

# Public Document Pack



**Town Hall, Upper Street, London, N1 2UD**

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## **AGENDA FOR THE EXECUTIVE**

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Members of the Executive are summoned to attend a meeting to be held in the Council Chamber, Islington Town Hall, Upper Street, London N1 2UD on **18 April 2024 at 7.00pm.**

Enquiries to : Mary Green  
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Despatched : 10 April 2024

### **Membership**

Councillor Kaya Comer-Schwartz  
Councillor Diarmaid Ward  
Councillor Una O'Halloran  
Councillor Rowena Champion  
Councillor John Woolf  
Councillor Santiago Bell-Bradford  
Councillor Nurullah Turan  
Councillor Michelline Safi-Ngongo  
Councillor Roulin Khondoker

### **Portfolio**

Leader of the Council  
Executive Member for Finance, Planning and Performance  
Executive Member for Homes and Communities  
Executive Member for Environment, Air Quality and Transport  
Executive Member for Community Safety  
Executive Member for Inclusive Economy and Jobs  
Executive Member for Health and Social Care  
Executive Member for Children, Young People and Families  
Executive Member for Equalities, Culture and Inclusion

### **Quorum is 4 Councillors**

#### Please note

It is likely that part of this meeting may need to be held in private as some agenda items may involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972. Members of the press and public may need to be excluded for that part of the meeting if necessary.

Details of any representations received about why the meeting should be open to the public - none

## Declarations of interest:

If a member of the Executive has a **Disclosable Pecuniary Interest\*** in an item of business and it is not yet on the council's register, the Councillor **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent. Councillors may also **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, the Councillor **must** leave the room without participating in discussion of the item.

If a member of the Executive has a **personal** interest in an item of business they **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but may remain in the room, participate in the discussion and/or vote on the item if they have a dispensation from the Chief Executive.

- \*(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 expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) **Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one 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 the Councillor or their 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.

**NOTE:** Public questions may be asked on condition that the Chair agrees and that the questions relate to items on the agenda. No prior notice is required. Questions will be taken with the relevant item.

Requests for deputations must be made in writing at least two clear days before the meeting and are subject to the Leader's agreement. The matter on which the deputation wants to address the Executive must be on the agenda for that meeting.

### A. **Formal matters**

1. Apologies for absence
2. Declarations of Interest
3. Minutes of previous meeting 1 - 8

### B. **Child-friendly Islington**

1. Proposals on the future of Duncombe and Montem Schools 9 - 50

2. Executive response to the report of the Children's Services scrutiny report: Making Children Visible 51 - 60

**C. Greener, healthier Islington**

1. Adult Carers' Strategy 61 - 98
2. Allocation of the Public Health Supplementary Substance Misuse Treatment and Recovery Grant 24-25 99 - 128

**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 the press and public**

To consider whether to exclude the press and public during discussion of the remaining items on the agenda, in view of their confidential nature, in accordance with Schedule 12A of the Local Government Act 1972.

**F. Confidential / exempt items for information**

1. Proposals on the future of Duncombe and Montem Schools - exempt appendices 129 - 296

**G. Urgent exempt Matters**

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

The next meeting of the Executive will be on 23 May 2024

## **WEBCASTING NOTICE**

This meeting will be filmed by the Council for live and/or subsequent broadcast on the Council's website. The whole of the meeting will be filmed, except where there are confidential or exempt items, and the footage will be on the website for 6 months. A copy of it will also be retained in accordance with the Council's data retention policy.

If you participate in the meeting you will be deemed by the Council to have consented to being filmed. By entering the Council Chamber you are also consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If you do not wish to have your image captured you should sit in the public gallery area, overlooking the Chamber.

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London Borough of Islington

## Executive - 14 March 2024

Minutes of the meeting of the Executive held in the Council Chamber, Islington Town Hall, Upper Street, London N1 2UD on 14 March 2024 at 7.00 pm.

**Present:**                 **Councillors**     Diarmaid Ward, Una O'Halloran, Rowena Champion, John Woolf, Santiago Bell-Bradford, Nurullah Turan and Michelline Safi-Ngongo

**Also:**                                 Benali Hamdache

### Councillor Diarmaid Ward in the Chair

207     **APOLOGIES FOR ABSENCE**

Received from Councillors Kaya Comer-Schwartz and Roulin Khondoker.

208     **DECLARATIONS OF INTEREST**

None.

209     **MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the minutes of the meeting held on 8 February 2024 be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

210     **BUDGET MONITORING 2023/24 QUARTER 3**

**RESOLVED:**

(a) To note the breakdown of the forecast General Fund outturn by variance at Appendix 1 and service area at Appendix 2 of the report of the Executive Member for Finance, Planning and Performance.

(b) To note the forecast 2023/24 GF position, as detailed in the report.

(c) To note, and where necessary agree, the virements of budgets between directorates.

(d) To note the Collection Fund forecast for council tax and National Non-Domestic Rates.

(e) To note progress on delivering the 2023/24 agreed budget savings.

(f) To note the Housing Revenue Account forecast.

(g) To note the capital expenditure forecast at Q3 for 2023/24 and revised multi-year capital programme and how it will be financed.

(h) To approve capital reprofiling with future financial years and budget adjustments, and to note that there was a risk of further reprofiling over the

remainder of the financial year, all as detailed in the report of the Executive Member for Finance, Planning and Development.

Reason for the decisions - to enable members to monitor the Council's budget.

Other options considered – all as detailed in the report of the Executive Member for Finance, Planning and Performance

Conflicts of interest / dispensations granted – none

211 **PROPOSAL ON THE FUTURE OF BLESSED SACRAMENT RC PRIMARY SCHOOL**

**RESOLVED:**

(a) To approve the proposal to close Blessed Sacrament RC Primary School on 31 July 2024, as detailed in the report of the Executive Member for Children, Young People and Families.

(b) That the following commitments be made to mitigate the impact on existing pupils of closing Blessed Sacrament RC Primary School, which included an additional modification to support parents with the cost of new school uniforms:

- To offer and provide individual support to pupils and their families with transition from the point a decision was taken, through to the pupil settling into a new school.
- To work with local headteachers of nearby Islington schools, including Islington Roman Catholic primary schools, to provide support to the school and its families, noting that there were places available for every child at Blessed Sacrament RC Primary School in nearby Islington schools.
- To separately offer to all parents of current Year 5 pupils the option to move this class together to another school, either to join another Year 6 class in September 2024, or as a separate bulge class in another school. This was because this was the largest year group at Blessed Sacrament RC Primary School and would have only one year of primary schooling left. Moving the pupils together as a group would mitigate the impact of their transition ahead of a further transition when they moved to secondary school.
- To provide early dedicated professional support for pupils with Education, Health, and Care plans to support all aspects of transition. The SEND team would work with individual children and their parents/carers to support their transition, including identifying a tailored list of alternative schools suitable to the child's needs as set out in their plans, if required.
- To offer financial support to all parents with the cost of purchasing new uniform for their children in their new school.

Reasons for the decision

By closing Blessed Sacrament RC Primary School, the children that currently attended would be dispersed to other schools (dependant on parental choice). This would contribute to the ongoing financial resilience of Islington's school estate and would support the Council's ambition to strengthen the resilience of all Council schools, ensuring that they were financially healthy and able to sustain a quality curriculum.

Other options considered – all as detailed in the report of the Executive Member for Children, Young People and Families.

Conflicts of interest / dispensations granted – none

212 **PROCUREMENT STRATEGY FOR FUTURE SCHOOL MEALS' ARRANGEMENTS**

**RESOLVED:**

(a) That the procurement strategy for school meals procurement set out in the report of the Executive Member for Children, Young People and Families, be approved.

(b) That the Corporate Director of Children's Services, following consultation with the Executive Member for Children, Young People and Families, be authorised to award the contract for an initial period of five years, with optional contract extensions of up to two years.

(c) To note that the Council would investigate with the Mayor of London's Office whether there could be an opportunity for joint work on school meals procurement.

Reasons for the decision - As it had not been possible to establish an insourced service on a basis that was affordable for schools, the decision had been made to commence the process to procure a new school meals contract to start in April 2025.

Other options considered – Six options in total were considered, all as detailed in the report of the Executive Member for Children, Young People and Families.

Conflicts of interest / dispensations granted – none

213 **IMAGINE ISLINGTON CULTURE STRATEGY 2024-2030**

In the absence of Councillor Khondoker, the report was introduced by Councillor O'Halloran.

**RESOLVED:**

(a) To approve the new Imagine Islington Culture Strategy and action plan, attached to the report of the Executive Member for Equalities, Culture and Inclusion, which would help bring about a shift change within the Council, to elevate Culture as an intrinsic tool to achieving the Council's core priorities.

(b) That officers be thanked for their work in producing the Strategy.

Reasons for the decision - Launching the new cultural strategy for Islington Council would have a positive impact on the borough, most notably community cohesion, health and wellbeing of all local people, the attainment and future of children and young people, the safety, welcome and aesthetic of the borough, improving access to skills and jobs and the future of creative industries and the people who worked in them. The strategy would also help develop a thriving, diverse and inclusive local cultural sector, where people from all backgrounds were able to succeed in business and where businesses were supported to grow sustainably and operate safely

Other options considered – all as detailed in the report of the Executive Member for Equalities, Culture and Inclusion.

Conflicts of interest / dispensations granted – none

214

**ESTABLISHMENT OF A BLACK CULTURAL CENTRE**

In the absence of Councillor Khondoker, the report was introduced by Councillor O'Halloran.

**RESOLVED:**

(a) To delegate authority to the Corporate Director of Community Engagement and Wellbeing for final lease approval, in order to confirm an operator to deliver the Black Cultural Centre service provision and social value for Islington residents.

(b) To grant a lease at 16-18 Hornsey Road to a provider, with a built in break clause as agreed with Legal Services, in order to establish the Black Cultural Centre, inclusive of a 'peppercorn rent' arrangement, in support of Islington's equality commitments made through the Borough Manifesto and Islington Together 2030 Plan

(c) To approve funding being drawn down from the grant allocations for the Black Leaders Alliance of £50k, in order to support the Establishment of a Black Cultural Centre through year one seed funding.

(d) That thanks be expressed to the Corporate Director of Community Engagement and Wellbeing and officers for their work on this project.

Reasons for the decision - A comprehensive process had taken place since 2022, shaping the business case, vision and approach to establishing a Black Cultural Centre, as set out in the report. Capital works were taking place in order to develop a Centre to house the Black Cultural offer for Islington residents.

Other options considered – all as detailed in the report of the Executive Member for Equalities, Culture and Inclusion.

Conflicts of interest / dispensations granted – none



215

**ISLINGTON'S NEW COUNCIL HOMES PROGRAMME**

**RESOLVED:**

- (a) To agree to retain the ambition of building 750 new council homes, as detailed in the report of the Executive Member for Finance, Planning and Performance.
- (b) To approve plans to build approximately 178 new council homes, as well as 10 shared ownership homes, at the Finsbury Leisure Centre, Vorley Road, Harvist Estate and Bemerton Estate (south) sites, subject to ongoing viability reviews and planning permission.
- (c) To approve plans to commence the design of schemes seeking to deliver a further 570 new council homes, as set out in exempt appendix two of the report, subject to ongoing viability reviews and potential replacement schemes.
- (d) To note that the expected resources needed to deliver these new council homes and commence design of further schemes were approved by the Executive on 9 February 2024.
- (e) To note the risk that all or part of the costs of the pipeline programme in exempt appendix 2 of the report might need to be written off if these schemes did not proceed to construction, to be mitigated by robust gateway management and the early cessation of non-viable schemes
- (f) To note that some previously publicised schemes would no longer proceed on viability grounds and that these decisions had been communicated to residents as appropriate, as well as local ward members
- (g) To note that the New Council Homes Programme's strengthened governance and assurance processes had also been reviewed by Audit Committee in January 2024 and were subject to an Internal Audit review in 2024/25.
- (h) To delegate authority to the Corporate Director of Community Wealth Building to settle any claims arising from the schemes under construction as set out in exempt appendix one of the report, following consultation with the Corporate Director of Resources, the Monitoring Officer and the Executive Member for Finance, Planning and Performance.
- (i) To approve increased fee spend of £0.492m on the Finsbury Leisure Centre Scheme to cover additional costs up to the submission of the planning application.
- (j) To note that the Council continued to lobby the Government to allow more flexible use of receipts and grants and to increase funding for new genuinely affordable homes.

Reasons for the decision - Despite the many significant risks and challenges, including the significant financial pressures on the Housing Revenue Account, the Council retained its ambition to deliver new council homes. Schemes that offered poor value for money had been stopped and any remaining budgets would be used to support schemes that offered better value for money and a more effective and efficient use of Council resources. To improve the likelihood that schemes would become viable and deliverable, significant new

governance, assurance and control processes had been put in place to manage costs and control risk at both scheme and programme wide levels, as well as a new delivery team structure, which were all subject to ongoing scrutiny and review.

Other options considered – all as detailed in the report of the Executive Member for Finance, Planning and Performance.

Conflicts of interest / dispensations granted – none

216 **PROCUREMENT STRATEGY FOR ARBORICULTURAL FRAMEWORK AGREEMENT**

**RESOLVED:**

(a) To approve the strategy for the procurement of an arboricultural services framework agreement, as outlined in the report of the Executive Member for Environment, Air Quality and Transport.

(b) To delegate authority to award the framework agreement to the Acting Corporate Director for Homes and Neighbourhoods, following consultation with the Executive Member for Environment, Air Quality and Transport, on completion of the procurement exercise, as an officer key decision.

Reasons for the decision

The procurement of an inhouse framework agreement, with up to eight contractors and an option to bring works in-house, was the best option for the Council as it provided opportunities for smaller contractors to deliver the service, reduced the risk of breaks in service delivery due to mediocre performance and allowed the Council to explore the potential savings of in-house delivery.

Other options considered – Five options in total were considered, all as detailed in the report of the Executive Member for Environment, Air Quality and Transport.

Conflicts of interest / dispensations granted – none

217 **PROCUREMENT STRATEGY: MENTAL HEALTH RECOVERY PATHWAY**

The Executive heard an address from a representative of Islington MIND LGBTQ services, who talked about the valuable services provided. He urged members of the Executive to ensure that the new provider of services had a good awareness of the needs of the users of the service. The Executive Member for Health and Social Care stated that he was aware of the very good services provided by Islington MIND LGBTQ services and that he would ensure that the comments made would be taken on board to ensure that the procurement was inclusive and that users would receive a good service.

**RESOLVED:**

(a) To approve the procurement strategy for the Mental Health Recovery Pathway, as outlined in the report of the Executive Member for Health and Social Care.

(b) To delegate authority to award the contract to the Director for Adult Social Care, following consultation with the Executive Member for Health and Social Care.

Reasons for the decision – The preferred option (4) would secure a more integrated and holistic offer of support for residents which delivered better outcomes and improved value for money. This would be achieved by providing a comprehensive proactive mental health early intervention and prevention offer for adults in Islington as detailed in the report and aligning the service with wider council and VCS early intervention and prevention initiatives. Review findings and resident feedback would inform the service specification development to ensure resident voices were reflected in service design.

Other options considered – Four options in total were considered, all as detailed in the report of the Executive Member for Health and Social Care.

Conflicts of interest / dispensations granted – none

218 **AGREEMENT OF CITY FORUM HEAT SUPPLY CONTRACT**

**RESOLVED:**

To delegate authority to the Corporate Director of Community Wealth Building, following consultation with the Executive Member for Environment, Air Quality and Transport, to execute the heat supply agreement with Berkeley Homes, as detailed in the report of the Executive Member for Environment, Air Quality and Transport.

Reasons for the decision – Connecting the City Forum development to the Bunhill Heat Network would provide a benefit to both the network (through increased revenue) and the local environment (through reduced emissions from the gas boilers at City Forum). A proposed heat supply agreement had been agreed between the Council and Berkeley Homes for the connection to go ahead and funding had been secured from central government to deliver the connection. Delivering the extension of the network to City Forum and Telfer House was subject to this heat supply agreement being signed. It was therefore necessary for the Council to execute the agreement to allow the connections to both sites to go ahead.

Other options considered – as detailed in the report of the Executive Member for Environment, Air Quality and Transport.

Conflicts of interest / dispensations granted – none

219 **MONITORING REPORT - FEBRUARY 2024**

Noted the report of the Director of Law and Governance and Monitoring Officer detailing the following two decisions taken by Corporate Directors,

which would ordinarily have been taken by the Executive, where the matters were urgent and delay would seriously have prejudiced the interest of the Council or of the public and an occasion where a general exception notice had been issued as the matter had not been publicised 28 days in advance of the decision :

(a) Andover Health Centre Funding:

A decision taken by the Corporate Director Community Wealth Building (i) To agree to receive a funding contribution of £4.313m from NHS England towards the costs of the Andover Health Centre Scheme at 7 Newington Barrow Way, subject to the agreement of a 25 year lease with NHS England.(ii) To note that any unspent monies from the £4.313m contribution would be ringfenced for other health related projects in Islington that would be agreed with NHS England, or would be returned to NHS England (iii) To note that, if the scheme did not go ahead, the £4.313m contribution (less any costs incurred in relation to the scheme) would be returned to NHS England. (iv) To note that a further report would be brought to the Executive to agree to enter into a lease with NHS England for the provision of the Andover Health centre at 7 Newington Barrow Way.

(b) The Voluntary and Community Sector Grants Programme 2024-2028

Decisions made by the Committee were:

- (i) To note the update on the VCS Partnership Grants Programme 2024-28 and
- (ii) To confirm the funding allocation of £2,711,500 per full financial year and over the programme for four years, totalling £10,846,000.

Reasons for the decision - To comply with the rules in the Council's Constitution.

Other options considered – none

Conflicts of interest / dispensations granted – none

220 **PROPOSAL ON THE FUTURE OF BLESSED SACRAMENT RC PRIMARY SCHOOL - EXEMPT APPENDICES**

Noted.

221 **ISLINGTON'S NEW COUNCIL HOMES PROGRAMME - EXEMPT APPENDIX**

Noted.

222 **AGREEMENT OF CITY FORUM HEAT SUPPLY CONTRACT - EXEMPT APPENDICES**

Noted.

MEETING CLOSED AT 7.35 pm

Children's Services  
222 Upper Street N1 1XR

Report of: Executive Member for Children, Young People and Families

Meeting of: Executive

Date: 18 April 2024

Ward(s): Finsbury and Hillrise

Appendices B and C to this report are exempt and not for publication

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## Subject: Proposal on the Future of Duncombe and Montem Primary Schools

### 1. Synopsis

- 1.1. Islington, like several boroughs across London, is impacted significantly by falling rolls which is exacerbated by the cost-of-living crisis and Brexit which has contributed to an unsustainable school estate.
- 1.2. 46% of Islington's schools are projecting deficit balances by the end of 2025-26, which is presently forecast to total £12.798m. This is currently forecast to reduce the total schools' balances to a deficit of £9.154m. We must take assertive action to tackle these deficits because if we do not, the deficit will have to be absorbed by the council's general fund, putting additional pressure on an already stretched budget.
- 1.3. The reason reducing numbers of pupils is a problem is because each spare place leads to a loss in 2024-2025 of an average of £6,058 for primary school pupils and £9,015 for secondary school pupils based on the allocations to Islington's schools, which affects schools' ability to pay for staff, resources, and materials.
- 1.4. To strategically address this issue, in October 2022 the Executive agreed the School Organisation Plan as the strategic approach to managing school places alongside, the refreshed SEND strategy and the Education Plan, Putting Children First. The reason these reports were presented together was because it was recognised that securing a financially resilient school estate could not be achieved without also driving educational excellence through inclusive schools.
- 1.5. The objective of this paper is to recommend that Islington Council amalgamate Duncombe Primary School and Montem Primary School on 31 August 2024 on the existing Duncombe site. This would technically close Montem Primary School and guarantee all existing pupils from Montem a place at Duncombe Primary School.

- 1.6. This proposal forms phase two of the School Organisation Plan which is tackling the significant impact of falling rolls across the borough by reconfiguring the school estate to support schools to be financially viable. Islington, as the Local Authority has a sufficiency duty to plan for school places as set out in the Education Act, and in exercising this duty a responsibility to ensure children attend good financially sustainable schools. This means that we must make some very difficult decisions, this is particularly true when considering the points made in paragraph 2.4.
- 1.7. Duncombe and Montem Primary schools are in the Hornsey Planning area that has the highest vacancy rate in Reception across all of Islington with 32% vacancies. This figure is above both the Department for Education's recommendation of a 5% vacancy rate and the 10% vacancy rate used by most local authorities across London.
- 1.8. Both Duncombe and Montem Primary schools are two-form entry schools with the capacity for 60 pupils in each year group. However, both have a vacancy rate of over 50% in Reception meaning they are collectively losing out on over £300,000 funding for the Reception year alone. We expect these numbers to decline further in the coming years which threatens the long-term financial viability of both schools.
- 1.9. Because of their size, both Duncombe and Montem Primary schools have the capacity to absorb existing pupils from both schools and so amalgamating the two schools will considerably reduce overheads and running costs and create a financially viable school in the long-term and reduce the financial risk for the council.
- 1.10. We are recommending that Montem close and Duncombe be the site for the amalgamated school because: more existing pupils from both schools live closer to the Duncombe site; there are fewer schools nearby to Duncombe meaning parental choice would be reduced if Duncombe closed; and the Duncombe site is on a school street and has better air quality and lower Nitrogen Dioxide (NO<sub>2</sub>) levels.
- 1.11. The current financial position at Duncombe is more positive than at Montem. Duncombe Primary school is projected to end the current year with a £40,000 surplus and Montem is expected to end with a £243,000 deficit. Duncombe also has lower running costs than Montem, which will further improve its ability to balance its budget in the longer-term.
- 1.12. By amalgamating Duncombe and Montem, we can mitigate some of the challenges and risks around school closures, including guaranteeing all existing pupils a place in the amalgamated school should they want to, and ring-fencing staffing positions to staff from both schools. It also means the ethos, culture, learning practices, and policies from both schools can be incorporated into the amalgamated school.
- 1.13. Before amalgamating a school, a proposer must follow the Department for Education's statutory guidance '[Opening and Closing Maintained Schools](#)' January 2023 that includes a requirement to consult affected parties before publishing a proposal and then run a four-week representation period after publishing the proposal.
- 1.14. In this proposal, Islington Council, in line with DfE guidance, launched an informal consultation on the proposal from 15 November to 20 December 2023 before issuing a statutory proposal to amalgamate Duncombe and Montem primary schools on 27 February 2024. The representation period for the statutory proposal has now concluded. Islington Council is the decision maker for this proposal and the Executive must now decide whether to proceed. This report recommends that the proposal proceed with no modifications.

## 2. Introduction

- 2.1. The School Organisation Plan approved by Islington Council's Executive on 13 October 2022 sets out how we will manage the high levels of surplus capacity in our schools to ensure the best outcomes for children and sustainable schools.
- 2.2. Phase Two of this plan was approved by the Executive on 19 October 2023, which agreed to launch an informal consultation on a proposal to amalgamate Duncombe and Montem primary schools.
- 2.3. Duncombe Primary School and Montem Primary Schools are both community schools and under Section 15 of the Education and Inspections Act 2006 (as amended by the Education Act 2011) and the School Organisation (Establishment and Discontinuance of Schools) Regulations 2013, Islington Council has the power to discontinue or amalgamate community schools in accordance with the statutory guidance for Opening and Closing Maintained Schools.
- 2.4. Before launching the informal consultation, the Executive required officers to complete a feasibility study to determine the site of the amalgamated school. This considered and scored factors around four categories: Buildings and site condition, financial position and running costs, location, and air quality and congestion. The feasibility study did not consider educational attainment as both schools are judged 'good' by Ofsted. Although there is a difference in outcomes at the end of Primary with Montem performing better, comparative results over the last three years published results, illustrate that both schools are performing at a similar level. Further, an amalgamation will ensure that both schools' culture, teaching practices, and policies can be incorporated into the amalgamated school, compared to a closure alone which would mean the identity of the closed school is lost.
- 2.5. The feasibility study recommended that the amalgamated school operate from the Duncombe site and keep the Duncombe name. This is because the site is cheaper to run, more existing pupils from both schools live closer to the Duncombe site, there are fewer schools nearby to Duncombe, the Duncombe site is on a school street, and has better air quality and lower Nitrogen Dioxide (NO<sub>2</sub>) levels, and the financial position at Duncombe is more positive than at Montem.
- 2.6. It is a statutory requirement to consult any parties the proposer (in this case, the Local Authority) thinks appropriate before publishing a proposal to amalgamate a school. In accordance with this requirement, we carried out an informal consultation on a proposal to amalgamate Duncombe and Montem primary schools on the Duncombe site from 15 November to 20 December 2023.
- 2.7. Information about the consultation was shared with statutory consultees including local schools, admission authorities, MPs, and other interested organisations. All the documentation was published online at a dedicated webpage. Translated versions of the consultation document were provided in Arabic, Bengali, Somali, and Turkish. The consultation was reported on in the local press. We organised seven meetings for parent and carers, including a meeting with interpreters, and a public meeting for the wider community.
- 2.8. Over 400 people attended the parent and community meetings where they asked questions and fed back their views and concerns.

- 2.9. A redacted version of the feasibility study was also published on the consultation webpage at the end of the consultation period on 19 December. This was provided for information purposes only and did not form part of the consultation documentation.
- 2.10. We received 786 responses to the online consultation questionnaire and 590 comments. We also received eight comments by email. The Trade Unions provided a joint response from four trade unions to the consultation.
- 2.11. Respondents were asked to select an option that described who they were. 436 respondents (55% of the total respondents) said they were parents of children at Duncombe or Montem Primary Schools. 84 respondents (11%) said they were staff members and 13 (2%) were governors. The remaining 253 respondents (32%) selected 'Other'. 24 of the respondents said they were a pupil at Duncombe or Montem Primary School in their comments.
- 2.12. Respondents were separately asked whether they had children at either school. In response to this question, 162 said they had children at Duncombe and 310 said they had children at Montem. In total this was 472 people, or 60% of the total responses.
- 2.13. Respondents were asked whether they agreed with the statement "I agree with the proposal to amalgamate Duncombe Primary School and Montem Primary School". Of the total respondents, 20% agreed, 3% neither agreed or disagreed, and 75% disagreed. 1% skipped this question.
- 2.14. Of the 310 respondents that said they currently had children at Montem, 4% agreed, 1% neither agreed or disagreed, 4% somewhat disagreed, and 90% disagreed. 1% skipped this question.
- 2.15. Of the 162 respondents that said they currently had children at Duncombe, 66% agreed, 6% neither agreed or disagreed, and 28% disagreed. 1% skipped this question.
- 2.16. These figures are in line with the responses and level of feeling we would expect when making a decision as difficult as this.
- 2.17. Having concluded the informal consultation process, the statutory process then requires the proposer to publish a statutory proposal within 12 months.
- 2.18. In line with the DfE guidance, 'Opening and Closing Maintained Schools', the Executive reviewed the feedback and comments received during the informal consultation and then agreed to issue a statutory notice at its [meeting on 8 February 2024](#).
- 2.19. The Monitoring Officer received a valid notice of call-in for this decision and in accordance with the Council's Constitution, the Executive's decision and the [call-in notice](#) were then referred to the Children's Services Scrutiny Committee held on 26 February 2024.
- 2.20. The call-in notice asked for the decision to be reconsidered based on five factors: the impacts of this decision on Drayton Park School have not been adequately considered; parents at Drayton Park School have not been adequately consulted; the needs of SEND students at Montem have not been adequately considered; the implications of this decision have wider ramifications for schools across the borough; and student numbers and financial pressures need considering in the round. The Children's Services Scrutiny Committee received representations from the Councillors who called-in the decision, and a reply from the Executive Member for Children, Young People and Families and council officers.



2.21. The Executive Member for Children, Young People and Families explained that there is not an option to do nothing and that a £15 million threat to the council could not go ignored, as ultimately it compromises our commitment to educational excellence through inclusive, financially viable schools. Each aspect of the call-in was responded to as below:

2.21.1. **Impact on Drayton Park school:** the proposal centres on the amalgamation of Duncombe and Montem Primary Schools and so the consultation focused on these communities. However, as Montem is currently federated with Drayton Park as part of the Edventure Collaborative; the leadership of the collaborative were aware of the proposals. The Edventure Collaborative would dissolve if the proposal was implemented, but this would create an opportunity to streamline the leadership at Drayton Park and address their own financial deficit and secure their long-term future.

2.21.2. **Parents at Drayton Park have not been consulted:** Drayton Park is in a different planning area and community, however, the public consultation meeting was extended to include Drayton Park parents/carers and governors, and we received responses from parents who said they had children at Drayton Park.

2.21.3. **The needs of SEND students at Montem have not been adequately considered:** The needs of all children have been considered, which included a focused meeting on SEND for parents and carers of children with SEND or an EHCP during the informal consultation on 4 December. There are similar levels of children with SEND at both Duncombe and Montem, and officers have developed a detailed SEND transition plan along with a dedicated SEND keyworker to support the transition for all children with SEND at both Duncombe and Montem.

2.21.4. **The implications of this decision have wider ramifications for schools across the borough:** the proposal will help reduce the surplus capacity by 45 places in reception and reduce the projected cumulative deficit of both schools to create a more resilient school estate.

2.21.5. **Student numbers and financial pressures need considering in the round:** Islington Council made a strategic decision to align its three plans – the Education Plan, School Organisation Plan, and SEND Plan - to ensure that the whole educational picture across Islington was considered. The School Organisation Plan adopts a consistent approach considering the number of empty places, the financial position, parental preferences, and the quality of education to identify which schools are prioritised and any proposals are considered within the wider local context. This strategic approach means that student numbers and financial pressures are considered in the round and that all children across the borough are at the heart of any decision making.

2.22. The Committee determined that it did not object to the decision of the Executive and the decision could therefore take effect as of 26 February 2024.

2.23. We published a statutory proposal on 27 February 2024 at our consultation website, Let's Talk Islington, along with a statement setting out: how copies of the proposal could be obtained; how anybody can object to; or comment on the proposal; the dates for the representation period, and the address to which objections or comments should be submitted. A brief notice was also published containing the website address of the full proposal in the [Islington Gazette](#) on 29 February and the [Islington Tribune](#) on 1 March.

- 2.24. The Representation period ran for four weeks, from 27 February to 26 March 2024. We received 15 representations during this period. The Executive should consider these representations in making its final decision.
- 2.25. Now that the representation period has ended, the final stage in the statutory process is to make a final decision. The decision maker can: reject the proposal; approve the proposal without modification; approve the proposal with such modifications as they think desirable; or approve the proposal, with or without modification, subject to certain conditions being met.

### 3. Recommendations

- 3.1. To approve the proposal to amalgamate Duncombe and Montem Primary schools on the Duncombe site on 31 August 2024.
- 3.2. To endorse the following commitments:
- 3.2.1. To provide early, dedicated, professional support as part of a comprehensive needs led transition plan for pupils with Education, Health, and Care (EHC) Plans to support all aspects of transition. Additional resources will be allocated to the Special Educational Needs and Disabilities (SEND) team to work with individual children and their parents/carers to support their transition should the proposal proceed.
  - 3.2.2. To facilitate a parent/carer group with representatives from both primary schools as part of the transition process to bring the two school communities together.
  - 3.2.3. That officers will work with the parent/carer group and school staff to mitigate the risks of air pollution through developing safer walking routes to school.
  - 3.2.4. That Schools HR will support any staff impacted by the proposed amalgamation.
  - 3.2.5. To support the cost of any new school uniform for displaced pupils, including pupils transferred to Duncombe.
  - 3.2.6. To provide additional capacity to the schools to support the amalgamation process.

### 4. Background

- 4.1. Birth rates in Islington have reduced significantly and this decline is projected to continue. This is leading to falling rolls and a high level of surplus capacity in Islington's primary schools with vacancies in reception of 25% in October 2023. This has increased from 20% in October 2022.
- 4.2. The School Organisation Plan sets out our approach to confidently manage this surplus capacity in our schools to ensure the best outcomes for our children and young people and the long-term sustainability of our schools. The plan sets the strategic direction for pupil place planning across the borough and has been developed alongside the Education Plan. It ensures that the principles applied to managing our school estate reflect our corporate and political commitment to driving educational excellence through inclusive and sustainable schools and supports the delivery of a quality educational experience for all children and young people through a diverse curriculum offer.

- 4.3. As a local authority, we have a duty to ensure that sufficient schools are available at primary and secondary stages of education in the local area and for children with special educational needs. Decisions to change the organisation of Community and Voluntary aided schools are made by the local authority, and for academies, by the Secretary of State, advised by the Regional Schools Commissioner (RSC).
- 4.4. Reducing the number of school places in a planned way will support schools to manage change within their national funding formula allocations. Department for Education (DfE) guidance on school closures includes a presumption not to close. Therefore, all options have been exhausted to avoid school closure or amalgamation but when there is no alternative, long-term option, this does have to be considered.
- 4.5. The specific proposals of the second phase of the School Organisation Plan agreed by Executive on 19 October 2023 were to: launch an informal consultation on a proposal to close Blessed Sacrament RC Primary School, a separate informal consultation on the amalgamation of Duncombe and Montem Primary schools, and a consultation on reducing the Published Admission Numbers (PAN) for Drayton Park, Prior Weston, Rotherfield and Tufnell Park Primary Schools.
- 4.6. An informal consultation on the proposal to amalgamate Duncombe and Montem Primary schools took place from 15 November to 20 December 2023.
- 4.7. This was in addition to a proposal in 2023 to close Pooles Park Primary School, which has the most vacancies in the planning area (62%). However, following an ‘inadequate’ judgement from Ofsted, the Department for Education issued an academy order and subsequently appointed an academy sponsor, The Bridge London Trust, to run this school.
- 4.8. There is a need to significantly reduce capacity in the Hornsey area to account for falling rolls and reduced demand for primary school places. Duncombe and Montem primary schools are the two community schools, after Pooles Park School, with the next highest vacancy rates in the Hornsey planning area.

## 5. The reasons for the proposal

- 5.1. Islington plans school places by dividing Islington into six different planning areas. Duncombe and Montem Primary schools are in Planning Area 2, Hornsey. Hornsey has the highest levels of surplus capacity in the borough with 32% vacancies in reception as shown in Table 1.

Table 1: the number of vacancies by planning area

Vacancies by planning area for October 2023	No. of places available	Vacancies	Vacancy rate
Planning Area 1: Holloway	465	108	23%
<b>Planning Area 2: Hornsey</b>	465	150	32%
Planning Area 3: Highbury	360	62	17%
Planning Area 4: Barnsbury	245	74	30%
Planning Area 5: Canonbury	340	72	21%
Planning Area 6: Finsbury	300	70	23%
<b>Totals</b>	<b>2,175</b>	<b>536</b>	<b>25%</b>

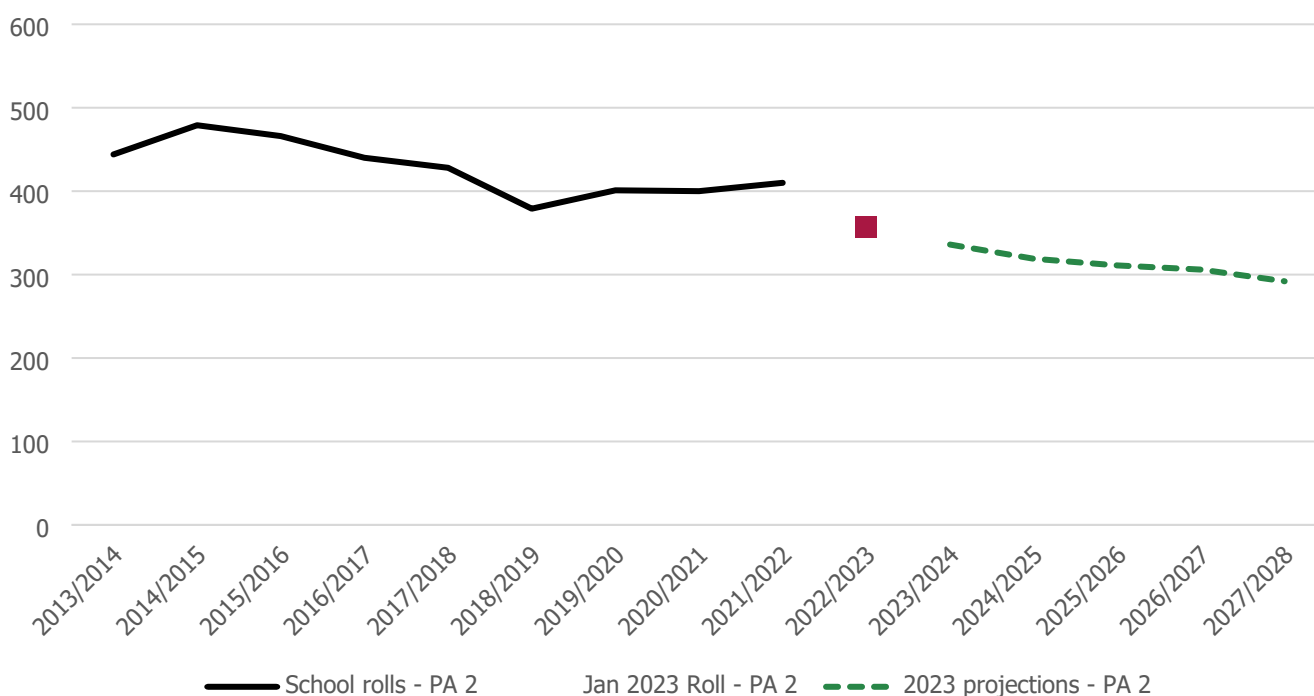
5.2. Duncombe and Montem primary schools are the two community schools with the highest number of spare places in the Hornsey area as shown in table 2. Only Pooles Park Primary School and Whitehall Park Primary School have higher vacancy rates, but as these schools are converting to an academy and are an academy respectively, we do not have the power to close or alter these schools.

Table 2: Spare places by school in the Hornsey Planning area

School Name	Reception Published Admission Number	Number of places taken in Reception (October 2023)	Percentage vacancy in Reception (October 2023)	Total number of pupils from Reception to Year 6
Ashmount	60	60	0%	378
Christ the King RC	45	34	24%	243
Duncombe	60	29	52%	313
Grafton	60	60	0%	399
Montem	60	28	53%	270
Pakeman	45	35	22%	272
Pooles Park	45	16	64%	143
St Marks CE	30	30	0%	190
Whitehall Park (Academy)	60	23	62%	245
<b>Total</b>	<b>465</b>	<b>315</b>	<b>32%</b>	<b>2,542</b>

5.3. Roll projections for the Hornsey Planning Area show an overall reduction in pupil numbers since 2014-15. This trend is expected to continue, with a further reduction projected each year in the coming years with expected numbers in Reception in this planning area dipping below 300 by 2027-2028.

Chart 1: Roll projections for Planning Area 2 - Hornsey, Reception year



- 5.4. Montem and Duncombe are both based in large Victorian school buildings and have both experienced a significant roll drop in recent years. Without more pupils being admitted, they will not be viable in the medium to longer term.
- 5.5. Montem and Duncombe are situated just over half a mile apart and within walking distance from each other. By amalgamating the schools, we can bring together the strengths of both, whilst significantly improving their long-term financial viability.
- 5.6. By operating from one site, the amalgamated school will have lower running costs, and due to the size of the buildings, can accommodate all existing pupils and operate as a two-form entry school, with bulge classes for the larger higher year groups.
- 5.7. Amalgamation will ensure all existing pupils from the school that is closed are automatically moved to the other site. This significantly reduces the risk of any child not having a school place in September 2024.
- 5.8. The Local Authority completed a feasibility study in advance of the consultation period to determine which school we would propose to close and which we would propose as the site of the amalgamated school. This considered and scored factors around four categories:
  - 5.8.1. Buildings and site condition – both sites are suitable for an amalgamated school and can accommodate the required pupil numbers
  - 5.8.2. Financial position and running costs – Both schools were in deficit. Duncombe is now projected to be in surplus this financial year. Duncombe has lower running costs in comparison with Montem.
  - 5.8.3. Location – more pupils from both schools live within 1km of the Duncombe site and there are more neighbouring schools near Montem

- 5.8.4. Air quality and congestion – air quality is better at Duncombe and congestion is less as the site is on a school street
- 5.9. There was no weighting on educational attainment within the feasibility study, as both schools are judged ‘good’ by Ofsted. Amalgamation will ensure that both schools’ culture, teaching practices, and policies can be incorporated into the amalgamated school. Consideration was given to the quality of education, and educational outcomes across both schools over the last 3 years published results (excluding COVID) and the trend over time demonstrated that the Key Stage 2 outcomes for reading, writing and maths were very close across both schools. It is important to look at these results over time because one year in isolation cannot be seen to be a trend.
- 5.10. Based on the outcomes of the feasibility study, the proposal is for the amalgamated school to be on the Duncombe site because:
- 5.10.1. more existing pupils from both schools live closer to the Duncombe site
  - 5.10.2. there are fewer schools nearby to Duncombe. If Duncombe school were to close, there would be less choice for parents in the local area with only one other school within 500m. There are four other schools within 500m of Montem.
  - 5.10.3. the Duncombe site is already on a school street whereas Montem’s location means a school street is not possible and the air quality is better in the Duncombe area and has lower Nitrogen Dioxide (NO<sub>2</sub>) levels.
- 5.11. The recommendation based on the findings from the feasibility study and the considerations within it is that the amalgamated school is located on the Duncombe site, retaining the Duncombe name and Ofsted number. The rationale underpinning the recommendation to retain Duncombe Primary School name is that the current financial position at Duncombe is more positive, meaning that the newly amalgamated school would start in a better financial position which will safeguard the financial position of the school and help to secure the school’s long-term future.

## 6. The representation period

- 6.1. We published a Statutory proposal to amalgamate Duncombe and Montem primary schools on 27 February 2024 online at <https://www.letstalk.islington.gov.uk/duncombe-and-montem>
- 6.2. In accordance with statutory requirements, the proposal included:
- 6.2.1. The name and contact address of the local authority publishing the proposal and the name, address, and category of Montem Primary School
  - 6.2.2. The date on which it is proposed to amalgamate Duncombe and Montem Primary Schools
  - 6.2.3. A statement explaining the reason for the proposal
  - 6.2.4. The numbers, age range, sex, and special educational needs of pupils at Montem Primary School
  - 6.2.5. A statement indicating that there is sufficient capacity to accommodate displaced pupils from Montem Primary School in the amalgamated school

- 6.2.6. A statement about the impact on the community of amalgamating Duncombe and Montem Primary Schools
- 6.2.7. A statement about the impact of the amalgamation on the balance of denominational provision in the area and the impact on parental choice
- 6.2.8. Details of length and journeys to alternative provision
- 6.3. The proposal also included a statement setting out how copies of the proposal could be obtained, how anybody can object to, or comment on the proposal, the dates for the representation period, and the address to which objections or comments should be submitted.
- 6.4. We published a notice about this proposal in the Islington Gazette on 29 February and in the Islington Tribune on 1 March and wrote to all parents and carers and staff informing them of the proposal and including a web link to the full proposal.
- 6.5. We arranged four meetings for parents and carers to discuss the proposal at Duncombe Primary School on 11 and 12 March and at Montem Primary School on 12 and 13 March.
- 6.6. Comments received and responses to concerns raised**
- 6.6.1. There were 15 comments received during the representation period. Three respondents were in support of the proposal. 12 respondents were opposed to the proposal. Appendix C details the full responses received. The points below summarise the concerns raised and include the responses.
- 6.6.2. Experience of Montem Primary School:** we thank respondents for taking the time to share their experience of Montem Primary School, both as former pupils themselves and as parents of current or former pupils. We understand that any discussion about closing or changing a school is emotive and difficult, and understand that it can bring back memories, for the whole school community. This is not a decision we have taken lightly, or that we want to take. But we must take action to ensure the long-term viability of all Islington's schools, and to ensure that children get the best education possible to set them up for the best start in life.
- 6.6.3. SEND and the Montem ARP:** We have committed to additional resource to ensure a needs-led approach to all children with SEND including those in the ARP. All parents and carers will be supported to make the best decision for their child. We are proposing that the ARP is moved to Duncombe so that they move together with all other mainstream children at Montem. Duncombe is also in a more positive financial position, and it is particularly important that children requiring additional support are in a financially viable school. This will mean the ARP staffing and resources will move to Duncombe as well.
- 6.6.4. Rationale of selecting Duncombe over Montem:** Duncombe was selected as the preferred site because more existing pupils live nearer to it, the air quality is better, it has a better financial position, and has lower running costs. There are also more schools closer to Montem, so closing Duncombe would reduce parental choice.

- 6.6.5. **Impact on Edventure Collaborative:** Montem Primary School is part of the Edventure Collaborative Federation. Drayton Park Primary School is the other school in this federation. Should this proposal proceed, the Edventure Collaborative Federation would only have one school left within it and would need to be dissolved. This would mean Drayton Park would no longer be part of this federation and new governance arrangements would need to be established. Any change to the Federation would happen after the final decision has been made and before the new school year in September 2024. This is unfortunately necessary because the financial position at Montem is worse than at Duncombe, and we must ensure that the amalgamated school starts in September 2024 in a strong financial position.
- 6.6.6. **Alternative proposal:** our proposal is to amalgamate Duncombe and Montem primary schools by closing Montem Primary School and guaranteeing all pupils a place at Duncombe. During the informal consultation, we heard and received feedback from all stakeholders, including parents, pupils, and staff on the proposal before we issued a statutory notice to close Montem Primary School. We then invited comments on that notice during a further four-week representation period. We have considered the comments and feedback received and included a series of commitments to mitigate some of the concerns raised. The two consultation periods were the opportunity for stakeholders to offer an alternative proposal, but ultimately, we must take decisive action to prevent the financial failure of both schools and ensure the long-term viability of the entire Islington school estate as without the security of financial viability this will ultimately compromise the educational experience of children.
- 6.6.7. **Viability of other schools:** we absolutely understand that parents, staff, and pupils are concerned that we are in uncertain times and that the projected falling pupil numbers in the local area may cause uncertainty about the future of any other school that pupils transfer to. This proposal is part of our wider School Organisation Plan, which sets out our strategy for reconfiguring Islington's school estate to ensure the long-term viability of our schools. The School Organisation Plan was agreed at Executive in October 2022 alongside 'Putting Children First' Islington's Education Plan and the refreshed SEND Strategy. The reason they were presented together was to ensure that the implementation of the School Organisation Plan was considered alongside the quality of education. Without financial viability, the resources to sustain a diverse curriculum offer are compromised and this will ultimately impact on the quality of education pupils. Data projections are based on birth rates and a wide range of sources, including projections around local building plans. Where possible, we are keeping schools open which have the capacity and space to expand should demand unexpectedly increase. We are proposing to amalgamate Duncombe and Montem Primary schools and to guarantee all existing pupils a place at Duncombe because we believe doing so will create a viable two-form entry school with a secure long-term future. This will create certainty for pupils and staff who will work or study in a school with adequate funding.
- 6.6.8. **Staffing:** our HR service is preparing a new staffing structure in partnership with the leadership of Duncombe Primary School and all staff at both schools will be consulted on this new structure and will have an opportunity to have their say. Existing staff will have equal opportunity for all posts.
- 6.6.9. **Attainment:** both Duncombe and Montem Primary schools are rated 'good' by Ofsted and we are confident that combining both schools will ensure that all pupils continue to get a good quality of education in a financially viable, two-form entry school. In terms of attainment, results over time are similar at both schools: the KS2 average over three years at both Duncombe and Montem is 58% and the KS1 average over three years at



Duncombe is 55% and at Montem is 56%. By bringing the two schools together, the knowledge and expertise of both will create a better educational experience for the children.

- 6.6.10. **Timescale:** We want to limit the period of uncertainty for the whole community and need to act now to stop the financial deficit position from worsening and to enable the newly amalgamated school to open in September with a balanced budget. The timescale for the proposal, including the informal consultation and the representation period for the statutory notice, are in keeping with the government's guidance on opening and closing maintained schools.
- 6.6.11. **Support for Montem:** we are providing additional dedicated capacity to both schools to support the amalgamation process. This includes support from the Admissions team so that parents and carers are aware of the availability of school places in neighbouring schools should they choose not to take up a guaranteed place for their children in Duncombe. We have also committed to additional capacity to support the children with SEND who may struggle more adapting to a move. The reason we are proposing amalgamating Duncombe and Montem primary schools rather than just closing one school was so that the amalgamated school would capture the ethos and identity of both schools and benefit from the significant expertise across both schools whilst also creating a viable two-form entry school by bringing together pupils from both schools.
- 6.6.12. **School uniforms:** we will support the cost of any new school uniform for displaced pupils, including pupils transferred to Duncombe.
- 6.6.13. **School name:** under statutory guidance, when amalgamating a school, one school must close, and the other school's name and Ofsted number is maintained. As a local authority, we can't rename the school as this would be considered a new school, which we are not permitted to create. However, the governing body of Duncombe has the power to change the name of the school. We will suggest that the proposed parent/carer group discuss the name of the school with the governing body and, if appropriate, decide a new name that reflects the history of both Duncombe and Montem primary schools.
- 6.6.14. **The Montem building:** should the proposal proceed and Montem close the site must remain for educational use. We will consider options for alternative use so that the Montem building could remain as a community hub. We will potentially explore opportunities to use the building for a Family Hub working with the neighbouring Hornsey Road Children's Centre.
- 6.6.15. **Samuel Rhodes school:** Samuel Rhodes Special school is a separate school and is not part of this proposal.

## 6.7. Summary of meetings

### 6.7.1. Meeting on 11 March at Duncombe Primary School

6.7.1.1. Nobody attended the meeting at Duncombe Primary School on 11 March.

### 6.7.2. Meeting on 12 March at Duncombe Primary School

6.7.2.1. Twelve people attended the meeting at Duncombe Primary School on 12 March. Questions were raised about the future planning for the amalgamated school, and for more information on the support for children with SEND. Parents were concerned about

the speed of the amalgamation and how the transition will be managed in one term. They also asked if children from Montem could go to any other school, including Drayton Park Primary school. They wanted to know if any other amalgamations had happened before. Staff were concerned about how the proposal would impact their jobs and didn't previously understand that 'ring fencing' would require a full restructure.

6.7.2.2. Council officers spoke of the importance of establishing a parent/carer group with representatives from both schools to help plan the transition and the headteacher at Duncombe explained that they would hope to start welcoming children at Duncombe before September. Council officers also made clear that a thorough transition plan had been developed and additional resources allocated to support children with SEND.

### **6.7.3. Meeting on 12 March at Montem Primary School**

6.7.3.1. Twelve people attended the meeting at Montem Primary School on 12 March. Participants at this meeting asked about the planned location for the ARP at Montem and were concerned that Duncombe didn't have the capacity to accommodate the ARP or even enough space for all children, including in the dining room. They also asked about nursery provision and if the existing nursery provision would be moved from Montem to Duncombe. Participants also asked about Pooles Park and whether the council could guarantee that any school Montem pupils transfer to will not close in the future. They also wanted to know what admissions support they could get, including when moving sibling groups. They also asked about staffing.

6.7.3.2. Officers assured participants that any nursery provision will be as good or better than the current provision and that Duncombe has enough space and resource to accommodate all existing children from Duncombe and Montem, including the ARP. They explained that we would support all parents through the admissions process but guaranteed an automatic place for all children at Duncombe Primary School. Staffing would be decided through a separate staffing consultation.

### **6.7.4. Meeting on 13 March at Montem Primary School**

6.7.4.1. Thirty-two people attended the meeting at Montem Primary School on 13 March. Participants asked about the admissions process. A participant asked about the assumptions for class sizes, and whether there would be 45 or 60 places in each year group, and whether it was possible for all schools to operate as smaller schools. They were also concerned that the investment made at Montem over the years, including SEND provision, would be wasted if the school closed. They wanted to know what would happen to the Montem site if the school did close and would all sibling groups be guaranteed a place together in every school. A participant asked how long the Secretary of State will take to decide whether to close the school and had the council factored into their planning what would happen if not all children transfer to Duncombe. A participant asked if the ARP provision will be replicated with the same infrastructure.

6.7.4.2. Council officers explained that the proposal for the newly amalgamated school is that it is 2 Forms of Entry; 60 pupils each year group. To operate with classes under 30 pupils would create some financial pressures for the school as the staffing requirements would still mean that there is a staff teacher for each year group, and this would make the school financially vulnerable. The ARP resources will be transferred where possible to Duncombe Primary School. Officers explained that several options were being considered for alternative use so that the Montem building could remain as a community hub potentially exploring opportunities as a site for a Family Hub working

with the neighbouring Hornsey Road Children's Centre. They explained that the final decision on closure and amalgamation is made by the local authority, not the Secretary of State, and that the council is working on the assumption that up to two thirds of current pupils at Montem will transfer to Duncombe.

## 6.8. Impacts and risks

- 6.8.1. Islington has a statutory responsibility to manage and make appropriate offers of education, within a reasonable distance, to all children affected by changes at their schools. We need to do this in a way that safeguarded access to high quality education especially for vulnerable pupils and communities and those pupils with special educational needs.
- 6.8.2. We have identified the needs of the existing cohort at both schools, especially for those pupils with an EHC Plan or with a social worker and have identified the appropriate mitigation to ensure that the right levels of support are available to them to support a smooth transition to Duncombe or another school. An Equalities Impact Assessment (EIA) has been completed and has been updated throughout the stages of this proposal. The latest version is included as an appendix.
- 6.8.3. The proposed timeline presents risk due to the high number of children with SEND and EHC Plans who will require additional support with transition to another school site, or with new children joining existing class groups. This risk will be mitigated through the implementation of a needs-led SEND transition plan ensuring all children are supported.

## 7. Implications

### 7.1. Financial Implications

- 7.1.1. It is becoming increasingly difficult for schools to remain financially viable when pupil numbers are falling, as most school funding is pupil-based in line with the School's National Funding Formula. Therefore, as pupil numbers decline, schools receive less funding. The 2024/25 average per pupil funding for Islington schools is £6,058 for primary school pupils and £9,015 for secondary school pupils based on the allocations to each school.
- 7.1.2. Individual school balances stood at £6.291m at the end of 2022-23, with 15 schools in deficit. School balances are forecast to reduce further over the course of this financial year, where more schools are projected to be in deficit. School balances in Islington have been in decline since 2018-19 when they stood at £11.732m. The main driver of declining school balances is falling pupil numbers alongside increasing cost pressures such as energy costs and pay.
- 7.1.3. Schools that are in deficit or are expecting to go into deficit are required to complete deficit recovery plans to bring their budget back into balance and eliminate their deficit within three years. This is becoming increasingly challenging for schools in the light of falling pupil numbers and increasing cost pressures and is a national issue.
- 7.1.4. If a school closes, the local authority meets the cost of any deficit balance from the General Fund, if the local authority does not retain contingency funds from the schools' block funding. Islington does not retain these funds. In the event of academisation, there are two scenarios: for convertor academies (those that voluntarily convert) the

deficit is repaid to the local authority by the DfE and recouped from the academy; for sponsored academies (forced conversion due to the school being assessed as inadequate) the deficit remains with the local authority to be paid from the General Fund.

- 7.1.5. Duncombe primary school began 2023-24 expecting to end the financial year with a -£130k deficit, however, current projections now indicate a £40k surplus, which would equate to a £170k in-year cost reduction compared to the original forecast. Based on the three-year budget plans, however, the school is forecasting to re-enter a significant cumulative deficit in 2024-25, which will increase by the end of 2025-26 if nothing changes.
- 7.1.6. Based on the March 2024 budget monitoring submitted by Montem Primary, the school is projecting to end 2023-24 with a -£243k cumulative deficit. This is £100k worse than their Quarter 3 forecast. Based on the three-year budget plan the school is presently projecting to remain in deficit over the three-year budget planning period, ending 2025-26 with a significant cumulative deficit if nothing changes.

## 7.2. Legal Implications

- 7.2.1. Section 14 of the Education Act 1996 requires local authorities to provide sufficient schools for primary and secondary education in their area.
- 7.2.2. The Education and Inspections Act 2006, the School Organisation (Establishment and Discontinuance of Schools) Regulations 2013, the statutory guidance 'Opening and closing maintained schools' (January 2023), sets out the procedure for amalgamation of schools, by way of a closure of one school. This requires a local authority to consult prior to publishing a statutory proposal to close a maintained school and for a four-week representation period starting on the date of this publication.
- 7.2.3. Decision makers must have regard to the statutory guidance when deciding proposals to discontinue a school. They should be satisfied that the requirements of the statutory process have been met and should have due regard to all the responses received during the representation period.
- 7.2.4. In addition to the public sector equality duty, discussed below, the Children and Families Act 2014 and the statutory guidance 'Special educational needs and disability code of practice: 0 to 25 years' (January 2015) sets out responsibilities the council have towards children with special educational needs and disabilities. The proposed SEND transition plan will need to ensure that the council continue to meet these responsibilities and ensure the continuous provision of SEN support and the participation of children and parents in the decision making about their individual support and local provision.

## 7.3. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030

- 7.3.1. Islington Council declared a climate emergency in June 2019, committing the council to work towards making Islington net zero carbon by 2030. A 10-year Net Zero Carbon Strategy, with action plans, was adopted by the Executive in November 2020.

- 7.3.2. The amalgamation of the two schools is likely to have a positive environmental impact in reducing energy use from two buildings to one, which will substantially reduce carbon emissions and also consumption of materials that have an environmental impact.

## 7.4. Equalities Impact Assessment

- 7.4.1. 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.
- 7.4.2. A revised Equalities Impact Assessment was completed on 26 March and is included as an appendix.

## 8. Conclusion and reasons for recommendations

- 8.1. This report asks the Executive to approve the proposal to amalgamate Duncombe and Montem Primary schools on the Duncombe site on 31 August 2024.
- 8.2. This report also asks the Executive to make the following commitments:
- 8.2.1. To provide early, dedicated, professional support as part of a comprehensive needs led transition plan for pupils with Education, Health, and Care plans to support all aspects of transition. Additional resources will be allocated to the SEND team to work with individual children and their parents/carers to support their transition should the proposal proceed.
  - 8.2.2. To facilitate a parent/carer group with representatives from both primary schools as part of the transition process to bring the two school communities together.
  - 8.2.3. That officers will work with the parent/carer group and school staff to mitigate the risks of air pollution through developing safer walking routes to school.
  - 8.2.4. That Schools HR will support any staff impacted by the proposed amalgamation.
  - 8.2.5. To support the cost of any new school uniform for displaced pupils, including pupils transferred to Duncombe.
  - 8.2.6. To provide additional capacity to the schools to support the amalgamation process
- 8.3. There was a high-level engagement with the first stage consultation process but reduced engagement in the representation period.
- 8.4. The main themes emerging from the consultation were concerns that the amalgamation would impact negatively on children with SEND and that the proposed timeframe for implementing the proposal was too short, with not enough time for an adequate staffing

reorganisation, or to adequately support children with transitioning from one school site to the other. The proposal will also affect the Edventure Collaborative which would need to be dissolved and a new governing board established for Drayton Park Primary School.

- 8.5. We are recommending that the proposal proceed with an implementation date of 31 August 2024 due to the financial risks of a delay and to reduce the period of uncertainty a longer timeframe would cause.
- 8.6. Whilst we recognise and responded to the concerns raised by the proposal, the council must take assertive action to reduce the surplus capacity in the local area, and to support the financial viability of the school estate to ensure children have access to quality education.
- 8.7. We will provide additional resource to support the transition, including a SEND transition plan for those children with special educational needs or an EHC Plan. We will also recommend the schools convene a parent group to support the transition.
- 8.8. We will support children and families on a case-by-case basis. Where children have an EHC Plan, we will need to amend and review those plans based on the change of school location. We do not anticipate any systemic challenges to this work.

## 9. Appendices

- Appendix A – Statutory Proposal to Amalgamate Duncombe Primary School and Montem Primary School
- Appendix B – Comments received during the informal consultation: exempt from publication (exemption two: Information which is likely to reveal the identity of an individual)
- Appendix C – Comments received during the representation period: exempt from publication (exemption two: Information which is likely to reveal the identity of an individual)
- Appendix D – Equality Impact Assessment on Statutory Proposal to amalgamate Duncombe and Montem Primary Schools

### **Final report clearance:**

Signed by:

Cllr Kaya Comer Schwartz

Leader of the Council

Date: 04 April 2024

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# Statutory Proposal to Amalgamate Duncombe Primary School and Montem Primary School

Notice is given, in accordance with Section 15 of the Education and Inspections Act 2006 (as amended by the Education Act 2011) and the School Organisation (Establishment and Discontinuance of Schools) Regulations 2013, that Islington Council intends to discontinue Montem Primary School on 31 August 2024.

## Contact Details

Proposal published by the London Borough of Islington, Town Hall, Upper Street, London, N1 2UD

## Name, Address and Category of the School it is proposed that should be discontinued

Montem Primary School, Hornsey Road, Finsbury Park, Islington N7 7QT, a Community School.

## Implementation

We propose to close Montem Primary School on 31 August 2023 and all existing pupils will be offered a place at Duncombe Primary School, Sussex Way, London N19 4JA.

## Reason for Closure

The proposal is due to a fall in pupil numbers and the associated impact on the future viability of the schools. Duncombe and Montem primary schools have been acutely impacted by reduced pupil demand in the area.

The school organisation proposal is to amalgamate (merge) Duncombe and Montem Primary Schools into a single school on the existing Duncombe site – bringing together the identities and strengths of both schools under one roof.

The amalgamation would mean these schools merging to operate from a single site, enabling them to make the best use of the staff expertise, while securing the merged school's financial future.

## Pupil numbers and admissions

There are currently 270 pupils on roll at Montem Primary school as of October 2023 (not including Nursery): 28 pupils in reception, 45 pupils in Year 1, 41 pupils in Year 2, 46 pupils in Year 3, 30 pupils in Year 4, 36 pupils in Year 5 and 44 pupils in Year 6.

There are 20 pupils with Education, Health, and Care Plans plus a number of children in the Additionally Resourced Provision at Montem.

The school's age range is 3-11 years, and provision is available to boys and girls. There is no boarding provision.

Total pupil numbers are significantly lower than the capacity of the school which is designed to accommodate up to 440 pupils.

## Displaced pupils

Under the proposals, the amalgamated school would be a two-form entry school. All existing pupils would be offered a place. There is also a surplus of places at other local schools for families who would prefer alternatives.

## Impact on the Community

We propose to amalgamate Duncombe and Montem Primary Schools into a single school on the existing Duncombe site – bringing together the identities and strengths of both schools under one roof.

The amalgamation would mean these schools merging to operate from a single site, enabling them to make the best use of the staff expertise, while securing the merged school's financial future. All displaced pupils would have continued access to Ofsted rated 'Good' local provision.

## Balance of denominational provision

Not applicable

## Maintained nursery school

Not applicable

## Sixth form provision

Not applicable

## Special educational needs provision

Duncombe and Montem Primary Schools have a higher proportion of pupils with SEND Support and with Education Health and Care Plans than the borough average.

For pupils with an Education, Health and Care Plan, their SEND Keyworker will contact the family directly to see if there are any special transition arrangements needed to help the move to the amalgamated school go smoothly.

The existing provision at Montem Primary School also includes an additionally resourced provision (ARP) for children with special educational needs (SEN).

Both Montem and Duncombe Primary Schools are judged by Ofsted to be 'good' schools. Both schools have high levels of SEN (16.5% at Duncombe and 17% at Montem) and free school meals (55.4% at Duncombe and 61.3% at Montem) and have demonstrated that they support these children to do well.

The ARP has a number of children who are all drawn from the mainstream provision with Montem, and so, our intention is to re-locate the ARP to Duncombe Primary School alongside the rest of the mainstream children. We will consult with parents, carers, and staff before making a final decision.

## Travel

The two schools are located close together – 0.5 miles apart. Most pupils live closer to Duncombe Primary School and the proposal is not expected to change travel plans.

## Related proposals

None.

## Procedure for making representations (objections and comments)

Within four weeks from the date of publication of this proposal, any person may object or make comments on the proposal by:

Email: [schoolconsult@islington.gov.uk](mailto:schoolconsult@islington.gov.uk)

Post: Duncombe and Montem Proposal, Compton Room, Laycock Centre, Laycock Street, London N1 1TH

The closing date for responses is **9am on Tuesday, 26 March 2024**.

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# Equalities Impact Assessment: Full Assessment

Before completing this form, you should have completed an Equalities Screening Tool and had sign off from your Head of Service and the Fairness and Equality Team.

This Equality Impact Assessment should be completed where the Screening Tool identifies a potentially negative impact on one or more specific groups, but it can also be used to highlight positive impacts.

## Summary of proposal

Name of proposal	Statutory Proposal to amalgamate Duncombe and Montem Primary Schools
Reference number (if applicable)	N/A
Service Area	Children's Services
Date assessment completed	26 March 2024

Before completing the EQIA please read the guidance and FAQs. For further help and advice please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk).

# 1. Please provide a summary of the proposal.

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

Across Islington, many schools are impacted by falling rolls with vacancies in reception at primary at 25% in October 2023.

This level of vacancies has implications on the financial viability of the schools longer term and the quality of the educational experience for children as the number of pupils attending the school drives the level of funding received by a school.

Lower pupil numbers mean less funding which affects staffing that then impacts the diversity of the curriculum offer

The School Organisation Plan sets out our strategy for managing school places over the next three years and describes:

1. the context of falling rolls leading to a high level of surplus school places
2. the principles for managing places
3. the current organisation of Islington's education provision
4. the options to reduce surplus places in primary schools and maximise the use of the school estate

Reducing the number of school places in a planned way will support schools to manage change within their funding.

The intended outcome of our school organisation plan is to achieve our ambition that every child has a good local school place to achieve their best outcomes. We expect all schools to be viable and provide a high quality of education so that every child in Islington has the same opportunity and ambition to reach their educational potential in a good Islington school.

The School Organisation Plan sets out various options to reduce surplus capacity at our schools:

- Reduce the Published Admission Number (PAN)
- Maximise the pupil numbers
- Make better use of spare building capacity
- Including children with SEND
- Collaboration and Federation to achieve economies of scale

After all these options have been considered to reduce surplus capacity and the school continues to have a surplus, we are forced to consider amalgamating schools or closing an individual school.

We are proposing to amalgamate Duncombe Primary School and Montem Primary School.

Duncombe and Montem Primary Schools are in the Hornsey area which is the area with the highest vacancy rate in Islington. In October 2022, there was a surplus capacity of 23% in

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

reception in the Hornsey planning area, which increased to a surplus capacity of 32% in October 2023.

Montem and Duncombe are both based in large Victorian school buildings designed for more pupils than they currently accommodate. Both schools have had deficit budgets for several years.

Both schools have experienced a significant roll drop in recent years, and without more pupils will not be financially sustainable in the longer-term.

Montem and Duncombe are situated just over half a mile apart and within walking distance from each other.

When closing a school, we must follow statutory guidelines ([Opening and closing maintained schools](#)). The statutory guidance sets out the following criteria for closing a school:

- there are surplus places elsewhere in the local area which can accommodate displaced pupils
- there is no predicted demand for the school in the medium to long term
- it has been judged inadequate by Ofsted
- it is no longer considered viable.

Duncombe and Montem schools are both in danger of becoming not viable as they have surplus places and no predicted increase in demand in the medium to long-term.

We believe amalgamating Duncombe and Montem – in effect closing Montem Primary School – will ensure their long-term viability.

Amalgamating the two schools would bring together the strengths of both and enable us to maximise Duncombe's large Victorian site.

We are proposing that Duncombe remain a two-form entry school with capacity for three-forms of entry in higher year groups to ensure that every child currently attending both schools will be guaranteed a place in the amalgamated school.

A full feasibility study was completed to determine which of the two sites would be the best option for the amalgamated school based on a range of factors including buildings, their location and impact on pupils and families given the walking distance to the school for pupils. Both schools were scored by separate officers and the study determined that:

- both sites are suitable for an amalgamated school and can accommodate the required pupil numbers
- both schools are in deficit but Duncombe is now projected to be in surplus this financial year and is cheaper to run than Montem
- more pupils from both schools live within 1km of the Duncombe site and there are more neighbouring schools near Montem
- the air quality is better at and there is less congestion at Duncombe

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

It is for these reasons that we are proposing Duncombe as the site of the amalgamated school.

The first stage to the proposal was to complete an informal consultation which we ran for five weeks from 15 November to 20 December 2023. This asked for comments and views on a proposal to amalgamate Duncombe and Montem Primary Schools on 31 August 2024.

The proposal was published on our consultation site, [Let's Talk Islington](#), and translated versions of the proposal were provided in Arabic, Bengali, Somali, and Turkish. We held seven meetings for parents and carers and a public meeting members of the local community. Respondents were also invited to send comments and questions to a dedicated mailbox, [schoolconsult@islington.gov.uk](mailto:schoolconsult@islington.gov.uk).

We received 786 responses to the online consultation and eight comments by email. Over 400 attended the parent and carers meetings at Duncombe and Montem and the community meeting held at Arts and Media School.

There was a high-level engagement with the first stage consultation process, with 778 respondents completing the online consultation questionnaire and over 400 people attending the consultation meetings.

75% disagreed or strongly disagreed with the proposal. The main themes emerging from the consultation were concerns that the amalgamation appeared to be a takeover of one school over the other and that the proposed timeframe for implementing the proposal was too short, with not enough time for an adequate staffing reorganisation, or to adequately support children with transitioning from one school site to the other.

The proposal then moved to the next stage of the process, and Islington Council issued a formal proposal to amalgamate Duncombe and Montem Primary Schools on 27 February. Then followed a four-week representation period during which anyone could submit any comments or objections to the proposal.

We received 15 comments in the representation period. Three comments were in support of the proposal due to the rationale of the proposal, the location of Montem, and because of their experience of Montem School. 12 comments were opposed to the proposal and raised concerns about the impact on children with SEND or based in the Additionally Resourced Provision (ARP) based at Montem, the impact on staff, and spoke highly of their experience at Montem, including attainment results and pastoral support from the school. They also raised concerns about the long-term viability of other schools in the area, and if children will face another school closure.

The proposal will affect the ARP based at Montem, which will need to move to a new location, and the Edventure Collaborative which would need to be dissolved and a new governing board established for Drayton Park Primary School.



Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

We are recommending that the proposal proceed with an implementation date of 31 August 2024 due to the financial risks of a delay and to reduce the period of uncertainty a longer timeframe would cause.

Whilst we understand the anxiety caused by the proposal and the opposition to it, we must take immediate action to reduce the surplus capacity in the local area, and to tackle the growing deficit budgets. We will provide additional resource to support the transition, including a SEND transition plan for those children with special educational needs or an EHC Plan. We will also recommend the schools convene a parent group to support the transition.

We will endeavour to offer individual support to children and families on a case-by-case basis. Where children have an EHC Plan, we will need to amend and review those plans based on the change of school location. We do not anticipate any systemic challenges to this work.

The intended outcome of this proposal is to achieve our ambition that every child has a good local school place to achieve their best outcomes. We expect all schools to be viable and provide a high quality of education so that every child in Islington has the same opportunity and ambition to reach their educational potential in a good Islington school. By amalgamating Duncombe and Montem Primary Schools we can better ensure the school's long-term viability.

The intended beneficiaries of this proposal are the current and future pupils at Duncombe and Montem who will all be guaranteed a place in the amalgamated school.

## 2. What impact will this change have on different groups of people?

Please consider:

- Whether the impact will predominantly be external or internal, or both?
- Who will be impacted – residents, service users, local communities, staff, or others?
- Broadly what will the impact be – reduced access to facilities or disruptions to journeys for example?

The impact will be predominantly external, impacting on pupils, parents and carers and school staff at Duncombe and Montem Primary Schools.

The proposal will change where current and future pupils from Montem Primary School attend school, potentially leading to stress and anxiety for pupils and families. The proposal would also impact on staff currently working at Duncombe and Montem Primary schools as it would

potentially lead to staff redundancies. Some staff at Drayton Park Primary School (which is in a federation with Montem Primary School) may also be affected by this proposal.

The latest available information from the annual School Workforce Census indicates that in November 2022 there were:

- 54 staff working at Duncombe Primary School (46.17 FTE)
- 46 staff working at Montem Primary School (34.59 FTE)

These figures include both teachers and support staff.

The proposal is likely to have an impact on staff. Should Duncombe and Montem amalgamate, there would be a staffing review and redundancies could be possible.

If the formal proposal to amalgamate Duncombe and Montem Primary Schools proceeds, our Schools' HR team will support both schools with a staffing reorganisation process including a separate staffing consultation. Schools HR will support all staff during the consultation and in the event of any redundancies. This will include group workshops with staff – such as interview preparation and CV-writing workshops - and individual one-on-one sessions as required.

The proposals will impact pupils at Duncombe and Montem Primary Schools as only the Duncombe site will remain in use, meaning pupils from Montem will need to relocate to another. At the October 2023 census, Montem had 325 pupils on roll from Nursery to Year 6 and Duncombe 344 pupils. The pupils at Duncombe will also be affected by the proposal as new pupils will move to their school and class groups may need to be re-configured.

The proposal will not impact our legal duty to ensure that every child has a school place, which will be maintained within close distance for all affected pupils.

Our Education Plan sets out our mission that, by 2030 every child, whatever their background, has the same opportunity and ambition to reach their educational potential in a good Islington school. Schools operate most efficiently when full or nearly full and any surplus places should be kept to a minimum to ensure the financial viability of schools and the ability of schools to provide a high quality, broad and balanced curriculum. This proposal supports the delivery of this objective.

### 3. What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

This section of the assessment looks in detail at the likely impacts of the proposed changes on different sections of our diverse community.

### 3A. What data have you used to assess impacts?

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings

All the equalities data listed in this section is taken from the October 2023 School Census, apart from the ethnicity information, which is only collected once a year on the January School Census.

#### Gender

Duncombe and Montem both have a similar proportion of male and female students to the primary borough average (49% female, 51% male).

	Islington Primaries	Duncombe	Montem
Male	51.3%	51.2%	51.7%
Female	48.7%	48.8%	48.3%

Data on gender reassignment is not collected in the School Census.

#### Free School Meal eligibility

Across all Islington primary schools, 41.9% of pupils were eligible for Free School Meals as at October 2023. Islington tends to have relatively high levels of Free School Meal eligibility compared to other boroughs, with the third highest proportion of primary pupils eligible in the country in most recent comparator figures (based on January 2023 data). Duncombe and Montem both have higher levels of Free School Meal eligibility than the Islington average.

	Islington Primaries	Duncombe	Montem
% FSM eligible	41.9%	54.9%	58.2%

#### Special Educational Needs

Across Islington primary schools, 16.6% of pupils were at the SEN Support level of provision in October 2023. This indicates they have some special educational need, but do not meet the threshold for an Education, Health, and Care Plan (EHCP). 5.0% of Islington primary school pupils had an EHCP. Therefore, 21.3% of Islington primary school pupils were known to have Special Educational Needs. Duncombe and Montem both have higher proportions of pupils with Special Educational Needs than the Islington average. The table shows percentages based on all classes, including nursery.

	Islington Primaries	Duncombe	Montem
SEN Support	16.6%	16.6% (57)	17.2% (56)
EHCP	5.0%	6.1% (21)	7.7% (25)
Total SEN	21.5%	22.7%	24.9%

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings

## English as an Additional Language

39.4% of Islington's primary school pupils had English as an Additional Language (EAL) in October 2023. Duncombe and Montem both had significantly higher proportions of pupils with EAL than the Islington average.

	Islington Primaries	Duncombe	Montem
% EAL	39.4%	65.5%	75.1%

## Ethnicity

- Compared to the average across all Islington primary schools:

	Islington Primaries	Duncombe	Montem
White-British	26.2%	11.3%	7.0%
White-Turkish	4.0%	9.3%	10.2%
White-Other	13.7%	10.3%	11.5%
Kurdish	0.7%	0.3%	0.3%
Asian-Bangladeshi	5.3%	8.2%	9.6%
Asian-Other	1.9%	1.5%	1.9%
Black-Caribbean	4.2%	7.2%	3.8%
Black-African	14.6%	24.2%	28.0%
Black-Other	1.7%	1.3%	1.6%
Mixed - White & Black-Caribbean	4.2%	6.2%	4.1%
Mixed-Other	15.2%	9.8%	12.1%
Chinese	1.5%	0.0%	0.6%
Other	6.4%	10.3%	9.2%
Not stated / refused	1.4%	0.3%	0.0%

## Pupil residence

- The pupils on roll at Duncombe are predominantly from the Hillrise and Tollington wards within Islington.
- The pupils on roll at Montem are predominantly from the Finsbury Park and Tollington wards within Islington.

## Religion

Data on religion is not collected in the School Census.

3B: Assess the impacts on people with protected characteristics and from disadvantaged groups in the table below.

Please first select whether the potential impact is positive, neutral, or negative and then provide details of the impacts and any mitigations or positive actions you will put in place.

Please use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Age	Positive and negative	<p>The intended beneficiaries of the proposals are pupils from Duncombe and Montem Primary Schools, who will receive a broad and balanced curriculum in a sustainable high-quality school.</p> <p>There may be considerable stress and anxiety for pupils and their families who are required to move school and for those who will have new children joining their school and existing classes.</p>	All pupils at Duncombe and Montem will be guaranteed a place in the amalgamated school.

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
<p>Disability (include carers)</p>	<p>Negative</p>	<p>As with all pupils, any change can cause anxiety and this can be a particular issue for pupils with SEND and their families, particularly those with Autism who represent 52% of children and young people with SEND in Islington.</p> <p>A recent study by the <a href="#">National Autistic Society</a> (2022) found that 47% of autistic people fall into the severe anxiety category based on GAD-7 diagnostic criteria (measure for assessing generalised anxiety disorder).</p> <p>We don't anticipate the proposals will have a significant impact on carers as both schools are less than half-a-mile apart.</p>	<p>Montem has Additionally Resourced Provision for pupils with SEND. This would need to be re-provisioned at another school and children moved accordingly.</p> <p>The SEND team will work with individual children and their parents/carers to support their transition, and additional resource will be provided to create the capacity for this support.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Race or ethnicity	Positive and Negative	<p>Due to the low number of pupils from some ethnic groups at a school level, some of the differences between the ethnic breakdowns for a school and the overall breakdown of all primary schools are not statistically different.</p> <p>The following ethnic groups are statistically significantly <b>over-represented</b> at Duncombe and Montem compared to the borough overall:</p> <ul style="list-style-type: none"> <li>• White-Turkish/Turkish-Cypriot, Asian-Bangladeshi, Black-Caribbean, Black-African and Other Ethnic Groups at Duncombe</li> <li>• White-Turkish/Turkish-Cypriot, Asian-Bangladeshi, Black-African and Other Ethnic Groups at Montem</li> </ul> <p>The following ethnic groups are statistically significantly <b>under-represented</b> at Duncombe and Montem compared to the borough overall:</p>	<p>We mitigated this by offering in-person meetings at all schools and sharing the proposal with parents directly and translating the proposal document into the most common second languages. We also arranged a dedicated meeting for parents with Bengali, Somali, and Turkish interpreters.</p> <p>The amalgamation could help to strengthen community bonds, as two school communities are brought together.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
		<ul style="list-style-type: none"> <li>• White-British and Mixed-Other at Duncombe</li> <li>• White-British at Montem</li> </ul> <p>As all schools have a particularly high percentage of pupils with English as an Additional Language, it is likely that a considerable proportion of parents would also not have English as their first language. This may form a barrier when informing parents about the changes.</p>	
Religion or belief (include no faith)	Neutral	Duncombe and Montem are non-religious schools.	Duncombe school welcomes students from diverse communities and faiths.



Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Gender and gender reassignment (male, female, or non-binary)	Neutral	There should not be any difference in the impact on different genders. All affected schools and neighbouring schools are mixed gender.	
Maternity or pregnancy	Neutral	Any staff who are pregnant or on parental leave may be excluded from any consultation including any staffing consultation.	We will ensure any staff on parental leave or any other leave are fully informed of the proposal and given the opportunity to participate in all and any staff consultations. This will be managed by our HR services in consultation with the school leadership teams.

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Sex and sexual orientation	Neutral		
Marriage or civil partnership	Neutral		

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
<p>Other - deprivation</p> <p>(e.g. people living in poverty, looked after children, people who are homeless or refugees)</p>	<p>Neutral</p>	<p>All affected schools have relatively high levels of Free School Meal eligibility, which is higher than the borough average.</p> <p>Both schools have children with a social worker, or who are children looked after. These children may be particularly affected by the closure as they transition to another school.</p>	<p>Pupils will be guaranteed a place in the amalgamated school and supported with any application to move to another Islington primary school.</p> <p>Our Children in Need, Children Looked After, and Bright Futures (early help) services have contacted all children with a social worker or who are known to those services and are enrolled at either Duncombe or Montem to offer any additional support needed.</p>

## 4. How do you plan to mitigate negative impacts?

Please provide:

- An outline of actions and the expected outcomes
- Any governance and funding which will support these actions if relevant

All pupils will have continued access to Ofsted rated 'Good' local provision following the amalgamation.

Current surplus places within all Islington Primary School planning areas mean that future pupils will continue to have access to local provision and that the provision will be more sustainable in the longer term by reducing the excessive surplus places.

The SEND team will work with any family whose child with special educational needs may be affected by these proposals. The team will further consider with the family and those who support the child any additional supports that might need to be put in place to support transition. Full consideration will be given to travel, friendship groups and any particular access needs.

The School Admissions team will offer open surgeries and individual sessions at the school to provide advice to families who will be affected by these proposals. Full consideration will be given to travel, friendship groups and any access needs in considering alternative schools for pupils.

These surgeries will be arranged with the school to consider any groups who may be impacted differently, for example translation or interpreters will be arranged for those for whom English is an additional language. These meetings will be arranged on request and following discussions with the schools.

The School Admissions Team will also liaise directly with Children's Social Care to ensure that any Child In Need, Looked After Child or child with a protection plan is given full support from their allocated Social Worker to ensure they understand processes to be followed, and to support visits.

There are many Social, Emotional and Mental Health services already operating with the school that may be affected by these proposals. These include the School Wellbeing Service and CAMHS in Schools, as well as the pastoral care in place at each school. These services will be informed of any change so they can ensure support can be targeted at this school, where pupils may have increased anxiety around the changes.

These arrangements will be kept under review by the School Organisation Project team that will be overseeing all aspects of any transition, including for example premises, staffing and transfer of records.

## 5. Please provide details of your consultation and/or engagement plans.

Please provide:

- Details of what steps you have taken or plan to take to consult or engage the whole community or specific groups affected by the proposal
- Who has been or will be consulted or engaged with
- Methods used or that will be used to engage or consult
- Key findings or feedback (if completed)

To implement any significant change to a school, or as is described in regulations as a 'prescribed alteration,' the relevant authority (Local Authority, Governing Body/Diocese, Trust, or Foundation) is required to complete a statutory consultation process.

This includes both an informal consultation/listening period and then a formal statutory representation period if the council intends to propose closure or amalgamation.

The first stage informal consultation ran from 15 November to 20 December 2023 during which any person could give their views on the proposal to amalgamate Duncombe and Montem Primary Schools. The feedback from this consultation was then considered by the council's Executive who then decided to proceed to the next step to issue a formal proposal. The formal statutory notice was issued on 27 February 2024 and a further four-week representation period followed when anyone can submit their views.

Now that this representation period has ended, the Executive will now decide whether to implement the proposal, amend the proposal, or withdraw the proposal.

## 6. Once the proposal has been implemented, how will impacts be monitored and reviewed?

Please provide details in the table below.

Action	Responsible team or officer	Deadline
We will communicate with and provide support to schools that displaced pupils move to, to ensure pupils are settling in and offer any additional support as required	Learning and Achievement	Ongoing
Our Children in Need, Children Looked After, and Bright Futures (Early Help) services will support all children known to	Safeguarding and Family Support	Ongoing

Action	Responsible team or officer	Deadline
those services, including all children with a social worker		

Please send the completed EQIA to [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) for quality checking by the Fairness and Equality Team. All Equality Impact Assessments must be attached with any report to a decision-making board and should be made publicly available on request.

This Equality Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Member	Name	Signed	Date
Staff member completing this form	Matthew Beevor	<i>MATTHEW BEEVOR</i>	26 March 2024
Fairness and Equality Team	Eloise Hall	E.Hall	28 March 2024
Director or Head of Service	Alison Cramer	A Cramer	27 March 2024

Children's Services

222 Upper Street, N1 1XR

Report of: Executive Member for Children, Young People and Families

Meeting of: Executive

Date: 18 April 2024

Ward(s): All

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## Subject: Response to the Children's Services Scrutiny Committee – Making Children Visible Report

### 1 Synopsis

- 1.1 The Executive received a report from the Children's Services Scrutiny Committee which reviewed how the Council works to improve the visibility of vulnerable children and ensure that there are equitable processes and inclusive practices, that enable the voice of these children and young people to influence the support and services for them to thrive. The scrutiny report proposed 10 recommendations to further improve how we ensure the visibility of vulnerable children. This report proposes actions to be taken in response to the making children visible scrutiny.

### 2 Recommendations

- 2.1 To welcome the findings of the Making Children Visible Scrutiny Review
- 2.2 To agree the Executive responses to the recommendations of the Children's Services Scrutiny Committee as set out in section 4 of this report.
- 2.3 To agree that officers report back on progress to the Children's Services Scrutiny Committee at a time agreed with the Scrutiny Committee.

### 3 Background

- 3.1 The review was undertaken by the Committee between July 2022 and March 2023.

- 3.2 In undertaking the review, the Committee met with young people, community partners and colleagues from across the borough, to look at the support services in place for children and young people; how it was provided, whether there were any areas for improvements, and particularly, how the voices of children and young people can be heard in decisions that affect them.
- 3.3 The common themes highlighted through the findings evidenced the following:
- Transitions, which can be especially challenging for vulnerable children.
  - The impact for looked after children of being cared for out-of-borough in terms of making it harder to access support/services.
  - The importance of the council taking every opportunity to be a collaborative and proactive partner.
- 3.4 Those engaged through this review were:
- Arsenal in the community
  - Disability Action in Islington
  - Islington Foster Carers Association
  - Islington Library Service
  - Islington Targeted Youth Support Workers
  - Josh Harsant, Barnardo's
  - The Youth Justice Service
  - Staff and young people at the Lift Youth Hub
  - Staff and young people from Platform Youth Hub
  - The Virtual School

Their input ensured that the voice of children and young people were at the centre of the decisions made to improve the services that were designed for them.

## 4 Response to the Scrutiny Committee recommendations

- 4.1 **Recommendation One: The Council should consultatively establish an Elective Home Education Charter that clearly sets out the role and responsibilities of the Council in relation to children being educated at home and the support it can provide; the general position concerning benefits, discounts, holiday activities (for example, Lunch Bunch) and public examinations, signposting families to central resource hubs such as City & Islington College. The Charter should make it clear that the local authority will always be ready to explore options should a family wish to return to mainstream education.**
- 4.2 **Response:** The Executive recognises the significance of ensuring that a return to mainstream education should be a clear and recognisable choice for children being educated at home and their parents. It is aware that Learning and Achievement department has spoken with parents who have elected to home educate their children to find out what they would find most helpful.



- 4.3 The Executive will ask the Learning and Achievement department to continue to explore ways to enable families to return to mainstream education. The department to consult and consider how the local Charter can respond to the needs of the EHE community, ensuring that they remain visible to the education system and are supported appropriately. There is the opportunity to build on the pilot programme to explore and expand a flexible approach to elective home schooling and attending school. This pilot could pioneer a balance and new perspective in a hybrid approach to children returning full time to school. The charter will endeavour to meet the needs of as many individual children and young people with mental health, SEND, attendance needs etc as possible.
- 4.4 The council will explore how to use the EHE register to track EHE pupils, ensuring there are KIT (Keep in touch) meetings to hear the voice of the family and young person, promoting safeguarding and visibility, furthermore, responding to their needs where appropriate.
- 4.5 The council has also signed up to London's Inclusion Charter, developed by the Mayor of London's Violence Reduction Unit (VRU) in partnership with young people, schools, parents and carers and education specialists.
- 4.6 **Recommendation Two: The Communications Team at the Council should review marketing practices, means of communication and engagement to ensure that all sectors of the community continue to be made aware of local authority news, promotions and community programmes, specifically working in collaboration with children's services to ensure that home educating families in particular, are receiving updates on the general offer open to them as Islington residents.**  
**The Council should also consider, in consultation with young people, exploring and utilising different social media channels that could possibly reach this cohort more effectively.**
- 4.7 **Response:** The Executive notes, there is a desire to carry out user research that identifies suitable and effective platforms for young people. There are further opportunities for the children's services to engage with young people, celebrating their successes and enhancing their ability to influence policy and take accountability. There is the opportunity for Children's Active Involvement Service (CAIS) to now launch their own social media platform which will have further reach and influence, with the Youth Council's voice and that of Youth Hubs (as many opportunities to engage different groups of young people) to be more targeted on pertinent and current issues, like attendance, mental health and community safety. The Executive supports this recommendation and will ask the Communications Department to work closely with the Children and Young People Directorate to explore and propose a way forward on this.
- 4.8 **Recommendation Three: Services across the Council should collaborate internally across directorates and externally with community partners to identify the borough's community spaces that can be opened up to**

**young people and support workers, including on weekends, evenings and in school holidays.**

4.9 **Response:** The Executive is aware of the assets that already exist and various officers who work in a collaborative way with internal and external partners to identify the main areas and wards of concern where young people need support. This can come in the form of reports from the Community Safety or Housing departments, or from VCS organisations or members of the public. To provide more options in working with young people, work will take place to potentially explore and identify other spaces and assets that can be opened up to enable the council workers to work with young people in safe and inclusive spaces. This could result in utilising our youth hubs and spaces that already exist in the borough and may assist in the delivery of work required during weekends, however, we have to be mindful and considered that there is no additional funding available.

4.10 **Recommendation Four: The Council should consider allocating the resources necessary to allow officers to implement measures to transform Islington's libraries into safe havens for children and young people; specifically, to establish the feasibility of:**

- Informally commissioning detached youth workers to frequent the library space at peak periods.
- Promoting the borough's libraries as a safe place of refuge for vulnerable young people.
- Strengthening the promotion of mental health support, counselling and health and wellbeing support services during the exam season(s).
- Cross-promoting library services with that of youth services at adventure playgrounds, Platform, Lift and other hubs, as a space for the 13-plus cohort.

**The Council should also consider allocating resources to allow officers to evaluate the possibility of introducing measures to bolster the library service's youth offer such as:**

- Advertising bookable, group study spaces.
- Restarting homework clubs.
- Collaborating with colleagues from other Council services on delivering a programme of skills sessions on studying, revision, and research.
- Providing library activities, clubs, and events for particular cohorts such as children and young people with special education needs and disabilities, looked after children and/or home educated children and their respective families

4.11 **Response:** The Executive welcomes the principle of this recommendation particularly the use of spaces to facilitate to support to our young people. It notes that all the libraries are safe havens and display the publicity although further promotion may be needed in a way that works well for young people. The Executive will ask the Community Engagement and Wellbeing and Children and Young People Directorates to develop a joint action plan for the feasibility and implementation of a youth offer within libraries.

4.12 **Recommendation Five: Officers should consider re-evaluating how reporting of success is measured and recorded across Children's Services to capture hidden outcomes.**

4.13 **Response:** The Executive welcomes this recommendation and notes that the Children and Families Partnership Board are refreshing an outcomes framework for children, young people, and families, including how services capture impact and qualitative outcomes. The Executive will ask the Corporate Director of Children and Young People to review performance monitoring and reporting within Children's Services so that the measurement and recording of success when working with children and families is clearer.

4.14 **Recommendation six: The Council should build on the 100 Hours World of Work programme by reviewing and adapting it so that it is more flexible and accessible to marginalised groups such as those not in mainstream education. In doing so, the Council should also consider whether that expanded offer could include opportunities to allow young people to build skills in entrepreneurship, learn how to set up a business, build a website and provide mentoring/coaching for young people through established partners/providers in the Islington area.**

**The Council's Inclusive Economy & Jobs service should improve the visibility of clear pathways for marginalised young people to access career pathways and employment support, including the Council's own in-house apprenticeship programmes. In addition, the Council should seek through its procurement processes to secure maximum youth-focused social value, e.g., World of Work opportunities, to enable local businesses to support the borough's marginalised children and young people.**

4.15 **Response:** The Executives notes that the council continues to expand its offer of support to Islington's young people, particularly those that are not in employment, education or training (NEET) or considered vulnerable. The World of Work programme is now available to students up to the age of 18 and extends to those outside of mainstream settings, such as New River College, special schools, and those on alternative provision. Work experience has become a larger part of the offer and now includes council-based placements, opportunities brokered through social value agreements, paid placements through the local business community and work with our Anchor Institutions.

Two Youth Employment Hubs have recently opened in Finsbury Park and Cally. These will act as a community hub for all Islington young people to engage with practitioners providing functional skills training, careers guidance and employment support.

The offer around entrepreneurship is still being developed, however there are initial plans to establish a Youth Market for those wanting to become makers and traders, and early conversations with a local partner about a dragons den style investment opportunity for young people with a business idea.

The Executive will ask the Community Wealth Building directorate to ensure that future efforts in this area of work focuses on marginalised groups.

4.16 **Recommendation seven: The Education Board should conduct granular analysis of absence data so that schools can work with their local communities to devise bespoke interventions for specific cohorts of children.**

4.17 **Response:** The Executive notes the significance of ensuring that specific groups of children and young people receive support tailored to their circumstances. It will ask the Corporate Director of Children and Young People to work with the Education Board on the analysis of absence data and connect this to the wider work of Family Hub Networks and our supporting families approach.

4.18 **Recommendation eight: In order to provide a service that is representative of the community it serves, the Council should increase efforts to recruit and retain social workers, youth workers and other positions that work extensively with vulnerable young people, from global majority backgrounds.**

4.19 **Response:** The Executive is aware that there has been much focus on recruitment processes within the Children and Young People directorate to improve and increase representation from different groups including those from Black and global majority backgrounds and the council needs to make sure that this continues.

The Executive recognises that posts need to be advertised in a variety of different places and forums, to ensure that people from different backgrounds are aware of them. Work is underway to increase these advertising pathways.

At the recruitment and shortlisting stage, it remains an important HR principle that applicants' names are not revealed until after the shortlisting stage. After this, when interviews take place, the directorate makes significant progress with ensuring that all interview panels are racially diverse.

The council needs to continue to monitor the progress of these objectives and processes including reviewing the data to inform how this is working. The Executive will ask the directorate to build further consideration of recruitment and retention from global majority backgrounds into its workforce development planning.

4.20 **Recommendation nine: (a) Explore alternative and innovative strategies should be concentrated on further strengthening Islington's high rate of retention of social workers to ensure stability is provided for the borough's looked after children and children with a social worker. (b) The Council should ensure that programmes that it runs or commissions to support vulnerable young people (such as The House Project), have some provision for ongoing support. (c) The Council should fully realise its aspiration of "Corporate Parenting for Life" so that the most vulnerable young people are supported into adulthood and become part of a mutually supportive life-long community.**

4.21 **Response:** The Executive notes the creation of a Social Work Academy which has expanded and structured the intake of social workers into the Children's Safeguarding department. It includes a variety of routes for newly qualified social workers including apprenticeships (having been successful at a DFE bid), Step Up to Social Work, Frontline and the traditional university route. Staff leave either to gain a promotion, to live outside London or to give up social work, which is a national trend. The Director of Safeguarding is seconded to the DFE to author the national career framework for social workers to assist the national recruitment and retention crisis. The Executive asks the directorate to consider how this could further strengthen our local approach when the framework is published.

All targeted interventions to support vulnerable young people are evaluated in terms of impact. Where positive impact is evidenced, the interventions are further invested in. For example, the House Project has been doubled, expanding to two cohorts of 10 young people per year, and the Adolescent Support and Intervention team has been integrated into core services given its success of preventing young people from becoming looked after.

The Council's aspiration of Lifelong Corporate Parenting is still in progress with [many achievements to date and a future plan of action](#) which will incorporate the principles of this recommendation.

4.22 **Recommendation ten: (a) Islington councillors should consider adapting their approach to community engagement to incorporate the voice of children, young people, and families, such as bringing key discussions and meetings into young people's hubs and spaces, inviting, and encouraging young people to ward partnerships and inviting school children on environmental visual audits. (b) In order to better project the voice and influence of children and young people across the borough, the Council should consider incorporating Child Rights' Impact assessments (a section akin to finance and legal implications, but outlining the impact to children, young people, and their rights/lives) into all formal reporting that is presented to its committees.**

4.23 **Response:** The Executive welcomes this recommendation and endorses the need to ensure that the voice and influence of children, young people and families are central to the way we work and make decision. As part of the implementation of the Child-friendly Islington programme, we will scope and determine the feasibility of Child Rights' Impact assessments as part of reports. The Children and Young People directorate will also be working with Democratic Services and the internal Participation and Engagement Team to advise councillors on community engagement that maximises the voices of children and families.

## 5 Implications

### Financial Implications

5.1 The recommendations and responses laid out in this report reflect a number of the Council's priorities and support the Council's strategic plans for delivering these priorities. As such, the costs of the corresponding services and initiatives are

incorporated within the Council's budgets, largely within Children's Services. The Family Hubs and Start for Life programme is already delivering enhanced and joined-up services for children, young people, parents and carers across the borough. These services will continue to be developed and expanded with partners including community groups during 2024/25 using the Government Grant funding allocated to Islington Council, which provides further opportunities to deliver many of the commitments contained within this report in a collaborative way.

## Legal Implications

5.2 The ten recommendations in this report can be briefly summarised as:

- Home Education Charter
- Review communication methods with young people
- Identifying community facilities to make available to young people
- Expanding the role of libraries to better engage young people
- Review how Children's Services monitor successful outcomes for young people
- Building on the inclusive economy and jobs service for young people from all backgrounds.
- Analysis of education absence data
- Recruitment and retention of social workers and other employees working with vulnerable young people from diverse backgrounds
- Retention of social workers and promoting corporate parenting for life
- Islington Councillors use methods in community to ensure voice of the child is incorporated into their work.

5.3 The Children Acts of 1989 and 2004 set out specific duties. Possibly the most relevant provision to this report is Section 17 of the Children Act 1989 which puts a duty on the local authority to provide services to children in need in their area.

5.4 However, the majority of the recommendations in this report may fit more closely into the power to promote wellbeing in the community through itself and with its partners pursuant to Part 1 of the Local Government Act 2000 as amended.

5.5 The concept of corporate parenting for life goes beyond the provisions of the Children Act 1989 which place a duty on local authorities for looked after children, children in care and relevant ,eligible and qualifying care leavers but fall short of encompassing the entire life of the young person whilst the wellbeing power may have no such limits and colloquially is said to enable the local authority to do everything an individual would do which should include acting as a corporate parent for the life of the person unless a specific restriction was imposed by another statute.

## Climate Change and Environmental Implications

5.6 There are no environmental implications arising from this report.

## Equalities Impact Assessment

5.7 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 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.

- 5.8 An Equalities Impact Assessment is not required in relation to this report, because the information provided proposes actions that will need to be scoped for implementation. However, EIAs will need to be undertaken as part of the process of developing and implementing policies and actions arising from this report.

## 6 Conclusion

- 6.1 This report provides the collective response to the recommendations outlined within the Making Children Visible Scrutiny Report have highlighted key areas of improvement to services that impact the overall development and wellbeing of children and young people in Islington.

### **Final report clearance:**

Authorised by: Cllr Michelline Safi-Ngongo

### **Executive Member for Children, Young People and Families**

Date: 8 April 2024

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**Strategic Commissioning and Investment  
222 Upper Street  
London  
N1 1RX**

**Report of: Executive Member for Health and Social Care**

**Meeting of: Executive**

**Date: 18 April 2024**

**Ward(s): All**

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## **Subject: Islington's Adult Carers Strategy 2024 - 2030**

### **1. Synopsis**

- 1.1. This is the first Islington Adult Carers Strategy in over 10 years.
- 1.2. The development of the Strategy and its implementation is a key deliverable for Adult Social Care in Islington's 2030 plan, driving a healthier Islington. Importantly this strategy is not just a Council strategy but a partnership strategy, endorsed and governed by the Islington Borough Partnership. Islington Borough Partnership includes the London Borough of Islington, North Central London Integrated Care Board, North London Mental Health Partnership, Whittington Health, University College London Hospitals, Islington GP Federation, Healthwatch Islington and representatives of the Islington Voluntary and Community Sector.
- 1.3. The strategy is the result of extensive collaboration across the partnership, at a time when partners are facing significant challenges and shows a strong commitment to working together to improve carer outcomes. It is a joint pledge from all interested parties in the borough to make Islington a more carer friendly borough.
- 1.4. Unpaid carers support family members or friends who have a physical disability or mental health needs, who cannot manage at home without help. A carer is someone of any age who provides care to someone who has a physical disability, a sensory impairment, a learning difficulty, mental health support needs, problems with drug or alcohol misuse, a long term or chronic illness, is an older person who is physically or mentally frail or any combination of these. The type of care they provide may range from personal care such as going to the toilet, washing and

feeding, to visiting, shopping and housework, mental health support and 24-hour care. Even if a carer receives Carer's Allowance for their caring role, they are still considered an unpaid carer.

- 1.5. Carers not only have a significant impact on the lives of the people they care for, they also make a major contribution to society. They are often supporting people to remain living at home preventing, reducing or delaying the need for statutory services. The value of unpaid care is equivalent to a second NHS in England and Wales, which in 2020/21 received an estimated £164 billion in funding (Petrillo and Bennett, 2023).
- 1.6. The strategy shows our commitments to unpaid carers in our local community including importantly employees in the borough who are unpaid carers.

## 2. Recommendation

- 2.1. To approve the strategy for publication, to launch during Carers' Week in June 2024.

## 3. Background

### Strategic Vision

- 3.1. We want Islington to be a place where carers feel visible and acknowledged. It is important that carers are given the recognition they deserve for the crucial role they play in society. Investment in, and a focus on, carers is vitally important, ensuring carers have opportunities to enhance their strengths and wellbeing and can access the right support at the right time.

### Approach

- 3.2. Adult Social Care has jointly led the development of the strategy with Age UK Islington, our strategic lead partner for unpaid carers.
- 3.3. Coproduction with carers has been at the heart of developing this strategy with 350 carers contributing through engagement activities and a carers reference group.
- 3.4. The strategy has also been developed in collaboration with key partners across the Council, health and voluntary and community sector.
- 3.5. We plan to launch the strategy during Carers Week in June 2024.

## 4. Priorities

- 4.1. The strategy, responding to what carers themselves have told us matters to them, focuses on 6 priorities:

- Physical and emotional wellbeing
- Feeling supported
- Employment
- Respected as Experts
- Transition to Adulthood
- Communications and Access to information

4.2. Under each priority, partners have pledged several commitments.

4.3. Across all priorities and the accompanying commitments, partners recognise our responsibilities to:

- Identify – Take every opportunity to identify carers and inform them of where to access information, advice and support.
- Communicate – Use language that is non stigmatising and that could better identify someone who has a caring role.
- Understand – Understand the strengths and needs of carers and the impact caring can have on emotional and physical wellbeing.
- Promote – Promote the rights of carers; the support and opportunities available; and to recognise their expertise in the lives of the person they care for.
- Address inequalities – Islington is a vibrant and ethnically diverse borough. Carers will be equally diverse and the support should reflect this. We need to recognise and address the potential impact of caring on physical and emotional wellbeing, including carers with long term conditions. We also need to consider and address the digital exclusion some carers face.

## 5. Measuring Impact

5.1. We want to be the most carer friendly borough in England.

5.2. We will measure progress against each priority. We will use relevant questions from the biennial Survey of Adult Carers in England as a benchmark and will strive to be above London and England average. This captures insights from carers known to Adult Social Care only. Therefore, key partners will include the same set of questions in their annual survey of carers.

5.3. Performance indicators will include measures such as: overall satisfaction with services, quality of life, inclusion in discussions about the person carers care for, carers in employment who feel supported by their employer; and ease of access to information.

5.4. The Council is also developing its Wellbeing Index, a set of measures to monitor different factors that are important for a happy and healthy life and feeling connected in our community. The Index is still in development and will ensure a council wide approach to monitoring wellbeing outcomes for carers as part of measuring the strategy's impact. We will track improvements and identify areas for development across the borough partnership, to help us make further progress towards achieving our shared ambitions for and with carers.

## 6. Governance

6.1. An action plan will support the delivery of the strategy. This will be a live document that will be adapted over the life of the strategy.

- 6.2. The Council will have internal governance to hold all council departments to account in delivering their responsibilities as set out in the strategy and ensure we are delivering what is a key element of the Islington 2030 Delivery Plan.
- 6.3. There will also crucially be partnership governance. A Carers Partnership Board will drive and monitor progress of the strategy and a Steering Group of carers will hold partners to account. The Board's chair will rotate on an annual basis. The board will regularly report on progress to the Islington Borough Partnership where partners will challenge their organisations to ensure ongoing engagement and delivery.
- 6.4. The Carers Partnership Board will review the strategy in 2027/2028, sharing learning, and drawing on feedback from carers to drive further improvements.

## 7. Published format

- 7.1. The Adult Carers Strategy is a partnership strategy and is a pledge to Islington carers. Therefore, once the strategy is approved, it will be designed to support publication on not only the Council's website but also on partner websites. The format will also enable printed copies which will be available at the launch.

## 8. Implications

### 8.1. Financial Implications

- 8.1.1. The objective of this report is to gain approval for the proposed partnership strategy including council wide commitment, which aims to enhance the support for adult carers in Islington by working collaboratively with the council's strategic partners focussing on 6 priorities consisting of: Physical and emotional wellbeing, employment, feeling supported, transition to adulthood, respected as experts, and communications and access to information to create a more supportive environment for carers.
- 8.1.2. Islington Council has an established Carers Pooled budget arrangement with Islington Integrated Care Board (ICB) to deliver its Carers support service provision. The total gross budget allocated to the Carers pool amounts to £952,900 with the ICB contribution amounting to £95,000.
- 8.1.3. It is anticipated that the recommendations outlined in this document will not incur any extra financial burden on the Carers pool.
- 8.1.4. If any costs do arise, it is expected that they will be covered from existing budgets.

### 8.2. Legal Implications

- 8.2.1 The Care Act 2014 section 10 sets out the local authority's responsibilities to carers for adult members of the community.

Section 10 (1) (a) and (b), states that where it appears to a LA that a carer may have needs of care and support, now or in the future, the local authority must assess. The assessment is called a carer's assessment.

Where a carer refuses an assessment section 11 (5-7) applies. The LA is not required to carry out an assessment. However, a carer is entitled to request an assessment where previously they have refused.

Where a carer has refused a carers assessment *and* the LA is of the view that the carers needs have changed, the LA is required to carry out an assessment, but this is subject to any further refusal, (Section 11 (7)).

8.2.2 The Children and Families Act 2014 and the Care Act 2014 significantly strengthened the rights for parent carers and young carers up to the age of 18. They also recognised the need to improve young carers' transition to adulthood and work together to make sure the needs of the whole family are met and inappropriate or excessive caring by young carers is prevented or reduced. Young carers have a right to an assessment of their own needs under the Young Carers (Needs Assessments) Regulations 2015 which set out the criteria to be considered when an assessment is being undertaken.

### 8.3. **Equalities Impact Assessment**

8.3.1. 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.

8.3.2. An Equalities Impact Assessment: Screening Tool was completed on 30 January 2024. The Equalities Impact Assessment is appended.

### 8.3.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

8.3.4. The presentation of these papers has minimal environmental implications acknowledging that the delivery of the Care Strategy itself will have a wide range of environmental implications that have not yet been considered

### **Appendices:**

1. Islington Adult Carers Strategy
2. Equality Impact Assessment

### **Final report clearance:**

Authorised by:

Cllr Nurullah Turan

**Executive Member for Health and Social Care**

Date: 2 April 2024

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# Adult Carers Strategy 2024 - 2030

## Foreword

### **Cllr Turan**

I am immensely proud that so many partners across the borough have come together, with you, carers, at the heart, to develop Islington's Adult Carers Strategy 2024-2030. The care you provide for family members, friends and neighbours makes such a significant difference to the lives of the individuals you support, you contribute so much to the lives of others, and I see first-hand the resilience and strength of so many carers in our borough. However, I'm also aware of how caring for others can affect your own wellbeing and how it can potentially make inequalities worse. I hope this strategy demonstrates how much the Islington Borough Partnership (which includes the Council, Integrated Care Board, Health Providers, voluntary and community partners) already does and how rich the offer is for carers, but despite this, there is more we can do. As a borough, it is important we come together to consider what we can do in our individual organisations and how we can work better together to improve the lives of carers, better recognise the contribution you make and make it easier for you in your caring roles. As carers, you come into contact with so many organisations and services. This strategy, coproduced with carers, recognises this. It shows the commitment across so many partners, from the Council and health partners to voluntary and community sector partners. I have high aspirations for what this partnership strategy can achieve, with and for carers.

### **Janet Burgess**

As Islington Council's Carers' Champion, but also having been a carer myself, I am passionate about ensuring that carers are heard, are respected as experts and feel supported in their caring roles. I am delighted that carers have co-produced this strategy and that I was also personally actively involved in its development. You have told us what matters to you as carers, resulting in the six priority areas that the strategy will focus on over the coming months and years. No single organisation can deliver the best outcomes for carers on its own; the strength of this approach comes from the involvement of so many partners, with carers at the forefront. I'm looking forward to seeing how we can help more carers feel like Islington is a carer friendly borough.

### **Jackie – An Islington carer**

"As an unpaid carer, I know how important it is for carers to get the support they need as caring can be very emotionally demanding. I was previously a carer for a friend who had suffered several strokes. He has sadly passed away, but I continue to be a carer for my daughter. I have been greatly supported by Islington Carers Hub but know that there is more that organisations can do to support carers. And that is why this strategy is so important. I am really delighted that this strategy has been developed with us, with carers. The monthly carers reference group meetings have covered many topics that are important to carers, and I am pleased the strategy

responds to these important topics. I hope this strategy will lead to more support for us in our caring roles. I look forward to seeing the new carers strategy for Islington in action”.

## Executive Summary

The London Borough of Islington, with all partners in the Islington Borough Partnership want Islington to be a carer friendly borough for you, our residents with caring responsibility. Whether you are an adult supporting a friend or loved one, a parent looking after a child who has additional needs, or a young person who spends a lot of time looking after members of your family, we are committed to ensuring your own needs are looked after. Islington should be a place where you feel visible and acknowledged, have opportunities to enhance your strengths and wellbeing, and can access the right support at the right time.

The Islington Borough Partnership is committed to the aspirations in this strategy. For the Council, the development of this strategy and its implementation, is a key deliverable of Adult Social Care in Islington’s 2030 plan, driving a Healthier Islington. Islington Borough Partnership includes the London Borough of Islington, North Central London Integrated Care Board, North London Mental Health Partnership, Whittington Health, University College London Hospitals, Islington GP Federation, Healthwatch Islington and representatives of the Islington Voluntary and Community and Sector. Members will continue to oversee delivery of the strategy, will ensure their organisations take responsibility for playing their part in delivering the strategy’s ambitions. Carers have been at the heart of this strategy as it has developed. Since 2021 over 350 carers have shared their experiences and told us about what matters to you.

A range of partners across the Council, NHS and Voluntary and Community Sector have listened to what matters to you, and have jointly developed the ambitions, priorities and commitments within the strategy.

Carers can access information and support from a broad range of organisations, including the [Islington Carers Hub](#), Islington Council, North London Mental Health Partnership, Whittington Health, General Practice and Islington voluntary and community sector organisations.

Despite the rich offer, we know there is more we can do together to improve the lives of carers in Islington. The strategy identifies 6 priorities, and the outcomes carers told us are important and our commitments to achieve these ambitions, a summary is below:

### 1. Feeling supported

Outcomes for carers by 2030:

- I understand the value of identifying as a carer and feel there are less obstacles in accessing support.
- I feel empowered with increased confidence and good self-esteem.

Our commitments to achieve this:

- Increase the identification of carers and ensure support is more accessible.
- Promote the financial advice and support offered to carers to enable you to understand your financial entitlements and reduce financial pressures where possible.



- Review housing policies and procedures to identify opportunities to recognise and support your specific housing needs.
- Increase the volume and quality of personalised carer assessments to ensure you have timely access to the right support for you.
- We will establish a better offer for breaks and respite, making sure it is fair and based on each person's needs.

## **2. Physical and emotional wellbeing**

Outcomes for carers for 2030:

- I have good health, mental and emotional wellbeing.
- I feel valued and respected for the vital role I play in society.

Our commitments to achieve this:

- Enhance the emotional wellbeing offer that meets the diverse needs of carers.
- Ensure activities and support, including peer support, are delivered at flexible times, using both online and face to face approaches.
- Deliver a borough wide drive to improve physical activity and healthy nutrition for carers, including the promotion of discounted memberships for carers.
- Improve the ways we recognise and show appreciation for the contributions you make, including through a reward card for discounts in local shops.
- Ensure reviews (whether, for example, an ASC carers review or an NHS health check, or a carers hub wellbeing check) cover the impact of caring on physical and emotional health and that carers receive timely support to maximise their health and wellbeing.
- Pilot and share learning from peer support coaching opportunities for carers of people experiencing mental health issues.

## **3. Respected as Experts**

Outcomes for carers by 2030:

- I feel valued and respected by professionals and have the expertise to undertake my caring role.
- I have an active role in the influencing of health and social care services, in the best interests of the person I care for.

Our commitments to achieve this:

- Islington Council, North London Mental Health Partnership and Whittington Health will publish their commitment to Carers.
- Learn from other areas that successfully use the Hospital Discharge Toolkit for carers, with ambitions to adopt in Islington.
- Develop and deliver, with you, a training programme on a range of topics, including health conditions, medication management, and navigating the NHS.
- Develop and deliver, with you, carer awareness training for professionals.
- Home care providers will be expected to recognise your expertise as an unpaid carer and work in partnership with you to support the person you care for if they draw on home care.

- Learn from Carer Champions and Carer Leads in GP practices to share learning across the wider GP network and with other partners.

#### **4. Employment**

Outcomes for carers by 2030:

- I feel supported by my employer in relation to managing my caring responsibilities.
- I have improved access to educational and employment opportunities that I can participate in alongside my caring role.

Our commitments to achieve this:

- Promote Islington's Adult Community Learning programme to carers, providing access to courses that can help develop interests and skills and help them stay or enter the workforce.
- Review materials for Islington employers regarding supporting employees with caring responsibilities and ensure they are accessible to employers and staff.
- Members of the borough partnership to share good practice on the support in place for staff who have caring responsibilities, including Carers' Staff Forums and Carers Champions/Leads.
- Create a best practice sharing network for all employers in the borough to encourage effective employment support.

#### **5. Transition to Adulthood**

Outcomes for carers by 2030:

- I, as a young carer turning 18, feel informed and supported as I move into adulthood.
- I, as carer of a young person with care needs turning 18, feel informed and supported during the transition period to adult services.

Our commitments to achieve this:

- Improve the transitions pathway between child and adult services to better help young carers and carers of children moving to adult services.
- Improve the help for young carers by including support for transitions as a requirement of the service, when the Young Carers service is reprocured in 2024.
- Ensure that care experienced young people with caring responsibilities are supported and encouraged to take advantage of the adult carers' offer.

#### **6. Communications and Access to information**

Outcomes for carers by 2030:

- I have good access to information and advice to ensure I get the right support at the right time for me.
- I know my rights and entitlements, and what is available for me and those I care for.

Our commitments to achieve this:

- Continue to invest in a digital offer for carers to access information, advice, and peer support.
- Develop an online information resource for carers and professionals to make it easier for them to find everything they need.
- Borough wide promotion of the right to a statutory Carers assessment and the benefits gained from this.
- Ensure GP practices have a good understanding of carer needs and challenges and the support available for carers in the borough and can signpost to appropriate carers for specific support.
- Establish a greater understanding of Islington carers who are not using traditional services, what your needs are and how to better meet your needs.
- Include carers as a distinct cohort in Adult Social Care's Inequalities work.
- Ensure Islington's Digital Exclusion to Inclusion working group has a particular focus on carers.
- Ensure Islington voluntary and community organisations have a good understanding of your needs and challenges and are able to signpost you to appropriate carer specific support.

We will measure progress against each priority.

Islington is committed to working in partnership to implement this strategy. The Carers Partnership Board will continue to deliver the strategy's commitments via an action plan setting out the actions partners will take and identifying any further opportunities to improve the lives of carers.

A Carers Steering Group will ensure carers drive and monitor progress of the strategy's commitments and will review the action plan. New members will be continually welcomed to join this group.

The Carers Partnership Board will regularly report on progress to the Islington Borough Partnership, members holding each other to account for delivering against the commitments set out in this strategy.

# 1. Our Shared Ambition for Carers

This strategy is supported by the Islington Borough Partnership, which includes senior representation from key public sector organisations in Islington, such as local NHS Trusts, GP practices as well as other representatives of Primary Care in the borough, Islington Council, Healthwatch Islington, and Age UK Islington.

We want Islington to be a carer friendly borough for you, our residents with caring responsibility.

If you are supporting a family member or friend who has a physical disability or mental health needs, who cannot manage at home without help, then you could be classed as an unpaid carer. A carer is someone of any age who provides care to someone who has a physical disability, a sensory impairment, a learning difficulty, mental health support needs, problems with drug or alcohol misuse. A long-term or chronic illness is an older person who is physically or mentally frail or any combination of these.

The type of care you provide may range from personal care, such as going to the toilet, washing and feeding, to visiting, shopping and housework, mental health support; and 24-hour care. Even if you receive Carer's Allowance for your caring role, you are still classed as an unpaid carer.

We are committed to ensuring your own needs are met. Islington should be a place where you feel visible and acknowledged.

It is important that carers are given the recognition you deserve for the crucial role you play in society whether you identify as a carer or not. It is important you have opportunities to enhance your strengths and wellbeing and can access the right support at the right time.

The NHS and the Council have a statutory responsibility to support carers through the Care Act 2014 and the Health and Social Care Act 2022.

The Care Act 2014 places a legal duty on local authorities to provide appropriate support that will maintain a carer's well-being. All carers (regardless of income) are entitled to an assessment of their needs. The assessment will consider what a carer wants to achieve in their own day-to-day life while also assessing whether the carer feels able or is willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

The NHS Long Term Plan promises to maintain our focus on identifying and supporting carers and makes further pledges to ensure there is more support within the health system to support carers with emergencies, to provide extra support to young carers through better access to preventive health and social prescribing and timely referral to local support services, and to reduce health inequalities experienced by carers from excluded and marginalised communities.

The Health and Social Care Act 2022 further reinforced these pledges through the requirement on Integrated Care Systems to involve carers in decisions to change or develop a service and to ensure they are involved in the cared for person's treatment, diagnosis, and care. Carers also have important new rights at hospital discharge. NHS hospital trusts in England must ensure that unpaid carers are involved as soon as feasible when plans are made for a patient's discharge.

The Carer's Leave Act, coming into force in April 2024, will introduce a new and flexible entitlement of five of days unpaid leave per year for employees who have a dependant with a long-term care need.

This strategy shares similarities with the Council's Challenging Inequalities and Early Intervention and Prevention strategies. A greater focus on and understanding of carers and the challenges you and others face will support services to become more accessible, inclusive and address issues and barriers faced by our community. Ensuring the right support is available at the beginning and throughout someone's caring journey will build resilience in communities, prevent problems from occurring or reoccurring, and thereby improve quality of life. By examining the way in which we work together and provide support, we can, as a partnership, take advantage of meaningful and impactful opportunities to tackle inequalities throughout Islington.

This strategy reflects and links with the Camden and Islington Strategy for Young Carers 2015-2025.

Other local strategies that will support our ambitions for carers:

- Adult Social Care's vision for Islington
- Camden and Islington Strategy for Young Carers 2015-2025
- Islington Active Together Strategy 2022-2030
- Camden and Islington Parks for Health strategy 2022-2030
- Dementia Strategy 2024 – 2030 (in development) which will include a focus on carers of people with dementia
- North Central London Population Health and Integrated Care Strategy 2023
- Imagine Islington, Culture and Creativity Strategy 2023 – 2030
- Challenging Inequality Strategy – Our plan to create a fairer, more equal Islington
- Fairer Together – A strategy for early intervention and prevention in Islington.

## 2. Partnership approach

The voice of carers at the heart.

Carers have been at the heart of this strategy as it has developed. Since 2021, over 350 carers have shared their experiences and told us about what matters to them.

Carers shaped the development of a revised Islington Carers Hub offer, sharing their ideas and experiences. A programme of engagement activities was designed to ensure we reached a diverse range of carers across the borough. Activities included discussions at carer groups in the community, open Zoom sessions, the distribution of an online survey, and more structured focus groups. Health Watch Islington and Diverse Communities Health Voices have ensured the experiences of carers from Black and Asian Minority Ethnic groups and carers for whom English is not their first language were included. A focus group was created with interested carers who had engaged in the programme. We used the focus group to test the development of the service specification. The specification is outcome focused, and the focus group signed off all the outcomes and the other key focuses for the service. The focus group also co-produced the tender question, and one carer joined the procurement panel to help evaluate the tender responses.

In addition, there has been a wide range of engagement activities to help shape the strategy. These have included:

- 173 responses to a survey sent to 1075 Age UK Islington service users
- Phone interviews
- Coffee mornings and focus groups held at Community Centres – Jean Stokes, St Luke’s, Sotheby Mews, Brickworks
- Archway and District Carers' Support Group
- Age UK Islington Let’s Talk Peer Event
- Centre404 parent carer group
- Elfrida – On Your Marks event and Power and Control service user group
- Islington Pensioners’ Forum
- Carers Pathway Meeting
- Safeguarding Adults Board, Service User & Carer subgroup
- Gillespie Park Nature Walk

In addition to this extensive engagement with carers in a wide range of settings, a Carers Strategy Reference Group, facilitated by the Islington Carers Hub, has co-designed the strategy, meeting monthly to discuss the needs and wants of carers under each priority.

#### Carers Partnership Board

Progress towards a more carer friendly borough needs to be a shared objective that places carers at the heart, so a partnership approach has been taken to develop this strategy. A range of partners have jointly agreed and developed the ambitions, priorities, and commitments, responding to what carers have told us matters to them.

A multi-agency Carers Partnership Board, with representation from a wide range of partners, has identified the current offer for carers, 6 priorities, and the commitments that will enable us to achieve our ambitions for adult carers as well as young carers as they transition to adulthood:

#### Key partners

**Council** - Admission Avoidance and Hospital Discharge, Adult Social Care, Bright Start, Children’s and Families Services, Community Learning & Libraries, Councillor and Carers Champion, Council tenancies, Cultural Enrichment, Direct Payments, Disabled Children Service, Green Space and Leisure, Housing Needs, IMAX, SHINE, Islington Learning Disability Partnership, iWork, Organisational Development, Pupil Services, SEND Children’s Commissioning

**Health** – Carers Governor  
University College London  
Hospital, Integrated Care Board.  
North London Mental Health  
Partnership: Islington  
Community Rehab Team,  
Islington Intensive Teams,  
Patient and Carer Experience  
and Engagement, Services for  
Ageing and Mental Health.  
Whittington Health NHS Trust:  
Adult Community Services, Self-  
Management Team

**Partners** – Age UK  
Islington, Alzheimer's  
Society, Better Leisure,  
Centre 404, DWP, Family  
Action, Healthwatch  
Islington, Islington Carers  
Hub, Islington Mind,  
Islington People’s Rights,  
Mobilise, Smart Works,  
Working for Carers

The strategy identifies 6 Priorities:

- Feeling supported
- Physical and emotional wellbeing
- Respected as Experts
- Employment
- Transition to Adulthood
- Communications and Access to information

Islington Borough Partnership Board is committed to the aspirations in this strategy and will continue to oversee the delivery of the strategy. Members will ensure their organisations take responsibility for playing their part in delivering the strategy's ambitions.

### 3. Context – what is it like to be a carer?

Carers UK estimates that the total number of carers in the UK today is around 10.6 million, or 1 in 5 adults providing care. Carers support was valued at £530 million per day during the pandemic, exceeding the value of the NHS.

As carers, you provide life-changing support for the people you care for. Many of you have shared the pride and satisfaction you feel in your caring role, and the huge resilience and strengths you demonstrate. But we also know that caring can have a significant detrimental impact on your physical, mental, and financial health.

Some carers do not choose to be in a caring role but find that circumstances or expectations force them to fulfil this role.

Many people do not identify themselves as a carer for a wide variety of reasons. They may not realise they are caring; cultural issues and the feeling that the care they provide seems self-evident and necessary may all have an impact. Isolation, stigma, a sense of duty, and a lack of awareness of support for people with caring responsibilities may also be factors.

There are significant financial costs associated with caring, with carers often using their income or savings to pay for support services and care equipment. In response to the Carers UK 2022 online survey, 63% of carers noted they are extremely worried about managing monthly costs; 77% cited the cost of living as one of their main challenges; and 25% said they are cutting back on essentials such as food or heating.

While some caring roles are limited to several hours a day or week or for a temporary period, other caring roles become all-consuming, with carers having to relinquish paid employment or give up their own interests to be able to care for someone else. Many carers find their relationships impacted. For example, 29% of respondents to Carers UK's survey felt lonely often or always, 41% haven't taken a break from their caring role in the last year, and only 41% of respondents were identified as employed.

A high proportion of carers struggle with mental and physical health problems and experience low levels of wellbeing. 21% of respondents to Carers UK's survey noted their physical health was bad or very bad, and 30% noted their mental health was bad or very bad. Many carers may

not be getting the support they need, for example, 19% waited over a month for a GP appointment, and 34% were waiting for specialist treatment or assessment for over a year<sup>1</sup>.

## Islington Carer Population

Similar issues for carers nationally are reflected locally.

According to data from the 2021 Census, 15,000 residents in Islington provide unpaid care (7.2% of the population). 7,400 residents self-identify as providing 20+ hours of unpaid care per week, with 3,900 residents providing 50 or more hours of unpaid care per week.

The proportion and number of people providing unpaid care fell between 2011 and 2021, but unpaid carers tended to provide more hours of care in 2021. It is important to note that it is unlikely that the number of carers has reduced over the last 10 years; it is more likely that many carers have not identified themselves as carers in the census.

This is echoed in the recent publication by The Health Foundation which suggests one reason nationally only 8% of carers are currently making contact with local authority services for support: is low levels of carer identification. This suggests that few carers appreciate their status, eligibility, and even the impact caring has on them. The publication also cites carers' perception that the typical support available is not attractive or impactful to them as another reason for low up take<sup>2</sup>. In Islington, according to the most recent carers survey, 43.9% of carers surveyed had used information and advice services to help with their caring role in the last 12 months<sup>3</sup>. It is worth noting that there is more that can be done to ensure service meets the diverse needs of Islington carers.

More information can be found in the [Adult Carers in Islington - Joint Strategic Needs Assessment 2022](#).

## 4. Current support – what is already available for carers in Islington?

The borough already has a broad range of services and support available for carers, delivered by a wide variety of organisations, as outlined below. Further details can be found on the [Islington Carers Hub website](#), [the Council website](#), and the [online directory](#).

### Islington Carers Hub

Islington Carers Hub provides advice, information, and support to all carers aged 18 or over who live or work in Islington or care for someone living in Islington. The Carers Hub also offers carer assessments and reviews for carers of people not known to Adult Social Care or for carers of people who have been discharged from Islington mental health services for over a year. They do this either directly or through their work with other organisations. The Hub acts as

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<sup>1</sup> State of Caring 2022, A snapshot of unpaid care in the UK, <https://www.carersuk.org/policy-and-research/state-of-caring-survey>

<sup>2</sup> The Health Foundation, Understanding unpaid carers and their access to support, April 2023, [Understanding unpaid carers and their access to support - The Health Foundation](#)

<sup>3</sup> Survey of Adult Carers in England (SACE) 2021-22, [Microsoft Power BI](#)



a one stop shop for carers in the borough and offers up to two years of support for people once their caring role has ended. Islington Carers Hub provides strategic leadership on Carers' issues across the local health, social care, private, and voluntary sectors.

A digital offer provided by Mobilise, enables carers to access information and connect with others for peer support online, including connecting with carers who live beyond Islington but share similar experiences, strengths, ideas and challenges.

The Hub promote Direct Payments which enable carers, who have been assessed as needing care and support, to choose and arrange the care or support themselves.

### Islington Carers Hub services

- Information pack about the kinds of help for carers in Islington
- Advice and Information sessions at a range of venues
- Support groups for carers to meet and share ideas
- Programme of activities, social connection and training opportunities
- Counselling, delivered in partnership with Islington Mind
- Help with getting the Carers Emergency Card
- Flexible Breaks Fund
- A quarterly newsletter called Carers News
- Events and activities like Carers Rights Day
- Carers Assessments
- Promotion of the right to a statutory Carers Assessment and the benefits gained from this
- Support with benefit claims to maximise income
- Information on carers rights, including rights as employees
- Carers Providers Forum to share updates and good practice

### **The Council**

The Council delivers a range of direct support for carers and invests in support and services for carers, delivered primarily through the Islington Carers Hub. The Council promotes information to carers through the Council webpages and the online directory, bringing together information on the different types of support available for carers.

Adult Social Care offers carer assessments and reviews. Residents are entitled to an adult social care carer's assessment if they are over 18 and provide unpaid care to someone over 18 living in Islington. The person they care for doesn't need to be getting support from social services. The assessment shows if there's extra support that can make caring easier, for example, respite, carer groups, benefits advice, and a carer emergency card. The Council promotes Direct Payments as a way of giving choice and control to carers to choose and arrange any care and support they need, themselves. An assessment and review should happen at least once a year, or when there are any major changes to circumstances.

We work with carers to ensure there is a contingency plan in place in the case of emergencies and also to plan respite. We will, when needed, provide short term respite to someone when there is a crisis in their home arrangements, for example, if the carer is admitted to the hospital.

Adult Social Care professionals have access to continued professional development opportunities to improve awareness of Carers Assessments including training that is co-designed and delivered in partnership with the Islington Carers Hub.

Housing offers targeted information to support the carers of Council tenants who need to move into residential care.

iWork offers an information and guidance service to all residents seeking employment and will seek to identify the best possible local partner from within the Islington Working Partnership, for any residents seeking ongoing support. Residents are invited to register with the Islington Working Portal and the Islington Working Bulletin, to ensure they don't miss any one off offers or good local jobs.

Adult Community Learning works in partnership with the voluntary and community sectors to provide a network of neighbourhood learning centres across the borough. The service offers a range of free courses for eligible carers who would like to improve their skills and life chances.

Bright Start Islington provides support for carers with children under 5 in finding registered childcare and early education providers in Islington and help paying for childcare.

Children's Services jointly commissions with Camden Council a carer support service for children and young people who have a caring responsibility for a family member. Further details below in voluntary and community care section.

The Council provides a range of support to employees who are carers. This includes:

- Promotion of part-time roles and flexible working to make employment opportunities more accessible to carers. The Council's Special Leave Policy exceeds the minimum requirements in the Carer's Leave Act coming into force in April 2024.
- A Carers Staff Forum to receive and share advice, information and experiences. It gives colleagues who are (or used to be) carers the opportunity to have an impact on council policies and practices and to seek advice on their rights as carers.

## **NHS**

### **Primary Care**

General Practice (GPs) come into contact with all Islington residents and, through the primary care services they provide, come into contact with carers and provide support to address physical and mental health needs.

GP practices have information about the Islington Carers Hub to signpost patients to support, should they inform their GP practice they are a carer.

GP practices promote access to vaccinations for carers, including the COVID vaccine and flu vaccine.

Social prescribers based within General Practice support a wide range of residents, and where someone shares they are a carer, they are supported to access the Carers Hub.

Camden and Islington NHS Foundation Trust, part of the North London Mental Health Partnership (NLMHP)

NLMHP has 6 Service User and Carer Governors who are elected by Service User and Carer members of the Trust. Governors provide a voice for members/local people and help ensure that the Trust Board is accountable to local people.

There is a Patient and Carer Experience and Engagement Team that supports and develops effective service user and carer engagement and understands and learns from their experiences.

Carers can join the Trust Involvement Register, which shares opportunities for carers to be involved in contributing to service design. An example is the Carer's Partnership Group, which brings together carer representatives, Carers Leads and local partners, including the Islington Carers Hub, to share good practice, opportunities, and challenges in supporting carers well and as equal partners. Carers can also receive regular information about support offers for them and updates about the work of the NLMHP.

The Trust is collaborating with local third sector organisations, including Islington Carers Hub, to pilot a Carer Peer Support Coach role with our inpatient hospital wards and local community services for older people.

The Recovery College provides co-produced recovery-focused courses that can help carers think about their own health and wellbeing, as well as gain an understanding of some health conditions.

Services for ageing and mental health support carers of people living with Dementia. This includes:

- Ongoing reviews – a step-up / step-down approach between nurses and navigators; a proactive model of support to the person with dementia and their carer.
- 'Living Well With Dementia': one session support and signposting group with carers hub.
- Cognitive Stimulation Therapy: group or individual sessions at home with carer.

Hospital settings offer carer support groups, dedicated carer information boards, and have carer champions on each ward. There is a co-produced Carer/Visitor experience survey to collect feedback from carers.

All services collect feedback from carers via the Friends and Family Survey, and some community setting services also offer carer support groups and one-to-one support. Examples include the Islington Recovery and Rehabilitation Service Carers Forum, the Veterans Service Carers and Family Support, and Early Intervention Service.

Better Lives Family Service supports carers affected by someone's alcohol or drug use.

There is a staff network for people with disabilities, long-term health conditions, and caring responsibilities, which offers a safe space for peer support for employees of the Trust who are also carers.

### **Whittington Health NHS Trust**

Whittington Health has a Carers Charter, which offers four simple but necessary components to improving the experience of carers. These centre on:

1. Providing a relaxed visiting policy so you can be with your loved one when they need it most.
2. Keeping you informed of what we are doing or planning to do.
3. Looking after you and checking in with you.
4. Carers Card

Training on long-term conditions is provided for both patients with long-term conditions and their carers; around 208 carers attend annually. Dementia care plans — ‘What matters to me’ include support for carers.

Further information can be found at [Carers \(whittington.nhs.uk\)](http://Carers.whittington.nhs.uk).

### **University College London Hospitals NHS Foundation Trust**

University College London Hospitals NHS Foundation Trust (UCLH) recognises and values the vital role that carers play in the health and wellbeing of the people they care for. They aim to encourage the active involvement and respectful treatment of carers and are committed to ensuring that carers are supported throughout their time at UCLH.

UCLH aims to:

- Help to identify and support carers.
- Recognise the positive contribution that carers can make to a patient's stay in the hospital, improving the patient experience, promoting wellbeing, and supporting the discharge process.
- Enable a relaxed visiting policy to allow carers to be with their loved ones when it matters most.
- Provide designated support in high volume areas such as care of the elderly and our learning disability community.

### **Voluntary and community sector organisations**

Many voluntary and community organisations in Islington have specialist services for carers or that can support carers. For example.

- Centre 404 Parent Carer and Family Carers Group offers person-centred support to people with learning disabilities and autism, and their families.
- Islington Mind Mother to Mother carers support project offers support to mothers whose children have mental health problems.

Islington & Camden Young Carers service, delivered by Family Action, works with young carers, their families, and professionals, offering whole family support, advice, guidance, and resources. Young Carers service and Islington Carers Hub work together to support transitions.

## 5. Priorities

Despite the rich offer, we know there is more we can do together to improve the lives of carers in Islington.

This strategy focuses on 6 priority areas, as outlined below:

### 7. Feeling supported

*“I am worried about my ability to care for my wife, I had Bell’s Palsy recently and was worried that I would not be able to provide 24-hour care if I were to become unwell. I am concerned about what the future holds for me and my wife”.*

Outcomes for carers by 2030:

- I understand the value of identifying as a carer and feel there are less obstacles to accessing support.
- I feel empowered with increased confidence and good self-esteem.

Our commitments to achieve this:

- Increase the identification of carers across the health, social care, and voluntary, and community sectors, and ensure support is more accessible for all carers living in Islington. Islington Council, key voluntary and community sector (VCS) organisations, and NHS providers in the borough will use terms such as ‘looking after’ or ‘helping another person’ to help people better recognise their caring roles. There will be a shift in language and thinking away from the idea of ‘service provision’ and towards supporting you to live the life you want. Learnings from this approach will be shared with other organisations in the borough partnership.
- Promote the financial advice and support offered to carers to enable you to maximise your income, ensuring you have access to your financial entitlements and reducing financial pressures where possible.
- Review housing policies and procedures to identify opportunities to recognise and support your specific housing needs.
- Increase the volume and quality of personalised carers assessments and reviews to ensure you have timely access to the right support for you.
- Continue to offer carers who need it, respite from the caring role, including a flexible break offer. We will establish a clearer offer for respite and breaks, ensuring the offer is equitable and based on individual needs.

### 8. Physical and emotional wellbeing

*“I have been involved in carers groups in Islington for last 7 years. To hear experience of others and realise what is happening to you is not a unique experience is reassuring”.*

*“It would be nice if someone acknowledges the amount of work and time given to the people we care for”.*

Outcomes for carers for 2030:

- I have good health, mental and emotional wellbeing.
- I feel valued and respected for the vital role I play in society.

Our commitments to achieve this:

- Enhance the emotional wellbeing offer that meets the diverse needs of carers.
- Ensure activities and support, including peer support, are delivered at flexible times, using a hybrid approach of both online and face-to-face, to fit around your caring responsibilities and other commitments.
- Deliver a borough wide drive to improve physical activity and healthy nutrition for carers, including the development and promotion of discounted memberships for carers.
- Improve the ways we recognise and show appreciation for the contributions you make, including through a reward card for discounts in local shops.
- Ensure reviews (whether, for example, an ASC (Adult Social Care) carers review, an NHS health check, or a carers hub wellbeing check) ensure the impact of caring on physical and emotional health is understood, and carers receive timely support to maximise health and wellbeing.
- Pilot and share learning from peer support coaching opportunities for carers of people experiencing mental health issues.

## 9. Respected as Experts

*“I am a carer for my neighbour, but don’t feel respected as an advocate by health and social care professionals as I am not their next of kin”.*

Outcomes for carers by 2030:

- I feel valued and respected by professionals, and I have the expertise to undertake my caring role.
- I have an active role in influencing health and social care services, in the best interests of the person I care for.

Our commitments to achieve this:

- Key partners, including Islington Council, the North London Mental Health Partnership, Whittington Health, and AUKI, will publish their commitments to carers and provide reassurance that your perspective is valued, and your expertise recognised.
- Learn from other areas that successfully use the Hospital Discharge Toolkit for carers, with ambitions to adopt in Islington.
- Co-develop and deliver, with you, a training programme for carers on a range of topics, including health conditions, medication management, and navigating the NHS.
- Co-develop and deliver carer awareness training for professionals, embedding this practice in continued professional development for all professionals working in Islington.
- Home care providers will be expected to recognise your expertise as an unpaid carer and work in partnership with you to support the person you care for if they draw on home care.

- Learn from Carers Champions and Carers Leads in GP Practices to share learning across the wider GP network and with other partners.

## 10. Employment

*“My employer is flexible and understands that I sometimes need to take calls about my husband’s care when I am at work. This makes a huge difference to me and means I can do my job and care for my husband”.*

Outcomes for carers by 2030:

- I feel supported by my employer in relation to managing my caring responsibilities.
- I have improved access to educational and employment opportunities that I can participate in alongside my caring role.

Our commitments to achieve this:

- Promote Adult Community Learning programme to carers, providing access to courses that can help develop interests and skills and help them stay or enter the workforce.
- Review the materials designed for Islington employers, which provide guidance on supporting employees with caring responsibilities. We will make these easily accessible for both you and your employer.
- Members of the borough partnership to share good practice on the support in place for staff who have caring responsibilities, including Carers’ Staff Forums and Carers Champions/Leads.
- Create a best practice sharing network for all employers in the borough to encourage effective employment support.

## 11. Transition to Adulthood

*“Most people are born with a blank sheet as their life starts building up, but the sheet starts wearing out. A young carer’s life is worn out and scuffed from the stress of looking out for who they are looking out for. The young carer may love the person they care for, but it does not lessen the strain put upon this life and mind”.*

*“Life as a young carer can consume you and your thoughts to the point that life is a blur around you; every day is just a set of motions, false emotions and you just can’t engage with anything other than the worry of caring”.*

Outcomes for carers by 2030:

- I, as a young carer turning 18, feel informed and supported as I move into adulthood.
- I, as carer of a young person with care needs turning 18, feel informed and supported during the transition period to adult services.

Our commitments to achieve this:

- Improve the transitions pathway between child and adult services to better help young carers and carers of people transitioning to adult services. This will include a comprehensive information offer to help you develop an understanding of Transitions and what to expect, and clear responsibilities for services involved in the Transitions period.

- Enhance the young carer support offer to include support with Transitions, when the Young Carers service is reprocurd in 2024.
- Ensure that care experienced young people with caring duties are supported and encouraged to take advantage of the adult carers' offer.

## 12. Communications and Access to information

*“We are currently managing but aware a time will come when Mum needs more support. Unsure how this would integrate with care provided by the family. A leaflet for family carers would be useful. Mum is resistant to having more support and knowing what is on offer would help”.*

Our ambition for 2030:

- I have good access to information and advice to ensure I get the right support at the right time for me.
- I know my rights and entitlements, and what is available for me and those I care for.

Our commitments to achieve this:

- Continue to invest in the digital offer for carers to access information, advice, and peer support.
- Develop an online information resource for carers and professionals to make it easier for them to find everything they need.
- Borough wide promotion of the right to a statutory Carers Assessment and the benefits gained from this. As minimum, this will be prominent on Islington Directory, Islington Carers Hub and partners websites.
- Ensure GP Practices have a good understanding of carer needs and challenges and the support available for carers in the borough and can signpost to appropriate carers specific support.
- Establish a greater understanding of Islington carers who are not using traditional services, what your needs are and how to better meet your needs.
- Include carers as a distinct cohort in Adult Social Care's Inequalities work.
- Ensure Islington's Digital Exclusion to Inclusion working group has a particular focus on carers.
- Ensure Islington voluntary and community organisations have a good understanding of your needs and challenges and are able to signpost you to appropriate carer specific support.

## 6. Measuring impact

We want to be able to measure progress against each priority. The Survey of Adult Carers in England (SACE) has been developed to learn more about whether services received by carers are helping them in their caring role and their life outside of caring. The survey is carried out every 2 years and is distributed to carers known to the Council. In 2021/22 the SACE was distributed to 831 carers, and 208 carers responded, giving an overall response rate of 27%.

We have benchmarked ourselves against the 2021/22 Survey. Our ambition is for Islington to score above the London and England average. It is worth noting that this will only provide



insights into carers that are known to Islington Council. Therefore, in addition, key partner organisations who have responsibilities towards carers will include the same set of questions in their annual survey of carers. This will enable us to track improvements and identify areas for development across the borough partnership, helping us make further progress towards achieving our shared ambitions for and with carers.

Priority area	Ambitions for carers by 2030	Measures we will use to assess impact of the strategy	Benchmark (from the 2021/2022 Survey for Adult Carers) – Islington responses
Feeling supported	I understand the value of identifying as a carer and will feel there are less obstacles in accessing support. I feel empowered with increased confidence and good self-esteem.	Satisfaction with services Feel support respects their background, identity, culture and beliefs culturally sensitive Support based on needs and wishes as a carer	31% carers reporting an overall satisfaction with social services was which is similar to London and England averages (32% and 36% respectively). Islington ranks 18th across 32 London boroughs.
Physical and emotional wellbeing	I have good health, mental and emotional wellbeing. I feel valued and respected for the vital role you play in society.	Quality of Life Social contact	Carers quality of life score <sup>4</sup> - 7.1 (out of 12) Islington ranks 13 <sup>th</sup> across 32 London boroughs 29% of carers reported they had as much social contact as they would like. Islington is similar to London and England averages (28%). Islington ranks 9 <sup>th</sup> across 32 London boroughs
Respected as Experts	I feel valued and respected by professionals and have the expertise to undertake their caring role. I have an active role in the influencing of health and social care services, in the best interests of the person you care for.	Included in discussions about the person carers care for. Carers' views listened to and acted on.	60% felt included in discussions about the person they care for which is similar to London and England (61% and 65% respectively). Islington ranks 16 <sup>th</sup> across 32 London boroughs.
Employment	I feel supported by my employer in relation to managing my caring responsibilities if in employment. I have improved access to educational and employment opportunities that I can participant in alongside my caring role.	In paid employment and feel supported.  Self-employed and able to balance work and caring responsibilities	12.8% of carers are in paid employment and feel supported by their employer which is quite similar to London and England averages (13.8% and 11.7% respectively). 7.1% of carers are in paid employment and do not feel supported by their employer which is similar to London and England averages (5.2% and 4% respectively). 4.1% of carers are self-employed and feeling able to balance work and caring responsibilities which is similar to London and England

<sup>4</sup> Quality of life is a score made up of answers from around 26 questions

			averages (3.3% and 2.9% respectively). 32.1% of carers are not in paid employment for other reasons (e.g. Retired) which is lower than London and England (42.9% and 54.7% respectively).
Transition to Adulthood	I, as a young carer turning 18, feel informed and supported as I move into adulthood. I, as carer of a young person with care needs turning 18, feel informed and supported during the transition period to adult services.		A measure will be developed to capture carers' and carers of young people's experience of transition to adult services.
Communications and Access to information	I have good access to information and advice to ensure I get the right support at the right time for me. I know my rights and entitlements, and what is available for me and those I care for.	Ease of access to information Access to the internet and email. What carers use to find information and advice about support, services or benefits.	56% found it easy to access information about support which is similar to London and England (52% and 58% respectively). Islington ranks 11th across 32 London boroughs.

## 7. Making it happen – leadership and governance

Islington is committed to continue a coproduced approach to implementing this strategy. A Carers Partnership Board will be established to deliver the strategy's commitments via an implementation plan setting out the actions partners will take and identifying any further opportunities to improve the lives of carers.

A Carers Steering Group will ensure carers drive and monitor the progress of the strategy's commitments and will review the action plan. New members will be continually welcomed to join this group.

An action plan, aligned to the priorities, commitments, and outcomes of this strategy, with clear actions, lead roles responsible for each action, and target dates. The Carers Partnership Board will regularly report on the progress of the implementation plan to the Islington Borough Partnership. The Carers Partnership Board will review the strategy in 2027/2028, sharing learning, and drawing on feedback from carers to drive further improvements.

# Equality Impact Assessment: Screening Tool

## Summary of proposal

Name of proposal	Islington Adult Carers Strategy 2024-2030
Reference number (if applicable)	
Service Area	Strategic Commissioning and Investment
Date screening completed	30.01.2024
Screening author name	Ruby Pearce
Fairness and Equality team sign off	Hezi Yaacov-Hai
Authorising Director/Head of Service name	Nikki Ralph

Before completing the EQIA Screening Tool please read the guidance and FAQs. For further help and advice please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk).

# Please provide a summary of the proposal.

Please outline:

- What are the aims/objectives of this proposal?
- Will this deliver any savings?
- What benefits or change will we see from this proposal?
- Which key groups of people or areas of the borough are involved?

We want Islington to be a carer friendly borough for our residents and staff with caring responsibility. Islington should be a place where carers feel visible and acknowledged, have opportunities to enhance their strengths and wellbeing and can access the right support at the right time.

There is not a set definition of a carer, it could be as an adult supporting a friend or loved one, a parent looking after a child who has additional needs, or a young person who spends a lot of time looking after members of their family.

This is a partnership strategy. A range of partners across the Council, NHS and Voluntary and Community Sector have come together to develop a Carers Strategy. The strategy identifies 6 priorities, based on the outcomes carers told us matter to them, and agreed commitments to achieve our ambitions.

- Physical and emotional wellbeing
- Feeling supported
- Employment
- Respected as Experts
- Transition to Adulthood
- Communications and Access to information

This strategy will be supported by a delivery plan to implement the commitments in the strategy over the next 6 years to align with the 2030 plan – the Islington Borough Partnership draws all the key partners together and has committed to the delivery of the strategy.

The strategy is likely to be launched in May 2024.

The Council has a pooled budget for carers with the Integrated Care Board. The Council and the ICB jointly fund the Islington Carers Hub contract. The carers budget also funds support for carers through Direct Payments following a Carers Assessment. There is no budget assigned to the implementation of the strategy. By and large, the strategy focuses on changing ways of working across the partnership to improve carer outcomes.

## On whom will the proposal impact? Delete as appropriate.

Group of people	Impacted?
Service users	Yes
Residents	Yes
Businesses	No
Visitors to Islington	No
Voluntary or community groups	Yes
Council staff	Yes

Group of people	Impacted?
Trade unions	No
Other public sector organisations	Yes
Others	Please specify:

## What consultation or engagement has taken place or is planned?

Please outline:

- Which groups or communities you have consulted/plan to consult
- Methods used/will use to engage (for example, focus groups)
- How insight gained from engagement or consultation has been/will be fed into decision making or proposal design

If you have not completed any engagement activity and do not plan to, you should outline why this decision has been made.

There has been a wide range of engagement activities to help shape the strategy.

Carers have been engaged and contributed to the priorities and ambitions of this strategy through the following opportunities:

- 173 responses to a survey sent to 1075 Age UK Islington service users
- Phone interviews
- Coffee mornings and focus groups held at Community Centres – Jean Stokes, St Luke’s, Sotheby Mews, Brickworks
- Archway and District Carers' Support Group
- Age UK Islington Let’s Talk Peer Event
- Centre404 parent carer group
- Elfrida – On Your Marks event and Power and Control service user group
- Islington Pensioners’ Forum
- Carers Pathway Meeting
- Safeguarding Adults Board, Service User & Carer subgroup
- Gillespie Park Nature Walk

In addition, a Carers Strategy Reference Group, facilitated by Islington Carers Hub (Age UK) have co-designed the strategy, meeting regularly to discuss the needs and wants of carers.

#### Carers Partnership Board

The strategy is a partnership strategy. A range of partners have jointly agreed and developed the ambitions, priorities and commitments, responding to what carers have told us matters to them. A multi-agency Carers Partnership Board, with representation from a wide range of partners, has identified the current offer for carers, 6 priorities and the commitments that will enable us to achieve our ambitions for adult carers as well as young carers, and parent carers of young people as they transition to adulthood.

# What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

Of the groups you have identified above, please now indicate the likely impact on people with protected characteristics within these groups by checking the relevant box below. Use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

You should then assess whether the negative impact has a low impact, medium impact or high impact. Consider the level and likelihood of impact. Please also think about whether the proposal is likely to be contentious or perceived as a negative change by certain groups, as this could justify the completion of a full EQIA. See the guidance for help.



Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Age	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	The strategy includes commitments to better support transitions as young carers transition to adulthood, such as developing the Transitions pathway between child and adult services to better support both young carers and carers of people transitioning to adult services and enhancing the young carer support offer to include support with Transitions.
Disability (include carers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	The strategy aims to promote physical and emotional wellbeing of carers, some of them have disabilities and long term conditions themselves.  Carers are significantly more likely to have a long-term physical or mental health condition, disability or illness (60%) compared to non-carers (40%).
Race or ethnicity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Commitment to establish greater understanding of Islington carers who are not using traditional services, what they need and how to meet them better – it is likely that some carers that do not use services are from minority ethnic communities. Of the carers known to adult social care, one third (33%) are White British, followed by White Other (8%) and Black African (6%).

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Religion or belief (include no faith)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Commitment to establish greater understanding of Islington carers who are not using traditional services, what they need and how to meet them better – it is likely that carers that do not use services are from a range of faith backgrounds.
Gender and gender reassignment (male, female or non-binary)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Nationally women are still most likely to be providing care and most likely to be providing more hours of care. Women make up the majority (58%) of carers nationally. 80% of carers known to the Council and the Cares Hub are women. This strategy aims to improve outcomes for carers.
Maternity or pregnancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Some carers may fall under this protected characteristic, especially given women make up the majority of carers nationally. The strategy aims to improve outcomes for all adult carers.
Sex and Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	The strategy aims to improve outcomes for all carers. There may be specific needs of LGBTQ+ carers who might be at risk of facing further stigma and also may want support/connection with other carers from the LGBTQ+ community.
Marriage or Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	Some carers will be married or in a civil partnership and caring for their partner. The strategy aims to improve outcomes for all adult carers.

Protected characteristic	Positive impact	Neutral impact	Negative impact	Description of the impact (if applicable)
Other (e.g. people living in poverty, looked after children, people who are homeless or refugees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Choose an item.	There also commitments in the strategy regarding reviewing housing policies so they meet carers needs better, and promoting carers offers for former looked after children with caring responsibility so they understand the support available to them as an adult carer. Carers known to GPs are significantly less likely to be in full time work compared to non-carers, significantly more likely to be in part time work compared to non-carers and more likely to be unemployed (7%) compared to non-carers (4%).

## How do you plan to mitigate negative impacts?

Where there are disproportionate impacts on groups with protected characteristics, please outline:

- The other options that were explored before deciding on this proposal and why they were not pursued
- Action that is being taken to mitigate the negative impacts

Action	Lead	Deadline	Comments

Action	Lead	Deadline	Comments

Screening Decision	Outcome
Neutral or Positive – no full EQIA needed*.	Yes
Negative – Low Impact – full EQIA at the service director’s discretion*.	No
Negative – Medium or High Impact – must complete a full EQIA.	No
Is a full EQIA required? Service decision:	No
Is a full EQIA required? Fairness and Equality recommendation:	No

\* If a full EQIA is not required, you are still legally required to monitor and review the proposed changes after implementation to check they work as planned and to screen for unexpected equality impacts.

Please send this completed EQIA Screening Tool to [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) for quality checking by the Fairness and Equality Team.

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Public Health  
222 Upper Street, N1 1XR

Report of:

Meeting of: Executive

Date: 18<sup>th</sup> April 2024

Ward(s): ALL

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## Subject: Allocation of the Public Health Supplementary Substance Misuse Treatment and Recovery Grant 24-25

### 1. Synopsis

- 1.1. The Department of Health and Social Care (DHSC) has awarded the Council the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) for the third consecutive year. In 2024/25 the total sum awarded will be £2,700,656. Officers are seeking approval for the receipt of this funding.
- 1.2. Public Health officers intend to seek Executive approval to accept the award of the grant allocate £1,861,084.66 of the council's Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) to Camden and Islington NHS Trust (provider of the council's community adult integrated drug and alcohol service) via a Grant Agreement.
- 1.3. The proposal was considered and approved by Public Health DMT on 9<sup>th</sup> February 2024 and Joint Board on 26<sup>th</sup> March 2024. We have amended the EQIA to reflect feedback.

### 2. Recommendations

- 2.1. To agree to receipt of the Supplementary Substance Misuse Treatment and Recovery Grant for 2024/25 of £2,700,656, awarded by the Department of Health and Social Care (DHSC).
- 2.2. To agree the allocation of £1,861,084.66 of the council's Supplementary Substance

Misuse Treatment and Recovery Grant to Camden and Islington NHS Trust (the "Trust") via a Grant Agreement.

- 2.3. To agree that £90,000 is allocated from the Public Health reserves as a precautionary measure, should the Supplementary Substance Misuse Treatment and Recovery Grant be reduced for not meeting the in-year performance expectations outlined in the grant conditions.

### 3. Background

- 1.1. In December 2021, the Government published a 10- year, national drug strategy [From Harm to Hope](#). The strategy outlines the Government's ambition to develop a world class drug and alcohol treatment system and also includes a number of desired outcomes. The early focus of implementation is to build capacity to provide more treatment for people with drug and alcohol problems, and supporting continuity of care, such as with the criminal justice system, hospitals or via outreach, so that people's needs are met as they move between settings and into support from drug and alcohol treatment services.
- 1.2. To support local authorities with the delivery of the outcomes outlined in the strategy, every local authority in England in 2024/25 is being awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The grant is provided by the Department of Health and Social Care (DHSC) and is managed on a regional basis by the Office of Health Improvement and Disparities (OHID).
- 1.3. Camden and Islington NHS Foundation Trust (CIFT) has been the primary partner for delivering the SSMTRG in Islington since it began in 2022/23. They have collaborated closely with officers to execute grant-related initiatives and recruit additional staff. The Trust has shown the ability to scale operations at pace and a commitment to achieving the grant's outcomes. They are also the most suitable candidate to sustain the current positions funded in 2023/24 and undertake future recruitment within the existing provision.
- 1.4. For the third consecutive year, the Council has been granted SSMTRG funding, with an income of £2,700,656 in the financial year 2024/25. Officers were notified of the grant allocation in December 2023 and subsequently liaised with key delivery partners and grant leads at OHID to agree how the grant could be spent to support the council in achieving the outcomes outlined in the national Drug Strategy. There was a short timeline for production of an outline plan that was submitted to OHID at the end of December for review; and Islington received notification in January 2024 that the plan had been approved.
- 1.5. Officers were encouraged by OHID programme leads to fund activities from the SSMTRG that would optimise the attainment of the desired outcomes. For



2024/25, these outcomes are 1) increasing the numbers of people accessing alcohol and substance misuse structured treatment, 2) improving the number of people engaging with alcohol and substance misuse treatment on release from prison and 3) increasing the number of people that enter residential rehabilitation. Additionally, a local milestone plan was required as part of the grant conditions, which sets out quarterly steps and progress towards the outcomes.

- 1.6. Ahead of 2024/25, OHID has notified the Council that it is one of six boroughs in London that had been identified as an area with high levels of unmet need based on estimates and as such will be monitored closely throughout 2024/25 to ensure delivery of key outcomes of the strategy.
- 1.7. Local conditions in place for the 2024/25 SSMTRG include:
- Maintain (or build on) the Council investment in drug and alcohol treatment and recovery system through the Public Health Grant.
  - The Council must keep to the agreed milestones in the plan and agreed ambitions for treatment. Should these not be achieved, OHID will withhold the following proportions of funding within the year during 2024/25:
    - Meeting the milestones in the local plan (3%)
    - Meeting the ambitions for numbers of people in treatment (7%)
- 1.8. Islington's 2024/25 milestone plan is summarised under the four domains of capability, capacity, quality and pathways. These include the following:

**Capability**

- Assessment of resource in Public Health and Commissioning, and in management of grant delivery within the service.
- Continuation of the operational sub-groups of the Combating Drugs Partnership, with a particular focus on Criminal Justice Pathways and Health Services.
- Growing our recently established Community of Practice, which is focusing initially on our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance tool to enable system-wide monitoring and response to drug-related deaths and non-fatal overdoses.

**Capacity**

- Analysis of staffing structure within treatment service to identify opportunities to increase delivery.
- Plans to fund a Programme Manager and Data Manager post within the Trust to enhance programme coordination and reporting capacity.
- Proposed investment of £40k in service premises to deliver look and feel improvements to make the services more inviting to prospective clients.

**Quality**

- Enhancing our local data capture through a revised suite of KPIs, the introduction of a referral log to better understand reasons for unplanned exits from treatment and support, and improved data capture around deaths of people who are in treatment.
- Introduction of a caseload monitoring indicator, to complement the service's own recent work around caseload segmentation.
- Working with system partners and service users to identify additional service elements that may improve the local offer. This so far includes – remote / digital options; same-day prescribing; enhanced outreach in hotspot areas.

### ***Pathways***

- Development of a Drug and Alcohol Liaison Team in partnership with the Wittington Hospital and Camden & Islington NHS Foundation Trust.
- Criminal Justice System pathway development, including co-location or in-reach at Islington custody suites.
- Improve rates of referral from primary care, emergency care and mental health services into drug and alcohol treatment.
- Strengthen our joint working with the Voluntary and Community Sector and with faith organisations, to raise awareness of help that is available and for service promotion to currently underserved community groups.
- Growing our recently established Community of Practice, which is focusing initially on services and workers who work with our highest need and most complex residents and settings.
- Developing and making best use of data, including purchasing a new surveillance product to enable system-wide monitoring and response drug-related deaths and non-fatal overdoses.

- 1.9. The financial conditionality of the grant conditions essentially amounts to the risk that 10% of grant is withheld in Q3-Q4 if targets for the numbers of people accessing treatment are not achieved. This could create a potential £270,000 shortfall in the spending plan if in-year targets are not met. To mitigate the financial risk associated with this, officers have planned to profile some spending activity until later in the financial year (specifically in Q3) when there will be clarity as to whether this reduction will materialise. This does not remove all financial risk and there remains £90,000 committed in spend that would need to be met by the Public Health reserves if we do not meet the conditions of the grant.

### ***Spending Plan***

- 1.10. In determining the allocation of additional funds, officers worked in collaboration with key stakeholders to collect information on local needs. They also analysed data from the recent drug and alcohol needs assessment to ensure that the decisions were grounded in evidence.

- 1.11. Outline grant spending and delivery plans for the 2024/25 financial year – new **(new)** and continuing (cont.) areas of investment are detailed below:
- 1.12. Outreach and peer support
- Additional outreach and entry into treatment capacity for OCU (opiate and crack use) cohort within the Trust **(new)**
  - Hostel In-reach Worker to increase capacity to connect hostel residents to treatment services within the Trust (cont.)
  - Enhancing peer-support offer to include weekend provision, online support and Senior Peer Recovery coaching **(new)**
  - Peer to Peer Harm Reduction project – coach and training for Naloxone the Trust (cont.)
- 1.13. Criminal Justice System pathways
- NCL-wide Criminal Justice Data role (contribution) **(new)**
  - Criminal Justice System pathway roles to improve treatment pathways the Trust (cont.)
  - Support When It Matters (SWIM) structured support- programme for men of Black African and Black Caribbean heritage moving from prison to the community (cont.)
- 1.14. Healthcare pathways
- Pilot Drug and Alcohol Liaison Team at Wittington Hospital **(new)**
  - Senior Mental Health Worker to support pathways for individuals with co-occurring conditions the Trust **(new)**
  - Increased allocation of funds for residential rehab places when community treatment is not deemed suitable **(new)**
  - Clinical Psychologist to increase structured intervention delivery including the introduction of structured day programme (cont.)
- 1.15. Reducing the risk of drug related deaths
- Surveillance product to support fatal and non-fatal overdose reporting **(new)**
  - Expansion of long-acting Opiate Substitution Treatment availability **(new)**
  - Expand provision of Naloxone (overdose reversal drug) in pharmacies (cont.)
- 1.16. Programme capacity
- Programme Lead and Data Manager within the Trust **(new)**
  - Promotional materials, information and content creation to promote the service and streamline access **(new)**
  - Commissioning / Public Health capacity – Public Health Strategist role (cont.)
  - Additional specialist roles in Young People’s service (cont.)
- 1.17. The Trusts expansion of the assertive outreach for opiate and crack users will bolster the existing support delivered by our Rough Sleeper Drugs and Alcohol Service along with other local partners such as the Street Population Team and Community Safety. By services collaborating we hope to be able to join efforts to

target areas where we know homelessness, rough sleeping and anti-social behaviour is high to engage treatment resistant individuals into substance use support services. To complement the additional outreach work, we are establishing a 'rapid access' opiate substitute therapy pathway. This pathway aims to promptly assess and prescribe for people who use opiates, thereby reducing barriers to engagement.

- 1.18. The initiation of a 12-month pilot to establish a drug and alcohol liaison team at the Wittington supported by in-reach nurses within the Trust will address gaps in continuity of care for people during admission and discharged from hospital with ongoing support needs. The pilot programme will undergo an evaluation by Wittington Hospital to ascertain how well needs are met and will include consideration of the potential cost savings to the NHS and other public sector organisations. The pilot findings will inform appraisal of future service and funding options.
- 1.19. We plan to commission additional peer support initiatives, acknowledging that peer support plays a crucial role in promoting holistic wellbeing and cultivating a supportive community that facilitates sustained recovery. While peer support interventions are available in Islington, we have identified a gap in regular peer support during weekends and currently there is also no online peer support provision for individuals who find it easier or prefer accessing services in that manner.
- 1.20. The Grant will also support further work to reduce the risk of drug related deaths in Islington. This includes the provision of Naloxone (overdose reversal drug) via pharmacies, including continued roll-out of nasally administered formulations; expansion of the use of long-acting Opiate Substitution Treatment which helps manage withdrawal symptoms; and a monitoring system to track fatal and non-fatal overdose reporting to help identify any local trends and emergent risks where action is needed.
- 1.21. Activities funded from the previous year's grant, aimed at enhancing outreach and in-reach into key groups, will continue. These initiatives will further strengthen and leverage the links and pathways established during 2022/23 and 2023/24. This encompasses in-reach efforts within critical criminal justice settings such as police, probation, prisons, and courts, as well as hostels. The goal is to connect individuals into treatment and recovery through more proactive means.
- 1.22. We will continue to develop a more diverse offer by extending support for Black men who are in the criminal justice system. This is delivered through the Support When It Matters (SWIM) project, which is starting to establish itself as an important contributor to the local support services. The project provides culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use

needs. It delivers a 10-week structured support programme for up to 60 Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model.

- 1.23. We are continuing the investment in the young person's drugs worker that sits within I-CAN (Islington Collaboration Action Network) who is engaging young people affected by group-related violence and is regularly attending police custody and prison to identify any young people or young adults (up to age 25) in need of support related to drug use.
- 1.24. Additionally, we are allocating funds for a young person's specific outreach position based at Andover Youth Hub. This role aims to engage young people in support for drug or alcohol use in a setting they are familiar with. Furthermore, this position will respond to emerging needs within other community settings in Islington.
- 1.25. A detailed table summarising the 2023/24 activity is in Appendix A and the 2024/25 spending plan is included as the Appendix B.
- 1.26. Officers have considered several options for funding the delivery of services and interventions to achieve the objectives of the national grant, including undertaking a procurement process to identify a provider(s). However, as funding is only confirmed for one financial year (2024/25) and we are required to deliver outcomes within the year, the preferred option is for our existing provider (Camden & Islington NHS Foundation Trust) to undertake the bulk of the enhanced service provision. Reasons for this include:
  - a. The Trust are well-placed to deliver the desired programme outcomes due to their existing role as our commissioned provider of substance misuse services. They have been the main delivery partner for the SSMTRG in 22/23 and 23/24 so are well placed to mobilise additional funds in this third year of the programme.
  - b. Timeliness of allocating grant monies and progressing agreed objectives and delivery plan(s) – The funding is available for a limited period and OHID have clearly indicated that any unspent grant in 24/25 cannot be carried forward. Therefore, it is important that the council can demonstrate that the grant is being spent in full within the financial year. Any delay to the allocation of the grant will increase the risk of the grant not being fully spent. As detailed above the Trust are in a prime position to begin expanding delivery and achieving the required outcomes.
  - c. The Trust are a trusted provider of various health services within Islington including health-related services commissioned by the council. They already have robust partnership arrangements with key delivery partners.

- d. The market has not been tested in respect of this grant and there may be other providers available, however the council is confident that the Trust can utilise the grant efficiently and meet the required outcomes by the end of the financial year 2024/25. Pertinent to consideration of testing the market is the time that this would take, and the likelihood that this could take beyond the end of the financial year meaning the council would fail to achieve the required outcomes.
  - e. The agreed grant spending plan includes a number of additional staff to safely and effectively manage the required increase in people accessing treatment and therefore complement existing services. Some of these additional roles will be co-located with key delivery partners including the local probation service, in-reach to prisons and police custody suites, the Whittington Hospital, targeted outreach, co-location with mental health core community teams and increasing in-reach to supported accommodation sites. The Trust already holds relationships with these locations, which will speed up mobilisation and delivery.
  - f. Officers are confident that the Trust will be able to recruit and mobilise additional staff roles within the grant timescales.
- 1.27. Considering the mechanism for issuing funds to the Trust, again several options have been considered, including a procurement process, a grant agreement (including advertising the grant) and partnership arrangements. As a grant has been awarded to the council by Central Government it is the preferred option to pass funding on to the Trust in the form of a grant on the clear understanding that the council is not procuring substance misuse services from the Trust.

## 4. Implications

### 4.1. Equalities Impact Assessment

- 4.1.1. 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.
- 4.1.2. A full EQIA assessment was completed due to the value of the grant activity proposed. The assessment outcome was that the SSMTRG related activity outlined is deemed to have neutral/ positive impact on several protected characteristics. No negative impacts were assessed.

## **4.2. Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

- 4.2.1. An Environmental Impact Assessment (EIA) has been reviewed and approved by the Climate Action Strategic Team.
- 4.2.2. The EIA sets out mitigations that will be put in place to reduce carbon emissions from activity related to the SSMTRG including the burning of fossil fuels and electricity use.
- 4.2.3. The EIA also sets out commitments to sustainability within the grant activity and how officers will work with Providers to ensure due regard to the Council's net zero carbon ambitions.

## **4.3. Legal Implications**

- 4.3.1. The decision recommended in paragraph 2.1 of this Report is a Key Decision of the council's Executive to be made in accordance with the council's Constitution, Part 2, Article 13.03.
- 4.3.2. The council has a duty to deliver specified public health functions, and section 111 of the Local Government Act 1972 can be used to allow the council to discharge its public health substance misuse functions through the allocation of grant funding to the Trust.
- 4.3.3. There is zero risk that the Grant Agreement between the council and the Trust could be considered a services agreement which should have been competitively procured by the council in accordance with the Public Contract Regulations 2015 or which should have been dealt with under those Regulations by modifying the current contract with the Trust so Regulation 72 touching upon modifications to be regarded as 'substantial' i.e. impermissible and requiring a new procurement process to be undertaken, does not apply. The risk of a successful complaint or challenge from the market is therefore negligible.
- 4.3.4. The Trust does not provide services on the market as it does not charge users for its services. Therefore, the grant to the Trust is not a subsidy for the purposes of the Subsidy Control Act 2022 and the provisions of that Act do not apply.
- 4.3.5. Legal Officers will assist in the drafting of the necessary Grant Agreement.
- 4.3.6. The grant terms that the council have signed up to under the Memorandum of Understanding between the Secretary of State for Health and Social Care and the council can be used to create a "back-to-back" agreement whereby the obligations

on the council in respect of the use of the grant and the liabilities arising from the same are essentially copied over to the Trust.

#### **4.4. Financial Implications**

- 4.4.1. This proposal seeks to transfer £1,861,084.66 of the council's Supplementary Substance Misuse Treatment and Recovery Grant (SSMTR) to the Trust via a grant agreement.
- 4.4.2. The SSMTR grant is a revenue grant provided from the Office for Health Improvement and Disparities. The SSMTR is a three-year grant but allocated on an annual basis. Financial Year 24/25 is the third year of the grant, and the council will be awarded £2,700,656. The remainder of the SSMTRG has been fully committed elsewhere. Additional funding will not be provided to any recipients of the SSMTRG, recipients of SSMTRG will need to meet the cost of any overspend from their own budgets. The grant will complement and act as additional funding to existing substance misuse spend, it will not be used to substitute for existing expenditure or for the provision of existing services to be provided on behalf of the council.
- 4.4.3. There is a risk that up to 10% of the 2024/25 SSMTR grant will be cut (£270,065) if performance criteria are not met. In the unlikely event this happens, Public Health will adapt their wider SSMTR spending programme reducing the financial shortfall to £90,000. Public Health have sufficient reserves to meet the any shortfall.
- 4.4.4. The Trust will claim funding quarterly up to a total of £1,861,084.66. The funding needs to be closely monitored to ensure that the council is compliant with SSMTRG conditions, namely the reporting of any underspends for reprofiling.

## **5. Conclusion and reasons for recommendations**

- 5.1. It is recommended that the Council approves the acceptance of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) amounting to £2,700,656.
- 5.2. It is recommended that £1,861,084.66 of the Council's SSMTRG is issued to the Trust via a Grant Agreement.
- 5.3. Issuing the funding to the Trust in the form of a grant will ensure timely and effective delivery of the required outcomes.
- 5.4. It is recommended that £90,000 is allocated from the Public Health reserves a precautionary measure, in the event that the SSMTRG budget experiences a shortfall due to not meeting the performance expectations outlined in the grant conditions.



## 6. Appendices

- Appendix A: SSMTRG 23/24 Initiatives to be continued in 2024/25
- Appendix B: Summary of SSMTRG spending plan for 2024/25
- Equalities Impact Assessment – attached.

### **Background papers:**

- None

### **Final report clearance:**

Authorised by: Jonathan O'Sullivan

Date: 8 April 2024

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**Appendix A: SSMTRG 23/24 Initiatives to be continued in 2024/25**

Role	Description
<p>Enhanced Criminal Justice Team including:</p> <ul style="list-style-type: none"> <li>• 1 x Team Leader role</li> <li>• 1 x criminal justice data lead/ administrator roles</li> <li>• 2 x Prison Link roles</li> <li>• 7 x Criminal Justice workers across Probations, Police, Courts, and Community Safety Teams.</li> </ul>	<p>To support pathways from criminal justice partners and those on release from prison.</p> <p>Staff are co-located at criminal justice site and work closer with partners to ensure access to treatment for those within criminal justice system</p>
<p>1 FTE Senior Peer to Peer Co-ordinator role</p>	<p>To support peer led initiatives and groups within the core service</p>
<p>1 FTE Consultant in Addiction Psychiatry role</p>	<p>To support with clinical needs of those accessing services and fast access to pharmacotherapy</p>
<p>1 FTE Hostel In-reach worker role</p>	<p>To support referral pathways from supported accommodation and ensure in-reach to those requiring support</p>
<p>1 FTE Senior Mental Health Worker role</p>	<p>To co-locate within the Mental Health service to support the improvements planned for individuals with co-occurring mental health conditions.</p>
<p>Naloxone Peer to Peer Project</p>	<p>To support with the training and distribution of Naloxone across the Borough. Includes the roll out of Nasal Naloxone which is more user friendly since it does not require injection.</p>
<p>1 FTE Clinical Associate Psychologist Day Programme</p>	<p>To support with the implementation of a structured, intensive day programme to support those on an abstinence pathway.</p>
<p>Long-Acting Buprenorphine</p>	<p>Funding for the implementation of a new treatment medication, Bupival, which is a long-acting form of the medication Buprenorphine. The medication helps relieve withdrawal symptoms from other opioids and also blocks the effects of some types of opioids including heroin. Bupival has demonstrated positive outcomes in a number of pilot studies and is being encouraged by national teams.</p>

**Appendix B: Summary of SSMTRG spending plan for 2024/25**

Description	Organisation	Value (£'000)
Expansion of structured treatment capacity, and expansion and development of pathways, in-reach and out-reach through new staff roles including Criminal Justice, Targeted Outreach, Liaison team at Whittington Hospital.	Camden & Islington NHS Foundation Trust	1,861
3 x additional Young People's Substance Misuse workers, together with training and premises budget	LB Islington Young People's Substance Misuse Service	170
1.0 WTE PH Strategist, 0.5 WTE Contract Support, 1.0 WTE Commissioning Officer, Data post (prisons and criminal justice services - joint with other North Central London councils) and workshops	LB Islington	182
Training for wider partners to develop understanding, recognition and skills of drug and alcohol issues	Training provider/s	10
Communication plan and resources, including digital content for website and communication materials to improve and increase access and service- and self-referrals	Communications specialist	60
Implementation of a Drug and Alcohol Related Death (DARD) system that will improve and streamline death reporting processes	QES (Software provider)	18
Nasal Naloxone Project	Community Pharmacies	10

Multi-partner project to develop guidance and training on appropriate accommodation options for complex and change resistant dependent drinkers.	Alcohol Change UK	5
Total		2,701

# Equalities Impact Assessment: Full Assessment

Before completing this form you should have completed an Equalities Screening Tool and had sign off from your Head of Service and the Fairness and Equality Team.

This Equality Impact Assessment should be completed where the Screening Tool identifies a potentially negative impact on one or more specific groups but it can also be used to highlight positive impacts.

## Summary of proposal

Name of proposal	Allocation Islington's Supplementary Substance Misuse Treatment and Recovery Grant to the value of £2.7m
Reference number (if applicable)	
Service Area	Public Health
Date assessment completed	09/02/2024

Before completing the EQIA please read the guidance and FAQs. For further help and advice please contact [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk).

# 1. Please provide a summary of the proposal.

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

## Background

In December 2021, the Government published a 10- year, national drug strategy From Harm to Hope. The strategy outlines the Government's ambition to develop a world class drug and alcohol treatment system and includes a number of desired outcomes. Every local authority in England has been awarded the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The grant is awarded by and managed by the Department of Health and Social Care/Office of Health Improvement and Disparities (OHID).

## Aims and Objectives of the Proposal

Islington's SSMTR grant income for 2024/25 is £2.7m and officers were notified of the grant allocation in December 2023 with plans needing to be submitted by end of December. Delivery plans have been developed and approved by OHID alongside key deliver partners and stakeholders. The core objectives are increasing the numbers of people accessing substance misuse treatment and improving the number of people engaging with substance misuse treatment on release from prison and improve health pathways. Delivery plans centre on increasing service capacity, i.e., creating and recruiting a substantial number of additional staff to be able to deliver services in a way that addresses any known issues with pathways into services.

Many of the staff recruited with the additional investment will be co-located with local partners including:

- National Probation Service
- In-reach to prisons and police custody suites
- Co-location with mental health core community teams
- In-reach to supported accommodation sites
- In reach to Wittington Hospital
- Outreach with Community Safety Teams

The reasoning behind co-location of staff is to remove any real or perceived barriers to engagement and ensure that services are working collaboratively to identify those that require support and ensure they can access treatment.

Officers plan to allocate £1.8m of its total £2.7m SSMTR grant Camden and Islington NHS Trust to deliver this increase in service capacity. The remaining £900k will be allocated across various partners as outlined below.

*Proposal, i.e., decision(s) requested of CMT*

1. To approve the acceptance of the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) amounting to £2,700,656.
2. To approve that £1,861,084.66 of the Council's SSMTRG is issued to the Trust via a Grant Agreement.

*Legal Basis*

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

1. We are not able to issue funds to the provider through a contract variation. A new contract would require competitive tender process. We do not wish to undergo a competitive tender process: OHID requires us to make substantial progress against our delivery plans and to spend our grant in full within the financial year. In addition, working with our existing provider – with whom we have contracted since 2018 – allows us to make best and most efficient use of existing delivery frameworks and system partnerships. We are therefore seeking approval to issue the funding to the provider as a grant.
2. We have consulted with legal in the context of the Provider Selection Regime (PSR) legislation that came into force on 1 January 2024. Legal have endorsed the use of a grant agreement.

Will this deliver any savings?

n/a – this proposal is about disbursement of grant monies we are receiving and must spend within 2023/24.

What benefits or change will we see from this proposal?

The 2024/25 SSMTRG spending plans focus on increasing the numbers of people accessing drug and alcohol treatment in the borough, both in the community and via the criminal justice system. One of the overall ways we aim to do this is to ensure that pathways are clear and that the service is accessible to those that need it. The grant requires full investment and delivery within the financial year, and up to 10% of its value is conditional on achieving target increases to our numbers in treatment. Commissioners therefore intend to invest the majority of this year's grant with NHS Camden & Islington in order to continue the enhanced delivery initiated in the first and second year of the grant-funded programme.

Outline grant spending and delivery plans for the 2024/25 financial year – new (**new**) and continuing (cont.) areas of investment.

#### **Programme capacity**

- Programme Lead and Data Manager within NHS C&I (**new**)
- Branding and content creation to promote the service and streamline access (**new**)
- Commissioning / Public Health capacity – Public Health Strategist role (cont.)
- Additional specialist roles in Young People's service (cont.)

#### **Outreach and peer support**

- Additional outreach & entry into treatment capacity for OCU (opiate and crack use) cohort (**new**)
- Hostel In-reach Worker to increase capacity to connect hostel residents to treatment services (**new**)
- Senior Mental Health Worker specialising in substance misuse (**new**)
- Enhancing peer-support offer to include weekend provision and Senior Peer Recovery coaching (new)
- Peer to Peer Harm Reduction project – coach and training (cont.)

Please provide:

- Context on how the service currently operates (if relevant) and the scope of suggested changes
- The intended beneficiaries and outcomes of the proposal
- Reference to any savings or income generation

#### **Criminal Justice System pathways**

- NCL-wide Criminal Justice Data role (contribution) (**new**)
- Criminal Justice System pathway roles to improve treatment pathways (cont.)
- Support When It Matters 10-week structured support for men of Black African and Black Caribbean heritage moving from prison to the community (cont.)

#### **Healthcare pathways**

- Establish Drug and Alcohol Liaison Team at Wittington Hospital (**new**)
- Increased allocation of funds for residential rehab places (**new**)
- Clinical Psychologist to increase structured intervention delivery (cont.)

#### **Reducing the risk of drug related deaths**

- Surveillance product to support fatal and non-fatal overdose reporting (**new**)
- Expansion of long-acting Opiate Substitution Treatment availability (**new**)
- Provision of Naloxone (overdose reversal drug) in pharmacies (cont.)

## 2. What impact will this change have on different groups of people?

Please consider:

- Whether the impact will predominantly be external or internal, or both?
- Who will be impacted – residents, service users, local communities, staff, or others?
- Broadly what will the impact be – reduced access to facilities or disruptions to journeys for example?

Drug and alcohol use can impact any individual in the borough and support is a universal offer available to any resident with a need. The underlying causes of drug and alcohol misuse is complex yet evidence suggests that specific groups are more vulnerable to it. Several demographic, social, and economic factors can contribute to an increased risk of drug and alcohol misuse. It's important to note that these risk factors can vary across different populations and regions. Some groups that are often identified as being at higher risk are:

- People with Mental Health Issues
- People experiencing Rough Sleeping or Homelessness
- Individuals with a Family History of Substance Use
- LGBTIQ+ Individuals
- People Experiencing Socioeconomic Disadvantage
- People Involved in the Criminal Justice System
- Individuals Experiencing Trauma



- Veterans
- People with Chronic Pain
- Experience of Domestic Abuse

Evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The interventions we are looking to implement will positively impact the groups most at risk of drug/ alcohol misuse and will contribute to reducing unmet need.

The additional funding will have a specific impact on certain areas:

Age: The additional funding is intending to improve access for young people that have drug/ alcohol support needs with targeted investment in outreach and additional youth workers. The additional investment in clinical support within the adult services will also enable better support of physical co-morbidities that exist within the ageing population of drug/ alcohol users in treatment.

Gender: We are funding a project that looks specifically at the needs on non-opiate men as they have been identified as an underrepresented group.

Ethnicity: Cultural factors may influence how individuals from different ethnic backgrounds access and engage with services and we are continuing funding of the SWIM service that provides culturally competent holistic support to men of Black African or Black Caribbean background who are in contact with the criminal justice system.

Accessibility and Outreach: As mentioned above we are ensuring that services are as accessible as possible to individuals by taken support to other settings which many be more suitable to their needs.

- Who will be impacted – residents, service users, local communities, staff, or others?

Group of people	Impact
Service users	The introduction of new interventions and improvements to drug and alcohol support services available is hoped to enhance experience of treatment and accessibility.
Residents	Improving reach and effectiveness of substance misuse services will deliver broad social benefits to the borough including a reduction in the harms associated with drug and alcohol use.
Businesses	Opportunities to deliver new interventions
Visitors to Islington	No
Voluntary or community groups	We have ambitious plans to enhance the peer recovery groups available to ensure visible lived experience of recovery. Also plan to engage with local VCSE's to ensure we are taking services to where they are most needed.
Other public sector organisations	Improvements to the pathways from existing services delivered by Camden and Islington NHS Foundation trust, community mental health services, prisons, police, probation, Whittington Hospital.

Broadly the impact will be positive and to ensure that drug and alcohol support services are more accessible to individuals that require specialist support.

### 3. What impact will this change have on people with protected characteristics and/or from disadvantaged groups?

This section of the assessment looks in detail at the likely impacts of the proposed changes on different sections of our diverse community.

#### 3A. What data have you used to assess impacts?

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings



Islington CDP Area  
Profile (square).pptx

A needs assessment for drugs and alcohol as completed in December (see presentation embedded) and has been used to inform our areas of investment to ensure the decisions were evidence based.

Key findings:

- Prevalence data on drug use at borough level is limited. However, modelled estimates (best available source) suggest drug (**opiate and crack cocaine**) use in Islington is the highest in London and has been increasing since 2016/17. It is also estimated that Islington has one of the highest alcohol dependency rates in London.
- Whilst estimates may not be precisely accurate, there are **high treatment needs in Islington**, which are higher than at a regional or national level.
- The most commonly used drugs in England and Wales in 2018/19 were **cannabis, powder cocaine, and nitrous oxide**. While local data is not available, we may anticipate similar patterns in London and Islington.
- Certain groups are under-represented in drug and alcohol treatment in Islington – this includes people from **Black** and **Asian** ethnic backgrounds, **Muslim** people, and **women**.
- Nearly one-quarter of people presenting to drug and alcohol treatment in Islington reported problems with their **housing**, with nearly 10% reporting an urgent housing need. This is higher than regional or national figures.
- Just under one third of drug and alcohol service users described themselves as **long-term sick or disabled**, compared to 5% of Islington's population overall.
- **Continuity of care** rates for people leaving prison are low in Islington, with most recent data showing that only 29% of people in Islington received structured drug and alcohol treatment within 21 days of their prison exit date.

Please provide:

- Details of the evidence used to assess impacts on people with protected characteristics and from disadvantaged groups (see guidance for help)
- A breakdown of service user demographics where possible
- Brief interpretation of findings

3B: Assess the impacts on people with protected characteristics and from disadvantaged groups in the table below.

Please first select whether the potential impact is positive, neutral, or negative and then provide details of the impacts and any mitigations or positive actions you will put in place.

Please use the following definitions as a guide:

Neutral – The proposal has no impact on people with the identified protected characteristics

Positive – The proposal has a beneficial and desirable impact on people with the identified protected characteristics

Negative – The proposal has a negative and undesirable impact on people with the identified protected characteristics

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Age	Positive	<p>We are enhancing the dedicated provision for children and young people through the additional investment as they have been identified as a group that are underrepresented.</p> <p>We are also enhancing clinical provision for the older treatment population with co-existing physical health issues e.g., COPD. Improving hospital-based drug and alcohol referrals, e.g. liaison team at Wittington Hospital, may improve access to treatment for older people.</p> <p>Online and weekend support may make the services more accessible for older and younger groups.</p>	<p>Ensuring the additional funds are spent in a timely way to maximise impact.</p> <p>Ensure digital literacy/ poverty does not become a barrier to online support</p>
Disability (include carers)	Positive	<p>Increase accessibility via online support platforms are hoped to make the services more accessible to people with disabilities.</p>	<p>Service promotion and regular feedback to ensure continuous improvements.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Race or ethnicity	Positive	<p>Black and Minority Ethnic residents are over represented in the criminal justice system and are under represented in drug treatment. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.</p> <p>We are issuing funds that focus specifically on men from Black African or Black Caribbean background who are in contact with the criminal justice system and who have non-opiate substance use needs.</p>	<p>Service promotion and regular feedback to ensure continuous improvements.</p> <p>Ensuring the additional funds are spent in a timely way to maximise impact.</p> <p>Ensuring the services are agile to respond to emerging need.</p>

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Religion or belief (include no faith)	Positive	Additional funds will be used to strengthen our joint working with the Voluntary and Community Sector and with faith organisations, both of which may provide opportunities for service promotion to currently underserved community groups.	Ensuing we are engaging with the correct community groups and taking a proactive approach to co production.
Gender and gender reassignment (male, female, or non-binary)	Positive	We are developing a pathway specifically for women to ensure that the needs of women accessing treatment are accommodated such as the introduction of women only spaces, flexibility around childcare commitments, better understanding of women's trauma in the criminal justice system, co-location to women's support services locally.	Dedicated lead within the service ensuring service developments is embedded and reviewed

Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Maternity or pregnancy	Positive	<p>The service has an established Pathway for pregnant service users.</p> <p>The additional of women only pathways will improve the experience of women that are pregnant/ maternity. The introduction of online and weekend support may also make services more accessible (This complements the existing Family Service).</p>	Ensure that the needs of maternity/ pregnancy are factored into the women's pathway development outlined above.
Sex and sexual orientation	Positive	LGBTQIA people may be underrepresented in treatment services. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.	<p>Ensuring representation from a broad spectrum of individuals.</p> <p>Service integration with sexual health services regarding specific cohorts e.g. Chemsex.</p>



Characteristic or group	Positive/Neutral/Negative	What are the positive and/or negative impacts?	How will potential benefits be enhanced or negative impacts be eliminated or reduced?
Marriage or civil partnership	Neutral	The service is accessible to all residents irrespective of their marriage or civil partnership status.	
Other Age (e.g. elderly) (e.g. people living in poverty, looked after children, people who are homeless or refugees)	Positive	People experiencing homelessness, prison, mental health needs, historic trauma and other vulnerabilities are at greater risk of having substance misuse needs. Improving the reach and effectiveness of substance misuse services has the potential to reduce this inequality.	Ensuring service collaboration with other key services in Islington such as street outreach and mental health services.

## 4. How do you plan to mitigate negative impacts?

Please provide:

- An outline of actions and the expected outcomes
- Any governance and funding which will support these actions if relevant

None assessed.

## 5. Please provide details of your consultation and/or engagement plans.

Please provide:

- Details of what steps you have taken or plan to take to consult or engage the whole community or specific groups affected by the proposal
- Who has been or will be consulted or engaged with
- Methods used or that will be used to engage or consult
- Key findings or feedback (if completed)

For the proposal in 2024/25 we collaborated with / sought advice from: Council colleagues in community safety, legal, finance, democratic services, procurement and public health commissioning and governance; OHID; C&I NHS Trust.

We have a long-standing service user group (Islington Clients of Drug and Alcohol Services, ICDAS) who are sighted on the proposals and are a sounding board for the current services and provider. Service user involvement is a core part of our current contract monitoring and approach to service design.

Formal consultation is not required for this award and no consultation has taken place. The grant money was awarded to Islington along with every other local authority in England. The Office of Health Improvement and Disparities (OHID) included a list of interventions that the grant could be used to fund. Officers liaised with key delivery partners and grant leads at the Office of Health Improvement and Disparities to agree how the grant could be spent to support Islington in achieving the outcomes outlined in the national Drug Strategy.

The substance misuse service provided by Camden and Islington NHS Trust already work closely with service users and key partners to ensure the service offer is meeting the needs of service users, this feedback mechanism will be extended to include the interventions funded by the SSMTRG.

## 6. Once the proposal has been implemented, how will impacts be monitored and reviewed?

Please provide details in the table below.

Action	Responsible team or officer	Deadline
Quarterly Milestone Plan Review	Stacey Baston (public health)	Sept 2024
Activity and Spend (quarterly)	Stacey Baston (public health)	March 2025
Meeting key delivery targets e.g. numbers in treatment, successful completions, referral pathways.	Stacey Baston (public health)	March 2025
Evaluation of key projects e.g. Whittington Hospital Pathway	Miriam Bullock (public health)	March 2025

Please send the completed EQIA to [equalities@islington.gov.uk](mailto:equalities@islington.gov.uk) for quality checking by the Fairness and Equality Team. All Equality Impact Assessments must be attached with any report to a decision-making board and should be made publicly available on request.

This Equality Impact Assessment has been completed in accordance with the guidance and using appropriate evidence.

Member	Name	Signed	Date
Staff member completing this form	Stacey Baston		28/02/2023
Fairness and Equality Team	Hezi Yaacov-Hai	<i>Hezi Yaacov-Hai</i>	28/02/2023

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