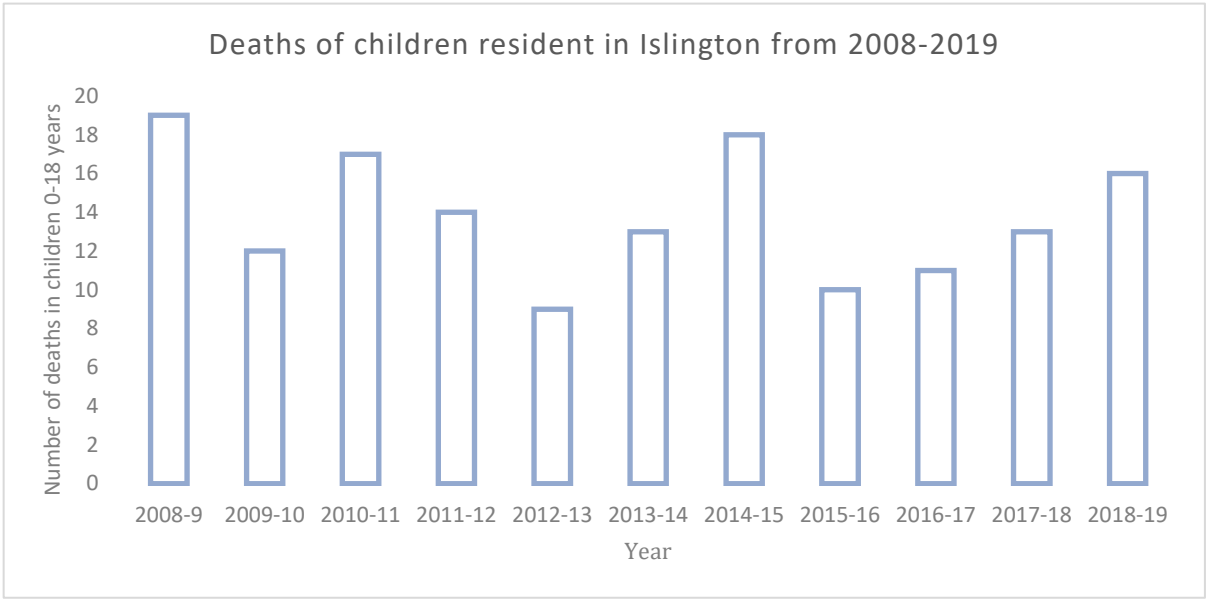
In February 2019 the Board agreed that a Serious Case Review should be carried out in relation to an Islington child, P. This review is nearing completion and will be published in the spring of 2020.

A review has also been agreed after the unexpected death of a child, Q. This review is progressing well and is likely to be published in late Spring 2020;

Learning from these reviews has been taken forward by the training sub-group and is included on all ISCB courses.

CHILD DEATH OVERVIEW PANEL

The panel is constituted as a subgroup of the Islington Safeguarding Board. The core membership of the ICDOP draws in members from health, the local authority, and the police. Dr Leonora Weil is currently the Chair of the ICDOP. Dr Andrew Robins, a Consultant Paediatrician at Whittington



Health is the Designated Doctor for Child Death.

The work of the ICDOP is to review all child deaths through a systematic collection of information about the circumstances of the death. In doing this work, the aim is to identify if there were any modifiable factors contributing to the death, and to determine if there are any lessons that could be learned to reduce future child deaths and to improve practice and service delivery.

During the year, the ICDOP met on four occasions. This includes 2 joint neonatal meetings with Camden CDOP that were held on Sept 2018 and March 2019 and which were attended by Dr Mark Sellwood, Consultant Neonatologist, UCLH and by Mr Ruwan Wimalasundera, Obstetrics Lead, NCL (when available).

As in previous years, there were a number of cases discussed at meetings that had to be brought back to later meetings with additional information. There is always a period of time between when a child dies and when their case comes to the Panel for discussion. When there are criminal proceedings or a Serious Case Review (SCR), the Panel cannot formally complete its work until these other processes are finalised

Over the eleven years of its operation, there have been an average of 14 deaths per year.

During the year April 2018 to September 2019, there were 22 deaths of children who were residents in Islington (16 between April 2018-March 2019, and 6 between April-29th September 2019). The graph shows the number of deaths in children under 18 between April 2008 and March 2019. It should be noted that the numbers are small, and that conclusions cannot be drawn from the year-to-year fluctuations.

Deaths by gender and age

Of the 16 cases from April 2018-March 2019, more males died than females and more than 60% died in the first year of life (25% under one month, 37% at 1-12 months). This was a similar pattern for the total deaths between April 2008-Sept 2019 with over 60% in males and nearly 60% of deaths in the first year of life.

Cause of death

The panel is asked to categorise the deaths according to the list below[13]:

- Deliberately inflicted injury, abuse or neglect
- Suicide or deliberate self-inflicted harm
- Trauma and other external factors

[13] Actual numbers are very small and not published in this report to protect the privacy of families.

- Malignancy
- Acute medical or surgical condition
- Chronic medical condition
- Chromosomal, genetic and congenital anomalies
- Perinatal/neonatal event
- Infection
- Sudden unexplained death

As in previous years, the highest numbers of deaths are related to congenital and genetic anomalies. Otherwise, there are no factors that emerge as trends, which warrant particular consideration. The numbers within the borough are too small to draw useful conclusions around trends in cause of death. They therefore need to be considered in the context of London-wide and national data. The NCL CDOP and national mortality database information will be helpful for this purpose.

Ethnicity and consanguinity

Ethnicity and consanguinity were not very reliably recorded. Consanguinity was not recoded in 15 cases, not present in 6 and present for one death. This death was the second death of a similarly affected son however there was no positive genetic diagnosis despite extensive GOSH investigation.

Learning

The CDOP process asks the panel to consider whether, through the assessment, one or more factors are identified in any domain which may have contributed to the death of the child and which, by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths. The presence of modifiable factors is taken to be associated with preventability.

These discussions have highlighted the following important areas for learning:

Of the 16 cases from April 2018-March 2019 there were two SUDI deaths, one accidental death from a window fall and one from suicide. One 17-year-old young man was stabbed.

Of the 6 cases from April 2019-29th September 2019: one death was in a 3yr old-inpatient for presumed infection. One died from fulminant Group B meningococcal sepsis and there was one SUDI death.

Future of Child Death review / CDOP

New Statutory operational guidance around child death was published in October 2018 and put into place as per the national guidance on 29th September 2019. The rationale for the new model was based on numerous factors: including to improve the experience of bereaved families and professionals and to ensure information would be systematically captured to enable local learning and, through the National Child Mortality Database to inform changes

in policy and practice. The key changes were:

- Oversight of CDR has moved to Department for Education to the Department of Health and Social Care with responsibility for the local child death review system with the local authorities and CCGs
- Each Child death review footprint to cover minimum number of 60 deaths per year (rather than covering the number of deaths per borough) to be included under a North Central London (NCL) wide Child Death Overview Panel that includes London Boroughs of Barnet, Enfield, Haringey, Camden and Islington with a focus on thematic learning. Furthermore, the deaths may be discussed in the NCL CDOP even if the child was not resident in the area, but if it is considered that the most learning would be had in that area. The responsibility for ensuring that the death is discussed in a CDOP is responsibility of the CDOP where that child is resident.
- Allocation of Key Worker for each bereaved family to improve the bereavement process.
- Child Death Review Meeting for every child
- Where deaths are thought to be caused primarily by not natural causes, a Joint Agency Repose will, occur similar to current rapid response meetings, followed by a child death review meeting involving the same partner

Budget and resources

Funding of LSCBs continues to be challenging, and collectively the London LSCB chairs are disappointed, as they were last year, 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 (2018)* 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 continues to fall unfairly on Local Authorities. MOPAC have been approached to provide reasonable and proportionate levels of funding to the Local Safeguarding Boards. As yet we have not seen an increase in funding.

INCOME	2017/18	2018/19
Agency contributions		
London Borough of Islington	£132,200.00	£132,200.00
DSG Grant	£50,000.00	£50,000.00
Islington CCG	£10,000.00	£10,000.00
NHS England (London)	£0.00	£0.00
Camden & Islington NHS Trust	£7,500.00	£7,500.00
Whittington NHS Trust	£15,000.00	£15,000.00
Moorfields NHS Trust	£7,500.00	£7,500.00
National Probation Trust	£1,500.00	£1,500.00
Community Rehabilitation Company	£1,000.00	£1,000.00
MPS (MOPAC)	£5,000.00	£5,000.00
Cafcass	£550.00	£550.00
Fire Brigade	£550.00	£550.00
Subtotal	**£230,800.00**	**£230,800.00**
Other income		
None	£0.00	£0.00
Subtotal	**£0.00**	**£0.00**

Total income	**£230,800.00**	**£230,800.00**
EXPENDITURE		
Staff		
Salaries, 2.5 staff	109,856.00	111,248.77
Chair	27,073.00	24,197.12
Agency (training)	£0.00	£0.0
Sessional worker	11,012.16	15,760.00
SaferLondon Post	£9,800.00	0
Subtotal	**£157,741.16**	**£151,205.89**
Board training		
Facilities & refreshments	£4,810.00	£4,092.75
ISCB Conference	£0.00	£0.00
Trainers	£0.0	£0.00
Subtotal	**£4,810.00**	**£4,092.75**
Other expenses		
SCRs	12,245.70	£12,490.00
Training portal license	£0.00	£276.00

Legal costs	£0.00	
Board activities	£2194.50	£2,170.50
Stationery + phones	£47.75	£319.00
Printing	£1,149.00	£124.40
Travel	£133.50	£90.00
Subtotal	**£15,770.45**	**£15,469.90**
Total expenditure	**£178,321.61**	**£170,768.54**
Income	£230,800.00	£230,800.00
Expenses	£178,321,61	**£170,768.54**
Balance	**£52,478.39**	**£60,031.46**

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 quickly 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 about 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 monitoring 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.

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ISLINGTON

People Directorate
222 Upper Street, London, N1 1XR

Report of: The Director of People's Services

Health and Wellbeing Board	**Date:** 4 November 2020	**Ward(s):** All

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SUBJECT: Safeguarding adults in Islington in 2019/20 – 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 2019-20, attached as appendix A, describes this in more detail.

2. Recommendations

2.1 To receive the Annual Safeguarding Adults Review and the contents of this report
To commend adult social services staff for their commitment to preventing abuse where possible and responding to concerns of abuse or neglect of vulnerable Islington residents.

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:

- The action plan to implement recommendations and address learning from the Safeguarding Adults Review (SAR) into the care of Mr Yi was completed. The SAR was commissioned jointly by the Safeguarding Adults Boards in Islington, Lambeth, Newham and Hackney

under Section 44 of the Care Act 2014. Further work to ensure the lessons have been embedded will continue.

- Some board partners recruited to additional posts to support the homelessness crisis. Additional grants allowed Islington council to open up winter shelters providing additional bed spaces for rough sleepers.
- Our service user and carer subgroup continues to run successfully and is positively influencing the decisions of the Safeguarding Adults Board.
- During Safeguarding Awareness month in June, we held a series of events with pop-up information stalls at various places in the borough.
- Having been selected by the Office of the Public Guardian (OPG) to pilot a scheme to raise awareness in the borough around Lasting Powers of Attorney in 2018, we continued this work in 2019-20. Lasting Powers of Attorney are an important preventative protection against financial and other types of abuse for people who lose the ability to make decisions about their finances, health and wellbeing.

The annual report further details progress on delivering the first year of Islington Safeguarding Adults Board's 3-year strategy and annual plan (2018-2021). The strategy has been aligned with those of the Safeguarding Adults Boards in the North Central London cluster (Enfield, Haringey, Camden and Barnet). The Boards within the cluster collaborated where it makes sense to do so, such as holding a joint Challenge event around Board assurance work.

3.3 The review compares the statistics from 2019/20 with the previous year 2018/19. There has been a decrease in safeguarding adults concerns on the previous year (from 3,724 to 3,228). We are not sure about the reasons for this but we have noticed some variation in the number of safeguarding concerns reported to us each year depends on how much safeguarding has been in national media headlines.

Safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have decreased since last year (from 435 to 371). This means that in roughly 9 out of 10 cases people we were worried about, when we looked into it we decided not to progress it to a formal safeguarding enquiry. We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners.

3.4 The three most common types of abuse in Islington during the last year were neglect, financial and psychological abuse. The pattern for financial abuse and neglect has been noted in previous years. For example, the proportion of neglect cases at 28% remains similar to last year's at 30%.

3.5 The number of safeguarding concerns about modern slavery or sexual exploitation of adults with care and support needs remains low. We are working to raise awareness of these types of abuse. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these fairly new types of abuse. As the signs of modern slavery and sexual exploitation can be hard to spot, the Board will continue to raise awareness about these hidden types of abuse.

3.6 During the year, the Board's subgroup did not consider any case met the threshold for a Safeguarding Adults Review (SAR) under Section 44 of the Care Act 2014. The SAR that was conducted and published during the previous year, related to Mr Yi. The Board worked on the action plan to implement recommendations and address learning arising from the Yi SAR.

3.7 **Key national developments**

- Due to the Covid-19 pandemic, the implementation of the Liberty Protection Safeguards have been postponed to 2021 by the government. We continue to be one of the few local authorities with no backlogs on Deprivation of Liberty Safeguards and are well-placed to transition smoothly into the new law.
- The Covid-19 pandemic has brought challenges and risks for adults with care and support needs and the services supporting them. We will be focusing on seeking assurance that our partners are mitigating those safeguarding risks over the coming year.
- Restraint & seclusion gained public attention following a BBC expose of the treatment of 'Beth' who was kept in solitary confinement in an assessment and treatment unit elsewhere in the country. In response, various regulators are now including this aspect in their monitoring regimes.
- Taking action against human trafficking and modern slavery continues to be a top priority nationally and internationally.

4.1 **Financial Implications:**

The Safeguarding Adults Unit's 2019/20 gross expenditure outturn was £1,206K. £39K was contributed by the following organisations:

- £22K North Central London Clinical Commissioning Group (CCG) for Quarter 1. After this, it was agreed that the CCG would no longer contribute to the Safeguarding service.
- £6K from Moorfields Eye Hospital NHS Foundation Trust
- £5K was received from Whittington Health Trust
- £5K London Metropolitan Police towards the Islington Safeguarding Adults Board
- £1K London Fire Brigade towards the Islington Safeguarding Adults Board

The Safeguarding Adults Unit's 2020/21 gross expenditure budget is £1,358K.

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

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 objectives; what it has done during that year to implement its strategy; what each member has done during that year to implement the strategy; the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year); the reviews which are ongoing in that year (whether or not they began 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 Well-being Board (paragraph 4.2.(a-d), Schedule 2, Care Act 2014.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

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:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:
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 Islington Safeguarding Adults Board annual review (Attached as Appendix A of this report) which 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.

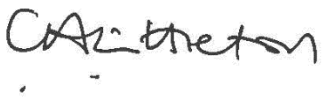
Appendices

Appendix A: Islington Safeguarding Adults Board Annual Review 2019-20
Appendix B: Islington Safeguarding Adults Board Annual Review 2019-20 summary

Background papers:

- Supporting Adults at risk in need of accommodation based support - Report into the Safeguarding Adults Review of Mr Yi - Prepared by Fiona Bateman, Independent Author - November 2018 https://www.islington.gov.uk/~/media/sharepoint-lists/public-records/adultcareservices/information/adviceandinformation/20192020/20190823yisarreportaugfinal.pdf

Signed by:



Carmel Littleton
Corporate Director, People

Date 8 October 2020

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Islington Safeguarding Adults Partnership

A Safer Islington

Annual review 2019-20

NHS

METROPOLITAN POLICE

ISLINGTON
Working in partnership

Foreword

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

Our Board is composed of a diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services who engage with adults in need. As in previous years the Board continues to experience changes in its membership and I extend my appreciation for the contributions of all its members to its safeguarding endeavours. With training and awareness raising, we continue to encourage people to raise their safeguarding concerns and referrals continue to increase.

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

The achievements of the Board in the last year are set out fully in this report and they include work to complete the action plans arising from the Serious Adults Reviews in the cases of Ms BB & Ms CC and of Mr Yi. Serious Adult Reviews into the cases of UU and VV were published. Work continued to sustain improvements in safeguarding in Islington's care homes and in preparation for the introduction of Liberty Protection Safeguards. The Board continued its regular monitoring of actions arising from mortality reviews related to adults with learning disabilities conducted within the national LeDeR programme and of actions by provider partners in response to CQC inspections.

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

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

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

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

James A. Reilly
Independent Chair
July 2020

Contents table

About us

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

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

Who makes up the partnership?

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

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

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

Care Quality Commission – Duncan Paterson, Inspection Manager

Community Rehabilitation Company- Kauser Mukhtar, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Pentonville, Head of Operations

Independent Chair – James Reilly

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

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

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

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

Islington Safeguarding Children Board – Wynand McDonald, Board Manager

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

London Fire Brigade, Islington – Gary Squires, Borough Commander

Metropolitan Police, Islington – Jane Topping, Detective Superintendent

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

Notting Hill Pathways – Irina Goodluck – Operations Manager

Single Homeless Project – Liz Rutherfoord, Chief Executive

Voluntary Action Islington – Anthony Bewick Smith, Chief Executive

Whittington Health NHS Trust – Breeda McManus, Deputy Chief Nurse

Introduction

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

Our work centres on helping adults most at risk. Anyone can be vulnerable to abuse or neglect. But adults with care and support needs may need help and support to keep safe.

Safeguarding in the headlines

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

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

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

Homelessness has been linked to many safeguarding risks, such as self-neglect and for this reason, we continue to keep homelessness as a focus in board meetings and raise it at national and regional levels.
We saw emerging evidence of homeless people becoming victims of modern slavery. They can be exploited by international traffickers, often ending up on the streets with no recourse to public funds. Others already living rough on the streets are targeted by unethical employers who exploit their vulnerabilities.

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

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

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

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

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

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

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

Covid-19 (Coronavirus)

In the final weeks of the year under review, the Covid-19 pandemic started to take effect and national lockdown was announced. Even at that early stage, it was clear that Covid-19 and the restrictions would require services to flex and respond swiftly to support adults with care and support needs, all the while keeping their safety and wellbeing at the fore. The challenges ahead for safeguarding and upholding people's human rights were becoming evident.

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

You said, we did

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

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

Community outreach

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

Through face-to-face conversations with local people, we raise awareness about how to spot adult abuse and neglect and what to do about it. Given the opportunity to discuss abuse and neglect, people often open up and share concerns about themselves or a family member.

Over a cup tea or through an interactive drama group session, we explore concepts about dignity and wellbeing in an accessible way with local residents. A service user drama group called Your Life, Your Say delivered a powerful scenario-based play on Making Safeguarding Personal (MSP) at the service users and carers safeguarding conference. The discussions generated from the drama session help to refine people's understanding about safeguarding concepts such person-centred care, dignity, mental capacity and deprivation of liberty.

Although resource and time intensive, these community outreach activities can have a lasting impact on people's awareness and understanding of abuse and neglect.

Safeguarding awareness events were held at

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

Community events are just one of the ways we raise awareness about abuse and neglect. Information is also shared electronically with members of the community. This keeps involved people who may not often leave their homes for various reasons. It also helps us keep them up to date with any current issues such as information about local telephone or internet scams helping us to keep them safe.

About our strategy

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

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

Aligned strategy

No adult with care and support needs should live in fear of abuse or neglect. This simple vision underpins our strategy, together with the six pillars of safeguarding set out in the Care Act guidance, namely:

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

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

Empowerment

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

Protection and proportionality

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

Accountability

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

Prevention

Multi-pronged, co-ordinated effort over a long time is needed to effect a culture change around the safety and well-being of adults with care and support needs. Prevention is woven into our main strategy and forms a core part of the work of all our Board subgroups.

Partnership

A successful partnership requires good teamwork. Without the energy, commitment and enthusiasm of our partner organisations, we could not achieve the objectives of our strategies. For their time, energy and resources, we sincerely thank our partner organisations. Their specific achievements towards our strategic goals are set out in the next section.

Partnership working

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

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

Islington Clinical Commissioning Group

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

London Metropolitan Police

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

Moorfields Eye Hospital NHS Foundation Trust

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

London Fire Brigade (LFB)

- LFB continue to raise safeguarding referrals with Islington Adult and child services.
- The delivery of the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.
- LFB has developed a training package for all personnel which features the 'Making Safeguarding Personal' principle. The training also provides staff with a clear working understanding of the Mental Capacity Act. The package complies with both the Care Act and London multi-agency policy and procedures,

and ensures all LFB personnel receive initial and regular refresher safeguarding training.

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

Camden & Islington Mental Health Foundation Trust

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

Islington Council

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

- A multi-agency Modern Day Slavery board has been created. A TOR and action plan have been drafted and the board meets quarterly, reporting into the SIP

- The service user and carer subgroup of the Safeguarding adults board continues to meet regularly and is positively influencing the themes for the board. The group comprises service users and carers with a range of needs.

- Staff from the Safeguarding Adults Unit (SAU) have attended meetings of the Learning Disabilities Partnership Board and meeting of residents and relatives in some care homes in Islington to ensure they hear about the experiences of people who have required support with safeguarding.

- The SAU continued to undertake audits of safeguarding work across the department to ensure prompt feedback is given to practitioners and teams.

- SAU also undertook case file audits to ensure that areas for improvement are highlighted and best practice celebrated. This ensures that safeguarding enquiries are compliant with s42 of the Care Act, the Pan London Safeguarding Adults Policy and Procedures and are demonstrating the values and practices of Making Safeguarding Personal.

- The Head of Safeguarding Adults worked closely with the Principle Social Worker to align Making Safeguarding Personal with Strengths Based Practice in social work teams across Islington.

HMP Pentonville

- Continued to deliver training towards their safety priorities, which included Suicide and Self Harm training for staff.

- Acknowledging the high levels of churn through Pentonville reception, awareness materials were developed by their equalities team and placed into each interview area which provide a visually eye catching reference point with information on how to raise safeguarding concerns.

- Questions have also been specifically introduced in the basic custody screening tool regarding safeguarding and social care needs.

- Broader issues regarding health and social care provision in prisons have continued to be raised at relevant regional and national forums.

Single Homeless Project (SHP)

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

Nottinghill Housing Group

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

Healthwatch

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

Whittington Health NHS Trust

- Whittington Health led on delivering training around use of the Mental Capacity Act with the Islington Council Safeguarding Adults Unit and other agencies. The innovative training entitled "Why MCA" was shortlisted for the Health Service Journal's "Best Educational Programme for the NHS" award. The course was developed to bridge the gap between theory and practice.

- Has continued to promote the use of advocates for both safeguarding adults and mental capacity matters. They have continued to highlight advocacy with teams,

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

- Learning from Safeguarding Adults Reviews has been included in safeguarding adult training and case discussions. In addition, learning was disseminated across the Trust via patient safety bulletins. Bespoke sessions and learning events were held for some services.

- Making Safeguarding Personal was an integral part of all safeguarding adult training.

- The views of patients were included in safeguarding adult referrals where possible

Voluntary Action Islington

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

Health partners of the Safeguarding Adults Board have also published their annual reports for 2019/20 which can be found here:

Whittington Health NHS Trust

Camden and Islington NHS Foundation Trust

Moorfields Eye Hospital NHS Foundation Trust

Islington Clinical Commissioning Group

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

Summary

The above specific achievements by no means represent all that partners have achieved towards safeguarding adults. For many of our partner organisations, safeguarding adults is routine and core to their every-day work.

Subgroups

While the Board oversees the implementation of its strategy, the subgroups carried out much of the actual work. They are the engines behind the Board.

This section sets out the work and achievements of each subgroup.

Safeguarding Adults Review subgroup

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

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

The subgroup also oversaw implementation and completion of the action plan arising from the 2018 Yi Safeguarding Adults Review.

DCI Brian Hobbs
Chair, Safeguarding Adults Review subgroup

Quality, Audit & Assurance subgroup

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

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

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

David Pennington
Chair, Quality Audit & Assurance subgroup

Service User & Carer subgroup

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

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

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

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

Eleanor Fiske
Chair, Service User & Carer subgroup

Prevention & Learning subgroup

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

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

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

Tracy Luckett
Chair, Prevention & Learning subgroup

North Central London (NCL) Task and Finish groups

As part of our aligned strategies, we have been extending our focus to build better working relationships with our neighbouring boroughs to promote consistency of practice across the area. Work has been carried out through the North Central London (NCL) cluster involving the London Boroughs of Camden, Haringey, Barnet and Enfield safeguarding adults boards.

Three joint task and finish groups were set up as follows.

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

2. **NCL Learning and culture change task and finish group.**
   This group was led by Camden and Haringey. It focused on preparation for the anticipated Liberty Protection Safeguards and harmonising practice across the north central London area.

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

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

Experiences and Statistics

The human cost of abuse and neglect cannot be measured. The statistics that we collect only tell part of the story and this should be borne in mind when looking at our data.

But statistics are useful for pinpointing our strengths and highlighting areas for further analysis or development.

1. Experiences

No statistic can capture the trauma and impact of abuse, neglect and self-neglect. That's why it's important we look behind the statistics at the human experience. We do this in a number of ways – through auditing case files, seeking feedback from people after a safeguarding case has been closed, analysing complaints and engaging with the public.

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

2. Statistics

Some people experience multiple forms of discrimination and disadvantage or additional barriers to accessing support. As in previous years, we continue to monitor data on various groups to ensure that the needs of all victims are met and that no group is being overlooked.

This year's report contains data captured only by Islington Council. It is important, however, that we monitor statistics and trends from a variety of sources. This is to assure ourselves that adults with care and support needs are safeguarded in a range

of settings, such as police cells and hospitals. We will continue to work with our partner organisations to share data in a transparent and secure way. Only through shared aggregate data can we get a clearer picture of abuse and neglect trends and activity across the borough.

3. Safeguarding Concerns

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

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

4. Safeguarding enquiries

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

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

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

Even when we don't go ahead with a Section 42 enquiry, every point of interaction with a victim offers an opportunity for positive intervention and a chance to give support. We frequently signpost those people to appropriate sources of support.

Case example

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

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

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

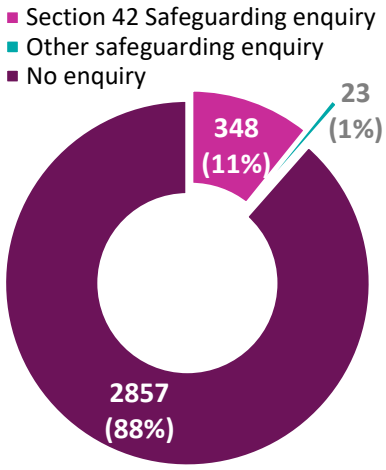
Through partnership working, legal steps were taken to remove the so-called friends from Mr ZZ's flat. Mr ZZ is now much happier that he is no longer at risk of eviction and his neighbours are relieved that the anti-social behaviour has ended. Social workers have put a befriending service in place for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

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

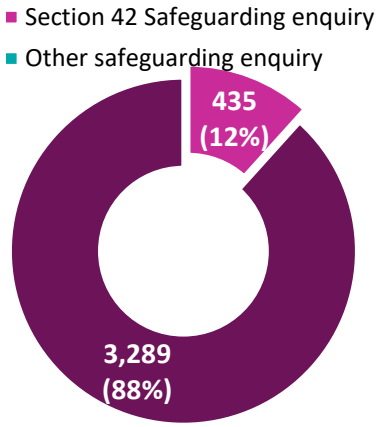
5. Safeguarding concerns to enquiries 'conversion rate'

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

This year (2019-20)



Previous year (2018-19)



* Some of the safeguarding concerns and enquiries shown in the above charts may have started in the previous year
** Due to rounding, percentages might not add up to 100

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

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

The framework

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

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

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

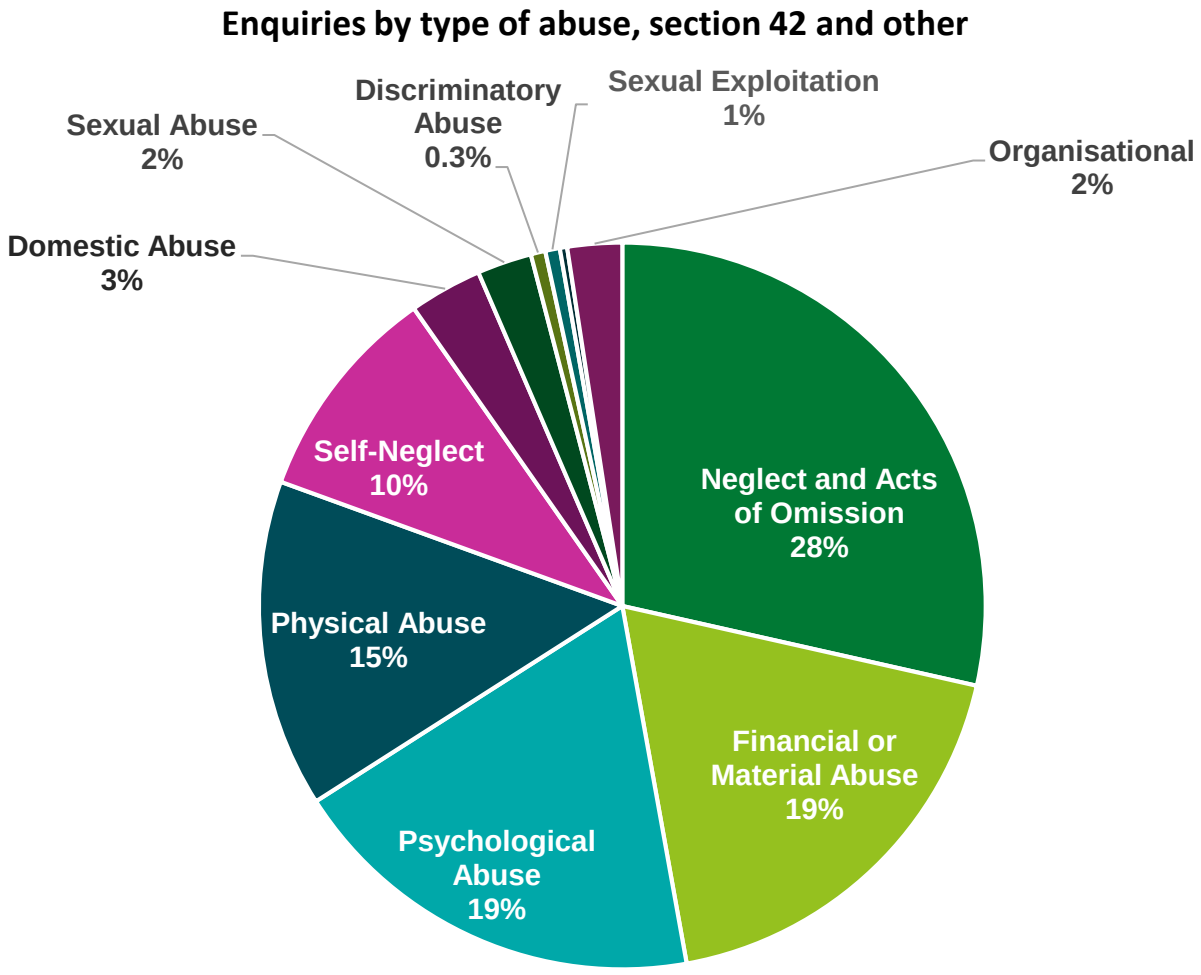
Under the framework, outcomes of statutory enquiries can be referrals to other organisations, such as the Camden and Islington Mental Health Trust or a non-statutory response from the council or another organisation.

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

At the time of publishing this report, the national data for 2019/20 has not been published so it is not yet possible to benchmark our data against that of other areas. The national data for the previous year 2018/19 is available on the NHS Digital website.

6. Types of abuse

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



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

Numbers of safeguarding concerns reported to us about modern slavery or sexual exploitation of adults with care and support needs remain low. We continue to raise awareness of these types of abuse. Our recording

systems have also been modified so that it is easier to collect data and monitor trends in these types of abuse. The signs of modern slavery and sexual exploitation can be hard to spot; so we will continue to raise awareness of what to look out for. Islington council continues to provide well-received in-house training on modern slavery and human trafficking.

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

Feedback on training from participants

Modern Day Slavery training course:

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

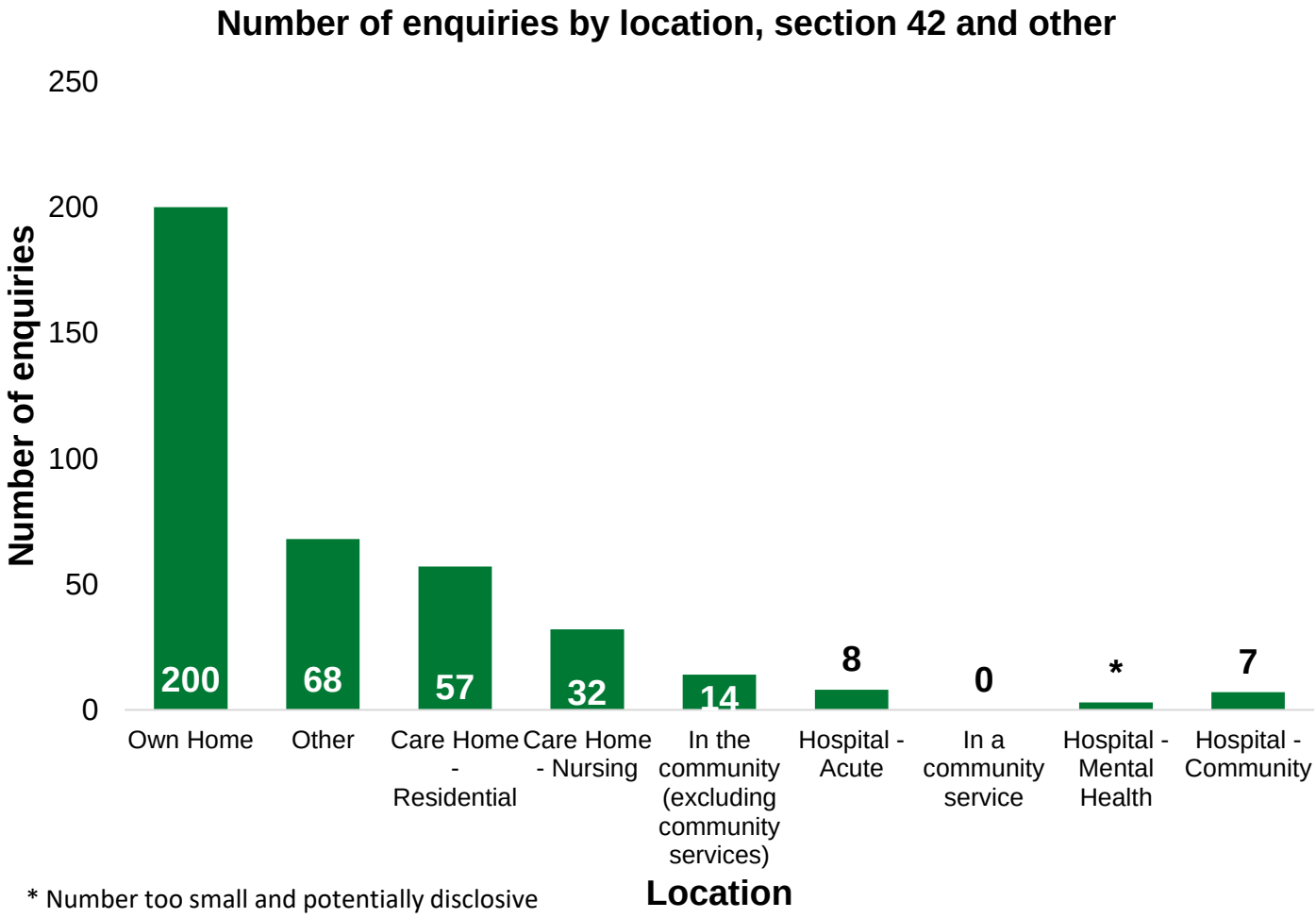
Safeguarding Adult's refresher training course:

"Very informative, explicit and excellent"

"I am glad I attended"

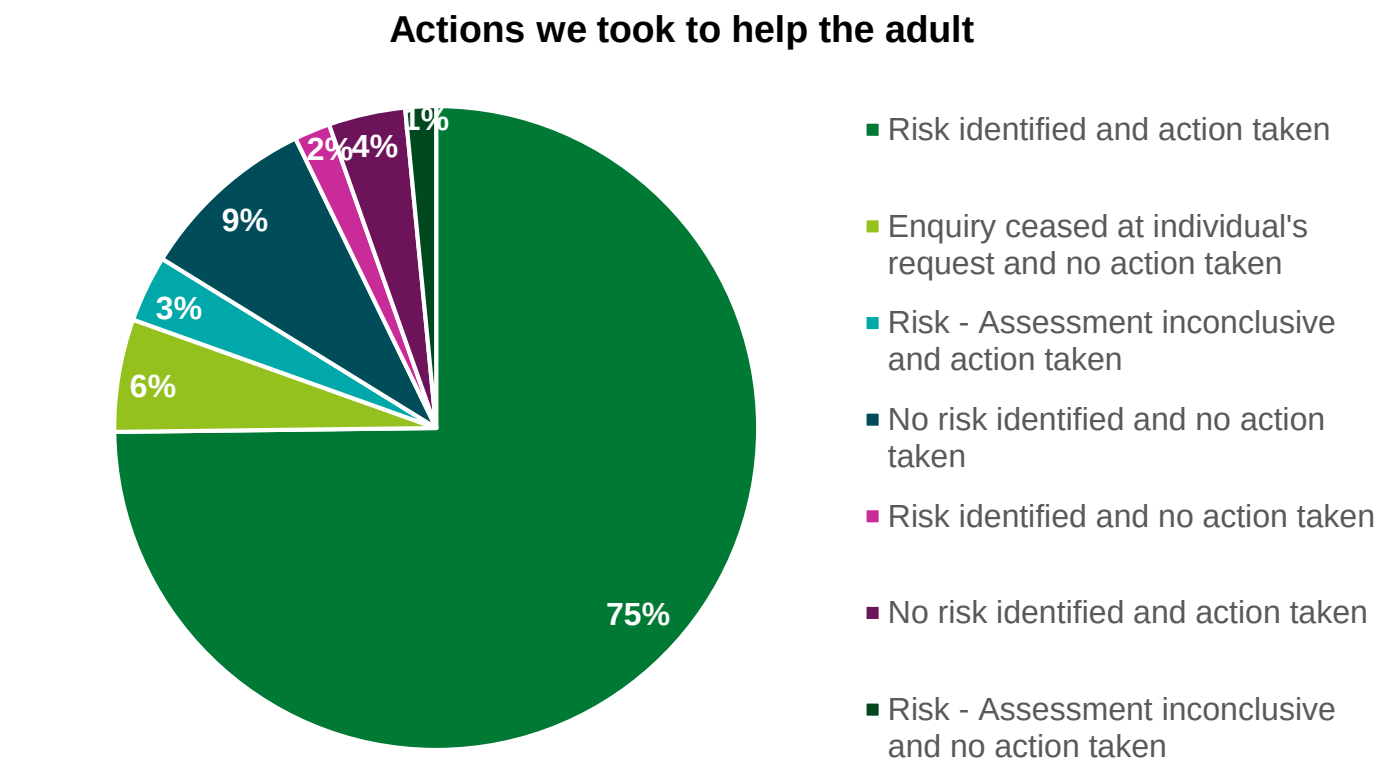
"The trainer was very engaging and had a great approach"

7. Where abuse took place



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

8. Action we took



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

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

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

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

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

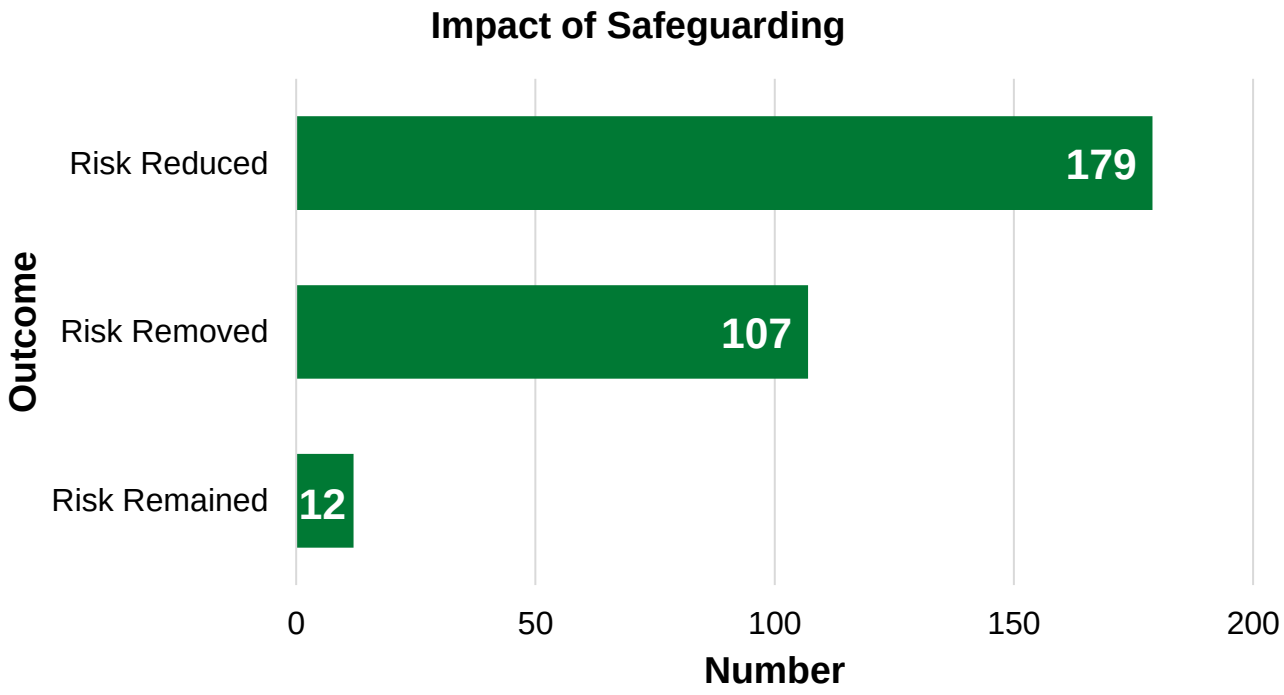
In 1% of the cases we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

In 6% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against someone's wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.

9. The impact of safeguarding

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

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



This graph is based on the number of closed Section 42 enquiries in 2019-20 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate. We have excluded any enquiries which were still being investigated at the time of writing this report.

10. Making safeguarding personal

Putting the victim first is becoming an important concept in criminal justice. So, it is also with safeguarding adults. Person-centred working, known as 'Making Safeguarding Personal (MSP)' is called for by the Care Act 2014. We've been working with practitioners and board partners to encourage them to adopt this crucial concept in the way they work with people at risk of abuse and neglect.

How do we know that staff are working in a person-centred way? Statistics alone will never give a clear picture of whether safeguarding enquiries have been carried out in a person-centred way. Only auditing case files and seeking feedback from people who have been through a safeguarding enquiry can really tell us. That's why our Board's Quality, Audit & Assurance subgroup together with our Service User & Carer subgroup are important mechanisms for overseeing the implementation of MSP across all partner organisations.

Islington Council – Adult Social Care has overall responsibility for all safeguarding enquiries. Adult Social Care has made changes to its internal reporting system to ensure that making safeguarding personal is captured as part of every enquiry.

At the safeguarding concern stage the adult (or their representative) is asked whether they want this concern to progress to a safeguarding enquiry and what outcome they want from the enquiry. The concern is also risk assessed and depending on this, it is progressed to a safeguarding enquiry.

We know from research nationally that being safe is only one of the many things people want for themselves. They may have other priorities too. That's why it's important we take the person's views into account.

To help us achieve this, every safeguarding enquiry has a set of seven 'I' statements that the adult at risk (or their representative) is requested to respond to during and towards the end of the enquiry. These statements not only address the issues of safety but also of choice, control, respect and justice.

We also record whether we were able to achieve the adult's preferred outcome. Our data from previous years shows us that we need to continue transforming practice and shifting work cultures to make our safeguarding work truly personalised. In the year ahead, we will be working with staff to explore more ways of enhancing an adult's choice and control as part of a safeguarding enquiry.

The previous year's data shows that we achieved either fully or partly the adult's preferred outcomes from the safeguarding enquiry. It shows that practice is transforming to keep the adult at the centre of all we do. People's preferences are indeed being taken into account.

Embedding a MSP approach remains a priority for the year ahead.

11. Safeguarding Adults Reviews

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

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

Yi SAR Action Plan

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

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

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

Learning from other reviews

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

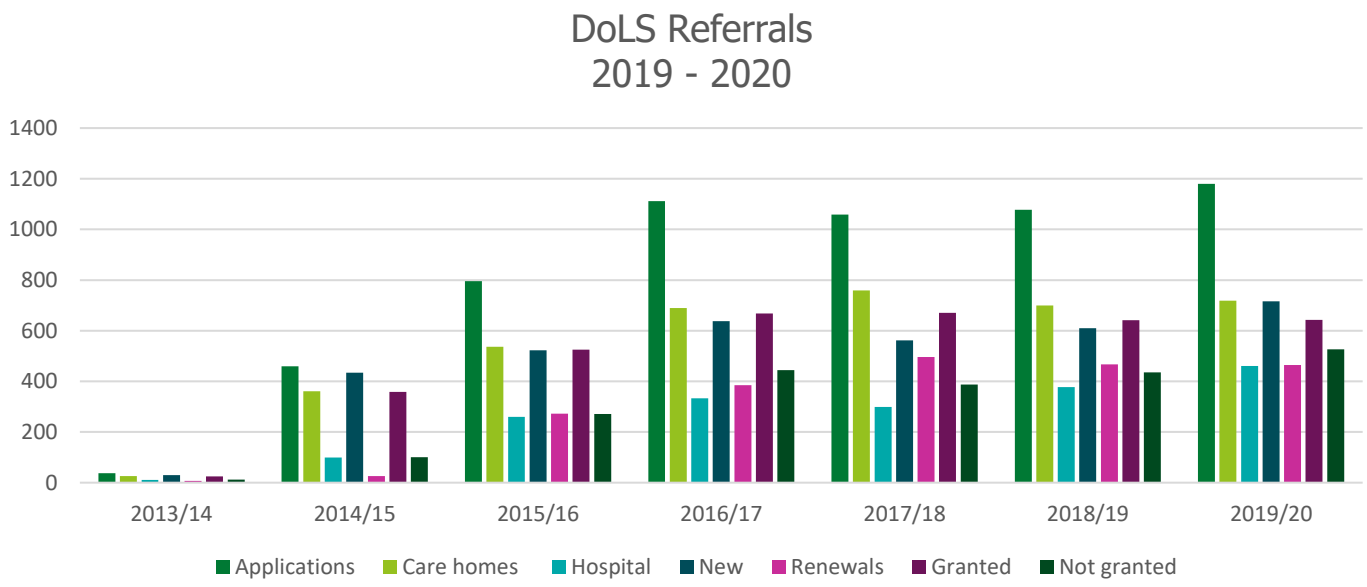
Yi SAR Recommendations

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

12. Deprivation of Liberty Safeguards

All adults should be free to live life as they want. If someone's freedom is restricted or taken away in a hospital or care home, there are laws and rules to make sure it is done only when really necessary and in their best interests.

The rules are known as Deprivation of Liberty Safeguards (DoLS). We monitor how these safeguards are used in Islington.



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

The majority of DoL referrals (61%) are from residential care homes. Most referrals are on behalf of residents who have a diagnosis of dementia (62%).

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

Relevant Persons Representatives (RPR):

Every person with a DoL authorisation in place has a Relevant Person's Representative (RPR) appointed to monitor the DoL. We have systems in place to monitor conditions and ensure the RPR's are visiting the relevant person regularly and follow up non-compliance with the relevant RPR's.

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

Applications process

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

Safeguarding

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

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

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

Good outcomes

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

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

Recent good examples are:

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

Proposed new DoLS scheme:
Under the proposed new Liberty Protection Safeguards (LPS) scheme and proposed changes to the Mental Capacity Act 2005:

- the process will be more streamlined
- it will apply to people over age 16
- it will apply everywhere (not just care homes and hospitals)
- allowances for people with fluctuating mental capacity will be made
- greater safeguards for people will be made before they are deprived of their liberty.
- the person's wishes and feelings will be emphasised more

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

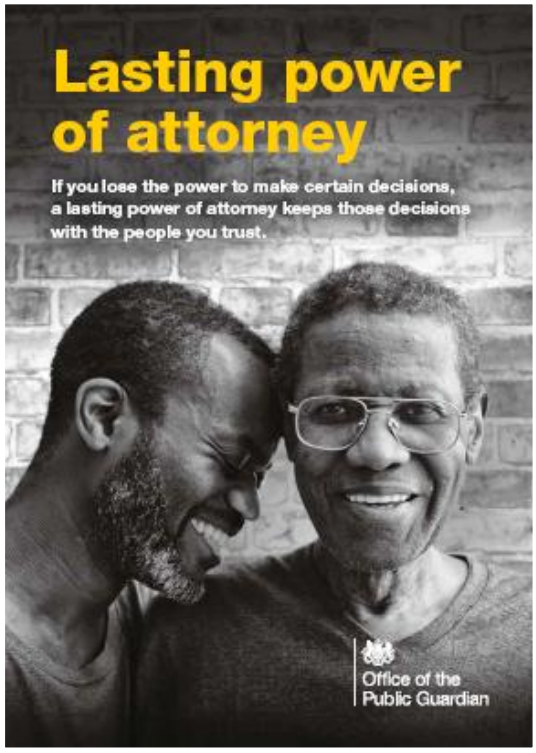
Work has started locally to prepare for implementation of the new system. The LPS will replace the Deprivation of Liberty Safeguards (DoLS) as the system to lawfully deprive somebody of their liberty.

13. Lasting Power of Attorney

Since December 2018, Islington has been the pilot borough for the campaign by the Office of the Public Guardian (OPG) to raise awareness around Lasting Powers of Attorney (LPA).

The aim of the campaign is to raise awareness, dismiss some of the myths and to reach parts of the community who might not have felt LPAs were relevant to them. The OPG has identified that one of the barriers to people putting in place an LPA is cost. The leaflet we have been distributing highlights that depending on the person's financial circumstances, it could be free to register the LPA. In the borough this campaign has been supported by Islington Council, Whittington Health, Islington CCG and Age UK Islington.

The Mental Capacity Act (2005) highlights the importance for all adults, including those with care and support needs, to plan for their future. This includes deciding who should make decisions about finances, health and social care and medical treatment should they ever lose capacity to make these decisions for themselves. This is achieved by putting in place a LPA for finance and a separate LPA for Health and welfare.
It can be difficult to think about the future, but it can also be reassuring to the person to know that someone who knows them understands their wishes and preferences and has the legal power to make a decision in their best interests should they lack the capacity to do this.



We continue to raise awareness about LPA's at community events, for example at carers events, in our care homes, through the work of Age UK Islington, at Whittington Hospital and with Islington GP's. We have talked about LPAs to health and social care staff in the borough at workshops and in training.

Next steps

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

Covid-19 (Coronavirus) pandemic

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

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

Making Safeguarding Personal

However severe the impact of the pandemic, we must not lose sight of the need to keep the person we safeguard at the centre of everything we do. Their wellbeing must be priority in our approach. Every person is an individual and whenever possible we must tailor our responses to reflect that person's priorities. We'll continue to work together to bring about the culture-shift needed to truly embrace this way of working across agencies and within our communities.

It takes time, energy and resources to shift culture, but we are committed to delivering changes in practice.

Liberty Protection Safeguards

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

Learning

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

Listening

Your views are important to us. We are committed to listening to what our community has to say. If you want to share your views with us, please get in touch. Our contact details are at the end of this report.

Appendix A

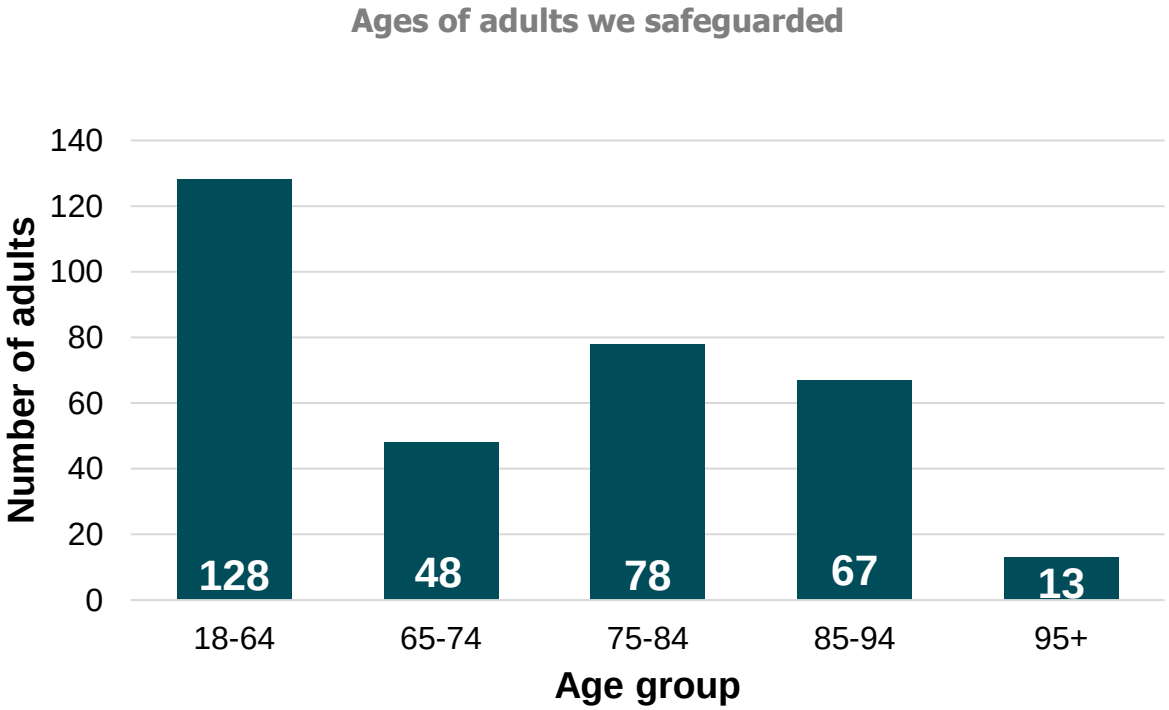
Making sure we safeguard everyone

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

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

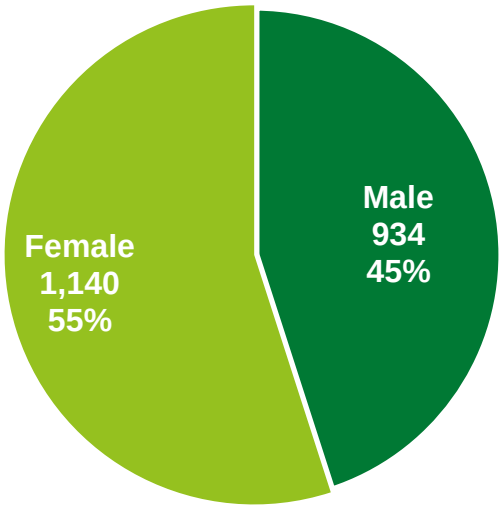
In this part of our review we look at how the Islington population is represented by the people who had safeguarding concerns raised about them.

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



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

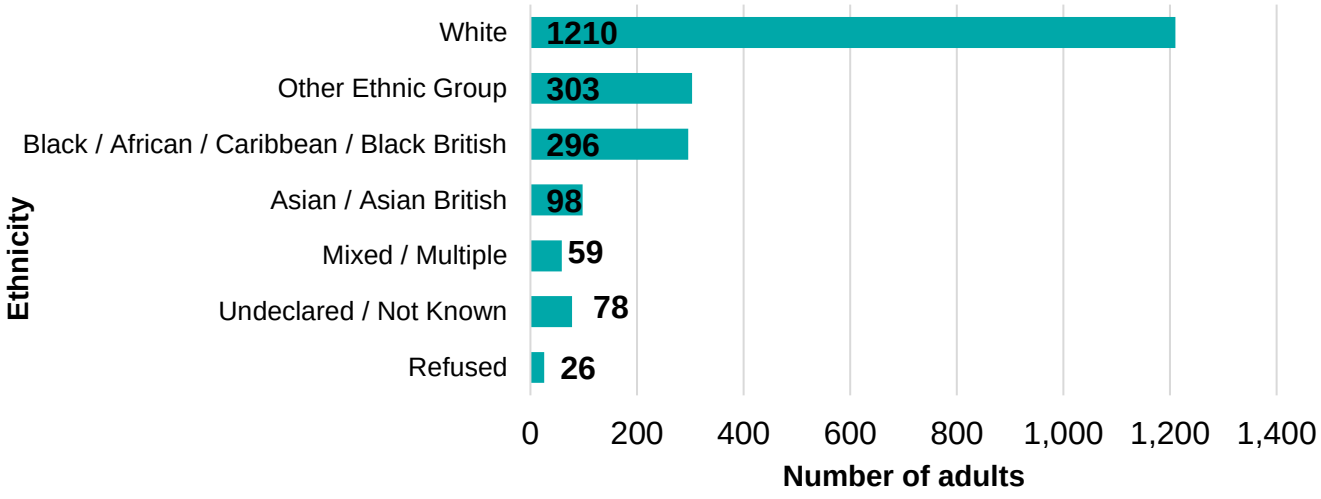
Adults who had safeguarding concerns raised about them



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

There were no safeguarding concerns about people who identified themselves as transgender. This may be explained by transgender adults being a statistically small group of people (estimated to be 0.1% of the population). It may also be because transgender adults chose not to disclose this information to us. We will look into this over the coming year to make sure we have created appropriate access and opportunities for transgender people and other groups to receive awareness raising information and share concerns.

Ethnicity of adults who had safeguarding concerns raised about them



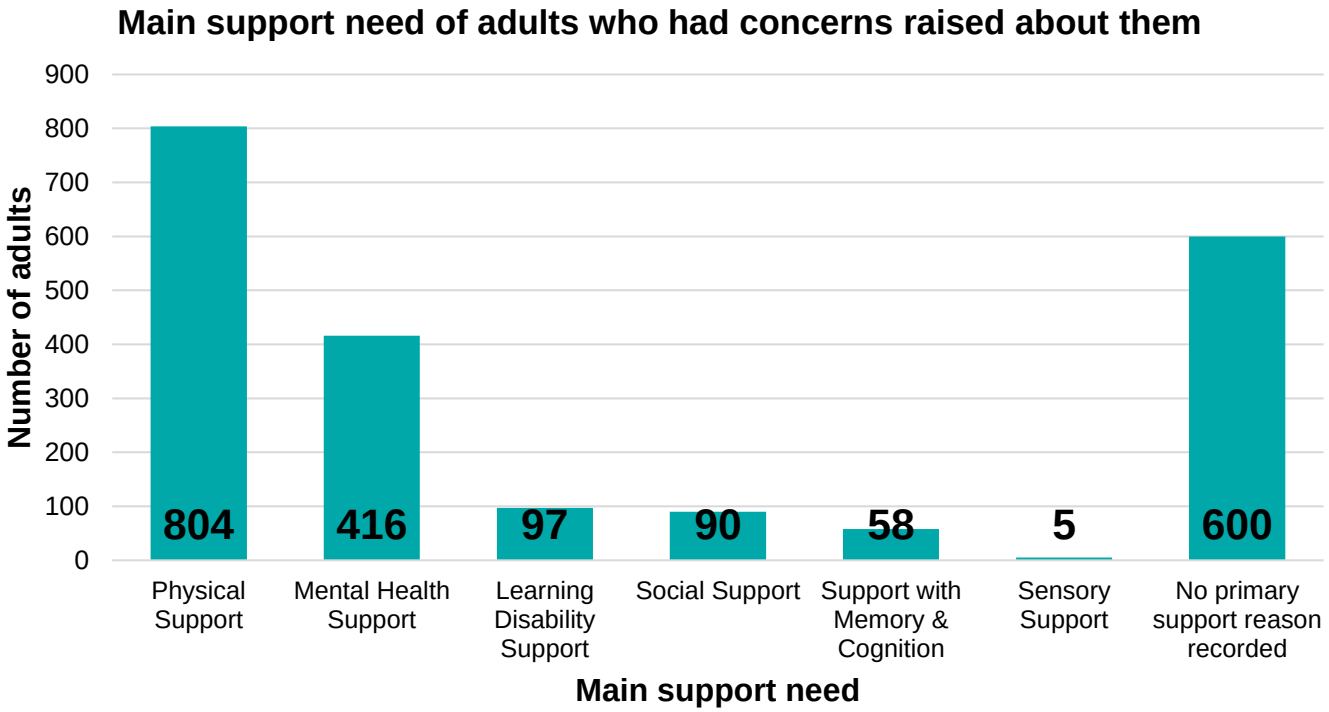
The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year. From in-depth analysis in previous years, it seems that concerns were least likely to be raised about people who described themselves as being of Chinese or Bangladeshi ethnicity. We have translated leaflets into Chinese and Bangladeshi. We will continue to promote safeguarding adults through these leaflets and engage with these

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

Sexual orientation of adults safeguarded during the year

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

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

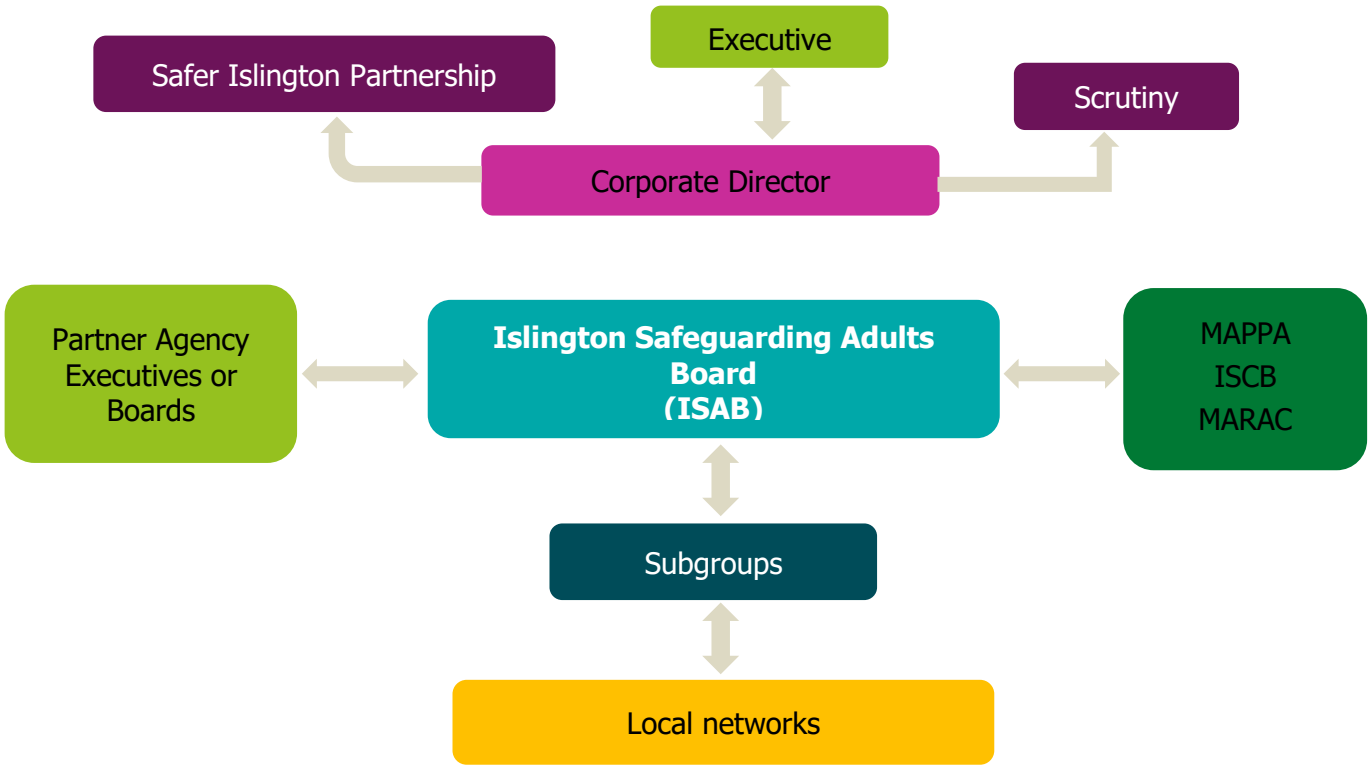


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that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

Appendix B

How the partnership fits in

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



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

Appendix C

Who attended our board meetings?

Engagement from our partners is essential. While much of the work goes on behind the scenes, it is important for our partners to take part in the meetings. We hold quarterly Board meetings and an annual challenge event. This year's challenge event was held with our four neighbouring North Central London boards: Camden, Enfield, Barnet and Haringey Safeguarding Adults Boards. We also held a local board event for our Safeguarding Adults Board members.

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

Islington Safeguarding Adults Board Meetings	Board Meeting 8 May 2019	Board Meeting 24 July 2019	Board Meeting 30 Oct 2019	NCL Challenge event 5 Feb 2020	Board Meeting 26 Feb 2020
Partner Organisation					
Independent Chair	✓	✓	✓	✓	A
Police	✓	✓	✓	A	✓
Islington Council	✓	✓	✓	✓	✓
Islington Clinical Commissioning Group	✓	✓	✓	✓	✓
Moorfields Eye Hospital NHS Foundation Trust	✓	A	✓	✓	✓
London Fire Brigade	A	✓	A	A	✓
Camden & Islington Foundation Trust	✓	✓	✓	✓	✓
Whittington Health	✓	✓	✓	✓	✓
Community Rehabilitation Company (CRC)	A	✓	A	A	A
Probation	✓	✓	A	A	✓
London Ambulance Service	A	A	A	A	A
Safer Islington Partnership	A	✓	✓	A	A
Co-Opted Organisation					
Age UK Islington	A	A	A	A	A
Notting Hill Pathways	✓	A	✓	A	✓
Healthwatch Islington	✓	✓	✓	A	✓
Single Homeless Project	A	A	✓	A	A
Attendees					
Care Quality Commission (CQC)	A	A	A	A	A
NHS England	A	A	A	A	N
London Borough of Islington Councillor	✓	✓	A	A	A
General Practitioner	A	A	A	A	N
Family Mosaic Housing rep	N	N	N	A	N
Prison	✓	✓	✓	A	N
Voluntary Action Islington	n/a	N	✓	A	✓

Key

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

Quality, Audit and Assurance Subgroup	Subgroup meeting 15 Apr 19	Subgroup meeting 10 Jul 19	Subgroup meeting 18 Sep 19	Subgroup meeting 22 Jan 20
Partner Organisation				
Chair (Clinical Commissioning Group)	✓	✓	✓	✓
Islington Council	✓	✓	✓	✓
Whittington Health	✓	A	✓	✓
Moorfields Eye Hospital NHS Foundation Trust	A	✓	✓	✓
Camden and Islington NHS Foundation Trust	A	✓	✓	✓
Notting Hill Housing	A	✓	A	A
Police	✓	✓	✓	✓

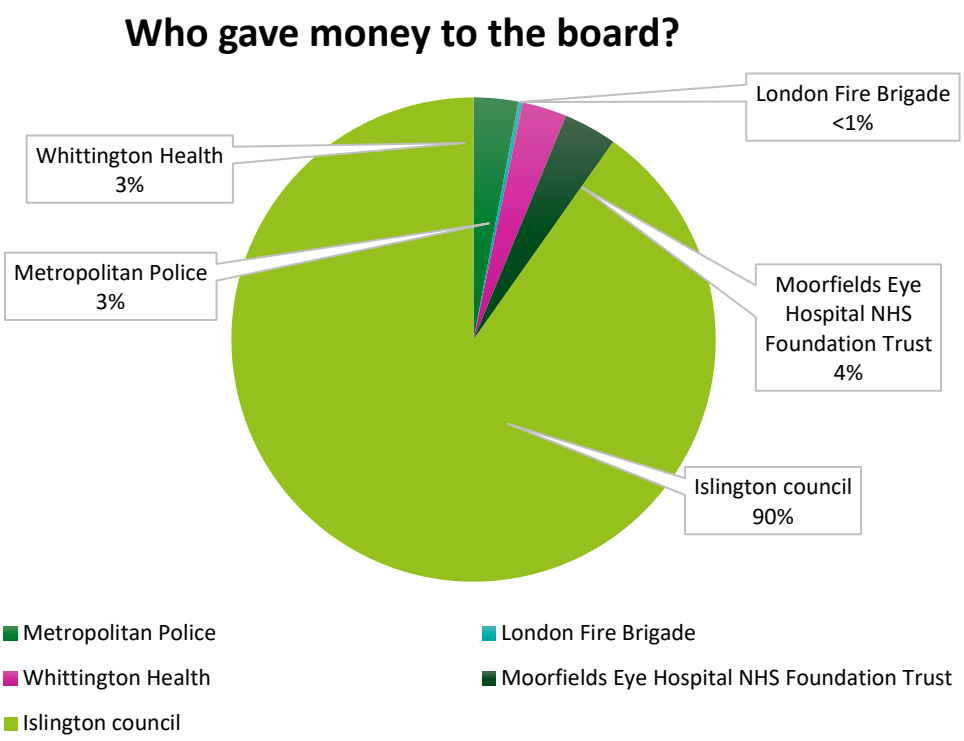
Safeguarding Adults Review Subgroup	Subgroup Meeting 19 Sep 19	Subgroup Meeting 15 Jan 20
Partner Organisation		
Chair (Police)	✓	✓
Islington Council	✓	✓
Single Homeless Project	A	✓
Islington Clinical Commissioning Group	✓	✓
Age UK	A	✓
Camden and Islington NHS Foundation Trust	✓	✓
Whittington Health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

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

Appendix D

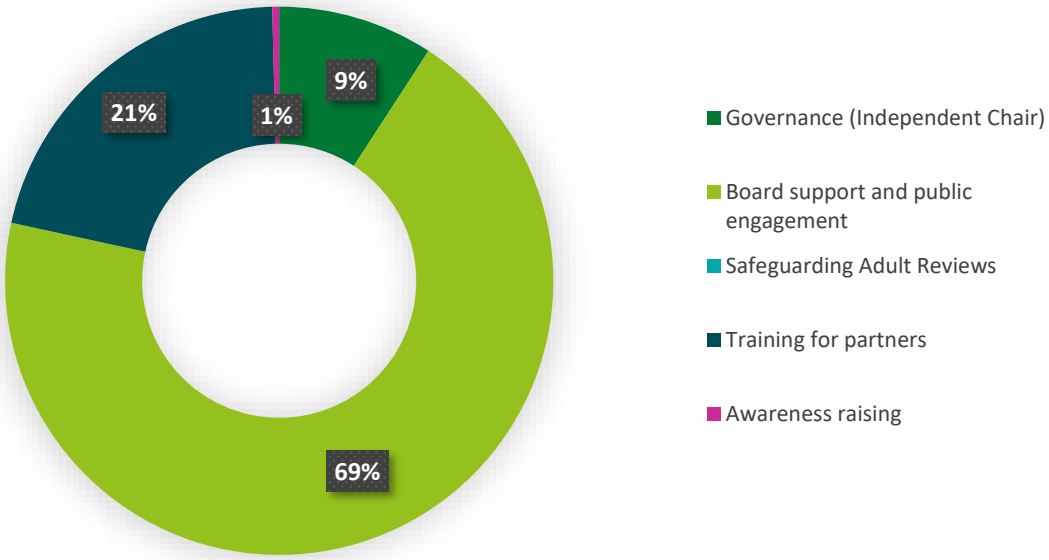
How is our Board resourced?

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



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

How we spent the money



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

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

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

Appendix E

Our impact on the environment

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

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

For more information about SHINE, click here..

Appendix F
Jargon buster

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

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

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

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

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

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

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

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

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

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

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

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

Making Safeguarding Personal
A way of thinking about care and support services that puts the adult at the centre of the process. The adult, their families and carers work together with agencies to find the right solutions to keep people safe and support them in making informed choices.

Mental Capacity Act (MCA)
The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

Merlin
Merlin is a database used by the Police to report persons who have come to notice due to any of a number of risk factors, such as going missing. Merlin is used to refer those concerns to partner agencies, such as mental health services.

Neglect
Not being given the basic care and support needed, such as not being given enough food or the right kind of food, not being helped to wash.

Safeguarding Adults Board
Councils have a duty to work with other organisations to protect
adults from abuse and neglect. They do this through local safeguarding boards.

Safeguarding Concern
Any concern about a person's well-being or safety that is reported to adult social services. Safeguarding concerns can be reported by members of the public as well as professionals.

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

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

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

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

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

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

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

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

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

Appendix G

What should I do if I suspect abuse?

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

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

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

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

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

In an emergency, please call 999.

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

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

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

For more information, click here

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

Safeguarding Adults Unit, Islington Council, 3rd Floor, 222 Upper Street,
Islington, London, N1 1XR

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Islington Safeguarding Adults Board

Summary Annual Review 2019-20

Our Achievements

· Through the Safer Islington Partnership, a multi-agency Modern Day Slavery board has been created. The board meets quarterly to share intelligence.

Several board partners recruited to extra posts to support the homelessness crisis. Additional grants allowed Islington council to open up winter shelters providing additional bed spaces for rough sleepers.

The action plan to learn lessons from the safeguarding adults review regarding Mr Yi was completed. Further work to embed and sustain the learning from serious cases will be done through our new Prevention & Learning subgroup.

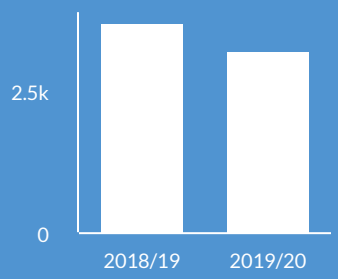
Camden & Islington Mental Health Trust completed a deep dive of sexual safety concerns. A Sexual Safety Policy was adopted and Sexual Safety matters are now reported to the Trust Safeguarding Committee.

The "Why MCA" training was jointly developed to bridge the gap between Mental Capacity Act theory and practice, This innovative course was shortlisted for the "Best Educational Programme for the NHS" award.

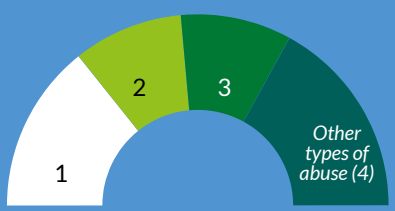
During Safeguarding Awareness month in June, we held a series of different awareness-raising events with pop-up information stalls at various places in the borough.

HMP Pentonville now includes safeguarding and social care needs in their basic custody screening tool.

Key Statistics

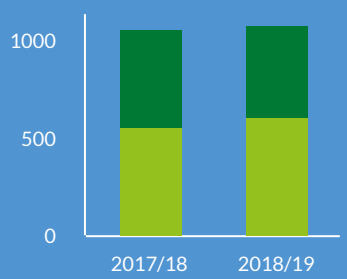


Concerns about possible adult abuse or neglect have decreased to 3,228 in 2019/20

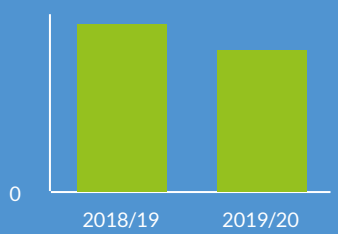


3 most common types of abuse found in safeguarding enquiries in Islington are neglect (1), financial (2) and psychological (3)

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



10% increase in Deprivation of Liberty Safeguard referrals but the number of authorisations remains unchanged.



435 enquiries into suspected adult abuse (15% decrease on last year)

In more than 90% of cases we either removed or reduced the risks through safeguarding action.

1 in 3 cases we looked into were about neglect

In more than 4 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

Taking action against homelessness and modern slavery continues to be a top priority nationally and internationally.

Restraint & seclusion gained public attention following a BBC expose of the treatment of 'Beth' who was kept in solitary confinement in an assessment and treatment unit elsewhere in the country.

The implementation of the Liberty Protection Safeguards have been postponed to 2022 by the government. We continue to be one of the few local authorities with no backlogs on Deprivation of Liberty Safeguards and are well-placed to transition smoothly into the new law.

The Covid-19 pandemic has brought challenges and risks for adults with care and support needs and the services supporting them. We will be focusing on assurances around those safeguarding risks over the coming year.

We will work on these developments over the next year.

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ISLINGTON

Report of: The Corporate Director of People's Directorate

Health and Wellbeing Board	**Date: 4th November 2020**	**Ward(s): All**

SUBJECT: Islington Health and Social Care Section 75 Arrangements: Annual Report 2019/20.

1. Synopsis

Islington has a strong history of collaborative partnership working for the benefit of local people. Under Section 75 of the NHS Act 2006 Local Authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, the aim of this is to improve services for residents and patients. The formation of, and ongoing use of Section 75 agreements reflects Islington's ongoing commitment to a whole system partnership approach. An approach which will support the Borough Partnership, Fairer Together, arrangements as they continue to develop.

Islington has Section 75 agreements covering adults and children's commissioning through the following arrangements:

- Commissioning partnership agreements between London Borough of Islington (LBI) and Islington Clinical Commissioning Group (ICCG) that covers pooled budget arrangements for Mental Health, Intermediate Care, Carers, Children's Services, Learning Disabilities, Mental Health Care of Older People, and the Better Care Fund
- Commissioning of primary care-delivered Public Health Services (known as 'locally commissioned services' by ICCG on behalf of LBI and a commissioning partnership agreement between LBI and ICCG that covers sexual health (including termination of pregnancy).
- Provider partnership arrangement between LBI and Whittington Health for delivery of community equipment.
- Provider partnership arrangement between LBI and Camden and Islington Foundation Trust (C&T) for delivery of mental health Care Act and social care responsibilities.

The Health and Wellbeing Board is responsible for overseeing the delivery of the Section 75 agreements to ensure they are operating effectively and having maximum impact. In relation to the commissioning Section 75 arrangements, this report includes the objectives of each pool, key achievements from 2019/20, and priorities for 2020/21.

For the provider Section 75 arrangements, the reports details key achievements and plans for 2020/21.

2. Recommendations

The Health and Wellbeing Board is asked to:

- To note the progress in 2019/20 between health and social care under Section 75 arrangements including key achievements
- To note priorities for 2020/21 and receive future annual reports on these arrangements

3. Background

Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, the aim of this is to improve services for residents and patients. Section 75 (S75) agreements allow for Local Authorities and health to pool funding to develop improved services and to maximise resources.

Section 75s are a tool to facilitate joint working to improve outcomes for residents and can act as a key enabler for integration. The legal flexibility to pool budgets provides a clear opportunity for local health and social care organisations to form integrated services. Evidence suggests that integrated management structures and services have several beneficial outcomes for users and can make efficiency savings by avoiding duplication.

For Islington, a joint NCL CCG (Islington Directorate) and LBI commissioners meeting, called the Section 75 and Better Care Fund meeting, manage the commissioning Section 75 arrangements. This group receives quarterly Section 75 progress reports. The progress reports allow the group to oversee the joint commissioning of the services within the Section 75 agreements including risks and mitigations, finances and commissioning intentions. The group makes recommendations to the relevant decision making bodies in the CCG and the Council or officers for future joint arrangements.

Islington Joint Commissioning teams manage and support the commissioning Section 75 arrangements. These posts work collaboratively across ICCG and LBI to maximise the value of integration and budget flexibility. The senior joint commissioning posts are jointly funded between the two organisations. Islington CCG and the Council remain committed to the Islington Joint Commissioning function and team for 2020/21. The North Central London CCGs merger and discussions about future commissioning functions in LBI may influence the ongoing arrangements for local joint commissioning. Executive officers from LBI and NCL CCG are currently meeting to discuss these arrangements.

For the provider Section 75 arrangements, LBI has joint forums with Whittington Health to oversee the delivery of equipment services, which has an overarching board that meets quarterly.

4. Summary Revenue Position: Adults Commissioning and Provider Section 75 agreements

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a 'pooled' fund.

During the financial year ending 31 March 2020, seven adult pooled budgets were in operation between Islington Council and Islington CCG: Intermediate Care, Learning Disability, Transforming Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care Fund.

The summary revenue position for 2019-20 is shown below.

Table 1: 2019/20 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2019/20 Gross Budget (£)	2019/20 Projected Outturn (£)	2019/20 Projected Variance (£)	LBI (£)	NHS (£)
Intermediate Care (Delayed Transfer of Care)	6,560,000	6,350,550	(209,450)	(113,103)	(96,347)
Learning Disabilities	35,499,232	37,492,164	1,992,932	1,747,801	245,131
Transforming Care	809,300	1,273,213	463,913	(46,292)	510,204
Mental Health Commissioning	4,845,716	4,845,716	-	-	-
Carers Pooled Fund	1,055,300	854,862	(200,438)	(182,399)	(18,039)
Mental Health Care of Older People (MHCOP)	7,035,590	7,043,078	7,488	4,268	3,220
Better Care Fund*	32,400,377	32,400,377	-	-	-
Gross Expenditure	**88,205,515**	**90,259,960**	**2,054,445**	**1,410,275**	**644,169**

*Total BCF fund is £34.715m. Funding streams of £1.2m, £95k, £182k and £1,020m are included directly in Intermediate Care, Carers, Mental Health Commissioning and Learning Disabilities respectively.

Table 2: 2019/20 Islington Council and Whittington Health Pooled budget summary table

Section 75 agreement	2019/20 Gross Budget (£)	2019/20 Projected Outturn (£)	2019/20 Projected Variance (£)	LBI (£)	NHS (£)
ICES (Integrated Community Equipment)	900,000	1,094,763	88,969	44,485	44,484

Variance in planned expenditure is shared between health and social care on a proportionate basis, based on percentage commitment to the pool.

5. Children's Commissioning Section 75 Agreements: Year in Review

5.1 Pooled and non-pooled budgets

Whilst there are no pooled commissioning budgets in children services, the Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

The Children's Health Commissioning team, located within the local authority and the CCG, has highly developed well-established linkages between health and local authority commissioning including Public Health. The direct management of the team is provided jointly by the CCG's Director of Integrated Commissioning and LBI's Director of Strategy and Commissioning. The Assistant Director of Joint Commissioning for CYP and Disability took on responsibility in 18/19 for developing an All Age Approach to Disability with a specific focus on Progression to Adulthood; so now has a remit across both adults and children's commissioning within LBI's People Directorate.

Unlike adults, children's health and social care provision is commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission services funded by the CCG or the local authority and to do so working closely with Public Health, other local authority partners and schools. This is particularly important in relation to the commissioning of speech and language and other paediatric therapies, services for children with disabilities, child and adolescent social, emotional wellbeing and mental health (SEMH) services and health services for vulnerable children: including services within the Pupil Referral Units, children looked after, young carers and those known to the Youth Offending Service /Targeted Youth Support.

In 2020/21, the actual local authority cost towards the cost of this team is £188,418 and the CCG actual cost is £245,874.

Aligned budget: Within Children's Services there is also an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities. Decisions about the funding of these placements are made by a Joint Agency Panel (JAP) which is attended by the AD for Joint Commissioning and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 2019/20 has continued to function effectively. The overall outturn in 19/20 was £3,642,817 with a standard split operating across agencies such that the outturn for each agency was as follows: CCG – £1,257,600, Education – £764,991 and Social Care – £1,502,133.

5.2 Children's Integrated Care

The Children's Integrated Care Programme is central to ensuring that children's health care is managed in the community where it is safe to do so. This requires close collaboration between primary, community and acute (hospital) services as well as linking up with local authority partners as needed.

Key projects supported in 19/20 were:

- Asthma Friendly Schools: which achieved coverage across the majority of schools and all the children's centre's is Islington. To achieve Asthma Friendly status, schools and children's centres must achieve 5 standards including, implementation of an asthma policy, care plans, training, asthma register and emergency procedures. Formal evaluation of this programme of work in 18/19 demonstrated significant impact on the health and well-being of pupils in those schools. The programme has received national recognition for its work and impact on CYP. In 2019/20 the programme was extended to cover allergy in schools. Allergy Friendly Schools status includes the implementation of an allergy policy care plans, training, allergy register and emergency procedures.

The programme also supports schools to safely purchase and store spare adrenaline auto-injectors. There are plans in 20/21 to include eczema.

- Paediatric Primary Care Nurses: The children's nurses continue to deliver clinics in primary care to improve health and wellbeing outcomes for children with eczema, asthma, viral induced wheeze and constipation. They also continue to deliver an asthma review 48 Hours following an attendance/admission into Secondary Care.
- Hospital @ Home: has continued to embed itself locally enabling acutely unwell children to have their care managed at home who would otherwise be treated in hospital. In 19/20, the service expanded its scope to include referrals from Midwives for babies with jaundice, enabling an avoided attendance and admission into hospital.

Most community health services for children in Islington are provided by Whittington Health monitoring of these services includes the following:

- Services for Children with Additional Health Needs such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics, Community Children's Nursing, Continuing Care, Palliative Care, bladder and bowel, Audiology and Continuing Care.
- Services for Disabled Children including the Integrated Disabled Children's Service, Short Breaks Services and Assessment and Diagnostic services delivered from the Northern Health Centre.
- Child and Adolescent Mental Health Services (CAMHS) and SEMH therapeutic and emotional wellbeing services.
- Integrated Health Teams working within the Targeted Youth Support, Youth Offending Services and Looked After Children's Services

The team also undertakes a series of engagement/monitoring meetings regarding the above and involves the local authority partners in these as needed. Hence the S75 is enabling the local authority to have more direct involvement in the monitoring of the Whittington health contract than would otherwise be the case.

5.3 Key 19/20 achievements

Social and Emotional Mental Health (SEMH)

The expanded SEMH community based counselling, therapeutic and emotional wellbeing service offer commenced from June 2019, with the new integrated SEMH CPA, into the existing Children's Service Contact Team (CSCT), going live from Sept 30th 2019. As a result of the SEMH CPA partnership working and expanded community offer, waiting times into central CAMHS had reduced, from an average of 18 weeks to 7.8 weeks by the end of Jan 2020. Waiting times into the community therapeutic and emotional wellbeing offer were just 6 weeks or less.

The SEMH offer includes:

- Therapeutic, counselling and Emotional Wellbeing Services provided by Barnardo's, The Brandon Centre, the Targeted Youth Support Counselling Service and Isledon.
- Social prescribing and digital options, including online counselling (Kooth) and voluntary and community sector (VCS) universal provision
- Whittington Health Child and Adolescent Mental Health Service (CAMHS)

Bringing stability to the SEMH pathway and support to the third sector CYP Emotional Wellbeing Provider Network. This brings together professionals from the breadth of provision to share best practice and develop local resources to support CYP.

We have continued to work closely with Children's Social Care this year to develop the delivery of CAMHS services to Children Looked After (CLA) to ensure we are maximising the use of the dedicated resource for CLA.

The Schools Forum have continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Children's Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions when required. Islington has also developed a framework to support schools' thinking in relation to mental health and resilience: iMHARS (Islington mental health and resilience in schools www.islingtoncs.org/imhars). As of end of January 2020 43 schools (66%) have used the iMHARS framework to improve practice and develop a whole-school approach to mental health.

Implementation of the Islington Trauma Informed Practice for PRUs, Primary schools and Partners project (iTIPS) to develop their trauma-informed practice, within a whole-school approach, has been achieved in 100% of the pilot schools (5 primary and new river college), plus additional schools in Wave 2 (6 primary and 2 secondary schools), and Wave 3 (a further four primary and one secondary).

We have now begun to pilot 'Tiny TIPS' with Early Years – involving two children's centers and one nursery school and have also supported some of Youth and Community's TIPS work.
In addition to our CAMHS in children's centre offer and parent and baby psychology service, we have developed our Growing Together service, which provides highly skilled interventions for families across the borough, for parents with mental health issues and their children (1 – 5 years old) with their own emotional wellbeing needs.

The CCG has continued to fund health services into the Youth Offending Service including a nurse (who also works into the Pupil Referral Unit), two CAMHS posts, a CAMHS Psychologist and Liaison and Diversion nurse, and a speech and language therapist. Mandatory speech and language screening was implemented for all YP entering YOS and this has resulted in better outcomes for some young people undergoing court proceedings.

Islington's Social, Emotional and Mental Health (SEMH) Service Offer and Mental Health Support Teams (Trailblazer).

In June 2019 Islington CCG and partners (including Islington Council, Whittington Health CAMHS and schools) were successful in their application to join Wave 2 of the MHST programme, providing additional funding (c. £900K per annum) to support children and young people's mental health and emotional wellbeing.

MHSTs will provide additional early intervention for children and young people with emerging mild to moderate (pre-CAMHS) mental health and emotional wellbeing issues, such as anxiety, low mood, behavioural difficulties or friendship issues. In addition to direct work with children and families the teams will also support school staff in whole school approaches to supporting positive mental health and resilience. The model includes all primary (47) and secondary (11)

schools and the pupil referral unit (PRU) and alternative provision, thereby covering the whole mainstream population of pupils across Islington, including school-based 6th form.

Special Educational Needs and Disability (SEND)

The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the SEND reforms. This integrated approach to SEND across the CCG and LBI will be central to positive outcomes in the forthcoming SEND Joint Inspection, preparation for which is managed through the Progression to Adulthood Board.

The Islington Additional Needs and Disability Service (IANDS) provides therapy services, under 5's Autism Diagnostic Service, the Muscular Skeletal service, the early year's development team, nutrition and dietetics. The service continues to achieve good outcomes for children and young people, which are documented at quarterly engagement meetings with commissioners.

There are issues with the waiting times for the Social Communication Team, who complete the autism assessments for under-5s – pre-Covid wait times had risen to 28 weeks for under 5's by March 2020. Referrals for the service continue to increase, and 85% of those assessed are diagnosed, demonstrating that the team are assessing appropriately.

Mainstream therapies in schools (mainstream and special school) are also experiencing increasing referrals of children and young people with additional needs, and the complexity of the need has also increased. A review of these services is currently underway, with an aim of remodelling the service to enable it to meet the ever-increasing demand.

Personal Health Budgets

Personal Health Budgets are becoming more widely used across children's services, and now includes children looked after and care leavers with mental health needs, continuing care, Transforming Care, wheelchairs and through the SEMH emotional wellbeing service This has included additional support for YP being discharged from Tier 4 provision. Where relevant and appropriate the budgets are joined with education and/or social care. We continue to see good outcomes from Personal Health Budgets.

Children and Young People's Transforming Care

Transforming Care is a national programme to reduce the time spent in hospital settings for people with a learning disability or autism, which often leads to poor outcomes. This has been expanded to include work to prevent admission of people with learning disabilities and/or autism to inpatient settings; including hospital and long-term residential placements for children and young people, as well as work to discharge long-stay patients. The programme further expanded in April 2019, and now includes Health Checks for children with a learning disability (LD), STOMP/STAMP (prevention of the over-medication of children and young people with LD and/or autism), and LeDaR (learning disability mortality review).

Work on Learning Disabilities and Autism in 2019/20 included:

- Ongoing embedding of the Transforming Care Prevention and Support Service (TCaPS) - an independent evaluation demonstrated positive outcomes for families accessing this service – the aim is to secure ongoing funding following the demonstration of the positive impact

- STOMP/STAMP awareness raising, including a lunch and learn session with colleagues across adults and children's health and social care
- Liaising with primary care to improve LD register data, ensuring reach to all those eligible for Annual Health checks
- A bid to NHS England for further funding across North Central London for Key Working services, aiming to expand support to those young people with LD and/or autism in Tier 4 hospital settings, or those who have escalated to crisis level and are at high risk of a Tier 4 admission.
- Autism training across children's health and social care services, provided by Ambitious About Autism, to increase knowledge of Autism across the services

Challenges include being able to identify children with autism and no learning disability before they reach crisis, and having the resources to effectively work with these young people, as well as the wider cohort, when they do become known to us.

The All-Age LD and Autism Board has been established, jointly looking at all areas of the LD and Autism Programme across adults and children's.

Progression to Adulthood

A Progression to Adulthood Strategy was signed off by the Progression to Adulthood Board in February 2020; to transform provision to ensure LBI services and approach are equitable and consistent for all cohorts of young people with Care Act Eligible needs.

COVID-19 has affected the delivery of the strategy but work is recommencing now. A key achievement has been the funding of a one-year pilot to establish a new transitions team and an extension of SEMH offer to young people up to 25 years. The new team will offer transitional support to young people with Autism, Social Emotional Mental Health Needs, Physical/Hearing/Visual/Sensory Impairments and complex health needs. The team will ensure Care Act Assessments are undertaken in a timely way to build on young people's strengths, to maximise their potential and independence; and to plan further ahead to meet the needs of young people as they meet maturity. The extended provision will offer wrap around/step down therapeutic support that is not available within adult social care.

Coronavirus (COVID-19)

In the initial stages of the Covid-19 pandemic, many children's services rapidly transformed to meet the demands of the crisis. All non-urgent elective activity was stopped, children's inpatient services were relocated to Great Ormond Street and UCH A&E services were redirected to Whittington Health; to increase capacity for the rapidly expanding adult Covid-19 inpatient activity.

The pandemic also led to significant transformation in the children's community services, where non-urgent activity was either decreased or stopped and many services where possible changed to virtual contact.

The NCL CAMHS Out Of Hours team worked collaboratively with local crisis teams including the Islington CAMHS Adolescent Assessment Outreach team (AAOT) which has continued to deliver a face to face service throughout the pandemic. Business contingency plans were rapidly developed for our most vulnerable families, including those with continuing care needs, disability, autism and learning disabilities. These plans were created in close

partnership with our Local Authority colleagues. The Continuing Care team, that provides care for our most medically vulnerable children, worked closely with social care colleagues, agencies and Hospices to ensure children remained well at home, preventing admissions into hospital. The Continuing Care Team stopped all assessments and implemented virtual contact with families. The carers were provided with PPE and training.

The community nursing service created a community nursing hub at the Northern Health Centre, to increase capacity within the service, reducing demand on hospital inpatient services. The community nursing service also worked as a network across NCL, so that out of Borough services could meet demand and ensure early discharge from hospital. The Hospital @ Home service proved to be invaluable during this period, as it enabled both early discharge and preventing an admission, for acutely unwell children.

The Islington Additional Needs and Disabilities Service at the Whittington moved to virtual support for families, providing therapy to those where this was a possibility. However, this is not possible for everyone, and has led to unequal access to these services for families. Not all families have the technology needed to do this, and other work and family responsibilities will have affected the ability to participate virtually.

The Social Communication Team, which completes Autism assessments for under-5s, was severely impacted. Waiting times have increased to 42 weeks, with ongoing delays to assessments; whilst the team have implemented virtual assessments where possible (these are not suitable for all cases), and have re-implemented face-to-face clinics, the rate of assessment is not able to meet the demand, as well as reducing the backlog.

The SEMH CPA has continued to operate virtually which has been very effective. All the SEMH therapeutic, counselling and emotional wellbeing services have continued to offer interventions virtually, either by video link of telephone. Additional in reach emotional wellbeing support was offered by the Isledon Emotional Wellbeing Service and the new Mental Health Support Teams for schools.

COVID-19 Restoration

The Covid-19 restoration phase is now upon us and much work is taking place to restore services and ensure system readiness for a second surge in Covid-19. Locally Whittington Health has opened up its inpatient services and will remain open, if a second surge were to happen and UCH's inpatient services and A&E are to remain on redirection through the coming months.

The Community Nursing Services have returned to their usual service offer, but the Community Nursing Hub will be rapidly reinstated again if there is a second surge in Covid-19. The Continuing Care Team have also returned to their usual offer, visiting families in their homes and reinstating assessments.

Two of the main services where there has been a significant impact are the Social Communication Team (under 5's autism diagnostic service) and the Mainstream Therapy teams that work in the schools. The Social Communication Team during the early Covid period aimed to complete as much pre-assessment work as possible. They have restarted clinic assessments, although they are not able to see as many children as they were pre-Covid due to the need to clean and maintain health and safety within the clinic. They are also trialling virtual assessments for some children, although this is not suitable for all.

Mainstream therapies have implemented summer clinics to reduce backlog, as well as the ongoing provision of virtual therapy sessions. When the schools go back in September, they will be restart their work in schools, although again, due to health and safety measures required.

The CYP restoration work is ongoing and developing, and commissioners are working with their counterparts across North Central London to align plans and improve services which have had to change their delivery model due to Covid wherever possible. In addition, local conversations between commissioners and providers are taking place regularly to continue to develop the action plan and ensure that we are supporting families as best we can. We are also working with local safeguarding leads to ensure that services are doing all they can to identify and support vulnerable children.

The SEMH therapeutic, counselling and emotional wellbeing services have begun to deliver some face to face interventions for those YCP identified as priority. This has included CYP who did not wish to engage virtually, CLA and high risk CYP. Where possible all these SEMH providers are trying to ensure that at least one face to face meeting with CYP whom have received only virtual interventions to date before they reach the end of their service intervention. All outcomes of SEMH referrals (excluding clinical detail) are communicated back to referrers.

Children and Young People's Participation and Engagement

Participation and engagement has continued to be a central point to the Children's Joint Commissioning Team (CJCT). The CCJT have maintained the standard of ensuring that children and young people, and their parents/carers, are central to the development of commissioning and service improvement.

The level of engagement carried out with Children and young people has increased due to the utilization of multiple engagement methods/tools. The team will continue to promote and carry out further initiatives that will successfully engage CYP and their parents/carers to influence the direction and quality of the services available to them.

6. Adults Commissioning Section 75 Agreements: Year in Review

The following section provides an overview of each Adult's pool, key activities and achievements delivered in 2018/19 and priorities for 2019/20.

6.1 Intermediate Care – Value £6.560 million

Objective of the Pooled Arrangement

The main objective of the Intermediate Care pooled budget is to have joint planning and oversight of the Islington Intermediate Care offer. The pooled budget invests in a range of integrated services to help people avoid going to hospital unnecessarily, help people be as independent as possible after a stay in hospital and to prevent people from having to move into residential home. Through working jointly, the aim is to reduce delayed transfers of care across the borough through improvement of Intermediate Care Services, better acute hospital processes, and joint monitoring of progress.

LBI hosts the Intermediate Care Pooled Budget. Table 3 sets out the range of services funded through the pooled arrangement.

TABLE 3: Joint funded Intermediate Care Services

Service category	Service	Provider	Description & Skill set
Home based Intermediate Care	REACH home based	Whittington Health	Home based multi-disciplinary therapy including physiotherapy, occupational therapy, and nursing
Bed based Intermediate Care	REACH bed based Therapy Team	Whittington Health	Bed based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing supporting Mildmay and St Anne's
	St Pancras Rehab Unit	CNWL NHS Trust	21 inpatient rehabilitation beds
	St Anne's Nursing Home	Forest Healthcare	10 rehabilitation beds in a nursing home setting
	Mildmay	Notting Hill House Trust	12 rehabilitation beds in an extra care sheltered setting
Reablement	Community Enablement	Age UK	Short term interventions to increase independence and wellbeing for Islington residents 55 years and older
	In-house Reablement service	LB Islington	Reablement care to people in their own homes for a period of up to 6 weeks

Key Achievements in 2019/20

Key achievements in 2019/20 include:

- Integration of the Hospital Social Work team, and the Discharge to Assess (D2A) and Reablement Teams into one Integrated Discharge Service.
- Establishment of a system discharge offer in Islington that is seven days a week, 08.00 – 20.00, enabling timely discharges from our acute hospitals into our intermediate care beds and the community.
- Embedding the D2A principles in Islington and successfully providing same day and next day discharges from the acute, across the seven days.
- Re-establishing all 10 St Anne's beds as intermediate care rehab beds.
- Established pathway between rapid response and LBI Reablement enabling seamless transition of patients from service into ongoing Reablement. Service outreached into Integrated Networks, shadowed London Ambulance crews, and supported the A&E front door challenge, to promote and inform referrers of the rapid response offer. This resulted in increasing referrals from GPs, LAS and community sources.
- Embedding the Care Home Trusted Assessor role within the discharge service, to support timely discharges of patients into care homes.
- Investment in the falls service to continue the offer for 19/20 and 20/21
- Implementation of the Reablement and Carer DN medication pathway enabling home care workers to support

The advent of the COVID-19 crisis resulted in urgent work across LBI, Whittington and the CCG in redesigning how existing intermediate care resources and capacity were utilised, to support discharges and flow from acute hospitals. It also paused the reablement service with a knock on affect being experienced in terms of more high cost packages of care and the expectation that there will be higher numbers of people in long-term care. This will have a significant impact on LBI Adult Social Care budgets, there is a working group looking at how to adapt the approach should there be a resurgence in COVID-19.

Priorities for 2020/21

The priority for the Islington Intermediate Care Pool in 2020/21 is to continue the transformation of Intermediate Care services to modernise the Islington offer, in the context of a COVID-19 environment. This will include the following:

- Enable discharge services funded via the Intermediate Care pool to effectively support and deliver the COVID-19 initiatives and changed ways of working
- Establish an integrated health and care offer in the community that includes Intermediate Care, the Integrated Discharge Service, REACH, District Nursing services and Whittington Rapid Response and works closely with revised Discharge Arrangements
- Review of existing intermediate care beds in the context of COVID-19, NCL bed bases and Islington bed needs for nursing and extra-care
- Review of the current intermediate Care pool arrangements
- Review arrangements with Whittington Health with regard to historic posts funded through the intermediate care pool and potentially through the CCG community contract
- Review arrangements for LBI reablement service.

6.2 **Learning Disabilities and Autism**

Objective of the Learning Disabilities Pooled Arrangement – Value £35.499 million

Services for young people and adults with global learning disabilities; core areas of spend are broadly:

- Islington Learning Disability Partnership (ILDP) – an integrated health and social care team, including:
    - Social care team provided by London Borough of Islington
    - SLA with Whittington Health for speech & language therapy and physiotherapy
    - SLA with Camden and Islington Foundation Trust for all other health professionals
- Commissioned services – supported accommodation, community support, and consultation
- Directly-provided services
- Spot Purchasing
- Personal budgets / direct payments

Key Achievements in 2019/20

Learning Disabilities

Learning disabilities (LD) continues to undergo a programme of developments to embed strengths-based working and maintain high quality service provision, whilst meeting demographic pressures and achievement of better value for money.

In 2019/20 the estimated demographic pressure was £1.085m. This can largely be attributed to increasing complexity of need, with particular pressures around managing complex physical health (continuing healthcare) and supporting people with dual diagnosis mental health needs within community settings.

ILDP have continued to strengthen the integrated health and social care offer that LD residents receive via the implementation of multi-disciplinary network meetings for their most complex individuals. This has reduced duplication and re-focussed the work around outcomes.

The team have benefitted from additional consultant psychiatry resource, in recognition of the high prevalence of dual diagnosis LD and mental health. This has enabled effective partnership working with C&I services to manage mental health needs in the community, as well as the review of all residents with prescribed anti-psychotic medications in line with the STOMP[1] agenda. GP liaison meetings have also been re-established to further develop the relationship between ILDP and primary care; working towards a shared understanding of the needs of the LD population.

The pooled budget funds a range of accommodation-based services. As part of a process that started back in 2018, all in-borough supported living services are being re-procured using a new contract model. The re-procured services have a core provision, with a flexible element on top which is personalised to the needs of each individual tenant. The flexible element is funded with a form of direct payment, known as an Individual Service Fund (ISF). This gives the service user choice and control over how their support is delivered and by whom. This new method of contracting affords greater transparency of what is delivered and ensures that services are tailored to need. Seven services were re-procured during 2019/20; delivering savings against the original contract values.

Alongside this, ILDP's social care team have been scrutinising care packages, to ensure all LD support is strengths-based, personalised and equitable. These activities have reduced overspend on the pooled budget from £1.56 million at the start of 2019-20 to £0.73 million at the start of 2020-21 (a reduction of £0.83 million).

The pooled budget funds a service targeting social inclusion and consultation services that ensure that the voices of service users and family carers are heard throughout service design and delivery. Over the course of the year, service users and family carers were involved in all tendering activity as co-evaluators, as well as co-chairing the Learning Disability Partnership Board and its subgroups.

There are a range of directly-provided services for adults with learning disabilities, including accommodation-based services, day provision and employment support. These continue to deliver positive outcomes for residents and the operational teams are committed to driving quality and efficiency improvements within these services. The employment subgroup of the partnership board were pleased to report that 19 adults with learning disabilities into paid employment during the year.

[1] Stopping the over medication of people with learning disabilities

During the initial months of the Covid-19 pandemic, commissioning and operational teams worked to implement a range of measures to support individuals and providers manage the crisis. These included, but were not limited to:

- High-risk list compiled to identify those needing most pro-active input
- Welfare check phone calls to those on the risk list
- Virtual services delivered by ILDP
- Support to providers via weekly check-ins, access to PPE, access to Public Health guidance, a daily local update email

The measures required and support available has subsequently evolved as the pandemic has continued. We were fortunate to report no LD deaths related to Covid-19 in 2019/20.

Autism

Autism, without a co-morbid learning disability, continues to be an area facing demographic pressure, particularly in the young adult population. There is recognition that this cohort often 'fall between the cracks' of eligibility criteria for mental health and learning disability teams. Two social workers were recruited into the locality teams to work specifically with this cohort and bring the necessary specialism and capacity into the teams. This is an area for further development in 2020/21.

Islington's Autism Partnership Board met in October of 2019 and agreed a proposal to spend the remainder of the year coproducing an all-age autism strategy. Charitable organisation: Ambitious About Autism have been commissioned to lead a coproduction group of service users and family carers and to engage wide-ranging professionals in the development of the strategy. The coproduction group met four times prior to the outbreak of Covid-19. The pandemic stalled further progress with the strategy, but this will be a priority for 2020/21.

Transforming Care

Transforming Care is a national programme of work led by NHS England. It is a key priority for NHSE and has a significant level of scrutiny attached to it. The programme relates to people with learning disabilities and/or autism who also have challenging behaviours and/or a mental health condition; focussing on ensuring they are not inappropriately admitted to specialist hospital care and are supported to live in their community wherever possible. If an admission does take place, placements are scrutinised for quality and there is a regular review framework to ensure discharge planning is prioritised.

Transforming Care is well-embedded within ILDP and engagement within the community mental health teams is improving. There is strong finance and senior management support across operations and commissioning at both the local authority and CCG. In 2019/20, we held five community reviews, four of which avoided an admission or readmission.

Our adult CCG-funded inpatient figures for 2019/20 were as follows:

	Admissions	Discharges	Inpatients at year end
LD	1	1	3
Autism, non-LD	2	1	2

6.3 **Mental Health Commissioning – Value £4,846 million**

Objective of the Pooled Arrangement

Islington has the highest number of people with serious mental illness in the country. The main objective of this pool is to ensure that social care systems are appropriately funded to meet Care Act requirements and provide services that can alleviate the pressures on health and providing Islington with a rich offer of support in relation to mental health.

The services in the commissioning pool focus on three key areas:

- Prevention of re-occurring mental ill health including relapse
- Provision of supported housing and residential care
- Provision of statutory functions such as Independent Mental Health Advocacy

Key Achievements in 2019/20

- Effective utilisation of accommodation services. For the majority of accommodation services, placements are being fully utilised, with voids filled rapidly and low levels of Delayed Transfers of Care.

- An All Age Mental Health Partnership with stakeholders from the social care, commissioning, service users, public health, the Trust and voluntary and community sector was launched. The Partnership Board brings together previous separate children and adults Boards and will develop initiatives to prevent mental illness and promote good mental health for children and adults.

- The new Mental Health Recovery Pathway service provided by Islington Mind was launched in June 2019 bringing together day opportunities, reablement, psychosocial support and an out of hours crisis café.

Priorities for 2020/21

- COVID-19 has obviously presented with a range of challenges for the delivery of services and the impact on people's mental health. There have been changes in services this year to accommodate this:
    - Accommodation services moved to remote assessments and facilitated more rapid discharge from hospital
    - The Recovery Pathway service moved to remote working and virtual groups and one to one telephone support, closer links were made with the wider VCS to support people with other areas such as access to food and medicine delivery
    - The crisis house service changed to be a step down from hospital service to support early discharge and greater support was given at home by the Crisis Home Recovery and Treatment service to avoid voluntary admissions often previously accommodated in crisis houses
    - We established and are piloting a single point of access to the wider VCS offer with Manor Gardens for adults social care and the Mental Health Trust

- The All Age Mental Health Partnership Board identified 5 key priorities for work to meet the challenge of COVID and development of the Borough Partnership:
    - Crisis prevention and response; including re-launch of the crisis café

- Expand emotional and psychological support to residents of Islington
- Improve access to mental health support 16 – 25
- Better access to support to address health inequalities with a specific focus on BAME
- Develop and embed social and emotional support for CYP and their families

We are also restarting work paused due to COVID, specifically a review of residential and supported accommodation pathway, ensuring that we have the right type and quality of services to meet the complexity of needs of local residents.

6.4 **Carers – Value £1.055 million**

Objective of the Pooled Arrangement

The main objectives of the pool are to ensure that there is joined up health and social care support for unpaid carers and that the needs of carers are recognised and understood by health and social care statutory agencies, the wider voluntary sector and the community at large. The pool is also held for the funding of carers personal budgets across all customer groups' i.e. older adults, learning disability, mental health and physical disability.

The pool funds primarily the Islington Carers Hub (ICH) service. This service was commissioned in April 2009 to provide a comprehensive information, advice and guidance service to all unpaid carers living in Islington or with a caring responsibility for someone with care and support needs living in the borough. The service is currently provided by Age UK Islington under contract until February 2022.

Key Achievements in 2019/20

- Hidden carers reached was 3060 at the end of March 2020 which represents 16% of the estimated carer population of 18,700 (Census 2011 data)
- 92% of carers who received a service in 2019/20 were fully satisfied with the support they received from the carers hub
- All KPIs for ICH were either met or exceeded
- ICH delivered regular drop in surgeries at GP practices to raise awareness of unpaid carers and to promote the support available for carers
- Carers Week celebrated carers through a range of carer focused activities across the Borough
- The HealthEIntent project includes unpaid carers to ensure exploration of the ability to share data between GP systems and ICH to widen the carer hub offer to carers known to GP practices
- Carer's offer initial review completed to ensure that the Islington Carer's offer is fit for purpose
- Work initiated to develop a co-produced strategy and service specification with carers.

Priorities for 2020/21

Covid has presented a range of challenges for unpaid carers and for the services and support designed to support their wellbeing and meet their needs, leading to the following work and priorities:

- ICH have been very proactive in adapting its services and reaching out to carers to provide support and guidance and access to opportunities during the Covid pandemic. The number of carers they have engaged with during this quarter suggests increased need during this time and ICH's ability to respond to this demand, albeit using alternative methods to reach and respond to carer needs
- ICH have carried out telephone wellbeing checks and are planning for face to face support to resume where required
- ICH led on Carers Week events in June 2020 coordinating a range of virtual carer focused activities in partnership with the council and voluntary sector partners including Centre 404.
- ICH agreed to be the distributors of PPE for any unpaid carers requiring it. Most carers do not require PPE but the offer is there should carers require it
- ICH did a media release in April promoting the work of the carers hub to increase visibility of hidden carers and to promote the contribution carers make
- ICH have worked closely as part of the council and CCG's humanitarian response effort to ensure residents get the support they need during Covid

Additional priorities for Carer's Pooled arrangement in 2019/20 are:

- Increase the number of 'hidden carers' from current level of 3,060 carers registered with Islington Carers Hub (ICH) to provide outreach support to more of the estimated 18,700 carers in the Borough
- Work with community services such as CAB and GP practices to co-ordinate a targeted campaign aimed at carers to increase awareness of the service and their available provision/support
- Plan and deliver a varied and engaging programme of activities for Carers Week and Carers Rights Day.
- Establish information sharing agreement between NHS and LB Islington so that data on carers held on GP systems can be shared with Islington Carers Hub (this was a priority last year but the HealtheIntent work has not yet been completed, of which this is a part)
- Develop a joint carers strategy for Islington, coproduced with carers, with agreed shared priorities across the Council and CCG working in partnership with the ICH, voluntary sector and carers. This was due to start in early 2020 but was put on hold due to Covid and lack of commissioning capacity.

6.5 Mental Health Care of Older People – Value £7.036 million

Objective of the Pooled Arrangement

The main objective of the Mental Health Care of Older People (MHCOP) pooled arrangement is to provide high-quality care and support for older people, including specialist care and support for older people with dementia and/or mental health needs.

This pool provides a funding contribution to three care homes block commissioned by the Council – Highbury New Park, Muriel Street, and St Anne's – which specialise in the provision of nursing care for older people with dementia and mental health ill health. They work to:

- Support local hospitals avoid and delay hospital admissions
- Avoid delayed transfers of care, and
- Provide good quality care in the community following discharge from hospital.

The services at Highbury New Park and Muriel Street were commissioned in 2003, on a long-term basis with Care UK, a private sector provider, with contracts running to March 2029 and June 2030, respectively. In May 2019, Forest Healthcare were commissioned to provide 15 Complex Care Mental Health and Dementia Nursing Beds at St Anne's Care Home, to accommodate residents who had been cared for and supported at the now-closed Stacey Street Care Home.

In addition to this, the pool funds the Highbury New Park dementia specialist day centre, a provision also commissioned from Care UK in 2003. This service works to:

- Support people living with dementia to maintain wellbeing
- Offer respite to family carers of people living with dementia.

Key Achievements in 2019/20

- Highbury New Park and St Anne's have maintained high quality services as reflected in 'Good' Care Quality Commission (CQC) comprehensive inspection outcomes. Both services were rated 'Good' overall as well as in every individual domain.
- Commissioners have worked closely with Muriel Street to drive improvements following previous concerns and the home has now moved out of its mandated Quality Improvement Plan and phased admissions requirements in recognition of improvements made.
- All three MHCOP-funded care homes have supported timely hospital discharges and hospital admission rates from Islington care homes have been relatively low.
- Muriel Street have recently won a National Care Award 'Best for sporting, social, or leisure activities' in recognition of its lifestyles offer for residents.
- Stable leadership in place across the care facilities homes during period of market instability and national provider failure.

Priorities for 2020/21

Moving forward, commissioners will work with providers to:

- Support ongoing management of COVID-19 issues and the development of new ways of working to meet resident needs in line with Public Health guidance.
- Support and sustain improvement at Muriel Street, which is currently rated as 'Requires Improvement' by the CQC, with a view to attaining a 'Good' rating.
- Establish more robust and consistent quality and contract management processes and procedures.
- Improve the day centre offer and utilisation at Highbury New Park – commissioners are exploring different options for achieving this, including potential collaboration at North Central London (NCL) level.
- Continue to support the development of connections to relevant local organisations (e.g. local arts and voluntary sector organisations) to improve resident quality of life.

COVID-19 and MHCOP-funded services

COVID-19 has had a significant impact on all older people's care homes, including those funded by the MHCOP pool. All three care homes have continued to operate throughout the pandemic and have adapted robustly to new ways of working. The Highbury New Park Day Centre closed in March 2020 with alternative support offered to residents who would usually access it. Day centre staff have been reassigned to support the commissioned in-borough Care UK care homes.

There have been COVID-19 resident cases in all three care homes – the majority of which were in the initial peak of the pandemic in late March to early April. Since mid-April the number of cases reported in all care homes, including the MHCOP funded ones, significantly declined from the initial peak and there has been a shift from symptomatic cases to identification of asymptomatic cases through whole home testing. Regular whole home testing commenced in these homes in August/September 2020 via the National Portal – commissioners continue to monitor this and are continuing to work closely with LBI Public Health and providers to ensure all appropriate precautionary and remedial measures can be taken in a timely way to keep residents and staff safe and well.

Over the course of the pandemic, older people's care homes have enacted a range of infection prevention and control measures to keep residents and staff safe and well, including implementation of:

- Enhanced personal protective equipment (PPE)
- Visitation restrictions
- Enhanced cleaning regimes
- Measures to reduce staff movement across multiple sites
- Social distancing and precautionary isolation

The robustness of the infection prevention and control measures at St Anne's was recognised in a very positive targeted inspection report published by the CQC in August 2020.

LBI and local health partners have supported the homes extensively throughout the pandemic, including through:

- Provision of bespoke public health and infection prevention and control advice, support, and guidance.
- Provision of clinical support through the local multi-disciplinary support offer – including digital support and in-person support, as relevant.
- Provision of PPE when it has not been available through usual supply routes.
- Provision of hospital discharge support via the Trusted Assessor Nurse to support safe and effective admissions and transfers.
- Provision of additional financial support – via the Infection Control Fund and in response to wider financial pressures.

LBI and wider public sector continue to with system partners on the basis of lessons learnt develop initiatives and monitor prevention and outbreaks of COVID infections within care homes, and other services.

6.6 **Better Care Fund – Value £32,400 million**

Objective of the Pooled Arrangement

The Better Care Fund (BCF) is a nationally mandated pooled fund to support health and care integration. The Better Care Fund in Islington acts as a funding source to enable integrated working and initiatives across the borough. NCL CCG (Islington directorate) is the host of the BCF.

Islington has a strong history of partnership working, commitment and energy to implement whole systems of integrated care, for the benefits of the local community. Since 2015 Islington has pooled investment from the BCF and additional CCG and LBI funding into a S75 arrangement.

The requirements for the Better Care Fund are set nationally as per the Better Care Fund guidance. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf). Guidance for 2020/21 has been delayed due to the COVID-19 crisis and has not yet being published.

It has been confirmed by NHS England that local areas should consider existing schemes as rolled over and schemes (existing and/or new) should support existing metrics and the COVID-19 response. Islington's BCF 2020/21 schemes have being revised and some additional schemes have been proposed to be support our DTOC challenges.

Key Achievements in 2019/20

- The successful completion of the Proactive Ageing Well Service pilot for preventative intervention for frailty, and recommissioning of the service to roll out across the whole Islington borough.
- The Discharge to Assess, Reablement and Home Care, and Hospital Social Work offer has been successfully integrated into the new Integrated Discharge Service (IDS).
- As a result of the COVID-19 crisis and the released government Discharge Requirement guidance, the IDS worked hand in glove with Whittington Community services and our two key acute hospitals, UCLH and Whittington Hospital, resulting in a collaborative discharge offer for delivering seven day a week, 08.00 – 20.00 discharges to residents in Islington.
- The Rapid Response service has delivered an increased 30% additional activity to reduce the number of preventable admissions attending A&E and or being admitted. This was a result increasing confidence in the service by referrers, and developing additional pathways with 111 hubs, and out of hour services, and developing a pathway for COVID-19 cases.

Priorities for 2019/20

- Enable BCF schemes to effectively support and deliver the COVID-19 initiatives and changed ways of working
- Establish an integrated health and care offer in the community that provides an urgent crisis and recovery response for residents in Islington, in line with the NHS Long Term Plan, and aligns with the government's discharge guidance. This offer will be accessed via a single point of access and include Intermediate Care, the Integrated Discharge

Service, REACH and Stroke rehab, District Nursing services and Whittington Rapid Response.
- Strategically link the initiatives in the BCF into the ICS and locality work
- Promote a granular understanding of the initiatives that the BCF supports and how these initiatives support the delivery of the nationally mandated outcome measures
- Capture how the granular BCF pooled arrangements interface with the other pooled arrangements and historical joint funding arrangements (particularly around the proposed transfer of some functions in the Intermediate Care pool to the BCF)
- Review priority initiatives funded through the Better Care Fund in terms of effectiveness, value for money and wider support to the Islington System

7. Whittington Community Equipment Service

The Integrated Community Equipment Service (ICES) contract is currently delivered by Medequip. The contract has an end date of 30.03.2021, and has currently activated one year of the extension, until April 2022.

The ICES service is procured through a Pan-London Consortium, led by Kensington and Chelsea, consisting of 21 London Boroughs.

Aims of the Community Equipment pooled budget

Community equipment enables residents to return home as quickly as possible after a hospital stay or to remain independent in their own home, due to home adaptations and equipment that enhance their wellbeing.

A range of professionals across health and adult social care access community equipment on behalf of residents, based on assessed needs.

An Integrated Community Equipment Board oversees the community equipment budget, monitors spend, considers and makes recommendations on the long term options to ensure community equipment provides value for money and any contract we are part of remains fit for purpose.

20/21 priorities

The priorities include:

- Review the allocation of the ICES Budget and improve the management of the S75 pooled arrangement.

- Undertake internal governance sign off for the Community Equipment Service, as part of our relationship with London Consortium regarding re-tendering of the new contract from April 2022.

- There appears to be lower spend between March and June in 20/21 compared with the same months in 19/20. A review will be conducted to review these costs and to contact prescribers to ascertain if there were any behavioural / service user changes during the Covid months and any useful learning to inform future priorities.

- The Integrated Community Equipment Board will consider long term options appraisal for community equipment to ensure equipment enhances wellbeing and supports residents to live independently, as well as providing good value for money and an efficient offer.

8. Implications

8.1 Financial Implications

The summary revenue position for all of the Section 75 pooled budgets is detailed in Table 1 in this document. There are no direct financial implications from this report.

Any financial implications arising need to 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).

8.2 Legal Implications

Section 75 of the National Health Service Act 2006 provides powers for the Islington Clinical Commissioning Group (the CCG) to exercise specified local authority functions and for the council to exercise specified functions of the CCG. A partnership agreement pursuant to section 75 has been established between the CCG and the council setting out the respective aims and obligations of the partners. Governance arrangements relating to the partnership agreement are set out within the terms of the partnership agreement.

The council's constitution requires the Executive:

- To be responsible for the regular monitoring of joint commissioning arrangements and joint management of services in relation to adult social care services (Responsibility for functions, council Constitution, Part 3, paragraph 4.6(i)).
- To act on the Council's behalf in any joint governance arrangements for the delivery or commissioning of children's and community care services with the National Health Service (Responsibility for functions, council Constitution, Part 3, paragraph 4.2(i)).

8.3 Resident Impact Assessment

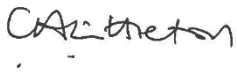
The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 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.

Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:
There are no major environmental implications associated with the production of the Annual Section 75 reports. Some of the future priority areas of the report may have an impact if taken forward, which will be assessed as they come forward for approval as policy changes.

9. Conclusion and reasons for recommendations

Report is for assurance and note only.

Signed by:



Corporate Director People Date 22/09/20

Paul Sinden, Chief Operating Officer, North Central London CCG Date: 23/10/20

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NHS
North Central London
Clinical Commissioning Group

S75 annual review

Introduction

North Central London
Clinical Commissioning Group

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a 'pooled' fund.

During the financial year ending 31 March 2020, **8 pooled budgets** were in operation between Islington Council and Islington CCG:

- Intermediate Care
- Learning Disability
- Transforming Care
- Mental Health Commissioning
- Carers Services
- Mental Health Care of Older People
- Better Care Fund
- Children's Commissioning Staff Team

There was also a pooled equipment budget between the Council and Whittington Health.

Table 1: 2019/20 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2019/20 Gross Budget (£)	2019/20 Projected Outturn (£)	2019/20 Projected Variance (£)	LBI (£)	NHS (£)
Intermediate Care (Delayed Transfer of Care)	6,560,000	6,350,550	(209,450)	(113,103)	(96,347)
Learning Disabilities	35,499,232	37,492,164	1,992,932	1,747,801	245,131
Transforming Care	809,300	1,273,213	463,913	(46,292)	510,204
Mental Health Commissioning	4,845,716	4,845,716	-	-	-
Carers Pooled Fund	1,055,300	854,862	(200,438)	(182,399)	(18,039)
Mental Health Care of Older People (MHCOP)	7,035,590	7,043,078	7,488	4,268	3,220
Better Care Fund*	32,400,377	32,400,377	-	-	-
Gross Expenditure	**88,205,515**	**90,259,960**	**2,054,445**	**1,410,275**	**644,169**

*Total BCF fund is £34.715m. Funding streams of £1.2m, £95k, £182k and £1,020m are included directly in Intermediate Care, Carers, Mental Health Commissioning and Learning Disabilities respectively.

Table 2: 2019/20 Islington Council and Whittington Health Pooled budget summary table

Section 75 agreement	2019/20 Gross Budget (£)	2019/20 Projected Outturn (£)	2019/20 Projected Variance (£)	LBI (£)	NHS (£)
ICES (Integrated Community Equipment)	900,000	1,094,763	88,969	44,485	44,484

Children's commissioning

North Central London
Clinical Commissioning Group

Pooled and non-pooled budgets

- Whilst there are **no pooled commissioning budgets in children services**, the Section 75 agreement covers the funding of the staffing and running costs of the Joint Children's Health Commissioning Team.
- The S75 agreement **enables the Joint Children's Health Commissioning team to commission services funded by the CCG or the local authority and to enter joint funding agreements for complex cases.** The team works closely with Public Health, other local authority partners and schools. The remit of the Joint Children's Health Commissioning Team is covered in the points below.
- In 2020/21, the local authority cost towards the cost of this team was **£188,418** and the CCG actual cost is **£245,874**.

1. Children's Integrated Care

The Children's Integrated Care Programme is central to ensuring that children's health care is managed in the community where it is safe to do so. This requires close collaboration between primary, community and acute (hospital) services as well as linking up with local authority partners as needed.

- Key projects supported in 19/20 were:
  - Asthma Friendly Schools
  - Paediatric Primary Care Nurses
  - Hospital @ Home

Children's commissioning

North Central London
Clinical Commissioning Group

2. Social and Emotional Mental Health (SEMH)

- The new expanded SEMH service was launched in June 2019. This included the new integrated SEMH Central Point of Access, which went live from Sept 30th 2019.
- As a result of the SEMH CPA partnership working and expanded community offer, waiting times into central CAMHS had reduced, from an average of 18 weeks to 7.8 weeks by the end of Jan 2020. Waiting times into the community therapeutic and emotional wellbeing offer were just 6 weeks or less.
- The SEMH offer includes:
  - Therapeutic, counselling and Emotional Wellbeing Services provided by Barnardo's, The Brandon Centre, the Targeted Youth Support Counselling Service and Isledon.
  - Social prescribing and digital options, including online counselling (Kooth) and voluntary and community sector (VCS) universal provision
  - Whittington Health Child and Adolescent Mental Health Service (CAMHS)
  - Close working between CAMHS and Children Looked After
- The Schools Forum continued to purchase CAMHS in schools, enabling the delivery of a seamless service from early identification to (specialist) interventions.
- **Developed iMHARS** (Islington mental health and resilience in schools www.islingtoncs.org/imhars), a framework to support schools' thinking in relation to mental health and resilience. **By Jan 2020, 43 schools (66%) used the iMHARS** to improve practice and develop a whole-school approach to mental health.
- **100% of pilot schools implemented the Islington Trauma Informed Practice** for PRUs, Primary schools and Partners project (iTIPS), and began to expand this pilot 'Tiny TIPS' with Early Years (incl. 2 children's centers and 1 nursery school) and supported Youth and Community's TIPS work.
- **Developed the Growing Together service** providing highly skilled interventions for parents with mental health issues and their children (1-5 years old).
- The CCG continued to fund the **Youth Offending Service** including 1 nurse, 2 CAMHS posts, 1 CAMHS Psychologist and 1 Liaison and Diversion nurse and 1 speech and language therapist.

Children's commissioning

North Central London
Clinical Commissioning Group

3. Islington's Mental Health Support Teams (Trailblazer) for schools

- In June 2019 the Joint Commissioning Team secured funding to join Wave 2 of the **MHST programme**, providing additional funding from NHSE **(c. £900K per annum)** to support children and young people's mental health and emotional wellbeing.
- MHSTs will provide additional early intervention for children and young people with emerging mild to moderate (pre-CAMHS) mental health and emotional wellbeing issues, such as anxiety, low mood, behavioural difficulties or friendship issues.

4. Special Educational Needs and Disability (SEND)

- The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the **SEND reforms.**
- The **Islington Additional Needs and Disability Service (IANDS)** continues to achieve good outcomes for children and young people, which are documented at quarterly engagement meetings with commissioners.
- **Social Communication Team**, who complete the autism assessments for under-5s **faced a dramatic increase in wait times** (pre-Covid wait time rose to 28 weeks for under 5's by March 2020). Referrals for the service continue to increase with 85% of referrals leading to diagnosis.
- Mainstream therapies in schools also experiencing increasing referrals and more complex needs. A review of these services is currently underway to meet the ever-increasing demand.

Children's commissioning

North Central London
Clinical Commissioning Group

5. Children and Young People's Transforming Care

Transforming Care is a national programme **to reduce the time spent in hospital settings for people with a learning disability or autism**, which often leads to poor outcomes.

Work on Learning Disabilities and Autism in 2019/20 included:

- Ongoing embedding of the **Transforming Care Prevention and Support Service (TCaPS)** - independent evaluation demonstrated positive outcomes for families
- **STOMP/STAMP** awareness raising to improve appropriate medicines management and work to ensure children with a LD receive their **Annual Health check**
- Joint commissioners were again successful in being awarded funding from NHSE to be used across North Central London for **Key Working services**, to support to young people on the Transforming Care Programme who are in-patients.
- **Autism training** across children's health and social care services, provided by Ambitious About Autism, to increase knowledge of Autism across the service
- Challenges include being able to **identify children with autism and no learning disability** before they reach crisis, and having the resources to effectively work with these young people, as well as the wider cohort, when they do become known to us.
- **Establishment of the All-Age LD and Autism Board** , jointly looking at all areas of the LD and Autism Programme across adults and children's.

Children's commissioning

North Central London
Clinical Commissioning Group

6. Progression to Adulthood

- A **Progression to Adulthood Strategy was signed off** by the Progression to Adulthood Board in February 2020 to ensure an equitable and consistent approach for young people with Care Act Eligible needs.
- A **one-year pilot** has been funded by LBI to establish a new transitions team and an extension of SEMH offer to young people up to 25 years.

8. Children and Young People's Participation and Engagement

- **Participation and engagement** has continued to be a central point to the **Children's Joint Commissioning Team (CJCT).** The CCJT have maintained the standard of ensuring that children and young people, and their parents/carers, are central to the development of commissioning and service improvement.
- **The level of engagement** carried out with Children and young people **has increased** due to the utilization of **multiple engagement methods/tools.** The team will continue to promote and carry out further initiatives that will successfully engage CYP and their parents/carers to influence the direction and quality of the services available to them.

Children's commissioning

North Central London
Clinical Commissioning Group

Coronavirus (COVID-19)

- In the initial stages of the Covid-19 pandemic, many **children's services rapidly transformed** to meet the demands of the crisis.
- **All non-urgent elective activity was stopped or relocated** to increase capacity for the rapidly expanding adult Covid-19 inpatient activity.
- In children's community services where **non-urgent activity was either decreased, stopped or changed to a virtual format** where possible.
- The **NCL CAMHS Out Of Hours team** worked collaboratively with local crisis teams including the Islington CAMHS **Adolescent Assessment Outreach team (AAOT)** which has continued to deliver a **face to face service** throughout the pandemic.
- The community nursing service created a **community nursing hub** to reduce demand on hospital inpatient services. The **Hospital @ Home service proved to be invaluable** during this period, enabling early discharge reducing admissions.
- The Islington Additional Needs and Disabilities Service moved to virtual support. However, this has led to **unequal access**, as not all families have the required technology/environment needed to do this.
- The **Social Communication Team**, which completes Autism assessments for under-5s, was severely impacted. **Waiting times** have increased to 42 weeks.
- The **SEMH Central Point of Access** has continued to operate virtually which has been very effective.

Intermediate Care – Value £6.560m

North Central London
Clinical Commissioning Group

Key Achievements in 2019/20

- Integration of the Hospital Social Work team, and the Discharge to Assess (D2A) and Reablement Teams into one **Integrated Discharge Service.**
- **7/7 and 08.00 – 20.00 discharge system** from acute hospitals into our intermediate care beds and the community, providing same/next day discharges.
- Re-establishment of **all 10 St Anne's beds** as intermediate care rehab beds.
- Established **pathway** between rapid response and LBI Reablement.
- Embedding the **Care Home Trusted Assessor** role within the discharge service.
- Investment in the **falls service** to continue the offer for 19/20 and 20/21.

COVID-19 crisis implications:

- Urgent work across LBI, Whittington and the CCG to support **hospital discharges.**
- Pause of the reablement service resulting in **more high cost packages of care** and the expectation of long-term care capacity increase.
- This has the potential to have a significant **impact on LBI Adult Social Care budgets** => ongoing work to adapt to a potential resurgence in COVID-19.
- **Priorities for 2020/21:** continue the transformation of Intermediate Care services to modernise the Islington offer, in the context of a COVID-19 environment.

Learning Disabilities and Autism

North Central London
Clinical Commissioning Group

Objective of the Learning Disabilities Pooled Arrangement – Value £35.499 million

- Learning disabilities (LD) continues to undergo a programme of developments to embed strengths-based working and maintain high quality service provision, whilst meeting demographic pressures (£1.085m est. in 2019/20) and achievement of better value for money.

Autism

- Autism, **without a co-morbid LD**, continues to be an area facing demographic pressure, often 'falling between the cracks' of eligibility criteria for MH and LD teams.
- **Two social workers** were recruited into the locality teams to work specifically with this cohort and bring the necessary specialism and capacity into the teams. This is an area for further development in 2020/21.
- The **Ambitious About Autism charity** have been commissioned to lead a coproduction group of service users and family carers and to engage wide-ranging professionals in the development of the strategy.

Transforming Care

- Transforming Care is a national programme let by NHS England for people with LD and/or austim who present additional mental health challenges. The program's goal is to ensure these patients are not inappropriately admitted to or kept in hospital and are supported to live in their community wherever possible.
- In 2019/20 Transforming Care held **five community reviews**, four of which avoided an admission or readmission.

Mental Health commissioning – value £4.846m

North Central London
Clinical Commissioning Group

The services in the commissioning pool focus on three key areas:

- Prevention of re-occurring mental ill health including relapse
- Provision of supported housing and residential care
- Provision of statutory functions such as Independent Mental Health Advocacy

Key Achievements in 2019/20

- An **All Age Mental Health Partnership** with stakeholders from the social care, commissioning, service users, public health, the Trust and voluntary and community sector was launched, **bringing together previously separate children and adult boards**.
- The new **Mental Health Recovery Pathway service** provided by Islington Mind was launched in June 2019 bringing together day opportunities, reablement, psychosocial support and an out of hours crisis café.

COVID-19 challenges and adaptations

- The **Accommodation and Recovery Pathway** services moved to remote working and prioritised rapid hospital discharge and COVID-related community support.
- The **crisis house service became a step down from hospital** service to support early discharge. Greater support was given at home by the Crisis Home Recovery and Treatment service to avoid voluntary admissions to crisis houses.
- We are piloting a **single point of access to the wider VCS** offer with Manor Gardens for adults social care and the Mental Health Trust

Priorities for 2020/21

The All Age Mental Health Partnership Board identified 4 key priorities for adult mental health: Crisis prevention and response; including re-launch of the crisis café, Expand emotional and psychological support to residents of Islington, Better access to support to address health inequalities with a specific focus on BAME; Improve access to mental health support 16 – 25

These are all closely linked to the development and implementation of the new Community Framework for Mental Health which is a key priority for 21/22.

Carers – value £1.055m

North Central London
Clinical Commissioning Group

Objective of the Pooled Arrangement

The pool funds primarily the Islington Carers Hub (ICH) service, which provides information, advice and guidance to all unpaid carers living in Islington or with a caring responsibility for someone living in the borough. The service is currently provided by Age UK Islington.

Key Achievements in 2019/20

- **Hidden carers** reached was 3060 at the end of March 2020 (i.e. 16% of the estimated carer population)
- **92%** of carers who received a service in 2019/20 were fully satisfied
- ICH delivered regular **drop in sessions at GP practices to raise awareness** of unpaid carers and to promote the available support.
- **Carers Week** celebrated carers through a range of activities across the Borough
- The **HealthEIntent project** includes unpaid carers to explore data sharing possibilities between GP systems and ICH.
- Completed **Islington Carer's** offer initial review.

Priorities for 2020/21

- Increase the number of **'hidden carers' registrations.**
- Co-ordinate a campaign with community services to **increase awareness** of the available support for carers.
- Plan and deliver a varied and engaging programme of activities for **Carers Week and Carers Rights Day.**
- Establish **information sharing agreement** between NHS and LBI to share GP data with Islington Carers Hub.
- Develop a **joint carers strategy** for Islington, coproduced with carers, with agreed shared priorities across the Council and CCG.

Mental Health Care of Older People Value £7.036m (1/2)

North Central London
Clinical Commissioning Group

The main objective of the Mental Health Care of Older People (MHCOP) pooled arrangement is to provide high-quality care and support for older people, including specialist care and support for older people with dementia and/or mental health needs.

Key Achievements in 2019/20

- **Highbury New Park and St Anne's were rated "Good"** according to the Care Quality Commission (CQC) comprehensive inspection outcomes.
- MHCOP-funded care homes have supported **timely hospital discharges**.
- Muriel Street won a **National Care Award 'Best for sporting, social, or leisure activities'.**
- **Stable leadership** in place during period of market instability and national provider failure.

Priorities for 2020/21

- Support ongoing management of COVID-19 in line with Public Health guidance.
- Improve the day centre offer and utilisation at **Highbury New Park** – potential collaboration at NCL level.
- Development of **connections to local organisations** (e.g. local arts and voluntary sector organisations) to improve resident quality of life.

Mental Health Care of Older People Value £7.036m (2/2)

North Central London
Clinical Commissioning Group

COVID-19 challenges and adaptations

All care homes had COVID-19 residents – mainly during initial peak (March-April).

Since mid-April cases in all care homes **significantly declined** from the initial peak

Regular whole home testing commenced in August/September 2020 via the National Portal – commissioners continue to monitor and work closely with LBI Public Health and providers to maximize residents and staff safety and wellbeing.

A range of infection prevention and control measures were implemented, including:

- Enhanced personal protective equipment (PPE)
- Visitation restrictions
- Enhanced cleaning regimes
- Measures to reduce staff movement across multiple sites
- Social distancing and precautionary isolation

The robustness of the infection prevention and control measures at **St Anne's was recognised in a very positive targeted inspection report** published by the CQC in August 2020.

Better Care Fund – Value £32.400m

North Central London
Clinical Commissioning Group

Islington has a strong history of partnership working, commitment and energy to implement whole systems of integrated care, for the benefits of the local community. Since 2015 Islington has pooled investment from the BCF and additional CCG and LBI funding into a S75 arrangement.

Key Achievements in 2019/20

- Successful **completion of the Proactive Ageing Well Service pilot** for preventative intervention for frailty, and recommissioning of the service to roll out across the whole Islington borough.
- **30% activity increase for the Rapid Response** service to reduce preventable A&E admissions. Development of new pathways with 111 hubs, out of hour services and COVID-19 cases.

Priorities for 2019/20

- Enable BCF schemes to effectively support and deliver the **COVID-19 initiatives and changed ways of working**
- Establish an integrated health and care offer in the community that provides an **urgent crisis and recovery response** for residents in Islington.
- **Strategically link** the initiatives in the BCF into the **ICS and locality work**.
- **Promote a granular understanding of BCF work** towards the nationally mandated outcome measures.
- **Review priority of BCF-funded initiatives** in terms of effectiveness, value for money and wider support to the Islington System.

Whittington Community Equipment Service

North Central London
Clinical Commissioning Group

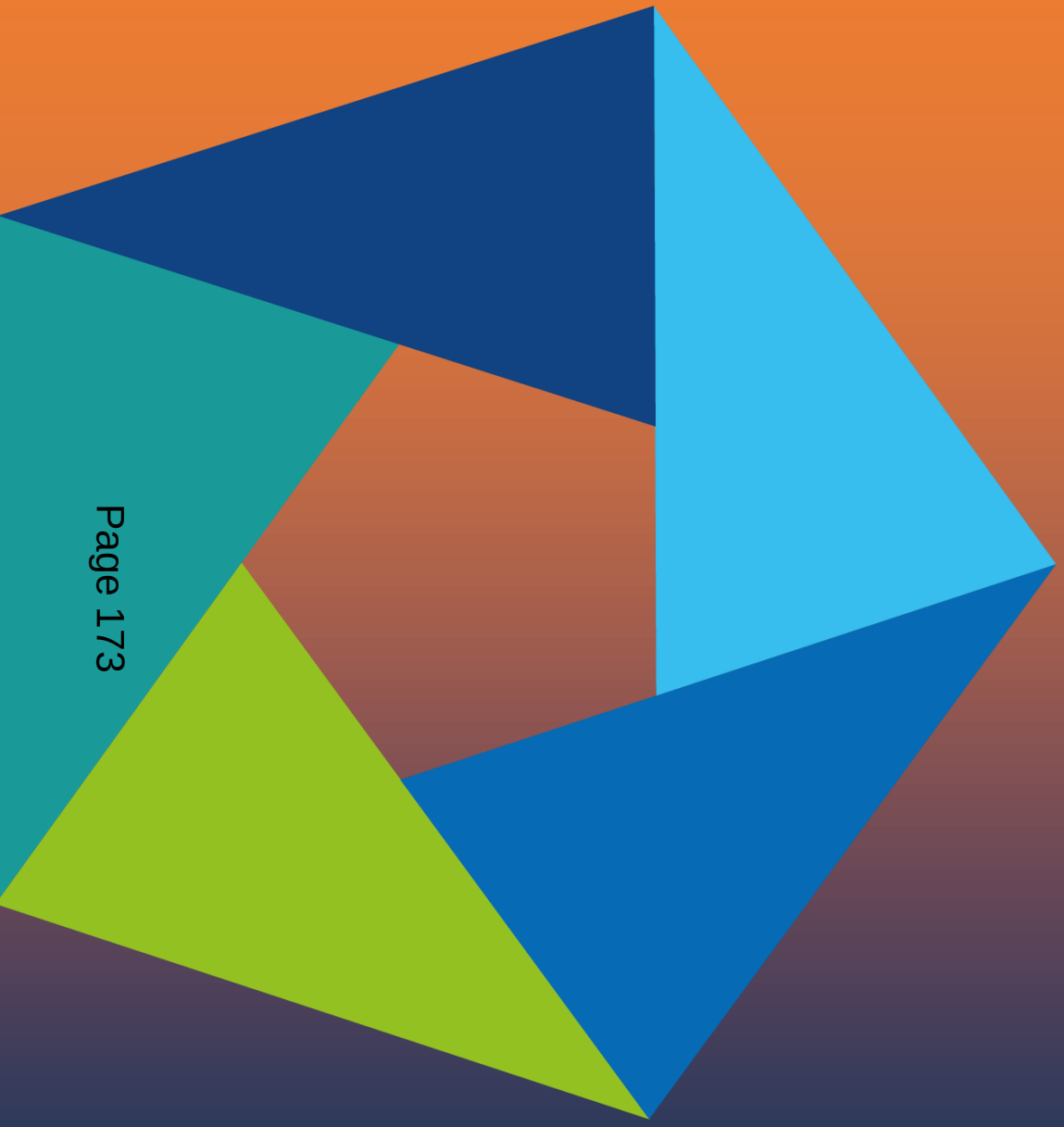
Aims of the Community Equipment pooled budget

Community equipment enables residents to return home as quickly as possible after a hospital stay and helps patients to remain independent in their own home.

Priorities for 2020/21

- Review the allocation of the **ICES Budget** and improve the management of the S75 pooled arrangement.
- Internal governance sign off for the **Community Equipment Service**, to re-tender the new contract from April 2022.
- Review costs and capture any behavioural / service user changes to **explain lower spend during COVID period** compared to same months in 19/20 and inform future priorities.
- **Consider long term options for community equipment** by the Integrated Community Equipment Board to enhance residents wellbeing in an efficient and good value for money offer

NHS
North Central London
Clinical Commissioning Group



Thanks for your attention!

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ISLINGTON

Public Health
222 Upper Street
London Borough of Islington
N1 1XR

Report of: Director of Public Health

Health and Wellbeing Board	**Date:4th of November 2020**	**Ward(s):**

Delete as appropriate	Exempt	Non-exempt

SUBJECT: COVID-19 impacts in the borough to date including disproportionate impacts.

1. Synopsis

1.1 The attached report is a descriptive review of data on COVID-19 testing, cases, deaths and hospital admissions for Islington residents since the start of the pandemic to date. The review provides an analysis based on age, gender, ethnicity and deprivation where these data are available locally and also refers to key national findings. The analyses of data on testing and cases focuses in particular on the most recent weeks of the pandemic, as we have seen an increase in COVID-19 cases and community transmission.

1.2 In addition to the quantitative analysis of testing, cases, deaths and hospital admissions, to understand the impact of COVID19 from a more qualitative, resident perspective, a resident survey has also been carried out.

The resident survey (ran between late June and mid-August 2020). The final survey sample included a total of 555 responses (incomplete responses and entries submitted by non-Islington residents were excluded from the analysis, n= 248). Targeted engagement through focus groups and interviews took place between August-September 2020. The engagement work includes the following broad areas:

- Awareness and adherence of specific government advice and guidance, e.g. social distancing, face covering in public spaces, test and trace
- Impacts of Covid-19 and residents' concerns during the pandemic
- Coping strategies

- Loneliness and sense of community belonging
- Community cohesion and assets
- Access to information, services and support
- Future and 'new' normal

Targeted engagement mainly focused on gathering insights from those who were most vulnerable to COVID-19 infection or poorer outcomes, or those disproportionately impacted by the control measures and restrictions, e.g. those from Black, Asian and ethnic minority communities, carers, those affected by physical/ learning disabilities, refugees and asylum seekers. Many of these residents face multiple disadvantage.

Preliminary findings from this resident engagement work are summarised in slide 19-22 of the main report.

2. Recommendations

2.1 To receive the report on COVID-19 impacts in the borough, to discuss the impacts of COVID-19 on Islington residents and how these insights should shape our response to the pandemic going forwards.

3. Implications

3.1 **Financial Implications:**
There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

3.2 **Legal Implications:**
There are no legal implications arising as a direct result of the report.
The Coronavirus Act 2020 (the "Act"), obtained royal assent on the 25th March 2020. It introduced a number of temporary emergency measures to deal with a range of issues associated with the pandemic. The Governments Explanatory Notes says the Act aims to fight the virus by

1. Increasing the health and social care workforce
2. Easing the burden on frontline services
3. Containing and slowing the spread of the virus
4. Assisting the death management system; and
5. Supporting individuals and business

3.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**
There are no environmental impacts related to this review.

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.

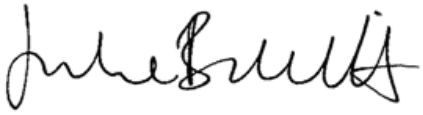
5. Conclusion and reasons for recommendations

5.1 COVID-19 has had a significant impact on inequalities. A consistent and systematic focus on mitigating further disproportionate impacts of COVID-19 on our diverse communities is required.

Appendices

- Please list all appendices and specify is any are exempt.

Signed by:



Julie Billett
Director of Public Health Date 8 October 2020

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[THE BELOW IS FOR INFORMATION AND SHOULD BE DELETED FROM THE BOTTOM OF THE REPORT BEFORE SUBMISSION].

Heading for the exempt appendix (which must be a separate document)

THIS APPENDIX IS EXEMPT AND IS NOT FOR PUBLICATION
This Appendix is not for publication as it contains the following category of exempt information as specified in Paragraph [insert relevant paragraph number from Appendix 5 to the Constitution], Schedule 12A of the Local Government Act 1972, namely: "[Please insert heading for relevant category from Appendix 5 of the Constitution]

If you require any assistance or information about exemptions and exempt appendices please contact Democratic Services.

Resident Impact Assessments (RIAs)/Equality Impact Assessments (EIAs)

If an RIA has been completed it must accompany the report as an appendix.

Resident Impact Assessments (RIAs) have replaced Equality Impact Assessments (EIAs) in Islington. Although there is no longer a legal requirement to carry out EIAs, public bodies still have to demonstrate that they are taking the Public Sector Equality Duty (PSED) into account when making decisions. Local authorities also have obligations in relation to safeguarding and human rights. The main focus of RIAs is on drawing out the equality impacts of proposals with additional sections for highlighting safeguarding risks and potential human rights breaches.

Process

The following wording must be included in the RIA section in Committee Reports:

" 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."

This should then be followed by:

A Resident Impact Assessment was completed on……. (date) and the summary is included below. The complete Resident Impact Assessment is appended.

or

A Resident Impact Assessment has not been completed because……

For further assistance with RIAs please see:
http://izzi/me/staff-essentials/project-management/eia/Pages/Resident-Impact-Assessments.aspx

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Guidance on Environmental Implications

Committee reports need to consider the impacts that that proposals will have on the environment. An **impact** is defined as any change to the environment, whether positive or negative, wholly or partially resulting from Council activities. Almost all human activity has some impact on the environment, and it is very unlikely that any activity will not have any implications.

Please consider:
- energy use and carbon emissions
- the use of natural resources
- the generation of waste
- pollution

Major impacts are likely to be caused by:
- property procurement and disposal
- construction (new build, refurbishment and maintenance)
- all building services (heating, lighting and ventilation)
- transport and fleet expenditure
- major IT/appliance expenditure

Further guidance is available from Izzi or **energyservices@islington.gov.uk**

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ISLINGTON

COVID-19 impacts in the borough to date including disproportionate impacts

October 2020

Key messages

1. COVID 19 cases

ISLINGTON

1a) Total cases

- As of 4th October 2020, there are a total of 1106 laboratory confirmed cases in Islington.
- Just over 20% of Islington's confirmed cases have occurred in the past three weeks.
- For the w/c 28th Sept, the seven-day incidence rate per 100,000 is 66.5 cases and this has been increasing over the past two months, most rapidly in the past two weeks. The percentage of residents testing positive is currently 7.1% and this positivity rate has also been increasing over the past 2 months.

1b)Ethnicity

- 17% of the cases do not have an ethnicity recorded. Of the cases with an ethnicity recorded 63% are White British and 37% from a Black, Asian, Minority ethnic group (BAME), similar to the borough's profile.
- The ethnic profile of positive cases has not changed over the past 4 weeks.

1c) Age and gender

- Overall there is an even split of cases amongst males and females and the overall age profile of cases is slightly younger than the borough population overall
- Over the past 4 weeks there has been a shift in the age profile of positive cases. The age profile shows that cases are starting to spread in to older age groups, as infections rise: in early August 15-34 year olds accounted for 75-80% of cases, and now they account for less than half.

1d) Deprivation

- Deprivation data shows that incidence is highest in the least deprived (5) and most deprived (1) quintiles.

Key messages

ISLINGTON

2. Testing

2a) Total tests

- As of 27th of September 2020 there have been 27,852 pillar 1 tests and 31,207 pillar 2 tests for approximately 33,000 residents.
- Pillar 2 tests decreased for a few weeks between 17th August and 14th September, but started to increase again week beginning the 21st of September.
- For the 7 day period 28th of September to 4th October, Islington had a testing rate of 133.1 per 100,000, an increase from the previous 7 day period. Islington's testing rate is now in line with the overall London testing rate (136/100,000 for the same period)

2b)Ethnicity

- The rate of testing is highest among those in the Chinese ethnic group, and lowest among Other Black and Arab ethnic groups.
- Positivity rates are highest among those with no recorded ethnicity, and people from Other, Other Black, and Bangladeshi ethnic groups.
- There has been a slight increase in tests with no recorded ethnicity, and among Asian ethnic groups, in recent weeks.

3c) Age and gender

- Overall, testing has been higher among females (though with a similar positivity rate between females and males tested).
- The testing rate is highest among those aged 90+ (a very small cohort), and then the next highest rates are among those aged between 20-49.

2d) Deprivation

- Despite having the second highest number of cases, the most deprived quintile has the fewest tests overall. This may be indicative of a need to increase the overall number of tests being taken by those in the most deprived communities.

Deaths and hospital admissions

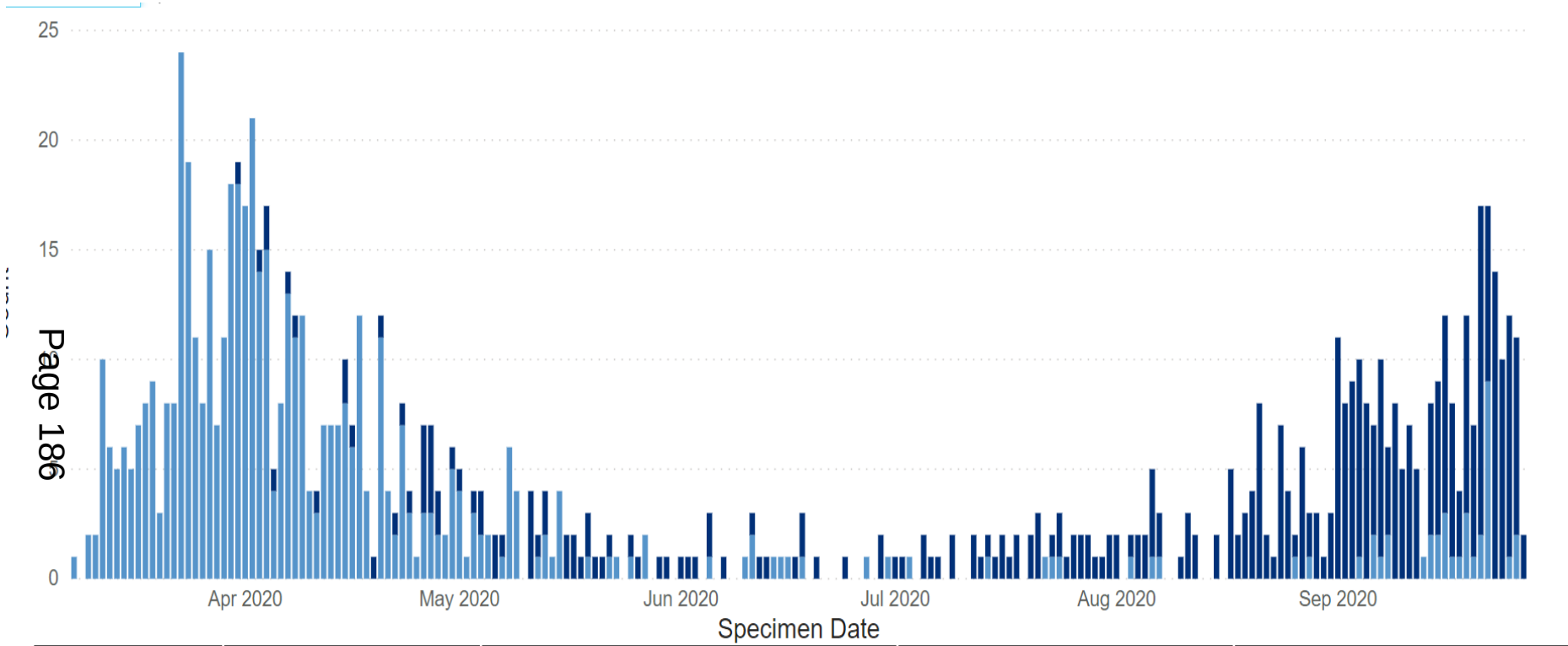
ISLINGTON

- As of 25th of September there have been 155 COVID19 related deaths. Between June and August, there were just 3 deaths and since 1st Sept there has been just 1 death.

- There were a total of 353 COVID19 admissions between October 2019 and April 2020 for people resident in Islington. Between 9th August and 6th of October there were 8 new COVID19 admissions/inpatient diagnosis to the Whittington Health trust.

Cases

COVID-19 Cases in Islington



Area	Cumulative number of cases as of 1st of October	Cumulative rate of cases per 100,000 as of 01/10/20	Latest weekly incidence rate per 100,000 (19/09-25/09/2020)	Positivity rate
Islington	939	387	37.6	4.6%
London	50,272	560	36.3	4.2%
England	393,931	699	59.6	5.6%

- As of 1st of October 2020, there are a total of 939 laboratory confirmed cases in Islington.
- The average number of new daily cases peaked from 29 March – 4 April 2020 at 17 cases.
-

It should be borne in mind that over this time the eligibility and availability of testing has increased dramatically, so early on many symptomatic cases will not have been tested.

Cases in Islington: all time

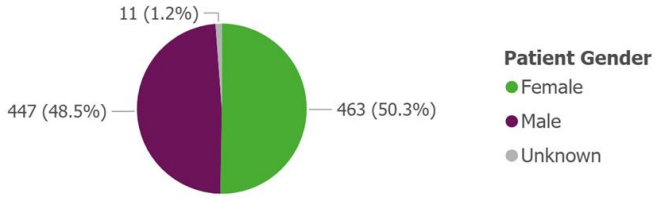
ISLINGTON

Overview of cases, all weeks

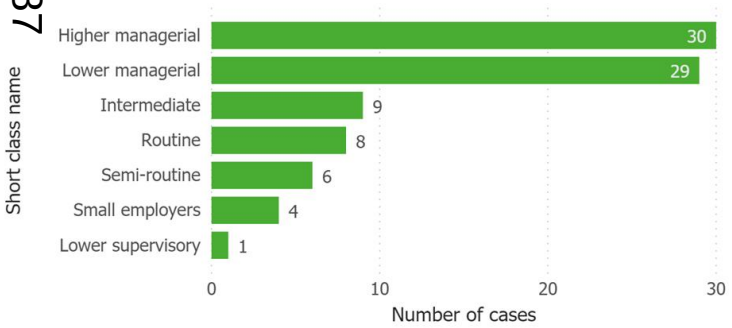
Total cases

921

Number of cases in timeframe, by gender



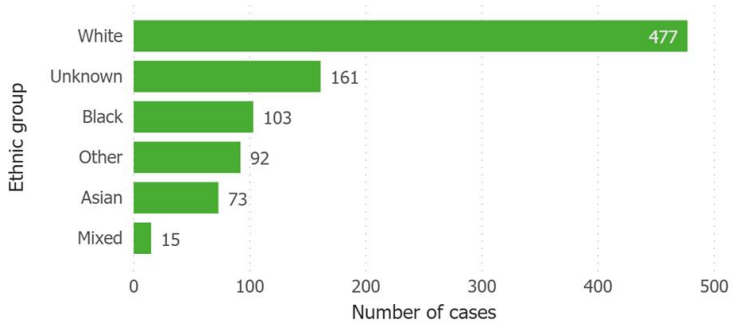
Number of cases in timeframe, by occupation



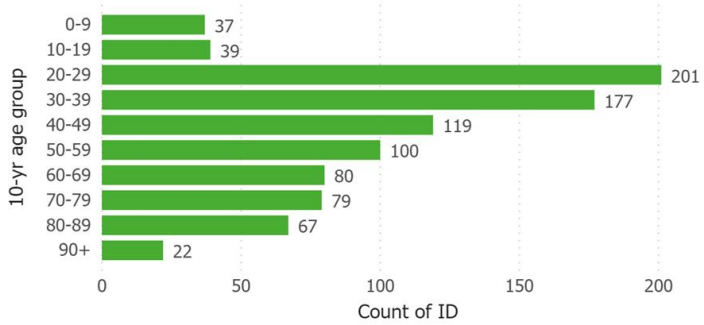
Local Authority

Islington

Number of cases in timeframe, by ethnic group



Number of cases in timeframe, by age

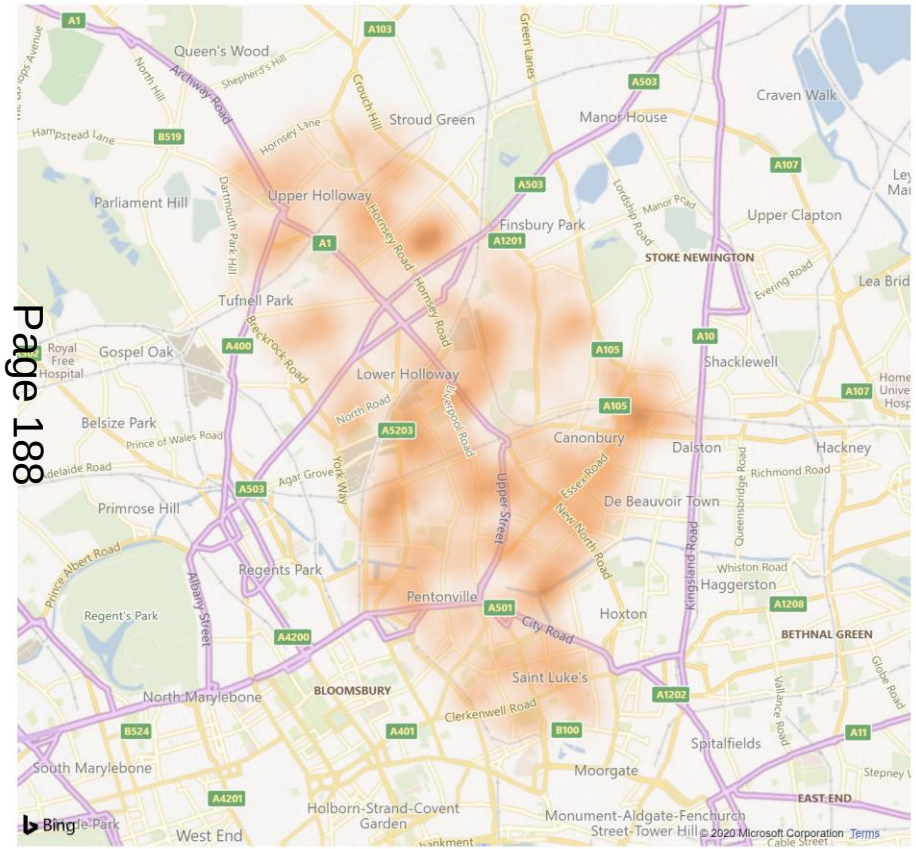


- As of 27th of September there have been 921 positive COVID19 cases amongst Islington residents.
- Of these, the gender split is fairly even, where recorded, and the ethnic profile is also similar to the borough profile.
- The majority of the cases are amongst young people.
- Where occupation has been recorded, the majority of cases are amongst those in managerial posts.

Cases in Islington: all time

ISLINGTON

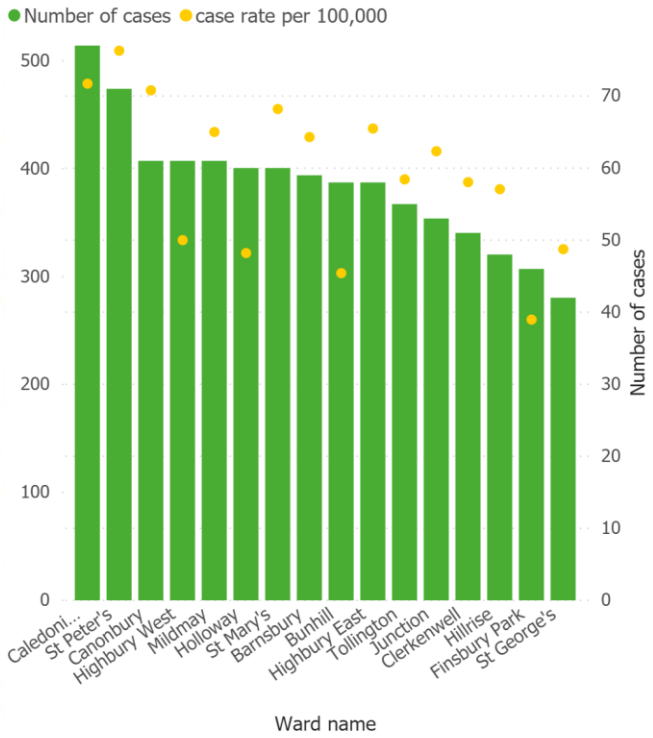
Heat map of all cases



Local Authority

Islington

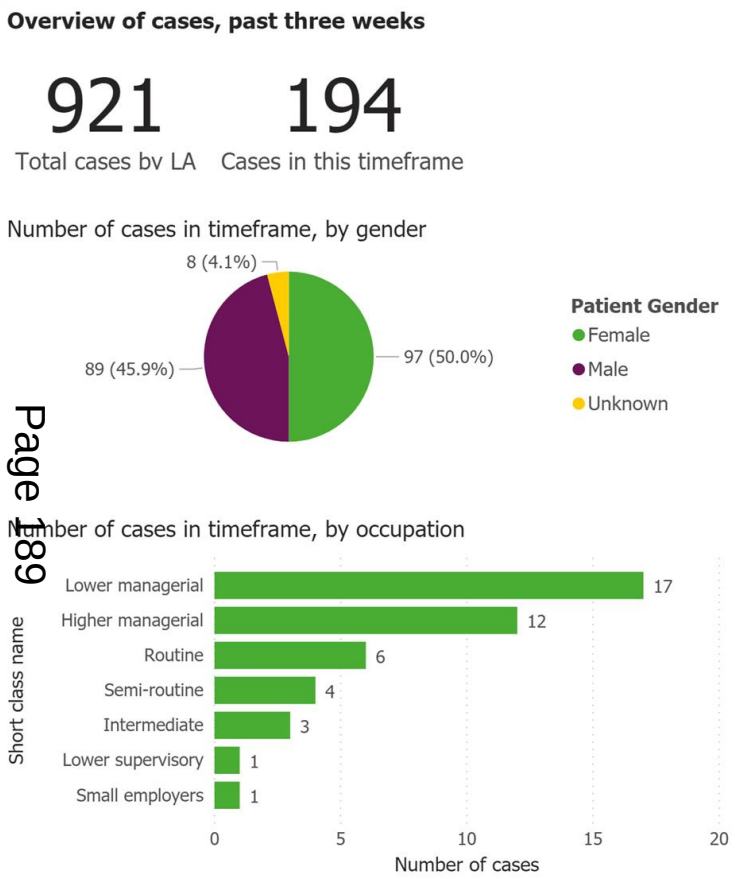
Number of cases by ward and rate of cases per 100,000 population

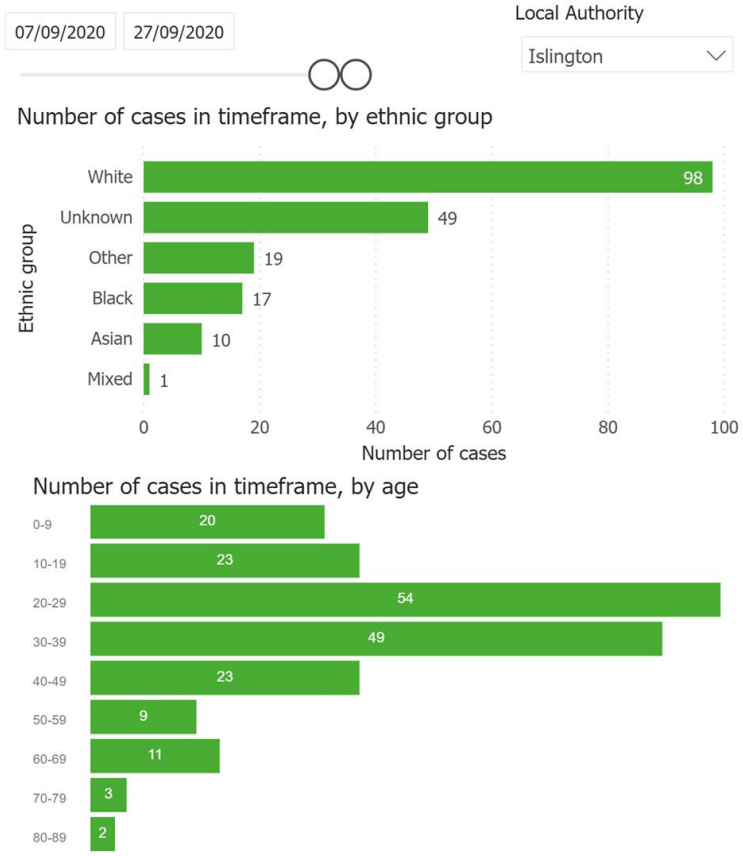


- There is some variation in prevalence by Ward:
- Caledonian and St Peter's have a noticeably higher number of cases, and slightly higher rates, than other wards.
- Finsbury Park has the lowest rate of infections and the second lowest case count.

Demographics: cases in Islington in the past 3 weeks

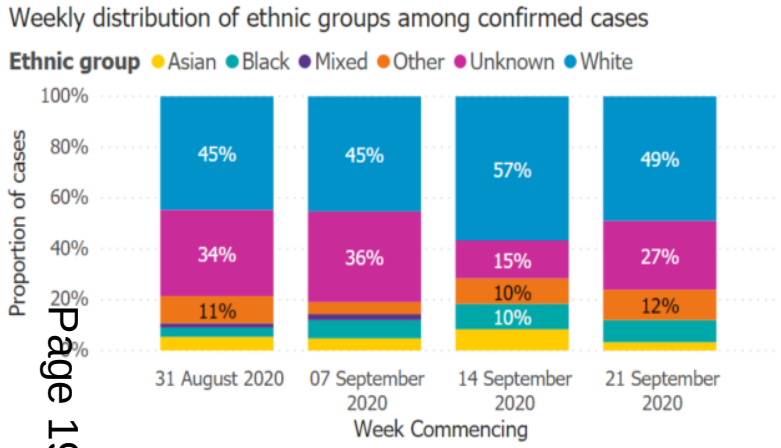
07/09/20 – 27/09/2020

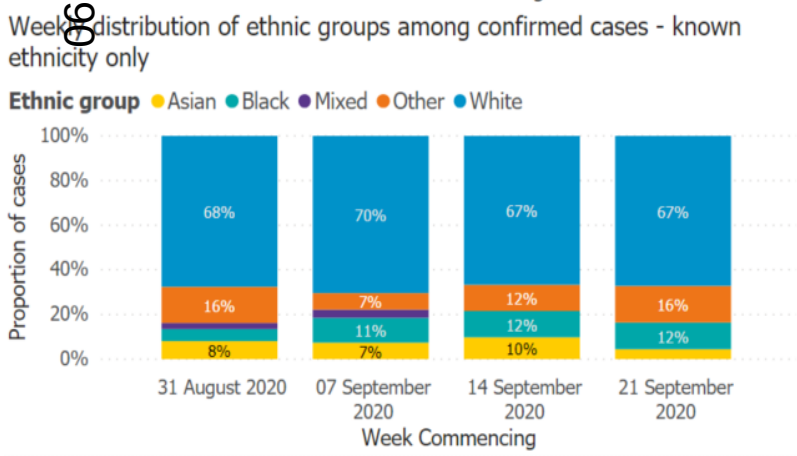


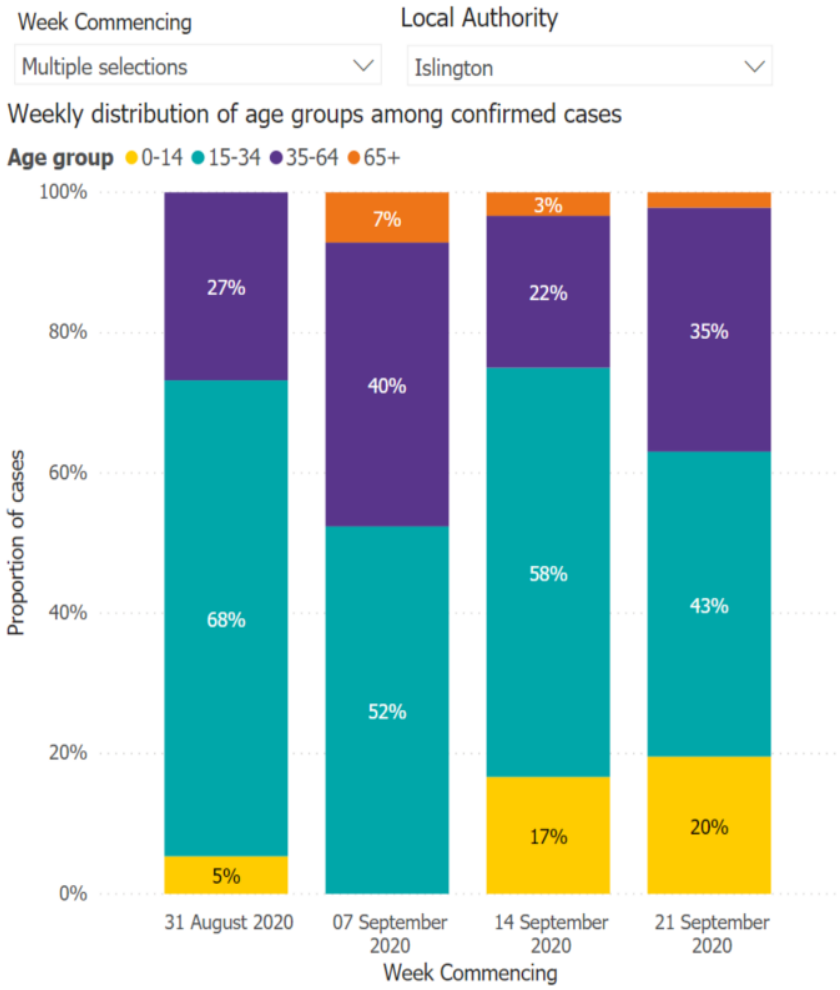


- Just over 20% of Islington's confirmed cases have occurred in the past three weeks (7/9/20 – 27/09/20)
- These charts show a relatively even breakdown of cases by age and sex.
- Islington's COVID19 case profile is slightly younger than the borough population overall.
- The ethnicity profile is similar to the borough profile, though with a high rate of non-recorded ethnicity.
- Only 23% of cases in the working age group have a recorded occupation. Of these, managerial roles are by far the most common.

Demographics: weekly distribution of cases by age and ethnic groups



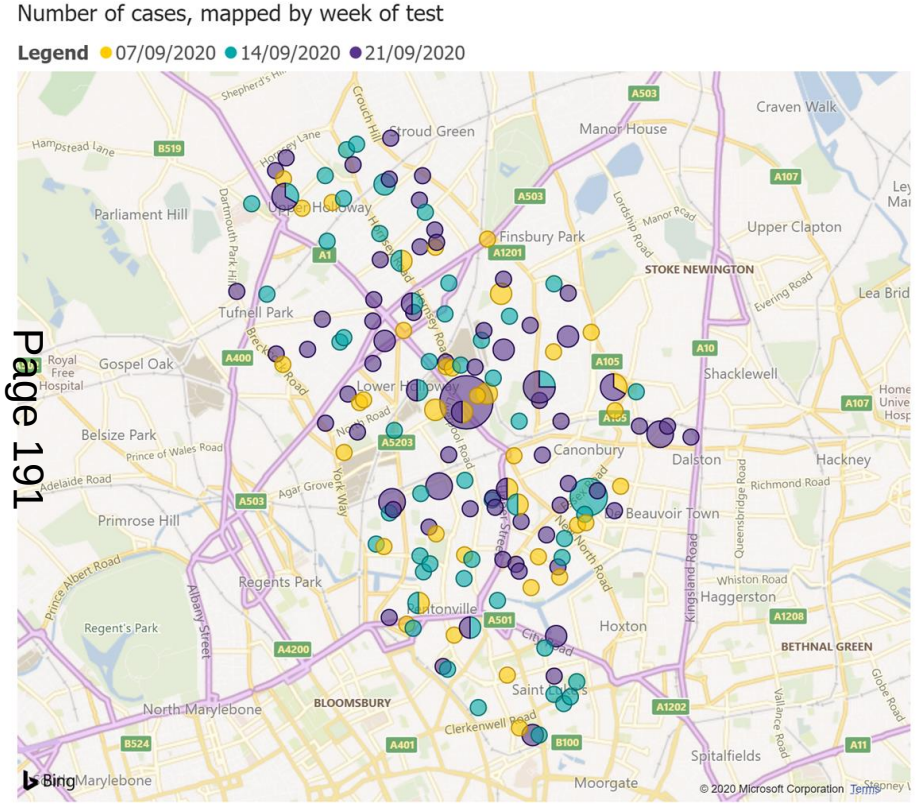


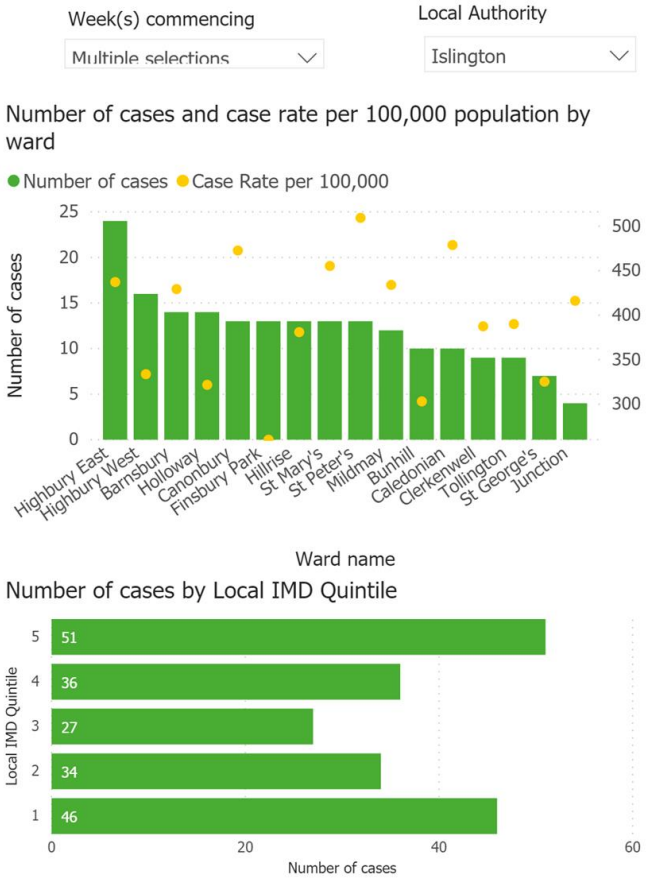


- These charts show the variation in cases week to week. These are significant given the downturn in Pillar 2 testing from mid-August until last week.
- Interestingly, the main variation among ethnic groups was a reduction in unknown ethnicity in w/c 14th September. This appears to be related to the rise in Pillar 1 tests in that week.
- The age profile shows that cases are starting to spread in to older age groups, as infections rise: in early August 15-34 year olds accounted for 75-80% of cases, and now they account for less than half.

Demographics: cases in Islington in past three weeks

07/09/20 – 27/09/2020

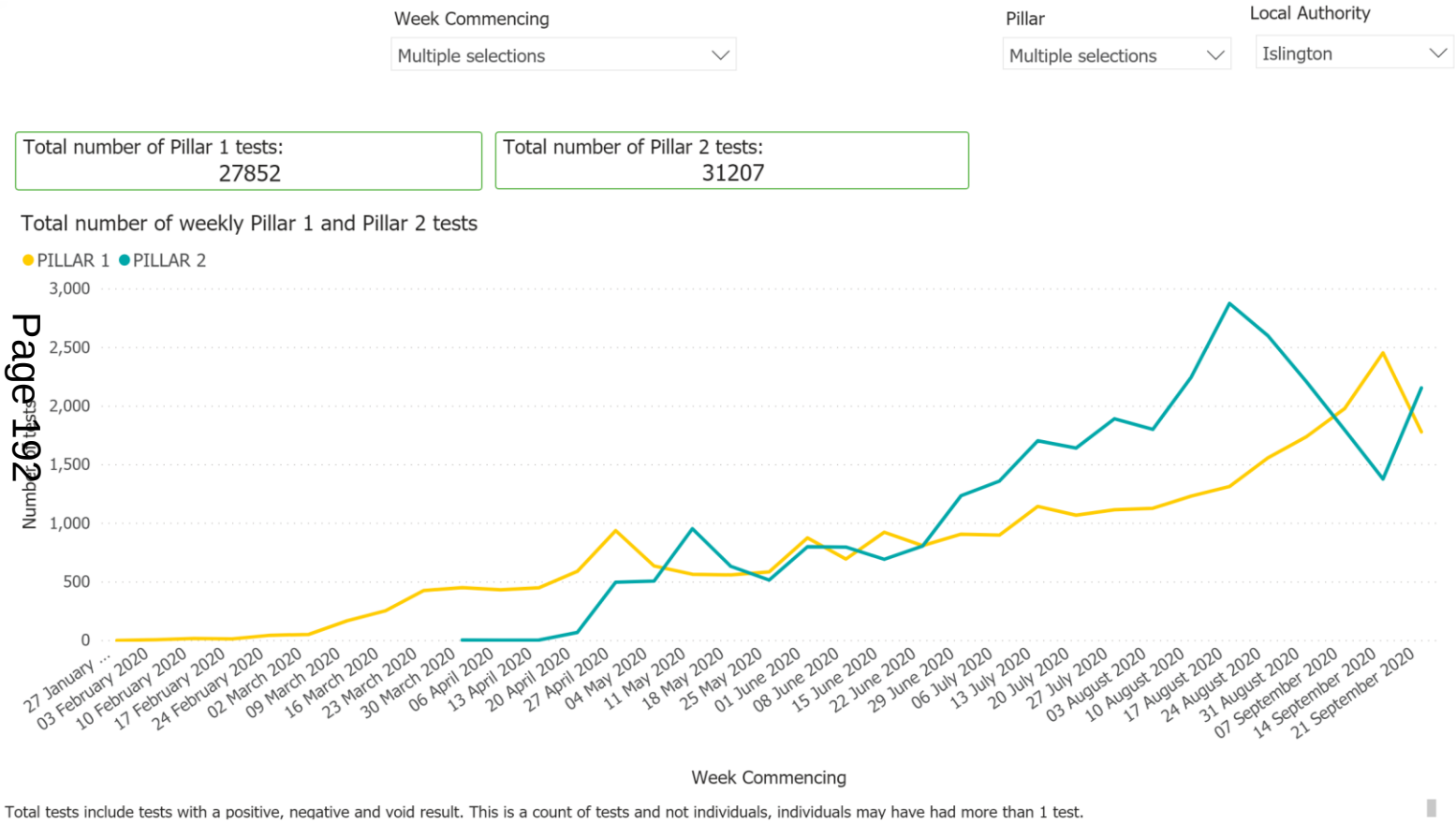




- Recent cases (purple dots) are spread across the borough. There is an apparent cluster in the centre of the borough, but this appears to be a data quality problem rather than an actual cluster.
- There is some variation in prevalence by Ward; highest rates of cases per 100,000 population have been seen in St Peter's ward.
- Deprivation data shows that prevalence is highest in the least deprived (5) and most deprived (1) quintiles.

Testing in Islington: by pillar

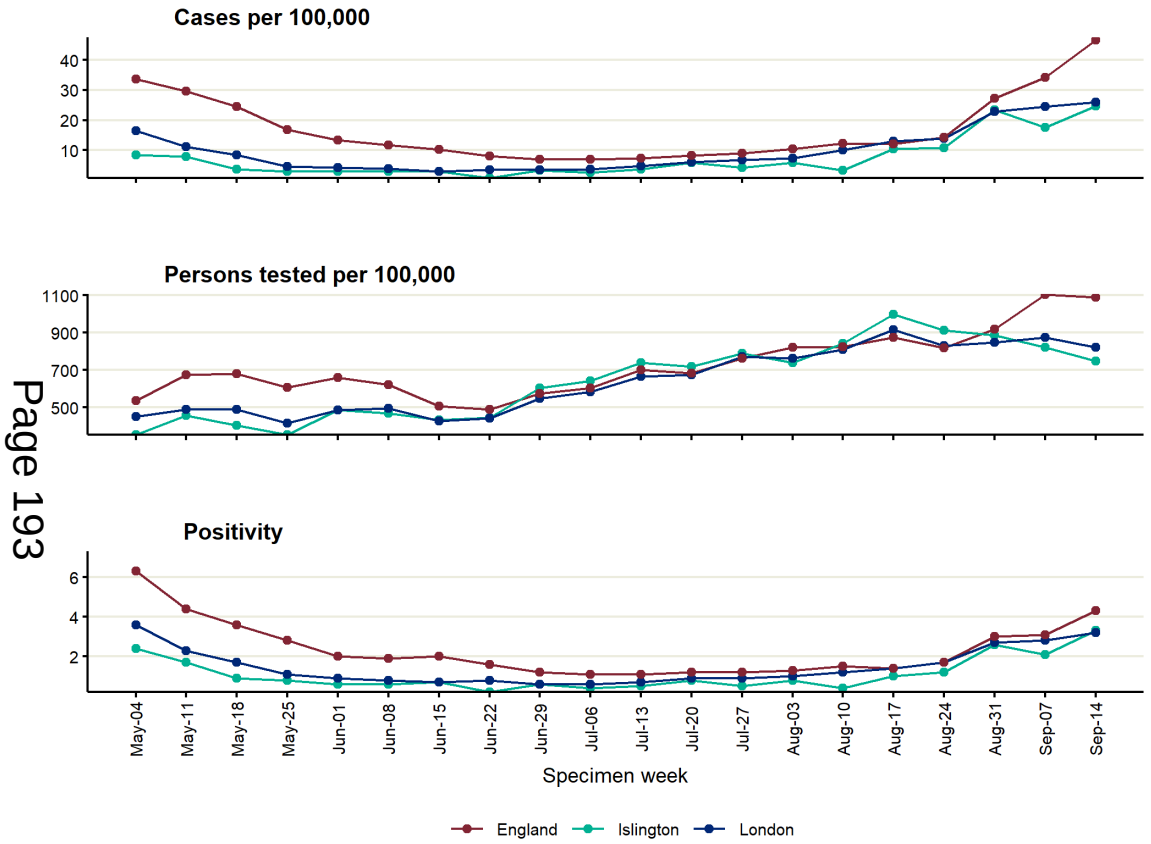
ISLINGTON



Total tests include tests with a positive, negative and void result. This is a count of tests and not individuals, individuals may have had more than 1 test.

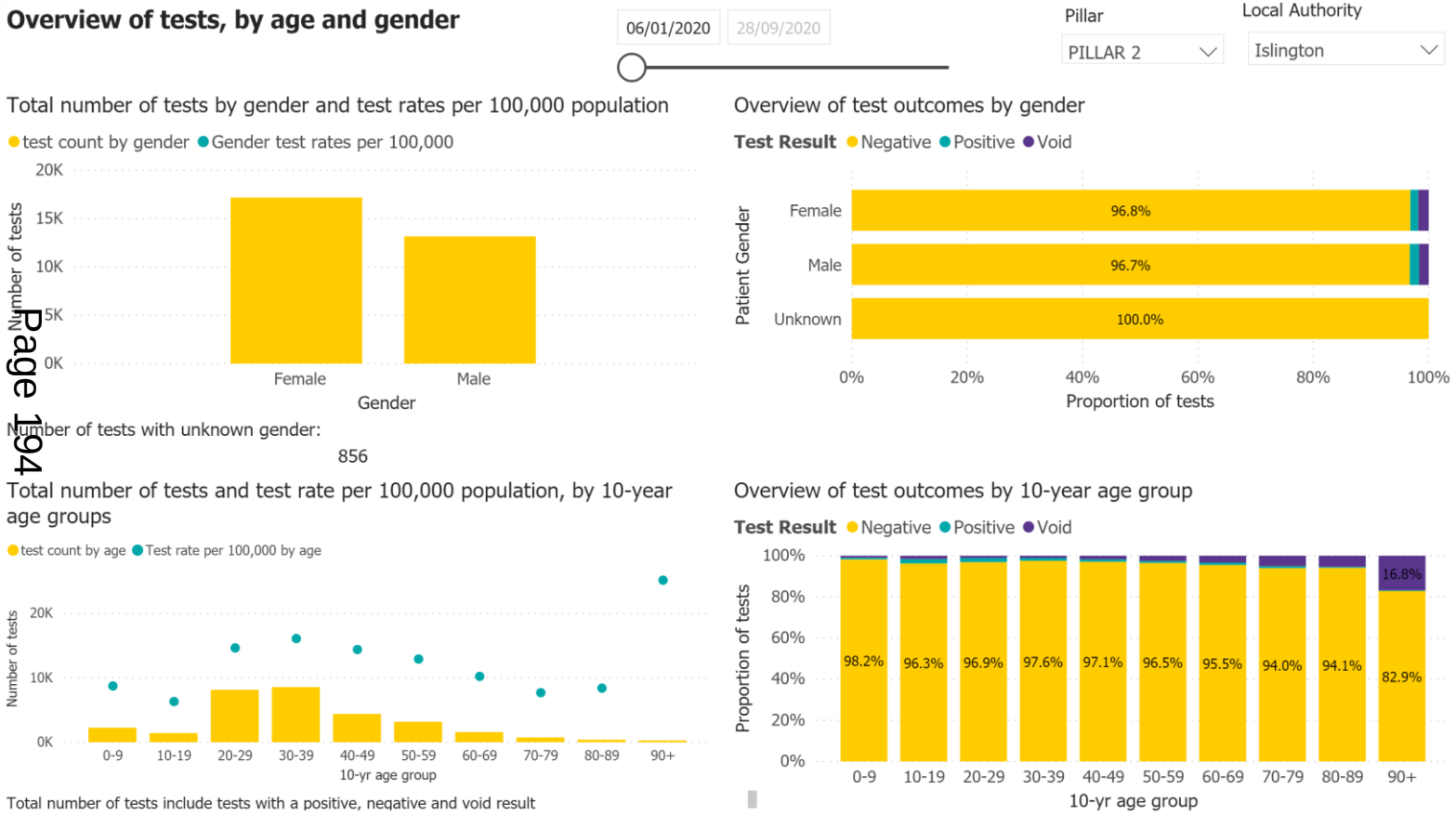
- The week of the 14th saw a brief spike in the number of Pillar 1 tests in Islington.
- Pillar 2 tests decreased for a few weeks between 17th August and 14th September, but have picked up again in the past week.

Persons tested and cases diagnosed per 100,000 population and positivity per week in Islington, London, and England (May 5th 2020 to September 20th 2020)



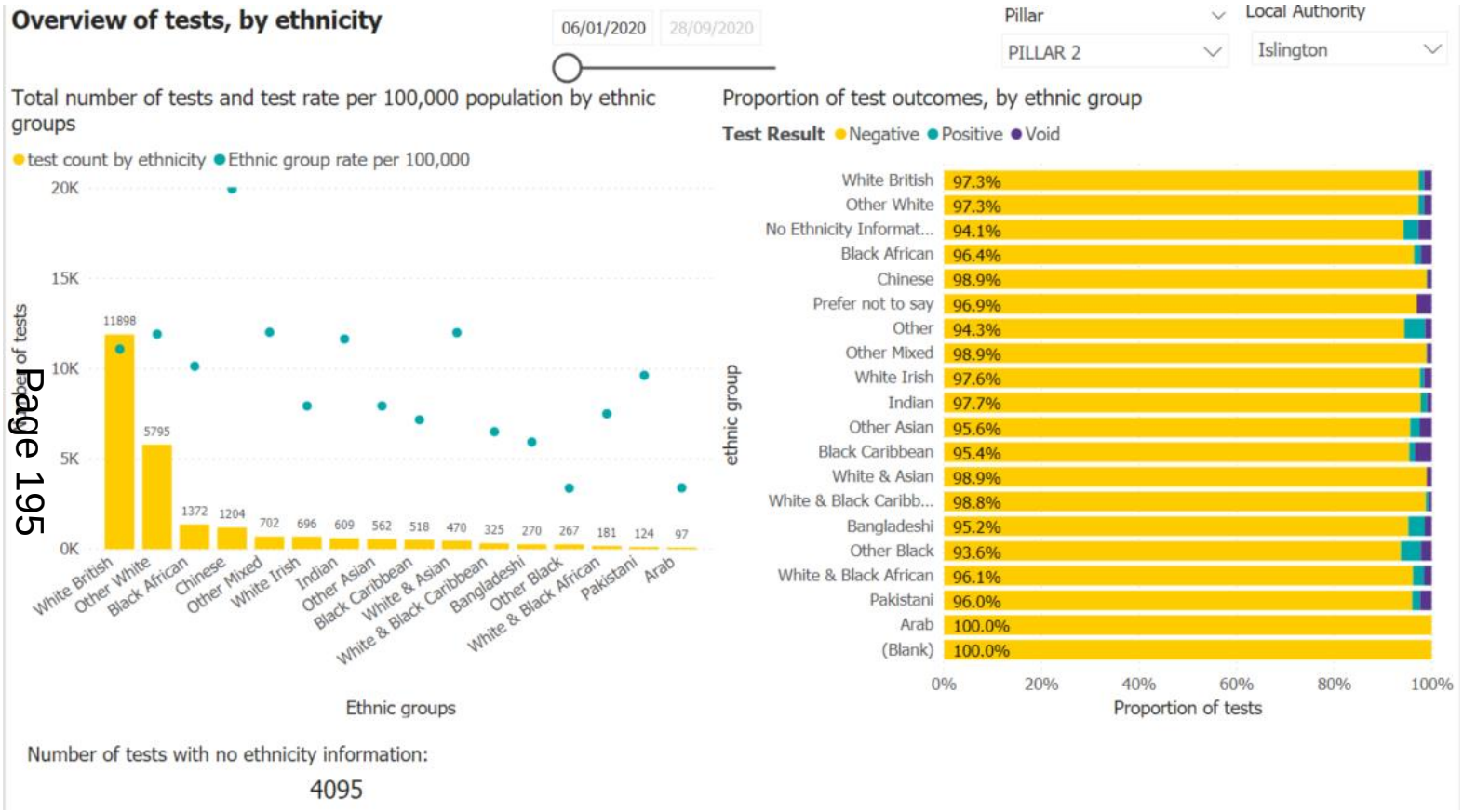
- The rate of positive Covid cases in Islington has been increasing since beginning of August but remains lower than that of London and England rates.
- Islington is showing a decline in the rate of persons tested per 100,000 since mid August whilst overall in England there is a rise in testing rates.
- The Positivity rate has increased in Islington in the past week, and is similar to that of England and London.

Testing in Islington: by demographics



- Overall, testing has been higher among females (though with a similar positivity rate between females and males tested).
- The testing rate is highest among those aged 90+ (a very small cohort), and then the next highest rates are among those aged between 20-49.
- The void rate increases with age, suggesting that there may be a greater need for support among older residents, and for in-person testing.

Testing in Islington: by ethnic groups



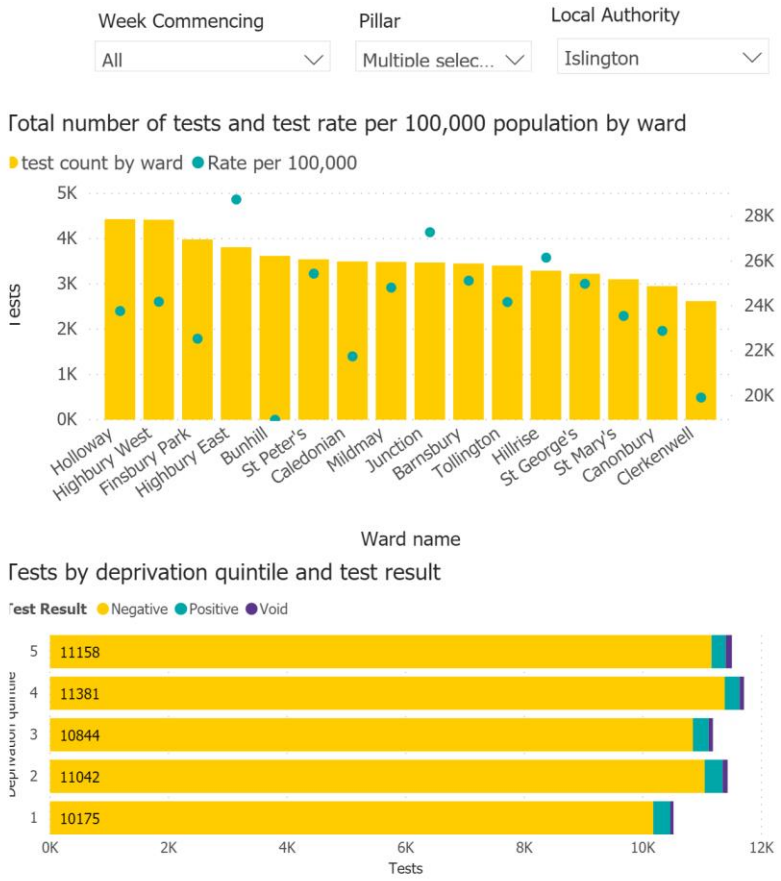
- The data quality for this field has been improving, and the recorded data has been mapped to the GLA estimates of population by ethnic group to allow the presentation of rates.
- The rate of testing is highest among those in the Chinese ethnic group, and lowest among Other Black and Arab ethnic groups.
- Positivity rates are highest among those with no recorded ethnicity, and people from Other, Other Black, and Bangladeshi ethnic groups.
- This may indicate a need for more testing among these groups, though the overall numbers are fairly small.

Testing in Islington: by place of residence

ISLINGTON

Overview of tests, by geography and deprivation

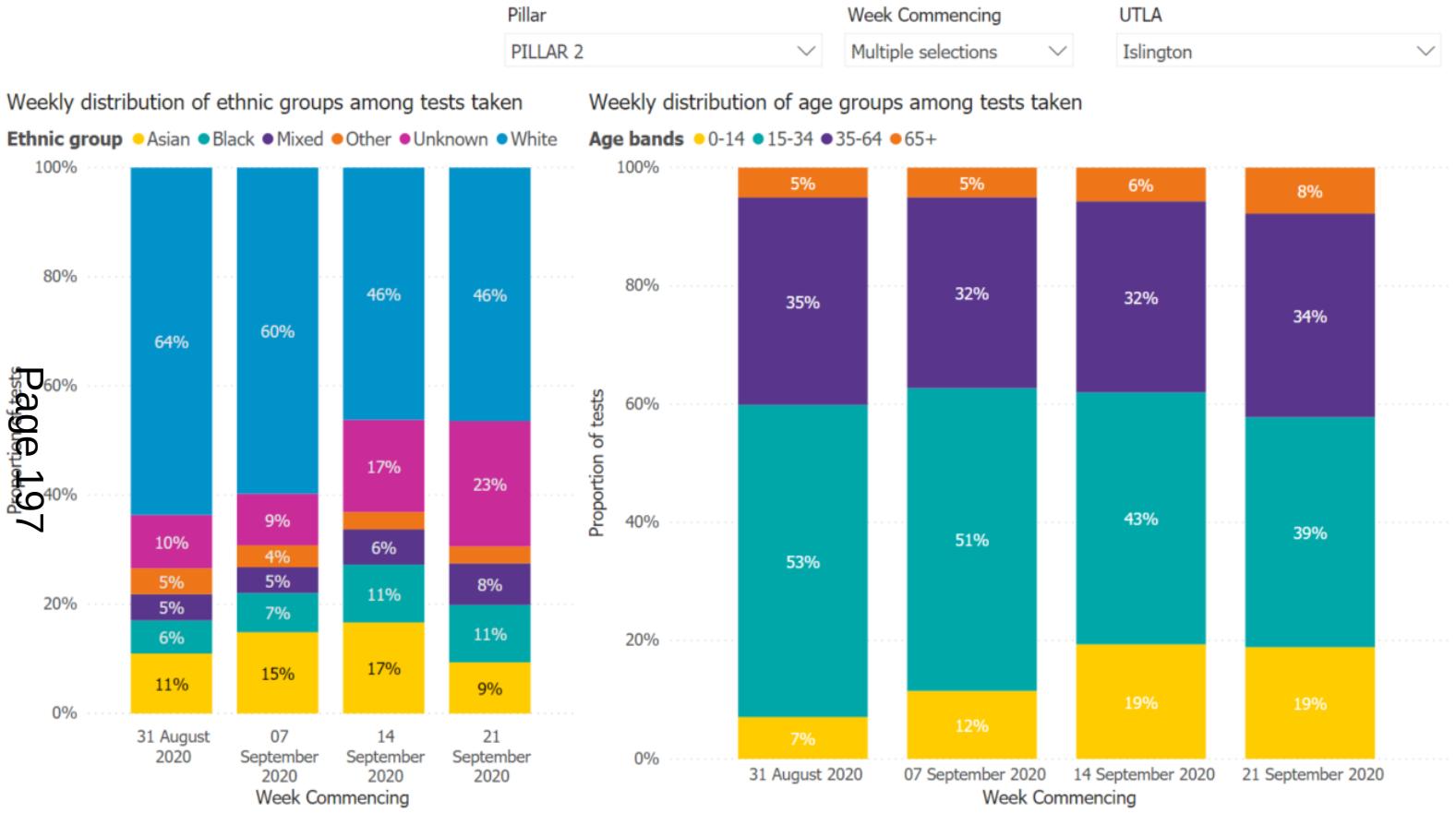
Testing rate per 100,000 by Ward



- This slide shows that there is some variation in testing within the borough:
- Highbury East has the highest testing rate, while Bunhill has the lowest rate.
- Despite having the second highest number of cases, the most deprived quintile has the fewest tests overall. This may be indicative of a need to increase the overall number of tests being taken by those in the most deprived communities.

Weekly distribution of tests by age and ethnic groups

ISLINGTON



- This chart shows that there has been a slight increase in tests with no recorded ethnicity, and among Asian ethnic groups, in recent weeks.
- It also shows a notable increase in tests among school-age children, as might be expected with the new school year starting in early September.

Resident engagement

Preliminary findings from resident engagement

ISLINGTON

Understanding/ views of government advice and guidance

- The survey sample included a total of 555 responses (incomplete responses and entries submitted by non-Islington residents were excluded from the analysis, n= 248). In addition, the Public Health team spoke to 78 Camden and Islington residents (many of which were vulnerable), through 9 focus groups and 20 interviews
- Overall, the Islington survey findings suggest majority of residents found it somewhat/ very easy to follow measures related to washing hands, face covering in public places, self-isolating and social distancing. This contrasted with the findings from the focus groups which indicates that more vulnerable residents find it harder to follow these public health measures.
- 32% of respondents either didn't know or were not aware how or where to get tested at the time of the survey. 28% found it somewhat/ very difficult to access a test.
- In terms of concerns residents have about following government advice and guidance, 'people do not follow social distancing measures in my area' was the most common concern, with 40% of respondents selecting this as a concern.
- There is a common perception that government advice is not clear, conflicting and confusing; losing track of the changing information and rules in different contexts; measures not enforced

Social distancing and wearing face covering in enclosed spaces

- Residents feel that people are not distancing in supermarkets and shops and teenagers not abiding by the rules and guidelines
- Bus drivers letting on too many people; seating isn't separated; bus drivers themselves set a bad example by not wearing face coverings
- Difficulties distancing in local parks and trying to get younger children to understand and follow the rules
- Not a lot of social distancing in the work place e.g. food retain chain
- Having family members they live with who work in the NHS makes them feel more vulnerable to contracting virus
- People are not wearing face covering, or not wearing them properly in public

Preliminary findings from resident engagement

Test and trace

- Common concerns:
  - Confusion around test process and where to get tested; confusion around different tests available; not confident about accuracy of test and its reliability
  - Concerned about contracting virus whilst getting tested
  - Availability of test slots limited
  - Accessibility: no local test site in Islington; test sites are too far away and no car; too ill to go to test centre
  - Because of the lack of trust in the current test and trace system, some people felt they are in the position to go out/ re-join activities
  - Young people – some think they had to pay for the test
- Sharing contact details of those who they had been in contact with:
  - Worried about what would happen with residents who might not be in a legal situation and would be at risk of being deported; want to check with their contacts first if they were happy to be contacted; use of data
- Self-isolation
  - Financial concern - fear of not being able to provide for their family. For example, those in private accommodation, they don't qualify for Universal Credit
  - Unclear what kind of support would be available e.g. food
  - Difficult to isolate – a lack of space in their homes; lives in a shared house; needs carer support; lives alone and cannot fully self-isolate without support from friends and family

Preliminary findings from resident engagement

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Residents from Black, Asian, and other ethnic minority communities

General barriers to understanding/ following government guidance

- When asked about the key concerns residents have about following government advice in the resident survey, a significantly higher proportion of respondents from Asian ethnicities were concerned about living in shared or overcrowded accommodation compared to White and other ethnic groups.
- The team have engaged with a large number of residents from diverse ethnic backgrounds, and the findings are found to be largely similar across different communities
- Some don't access information via mainstream methods and rely on getting verbal information through community groups and VCS
- Misunderstanding/myths circulating around in WhatsApp groups and social media are common (engagement with young people and refugee forum)

Test and trace

- Language barriers – those who don't speak English do not understand the guidance or be aware of how/ when to get a test and why it is important to do so
- Not very clear that the test is a MUST if they develop any symptoms of Covid-19
- Poor understanding of the different tests available
- Some people perceive the test to be intrusive
- Concerned about the reliability of the test (from BAME and young people focus groups) or if they should have multiple tests (particular confusion with antibody test)

Preliminary findings from resident engagement

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Young people

Understanding/ views of government guidance

- Some young people feel frustrated and confused with the 'changing' guidance and have 'given up' on following the rules, they admit to meeting up with friends in parks/ public areas in groups of more than 6
- 'Rule of six' – some young people think if there is a family bubble >6 this is breaking the rules
- Young people – often forget to wear face covering on public transport; some young people with asthma – they are concerned that they will get penalised for not wearing a mask

Test and trace

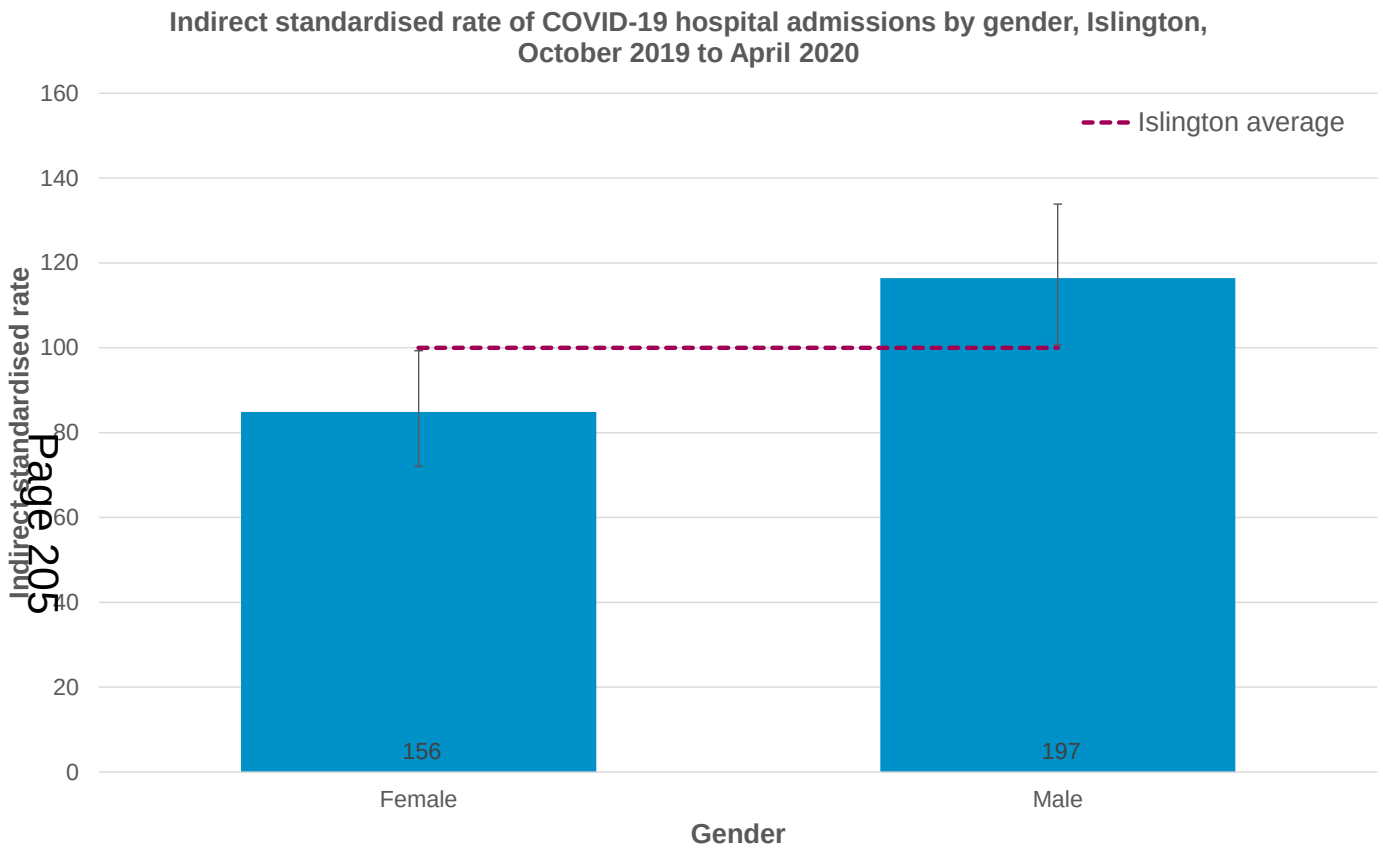
- Many young people have questions around it's safety and where they can get the test done
- Concerns about it being painful
- Confusion around what the test consists of
- Worried about going to the hospital to get a test and being exposed to virus
- Not having a car so limited access to testing sites
- Some young people think they had to pay for the test
- Do not understand how an app can tell a person has covid

Appendix

Hospital admissions

October 2019 to April 2020, 1st Wave

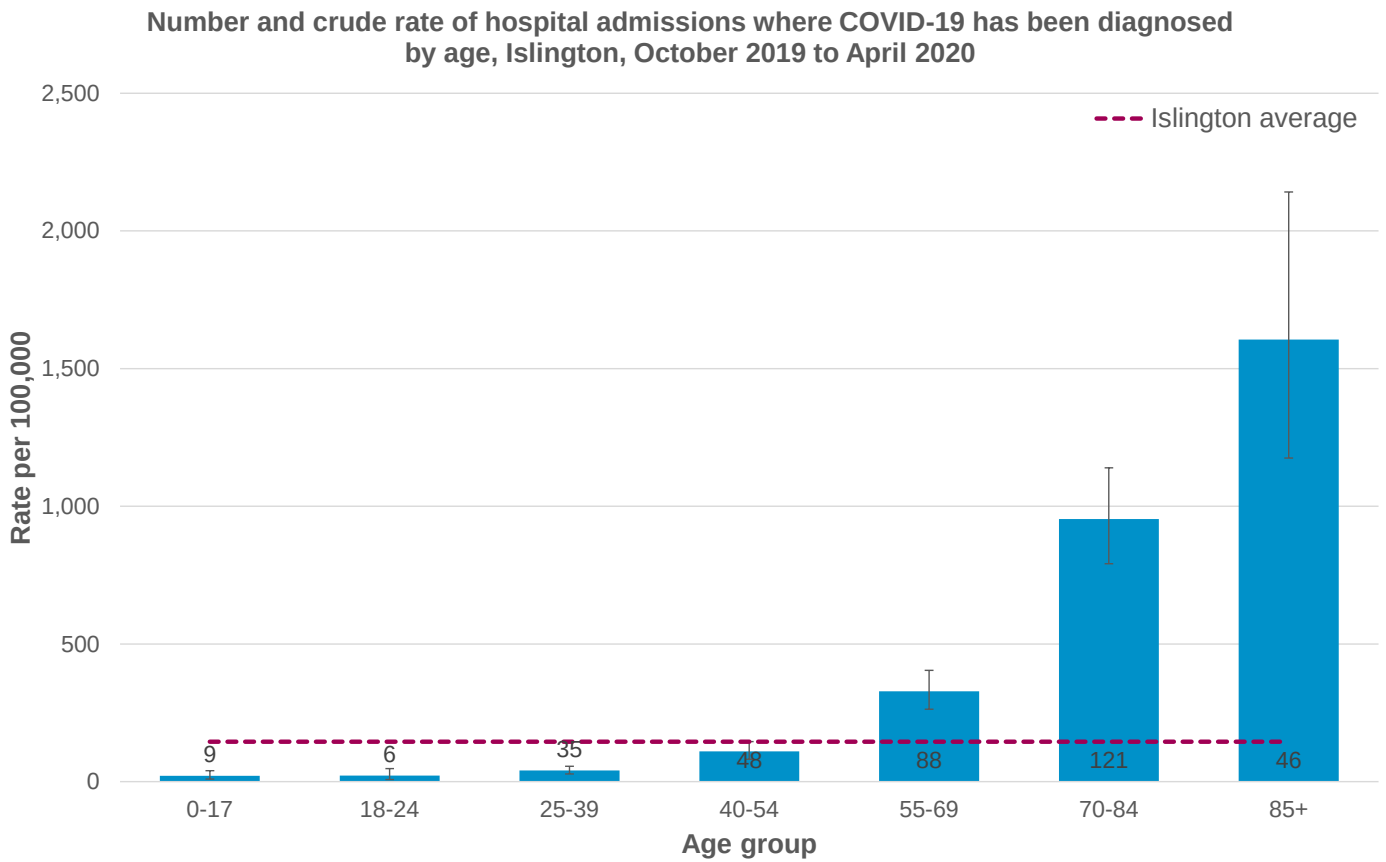
COVID-19 hospital admissions by gender, Islington



Note: Number indicates the number of admissions by gender.
Source: CSU data warehouse, June 2020

- In Islington, there were more men admitted to hospital where COVID-19 was diagnosed (56%) than women (44%).
- When accounting for age, the rate of men diagnosed with COVID-19 in hospital is not statistically different to the Islington average. It is also not different for women.

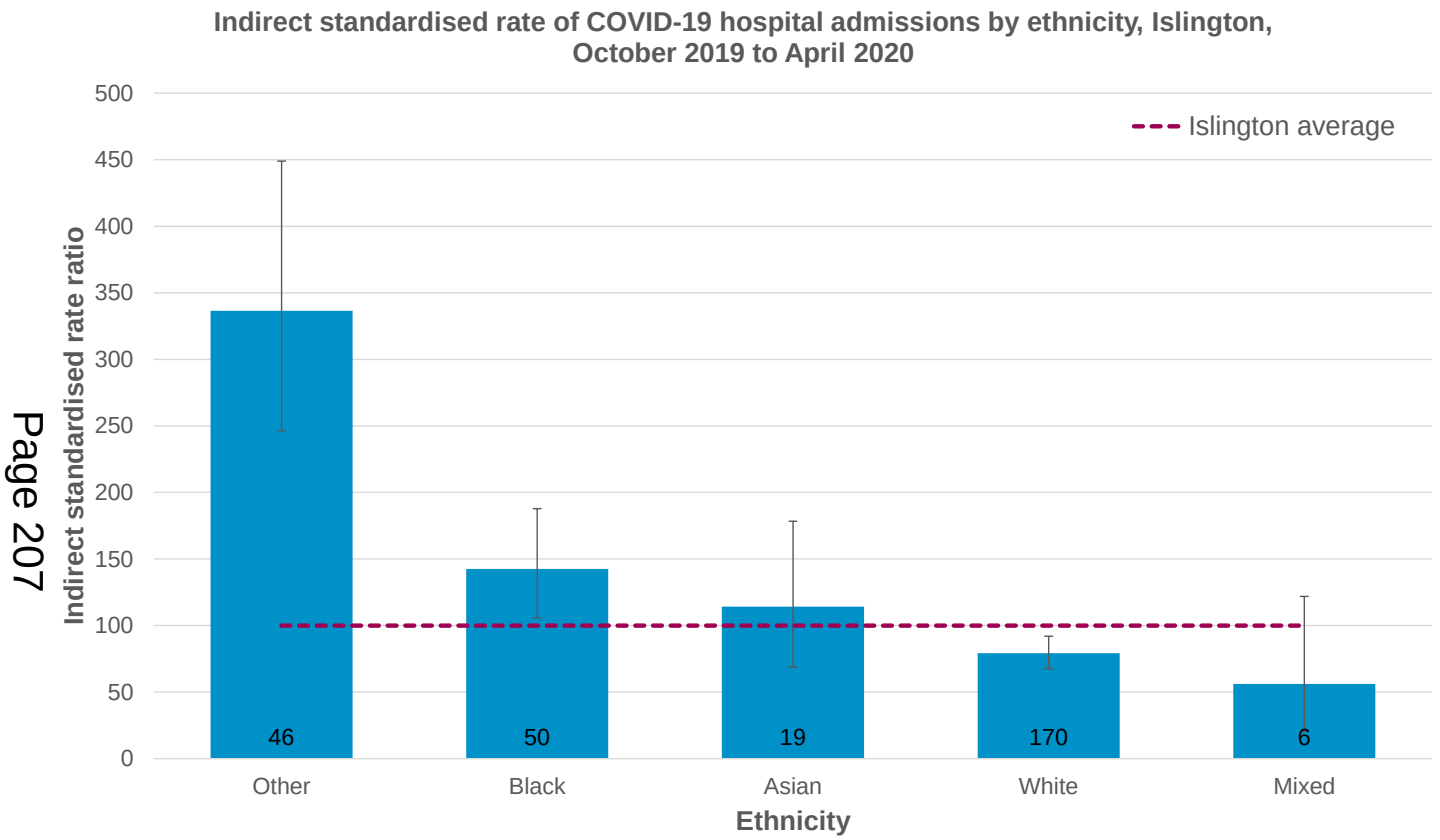
COVID-19 hospital admissions by age, Islington



Note: Number indicates the number of admissions by age group.
Source: CSU data warehouse, June 2020

- The rate of people admitted to hospital diagnosed with COVID-19 by age group follows the same gradient as it does in all NCL, increasing by age group.
- This rate is higher than the Islington average in all age groups from 55 years of age and affecting the 85 or older year age group the most.
- The rate is lower than the average in those aged 39 or younger.
- There is no difference between the rate of admissions for under 18s and the 18-24 year age group.

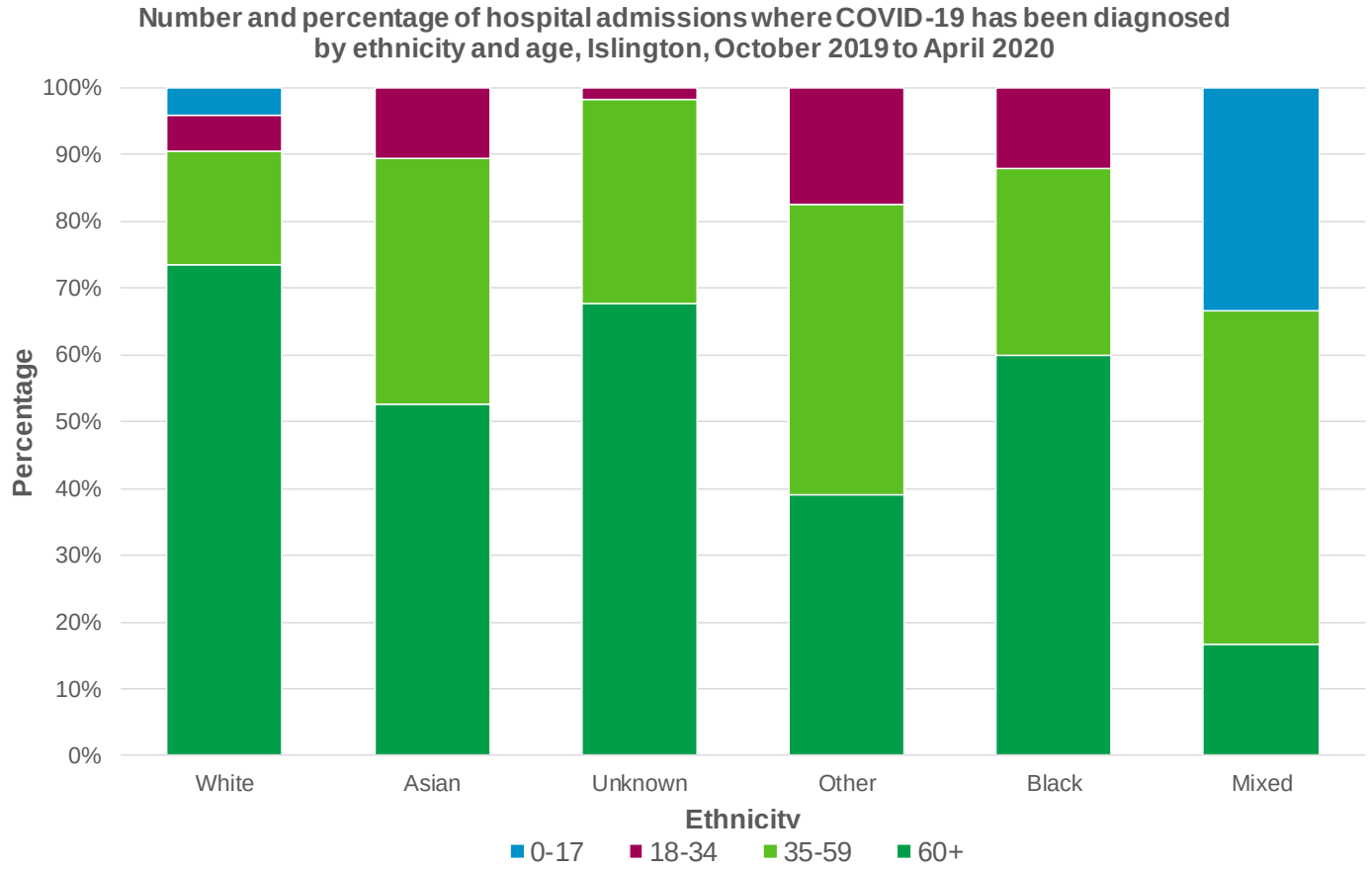
COVID-19 hospital admissions by ethnicity, Islington



Note: Those with unknown ethnicity have been excluded from the analysis (18%). Number indicates the number of admissions by ethnic group.
Source: CSU data warehouse, June 2020

- The highest rate of hospital admissions in Islington was for people of Other ethnic groups, which is 237% higher than the average in Islington. It is also higher than the rate in any other ethnic group.
- The rest of the ethnic groups have a similar rate than the Islington average but the rate in Black ethnic groups is higher than the rate in White ethnic groups in Islington.

COVID-19 hospital admissions by ethnicity and age, Islington



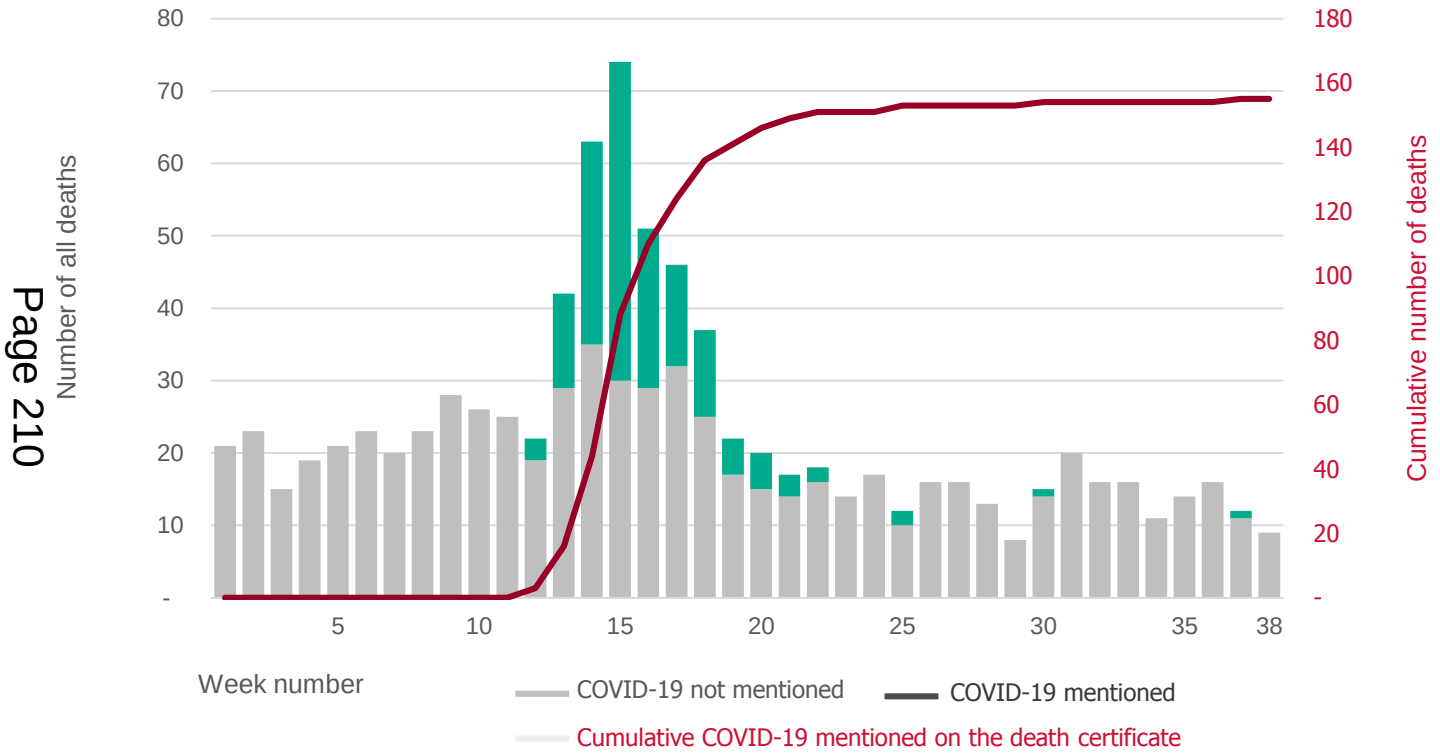
Source: CSU data warehouse, June 2020

- The proportion of those admitted aged 60 or older is higher within the white and Black ethnic groups, as well as in those where ethnicity is unknown.
- Within Asian and other ethnic groups, the proportion of people admitted aged 35-59 and 60 or older is not statistically different.
- Note numbers for under 18s and mixed ethnic groups are too small to draw any significant conclusions

Deaths

14th of March to 11th of July, 1st Wave

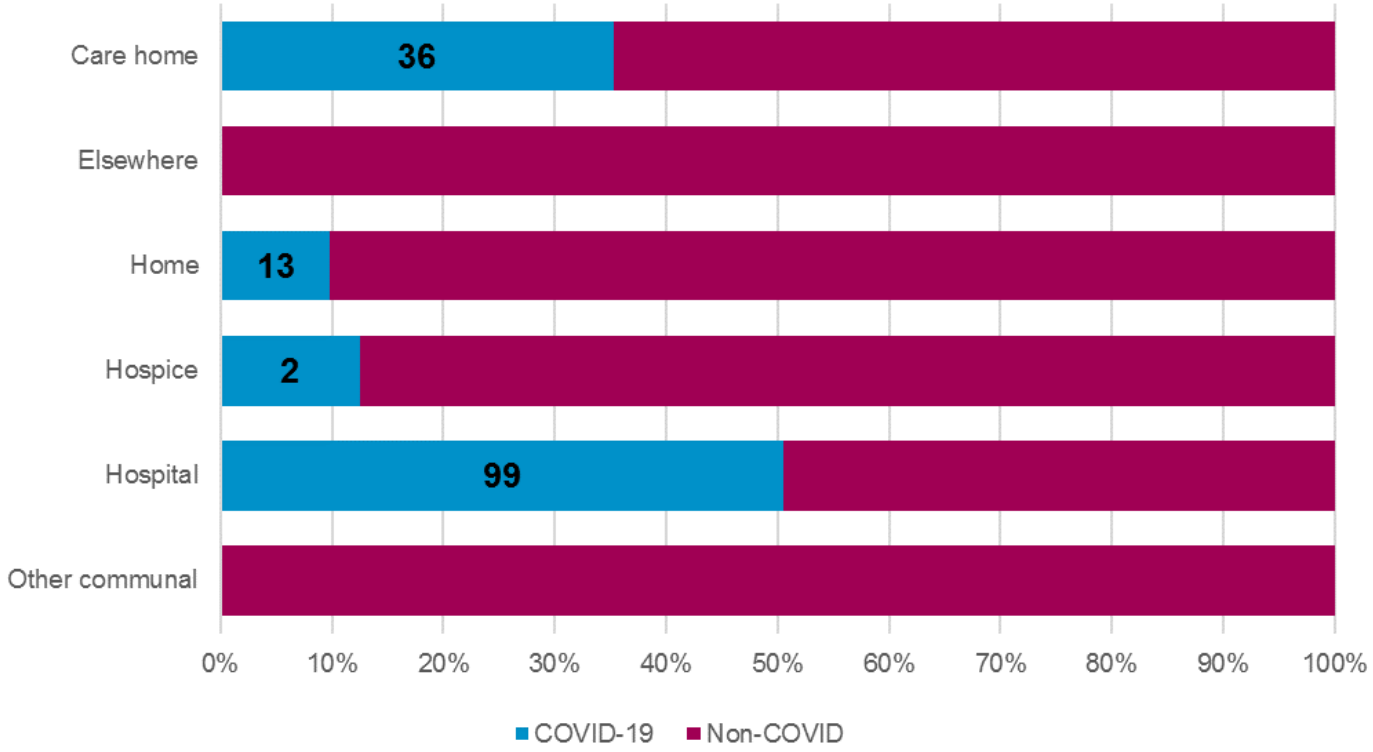
Deaths by cause of death (weekly numbers and cumulative), for deaths that occurred up to 18 September 2020 but were registered up to 26 September 2020 by week,



- A total of 155 deaths in Islington have been COVID-19 related, up to 4 September 2020.
- In Islington, the number of COVID-19 related deaths peaked during the week of 4 April – 10 April at 42 deaths and has fallen steadily since.
- There has been 1 death in the week to the 11th of September.

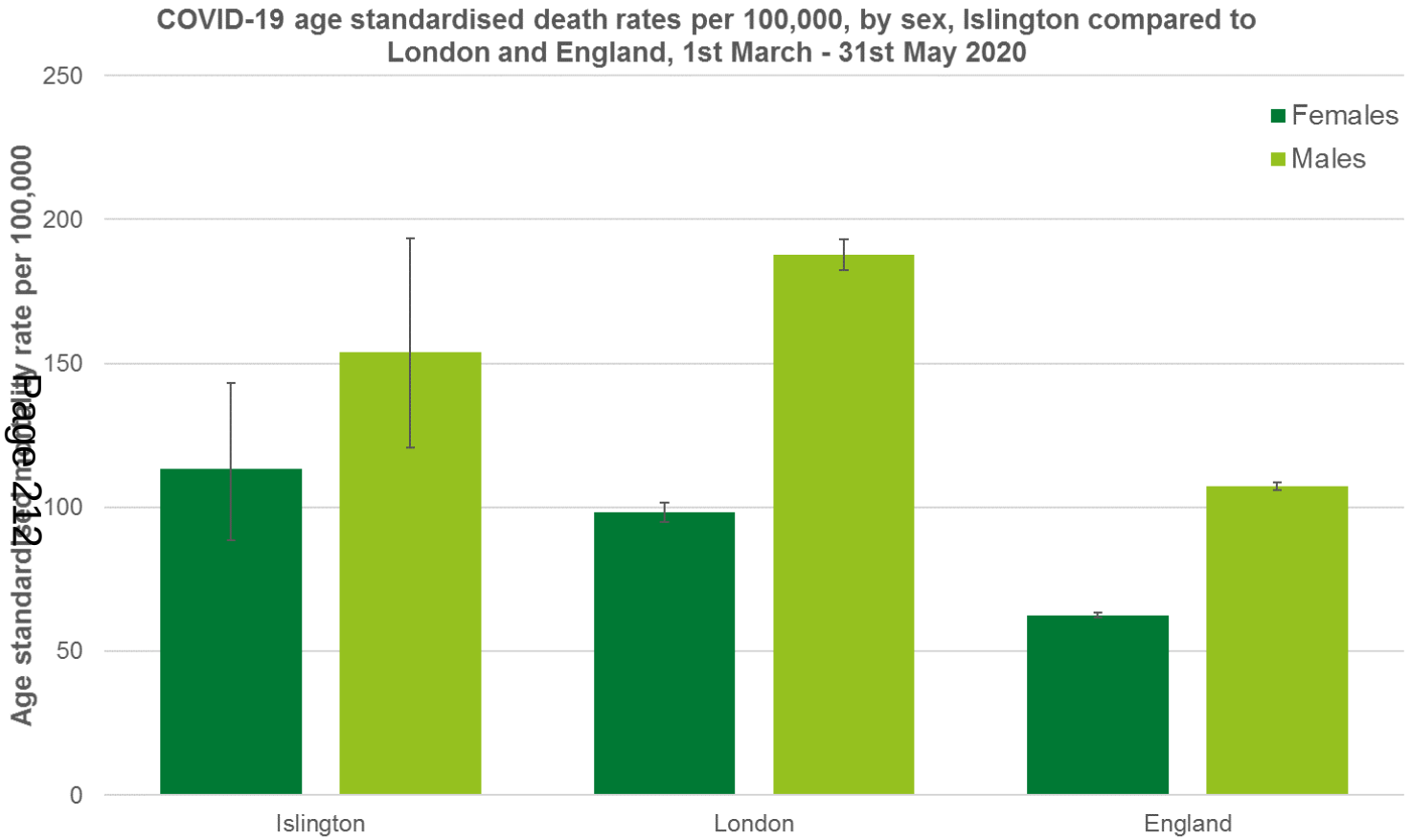
Deaths by place of death (cumulative percentages), for deaths that occurred from 14 March to 3 July 2020 but were registered up to 11 July, by place of occurrence

ISLINGTON



- Majority of COVID-19 related deaths of Islington residents took place in a hospital **(66%).**
- Just over **1/3** of all deaths in Islington care homes were related to COVID-19.
- **51%** of all hospital deaths of Islington residents were related to COVID-19.

COVID-19 crude death rate per 100,000 by gender

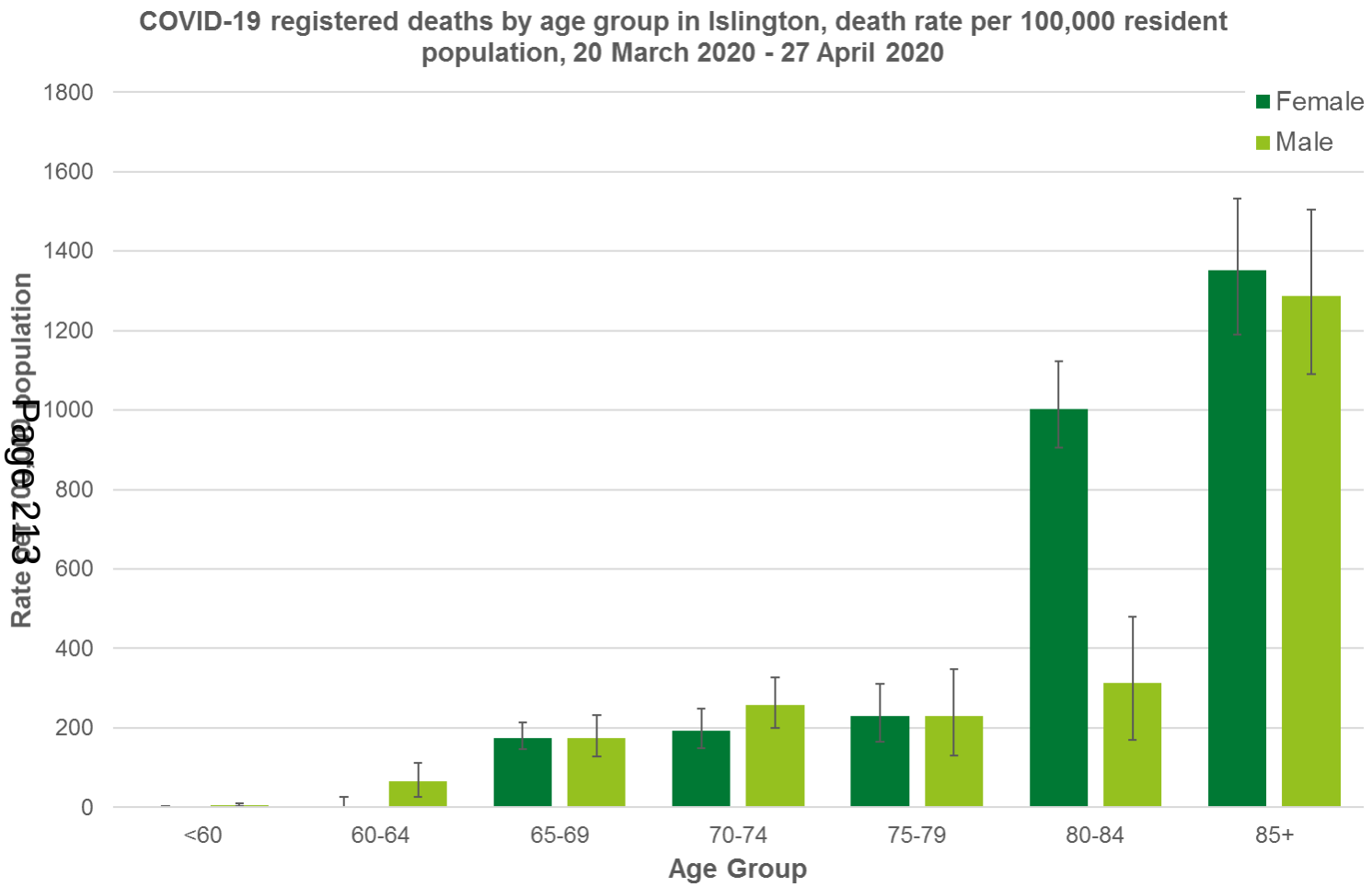


Note: Rates have been calculated using 2019 mid-year population estimates, the most up-to-date estimates when published. Figures are based on the date of death occurrence between 1 March and 31 May 2020 and registered up to (and including) 6 June 2020.
Source: ONS 2020

- Nationally, men have been found to be disproportionately affected by COVID-19. For both England and London the COVID-19 mortality rate is approximately 2 times higher in men than women.
- In Islington, although the mortality rate is higher in men than women (154 per 100,000 compared to 113), it is not a statistically significant difference

COVID-19 crude death rate per 100,000 by age and gender

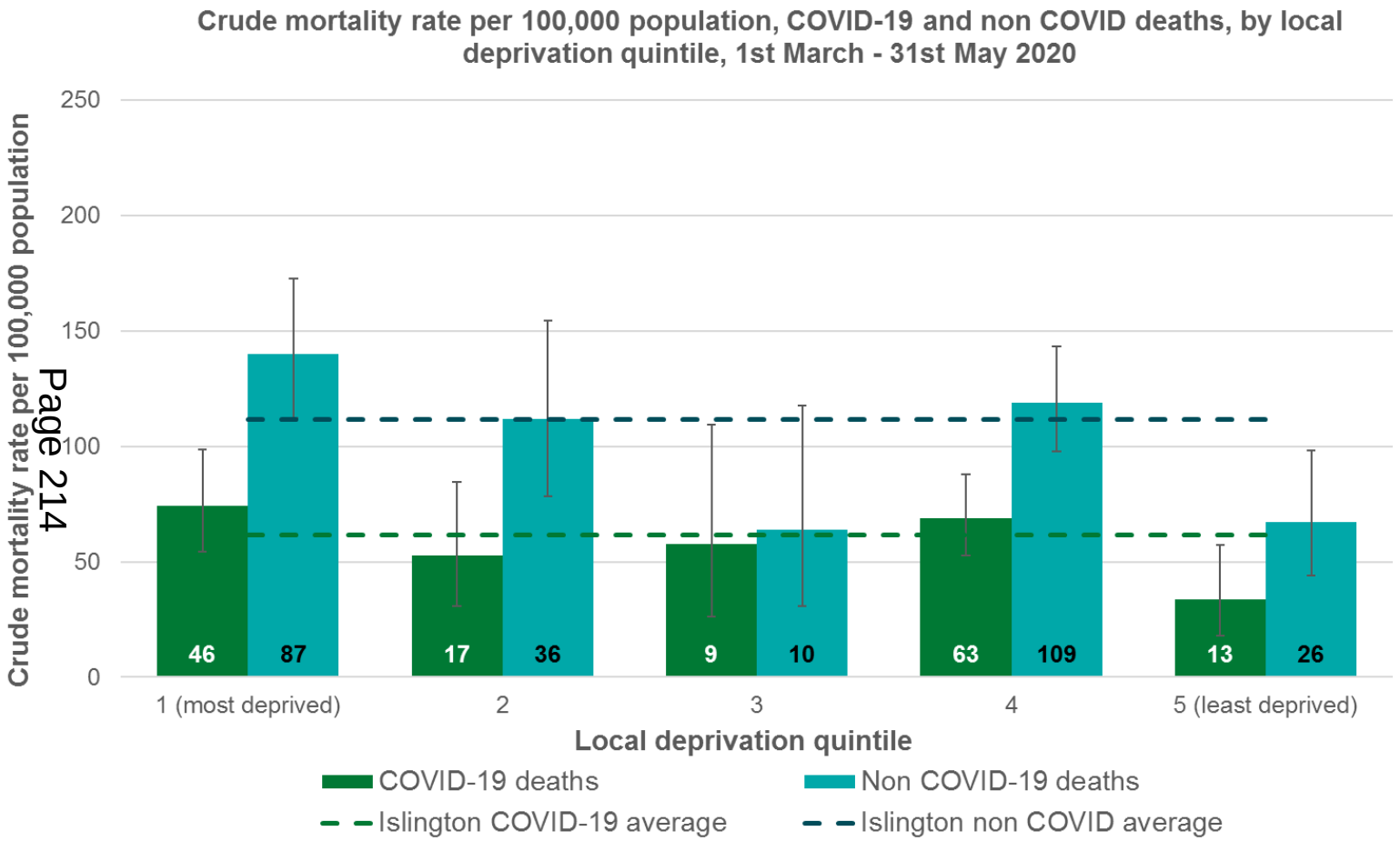
ISLINGTON



- In Islington COVID-19 death rates increased with age, ranging from 3 per 100,000 in females aged <60 to 1,287 per 100,000 in men aged 85+.
- Unlike national findings, females aged 80-84 were found to have a significantly higher COVID-19 mortality rate compared to their male counterparts (1,004 vs 314 per 100,000).

COVID-19 crude death rate per 100,000 by deprivation

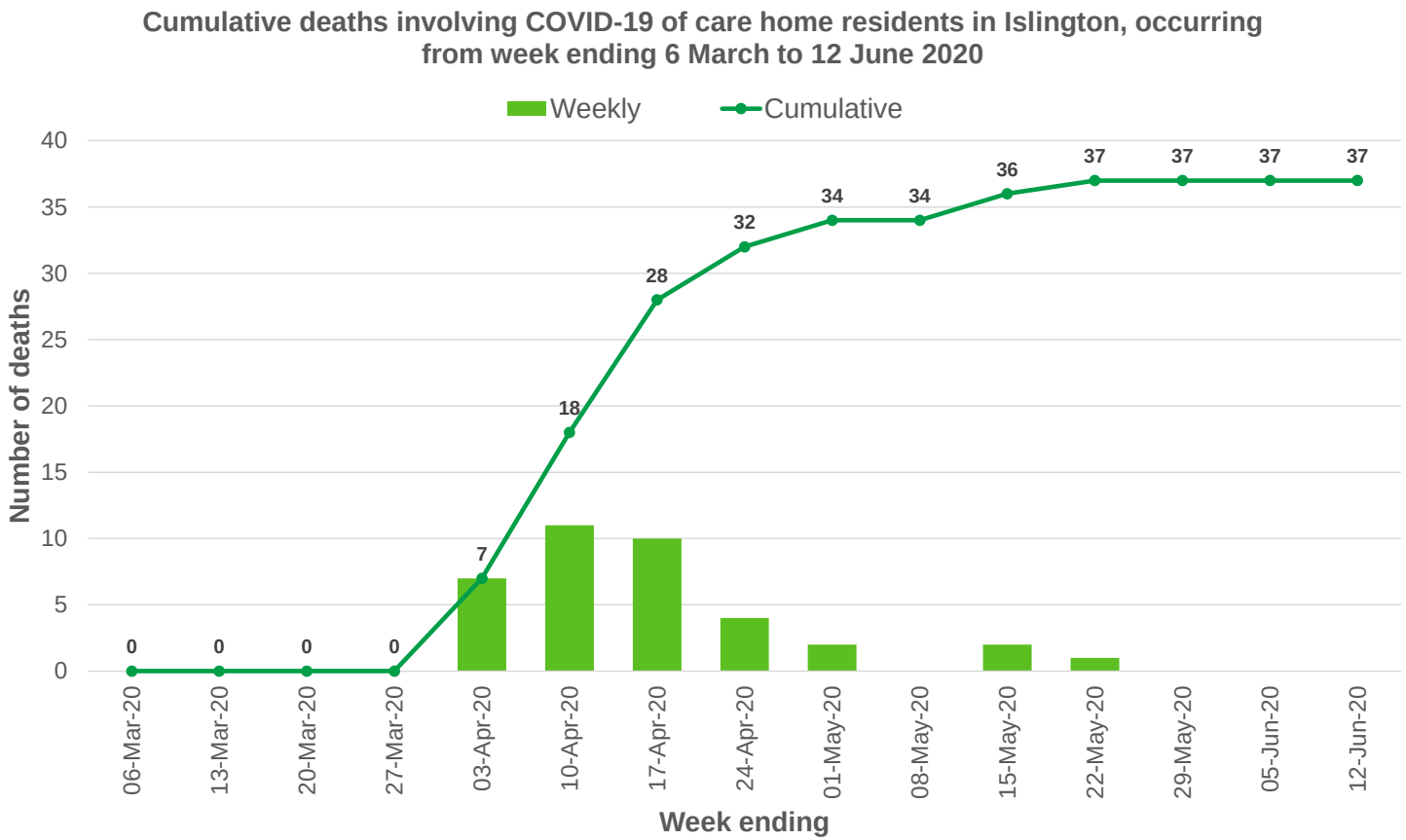
ISLINGTON



Note: Data labels show number of deaths by local deprivation qunitiles. Rates have been calculated using 2018 mid-year population estimates, the most up-to-date estimates when published.
Source: ONS 2020

- Unlike national findings, those living in the most deprived quintiles in Islington do not have a significantly higher mortality rate compared to those in the least deprived quintiles.
- The crude mortality rate of those living in the least deprived quintile is significantly lower than Islington's average (32 per 100,000 compared to 62)
- Mortality rates in non COVID and COVID-19 deaths follow a similar pattern across the local deprivation quintiles.

Islington picture: Deaths of care home residents



Note: Figures are for weekly deaths, involving COVID-19 of care home residents, occurring from week ending 6 March 2020 to 12 June 2020, registered up to 20 June 2020.
Source: ONS, 03 July 2020

- As of 12 June, there had been 37 deaths due to COVID-19 among care home residents across Islington, including deaths that occurred outside of care homes.
- In Islington, most deaths of care home residents have occurred in care homes. Figures on deaths **in** care homes have been released more recently, but there has only been one additional death in an Islington care home since 12 June.

Disparity in risks and outcomes in COVID-19

ISLINGTON

Category	Public Health England National Findings[1]	North Central London Local Findings[2]
Gender	Men are disproportionately affected by COVID-19. Despite making up 46% of diagnosed cases, men make up almost 60% of deaths from COVID-19 and 70% of admissions to intensive care units. Overall, age-standardised mortality rates were 74 per 100,000 males and 34 per 100,000 females.	Similar to national findings, men are disproportionately affected by COVID-19, accounting for 61% of deaths from COVID-19 in NCL, compared to 39% females. On average the age-standardised death rate was found to be 2 times higher in men than women. The age-standardised mortality rate ranged from 38 per 100,000 females in Camden to 218 per 100,000 males in Haringey.
Age	Rates of COVID-19 diagnoses increased with age. However, the majority of patients in critical care are aged 50-70. In terms of survival, those aged 80+ were 70-times more likely to die from COVID-19 than those under 40, following adjustment for demographic variables. Across all age groups, males had higher death rates than females, however, the differences decreased as age increased.	Across NCL, COVID-19 death rates also increased with age, ranging from 9 per 100,000 in those age <60 to 1,500 per 100,000 in those aged 85+. In all age groups, death rates were higher in males than in females, however this disparity narrowed with age. This is all similar to national findings.
Ethnicity	People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. An analysis of survival among confirmed COVID-19 cases and using more detailed ethnic groups, shows that after accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Black Caribbean and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. These analyses did not account for the effect of occupation, comorbidities or obesity. Other evidence has shown that when comorbidities are included, the difference in risk of death among hospitalised patients is greatly reduced.	Ethnicity is not listed on death certificates, however country of birth analysis showed that those born in Africa were more likely to die of COVID-19 compared to those born in the UK and Europe. Of those born in Africa, 66% of total deaths were due to COVID-19, compared to 51% of those born in Europe/UK. NB: We are working with local registrars to collect ethnicity at booking of death registrations. Islington death registration service now has the option to record ethnicity of the person has passed away by the person registering the death.

Disparity in risks and outcomes in COVID-19

ISLINGTON

Category	Public Health England National Findings[1]	North Central London Local Findings[2]
Deprivation	Those living in the most deprived quintiles were more likely to be infected with COVID-19 and have poorer outcomes (including mortality) than those in the least deprived quintiles.	Unlike national findings, there are no significant differences in the rates of COVID-19 deaths across deprivation quintiles, for each of the 5 boroughs in NCL. There is some evidence that rates are higher in those living in the middle (3rd) and second least deprived (4th) quintiles, however, due to small numbers, conclusive trends cannot be determined.
Geography	Urban areas such as London had the highest rates of COVID-19 diagnoses and deaths. For example, in London, death rates were more than three times higher than in the South West.	Barnet, Enfield and Haringey have a COVID-19 mortality rates per 100,000 population that are significantly higher than the national average (79), however Camden and Islington are below the national average. The order from highest to lowest is: Barnet (114), Enfield (113), Haringey (96), Islington (63) and Camden (59) (data to end of May – note ranking is still changing over time).
Comorbidities	The main comorbidities mentioned on COVID-19 death certificates included diabetes, hypertensive diseases, chronic kidney disease, chronic obstructive pulmonary disease and dementia. The most profound link was with diabetes, which was listed on 21% of death certificates.	Not currently analysed in local level data. Interpreting this within the context of inequalities will be complicated as the development of long term conditions and obesity is associated with gender, age, ethnicity and deprivation, among other things.
Occupations	A total of 10,841 COVID-19 cases were identified in nurses, midwives and nursing associates registered with the Nursing and Midwifery Council. Among those who are registered, this represents 4% of Asian ethnic groups, 3.1% of Other ethnic groups, 1.7% of White ethnic groups and 1.5% of both Black and Mixed ethnic groups. ONS reported that men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19. Nursing auxiliaries and assistants have seen an increase in all cause deaths since 2014 to 2018. For many occupations further analysis will be required.	Due to small numbers of deaths in working aged (18-64 years) NCL residents, it was not possible to determine significant differences across occupations when comparing COVID-19 and non-COVID deaths.

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ISLINGTON

Public Health Directorate

Report of: Director of Public Health

Health and Wellbeing Board	**Date:**	**Ward(s):**

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Islington's Health and Care System Winter Plan and Covid-19 Preparedness 2020-21

1. Synopsis

1.1 The accompanying report sets out the local health and care system's plan for this upcoming winter and for COVID-19 preparedness. The plan seeks to provide assurance to the Health and Wellbeing Board on the health and care system's ability to meet the predicted seasonal demands of winter and expected Covid-19 pressures, without compromising the quality of care and maintaining good patient experience.

1.2 The plan summarises local system developments that aim to reduce emergency attendances and hospital admissions by providing accessible community alternatives; reducing occupancy and length of stay by improving systems and processes within the acute trust; and reducing delays in discharge by providing appropriate community capacity. It also summarises the system's preparedness in responding effectively to a potential Covid-19 resurgence.

The final section of the attached report briefly sets these health and care system plans within the context of a developing programme of work across the Islington borough partnership to prevent and control COVID-19, protect and build community resilience and keep residents safe.

2. Recommendations

2.1 To note and discuss the Islington's Winter and Covid-19 preparedness plan for the local health and care system.

3. Background

3.1 On 30 January NHS England and NHS Improvement declared a Level 4 National Incident, triggering the first phase of the NHS pandemic response.

Since then the NHS has been able to treat every coronavirus patient who has needed specialist care – including 107,000 people needing emergency hospitalisation. Even at the peak of demand, hospitals were still able to look after two non-Covid-19 inpatients for every one Covid-19 inpatient, and a similar picture was seen in primary, community and mental health services.

As acute Covid-19 pressures were beginning to reduce, measures for the second phase were published on 29 April, instructing the restarting of urgent services.

On 19 June 2020 the Chief Medical Officers and the Government's Joint Biosecurity Centre downgraded the UK's overall Covid-19 alert level from four to three, signifying that the virus remains in general circulation with localised outbreaks likely to occur.

On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid-19 demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

NHS England and NHS Improvement set out the third phase of the NHS response to Covid-19 in a letter to all NHS organisations, GP practices and providers of community health services, on 31 July 2020. The letter outlined the NHS priorities from August with key areas of focus, including:

- Accelerating the return to near-normal levels of non-Covid health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

3.2 **Preparation for winter alongside possible Covid-19 resurgence**

NHSE/I asked local systems to continue to follow good Covid-19 related practice to enable patients to access services safely and protect staff, whilst also preparing for localised Covid-19 outbreaks or a wider national wave. This includes:

- Continuing to follow PHE's guidance on defining and managing communicable disease outbreaks and policies on which patients, staff and members of the public should be tested and at what frequency including a potential regular routine Covid testing of all asymptomatic staff across the NHS.
- Ongoing application of PHE's infection prevention and control guidance to minimise nosocomial infections across all NHS settings, including appropriate Covid-free areas and strict application of hand hygiene, appropriate physical distancing, and use of masks/face coverings.
- Ensuring NHS staff and patients have access to and use PPE in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling.

3.3 In response to the national guidance the Islington system has developed a joint winter plan summarizing our efforts in:

- Sustaining current NHS staffing, beds and capacity
- Delivering an expanded seasonal flu vaccination programme for priority groups, including providing easy access for all NHS staff promoting universal uptake. Mobilising delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available.
- Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance, ensuring those who need care can receive it in the right setting more quickly. This includes increasing the range of dispositions from 111 to local services, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics, as well as ensuring all Type 3 services are designated as Urgent Treatment Centres (UTCs).
- Maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.
- Continuing to work with local authorities, on resilient social care services, ensuring that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so in line with DHSC/PHE policies.

In addition to the attached Winter and Covid-19 preparedness plan all NHS partner organisations in the system have individual plans that detail their organisational response to the expected surge in demand over the winter period.

3.4 Health and care system planning and preparedness for winter and for COVID-19 is one, very critical component of a wider set of local plans and activities focused on containing the spread of COVID-19, protecting the health and wellbeing of the population and supporting our communities during this next phase of the pandemic. The attached report also briefly describes the work underway to strengthen Islington's COVID-19 Outbreak Prevention and Control Plan, which was published on 30th June. Work continues across Islington Council and with a broad range of NHS and other partners to develop and implement a broad range of activities and programmes focused on preventing and mitigating the impact of COVID-19 on our residents and enhance our resilience for winter.

4. Implications

4.1 **Financial Implications:**
There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.2 **Legal Implications:**
The Department of Health and Social Care (non-statutory) guidance issued on 18 September 2020 is aimed at Local Authorities ("LAs"), NHS organisations, care providers and the CQC. The Government's three overarching priorities for adult social care are described as:

1. Ensuring everyone who needs care or support can get high-quality, timely and safe care throughout the autumn and winter period.
2. Protecting people who need care, support or safeguards, the social care workforce, and carers from infections including Covid-19.
3. Making sure that people who need care, support or safeguards remain connected to essential services and families whilst protecting individuals from infections including Covid-19.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

Some aspects of the plan will have environmental impacts additional to business as usual. These include extended opening hours of primary care establishments and expanded vaccination schemes (more supply chain impacts and clinical waste generation). However, some aspects will reduce environmental impacts, including greater use of remote monitoring

4.4 **Resident Impact Assessment:**

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

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 Health and Wellbeing Board is asked to note and discuss Islington's Winter and Covid-19 preparedness plan for the local health and care system.

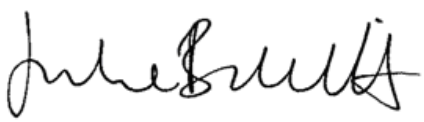
Appendices

- Islington's Winter Plan and Covid-19 Preparedness 2020-21

Background papers:

- None

Signed by:



Julie Billett
Director of Public Health

Date 8 October 2020

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NHS
North Central London
Clinical Commissioning Group

Islington's Winter Plan and Covid-19 preparedness

2020-21

Magdalena Nikolova
System Resilience Programme Manager
Islington Directorate – NCL CCG
m.nikolova@nhs.net

National Guidance

North Central London
Clinical Commissioning Group

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On 17 July the Government set out next steps including the role of the new Test and Trace programme in providing us advance notice of any expected surge in Covid-19 demand, and in helping manage local and regional public health mitigation measures to prevent national resurgence.

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- Preparation for winter demand pressures, alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
- Doing the above in a way that takes account of lessons learned during the first Covid peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

Phase 3 Covid-19 Response National Guidance

North Central London
Clinical Commissioning Group

Accelerating the return of non-Covid services

Fully restore Cancer Services

- Restore the number of referrals for suspected cancer to at least pre- pandemic levels
- Ensure sufficient capacity in diagnostics and endoscopy, using the independent sector, community hubs and rapid access centres
- Expand capacity of surgical hubs to meet demand and deliver in a Covid secure environment
- Fully restart all cancer screening programmes

Recover maximum elective activity possible

- Restore elective activity to between 90-100% of pre- pandemic levels by October
- Develop a week by week plan to optimise use of independent sector capacity
- Follow new streamlined patient self-isolation and testing requirements

Restore service delivery in primary and community services

- Restore activity to usual levels where clinically appropriate
- Address the backlog of immunisations and cervical screenings
- Enhance community services for crisis response and resume safe home visiting care for vulnerable patients that need it

Expand and improve mental health service

- Restore and expand services e.g. IAPT and 24/7 crisis helplines
- Validate system plans for mental health service expansion trajectories

- Continue to reduce the number of people with a learning disability in specialist inpatient settings by providing better alternatives and using Care and Treatment Reviews

Preparing for winter and possible Covid resurgence

- Continue to follow **good Covid-related practice** to enable safe access to services and protect staff
- Continue to follow **PHE infection prevention and control guidance** to minimise nosocomial infections
- **Sustain current staffing, beds and capacity**, and make use of independent sector and Nightingale hospitals
- Deliver an expanded **flu vaccination** programme
- Expand the **111 First offer** and maximise 'hear and treat' and 'see and treat' pathways for 999

Supporting the Workforce

- Deliver the commitments in the **NHS People Plan for 2020/21** including urgent action to address systemic inequality experienced by some of our staff including BAME staff
- Develop a local People Plan to cover the **expansion of staff numbers**, mental and physical support and setting out **new initiatives to develop and upskill staff**

Action on inequalities and prevention

- **Protect the most vulnerable** from Covid with enhanced analysis and community engagement to mitigate identified risk in the community
- **Accelerate preventative programmes** which proactively engage those at the greatest risk of poor health outcomes
- **Strengthen leadership and accountability** for tackling inequalities
- Ensure **data is complete and timely** to support understanding and response to inequalities

Preparing for winter and possible Covid-19 resurgence

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Covid-19 related good practice

- Continue to **follow Covid-related good practice** to enable safe access to services and protect staff
- Continue to **follow PHE infection prevention and control guidance** to minimise nosocomial infections across all NHS settings
- Ensure appropriate **Covid-free areas** strict application of **hand hygiene**, appropriate **physical distancing**, and use of **masks/face coverings**
- Ensuring NHS staff and patients have access to and use **PPE** in line with PHE's recommended policies, drawing on DHSC's sourcing and its winter/EU transition PPE and medicines stockpiling

Capacity to meet increase in demand

- Sufficient **staffing** in place across all system partners to ensure the predicted seasonal demands of winter and potential Covid-19 resurgence are met safely
- **Improved flow** process in ED to enable quicker triage and assessment of patients who require emergency care
- Sufficient **bed capacity** in both acute and community setting,
- Fully restored **primary and community care services** to ensure accessible community alternatives to A&E attendances

Flu Vaccination

- Deliver an **expanded seasonal flu** vaccination programme for priority groups, including providing easy access for all NHS staff and promoting universal uptake
- Mobilise delivery capability for the administration of a **Covid19 vaccine** if and when a vaccine becomes available

111 First offer

- Expand the **111 First offer** to provide low complexity urgent care without the need for an A&E attendance
- ensure those who need care can receive it in the **right setting** more quickly.
- increasing the range of **dispositions from 111 to local services**, such as direct referrals to Same Day Emergency Care and specialty 'hot' clinics,
- Ensuring all **Type 3 services** are designated as Urgent Treatment Centres (UTCs).

999 Demand

- Maximise the use of **'Hear and Treat'** and **'See and Treat'** pathways for 999 demand, to support a sustained reduction in the number of patients conveyed to Type 1 or 2 emergency departments.

Partnership working

- Maintain **strong working relationships** with all partners across the system
- Promote **effective communications** and **cross-system** collaboration when managing pressures in both community and acute settings
- Work with **local authorities**, on resilient social care services, ensuring that those medically fit for discharge are not delayed from being able to go home as soon as it is safe for them to do so
- Joint implementation of all relevant DHSC/PHE policies

Islington's Winter Plan

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Islington's Winter Plan provides assurance in relation to our health and care system's ability to meet the predicted seasonal demands of winter without compromising the quality of care and maintaining positive patient experience.

The plan summarises the system efforts that look at reducing emergency attendances/admissions by providing accessible community alternatives; reducing occupancy and length of stay by improving systems and processes within the acute trust; and reducing delays in discharge by providing appropriate community capacity.
It also summarises the system's preparedness in responding effectively to a potential Covid-19 resurgence.

Aim and Objectives

- ❑ Reduce avoidable attendances and admissions
- ❑ Ensure appropriate capacity in primary and community care
- ❑ Maintain good ED patient flow and performance during increase in demand over winter period
- ❑ Reduce occupancy and length of stay in hospital beds
- ❑ Enable effective transfers of care into community setting
- ❑ Deliver an expanded seasonal flu vaccination programme
- ❑ Ensure system-wide Covid-19 preparedness

This plan was developed by the Islington Directorate - North Central London Clinical Commissioning Group in partnership with the local system, following national guidance.

System partners met on several occasions over the summer period to collectively reflect on the implementation and impact of the 2019/20 winter initiatives and agree priority areas for winter 2020/21, taking in consideration the additional pressures of a potential Covid-19 resurgence. Learning was garnered using the After Action Review approach with additional workshops to discuss new national guidance and to identify the areas that require improvement.

All system partners were asked to consider mitigating actions against those areas to ensure our system is resilient and able to meet winter pressures and potential Covid-19 resurgence safely. The plan summarises the capacity and demand management actions in place across Islington.

In addition to this plan all partners in the system have individual plans that detail their organisational response to the expected surge in demand over the winter period.

Demand management in the community

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Primary Care

- Improved access to in hours GP appointments and appointments via direct booking through NHS 111
- Primary Care Extended Access Scheme in evening (6.30-8pm) and weekends (8-8)
- "Covid Symptom" home visiting service
- High Intensity Users support
- Delivering an expanded seasonal flu vaccination programme for priority groups, including providing easy access for all NHS staff and promoting universal uptake
- Regular GP support for care homes

London Ambulance Service

- Maximising the use of 'Hear and Treat' and 'See and Treat' pathways for 999 demand
- Aligning the NHS111 referral processes to 999 (including direct booking) with the aim of increasing referrals to more appropriate care settings such as primary care, mental health and community services
- Increasing NS111 Clinical Assessment Service (CAS) capacity to revalidate the LAS 'green-ambulance' calls before hey are sent to 999 for dispatch
- Continuation and promotion of 111 * lines: Ambulance crews, Care Homes and Rapid Response Nurses can dial 111 24/7 connect quickly with a GP
- Mental Health Joint Response Care – Mental Health Nurse and Paramedic dispatched as First Response to patient identified as being in a Mental Health Crisis and requiring a face to face assessment
- Direct LAS conveyances to Whittington's Urgent Treatment Centre and Ambulatory Care

Integrated Care

- Integrated Urgent Care (IUC) – Integrated 24/7 urgent care access, clinical advice and treatment service which incorporates NHS 111 call-handling and GP out-of-hours services
- 111 First: 111 booking to ED –Whittington due to go live in November
- Rapid Response - community attendance and admission avoidance scheme providing a 7 day community based nurse led, MDT prevention service now also offering direct LAS and 111 referrals and vitals self-monitoring equipment with remote monitoring programme reducing avoidable f2f appointments where appropriate
- Expanding the 111 First offer to provide low complexity urgent care without the need for an A&E attendance
- Increase in 111 call answering capacity
- Increase 111 clinical validation of emergency dispositions
- Implementation of mechanism for 111 email referrals to the emergency department including shielding status
- Reduce 111 & 999 primary care referrals to UTC's
- Pilot of primary care SMS communications campaign
- 111 pathways for the streaming and direction of non-urgent patients away from ED & UTCs into other urgent, primary, MH and community care settings,
- 999 pathways to manage patient attendances
- Palliative and end of life support in the community to reduce avoidable A&E/hospital attendances for those in the last phase of life

Demand management in the community

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Mental Health

- 24-hour Mental Health Community Crisis Assessment Service at St Pancras Hospital for people in acute mental health (MH) crisis.
- Health Based place of safety, supporting patients detained under s136 of Mental Health Act, enabling direct conveyances by the police and LAS
- Crisis phone line 24/7 for Mental Health service users, carers and professionals
- Mental Health - Out of hours recovery café (M-F 6-10pm) offering support in building social networks
- and enabling access to support out of hours
- MM police and Mental Health staff collaboration,
- offering joint support for service users struggling with complex, behavioural disorders

Substance misuse

- Better Lives - integrated drug and alcohol service.
- Assertive Alcohol Outreach Team and Alcohol Liaison working with high risk and dependent drinkers in order to reduce their utilisation of A&E and reduce the rate of alcohol specific admissions. Offers direct , “on-site” work but can deliver virtual support where appropriate, i.e. ED red zones and Covid-19 wards.
- 24 hour support phone line for substance misuse service users
- Street Outreach– offering harm reduction advice to street population
- Groundswell – advocacy service that supports Substance Misuse homeless individuals to attend health appointments and engage with health services. This support is a mix of face-to-face and remote support dependent on social distancing guidance.

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Children’s services

- Reducing avoidable paediatric attendances and admissions by managing minor ailments n the community
- Minor Ailments - Health Visitors and School Nursing deliver advice and booklets to families on minor ailments
- Long Term Conditions support in the community - Asthma, Allergy, Epilepsy, Diabetes and Sickle Cell
- Transforming Care (Autism and/or LD with Mental Health needs and/or Challenging Behaviour)
- Improved patient experience and reduction in avoidable A&E attendances and admissions for children in last phase of life - Acutely Unwell Child - Hospital @Home service, community nursing, palliative care and continuing health

Acute capacity to meet demand

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Workforce

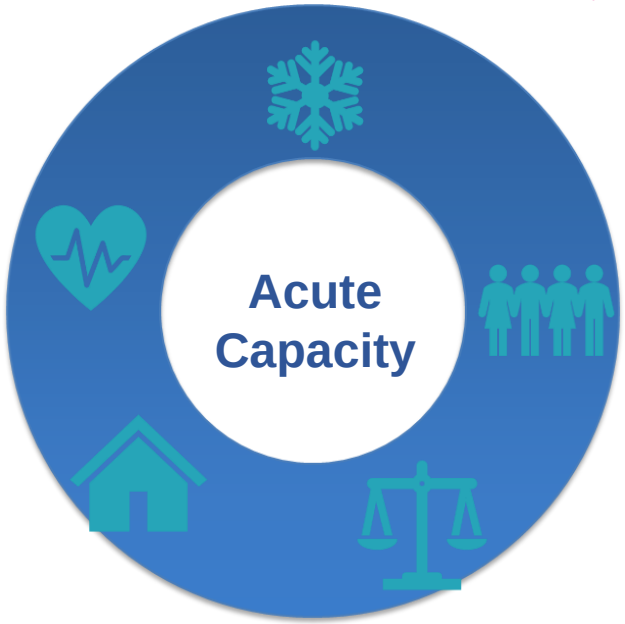
- Enhanced workforce to match the changing demand in A&E particularly over weekend and evenings

Bed Capacity

- There is sufficient bed capacity at the Trust with three wards currently closed that can be reopened if there is an increase in demand
- NCL reviewed its G&A bed base in light of the Infection, Prevention and Control (IPC) efficiency loss and loss from critical care expansion and has plans in place to mitigate this loss through (Barnet Hospital Modular Ward (35 beds) and the opening of UCLH Phase 4 (135 beds))
- NCL has plans in place to increase G&A capacity through the Independent Sector if needed

Infection control

- Pandemic Protocol in place to manage staff and patient safety across the trust
- Robust safeguarding processes in place across the Emergency Department with designated Red and Green Zones to avoid cross-contamination
- Sufficient PPE to manage the increased volume of patients safely
- Appropriate staff training and support



Improved A&E flow

- Revised patient flow through the department
- Reconfigured front of house, creating additional space to enable safer triage and assessment of patients
- Enhanced streaming model led by ENPs to ensure patients are streamed to the most appropriate treatment area (UCC AED< Primary Care and RAT) with plans to support later into the evening and overnight
- Medical led Rapid Assessment and Treatment between the hours 1100-1700 enabling increase in streaming to AEC, timely initiation of the frailty pathway and necessary diagnostic tests and treatments. In reach response from Ambulatory Care to support with puling patients
- Revision of Acute Assessment Unit pathway to support with timely admissions of patients
- Rapid Reponses and Virtual ward service in place to maximise attendance and admission avoidance
- Emergency Medical Unit (EMU), a short stay ambulatory majors unit with one assessment room and 12 chairs for fit to sit patients, staffed by a MDT operating 24 hours a day 365 days a year
- Acute Frailty pathway in place and embedded into normal practice. Giving patients the Rockwood score at triage, being assessed with a home first approach and treated in AEC if not requiring admission

Effective discharge of patients

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- Full implementation of the new Hospital discharge service operating model to maintain 0% DTOCs
- Discharge Hub in place 7/7 to meet the agreed discharge target for medically optimised patients with all D2A pathways fully embedded
- Social workers on site 7/7 to support prompt assessments and referrals
- Additional capacity in social care team to manage increase in referrals received over winter period/Covid-19 resurgence with added senior management support
- Full implementation of the recommendations for reinstating NHS Continuing Healthcare ensuring the timely assessment/discharge of patients is not compromised

- Full implementation of national guidance on managing Covid-19 in care homes
- Trusted Assessor post in place to facilitate effective discharges to care homes
- Sufficient nursing/care home provision to manage increase in demand for placements over the winter period
- NCL surge beds
- Sufficient domiciliary care capacity in place to delivery community packages of care
- Regular MADE meetings and daily huddles to review MOs and potential risks of delays in transfer of patients

Flu Vaccination Programme

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Key actions:

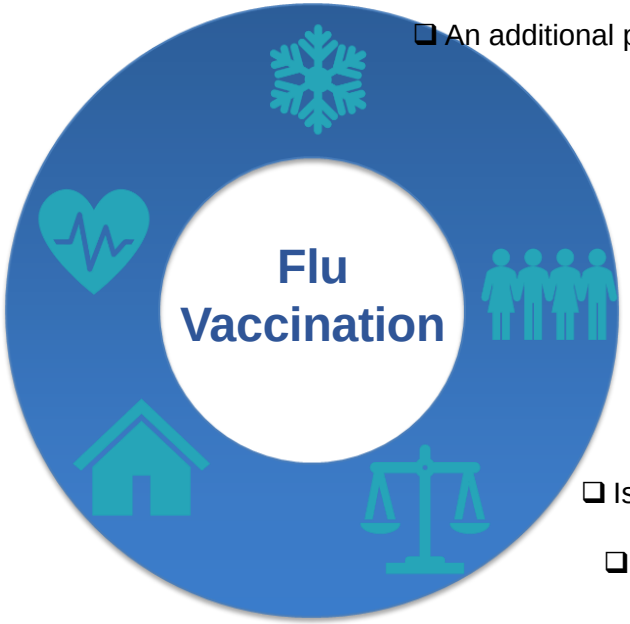
- ❑ Deliver an expanded seasonal flu vaccination programme for priority groups, including providing easy access for all NHS staff promoting universal uptake
- ❑ Mobilise delivery capability for the administration of a Covid19 vaccine if and when a vaccine becomes available

Who is eligible for the flu jab?

- ❑ 60,000 Islington residents eligible in 2020/21
- ❑ all children aged two to eleven
- ❑ people aged 65 years or over
- ❑ those aged from six months to less than 65 years of age, in a clinical risk group
- ❑ all pregnant women
- ❑ household contacts of those on the NHS Shielded Patient List,
- ❑ people living in long-stay residential care homes or other long-stay care facilities
- ❑ those who are in receipt of a carer's allowance
- ❑ health and social care staff who are directly involved in the care of vulnerable patients (including care homes, hospice and those employed through Direct Payments (personal budgets) and/or Personal Health Budgets)

New eligible cohort

- ❑ Although original cohorts will be prioritised, all people aged 50-64 years old will be eligible for a flu vaccine this year.
- ❑ This is dependant on vaccine availability and it is likely that they won't be called until late November/December.



NCL Level investment to promote flu vaccine uptake:

- ❑ Infrastructure Investment Fund in place for PCNs to help pay for 'At-scale' vaccination sites, training and other costs associated with PCN delivery of vaccinations
- ❑ An additional payment for each patient vaccinated from a BAME population, via the Flu Inequalities Fund

Mass vaccination at large-scale

Targeted at younger, more mobile patients who do not require e.g. LTC review or would benefit from longer holistic appointments with practice team:

- ❑ 2 hub clinics secured (similar to flu Saturdays) - Emirates Community Hub and City & Islington 6th Form College
- ❑ Capacity for approx. 800 patients at each event
- ❑ 9 clinics running from 2nd week in October
- ❑ Practices pooling workforce and flu vaccines

Housebound Patients

- ❑ Approximately 2,500 people across Haringey & Islington
- ❑ Islington and Haringey GP Federation working with Whittington district nursing team and building on model from previous 2 years
- ❑ The service includes pneumococcal and shingles vaccinations when indicated

Patients in care homes

- ❑ Vaccinations for this cohort of patients will be provided under the Care homes DES and will include Older people care homes, Learning Disability and Mental Health care homes.
- ❑ Practices have been asked to work with care home staff to get patient consent and to prioritise these patients when vaccines arrive

Practice level support

- ❑ PCN and practice flu planning templates in place and regular contact with Primary Care Teams via weekly SITREP call.

Developing Islington's COVID-19 Prevention and Control Plan – containing the virus, building community resilience and protecting lives

NHS
North Central London
Clinical Commissioning Group

- Planning and preparedness for winter and for COVID-19 in the Islington health and care system is one, very critical component of a wider set of local plans and activities focused on containing the spread of COVID-19, protecting the health and wellbeing of the population and supporting our communities during this next phase of the pandemic.
- Islington's COVID-19 Outbreak Prevention and Control Plan was published on 30th June and describes the systems in place to prevent and contain the spread of the virus in the borough, including arrangements for controlling and managing local outbreaks
- Building on this June plan, work continues across Islington Council and with a broad range of partners to develop and implement a broad range of activities and programmes of work to prevent and mitigate the impact of COVID-19 and enhance our resilience for winter
- Key areas of action and work are summarised briefly on the following slides.

Preventing and mitigating disproportionate impacts

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- A consistent and systematic focus on mitigating further disproportionate impacts of COVID-19 on our diverse communities sits at the heart of the Islington COVID-19 Outbreak Prevention and Control Plan and the continued work and next steps.
- Beyond the immediate and critically important measures that we will take to prevent and mitigate further disproportionate impacts of COVID-19 in short term, an action plan is being developed to tackle long-standing health inequalities experienced by people from Black, Asian and other ethnic backgrounds, as part of the Council's **Challenging Inequality** programme.
- The council is taking forward a Challenging Inequality programme of work to tackle inequality and injustice in Islington, across the three key domains of Islington as employer, as a service provider and as a strategic leader of place.
- The initial focus in terms of health inequalities is on actions to take forward the seven recommendations set out in the PHE report "Beyond the data: understanding the impact of COVID-19 on BAME groups"

Effective public health data and surveillance systems

- The council is actively maintaining and reviewing a population-level, as-near-to-real-time as possible, granular COVID-19 surveillance dashboard to ensure rapid identification, investigation and management of COVID-19 outbreaks
- A resident facing dashboard has been developed and is updated and published on the LBI website
- Ensuring robust systems for data flow from national/regional to local, and vice versa remains a priority focus of this work
- Local surveillance systems include integrated health and care sector surveillance data.

Implementation of a population wide and targeted communications and engagement plan

- A "living" COVID-19 communications and engagement strategy is in place, covering three elements – Prevention, Preparation and Management
- We have established a partnership COVID-19 communications and community engagement group and work plan, kept continuously under review, to help coordinate and drive this critical aspect of local activity
- There are many and various communication channels to the community as a whole, with specific groups, and targeted to different settings
- Analysis of our resident survey and engagement will give deeper quantitative and qualitative insight into the impacts and experience of COVID-19 in Islington.
- A major Keep Islington Safe (Keep London Safe) campaign is underway currently. The council has set up a resources page on its website – including posters, translations etc., which other organisations and groups can access and are encouraged to use. We are offering and rolling out training across communities for COVID-19 Health Champions

Increasing accessibility of and engagement with testing

- At the current time, there is increased demand for testing across the country, including in Islington. Access to testing through the National Testing Programme has been problematic recently as prioritisation of testing capacity away from London to higher incidence areas has impacted on testing access locally. London has now been escalated to the national COVID-19 watchlist, which therefore should mean increased access to testing regionally.
- The council continues to work closely with key local partners, including North Central London Clinical Commissioning Group, to actively develop options to increase and maintain access to testing locally for key priority groups. Nationally, DHSC plan to scale up testing capacity further to 500,000 tests a day by the end of October
- Communications to residents have highlighted recent issues with access to testing through the National Testing Programme, encouraged those who develop symptoms to try to access a test, and provided appropriate public health advice, should people be unable to access to a test
- A walk-through testing site has been established in Islington, based in the Sobell Leisure Centre car park, to increase accessibility of COVID-19 testing within the community.
- Another site to cover the south of the borough will be considered at a later stage.

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Mobilising local contact tracing

- Local contact tracing focuses on contacting those individuals who have tested positive, and have not been successfully contacted by the national service within 24 hours.
- The national system remains responsible for follow up of the contacts thus identified.
- Arrangements for outbreaks and complex situations do not change – responsibility remains with PHE's specialist health protection service working with local public health and environmental health teams.
- A Task & Finish Group has been convened to plan for the 'go live' of locally supported contact tracing in Islington, building on a national checklist and our own local work, ensuring approaches are safe, effective and support and reassure our communities.
- The national system is working with local teams across the country in a phased way to 'go live' systematically.

Targeted preventative work with higher risk settings and support for businesses and safe high streets

- The council is delivering a programme of systematic identification and proactive engagement with our highest risk settings to provide advice and support to adopt COVID secure measures. This includes engagement with hostels and homeless settings; places of workshop; housing of multiple occupancy and food production/processing/packaging sites.
- Supporting businesses and high streets to operate safely remains a key focus of our public protection and inclusive economy work programmes.
- COVID-19 stewards are being deployed to areas of high footfall in Islington. Stewards do not have enforcement powers but will advise and give guidance e.g. remind on social distancing, wearing face coverings in shops and on public transport.
- All hospitality venues being visited for compliance with track and trace, rule of 6 and face coverings and follow up enforcement for non-compliant businesses.
- COVID secure compliance check visits to hairdressers, barbers, gyms, and leisure venues have been carried out over the summerand will extend to other close contact services, visitor economy and workplaces where face coverings for staff is now mandatory.

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Working with community partners to maintain the community response and support to residents

- Islington's VCS has been at the heart of the local response to the COVID-19 pandemic; making a crucial contribution to keeping people safe and consistently demonstrating an ability to reach and engage some of our most vulnerable residents and marginalised communities
- We will continue to use our strong partnerships with the VCS to listen to and engage with all communities to better understand their concerns, experiences and the impact of the COVID-19 pandemic to help shape our ongoing response to COVID-19.
- We are Islington, our borough-wide helpline and support service set up to assist vulnerable and self-isolating residents continues to ensure residents face no barriers to following public health advice, and to connect them into advice and services, as required

Supporting schools and higher/further education

- The council continues to support schools and higher/further education both in terms of supporting settings to operate safely and supporting families to access the information and support they need, in particular BAME and vulnerable families.
- Ensuring continued communication and accurate COVID-19 data and information flow, including through delivery of webinars, routine presence at heads forum, and availability for individual queries remains central to this work.
- Settings are provided with advice and support on infection prevention and control including actions to take if there is a suspected COVID-19 case; ongoing support during an outbreak; support for decisions and communications in the event of partial or full closure of school or nursery; and support to engage in Test and Trace.
- Supporting families sits at the heart of this work, and engagement with families, both directly and through Parent and Health Champions, to understand their needs and concerns and signpost those who require support to council and Voluntary and Community Sector (VCS) services remains a priority.

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Maximising care home resilience and infection prevention and control

- Adult Social Care (ASC) commissioners continue to work closely with Public Health, providers, and partners to monitor the care home situation and ensure ongoing implementation of ASC COVID-19 response plans to ensure resident and staff safety, drawing on national learning and learning from NCL After Action Review
- The care home resilience plan and system-wide infection prevention and control (IPC) measures continue to be implemented, including: isolation and cohorting of residents; minimizing staff movement and support to isolate if positive; IPC training, advice and guidance
- Care homes and eligible extra care and supported living settings are being supported to engage in the national routine testing programme
- Piloting other priority testing regimes outside of national programme, in conjunction with NCL STP testing programme
- A PPE hub will operate until at least the end of the financial year to ensure proviers have access to PPE should normal supply routes fail. To support sustained good practice, a PPE audit will be undertaken with providers.
- Swift decision making with regards to any changes to care home visitation are being supported through a live risk assessment

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