

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

AGENDA FOR THE HEALTH AND WELLBEING BOARD

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in Committee Room 1, Islington Town Hall, Upper Street, N1 2UD on, **12 March 2024 at 1.00 pm.**

Enquiries to : Samineh Richardson
E-mail : democracy@islington.gov.uk
Despatched : 4 March 2024

Membership

Councillors:

Councillor Kaya Comer-Schwartz (Chair)
Councillor Nurullah Turan
Councillor Michelline Safi Ngongo

NHS Integrated Care Board:

Dr Clare O'Brien, Governing Body representative
Clare Henderson, Executive Director representative

Islington Healthwatch:

Emma Whitby (non-voting)

Other NHS Representatives:

Dr Helene Brown, NHS England (non-voting)
Darren Summers, C&I NHS Trust (non-voting)
Helen Brown, Whittington Health (non-voting)

Islington GP Federation:

Mike Clowes (non-voting)

Council Officers:

Jon Abbey, Corporate Director, Children & Young People
John Everson, Director of Adult Social Care
Jonathan O'Sullivan, Director of Public Health

Voluntary Sector Representative:

To be appointed

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C.	Business items	Page
D.	Questions from Members of the Public	
	To receive any questions from members of the public. (Note: Advance notice is required for public questions).	
E.	Urgent Non-Exempt Matters	
	Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.	
F.	Exclusion of Press and Public	
	To consider whether, in view of the nature of the remaining items on the	

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

G. Urgent Exempt Matters

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

H. Confidential/Exempt Items for Information

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The next meeting of the Health and Wellbeing Board will be on tbc

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www.democracy.islington.gov.uk

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London Borough of Islington

Health and Wellbeing Board - Tuesday, 31 October 2023

Minutes of the meeting of the Health and Wellbeing Board held at on Tuesday, 31 October 2023 at 1.00 pm.

Present: Councillor Nurullah Turan, Jon Abbey, Clare Henderson, Jonathan O’Sullivan, Emma Whitby.

Also Present: Charlotte Ashton, Miriam Bullock, Michael Daley, Jasmin Suraya.

10 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

In the absence of the Chair, Cllr Turan was appointed Chair for the meeting.

Cllr Turan in the Chair

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

11 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Cllr Comer-Schwartz, Cllr Ngongo, John Everson and Mike Clowes.

12 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

13 ORDER OF BUSINESS (ITEM NO. A4)

No changes were proposed to the order of business.

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

RESOLVED:

That the minutes of the previous meeting be agreed as a correct record and the Chair be authorised to sign them.

15 HDRC - HEALTH DETERMINANTS RESEARCH COLLABORATION (EVIDENCE ISLINGTON) UPDATE (ITEM NO. B1)

Charlotte Ashton, Consultant in Public Health, introduced the paper which provided an update on ‘Evidence Islington’, the programme of work focused on health determinants funded by the National Institute for Health Research.

The following main points were made in the discussion:

- Officers advised the initial year of work had progressed well and work was focused around three core workstreams: collaboration and culture, data and infrastructure, and capacity building. These were interwoven workstreams and closely aligned to the Islington Together 2030 plan.
- Officers commented on the excellent partnership working with Healthwatch Islington in progressing the programme of work.
- It was commented that reporting processes were significant and work was underway to establish robust reporting mechanisms to meet this challenge.

Health and Wellbeing Board - 31 October 2023

- Over the next year the programme would focus on delivery. This would also include developing a communication strategy and establishing an evaluation baseline.
- The Board considered how members of the Health and Wellbeing Board can contribute to this work and emphasised the importance of a partnership approach. It was thought that a partnership approach focused on bringing data together and sharing insights would be a considerable strength.
- Following a question on the role of NHS partners, it was commented that work through the programme must be focused on the wider determinants of health, but there would be scope to work with NHS provider organisations, particularly around areas such as training and capacity-building.
- It was asked how local partners could be held to account on being evidence-led; and how to effectively challenge when decisions were made that did not seem to be backed up by evidence. In response, the Board considered how research was generated and used in the borough, and considered how co-production approaches could be embedded in delivery. Islington was one of 13 Health Determinants Research Collaboratives, and it would be valuable to learn from elsewhere as their approaches developed.
- The Board considered how social prescribing could be enhanced through prescribing more culturally appropriate activities.

RESOLVED:

That NIHR's decision of approval for Islington Council to progress to full HDRC status on 1 October 2023 be noted.

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ISLINGTON SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT (ITEM NO. B2)

Michael Daley, Islington Safeguarding Children Partnership Manager, introduced the report and summarised the work of the Partnership over the 2021-22 year.

The following main comments were noted in the discussion:

- The Board considered a comprehensive presentation setting out the statutory context on the work of the Partnership, the outcomes of the Joint Area SEND Inspection, the increased complexity in safeguarding cases, and learning and development in the local partnership. The Board also considered the systems and processes being established to understand and mitigate against the disproportionality and inequalities impacting on some communities in Islington.
- There had been a notable increase in contacts to the Children's Services Contact Centre over the year. The Board also noted the importance of the voice of the child and listening to the concerns experienced by young people.
- A member asked about the significant increase in under 5s experiencing social, emotional, and mental health issues. In response, it was commented that this was a known issue and new data was expected to be available in November 2023.
- The wait time for CAMHS services was approximately 8-10 weeks, which was an improvement from previous years, however the increased prevalence of such issues was a known challenge.
- Following a question on the prevalence of autism diagnoses in young people, it was commented that this had increased over recent years, however universal services now had increased awareness of how to support young people with special educational needs and disabilities.

RESOLVED:

That the report and future priorities for the Islington Safeguarding Children Partnership be noted.

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BETTER CARE FUND PLAN (ITEM NO. B3)

Clare Henderson, Director of Integration for North Central London NHS Integrated Care Board, introduced the report. This was the first time that the Better Care Fund had been developed into a two year plan, and the plan also included a new fund to support discharge from hospital.

The Board commended the plan and discussed the importance of integration between health and care services and addressing issues in partnership.

RESOLVED:

- i. That the Islington Better Care Fund (BCF) 2022-23 performance be noted; and the impact that the Better Care Fund continues to have in supporting further integration of health and care services in Islington be noted.
- ii. That the Islington Better Care Fund (BCF) 2023-25 Plan be agreed; and it be noted that the submission was already approved for submission by the Chair of the HWB to meet the national timeframes.
- iii. That authority be delegated to the Director of Adult Social Care to make further decisions in relation to the 2023-25 Islington BCF Plan and associated national reporting within the parameters set out in section 3 of the report.

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DRUGS & ALCOHOL - PARTNERSHIP AND DELIVERY (ITEM NO. B4)

Miriam Bullock, Assistant Director - Public Health, introduced the report.

The Board noted the work of the local combating drugs partnership and that Islington had been designated as a priority partnership area. The Board considered the range of drug and alcohol services in Islington, the funding available to support these, the progress made against the National Drugs Strategy, as well as challenges and opportunities.

The Board considered the need to invest in outreach roles, and the importance of recruitment to key roles to support the delivery of the strategy. It was acknowledged that delivery timescales were tight, but it was important to deliver and report positive outcomes in the current financial year. The Board considered the need for balance between impactful short-term work, and longer-term strategic work to make services more effective.

Following a question, it was explained that Islington had been identified as a priority area through national modelling on the prevalence of drug use. This was based on a range of data sources from the Police, NHS, and other algorithms. It was commented that several other inner London Boroughs met the same criteria.

The Board discussed how the work of drug and alcohol services can help to tackle inequalities in the borough.

The Board also noted the current government consultation on vaping and proposed government measures to further restrict smoking and vaping products to young people.

Health and Wellbeing Board - 31 October 2023

RESOLVED:

- i. That progress against the National Drugs Strategy objectives and the current areas of Public Health focus around drugs and alcohol be noted; in particular increasing the numbers of people accessing structured treatment and improving the continuity of care between criminal justice settings and the community.
- ii. To note that the Combating Drugs Partnership will meet in December 2023.

MEETING CLOSED AT 2.20 pm

Chair

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Young Islington

Meeting of: Health and Wellbeing Board

Date: March 2023

Ward(s): all wards

Subject: Youth Counselling & Substance Misuse & Alcohol Service – Annual Report 2022/23

1. Synopsis

1.1 The Youth Counselling and Substance Misuse and Alcohol Service (YCSMAS) is a newly integrated health team that incorporates the Targeted Youth Support Youth Counselling Service and the Islington Young People's Drug and Alcohol Service (IYPDAS).

1.2 This service has been created in response to the growing number of young people referred for counselling and/or substance misuse support with comorbidity related presentations. The aim is to allow for closer partnership work between the two services so that specialist and tailored interventions can be offered. It is a holistic health service for young people that integrates two key specialist teams.

1.3 Whilst the service has seen increases in the numbers of young people being referred, it is estimated that there are larger numbers of them in the borough who need, and would benefit from, the service but who are not currently accessing it. This is particularly likely to be the case due to events that have taken place in the past few years such as the COVID-19 pandemic and the cost-of-living crisis. These events have led to escalation and exacerbation in the needs of children, young people and their families. It is therefore significant for all relevant health providers to be aware of YCSMAS so that it becomes more accessible to those young people who need it.

2. Recommendations

2.1 For members of the board to help to promote YCMAS to staff members and potential service users.

2.2 For members of the board to be aware of the interconnectivity between YCMAS and the services that exist for adults (e.g. Better Lives).

2.3 For YCMAS and its partners to keep abreast of potential single agency or joint funding opportunities.

3. Background

3.1 YCMAS sits within the Islington Targeted Youth Support (TYS) and Youth Justice Service (YJS) and comprises of the YYS Counselling Service and the Islington Young People's Drug and Alcohol Service (IYPDAS)

3.2 YYS Counselling Service offers up to 12 weekly counselling sessions to any young person aged 12yrs to 21yrs, who lives or studies in Islington and has moderate to complex mental health needs. This service also offers therapeutic crisis response sessions for young people affected by youth violence and group work/detached sessions. The latter is delivered in partnership with YYS's detached team and other relevant organisations within the community.

3.3 Islington Young People's Drug and Alcohol Service (IYPDAS) provides advice and information to young people aged 12yrs to 21yrs using substances and/or alcohol in the borough, or who are at risk of this. Children who are Looked After (CLA) by Islington but placed in other boroughs, may also be supported by the team if their needs require this. The team also supports partners working with young people with such needs. IYPDAS also provides structured treatment support for young people whose drug and/or alcohol use requires longer term intervention.

3.4 A total of 249 young people were referred to YCSMAS in this financial year, an increase of 26 referrals from the previous year. This is most likely due to the team becoming fully staffed in 2023 and therefore having more capacity. This enabled the service to promote the offer throughout Islington and deliver workshops, drop ins and training to colleagues and professionals and to schools, youth centres, GP's and in community events.

4. Implications

4.1 Financial Implications – The YCSMAS provides a joined-up service across Islington for children and young people who need both targeted counselling and alcohol and substance misuse support. The service incorporates the Targeted Youth Support Youth Counselling Service and the Islington Young People’s Drug and Alcohol Service. The number of children and young people referred into the service has increased over the last year.

Additional funding was requested from both Public Health and the local Integrated Care Board (ICB) during 2023/24 to strengthen and expand the offer for local children and young people. The annual expenditure budget for 2024/25 totals £611,400. This is an increase of £60,000 from 2023/24, which is being funded through additional income from the Public Health Grant. The following table provides details of the current funding sources for 2024/25:

Table 1 - YCSMAS 2024/25 Budget:

YCSMAS 2024/25 Budget and Funding	£
Total Expenditure Budget	611,400
Income Budgets:	
Public Health Grant Income	-357,400
Integrated Care Board Funding	-88,000
Total Budgeted Income	-445,400
Net Expenditure Budget	166,000
Net Expenditure Budget Breakdown:	
YCSMAS Core Budget	121,000
Community Safety Budget Contribution	45,000
Total	166,000

4.2 Legal Implications

4.2.1 The council has a duty to improve public health under the Health and Social Care Act 2012, section 12. The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 made under the National Health Service Act 2006, section 6C). The council may provide (integrated) drug and alcohol recovery services as proposed in this report.

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030 – Not applicable to this paper.

4.4 Equalities Impact Assessment

4.4.1 YCSMAS is part of a service which promotes anti-racist and anti-discriminatory principles. The need to eliminate discrimination is a significant priority for YCMAS, as is ensuring that young people from a variety of different backgrounds access the service when they need it.

4.4.2 YCMAS's TYS Counselling continues to have a high proportion of young people from Black and minoritised communities accessing the service compared to other mental health services in the borough, although this figure is less than last year. This could possibly be due to the launch of a new mental health and wellbeing support service and alternative referral pathway, 'Elevate' which specialises in supporting young Black and Mixed-Race young men. There are also increased numbers of non-binary young people accessing the service. However, the service will continue to explore how best to promote the service within these communities and beyond.

5. Conclusion and reasons for recommendations

5.1 More and more children and young people nationally are requiring support with their emotional wellbeing and/or are in need of support in relation to alcohol and substance issues. This is also the case locally. Children and young people who are experiencing such difficulties are amongst the most vulnerable in our community. The promotion of YCMAS is therefore crucial in order to ensure that such cohorts are supported and protected in this regard.

Appendices: YCMAS – Power Point presentation

YCMAS annual report – 2022/23

Background papers: As listed above

Final report clearance:

Signed by: Jon Abbey, Corporate Director of Childrens Services- Islington Council

Date: 26th February 2024

Report Author: Curtis Ashton, Director of Youth and Communities

Tel: 020 7527 7052

Email: Curtis.ashton@islington.gov.uk

Financial Implications Author: Tracy Shaw, Assistant Director of Finance, Children's Services

Email: tracy.shaw@islington.gov.uk

Legal Implications Author: Stephanie Broomfield, Principal Lawyer, Islington Council

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Email: stephanie.broomfield@islington.gov.uk

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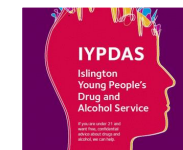
YCSMAS

Youth Counselling & Substance Misuse & Alcohol Service

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An opportunity to access a holistic approach to social, emotional and physical wellbeing that supports young people to feel safe and empowered in body and mind.

Service managed by YCSMAS Team Manager: Afra Bell



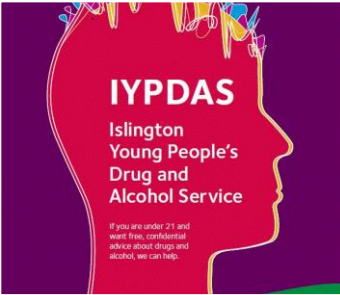
Who We Are

- **YCSMAS** is a free and confidential service with an integrated health team that incorporates both:



**TYS Youth
Counselling
Service**
Counselling service
for young people
aged 12 to 21 years

TYS Youth
Counselling



IYPDAS
Islington
Young People's
Drug and
Alcohol Service

If you are under 21 and
want free, confidential
advice about drugs and
alcohol, we can help.

Islington Young
People's Drug and
Alcohol Service

- We were created in response to the growing number of young people referred for counselling and/or substance misuse support.
- We provide a holistic health service for young people that will allow for closer partnership work between the two interventions provided.

Where we can see young people

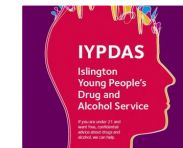


Lift Youth Hub
(N1)



- Isledon Road (N7)
- Various schools/
alternative provisions
- Youth Centres

Phone sessions are
offered in some
circumstances.



What YCSMAS offers

Youth Counselling

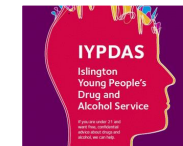
- ✓ This service offers between 6 and 12 weekly counselling sessions (integrative talking therapy) with the same counsellor.
- ✓ Creative, trauma informed and solution focused ways of working are implemented alongside talking therapy if helpful for the young person.
- ✓ We offer 'crisis sessions' when there is a serious incident in the borough. Counsellors will book in 3 sessions to contain the initial shock and grief of what has happened and then insure the YP is signposted or referred back into YCSMAS or another appropriate service.

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Substance and Alcohol Misuse

- ✓ This service offers one-to-one targeted support and treatment to young people affected by drug and alcohol issues, as well group work sessions and training for professionals.
- ✓ We offer peer professional support, training and consultation to partner agencies engaged with young people in need.

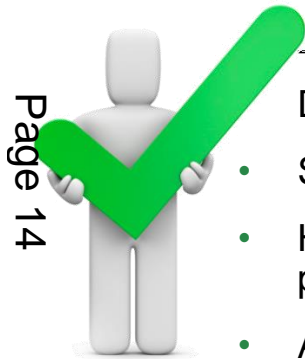
Both services also offer informal consultation for colleagues, other professions and parent/ carers



YCSMAS Specialisms

We specialise in engaging young people who normally don't access or find it difficult to access mental health services and/or those young people who are feeling resistant to engaging with mental health services.

Our service and staff are:



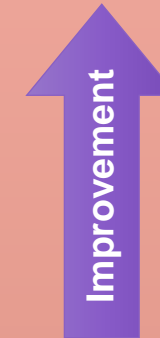
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Trained in trauma informed practice and work with Domestic Violent Abuse, CSA, CSE and HSB.

- Specialise in working with bereavement.
- Have extensive experience in working with young people who are victims or perpetrators of violence.
- Are experienced in supporting young people who have gang affiliations.
- Work closely with CSC and with young people referred by the LAC team and Independent Futures.
- Work closely with young people referred by the Youth Justice Service.
- Work with young parents.
- All experienced in supporting young people who have complex needs.

YCSMAS Outcomes

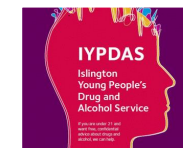
Improvement



- Confidence & self esteem
- Emotional wellbeing
- School & college attendance
- Improved relationships with family & friends

Reduction

- Substance & Alcohol Misuse
- Anxiety & low mood
- Violent or angry feelings, thoughts & behaviour
- The impact of trauma
- Suicidal ideation & self-harm



How TYS Youth Counselling works



We offer 6 – 12 weekly sessions. Each session is 50 minutes and are held at the same time on the same day each week, to facilitate a predictable and safe framework for the young person to express themselves.

Introductory Session

This session allows the young person to get a sense of the counsellor and to gain understanding of counselling and how it could potentially work for them.

Boundaries and confidentiality are discussed for safety and consistency, and we ensure that the young person is aware of the reasons for referral and the presenting difficulties which have been passed to us.

Session 1

The assessment and evaluation forms are completed to obtain emergency information and risk assessments, as well as to collaborate with the young person to establish aims and objectives.

We identify what the young person would like to talk about during their sessions.
We identify the young person's strengths and explore their interests and the things that they enjoy doing.

Session 4/5

A midterm review is completed to evaluate and discuss how counselling is going and what they are finding both helpful and challenging.

This provides an opportunity to think together about how many more sessions are required and if an onward referral to another service is necessary.

Final session

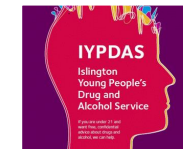
The ending of counselling is very important as it can trigger feelings about previous endings that they have experienced.
We will begin preparing the young person for the ending session several weeks before ending.

In this session, we work carefully with the young person allowing for further awareness of attachment needs.

Referral Criteria for TYS Youth Counselling

Examples of presenting issues for Counselling	
• Self-harm	suicide attempts, suicidal ideation, self-harm
• Mood or emotional regulation difficulties	anxiety, low mood and depression
• Youth Violence	gang issues, victim, perpetrator of youth violence, CSE, Modern day slavery, human trafficking
• Sexual Trauma	sexual assault, harmful sexual behaviour, sexual abuse, CSE
• Substance and Alcohol misuse	youth drug and alcohol misuse and/ or parental drug and alcohol misuse
• Systemic issues – Family and societal	Lac, relational trauma, attachment trauma, loss, bereavement, homelessness, poverty
• DVA	witness, victim, perpetrator
• Disability	physical
• School	school refusal, bullying NEET, exclusion, learning difficulties
• Identity	cultural, racial, sexual, gender, low self-esteem/ self-worth, body image
• Multiple and complex issues	which may include some or all of the above

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Who are we unable to see for TYS Youth Counselling



Any young person:

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- Who has recently taken an overdose or who has recently (within the last 3 months) been hospitalised with serious mental health issues.
- Who has escalating and persistent suicidal ideation.
- Who is considered to have serious safeguarding concerns around their mental health and who is not currently open to CSC.
- Who is suspected or emerging diagnosable mental health disorders, e.g. PD, etc.
- Who is currently experiencing escalating and ongoing serious self-harm.
- Who may need further mental health or additional needs assessments.
- Who may find it too difficult to engage with talking therapy or for whom talking therapy may not be appropriate.

How IYPDAS works

Our Substance Misuse workers can support young people with reduction, harm minimisation or cessation and can educate young people about how to keep themselves safe. We offer:

Assessments

Assessments are used to inform the intervention and number of sessions offered to young people.

Interventions

Interventions are planned with the young person and take place weekly or fortnightly face to face, over the phone or online.

Interventions include: screening/ assessment/ risk assessment, harm minimisation, relapse prevention, substance misuse reduction, educational sessions, care plans and staff training.

Group work

We provide educational drugs awareness group sessions for schools, community groups and youth hubs.

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Our Substance Misuse workers have specialist lead areas:

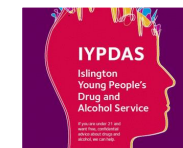


Accident & Emergency



Young Women & Girls

Schools, Alternative provision and Transition



Referral Criteria for IYPDAS

Examples of presenting issues for Substance Misuse interventions:



- Low level drug and/or alcohol use
- High level drug and/or alcohol use
- Self-medication using illegal and prescribed drugs
- Self-harm using drugs and/or alcohol.

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Who are we unable to see:



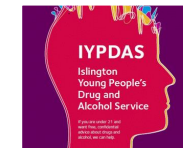
- Young people over 18 years who are being prescribed and who are high risk

How to refer

Service	Age Range	Requirement	Referral route
TYS Youth Counselling pathway	12yrs – 21yrs (up to 25yrs if LAC or MLD or SEN)	Lives or studies in the Borough of Islington	Email: YCSMAS@islington.gov.uk Landline: 0207 527 5099
SEMh Counselling pathway (all referrals from GPs, CAMHS and hospitals)	10yrs – 18yrs	Registered with an Islington GP	SEMh/CST duty on 0207 527 7400 or Complete the islingtoncs.org : Request for Service form and email to: csctreferrals@islington.gov.uk
IYPDAS Substance Misuse pathway	12yrs – 21yrs (up to 25yrs if LAC or MLD or SEN)	Lives or studies in the Borough of Islington	Email: YCSMAS@islington.gov.uk Landline: 0207 527 5099

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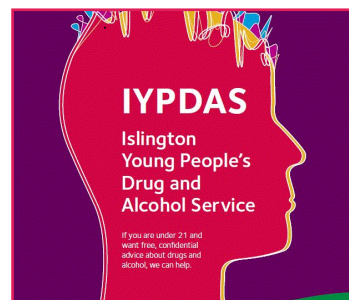
Please ensure that the **young person has consented** to YCSMAS support before making a referral.



Annual Report

2022 - 2023

Youth **C**ounselling & **S**ubstance **M**isuse & **A**lcohol **S**ervice



Incorporating TYC Youth Counselling & IYPDAS

Document control

Document title	Youth Counselling Substance Misuse and Alcohol Service (YCSMAS) Annual Report
Document description	Performance report
Reporting period	1 March 2022 to 30 April 2023

Document control

Document production date	May 2023
Document author	YCSMAS Team Manager - Afra Bell
Document/Data prepared by	La'Vonne Ryan – Data Support, Referral Order & Volunteer Coordinator

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1. Introduction to YCSMAS

“This service provides an opportunity to access a holistic approach to social, emotional and physical wellbeing.”

Youth Counselling and Substance Misuse and Alcohol Service (YCSMAS) is a newly integrated health team that incorporates the Targeted Youth Support Youth Counselling Service and the Islington Young People’s Drug and Alcohol Service (IYPDAS). This service has been created in response to the growing number of young people referred for counselling and/or substance misuse support with comorbidity related presentations. The aim is to allow for closer partnership work between the two services so that specialist and tailored interventions can be offered. It is a holistic health service for young people that integrates two key specialist teams.

The service sits within the Islington Targeted Youth Support (TYS) and Youth Justice Service (YJS) and comprises of the YYS Counselling Service and the Islington Young People’s Drug and Alcohol Service (IYPDAS):

YYS Counselling Service- This offers up to 12 weekly counselling sessions to any young person aged 12yrs to 21yrs, who lives or studies in Islington and has moderate to complex mental health needs. This service also offers therapeutic crisis response sessions for young people affected by youth violence and group work/detached sessions. The latter is delivered in partnership with YYS’s detached team and other relevant organisations within the community.

In 2019, the YYS Counselling service became a partner agency within the new CAMHS Social Emotional Mental Health (SEMH) pathway. Extra funding has been provided by the Integrated Care Board (ICB) to support additional counselling services for young people who have been referred through this pathway. This additional service offers twelve counselling sessions to young people aged 10yrs to 18yrs who live in Islington and are registered with an Islington GP.

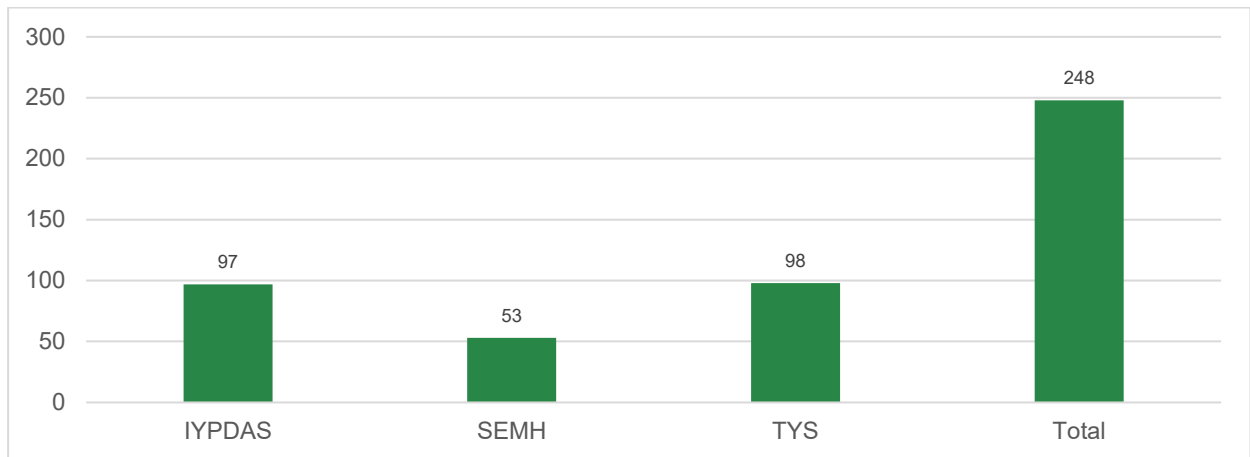
- **Islington Young People’s Drug and Alcohol Service (IYPDAS)** - provides advice and information to young people aged 12yrs to 21yrs using substances and/or alcohol in the borough, or who are at risk of this. Children who are Looked After (CLA) by Islington but placed in other boroughs may also be supported by the team if their needs require this. The team also supports partners working with young people with such needs. IYPDAS also provides structured treatment support for young people whose drug and/or alcohol use requires longer term intervention.
- In addition to this, the Substance Misuse (SMU) practitioners offer group work sessions in the community and hold specialist lead roles. There is a lead for Whittington A&E, a lead for Schools and Alternative provision and a lead for Young Women & Girls. IYPDAS also has a newly developed lead role – Youth Counsellor and Substance Misuse Worker, for the Youth Justice Service. The service will see young people up to

the age of 21 (although up to 25 can sometimes be seen, this will be by exception only and in agreement with the adult drug and alcohol service Better Lives). IYPDAS also offer tailored substance misuse training sessions for professionals and parent/carers.

- YCSMAS also offer formal and informal consultations to professionals and deliver information sessions to support the community in accessing therapeutic and substance misuse interventions.

2. Referrals

2.1. Total Referrals



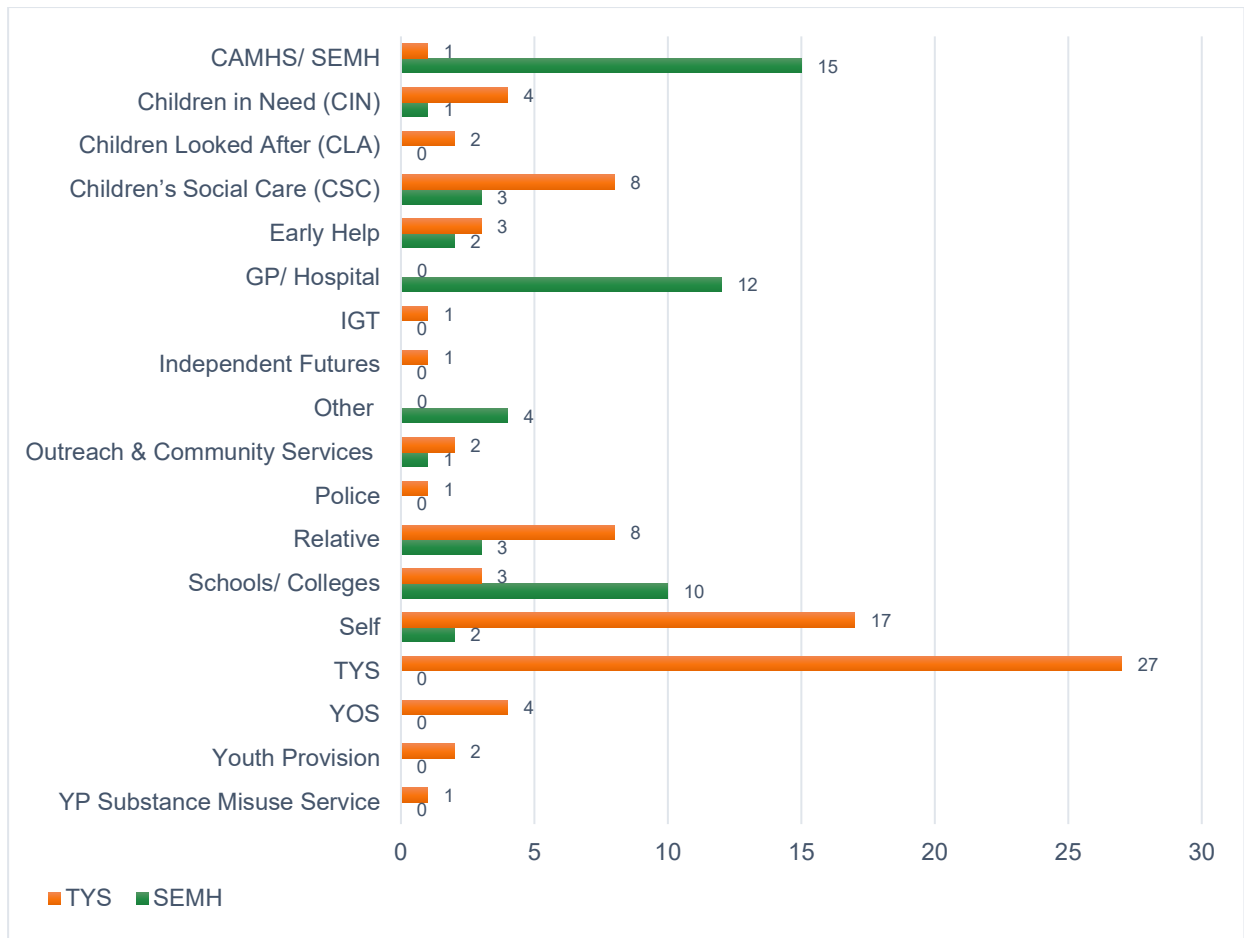
A total of 248 young people were referred to YCSMAS in this financial year, an increase of 26 referrals from the previous year. This is most likely due to the team becoming fully staffed in 2023 and therefore having more capacity. This enabled the service to promote the offer throughout Islington and deliver workshops, drop ins and training to colleagues and professionals and to schools, youth centres, GP's and in community events. This also meant that the service could hold more cases. However, this increase could have possibly been greater, but the waiting lists for TYS and SEMH counselling had to be closed 3 times whilst recruitment was underway and due to the number of young people on the waiting list reaching its limit of 35.

- TYS Youth Counselling (including SEMH) referrals = 151 (13 more referrals than the previous financial year)
- IYPDAS referrals = 97 (13 more referrals than the previous year)

2.2. Source of referrals

SEMH & TYS Counselling

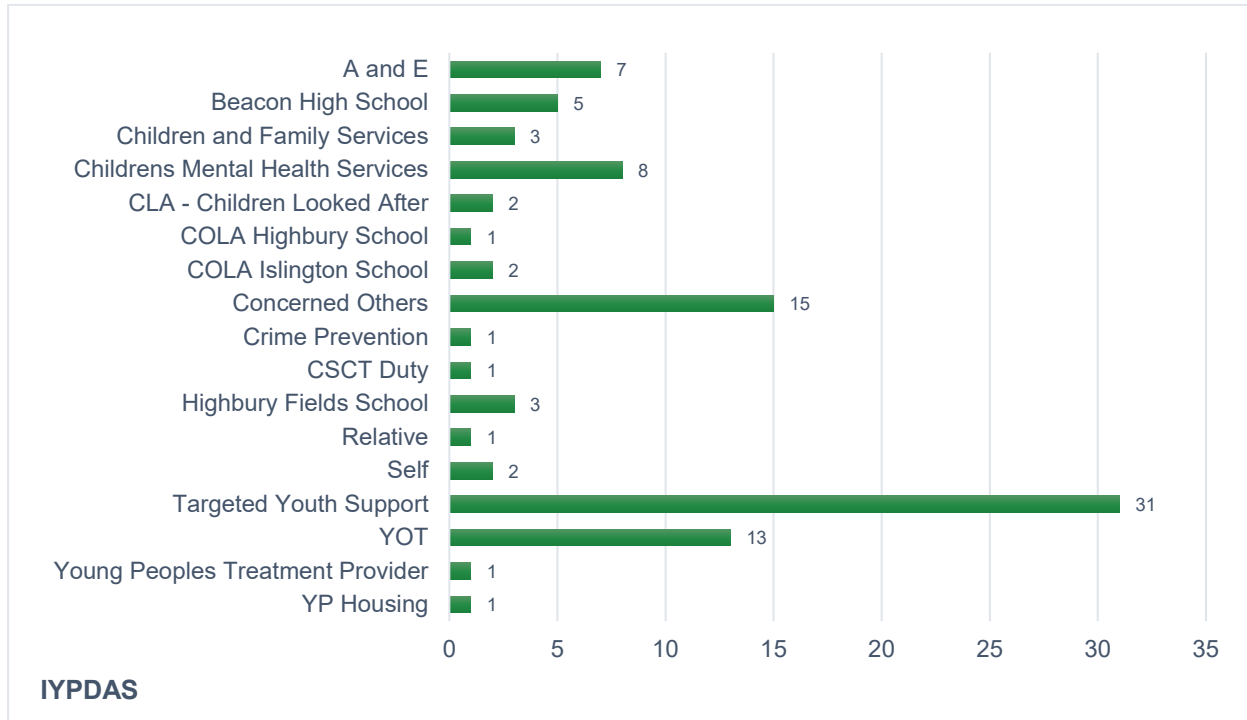
NB: Chart below does not include the clients on the Youth Counselling waiting list and therefore not captured in the graph below.



Referrals have significantly increased from GP’s and hospitals. The SMU Lead for Whittington Hospital has also promoted YCSMAS and delivered presentations to various medical teams within the hospital. Referrals have also significantly increased from young people themselves, schools, colleges and from community and outreach services.

Work is currently being done to encourage more referrals from the Safeguarding department’s Independent Futures service by providing SMU drop ins at Elwood Street, which can also support onward referrals to the counselling service.

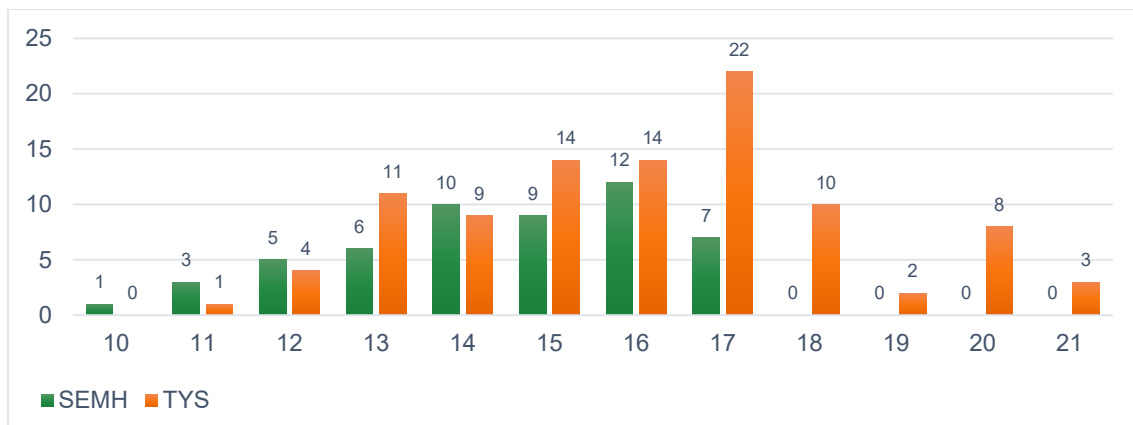
IYPDAS



YJS referrals to IYPDAS/SMU have increased by 11 since last year which is most likely due to an improved and closer working relationship between both services and the newly created post of Youth Counsellor & Substance Misuse Worker - YJS Lead. Referral pathways, processes and procedures have been revised and streamlined. SMU workers now attend the monthly YJS Clinical Specialist Panel (CSP) meetings and the weekly Early Intervention and Diversion Panel (EIDP). The Youth Counselling/SMU (YJS lead) role is also screening each young people that comes into the YJS and is making onward referrals to YCSMAS where needed, for SMU support or for counselling for comorbid presentations.

2.3. Ages

SEMH & TYS Counselling

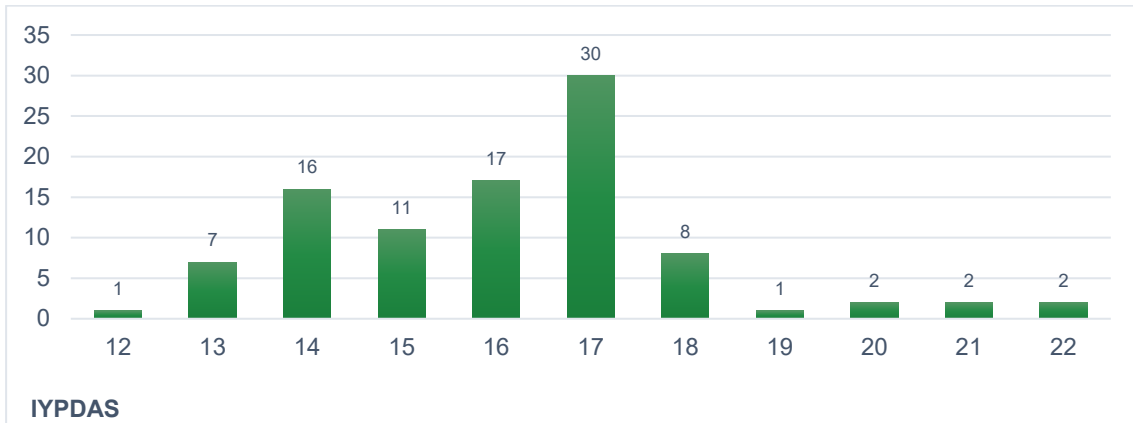


Referrals to TYS/SEMH counselling have significantly increased for young people aged 13, 14, 15 and 16yr olds and have almost tripled for 17 and 18yr olds.

However, referrals for 20yr olds have halved. This is most likely due to recent promotional work and emotional wellbeing awareness sessions within the community and with local GP's.

The rise in referrals for these specific age groups may also be linked to the impact of COVID-19 and the well documented impact that it has had on the wellbeing of adolescents across the country. COVID- 19 has been argued to have interrupted the key transition from primary to secondary and from secondary school to further education/employment.

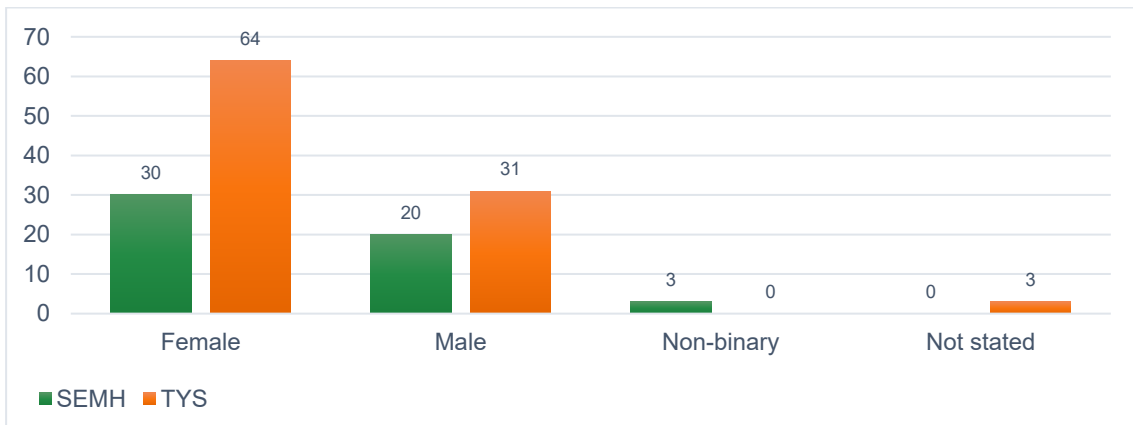
IYPDAS



Referrals to IYPDAS/SMU for young people aged 14yrs – 16yrs have increased. Referrals for 14yr olds have quadrupled since last year and referrals for 17yr olds have almost doubled. This is most likely due the increase in the work that YCSMAS is delivering in schools. However, referrals for 18yr olds have decreased by 13 compared to last year. This may be due to less promotional work having been done with colleges this year due to there being some staffing gaps at points during the year.

2.4. Sex/Gender

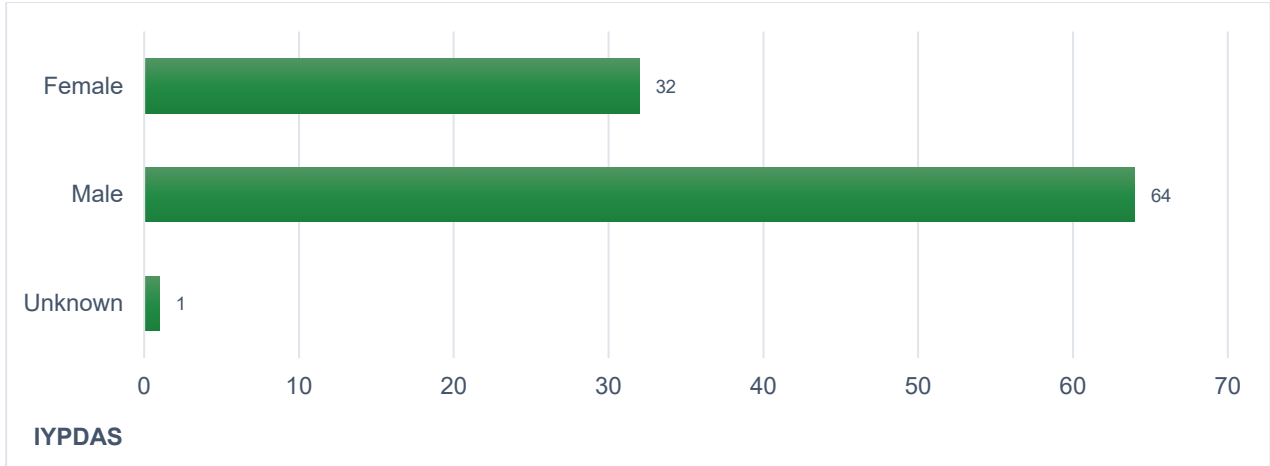
SEMH & TYS Counselling



Referrals to TYS counselling for young men has halved since last year and doubled for young women and girls. It is not clear what may have caused this, but this

increase in referrals for young women may be due to some of the promotional activity delivered with stakeholders by the SMU Lead for Women & Girls and due to some of the targeted work delivered in the local community. In addition, there has also been a closer working partnership working with Abianda who specialise in supporting this demographic of service users and who are commissioned by Young Islington.

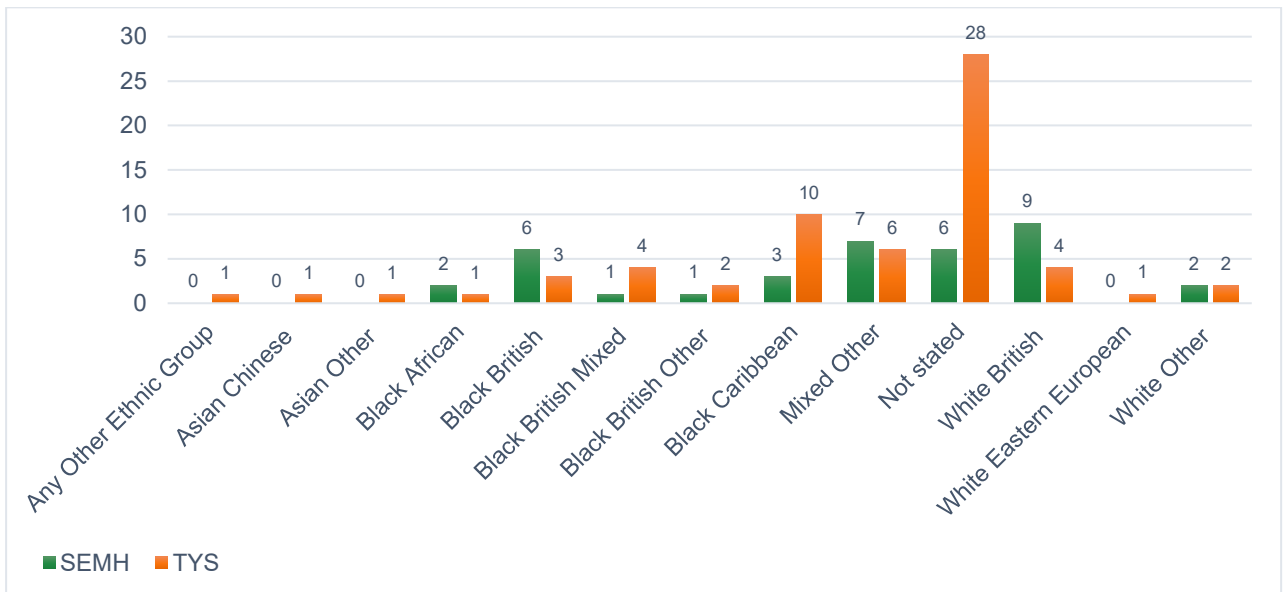
IYPDAS



Referrals to IYPDAS/SMU for young men has increased by 14 compared to last year. This is most likely due to an increase in referrals from YJS and TYS who have a higher cohort of young men accessing their services than females (particularly the YJS).

2.5. Ethnic origin

SEMH & TYS Counselling

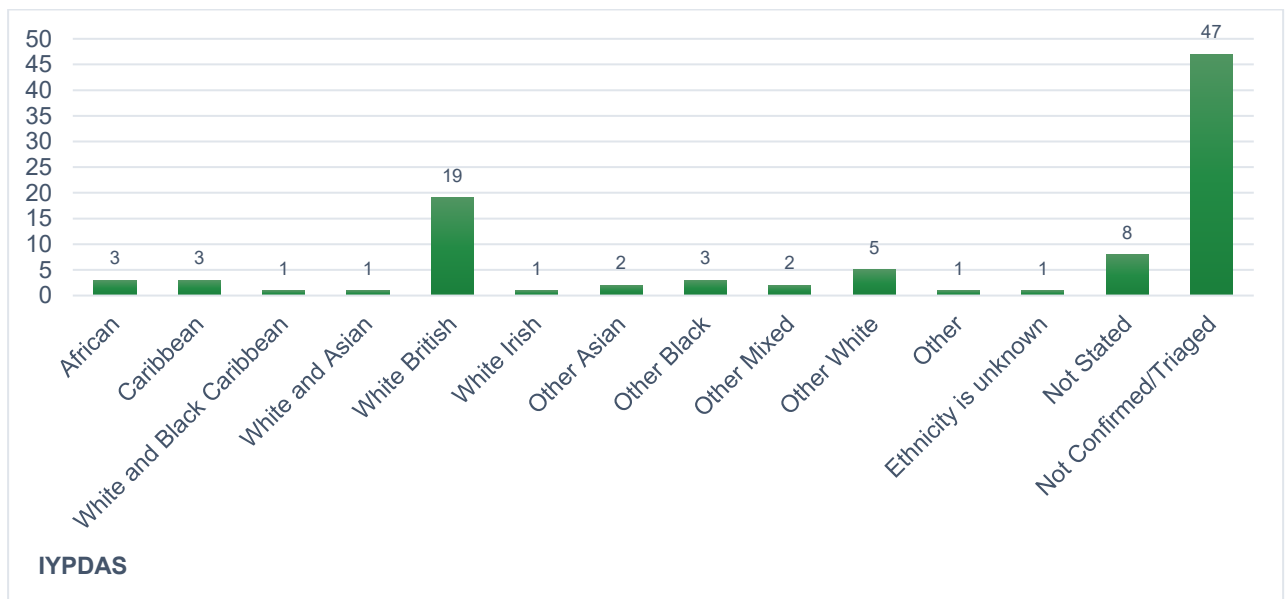


The figure for 'unstated' has reduced, down from 55 last year to 28 this year. Although this is an improvement (achieved by a change in how data was entered and collected), the intention is to reduce this number to 0. TYS Counselling, in particular the TYS Youth counselling arm, continue to have a high proportion of young people

from Black and minoritised communities accessing the service compared to other mental health services in the Borough, although this figure is less than last year. This could possibly be due to the launch of a new mental health and wellbeing support service and alternative referral pathway, 'Elevate' which specialises in supporting young Black and Mixed-Race young men. However, the service will continue to explore how best to promote the service within these communities.

IYPDAS

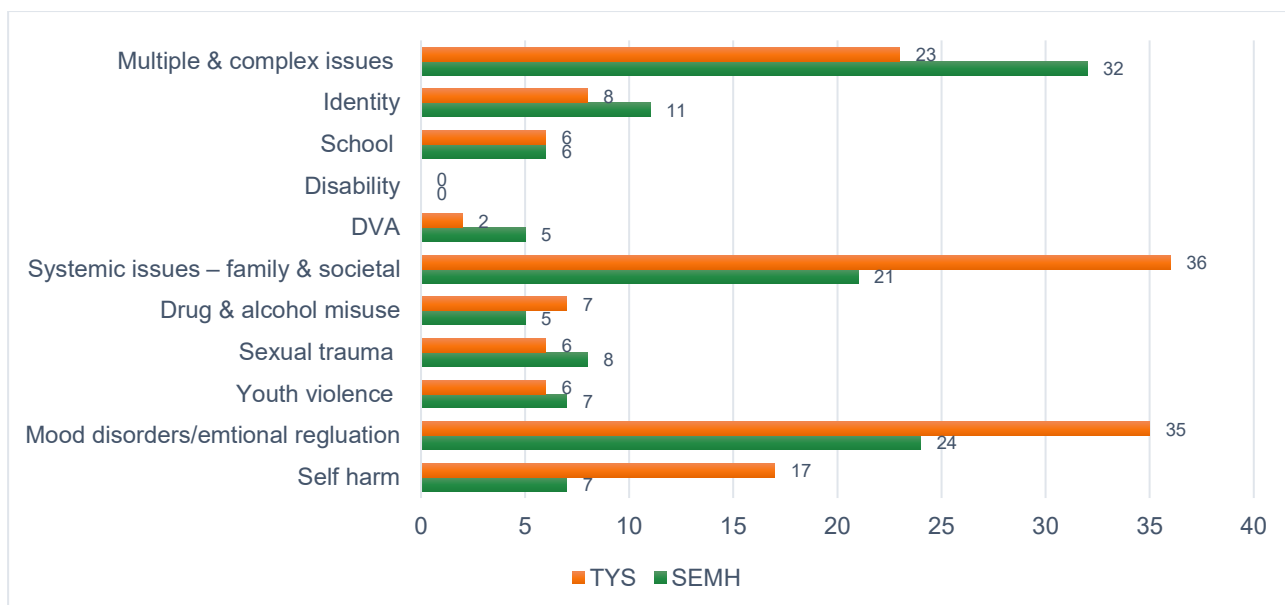
There are still a high number of 'not confirmed' data for ethnic origin, due to the data being captured at the assessment stage of the client's journey. In addition, a high number of referrals received do not indicate the ethnicity, therefore this figure also includes referrals where clients disengaged before being triaged.



3. Caseloads

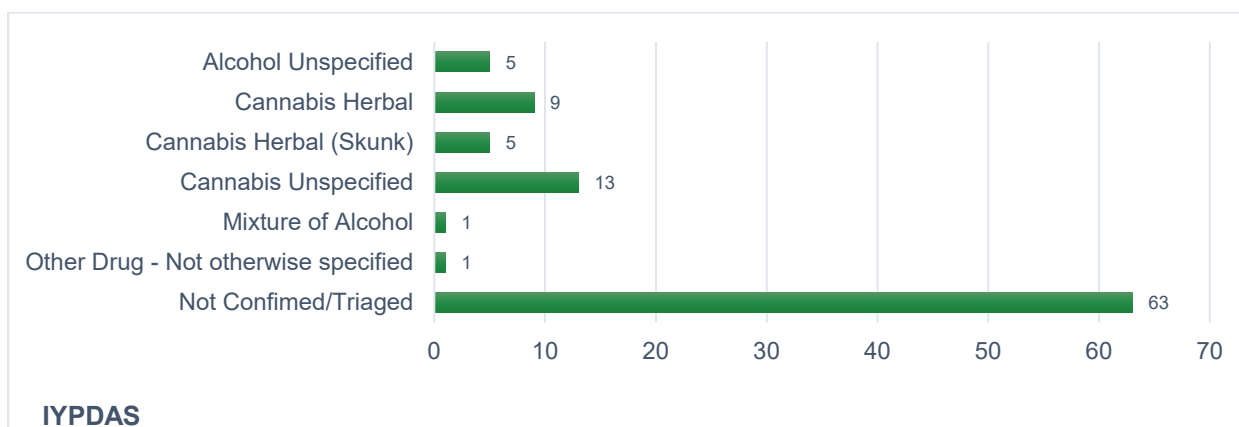
3.1. SEMH & TYS Counselling - assessed presenting needs

Each young person who is referred or who is seen will usually have several different presenting issues. Multiple and complex cases include cases that have three or more of the following presenting issues listed below.



There has been no significant change to the data for presenting issues compared to last year, apart from a slight reduction in presentation issues for self-harm, DVA and disability, mood disorders and for drug and alcohol related issues. There has also been a slight increase in referrals presenting with sexual trauma, which is of concern.

3.2. Primary substance use for Drug and Alcohol Support assessments



NB: NDTMS data represents substances used by young people who consented to and were seen and assessed for structured Tier 3 interventions. However, this data does not include Tier 3/complex work that has taken place when a young person does not consent to structured Tier 3 work/a care plan or to being included in the NDTMS data system. Therefore, NDTMS data also does not fully capture an escalation in polydrug use amongst young people in Islington or include any of the complex and often high-risk Tier 3 case work that does not have a formal care plan and/or consent to input data into NDTMS.

3.3. Tier interventions assessed for Drug and Alcohol Support

Tier 2 interventions generally consist of work around drugs awareness, with a strong emphasis on harm minimisation. They are provided to young people where:

- they are vulnerable to using drugs but not actively using.
- they are using occasionally, or experimentally but who do not require an intervention.
- their drug use cannot be determined.
- they choose not to consent to a care planned intervention.

Tier 3 interventions are generally offered to young people whose drug use can be considered problematic in terms of frequency, quantity of drugs used, the risk factors involved and the presence of co-morbidity (i.e., addiction and/or physical/mental health issues linked to the drug use). They are care planned treatment interventions which entail the consent of the young person to make some positive changes. These changes are agreed and set as goals to be met within the terms of the care plan. Care plan goals can be to:

- reduce the drug taking to safer levels.
- reduce the risks involved in the drug taking (for instance by avoiding high potency substances, or high-risk situations)
- cease using drugs and alcohol altogether.

3.4. Caseloads of young people

	TYS Counselling	SEMH Counselling	Drug and Alcohol
Total	21	6	20

3.5. Caseload activity

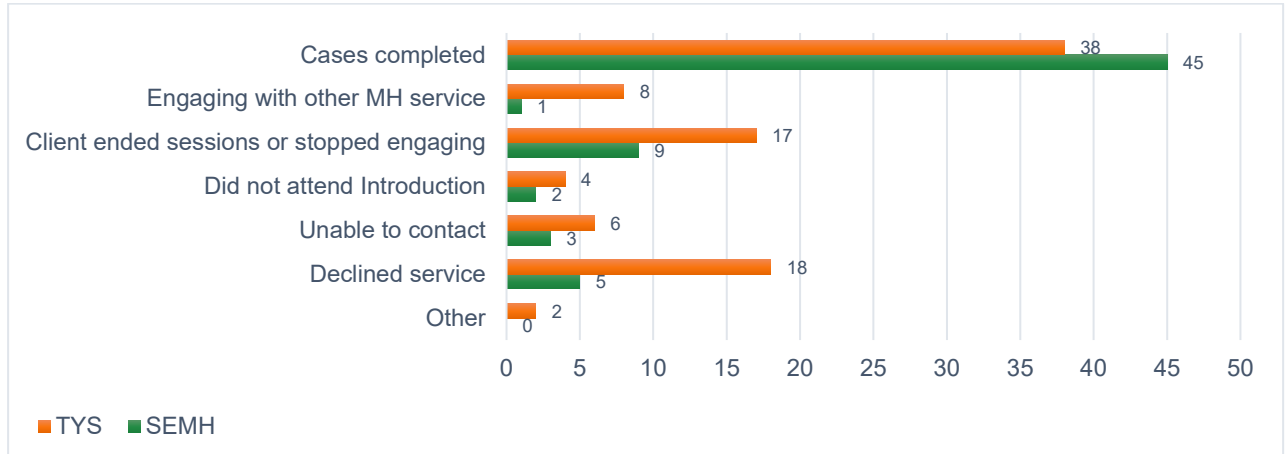
	TYS Counselling	SEMH Counselling	Drug and Alcohol (T2)	Drug and Alcohol (T3)
Number of young people new to caseload	83	51	85	12
Number of discharges/closed cases	38	45	78	12
Number of people on caseloads for up to 6 wks.	17	6	48	1
Number of people on caseloads for 7 - 12 wks.	35	46	31	1
Number of people on caseloads for over 13 wks.	23	12	12	14

The above data demonstrates that the service has a high retention rate where the majority of young people are supported for a period of between 6 – 12wks.

4. Outcomes

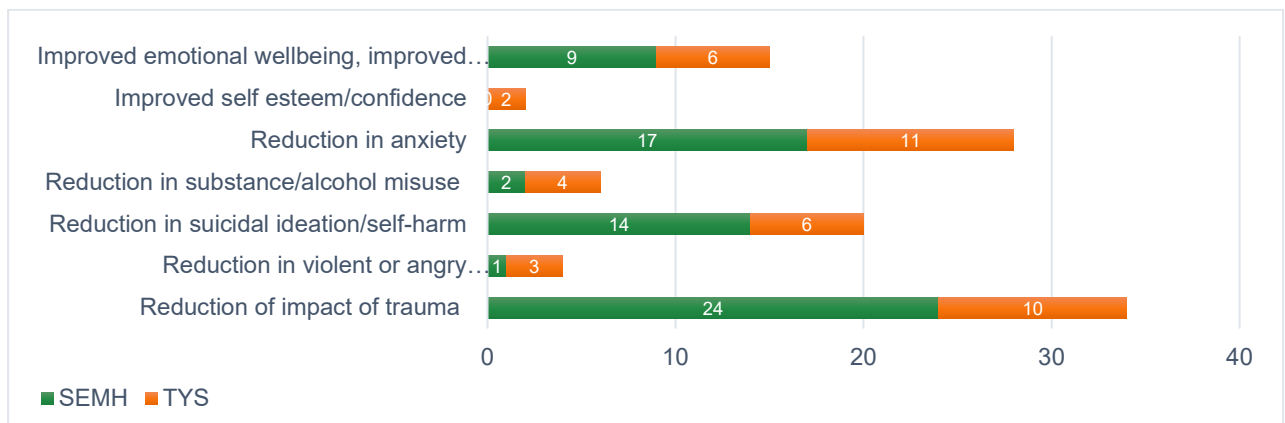
4.1. SEMH & TYS Counselling outcomes for young people

93 TYS and 65 SEMH cases closed.



There has been a significant increase in the number of cases that have completed their interventions during the period. There have been 51 more case than last year. Those declining the service have decreased by 8 and young people not attending their induction has decreased by 8. These figures may be due to some of the work that the service has done to reduce the number of non-attenders. The service has also worked with referrers and SEMH triage staff to ensure that all young people who have been referred to the service directly spoken with to discuss the referral to ensure consent.

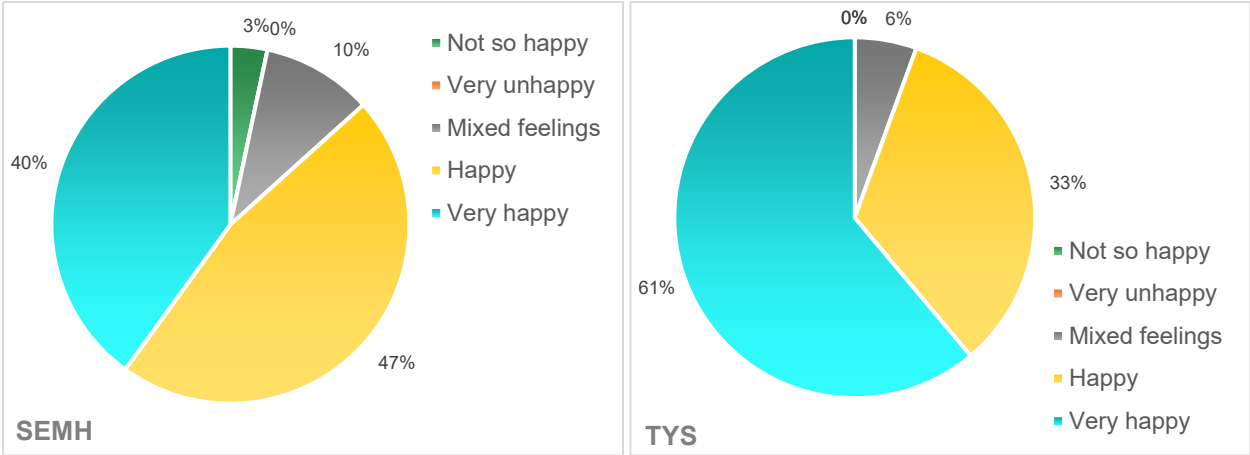
4.2. Client Outcomes – (clients can select multiple options)



Data shows good outcomes for all categories and a big Increase in the ‘reduction of trauma’ outcome category (an increase of 21) compared to last year (an increase of 10 compared to the previous year). However, there has been a decrease in the figure for ‘improved emotional wellbeing ‘. This may possibly be due to the fact that both young

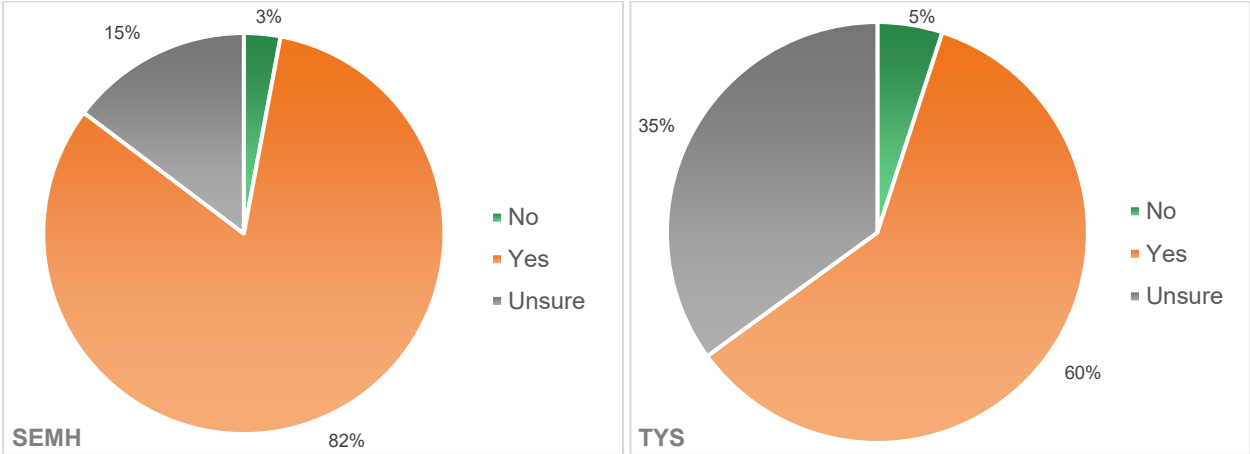
people and practitioners are more trauma informed and understand that reduction of difficult behaviours and emotions can directly correlate with the impact of trauma.

4.3. SEMH & TYS Counselling outcome feedback from young people



NB: The 3% 'not so happy' in the SEMH pie chart represents one young person. This young person selected 'not so happy' due to disruptions caused by the closure of Platform Youth Hub. The young person was happy with the Counsellor but selected 'not so happy' due to having to miss out on several face-to-face sessions as a result of the hub closure.

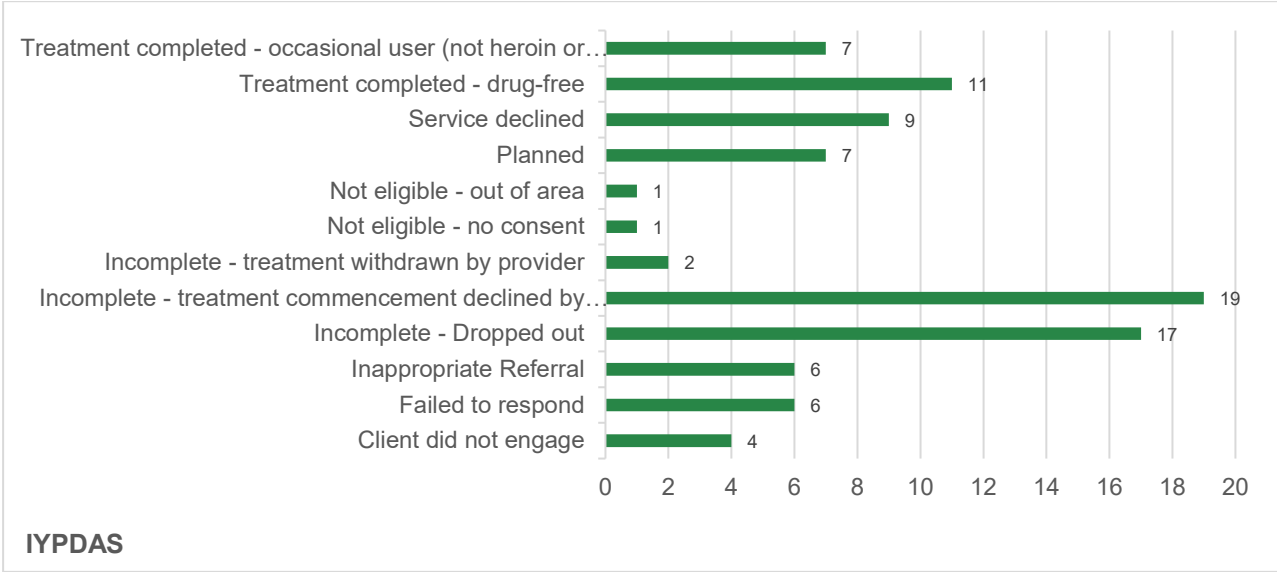
4.4. SEMH & TYS Counselling Reported Improvements



NB: Data related to feedback from young people about any reported improvements is a new piece of data and has been separated for each service. Data shows that the figure for 'unsure' is significantly higher for TYS than it is for SEMH. This needs to be further explored with the counsellors to see if we can identify why this might be and to also support counsellors in supporting their young people to perhaps think more about the journey that they have travelled.

'Unsure' also has a high percentage here because 'unsure' is also marked if a young person doesn't complete the evaluation.

4.5. Discharge reasons for young people accessing IYPDAS (Drug and Alcohol support)



90 clients closed in total. The figure for planned treatment has decreased by 9, as has the figure for ‘treatment completed (occasional user)’ which has also decreased. This is a concern and is something we need to explore further. ‘Incomplete commencement’ and ‘incomplete dropped out’ have significantly increased (by 18 and 16 respectively) which is also concerning. The service will be exploring this further with practitioners to see how the level of engagement can be improved. The number of ‘failed to respond’ has significantly decreased (by 14) which is an improvement when compared to the previous year.

5. Waiting times and current capacity

At full capacity, YCSMAS holds clinical responsibility for up to one hundred plus young people (including those on waiting lists) and case holds and treats approximately sixty young people within the service every one to two weeks.

	TYS Counselling	SEMH Counselling	IYPDAS
Average wait time in weeks	12	4 - 8	2 – 3
Approx. number of young people on waiting list	35	10	0
Approx. number of young people seen every week	26	20	32
Total number of young people seen	81	68	107
Number of hours/sessions attended.			162
Combined total for TYS/SEMH	912	912	

6. Additional advocacy and partnership work

- CSCT and Children's Safeguarding department
- Islington youth hubs (Rose Bowl, Lift, Platform, The Zone, CYP and Soapbox)
- Specialist Lead Roles - Whittington A&E, The PRU, various schools, Missing & Exploitation Team
- The Young Black Men & Mental Health Project – Team Manager is on the Steering Committee
- Crisis and Youth Violence response sessions
- Better Lives
- CLA Elwood site
- TYS Detached Team
- Abianda
- SEMH & CAMHS
- DVA support services
- St Giles Trust
- Wipers Mentoring

7. Service developments

- The service is now fully staffed (apart from the new post that we are awaiting confirmation of funding for), and all lead SMU roles have been established and embedded within the local community.
- The overhaul of all data systems and the transfer of the TYS Counselling service data system and case entry, triage, allocation, assessment, and evaluation systems are now complete (apart from the transfer of historical data).
- YCSMAS/SMU staff are offering weekly drop ins in partnership with sexual health nurses for CLA young people at Elwood and in various youth hubs as part of the universal model.
- The TYS Counselling response to youth violence and bereavement is well established. YCSMAS offered rapid support to a school when one of its pupils were murdered. Support drop ins and one to one support was offered at the school every morning for a week and was attended by approx. 16yp each morning.
- YCSMAS has secured 55k funding from the ICB for a new permanent TYS/SEMH Youth Counselling post. Currently waiting for written confirmation before commencing recruitment.
- YCSMAS has also secured two more years of funding for two SMU posts for I-CAN (formerly IGT) and for CLA. This funding also paid for comprehensive SMU training and DBT training for the whole team and paid for updated SMU resources, e.g., two new drug boxes and educational materials, etc.

- A new screening tool has been created by the YCSMAS Data and YJS Panel Coordinator for YJS Case Managers to use for all YJS YP. Update: This has now been passed to the YCSMAS Youth Counsellor/SMU worker - Lead for YJS to do.
- All Out of Court Disposals for SMU are now referred to the YCSMAS SMU/Youth Counsellor Lead for YJS who also attends the weekly Early Intervention Panel. This has enabled more comorbid in-house referrals to counselling to tackle some of the root causes of SMU. (Update: this has now been passed on to another SMU worker as of June).
- A new SMU drop-in group for LGBTQ+ young people is being created and will be delivered later in the year.
- Emotional well-being and SMU training/workshops for parents and foster carers are delivered regularly alongside corporate training for professionals.

8. Issues/emerging risks to the service

- Finding alternative permanent counselling rooms that are available to block book to replace those lost at Platform. Finding suitable counselling space is an ongoing issue which can lead to the closure of waiting lists and leave young people waiting longer for support.
- Complexity of cases and safeguarding concerns continue to rise, as does the resulting impact on practitioners.
- Referrals continue to rise which results in increased waiting times and the closing of waiting lists. Further funding will be explored to fund another counselling post.
- The SEMH management team has had several staff changes which has been a little unsettling for the service.

9. Summary narrative for the reporting period

TYS counselling & IYPDAS have been fully integrated into the new YCSMAS offer. The two services have been successfully integrated resulting in a more robust service with improved safeguarding, new and improved and streamlined processes, policies and systems which allow for better tracking of outcomes. This service is now able to provide a unique and innovative offer, providing bespoke and overarching interventions to Islington young people who need support with mental health and emotional wellbeing and with substance and/or alcohol misuse.

There is still much work to do, including completing an update for all YCSMAS guidelines and to create individual guidelines and practice and procedure guidance for IYPDAS and YYS Counselling Service and for the new HALO assessment and case recording system. YCSMAS also needs to do more work to engage young people who are underrepresented and from minority and marginalised cohorts. The team are confident in their ability to do this and to continue to create innovative and creative ways to connect and support Islington young people.

10. Quotes from young people

10.1. IYPDAS

“Thank you. You made everything easy for me to understand and I don’t have to use a lot.”

“I feel like I have tools to help me cope and tried to distract myself more when I am not feeling good rather than resorting to drug use. I have thought more about the friendships I have and whether they are good people to have around.”

“Coming to these sessions has helped me understand that I am not a bad person making bad decisions and that I have been trying to cope with my trauma the best way I can which is taking drugs. I understand my feelings better and have learnt how to manage my triggers in a healthier way so that I don’t resort to taking drugs”

“I feel like I know now how to keep myself more safe when I do drink alcohol and my mum worries about me less now when I do go out with my friends”.

10.2. TYS/SEMH COUNSELLING

“Counselling has helped me with communication skills, and I am now feeling more open and comfortable to talk to people as my counselling experience has been really good. I like it, because I get to talk to about stuff that I can’t talk about at home or with friends. I can express myself and communicate in other spaces better. The consistency of counselling also has helped me to commit to a schedule and helped with my time management which I have always found hard.”

“It’s been good, helpful, and having the time to myself really slowed down the fast pace of my life and allowed me to have some time to relax. It has allowed me to express myself in different ways.”

11. Case studies

11.1. IYPDAS

Tina is 18-year-old young women who was referred to our service via YJS for concerns surrounding her alcohol use. Through our assessment Tina disclosed consuming 35 units of rum per day and named her home life, previous trauma, and lack of structure to her day as the main triggers. When creating her care plan Tina goal was to become a social and moderate drinker and to learn other ways to cope with her stress and sleep issues. Due to the significant number of units of alcohol she was disclosing I consulted with the complex case worker at Better Lives and agreed on a safe reduction plan for Tina in order to avoid any risk of withdrawal symptoms. Tina responded well to this plan, although at times she did reduce her use too fast and did struggle with some withdrawal symptoms. The focus of our work was to support Tina exploring her relationship with alcohol, developing healthier coping strategies, and working on a sleep hygiene plan. Tina also began work which significantly contributed to her decreasing her alcohol use.

Tina continues to be in part time employment and has successfully met her care plan goals going from a daily binge drink to now only drinking occasionally at social events. She has not reoffended since engaging with YJS and YCSMAS and will be discharged from the service shortly.

11.2. Youth Counselling & Substance Misuse

Counselling

I am currently working with a 19-year-old YP who has previously been difficult to engage in TYS services. The YP has had many traumatic experiences growing up and has been within the care system for most of their life. In the initial session, I was able to provide a space where the YP could begin to tell their story. The ability for them to “tell their story” has been a major theme of the therapeutic work, in enabling them to process their trauma but also empower them to have a voice, especially when they have not had this experience previously. I believe by demonstrating empathy and curiosity towards them their experiences have also been crucial in enabling them to form a relationship with me. I have been particularly inspired by this YP who has had such a challenging childhood yet demonstrates incredible resilience and bravery in sessions with me. It has highlighted to me how important it is for our service to be available to these YP when they are ready to engage. I believe this case highlights how effective this can be when we meet the YP and their needs at the right time.

“It’s been good, helpful, and having the time to myself really slowed down the fast pace of my life and allowed me to have some time to relax. It has allowed me to express myself in different ways.”

Anonymous YP

11.3. SEMH

K is a 16-year-old male, referred for low mood, suicidal ideation, anxiety, socially isolating, following a bereavement of a parent. Grief was the dominant force in life dictating his daily moods and unable to manage his emotions around this. K’s starting score of how much his difficulties were affecting him was the maximum of **10**. We explored his feelings of regrets, resentments, and appreciations, as well as giving him the space to share stories and memories of his loved one to help process his loss. Using the core conditions of empathic understanding, unconditional acceptance and being a genuine presence for him to connect to, allowed him to feel safe enough to open up and move through his grief and confront uncomfortable feelings honestly.

K began to feel better mid-therapy, he named he was no longer having down weeks or days, only down moments. His confidence and self-esteem began to grow, and life began to get better around the grief. He began socialising with friends more, got a part time job and started regularly attending the gym. His mid evaluation score of

how much his difficulties were affecting him dropped to a **5**, highlighting good improvements. K was able to name that he felt more able to cope with his grief and was on the right path with hope for the future. He now felt confident to manage his low moods and was able to be kind and compassionate to himself in these low moments. The last few weeks of therapy we worked on endings which was inevitably going to be difficult giving the loss of his parent. We explored feelings associated with endings and reflected on the progress he had made and his coping mechanisms, leaving him confident he could cope. We also considered options of future support if needed and the current support around him. K's final score naturally reflected his difficulties with ending, going up a little to a **7** but nevertheless acknowledged the progress and accepted the normality of endings feeling sad. K expressed that he always looked forward to attending his sessions and having time to talk, he attended all 12 sessions and showed real commitment to healing.

11.4. TYS Counselling

Case study #1

S contacted me stating he wanted to try counselling, as his moods were getting worse and was finding it hard to cope with daily tasks. I acknowledge the courage it took to reach out and agreed to his request of seeing myself for counselling, as he explained that our relationship in the group had supported him in wanting to try counselling. During counselling, S began to share about his family relationships and dynamics but was not yet ready to talk about his grief, which I respected. We explored feelings of anger and how often it was projected within his family to defend against difficult feelings. This allowed him to better understand his anger and the anger of others and begin to think about healthier releases for his difficult feelings. We also began to explore his feelings of self-worth and the way he self-cares and gets his needs met. This supported him in beginning a plumbing apprenticeship and helped things at home begin to stabilise. S said he was feeling better and no longer needed counselling but was aware he could re-refer in the future.

Case study #2

S contacted me a year later after a second friend was stabbed to death. At the time, our service was offering crisis sessions for bereaved friends and family. S began crisis sessions where he explored his feelings of guilt and confusion regarding the recent murder bringing up more feelings around his childhood friend who died previously. We explored how complex and non-linear the process of grief is, which alleviated some of these difficult feelings. S had also been having anxiety attacks when he would hear sirens or see a group of masked males. I spoke to him about the primal ways that fear can be activated in the body and how flight, flight and freeze are employed by the body, as a means survive. I explained why his breath became shorter and his hands sweaty, due to the body's clever way of protecting his vital organs, which lessened his feelings of shame. We explored grounding techniques to support him feeling present and empowered in the moment. This decreased his

perceived threat of him being stabbed, which in turn resulted in his anxiety attacks stopping.

S revisited his feelings of anger, and we drew a volcano of anger with all of the other feelings that bubble beneath the surface. This visual really helped him acknowledge feelings of shame, hurt, guilt, sadness, and fear which often fueled his secondary emotion of anger. S began to make links around fear and anger and noticed that he gets angry at his girlfriend when he fears that she is unsafe. This allowed him to have conversations with her about his difficulty in expressing fear and it often came out as anger. S also began to attend the gym regularly as another way to help regulate his nervous system and informed me that he had stopped smoking and was drinking less. During his last crisis session, he said he was feeling more stable, but wanted to go back on the counselling waiting list to explore his feelings at a deeper level in the near future.

Starting score of how much his difficulties are affecting young person	9
Ending score of how much his difficulties are affecting young person	6
User satisfaction	Very Happy

Case study #3

Young person K aged 18 and NEET, was referred after a self-harming incident for which she had attended hospital. At assessment she was seeking support with her confidence and self-esteem she also briefly alluded to a family history of DV.

Focusing on K's self-harm, she identified that she cut when triggered by rows and violence in her home. Exploring this more allowed K to try different coping techniques and she stopped cutting herself and carved into other objects instead.

Exploring the power dynamics in her family helped K to realise that she had autonomy in making change, to reduce the risk of her brother hurting her in the daytime, she suggested looking for volunteer work and agreed to referral to the Progress team. This led to an interview and offer of work at Oxfam. K also engaged in online math's tuition.

Over time K disclosed more about the DV. Work focused on safety planning, so K knew how to safeguard herself, there was emphasis on managing escalation, calling the police if at risk and support around referral to Solace which K initially refused.

Just before Christmas K disclosed a violent incident and that she had needed to call the police to safeguard herself. Affirming and supporting her decision to act, helped to ameliorate the reaction she had received from her family who had called her "a grass." K hadn't pressed charges; her mum didn't want K's brother to be prosecuted. However, this time K did consent for me to consult with Clare Doubleday the Young

people's VAWG officer who advised referral for advocacy to young people's IDVA at Solace.

K reported another incident post- Christmas when her mum went back to work. This time more serious; her brother had attacked both K and their mum. K called the police. Her mum finally asked her brother to leave the house and he went to stay with his grandfather. K finally agreed to referral to Solace, but after the intro session she declined the offer of support stating that she didn't trust confidentiality and no longer felt at risk as her mother had resolved not to let her brother live at home again.

K's mood became more stable, and we focused on helping to build her self- esteem. Over the course of our work, she stopped self-harming and no longer cut objects to deal with her feelings. She agreed to referral to the Brandon Centre for further support in dealing with her traumatic experiences.

Starting score of how much his difficulties are affecting young person	10
Ending score of how much his difficulties are affecting young person	6

12. YCSMAS Action Plan

12.1. YCSMAS targets for 2022 – 2023 (Annual report 2021 – 2022)

Priority	Objective	Impact	Action	Timeframe and additional update
1	Securing further funding for 1yr fixed term SEMH counselling post (funding ends in 2023) as it is uncertain whether Public Health will extend funding for the fixed term SEMH post to continue as it was COVID related	If funding for this post isn't extended, we will be left with one SEMH counsellor and waiting times will increase.	To explore possible funding alternatives with ICB	Additional funding from the ICB has been secured (awaiting written confirmation before we are able to recruit) for a 4-day SEMH/TYS Youth Counselling post
2	Further shape the new hybrid role of Youth Counsellor/SM worker (YJS	Such a new and innovative role will need ongoing support to define the offer, maintain boundaries	Regular meetings between the YCSMAS line manager and the YJS matrix	<ul style="list-style-type: none"> - This post is now carrying out SMU screenings for all YJS yp. - Matrix management meetings are

	<p>Lead) that has been created to support meaningful trauma informed interventions for young people with comorbid presentations</p>	<p>and to offer clear information to young people and staff about what the offer is and the difference between the SMU, counselling and comorbid intervention is. There will be quite a significant amount of multi-tasking between the role of counsellor and the role of YJS SMU Lead, which will cross over OCD, Community resolutions and triages.</p> <p>This role will also need to attend the monthly SMU complex case supervision and clinical pane meeting and hopefully the weekly EIDP, all within 20hrs.</p> <p>There is concern about having a limited number of available sessions due to the meetings that need to be attended</p>	<p>manager will take place to support and define this post.</p> <p>AB to regularly review how the role is shaping up and to adapt any of the processes and procedures and referral pathways if needed to support best practice. CA & JB have assisted with regular meetings. LR has created a referral pathway flow chart which has been signed off by management.</p>	<p>now occurring every month with case reviews done separately for comorbid counselling and for YJS cases.</p> <p>COMPLETED & ONGOING</p>
3	<p>To source and secure further funding to extend the Specialist Youth Counsellor/SM Lead for YJS post</p>	<p>This role crosses over the YJS & TYS service and if possible, would benefit from some additional hours to</p>	<p>AB to explore further funding opportunities within Public Health</p>	<p>Ongoing</p>

	from 20hrs to 35hrs	fulfil all the duties required		
4	To reduce 'failed to respond to contacts' when initial contact is made with young people referred	<p>We have recently received SEMH referrals that do not have contact numbers for young people (and sometimes parent/carer's).</p> <p>We have also received several referrals for young people who have not had a conversation with SEMH/CAMHS.</p> <p>This conversation is needed to assess, gain consent, explore risk, etc. This then often results in 'unable to contact' issues or missed intro/therapy sessions.</p> <p>This can create unnecessary admin, data inputting and waiting times.</p>	<p>Ensuring that referrals are appropriate and have been consented to is an ongoing piece of work.</p> <p>Gathering more data about how many referrals met this criterion will be carried out</p>	<p>November 2022</p> <p>COMPLETED</p> <ul style="list-style-type: none"> - There have been various meetings with SEMH partners and clinicians to ensure that each yp referred has been spoken with. - TYS Youth counselling also contacted each yp who has been referred to confirm consent and build rapport. - There has been a significant drop in 'failed to respond contacts'.
5	To migrate The YCSMAS TYS Counselling data system on to HALO	All the current TYS & SEMH counselling data, case management, allocations, etc.is put on to a variety of excel sheets, and although we have made this work in the best way we can, this process and the lack	We are waiting for the IYPDAS HALO updates to take place before we can transfer all the counselling case work and data on to HALO to further support an integrated service.	<p>Perhaps – March 2023</p> <p>MOSTLY COMPLETED – hope to complete back date of caseloads by mid-Feb</p>

		<p>of a dedicated case recording data system has created a significant amount of additional admin work for the Duty Clinician that cannot be done by the YCSMAS BSU worker.</p> <p>This has an ongoing implication; it is labor intensive and takes away session times and the opportunity to do more group work. It also makes pulling data for reports difficult.</p>		
6	<p>Establish and embed new specialist IYPDAS/YCSMAS</p> <p>Lead roles (Lead for Whittington A&E, Lead for Schools &</p> <p>Alternative Provision, Lead for Young Women & Girls.</p>	<p>These specialist Lead roles are needed to take the SMU offer to the cohorts where it most needed and will have the most impact.</p> <p>and create better outcomes for Islington young people</p>	<p>To initiate and create the related partnership work and referral pathways, processes, and procedures</p>	<p>Two out of the three Specialist Lead roles have been embedded and are now operational.</p> <p>A new staff member will be starting in the role of Lead for Young Women & Girls in two weeks. This role will be embedded into the relevant pathways and working with local partner agencies by January 2023</p> <p>All lead roles are now active.</p> <p>COMPLETED</p>

7	To increase YJS referrals to YCSMAS/ IYPDAS	More SMU interventions for the YJS cohort will help to improve outcomes, minimize harm, and educate young people about risks.	JB will meet with AB to review	<ul style="list-style-type: none"> - By end of October 2022 - Referrals have increased by 12 since the last report. <p>COMPLETED</p>
8	To offer SM training and info sessions to TYS & YJS staff, especially in relation to the escalating use of Nitrous Oxide	Training staff will improve awareness of SMU and provide opportunities to reduce risk and harm	<p>IYPDAS has provided an awareness session at the IGT team meeting and will be holding a session for the YJS Practice session and at the TYS Service meeting next week.</p> <p>More staff training sessions and consultations to be arranged.</p>	<p>Awareness training has already begun and more will be rolled out over the next few months and into the New Year.</p> <p>COMPLETED</p> <ul style="list-style-type: none"> - IYPDAS has facilitated various SMU awareness sessions and practice sessions for staff, families, foster carers, schools and within the local community for Somalian fathers.

12.2. YCSMAS targets for 2023 – 2024 (Annual report 2022 – 2023)

Priority	Objective	Impact	Action	Timeframe and additional update
1	To source and secure further funding to extend the Specialist Youth Counsellor/SM	This role crosses over the YJS & TYS service and if possible, would benefit from some	AB to explore further funding opportunities within Public Health	Ongoing

	Lead for YJS post from 20hrs to 35hrs	additional hours to fulfil all the duties required		
2	To overhaul and update all YCSMAS guidelines, policies, processes & procedures & incorporate new individual service processes & procedures for IYPDAS, YJS & TYS Counselling referral pathways and data management.	This will provide a solid frame of reference for all staff to refer to and will also ensure all services continue to operate in a smooth, uniformed and consistent manner. Furthermore, this will then provide a solid holding for young people and also ensure that all relevant data and outcomes are captured.	AB to complete (with assistance from LR, MM & MW).	By end of January when the transfer to HALO will be complete and YJS SMU related processes have finalized.
3	To secure more counselling space for TYS Youth Counselling	Finding counselling room space has been a historical problem and Platform will be closing room space to counselling in October. Temporary solutions are being found and works to the Truck will be completed before the end of the year, but a more secure and long-term solution needs to be found. Alternatives like a portacabin or a 'wellbeing hut' could be further explored.	AB to explore more long-term options and potential sources of funding. AB has taken the lead in organising the replacement of the current truck with a new electric van that will double up as a counselling space and exploring possible options in relation to a portacabin.	Ongoing

			AB to liaise with JB & CA	
4	To meet KPI's Increasing referrals for Tier 2 & 3	Increasing referrals will allow yp to access SMU support. It will also improve outcomes around SMU interventions.	<p>AB to continue exploring ways in which to promote the service within the community, especially within schools to facilitate more referrals.</p> <p>AB has met with new SMU commissioner to discuss targets, funding and how to improve service.</p>	Ongoing

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Adult Social Care
222 Upper Street, London, N1 1XR

Report of: **Director of Adult Social Care**

Meeting of: **Health and Wellbeing Board**

Date: **12 March 2024**

Ward(s): **All**

Subject: Islington Safeguarding Adults Board (ISAB) Annual Report 2022 - 2023. A review of key achievements and priorities

1. Synopsis

- 1.1. The Islington Safeguarding Adults Board (ISAB) is a partnership of local organisations committed to safeguarding adults with care and support needs from abuse or neglect.
- 1.2. This report brings together the work of the partnership across our statutory, voluntary and provider sectors. It sets out the ISAB's key achievements for the year but also details the challenges that the residents, carers and the partnership have faced over this period.
- 1.3. This report highlights the current risks of abuse or neglect adults with care and support needs experience in Islington and how well partners have responded to provide support in a manner that is meaningful and brings about outcomes that matter to the residents we support.
- 1.4. The ISAB's Annual Report 2022-23, attached as appendix A, describes this in more detail.

2. Recommendations

- 2.1. To note the report and future priorities of the Islington Safeguarding Adults Board (ISAB).
- 2.2. To support the ISAB in achieving its future priorities by ensuring ongoing support for the work of the board.

- 2.3. To commend the ISAB partnership for their work and continual commitment to working together to safeguard the vulnerable residents of Islington from experiencing abuse or neglect.

3. Background

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

- 3.2. Key areas of progress:

- Our Quality, Audit & Assurance subgroup has developed a data dashboard of key indicators which will be implemented over the coming year.
- We now have a Creative Solutions panel for the most complex, challenging cases of abuse and neglect, which is helping to reduce risk.
- Our Service User & Carer subgroup continues to inform and shape the Board's agenda, focus and strategic priorities with their active participation.
- Following two serious cases, our Prevention & Learning subgroup developed guidance for partner organisations on choking prevention.
- We reflected on the recommendations arising from the 'Liam' Safeguarding Adults Review and have drawn up an action plan to ensure that the learning from this sad case is fully embedded over the next year.
- At the suggestion of our Service User & Carer subgroup, we held 2 local hubs for the London Safeguarding Adults Conference in 2022. Nearly 100 local residents attended, and this model of participation is being adopted by other local authorities in London.
- We continue to be one of the very few local authorities in the country with no backlogs on Deprivation of Liberty Safeguards applications and authorisations.

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

- 3.3. The review compares the statistics from 2022/23 with the previous year 2021/22. There has been a decrease in safeguarding adults concerns on the previous year (from 2,844 to 2,179 this year).

Safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have slightly decreased since last year (from 399 to 322). This means that in roughly 7 out of 8 cases people we were worried about, when we looked into them, we decided not to progress those cases to a formal safeguarding enquiry. We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners.

- 3.4. The most common types of abuse in Islington during the last year were neglect, physical, psychological abuse and self-neglect. The proportion of financial abuse cases we carried out safeguarding enquiries on have reduced from 20% to 13%.

- 3.5. The number of safeguarding concerns about modern slavery or sexual exploitation of adults with care and support needs remains low. As the signs of

modern slavery and sexual exploitation can be hard to spot, the board continues to promote modern slavery training to partner organisations.

3.6. The Safeguarding Adults Review subgroup received no new cases for consideration as a Safeguarding Adults Review under Section 44 of the Care Act 2014.

3.6.1 **Gertrude SAR:**

During the 2022-23 year, we published a 7-minute briefing of the 'Gertrude' SAR on our website so that key learning points can be disseminated with the public. The full SAR report was shared with relevant partners and the action plan for this case has been closed off, although work continues on regarding some of the key themes, such as encouraging partner organisations to identify carers and refer them for carer's assessments.

3.6.2 **Liam SAR:**

The 'Liam' SAR was conducted during the 2022-23 year and the full SAR report was published shortly after year end.

Key recommendations from the report included:

- training all staff who visit people in their homes on fire risks identification
- improving awareness of fire risk mitigations
- routinely linking telecare to smoke alarms
- making use of the London Fire Brigade's Person-Centred Fire Risk Assessment
- escalating high fire risk cases to an appropriate multi-agency forum or panel
- recording and responding appropriately to refusal of care.
- The report also identified that there may need to be a change in the law to allow fire brigades to apply for a fire safety prevention order when adults have mental capacity but refuse fire prevention support when the fire risks are high. We are working with the London Safeguarding Adults Board and National Chairs Network to raise this through the National Fire Chiefs Council.

The Board has developed an action plan based on the recommendations made in the Liam SAR report. Several partner organisations had already identified steps they could take to improve fire safety prevention and fire hazard identification and began implementing changes before the SAR report was even published.

As there is still work to do in implementing the recommendations, we will continue to hold partners to account in achieving change over the coming year.

3.6.3 **Liverpool Mr A SAR**

The Liverpool Safeguarding Adults Board carried out a SAR following the death of Mr A during the 2022-23 year, which was published shortly after year end. Because Mr A was previously a resident in Islington and had been placed in Liverpool under Section 117 of the Mental Health Act, the SAR author made some recommendations for the Islington Safeguarding Adults Board and partners to implement. The Islington Safeguarding Adults Board published a response accepting the recommendations of the SAR.

Subsequently, the Supreme Court has clarified the law around ordinary residence as it applies to Section 117, which puts a different slant on some of the report recommendations. Nevertheless, we are committed to learning from this case and ensuring practice improvements around Section 117 cases and choking prevention.

3.7. **Key national developments**

- Many public services have been criticised – from the Baroness Casey Review of the Police to the Ombudsman’s and CQC findings that people are not getting the care they need. We will continue to see assurances from partners that they are continuing to focus on people’s safety and wellbeing.
- New Online Safety laws aim to make social media companies take more responsibility for the safety of adults and children online by removing harmful, illegal or exploitative content from their platforms. The government has recently published guidance on how these laws are to be implemented.
- Our new Board website was launched and will be further developed to provide useful safeguarding adults resources and guidance for the general public, practitioners and partner organisations. See www.islingtonsab.org.uk
- The government has announced an indefinite delay to the implementation of the Liberty Protection Safeguards legislation. Much preparation work had been done for this. Until it becomes clearer what the government’s intention is for LPS, our partners will continue to work in line with DoLS and strive to achieve best practice within the current systems.

We will continue to work on these developments over the next year.

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

4. Implications

4.1. **Financial Implications**

4.1.1. The Safeguarding Adults Unit’s 2022/23 gross expenditure outturn was £1.255M. Of this, £204,227 related to ISAB expenditure. £17K was contributed by the following organisations:

- £5K London Metropolitan Police
- £6K Moorfields Eye Hospital NHS Trust
- £6K Whittington Health
-

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

4.2. **Legal Implications**

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

4.2.2. Paragraph 4.1 (a – g) of Schedule 2, Care Act 2014 details the type of information which must be included with the SAB annual report; this includes details of what

it had done that year to achieve its objectives; what it has done during that year to implement its strategy; what each member has done during that year to implement the strategy; the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year (whether or not they began in that year); the reviews which are ongoing in that year (whether or not they began in that year); what it has done during that year to implement the findings of reviews arranged by it; where it decides not to implement a finding of a review arranged by it, the reasons for this decision.

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

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

4.4. There are no major environmental impacts associated with the Safeguarding Adults Board. Minor impacts such as transport-related emissions and office-based resource usage (energy, paper etc) are managed by staff by actions including not printing documents unless absolutely necessary, using video-conferencing and encouraging walking, cycling and the use of public transport. Some work has the potential to benefit the environment, such as reducing fire risk or referring service users to the SHINE service, which gives advice to residents on saving energy.

Equalities Impact Assessment

4.4.1. 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.

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

5. Conclusion and reasons for recommendations

5.1. The ISAB annual report sets out the main achievements of the partnership in safeguarding vulnerable adults in Islington and details our aims for achieving our strategy and annual plan.

Appendices:

- Appendix A: Islington Safeguarding Adults Board Annual Report 2022-23
- Appendix B: Islington Safeguarding Adults Board Annual Report 2022-23 summary.

Background papers:

Final report clearance:

Signed by:



John Everson
Director of Adult Social Care

Date: 2 February 2024

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FURTHER GUIDANCE FOR REPORT AUTHORS

This section must be deleted before the report is submitted for approval

Equalities Impact Assessments

It is the policy of Islington Council that all reports for decision must be accompanied by an Equality Impact Assessment. As a local authority, we have a public sector equality duty (PSED) to make sure that our policies, practices, and services do not discriminate against anyone and ensure that Islington's commitment to equality is translated into practice.

These assessments are designed to make sure that we use data to effectively identify any changes that could potentially impact our residents.

Guidance on completing Equalities Impact Assessments is available from Izzi here:

<http://izzi/me/staff-essentials/equalities-fairness/Pages/Equality-Impact-Assessments-2021.aspx>

If an Equalities Impact Assessment is required, it must be submitted alongside the report. This must be completed before the report is submitted for internal approval.

If an Equalities Impact Assessment is not required, there is no need to submit the screening tool alongside your report.

Exempt Information

Information may only be exempt from publication in certain circumstances set out in law and the Council's Constitution. This includes information relating to an individual, information relating to the financial and business affairs of any particular person, and legal professional privilege.

In the interests of transparency, the Council should seek to publish as much information in the public domain as possible. For this reason, any exempt information should be contained in a separate exempt appendix, allowing the majority of the report to be published. For further guidance, please contact Democratic Services –

democracy@islington.gov.uk

Approval Processes

All decision reports must be reviewed by CMB before being submitted to Democratic Services. Please liaise with your departmental report coordinator for advice on the relevant approval processes.

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Islington Safeguarding Adults Board

Annual report 2022-23



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Foreword

It is a great pleasure to introduce the 2022-23 Islington Safeguarding Adults Board's (ISAB) Annual Report. This report brings together the work of so many people from across our statutory, voluntary and provider sectors and sets out not only our key achievements for the year but also details the very real challenges that our workforce, carers and residents faced over the period.

This report also details the current risks and reports of abuse or neglect adults with care and support needs experience in our area and how well partners have responded to those harms to provide support in a manner that is meaningful and brings about outcomes that matter to the residents we support. This provides an opportunity for our Board to understand what is working well and what more might be needed to tackle abuse and neglect so that all our residents are safe. Most importantly, it provides us with a means to inform our residents and workforce, so I am very grateful to everyone who has taken time to read this report and who remain committed to ensuring that, in your day-to-day activities, you reduce risks and respond where an adult with care and support needs is at risk or experiencing abuse and neglect.

It is also important to acknowledge the considerable work that sits behind the

headlines. I would like to pay tribute to the very many individuals who have contributed to the work detailed within this report, including service users who continue to help shape our agenda.

I want to take this opportunity to thank the ISAB team who have worked tirelessly this year to take forward key tasks and have gone above and beyond to ensure our shared strategic objectives are met. They are the engine of our partnership and, on behalf all our partners, I am grateful for their flexibility, hard work and professionalism all of which is evident in the delivery of our strategic aims and examples of their leadership are peppered throughout this report.

Please do get in touch if there are areas where you believe you or your organisation could contribute to activities. The ISAB are an inclusive and welcoming group and always keen to expand so that everyone in our area understands what we can all do to reduce risks for our most vulnerable residents.

Fiona Bateman
Independent Chair,
Islington Safeguarding Adults Board



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About us

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

All our work is centred on safeguarding adults with care and support needs who need help to stay safe from abuse and neglect.



Who made up the partnership during the year?

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

Camden and Islington NHS Foundation Trust – Graeme McAndrew, Head of Safeguarding and Mental Health Law

Camden and Islington Probation Service – Senior Probation Officer

Care Quality Commission – Duncan Paterson, Inspection Manager

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington – Emma Whitby, Chief Executive

HMP Pentonville – Safeguarding Lead

Independent Chair – Fiona Bateman

Islington Clinical Commissioning Group – David Pennington, Director of Nursing and Quality

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

Safer Islington Partnership – Johnathan Gallagher, Acting Head of Community Safety, Islington Council

Islington Council – John Everson, Director for Adult Social Care

Islington Safeguarding Children Board – Michael Daley, Board Manager

London Fire Brigade, Islington – Karl Smith, Borough Commander

Metropolitan Police, Islington – Sarb Kaur, Detective Superintendent

Moorfields Eye Hospital NHS Foundation Trust – Tracy Foster, Interim Head of Safeguarding for Children, Young People and Adults

Notting Hill Pathways – Pooja Aryal, Safeguarding Lead

Single Homeless Project – Liz Rutherford, Chief Executive

Voluntary Action Islington – Navinder Kaur, Chief Executive

Whittington Health NHS Trust – Deborah Clatworthy, Deputy Chief Nurse

Introduction

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

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



Safeguarding in the headlines

The ISAB are vigilant in monitoring emerging local, national and international trends. Safeguarding adults is often in the news in one form or another. Also, public perception of safeguarding matters to us.

While never losing sight of the overall vision and mission, the ISAB swiftly adjust our annual delivery plan and responds to emerging themes. Below are some of the key media and national policy themes from the past year.

Under the Care Act, the three core (statutory) partners are the police, the local authority and health (Integrated Care Board, ICB). All three partner organisations have been in the headlines during the last year. At a time when public services are stretched, addressing these organisational shortcomings will be challenging. But the safety and wellbeing of the most vulnerable in our society must come first.

Only by being open, reflective and working together can meaningful impact be achieved despite organisational challenges.


Baroness Casey Review

The final report of the [Baroness Casey Review | Metropolitan Police](#) was published in March 2022. Although the police and government are doing much to address the findings, shifting organisational cultures takes time. The Metropolitan Police has been providing assurance to the Board and our Service User and Carer subgroup about how they are taking this learning forward and transforming their organisational culture.

Confidence in Adult Social Care

Research by the Nuffield Trust has revealed an [all-time low in the public's confidence](#) in adult social care. This has been echoed by the [Ombudsman](#) and the Care Quality Commission, which have warned that too often people are [unable to access the care they need](#).

Many public services are still recovering from the pandemic and adult social care is no exception. With an aging population, increasing complexity of cases and reduced care provision, adult social care has been stretched. There is no quick fix and Islington Council continues to lobby government for



adequate, sustainable long-term [funding arrangements for social care](#).

Integrated Care Systems (ICS)

With the reorganisation of Clinical Commissioning Groups to Integrated Care Systems (ICS's), there has been significant upheaval with health services. The Hewitt Review has proposed greater autonomy for ICS's to better prevent ill health, improve productivity and care, matched by renewed accountability.

The ISAB continues to seek assurances from the ICB as needed and work through other relevant networks and bodies to ensure that ICS's are sighted on relevant safeguarding issues both themselves and for the providers that they commission.

Online Safety Bill

The government intends to introduce new Online Safety laws and has published [guidance](#) to this effect. The aim of the proposed legislation is to make social media companies take more responsibility for the safety of adults and children online by removing harmful, illegal or exploitative content from their platforms.

Domestic violence law

Domestic abusers will face tags and tougher management under [new measures](#) proposed by the government to protect women and girls.

The law will be changed so that the most dangerous domestic abusers will be watched more closely. For the first time, controlling or coercive behaviour will be put on a par with physical violence, which will mean offenders sentenced to a year or more imprisonment or a suspended sentence will automatically be actively managed by the police, prison and probation services under multi-agency public protection arrangements (MAPPA). A range of agencies will have a legal duty to cooperate to manage the risks posed by these dangerous offenders.

Damp and mould

The Coroner issued a Prevention of Future Deaths Report in the case of [Awaab Ishak](#) because more could have been done by the housing provider to address the damp and mould in his home, thereby reducing the risks to his health. Although this case is related to the avoidable death of a child, the findings are equally applicable to adults with care and support needs.

In response to this, our Quality, Audit and Assurance (QAA) subgroup will be seeking assurance from Islington Council on how it is addressing damp and mould in its housing stock and how it is encouraging other housing providers in the borough on this important work.

Choking prevention


The Coroner also issued a [Prevention of Future Deaths notice](#) in the case of an avoidable death by choking of a resident in a care home in Islington.

Sometimes, well-meaning loved ones and carers give inappropriate food and fluids to people at increased risk of choking, without realising how dangerous this can be. The ISAB will continue to raise awareness with practitioners about the importance of identifying choking risks and following choking prevention guidance. Our webpages have been updated with information about [choking prevention](#).

Deprivation of Liberty Safeguards and Liberty Protection Safeguards

The government announced an indefinite delay in the implementation of Liberty Protection Safeguards (LPS).

Much work had already been undertaken by the Local Implementation Network to prepare for the introduction of LPS. Until it becomes clearer what the intention is for LPS, our partners will continue to work in line with Deprivation of Liberty



Safeguards and strive to achieve best practice within the current systems.

Summary

Our flexible, but focused approach, allows us to respond to the most important emerging national

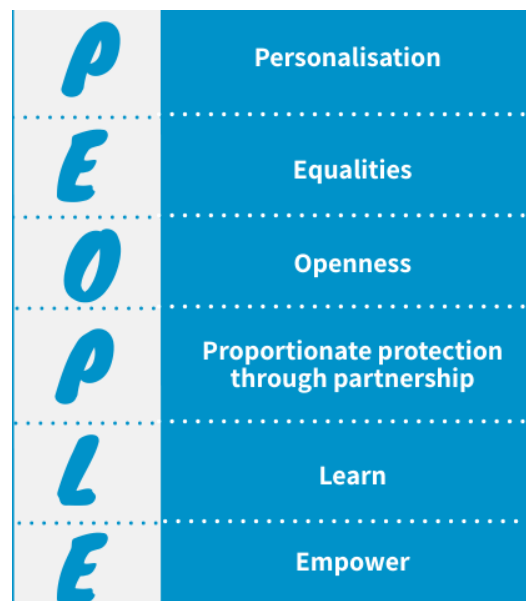
themes and challenges as they develop during the year.

In the following pages, we explain how the ISAB managed national developments alongside evolving local risks and challenges – all with the aim to prevent and stop abuse and neglect of Islington’s most vulnerable.

About our strategy

Our strategy is our roadmap of where we want to get to and how we will get there.

People are at the heart of safeguarding, from those adults supported by partner agencies to stay safe, to the general public on the lookout for abuse and neglect, to the people who work with our community to keep adults safe.



Our strategy for 2022-25

The ISAB are pleased with the progress made in the first year of our ambitious three-year strategy.

You can read more about our three year strategy [here](#). The strategy draws on six 'people' principles:

- Personalisation
- Equalities
- Openness
- Proportionate protection through partnership
- Learning
- Empowerment

As a roadmap, our strategy helps to keep us on track but it needs to be flexible too to keep it relevant. It needs to flex to accommodate emerging local and national themes and trends. Sticking too rigidly to the strategy risks missing out on pressing emerging trends and developments.

Communication is key and the Board needs to listen to stakeholders. Only by being open can the Board ensure it is not detached from reality. This means adjusting our priorities and aims along the way.

Feedback from our subgroups, in particular our Service User and Carer subgroup, helps to keep our strategic plan grounded in real-life experience. The ISAB monitor national policy developments to keep our strategic priorities aligned with external contexts. Our Quality Audit and Assurance subgroup alerts us when local data suggests that we need to adjust our aims slightly. Similarly, our Safeguarding Adults Review subgroup and Prevention and Learning subgroups suggest adjustments to our strategic aims and incorporate important learning from serious cases into our workplans.

Partnership working



Although Islington Council leads on safeguarding adults in Islington, all partners contribute to our strategy.

This section sets out how our partners went about achieving the aims and objectives of our ambitious strategic plan.

The ISAB value the work of our partners to keep adults with care and support needs safe from abuse and neglect in Islington. Each partner organisation has both a role within the Board and subgroups, but often they undertake other safeguarding activities aligned with the Board's main strategic plan.

We continue to monitor local situations, review multi-agency systems, processes and single providers or partners as needed. Where the Board has had concerns, assurances are requested from partners about their approach to emerging safeguarding adults risks and trends in abuse/neglect.

Below are the key achievements of each of our partners:


London Metropolitan Police

The London Borough of Islington is policed by the Central North (CN) Basic Command Unit of the Metropolitan Police Service who also deliver local policing for our neighbouring borough of Camden.

The Metropolitan Police accepts Baroness Casey's findings and accepts all 16 of the Review's recommendations. They are keen to rebuild and show the public and partners that they continue to focus on raising standards and ensure that they work together effectively. With a new Commissioner in place, the police are undergoing significant change and restructure in their workforce and priorities.

Safeguarding remains a priority for the Police at Central North and they are determined to achieve the best possible outcomes for those who are unfortunate enough to become a victim of crime. They are also committed to work with partners to safeguard and protect the most vulnerable members of our society. Data continues to show that Islington compares relatively favourably to other London Boroughs suggesting Islington remains a safe place to live and work.

The police's mission is to deliver 'More Trust, Less Crime and Higher Standards'. The Police



Commissioner is delivering a New Met for London, which sets out our three priorities for reform:

1. community crime-fighting
2. culture change and
3. fixing foundations.

Islington Integrated Care Board

The North Central London Integrated Care Board (ICB) became a legal body on 1 July 2022. The Executive Director is the Chief Nurse who has been given responsibility for safeguarding. The ICB has appointed a Director of Safeguarding to support the Chief Nurse to ensure statutory requirements are met. The safeguarding team comprises Designated Nurses, Doctors, Professionals and Named GPs for safeguarding.

The ICB has worked with the Safeguarding Adult Boards across North Central London (NCL), working with local community teams, including the borough's voluntary and community sectors to provide support to those in greatest need. From a health perspective, each designate works collaboratively with safeguarding leads across health providers, including Primary Care, supporting them to provide additional training and support to all staff to recognise and report concerns where they have a concern that an adult and/or child may be at risk of abuse, including malnutrition and neglect because of the current cost of living issues. The children's and adults safeguarding designates work together and with colleagues to support a single approach where families include adults and children.

In November 2022, the ICB hosted its first Safeguarding Adult and Children Conference, with a focus on safeguarding across a person's lifespan. Topics included lived experiences of a survivor of exploitation and domestic abuse, financial abuse, Mental Capacity Act updates and transitional safeguarding.

Learning from safeguarding cases is delivered via GP training forums and across the health system and work in partnership to ensure that lessons from reviews impact on care in practice. In 2022, the ICB developed a system wide Safeguarding resources webpage.

The ICB Quality and Safety Committee (QSC) is a subcommittee of the ICB and provides oversight, scrutiny, assurance and to provide robust recommendations and/or directions for action.

These include:

- The quality and safety of commissioned services
- Reducing inequalities in care
- The effectiveness of patient care and high-quality patient experience.
- Provider service quality performance and quality improvement initiatives
- Continuous quality improvement and shared learning across the system
- Since its inception the QSC have approved NCL Safeguarding Adults policies, overviewed maternity services across NCL, updated the Patient Safety Incident Response Framework, conducted a deep dive into Never Events, reported on Medicines Safety and reviewed delivering a dignified death for residents.

Moorfields Eye Hospital NHS Foundation Trust

- Safeguarding adults activity data infographic for quarterly safeguarding adults committee (SAC) meeting includes which agencies/partners/ services and where (UK wide) were generating queries and/or concerns. The complexity of concerns raised to the safeguarding adults team continues to increase, particularly from external sources

- Moorfields has continued engagement with Dementia Friendly Islington Partner Network, raising awareness of dementia by supporting the national Elf Day in December 2022, holding an information stall and promoting dementia-friendly messages and information to increase staff knowledge and response to support patients, carers and their families
- The Accessible Information Standards (AIS) project continues to develop processes to ensure that Moorfields captures information needs of patients and has a range of appointment letters and information in accessible formats, including Easy Read.
- Service Level Agreement with East London Foundation Trust has been strengthened to support further training and improve access to a mental health helpline to support staff to manage mental health cases.
- Successfully recruited to the Lead Named Nurse for Vulnerable Adults and Safeguarding Adults & Mental Capacity Act Practice Development Nurse roles after long term vacancies
- Delivery of bespoke safeguarding sessions to support development of varied staff groups and participated in delivery of safeguarding content as part of the care certificate and preceptor training.
- Facilitated three new cohorts of staff to complete their initial Safeguarding Champions training.
- Continued collaborative working with Safeguarding partners both locally and nationally.

London Fire Brigade (LFB)

LFB frontline staff have continued to carry out Home Fire Safety Visits (HFSV). However, they have changed the way they deliver these to provide a more effective service to London. After consultation and engagement with communities, a new approach to HFSVs has been developed to align with the

Community Risk Management Plan (CRMP). Using data from incidents and fatal fires, LFB have expanded the high-risk individual criteria in order to triage people who request an HFSV for themselves - or are referred to the Brigade for an HFSV - into four new risk categories:

- very high
- high
- medium
- low


People will be placed in a risk category by asking them a series of triage questions, either through the online [Home Fire Safety Checker](#) or over the telephone.

People in the medium, high and very-high-risk categories will still receive an in-person HFSV and free smoke alarms as needed. LFB will respond to all very high-risk referrals within four hours, around the clock.

This out-of-hours facility will be a new service for London. These priority HFSVs for very high-risk individuals will help LFB to protect the most vulnerable people in the community. LFB criteria for these priority visits include the risk of arson, as well as a set of very high-risk characteristics and behaviours.

High and medium risk individuals will also be offered an HFSV within an agreed set timeframe, dependant on their level of risk. People in the low-risk category will be encouraged to use LFB's online [Home Fire Safety Checker](#) or take part in a telephone HFSV. They will still therefore have access to tailored safety advice that is directly relevant to their homes. However, to focus on the most at-risk people, LFB will stop providing in-person HFSVs and free smoke alarms for low-risk people.

LFB continues to work in collaboration with partners across the borough to identify those most at risk to



inform our Borough Risk Management Plan and subsequent prevention activities.

LFB continues to monitor welfare and safeguarding referrals for emerging trends, which is undertaken by the central community safety team.

LFB's Safeguarding Adults Review (SAR) Champion continues to embed a more coordinated and consistent approach to learning from SARs. Internal and external action plans and review meetings are used to plan and monitor progress post SAR.

LFB continues to:

- Participate in the Community MARAC, Hoarding Panel, SAB and Safer Islington Partnership
- Review those risks within our communities to inform our prevention activities, raise awareness and support our communities.
- Offer fire safety awareness sessions to care workers and or other staff groups that visit residents at home,
- All staff, including frontline staff, were asked to re-visit and complete the LFB Online Safeguarding Learning package to refresh their knowledge.

Camden and Islington Mental Health (C&I MH) Foundation Trust


- The Safeguarding Hub Domestic Abuse practitioner organised learning events that have included responding to communities with protected characteristics under the Equality Act and the intersectionality of these.
- The safeguarding hub undertook three audits, two of which related directly to safeguarding practice and processes, to ascertain where the gaps and challenges are. The audits had SMART action plans that are being progressed and will be reaudited for improvement.

- Professional Curiosity has been encouraged through case discussion, supervision and safeguarding training.
- The Trust, alongside its partnership Trust, (Barnet, Enfield and Haringey, BEH) organised and delivered a webinar on self-neglect and hoarding, which included a presentation from LFB. A self-neglect tool kit has also been distributed across the Trust.
- Ensuring the service user is empowered throughout the safeguarding process is central, as the section 42 forms include specific questions in relation to this that must record responses from the service user, as well as any advocacy requirements.

Islington Council

Islington Council continues to lead the borough on safeguarding adults. Specific initiatives and achievements carried out during the year include:

- Training was developed for Children's social workers as Best Interest Assessors, which will assist with transitional safeguarding and Deprivation of Liberty Safeguards (DoLS)
- A new integrated advocacy contract was designed to flex support around an individual's personal needs (for both non-statutory advocacy and statutory advocacy)
- A newly commissioned mental health accommodation pathway was mobilised embedding a strengths-based approach into the pathway; ensuring providers work with residents proactively to consider their strengths and aspirations, maximising independence and wellbeing
- A new homecare model was developed that engaged residents, service users and carers including a focus group of experts by experience.
- London Borough of Islington launched its 'See Me First' initiative that is aimed at driving real change in the organisation's culture by bringing visibility to race equality issues.
- Through the All Age Mental Health Partnership Board a Mental Health



Inequalities Toolkit was co-produced to promote addressing inequalities in services. The tool kit was officially launched in March 2023 at a public event led by Healthwatch Islington and Islington Mind.

- In the new Homecare specification, there is now a requirement for providers to implement the Equalities Toolkit.
- The Live Well Joint Commissioning Team successfully bid for challenging inequalities funding through the ICB to develop Learning Disability and Autism / Severe Mental Illness health cafes in the borough and further expand the inequalities tool kit for 2023/24.
- For 2022/23 SMI and LD health checks were above the national targets.
- The council has increased investment in Violence Against Women and Girls (VAWG) services for Black, Asian and Minoritised Ethnic women and recently recommissioned the By and For service with an eight-year contract to improve sustainability in local 'by and for' Independent Domestic Violence Advocacy services.
- Commissioning published a market sustainability plan in March 2023
- Completed 100% of care and treatment reviews within timescales and in line with best practice
- Undertook a review of the RADAR forum and replaced it with a revised Provider Quality Oversight Board with improved systems for logging of emerging issues for providers
- Provided support to quality ratings of two local care homes inspected by the Care Quality Commission
- Started to audit home care spot providers
- Improved home fire safety processes, forms and risk assessments
- Drafted a co-produced carer's strategy
- The VAWG workforce development team provided training to 774 Islington practitioners during 2022/23 including police, health and professionals working with children and young people.

Single Homeless Project (SHP)

- SHP set up a new internal safeguarding panel that meets quarterly to review, action plan and improve safeguarding practices across all key strategic areas.
- SHP created a new organisational safeguarding dashboard on *SHP Inform* that supports monitoring and oversight at a senior level.
- SHP added new fields to the Safeguarding Concern records to better evidence and monitor external partner responses, system blocks and barriers and key organisational learning.
- SHP joined the DAHA accreditation pilot to support a focus on domestic abuse.
- SHP launched an integrated process on *SHP Inform* to support the Philomena Protocol on SHP's Young People's services.
- SHP agreed to join a 'Herbert Protocol' pilot in Islington, but this has been delayed through non-conformation agreement with MPS.
- SHP Service Managers have attended and supported the new Islington 'Creative Solutions' panel.

Healthwatch

- Healthwatch continued to collect caller feedback about residents accessing health services by phone or online
- Shared feedback with commissioners to help them decide how health services can be offered most effectively going forward, to ensure that no one gets left behind.

Whittington Health NHS Trust

Whittington Health has continued to work hard to ensure the patient is at the centre of all patient care and decisions. Making Safeguarding Personal is a key part of the face-to-face safeguarding adults



training sessions delivered on average three times a month, and there has been a noticeable increase in safeguarding adult concerns clearly documenting the wishes of the patient around safeguarding.

Whittington Health is a member of both the London and national NHS Clinical Review Group (CRG) for Liberty Protection Safeguards (LPS) and has also been involved in facilitating regional workshops for a range of organisations. In addition, Whittington Health has been a member of the Local Implementation Network (LIN) chaired by the local authority.

Whittington Health has shared data with the SAB demonstrating the demographic distribution of safeguarding adult concerns raised by them. This has allowed further exploration to be undertaken in relation to increases in certain demographic categories.

Transparency is central to all safeguarding adult practice. Whittington Health has an open relationship with the local authority and has shared concerns which have been raised and subsequent investigations and learning, with the SAB. Pressure ulcer care has been one of the Whittington Health's' key areas for improvement and targets have been set to ensure staff are aware of the risks and dangers related to pressure ulcer care. Training has been provided to care agency staff and families round pressure ulcer care and prevention by our community teams. Listening to the experiences of our patients helps us to develop our practice, and we are just concluding a project co-produced with patients with a learning disability, which aims to reduce anxiety of coming to hospital. A key part will also be building on learning disability awareness training for staff, using the voices of our patients.

Whittington Health has systems in place around safe recruitment, and a well-established 'Freedom to Speak up Guardian' network for staff to raise any concerns. Our Patient Advice and Liaison Service (PALS) team is accessible for patients and carer, and

trends of concerns can be quickly identified and acted upon as appropriate.

Whittington Health has an embedded structure for delivery of mandatory safeguarding adult training. Due to the face-to-face nature of the level 2 training, they continue to disseminate learning from Safeguarding Adult Reviews (SARs), and also each internal department disseminates learning from incidents across their teams. Additional, bespoke training has also been provided by the safeguarding adult team where appropriate.

Whittington Health has worked collaboratively with families and carers and a wide range of organisations to ensure the care provided is individualised. Supporting patients in recovery, for example via our therapy teams, looks at the goals and strengths of our patients, to ensure an achievable and agreed outcome. Staff are aware of advocacy services and the role they play in patient care which can include offering support to informal carers.

As an integrated care organisation, Whittington Health provides care in an acute setting, as well as the community. Staffing has been an issue across health and social care. This impacted on patient discharges due to limited placement availability and delays in packages of care. Staff shortages at Whittington Health required innovative recruitment, including from overseas, requiring additional support for those staff once they have arrived in the UK.

Morale of the workforce in the aftermath of Covid has been acknowledged and is an area Whittington Health continues to address.

The Domestic Abuse lead has been liaising with LBI's VAWG team and a plan has been put in place to ensure a designated Independent Domestic Violence Advocate (IDVA) is available for Whittington Health.



Voluntary Action Islington

Key messages continue to be promoted to local voluntary organisations via communication channels.

Our partners' annual reports

Health partners of the Safeguarding Adults Board have also published their annual reports for 2022/23:

- [Whittington Health NHS Trust](#)
- [Camden and Islington NHS Foundation Trust](#)
- [Moorfields Eye Hospital NHS Foundation Trust](#)
- [North Central London Integrated Care Board](#)

The Islington Health and Wellbeing Board has oversight of this Safeguarding Adults Board annual report. Further information about the Health and Wellbeing Board can be found on the democratic services [webpage](#).

Case example

Ali, a 67-year-old man, was admitted to hospital in a seriously ill condition from a flat where he had been living with his cousin for several years. Ali had been unable to get help himself as his health had deteriorated.

Professionals were concerned that Ali's cousin was taking no action to help Ali. Furthermore, he disclosed his cousin used drugs with friends in their home and became physically and verbally abusive to Ali when he was under the influence of drugs.

A safeguarding concern was raised and following a multi-agency meeting, a Duty to Refer homelessness referral was completed. Ali was then discharged to his own private flat when medically fit. He is now able to attend hospital appointments as he continues to require medical treatment.

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

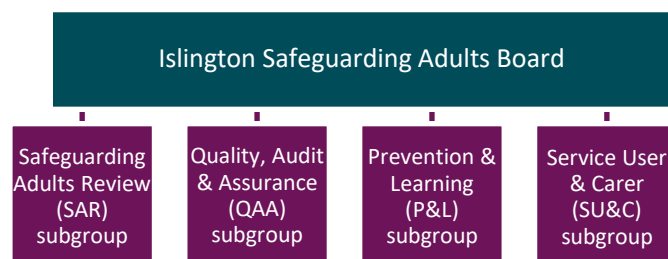
It would be impossible to list every single action and activity our partners took towards ensuring the safety and wellbeing of adults at risk. The specific achievements set out above are by no means all that partners achieved towards safeguarding adults, they are merely highlights.

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

Subgroups

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

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



Safeguarding Adults Review subgroup

One SAR, given the name 'Liam', was carried out during the year 2022-2023. The SAR has since been published and an action plan is being developed.

Key recommendations arising from the report were:

- Mandatory 'Fire Safety in the home' training for all care staff in commissioned care providers and accommodation providers
- Improvements to assurance processes around refusal of care and refusal of home fire safety visits
- Routinely asking questions about patient/service user's smoking
- Escalation of medium to high fire risks and hazards to a multidisciplinary forum and ultimately to the newly formed Creative Solutions Panel if risks remain high
- Awareness-raising of fire risk mitigations
- Routinely linking Assistive Technology like telecare to smoke detectors for patients and service users who smoke
- Assurance around regular updating of care plans
- Ascertaining if there is sufficient evidence base for a change in the law to enable fire brigades to secure legal powers to apply for Fire Safety Prevention Orders, similar to the legal powers environmental health officers have to prevent harm or public nuisance.


Over the course of the next year, the progress against delivery of the action plan will be monitored.

The SAR subgroup also followed up with relevant partner organisations on learning recommendations from the Yi SAR. The Yi SAR action plan has been closed.

No new SAR referrals were received during the year under review.

Liverpool SAB published the Mr A SAR into the death of a former Islington resident placed in Liverpool area. The Supreme Court has since clarified the law around ordinary place of residence – Mr A's ordinary residence would have become Liverpool. Nevertheless, the Liverpool SAR report made some recommendations for the Islington SAB, that have been accepted. Implementation of the learning will be followed up.

Following our recommendation to implement a risk escalation pathway, the Board set up and trialled a Creative Solutions Panel for the most complex, high-risk cases. After a 9-month trial, the Creative Solutions Panel has proved to be effective in addressing the most serious cases in the borough and at reducing some of the risks. Therefore, it has been agreed to continue with the Creative Solutions Panel.



DCI Sarb Kaur
Chair, Safeguarding Adults Review subgroup

Quality, Audit and Assurance subgroup

The Quality, Audit and Assurance (QAA) subgroup continues to support the Board in providing a strategic overview of the quality of safeguarding activity within Islington. The group have continued to meet quarterly, with representation from core partners and assurance provided by partners.

During the year 2022 – 2023, the QAA subgroup has reviewed specific areas of interest, audit and self-assessment including:

- self-neglect
- carers assessments
- financial abuse
- transitional safeguarding and
- Safeguarding Adults Partnership Assessment Tool (SAPAT)

The QAA subgroup drafted, consulted on, refined and worked with partners to develop a data dashboard. This dashboard will form a good starting point for identifying data trends, not only for local authority data but across the partnership.

Although there is more to be done towards achieving a range of regularly reported partnership data, it is a significant step forwards in getting the assurance the Board needs to discharge its functions.

The subgroup also made recommendations to the Board regarding identified risks when appropriate.

Karen Brown
Chair, Quality Audit & Assurance subgroup

Prevention and Learning subgroup

The Prevention and Learning (P&L) subgroup continues working towards meeting the Board's strategic objectives around embedding learning from serious cases with the aim of preventing future similar cases occurring again.

The following key pieces of work were undertaken over the last year:


- Produced a suite of resources on mental capacity law learning from multiple serious cases for including
 - A video for practitioners
 - A 7-minute briefing for practitioners
 - Easy Read guidance on mental capacity for practitioners to use with service users and carers
- Held a very well attended and well-received multi-agency pressure ulcer prevention workshop led by a tissue viability nurse from Whittington Health
- Disseminated information about pressure ulcer prevention
- Developed multi-agency guidance on reducing restraint and restrictive practices

Graeme McAndrew
Chair, Prevention & Learning subgroup

Service User and Carer subgroup

Engagement with people who have lived experience of safeguarding is essential. It ensures our work is relevant to people's lives and that our messaging is on target. Listening to their experiences is important for change and innovation. This process powerfully connects and then often drives what comes next on our workplan.

We are grateful to the small, but committed group of service users, carers and advocates who continue to give their time and share their lived expertise with us. Through their willingness to share, we gain unique end-user insights into how local safeguarding adults processes play out. Sometimes their feedback serves to confirm what staff and volunteers tell us and other times their feedback reveals a gulf between policy and practice. Either way, the feedback is shared with the Board and helps to shape the Board's plans.



A topic of great interest to the group continues to be fire safety and personal evacuation plans. The group took great interest in the 'Liam' Safeguarding Adults Review and has been keen to see the Board learn the lessons from it. Their clear message was that when they are in high-risk situations, professionals need to 'hear their voice but keep them safe'. Members of the group, with the support of Elfrida Society and London Fire Brigade, produced some easy read guides on fire safety.

As part of the parliamentary consultation, we consulted with the group on the government's proposed Liberty Protections Safeguards law. They shared concerns about how the proposed guidance would work in practice. They felt that the guidance was not sufficiently person-centred.

Other topics of discussion also covered were:

- The value of day centres to communities and their role in safeguarding
- Dignity in home care
- Advocacy

The group expressed concerns about the police's proposed Right Care Right Person approach to callouts to people in mental health crisis. Safe, compassionate and proportionate responses to people in mental health crisis are important to our group. In response, the police and mental health services will be involved in discussions going forward.

Active representation on the Association of Directors of Adult Social Services (ADASS) London Safeguarding Voices group has been beneficial. It has helped to link local user voices to the wider London lived experience. At the suggestion of one of our subgroup members, Islington innovated

videoconferencing hubs and live-streamed the ADASS safeguarding adults conference to over 100 residents. This model has been well-received and will now be rolled out across London for the next conference.

Eleanor Fiske
Chair, Service User & Carer subgroup

Experiences and Statistics

Statistics can be extremely useful to us in spotting trends, defining our strengths and highlighting areas for further analysis or development.

However, statistics do not tell the whole story of someone's safeguarding experience. No statistic can capture the trauma and impact of abuse, neglect and self-neglect.



1. Experiences

To put ISAB statistics in their proper context soft intelligence is used. We look behind the statistics at the human experience. Auditing case files, seeking feedback from people after a safeguarding case has been closed, analysing complaints and engaging with the public are just some of the ways this is done.

Honest feedback is also sought from service users and carers, for example during a Safeguarding Adults Review. Far from shrinking away from criticism, the ISAB actively encourages it. Although it can sometimes make for uncomfortable listening, the insights of services users and carers are a goldmine of information and help us identify what needs to be improved in the partnership.

Just because information has been collected from qualitative observations and feedback, doesn't mean it is unreliable. Service users and carers sometimes even identify trends ahead of the statistics.

What soft data lacks in rigour, it makes up for in its richness and ability to give insights into the human experience.


2. Statistics

This year's report contains data captured only by Islington Council. The Quality, Audit and Assurance subgroup has made some progress in collating a wider range of data to assure ourselves that adults with care and support needs are safeguarded in settings such as hospitals.

The Islington partnership data dashboard for safeguarding adults is still in development, but it is a positive step towards getting a clearer picture of abuse and neglect trends and activity across the borough. Work will continue with partners to harvest richer and wider sets of data from them.

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

Here, it is important to note that hard data can only provide concrete answers to the who, when, and what questions. What hard data fails to do is provide any reasons why. Only by interpreting the hard data together with other sources and soft



data, a reasonably informed understanding can be reached of why a trend is going in a particular direction and what steps we might need to take next.

3. Safeguarding Concerns

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

During the year we had 2,179 **safeguarding concerns** reported to us, compared with 2,844 last year in 2022/21 and 3,353 in the previous year 2020/21.

Nationally, the long-term trend has been for a gradual increase in the number of safeguarding concerns over the years since the Care Act was introduced in 2015. In Islington, safeguarding concerns have decreased over the past couple of years. This may be due to a number of actions that have been taken including better awareness amongst our partner organisations about when to raise a safeguarding concern and when to make another type of referral and changes in internal

processes. In comparison with other areas, Islington has always had a high number of concerns referred but a lower conversion rate. The decrease may therefore indicate that referrals are being appropriately signposted at an earlier opportunity.

4. Safeguarding enquiries

In 2022/23 we had 332 **safeguarding enquiries** (**15%** of the total concerns raised). Of these 332 enquiries, 324 were carried out as safeguarding enquiries under Section 42 of the Care Act 2014.

A further 8 enquiries were looked into under another type of safeguarding enquiry. It may turn out that the Section 42 duty is not triggered because the concern does not meet the statutory criteria, but practitioners are not comfortable with the level of risk so a non-statutory safeguarding enquiry is carried out.

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

Case example

Agara is in her 80s requires a pacemaker. She has dementia and has been assessed as lacking capacity to make a decision about whether to have this procedure or not. Her niece Achala has Lasting Power of Attorney for health and welfare and is not agreeing to this procedure. Achala has stated her aunt has lived long enough and should be allowed to die.

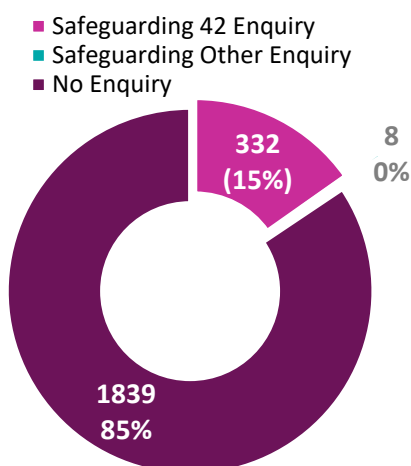
The Office of the Public Guardian were informed by the hospital and are involved in the case, and a safeguarding adult concern raised. Agara has now had the pacemaker fitted.

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

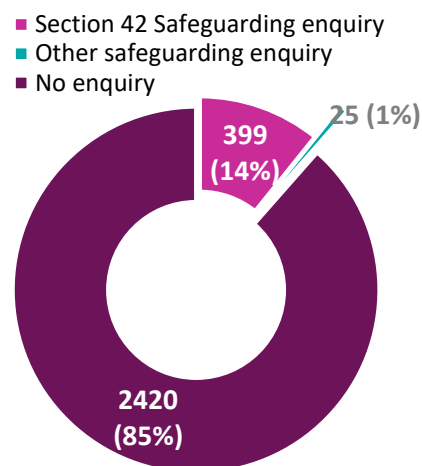
5. Safeguarding concerns to enquiries 'conversion rate'

A similar number of safeguarding concerns to last year and a similar 'conversion rate'

Last year (2022-23)



Previous year (2021-22)



* Some of the safeguarding concerns and enquiries shown in the above charts may have started in the previous year

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

The framework supports decision-making about whether a reported safeguarding adults concern requires a statutory enquiry under the Section 42 duty of the Care Act, 2014 or a non-statutory response by either the local authority or other

partners. As closely as local authorities follow the framework guidance, there is inevitably a degree of variation locally about how it is applied.

Our conversion rates in recent years have ranged between 10 - 15%, which are considered to be at an appropriate level, but lower than some other areas.

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



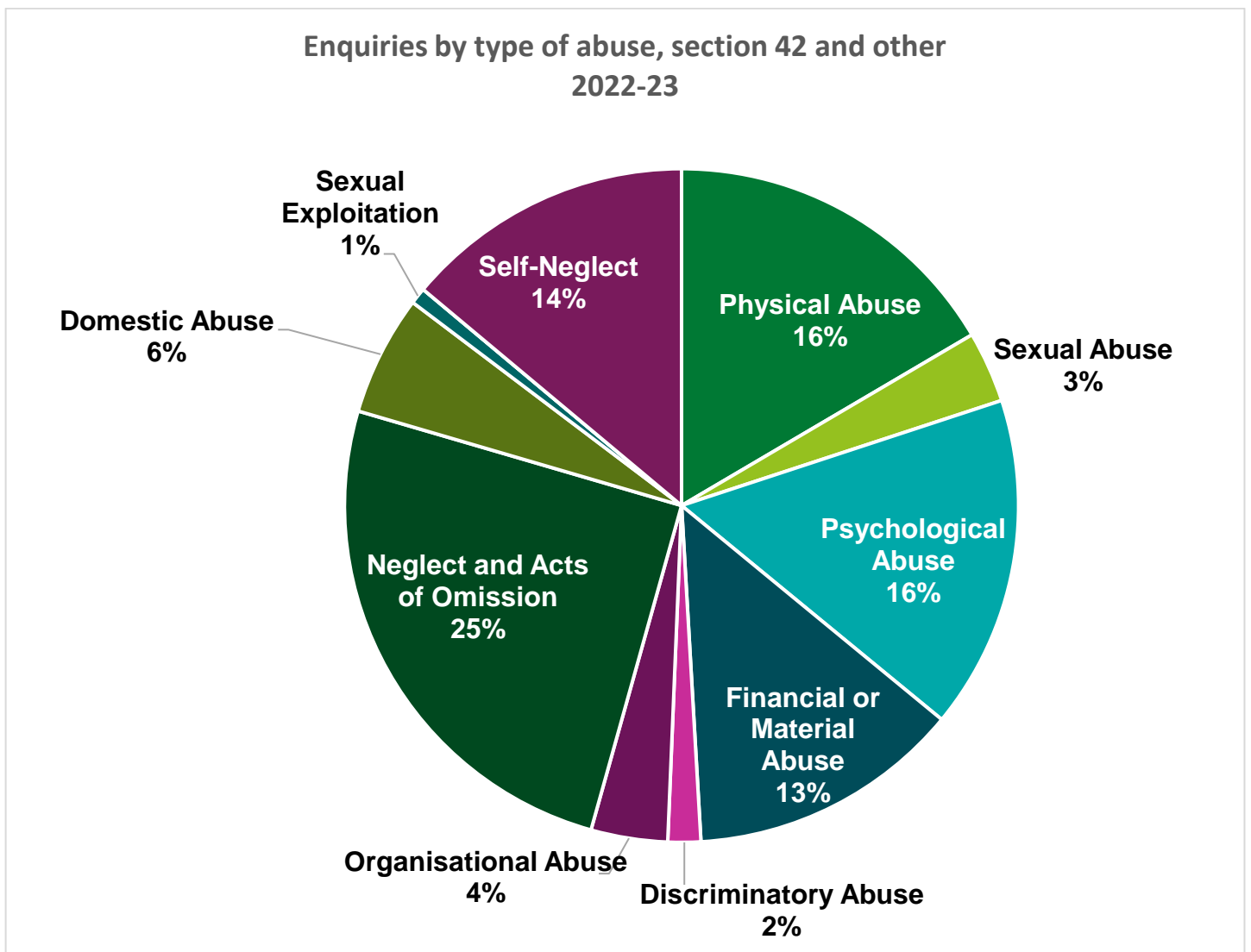
Staff are trained to ensure they apply the framework correctly. Case file audits and workshops for social workers around safeguarding adults are available to ensure decision-making processes are well evidenced and that people who have experienced harm and abuse have their risks reduced or removed. Continual reflection on the application of the ADASS and LGA framework takes place to help respond to any support or training needs that our social workers may have.

A weekly safeguarding closure panel and surgery takes place to support practitioners in their safeguarding practice.

The [national data for 2022/23](#) allows us to benchmark our data. Data from previous years is also available from [NHS Digital website](#).

6. Types of abuse

The different types of abuse about which we made safeguarding enquiries during 2022-23 are shown in the chart below. When we look into a safeguarding concern about an adult, we often discover there is more than one type of abuse taking place.



The chart above shows that in 2022-23 year, the three most common types of abuse we made enquiries into were neglect, physical abuse and psychological abuse. The data shows that for the first time in many years, financial abuse was no longer in the top three types of adult abuse in Islington. Anticipating that there may be a rise in financial abuse, work took place across NCL partners to highlight the risks and advise on what preventative measures should be employed to reduce risk before harm arose.



Numbers of safeguarding concerns reported to us about modern slavery or sexual exploitation of adults with care and support needs remain low. Awareness of these types of abuse will continue to be raised. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these types of abuse. The signs of modern slavery and sexual exploitation can be hard to spot, awareness of what to look out for will continue to be raised. Islington Council continues to provide well-received in-house training on modern slavery and human trafficking and will be carrying out an audit during the next year. Given the reported rise of modern slavery concerns within the care sector nationally, this will be an area of specific focus next year.

Discriminatory abuse, in line with most other areas across the country, remains low. The Care and Health Improvement Programme (CHIP) is exploring the reasons whether and why discriminatory abuse levels are under-identified and under-reported. ADASS has issued [guidance](#) for practitioners which explains that "discrimination may not be recognised as abuse 'in its own right', because it manifests itself alongside / within other abuse types. As a result, the dynamics of discriminatory motives may be less recognisable than the abusive acts that are experienced."

Monitoring of trends will continue over several years and data will be compared with that of similar boroughs in London to see whether there are any emerging differences that need to be acted on.

Feedback on training from participants

"The trainer's way of explaining the subject and the interaction with the other delegates was really good"

"It was facilitated at a good pace and we had the opportunity to ask questions"

Self-Neglect and Hoarding -

"Useful information and the woman running it ran it well! I now have far more Awareness of Self Neglect"

The trainer's interactive way of presenting the training was, very engaging.

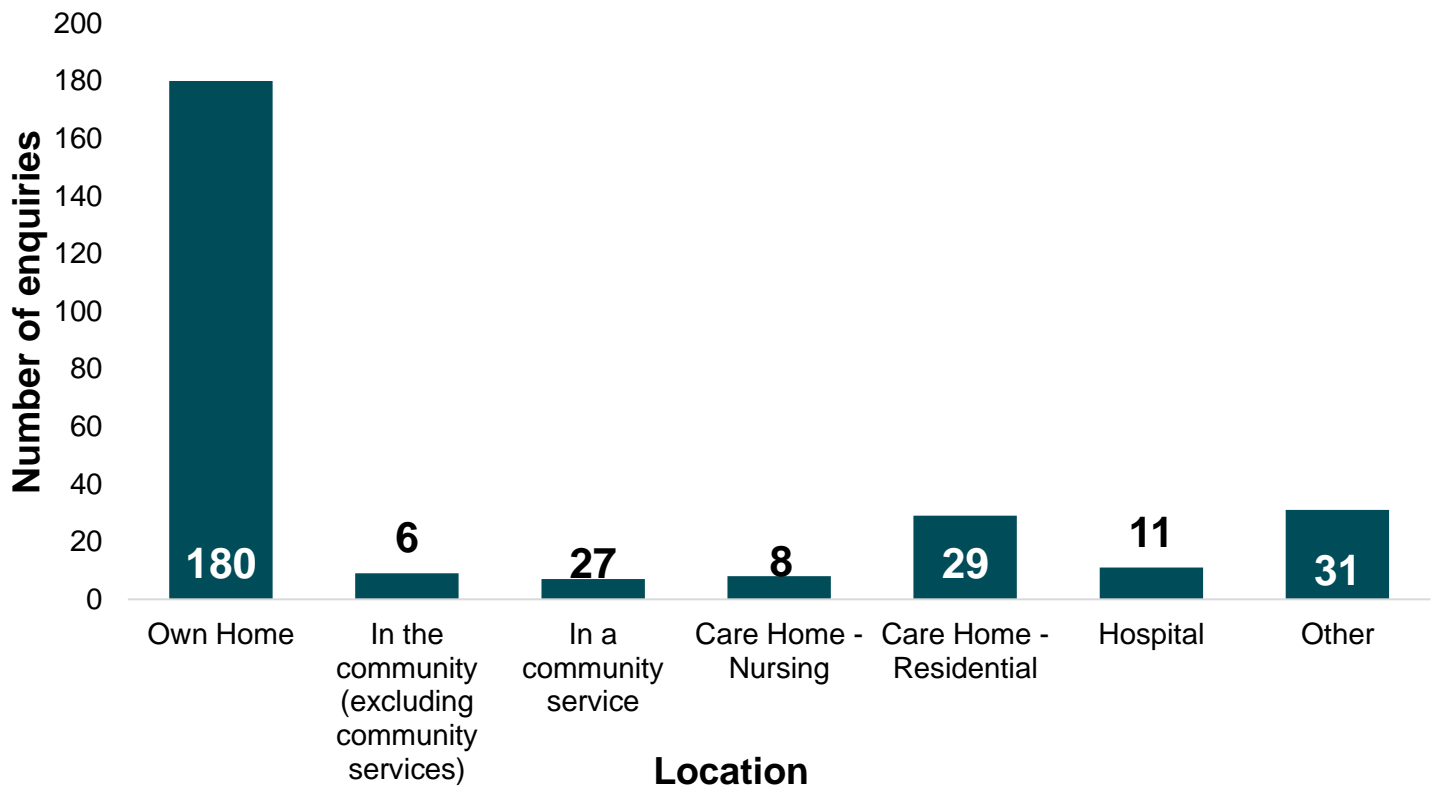
Adult Safeguarding for Designated Leads

"The trainer's way of explaining the subject and the interaction with the other delegates"

Safeguarding Adults –
An Introduction
"It was useful!"

7. Where abuse took place

Number of enquiries by location, section 42 and other 2022-23

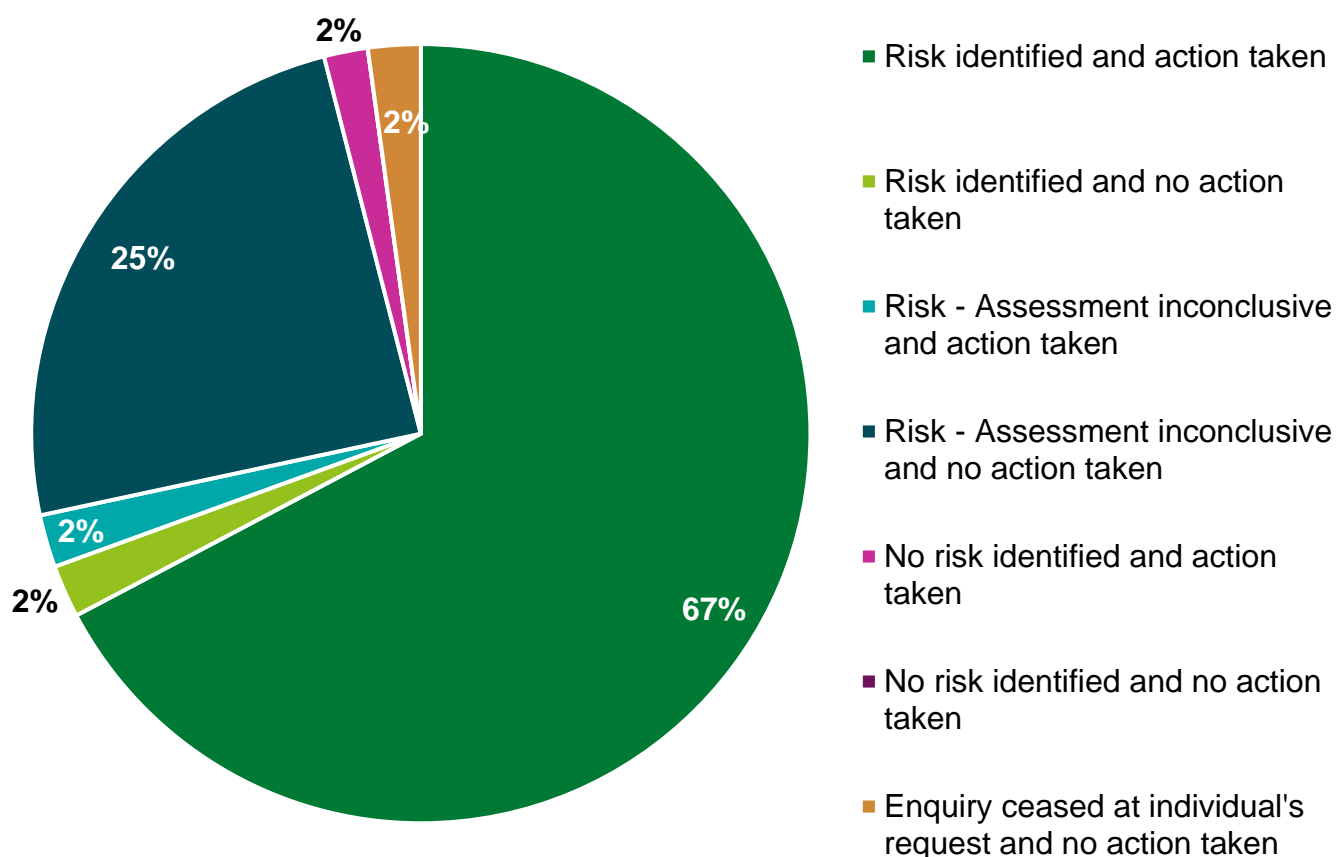


Note: Hospital admissions have been grouped together due to small numbers & potentially disclusive

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

8. Action we took

Actions we took to help the adult 2022-23



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

The graph above is based on the safeguarding enquiries that were closed in 2022-23. In nearly all of the cases we took some kind of action.

Recording the actions taken for all cases is now a mandatory field in the recording system. We identified and took action in 67% of the cases, compared with 89% of cases in the previous year. We are looking into the reasons for this and making sure social workers are correctly recording all the protective actions they take in a safeguarding enquiry. Through case file auditing, use of safeguarding surgeries and safeguarding case closure panel, we check that social workers have considered the full range of protective actions available to the adult.

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



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

In 25% of cases, the assessment was inconclusive, and no action was taken. This is a large variance from the previous year when there were no such cases. Further work is being done with staff to ensure that all action and outcomes are recorded correctly. Now that the Quality, Audit & Assurance subgroup of the board has developed a data dashboard. The data dashboard will help us to understand all our activity in more detail, including numbers of inconclusive cases, and actions can be taken to address issues of concern.

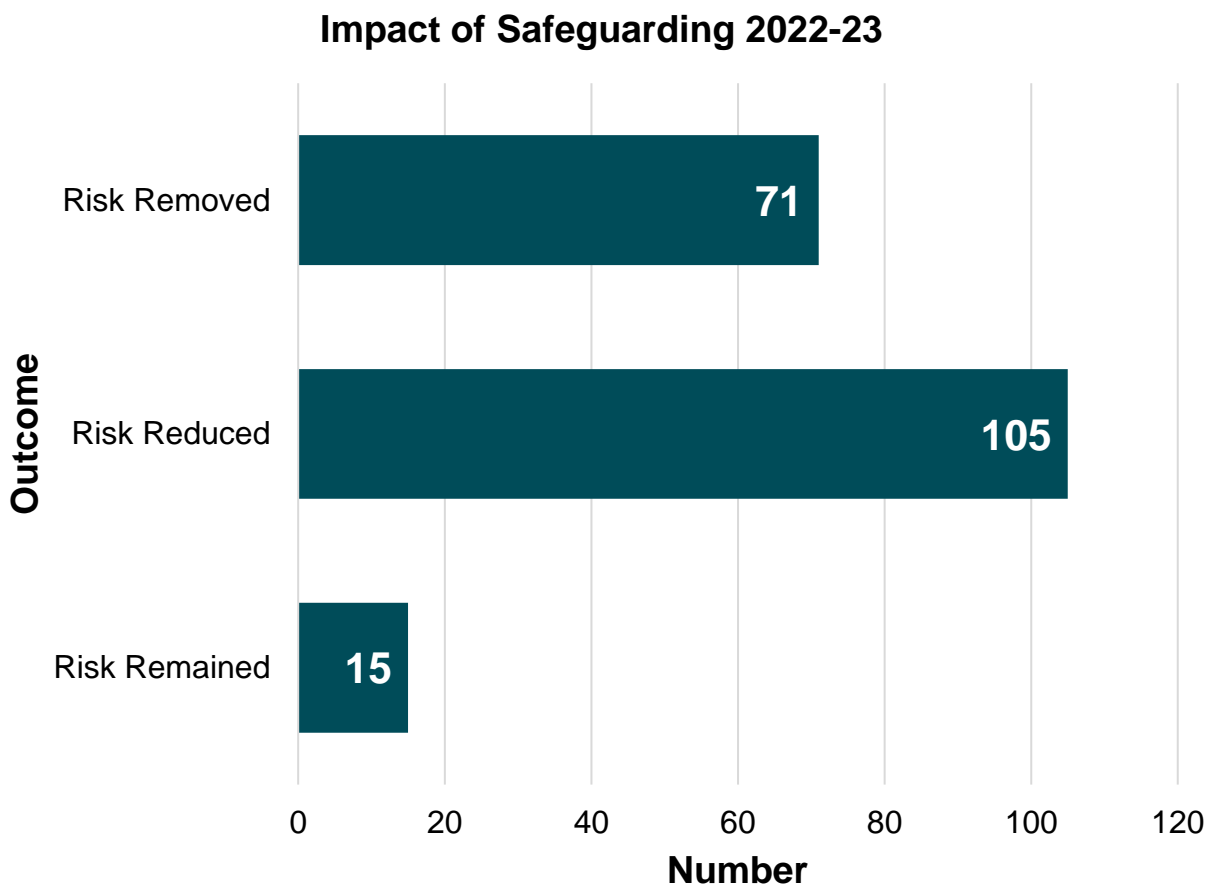
In 2% of the cases a risk had been identified but no action was taken. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no significant ongoing risk to the adult. In this situation we expect partners to come together to explore all options and, if the risks are high, consider escalating to the ISABs Creative Solutions Panel.

In 2% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we need to act against someone's wishes. If this needs to happen, we carefully explain to the adult involved the reasons for our decision.

9. The impact of safeguarding

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

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



This graph is based on the number of closed Section 42 enquiries in 2022-23 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate. We have excluded any enquiries which were still being investigated at the time of submission of the year end data to NHS Digital.

10. Making safeguarding personal

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

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

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



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

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

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

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

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

Embedding a MSP approach remains a priority and forms one of the principles of our current 3-year strategy for 2022-25.

11. Safeguarding Adults Reviews

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

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



Under the Care Act 2014, the ISAB has a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies; and the Board knows, or suspects the death was as a result of abuse or neglect and there is concern about how the SAB, its members or organisations worked together to safeguard the adult.

Referrals for Reviews

No new cases were referred to the SAR subgroup for consideration as a SAR.

Publication of Reviews

During the 2022-23 year, a 7-minute briefing of the '[Gertrude](#)' SAR was published on the ISAB website so that key learning points could be disseminated with the public. The full SAR report was shared with relevant partners and the action plan for this case has been closed off, although work continues on regarding some of the key themes, such as encouraging partner organisations to identify carers and refer them for carer's assessments.


The '[Liam](#)' SAR was conducted during the 2022-23 year and the full SAR report was published shortly after year end.

The Board has developed an action plan based on the recommendations made in the Liam SAR report. Several partner organisations had already identified steps they could take to improve fire safety prevention and fire hazard identification and began implementing changes before the SAR report was even published.

As there is still work to do, partners will continue to be held to account in achieving change over the coming year.

Key recommendations from the report included:

- training all staff who visit people in their homes on fire risks identification
- improving awareness of fire risk mitigations
- routinely linking Assistive technology like telecare to smoke alarms
- making use of the London Fire Brigade's Person-Centred Fire Risk Assessment
- escalating high fire risk cases to an appropriate multi-agency forum or panel

- 
- recording and responding appropriately to refusal of care.

The report also identified that there may need to be a change in the law to allow fire brigades to apply for a fire safety prevention order when adults have mental capacity but refuse fire prevention support when the fire risks are high. The ISAB is working with the London Safeguarding Adults Board and National Chairs Network to raise this through the National Fire Chiefs Council.

Learning from other reviews

Learning from other types of review, such as Domestic Homicide Reviews, Coroner's Inquests, as well as SARs from other Boards is shared with our partners. This ensures learning from other places are embedded into practice and maintain good practice. One such case was the [Coroner's Prevention of future deaths notice](#) which related to a care home situated in Islington. As a result

of this case, we published updated choking prevention guidance on our website.

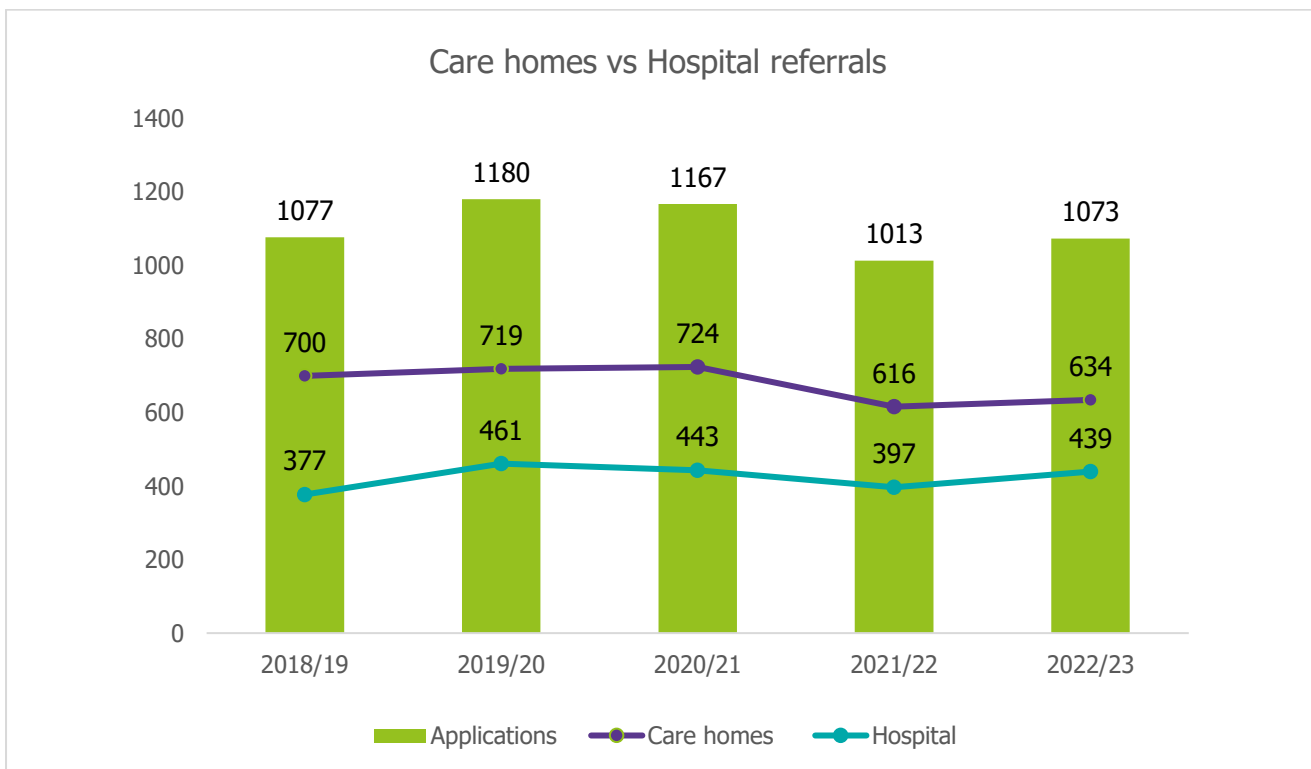
The Liverpool Safeguarding Adults Board carried out a SAR following the death of [Mr A](#) during the 2022-23 year, which was published shortly after year end. Because Mr A was previously a resident in Islington and had been placed in Liverpool under Section 117 of the Mental Health Act, the SAR author made some recommendations for the Islington Safeguarding Adults Board and partners to implement. The Islington Safeguarding Adults Board [published a response](#) accepting the recommendations of the SAR.

Subsequently, the Supreme Court has clarified the law around ordinary residence as it applies to Section 117, which puts a different slant on some of the report recommendations. Nevertheless, we are committed to learning from this case and ensuring practice improvements around Section 117 cases and choking prevention.

12. Deprivation of Liberty Safeguards

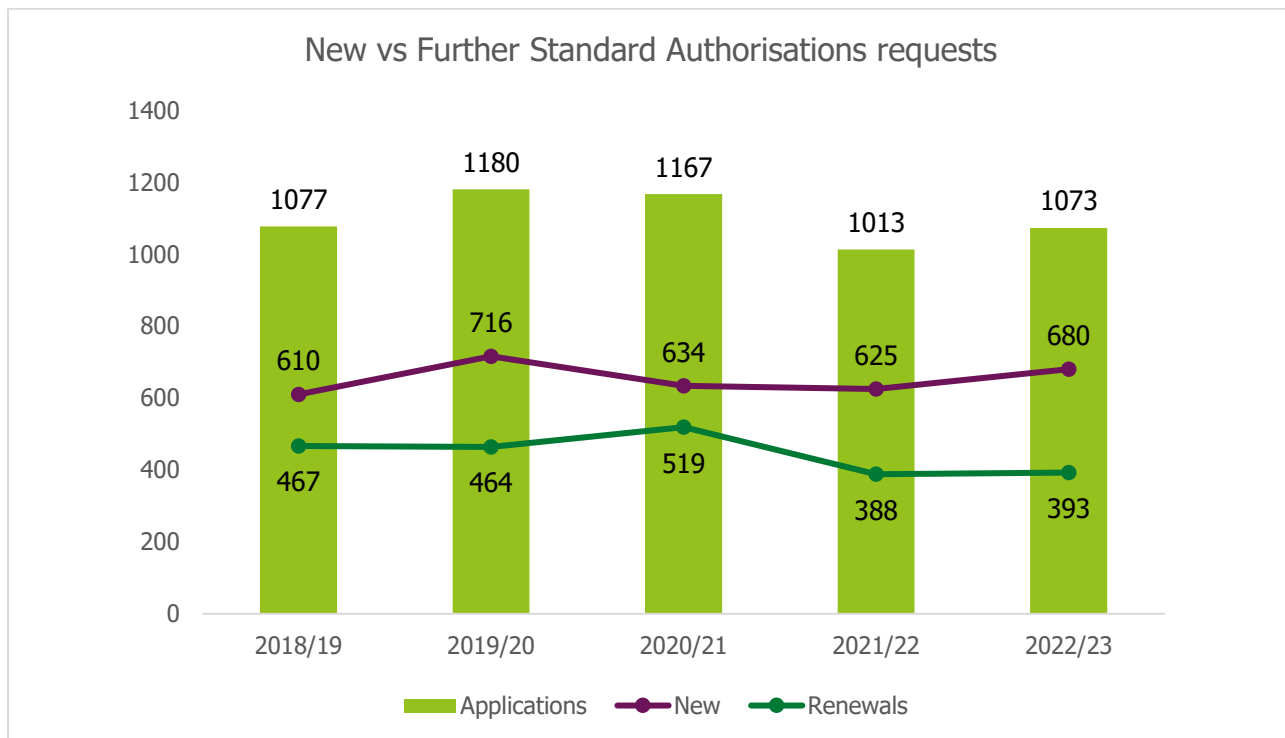
All adults should be free to live life as they want. If someone’s freedom is restricted or taken away in a hospital or care home, there are laws and rules to make sure it is done only when necessary and in their best interests.

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



The number of DoLS referrals for the period April 2022 to March 2023 was slightly higher than the previous year, but overall the number of referrals has been levelling off in last five years. Most DoLS referrals (59%) are from residential care homes.

New referrals and renewals have returned to levels broadly in line with pre-Covid pandemic levels.



Safeguarding through DoLS

The DoLS service is pro-active and skilled in ensuring that safeguarding issues identified within person’s relevant person’s representative (PRPR) reports or identified by the assessors are raised as safeguarding concerns when required. The team also ensures that they follow up on any recommendations or other issues raised by DoLS assessors or paid RPRs within their reports with the relevant social work teams or commissioning colleagues. This ensures that any concerns around a person’s care or support are identified, shared and resolved to prevent potential safeguarding concerns developing.

If and when the resident under a DoLS authorisation or their representative expresses objection to their placement, the social work teams are notified, and where appropriate a paid Relevant Person’s Representative is put in place to help facilitate a Court of Protection (COP) referral if appropriate.


Conditions and recommendations

Conditions are specifically attached to lessen the restrictions that the Relevant Person is subjected to. The decision around whether conditions are needed is always given careful consideration by the Best Interest Assessor (BIA). An additional level of assurance is provided by the DoLS team who are skilled at quality assuring all assessments and making further recommendations around conditions and having further discussions with the BIA.

Furthermore, the Supervisory Body Signatory also considers whether conditions are indicated.

During 2022-23 the Supervisory Body attached conditions to DoLS Standard Authorisations in 36% of all granted authorisations, a decrease of 14% on the previous year.

It is unclear why there has been a decrease in attached conditions, but it may reflect improving



practice around the MCA and care being provided in a less restrictive way.

Over the next year, the DoLS team will continue to closely monitor using quality assurance mechanisms, including a sample audit of cases with no conditions attached.

Paid Relevant Person's Representative's support:

In October 2022 Islington, jointly with Camden, commissioned a new Advocacy Provider. One of the functions of the commissioned advocacy service is to provide Paid Relevant Person's Representatives (PRPR) to people who are under DoLS authorisation and who are without family or friends who would be able to represent them in regard to DoLS.

During this period of transition, the DoLS service implemented strategies to ensure service users were safeguarded as far as possible.

Proposed new DoLS scheme:

Locally, a lot of resource and effort had been expended since 2019 in preparation for introduction of the new Liberty Protection Safeguards (LPS) system. Our partner organisations were in a good position to implement the new system.

However, the government announced that the proposed system of Liberty Protection Safeguards (LPS) will not be implemented during this current parliament.

Next steps

We are proud of what we have achieved in the last year but as we look ahead, we have further to go in safeguarding adults. Ending adult abuse and neglect demands creativity, energy and commitment from all our partner organisations in Islington.



The ISAB is part-way through working towards achieving the aims set out in our 2022-25 strategy. Additional issues and areas for exploration are outlined below:

Rising cost of living

In our last report we had already identified the potential impact of inflation and resultant squeeze on living standards, as having potential consequences for adult safeguarding. Our Service User & Carer subgroup continues to share these concerns.

The SAB will continue to focus on this aspect of adult safeguarding and await with interest the outcome of the Local Government Association Safeguarding Adults Insight Project 2023 on the impact of hospital discharge, winter pressures and the cost-of-living crisis on safeguarding activity during the year.

Risk management and escalation

We have already made progress in addressing the most complex and high-risk safeguarding cases by setting up a Creative Solutions Panel. We will continue to keep this under review and ensure that escalation pathways are well understood and used by practitioners.

In Islington there are already several multi-agency issue-specific panels, such as hoarding panel and daily safeguarding meetings to name just a couple. We will consider whether there are any gaps for cases that do not neatly fit into these existing categories and how these cases get escalated where the risks remain high and unresolved.

Learning

The ISAB are committed to learning from serious cases. These cases are always sad and distressing for families, friends and the professionals involved, more so when the situations could have been prevented had agencies worked better together.

A large part of the focus for 2023-24 will be implementing learning from the ['Liam' Safeguarding Adults Review](#). All Board partners have work to do to ensure that the lessons from this case are learnt and we will be holding them accountable for implementing the report recommendations.

It is also important that we do not lose sight of learning from previous Safeguarding Adults Reviews and Coroner's Prevention of Future Deaths Notices.

Listening

Your views are important to us. The ISAB are committed to listening to what our community has to say. If you want to share your views with us,



please get in touch. Our contact details are at the end of this report.

Appendix A

Making sure we safeguard everyone

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

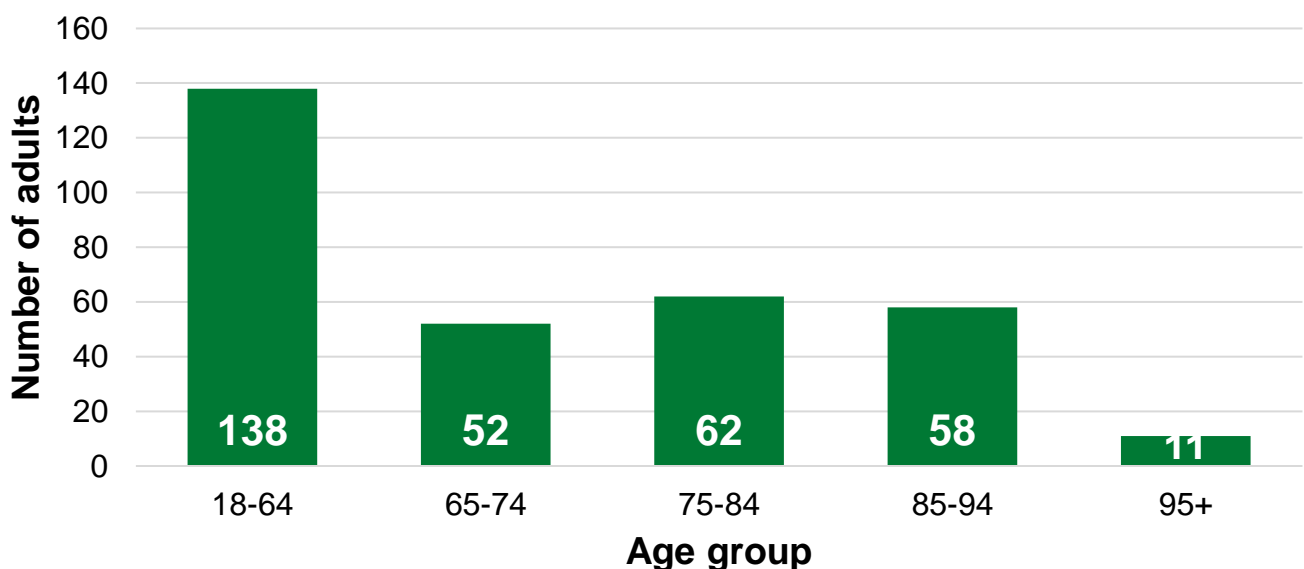
Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.



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

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

Number of adults we safeguarded by age group 2022-23

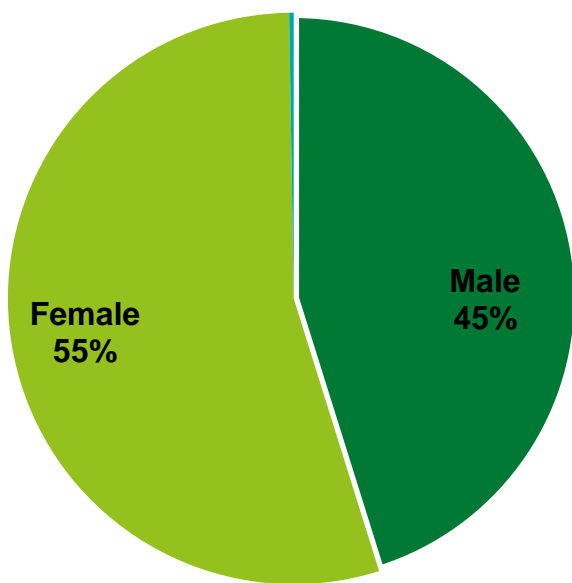


The chart above shows that this year (as in previous years) there were a lot of safeguarding concerns about people over 65 years of age. This is consistent with national



and international research that shows the older an adult is, the more likely it is that they will come into contact with services trained to spot signs of abuse and neglect. We know that adults with care and support needs are more at risk of abuse, so as adults become frailer, sadly they also become more at risk. Therefore, it appears we are continuing to do well. Staff across our partner agencies, including voluntary, faith and community services, are vigilant and our awareness campaigns are encouraging people to come forward and report suspected abuse of older people.

Adults who had safeguarding concerns raised about them 2022-23

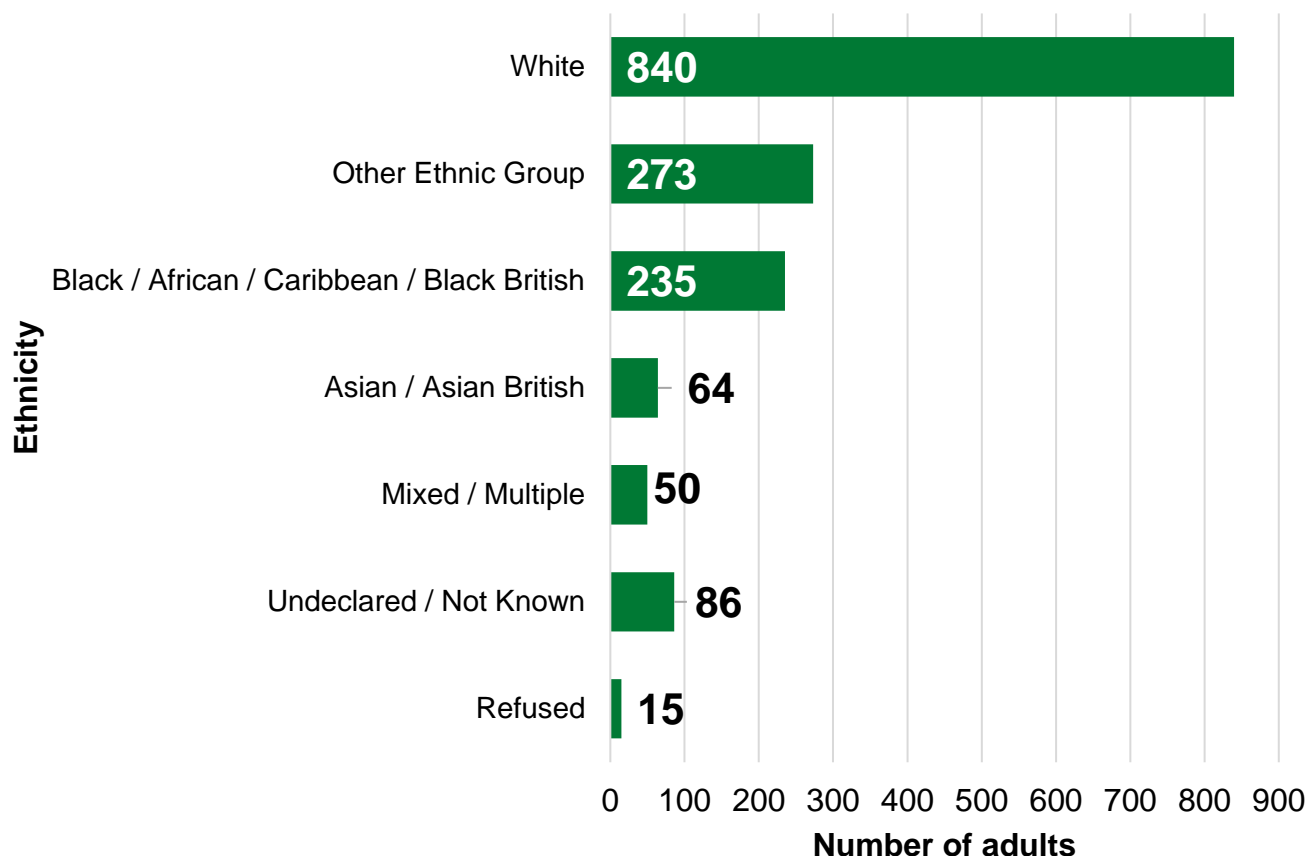


This chart shows the same gender proportions as last year. There were more concerns reported about women than men. It is difficult to know whether this is because women experience more abuse or whether abuse of women is more commonly reported than abuse of men. National research (Scholes et al, 2007)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

There were no safeguarding concerns about people who identified themselves as transgender. This may be explained by transgender adults being a statistically small group of people (estimated to be 0.1% of the population). It may also be because transgender adults chose not to disclose this information to us. We will continue to foster among practitioners the need to ensure appropriate opportunities for transgender people and other groups receive awareness raising information and share concerns.



Ethnicity of adults who had safeguarding concerns raised about them 2022-23



The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year.

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

Even though the safeguarding data above shows that the maximum concerns were received for people who identify as White, we need to compare this with the adult population data for Islington. Our data shows that adults who identify as Black/Black British and of Other Ethnicity are slightly over-represented in safeguarding data as compared to the adult population for this ethnicity in Islington. Asian/Asian British, Mixed Ethnicity and White residents had significantly lower proportion of safeguarding concerns raised, when compared to their proportion in the adult Islington population. We want to understand why some ethnicities are less likely to have safeguarding concerns reported about them. It may be that there are language barriers and that our awareness-raising materials are not reaching some communities, or it may be that some communities are less likely to trust services to respond sensitively to their concerns. We have



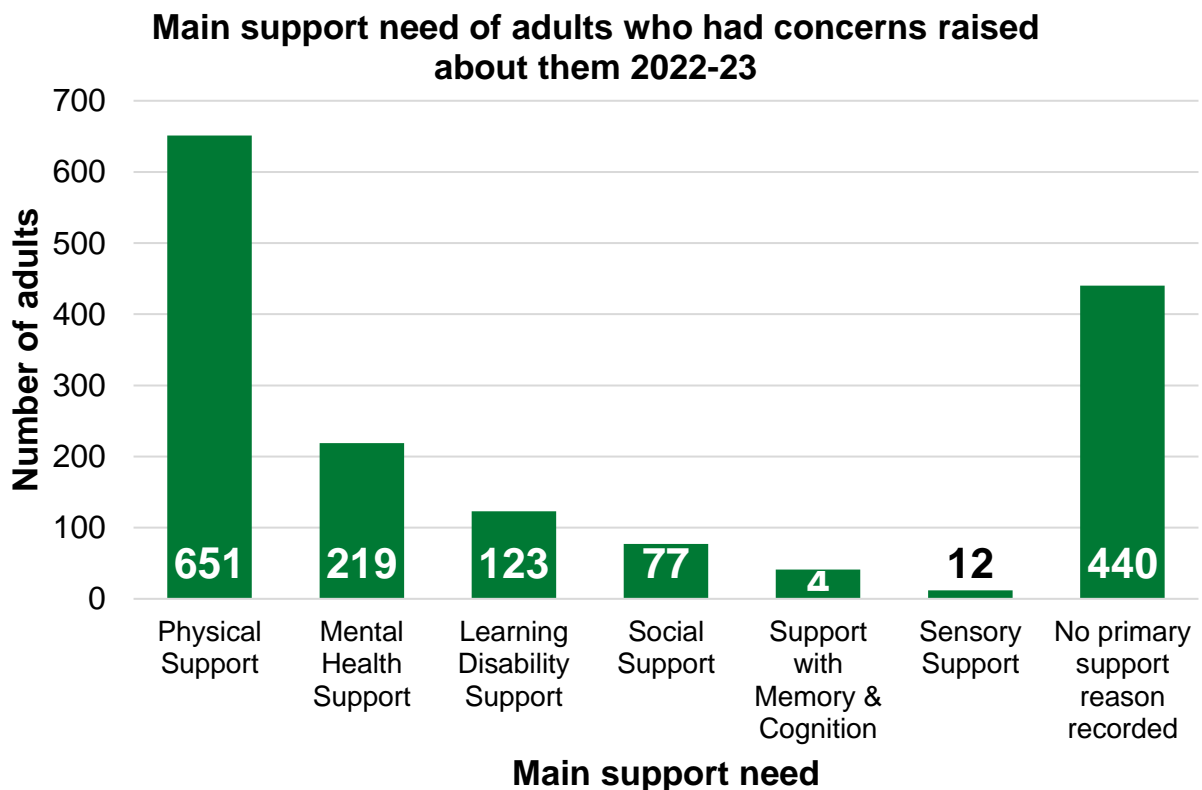
included an equalities strand of work in our current strategy and are working towards gaining a better understanding of the reasons some groups are less likely to have safeguarding concerns raised about them.

We continue to promote safeguarding adults through our range of leaflets and community language leaflets (Bengali, Chinese, Urdu, Greek, Turkish, Arabic and Somali). Through engaging with local communities, we aim to ensure that safeguarding concerns are not being missed.

Sexual orientation of adults safeguarded during the year

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

Even though our data is not complete, there may be enough data to suggest that lesbian adults are under-represented in safeguarding enquiries. We continue to work on this strand of equality and diversity and will engage with partner organisations on this aspect of equalities in our strategy for 2022-25. This will allow us to get a better understanding of any barriers this group may experience in accessing safeguarding support.

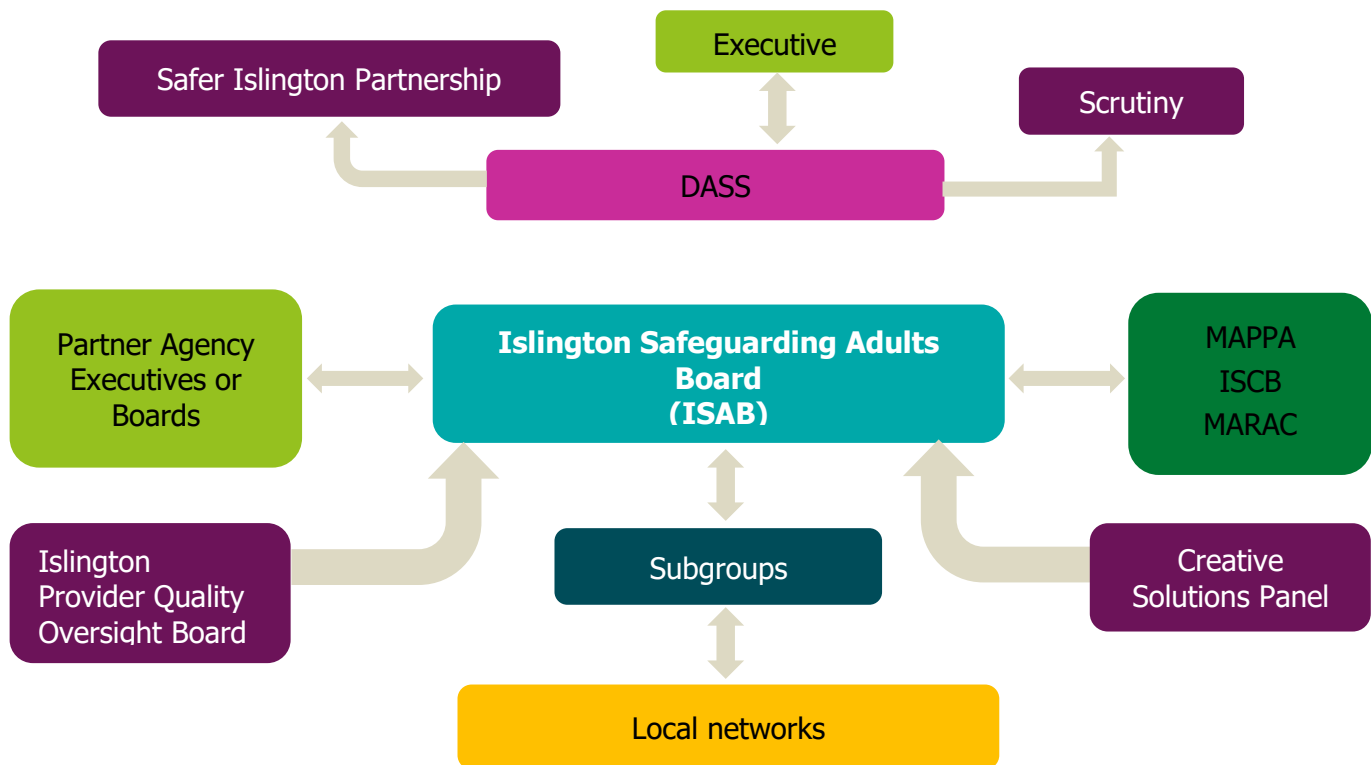


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that few concerns raised for people whose main need was that they care for someone else. It suggests we need to continue raising awareness amongst carers and organisations that support carers. We will continue to encourage practitioners to record the primary support reason of the person so that our data sets are more complete.

Appendix B

How the partnership fits in

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



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

Appendix C

Who attended our board meetings

Engagement from our partners is essential. While much of the work goes on behind the scenes, it is important for our partners to take part in our meetings.

We hold quarterly Board meetings. The tables here set out the organisations represented at board meetings and subgroup meetings throughout the year

Islington Safeguarding Adults Board Meetings	Board Meeting 04 May 2022	Board Meeting 20 July 2022	Board Meeting 19 Oct 2022	Board Meeting 02 Feb 2023
Partner Organisation				
Independent Chair	P	P	P	P
Police	P	P	P	P
Islington Council	P	P	P	P
Islington Clinical Commissioning Group	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	P	P	P
London Fire Brigade	P	P	P	P
Camden & Islington Mental Health FT	P	P	P	P
Whittington Health	P	P	P	P
Community Rehabilitation Company	A	A	A	A
Probation	A	A	P	P
Safer Islington Partnership	A	A	A	A
Co-Opted Organisation				
Age UK Islington	P	P	P	P
Notting Hill Pathways	A	A	P	P
Healthwatch Islington	P	P	P	P
Single Homeless Project	P	P	P	A
Attendees				
Care Quality Commission	P	A	A	A
NHS England	N/A	N/A	N/A	N/A
Islington Council - Elected Councillor	A	A	A	P
General Practitioner	N/A	N/A	N/A	N/A
HMP Pentonville	A	P	A	P
Voluntary Action Islington	A	A	A	A

Key

P = Present

A = Apologies no substitute

N = No apology/ substitute recorded

C = Does not attend; receives papers only

N/a = not applicable

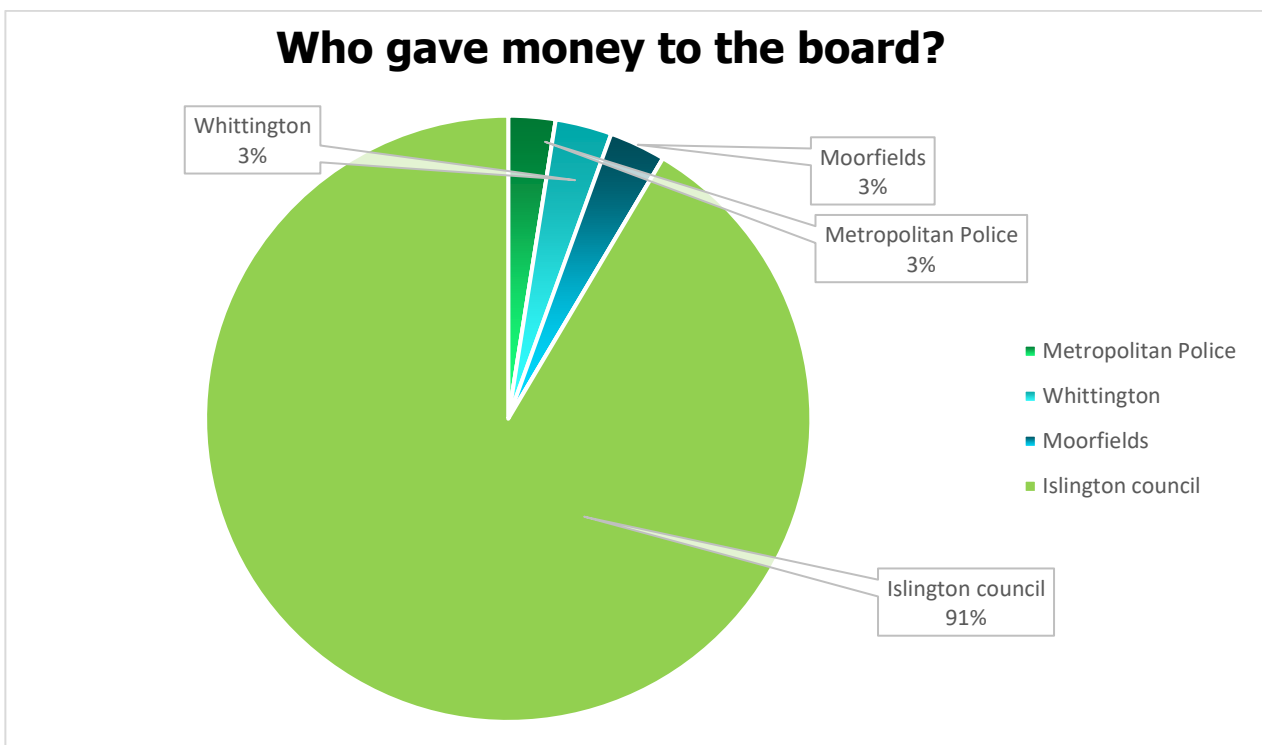
Quality, Audit and Assurance Subgroup	Subgroup meeting 4 April 2022	Subgroup meeting 22 June 2022	Subgroup meeting 8 Nov 2022	Subgroup meeting 17 Jan 2023
Partner Organisation				
Chair (Clinical Commissioning Group)	A	A	A	P
Islington Council	P	P	P	P
Whittington Health	P	P	P	P
Moorfields Eye Hospital NHS Foundation Trust	P	P	A	A
Camden and Islington NHS Foundation Trust	P	P	A	A
Notting Hill Housing	P	A	A	A
Police	P	P	P	P
Safeguarding Adults Review Subgroup	Extra ordinary Subgroup Meeting 13 April 2022	Extra ordinary Subgroup meeting 08 June 2022	Subgroup Meeting 06 July 2022	
Partner Organisation				
Chair (Police)	P	P	P	P
Islington	P	P	P	P
Single Homeless Project	P	P	P	P
Islington Clinical Commissioning Group	P	P	P	P
Age UK	N/A	N/A	N/A	N/A
Camden and Islington NHS Foundation Trust	P	P	A	A
Whittington Health	A	P	A	A
Moorfields	N/A	N/A	N/A	N/A

Prevention & Learning subgroup	Subgroup meeting 12 April 2022	Subgroup meeting 14 June 2022	Subgroup meeting 09 August 2022	Subgroup meeting 31 October 2022	Subgroup meeting 30 January 2023	Subgroup meeting 15 March 2023
Partner Organisation						
Chair (Moorfields NHS FT)	P	P	A	A	A	A
Islington Council	P	P	P	P	P	P
London Fire Brigade	A	A	A	A	A	A
HMP Pentonville	A	A	A	A	A	A
Notting Hill Genesis	A	A	A	A	A	A
Camden and Islington NHS FT	P	P	P	P	P	P
Whittington Health	A	P	P	A	P	P
CCG	A	A	P	P	P	A
Met Police	A	A	A	P	P	A

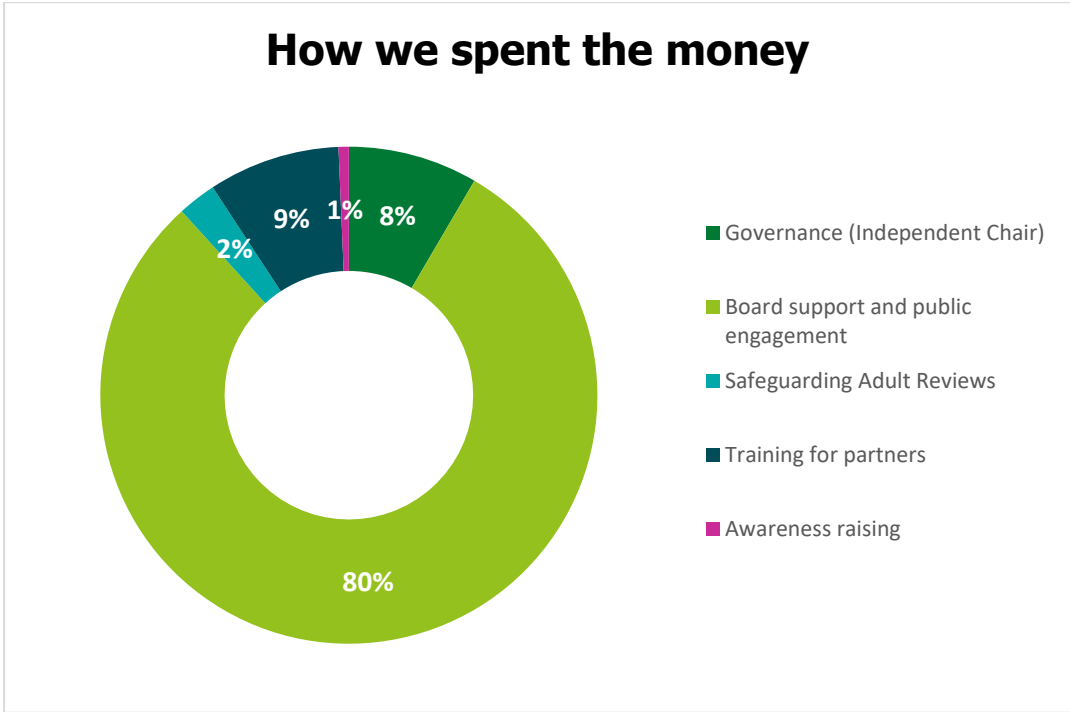
Appendix D

How is our Board resourced?

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



As the above chart shows, Islington council financed nearly 91% of the costs of the Safeguarding Adults Board in Islington. Discussions continue with other Board partners regarding future funding and resources.



It cost roughly £204,227 to support the work of the Board during the year. Last year’s expenditure was £200,302.

The increase in this year’s expenditure is because we commissioned an independent reviewer for the LIAM SAR and rising cost due to inflation.

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

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

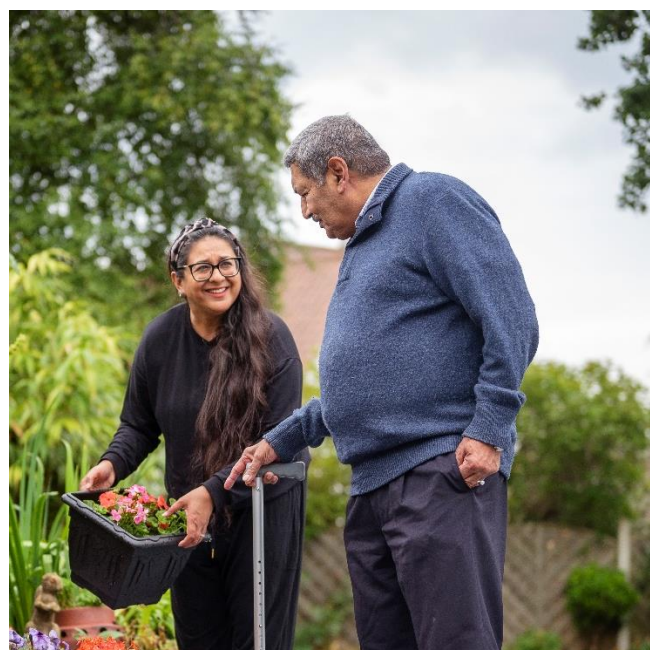
Appendix E

Our impact on the environment

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

Sometimes our work also highlights opportunities to reduce household environmental impacts. For example, we might refer adults at risk to the Seasonal Health Intervention Network (SHINE). SHINE gives energy saving advice to residents. Not only does this help reduce fuel poverty and improve the health and wellbeing of residents, it supports lifetime behaviour changes and help with energy efficiency that can reduce carbon emissions.

For more information about SHINE, click [here](#).





Appendix F

Jargon buster

Abuse

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

Adult at risk

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

Care Act 2014

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

Clinical Commissioning Group (CCG)

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

Channel Panel

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

CRIS

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

Community Risk Multiagency Risk Assessment Conference (CRMARAC)

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

Deprivation of Liberty Safeguards (DoLS)

The process by which a person lacking the relevant mental capacity may be lawfully deprived of their

liberty in certain settings or circumstances. It operates to give such a person protection under Article 5 of European Convention on Human Rights (right to liberty and security).

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

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

Female Genital Mutilation

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

LeDeR

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

Liberty Protection Safeguards

A set of safeguards that were intended to replace the current system of Deprivation of Liberty Safeguards

Making Safeguarding Personal

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

Mental Capacity Act (MCA)

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

Merlin

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

Neglect

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

Safeguarding Adults Board

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

Safeguarding Concern

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

Safeguarding Enquiry

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

Seasonal Health Interventions Network (SHINE)

SHINE aims to reduce fuel poverty and seasonal ill health by referring a resident on to services. For example, it may refer someone for energy efficiency advice and visits, fuel debt support, falls assessments, fire safety and benefits checks.

Provider Quality Oversight Board

A board that meets to look at the quality of care being provided in care homes, care in your home and hospitals for older people in Islington. They share information on services to improve the quality of care for service users.

Prevent

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

Section 136 of Mental Health Act 1983 (Mentally disordered person found in a public place)

This law is used by the police to take a person to a place of safety when they are in a public place. The police can do this if they think the person has a mental illness and is in need of care.

Section 135 of Mental Health Act 1983 (Warrant to search for and remove patients)

This law is used by the police to take someone to a place of safety for a mental health assessment.

Section 5 of Mental Health Act 1983 (Application in respect of a patient already in hospital)

This law is used by a doctor or Approved Mental Health Practitioner (AMPH) to stop an adult from leaving a hospital in order to treat them in their best interest.

Section 6 of Mental Health Act 1983 (Application for admission into hospital)

This law is used by a doctor or AMHP to admit an adult to hospital in order to treat them in their best interest.

Appendix G

What should I do if I suspect abuse?

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

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



If you suspect abuse of a vulnerable adult, please contact:
Adult Social Services Access and Advice Team
Tel: 020 7527 2299 or
complete an online safeguarding [concern form](#)

You can also contact the
Community Safety Unit (part of the police)
Tel: 020 7421 0174
In an emergency, please call 999.
For more information:
[Islington Community Safety](https://www.islington.gov.uk/community-safety)
<https://www.islington.gov.uk/community-safety>

For advice on **Mental Capacity Act & Deprivation of Liberty Safeguards** contact:
Tel: 0207 527 3828
Email: dolsoffice@islington.gov.uk
For more information, click [here](#)

All the people whose faces you can see in the photographs in this review have agreed for their images to be used.

Thanks for reading!

We hope you enjoyed reading this review. For any questions, feedback or further detail, please email: safeguardingadults@islington.gov.uk or write to us at:
Islington Safeguarding Adults Board, 4th Floor, 222 Upper Street, Islington, London, N1 1XR

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Islington Safeguarding Adults Board

Summary Annual Review 2022 - 23

Our Achievements



Our Quality Audit and Assurance subgroup developed and consulted on a data dashboard of key indicators which will be implemented over the coming year.



We now have a Creative Solutions panel for the most complex, challenging cases of abuse and neglect, which is helping to reduce risk.



Our Service User & Carer subgroup continues to inform and shape the Board's agenda, focus and strategic priorities through their active participation.



Following two serious cases, our Prevention & Learning subgroup developed guidance for partner organisations on choking prevention.



We reflected on the recommendations arising from the 'Liam' Safeguarding Adults Review and have drawn up an action plan to ensure that learning from this sad case is fully embedded over the next year.



At the suggestion of our Service User & Carer subgroup we held 2 local hubs for the London Safeguarding Adults Conference. Nearly 100 local residents attended, and this model of participation is being adopted by other areas.



We continue to be one of the very few places in the country with no backlogs on Deprivation of Liberty Safeguards applications and authorisations.

Key Statistics



Concerns about possible adult abuse or neglect decreased from 2,844 last year to 2,179 this year.



In nearly 7 out of 8 cases, people were worried about an adult but when we looked into it, we decided a formal safeguarding enquiry was not needed



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



New Deprivation of Liberty Safeguards (DoLS) referrals decreased 25%. This was due to Covid pandemic-related factors.



332 enquiries were carried out into suspected adult abuse (a slight decrease on the previous year)



In nearly 90% of cases we either removed or reduced the risks through safeguarding action



Financial abuse cases we investigated have reduced from 20% last year to 13% of cases this year.



The most common types of abuse found in safeguarding enquires in Islington are (1) neglect (2 & 3) physical psychological and (4) self-neglect

Key Developments



Many public services have been criticised nationally – from the Baroness Casey Review of the Police to the Ombudsman's and CQC's findings people are not getting the care they need. We will continue to seek assurances as partners focus on people's safety.



New Online Safety laws aim to make social media companies take more responsibility for the safety of adults and children online by removing harmful, illegal or exploitative content from their platforms.



Our new Board website was launched and will be further developed to provide useful resources and guidance for the public, practitioners and partners www.islingtonsab.org.uk.



Until it becomes clearer what the Government's intention is for Liberty Protection Safeguards, our partners will continue to work in line with DoLS and strive to achieve best practice within the current systems.

We will continue to work on these developments over the next year.



Islington Safeguarding Adults Board

Annual report summary 2022-23

Page 111

Pooja Dhar

Head of Safeguarding



We have a new **3-year strategy** for the Board.

The strategy sets out our 6 guiding principles and key aims for the years ahead 2022 -25.



Our Service User & Carer subgroup continues to inform and shape the Board's agenda, focus and strategic priorities through their active participation.



We now have a Creative Solutions panel for the most complex, challenging cases of abuse and neglect, which is helping to reduce risk.



We reflected on the recommendations arising from the ['Liam'](#) Safeguarding Adults Review and have drawn up an action plan to ensure that learning from this sad case is fully embedded over the next year.



Following two serious cases, Prevention & Learning subgroup developed guidance for partner organisations on choking prevention.



Quality Audit and Assurance subgroup developed and consulted on a data dashboard of key indicators which will be implemented over the coming year.



Our service user & carer subgroup is directly involved in the **London Safeguarding Voices Group**, raising local viewpoints and lived experience at a wider London level and shaping regional policy. At the suggestion of the subgroup, we held 2 local hubs for the London Safeguarding Adults Conference in 2022. Nearly 100 local residents attended, and this model of participation is being adopted by other LAs.



Concerns about possible adult abuse decreased significantly from 2,844 last year to 2,179



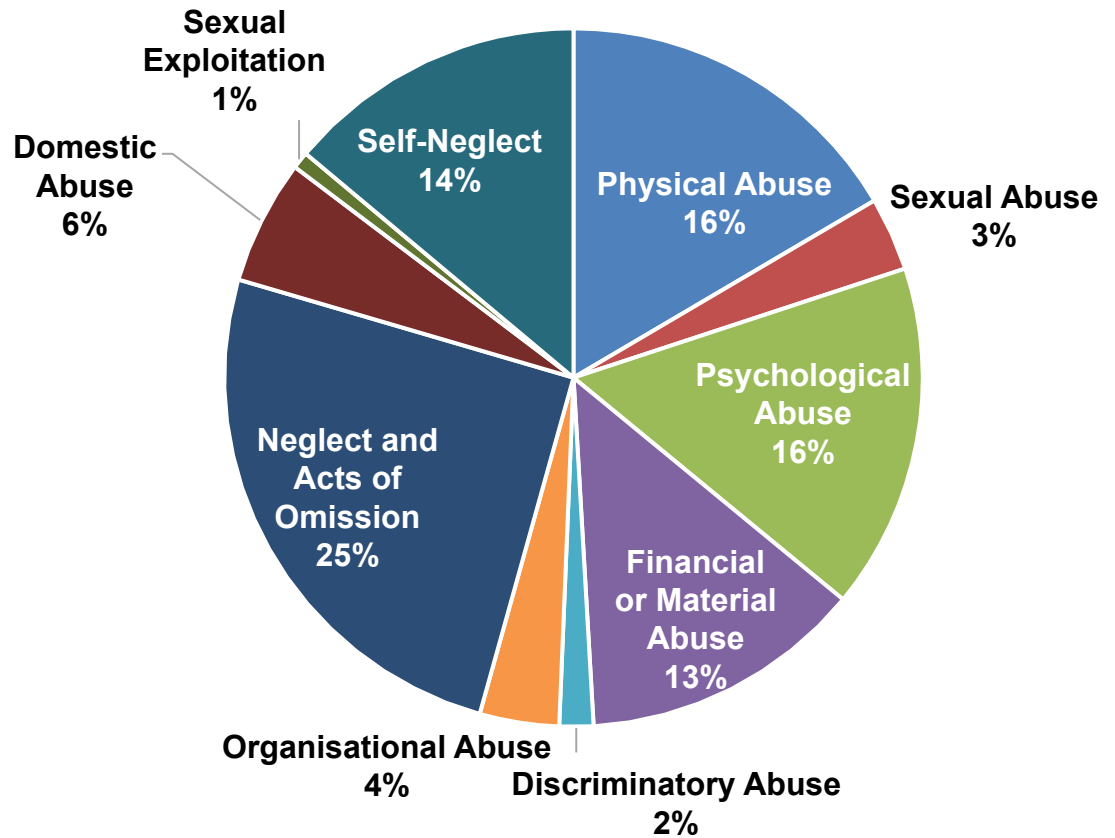
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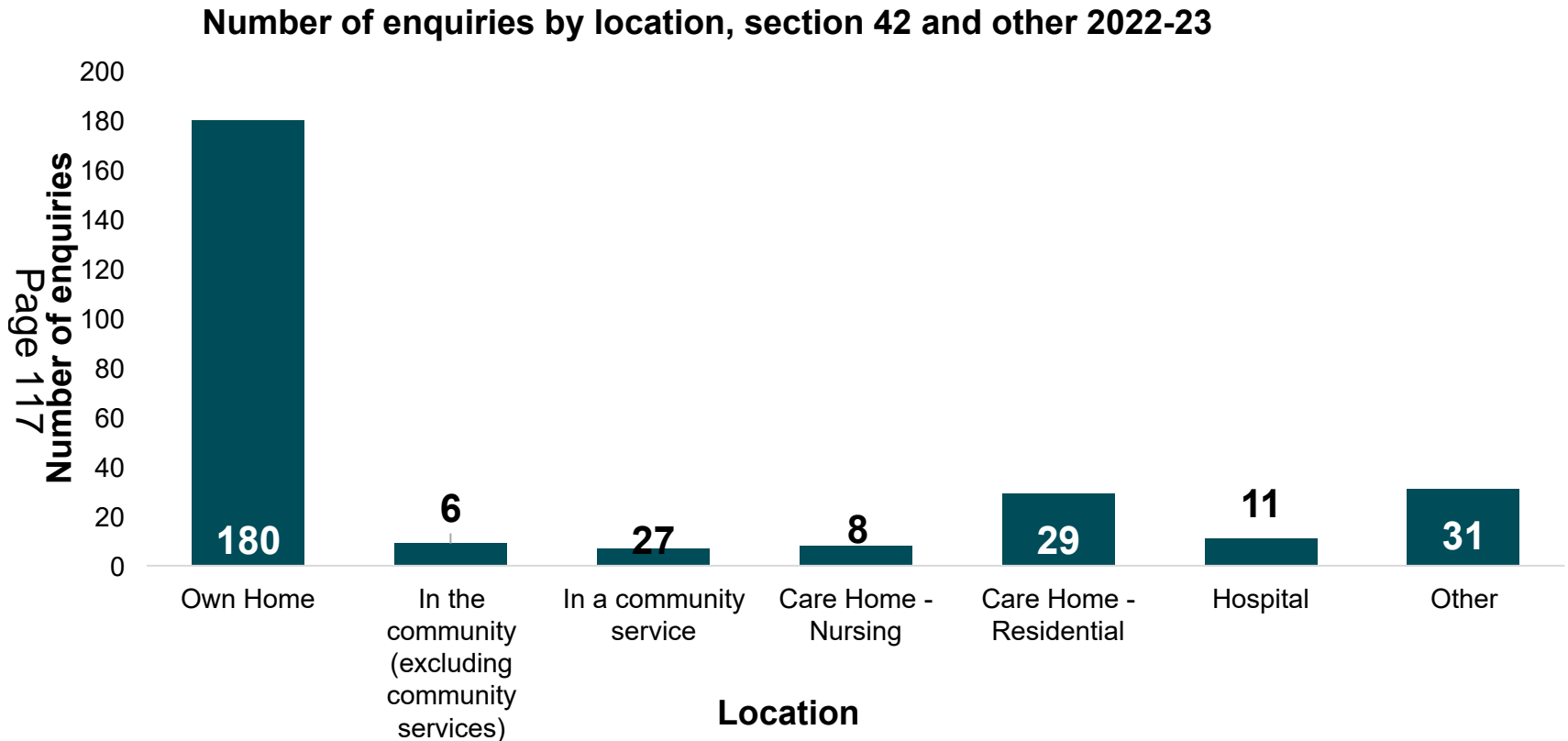
332 enquiries were carried out into suspected adult abuse (slight decrease compared to 2021-22)

Safeguarding enquiries by type of abuse

Enquiries by type of abuse, section 42 and other 2022-23



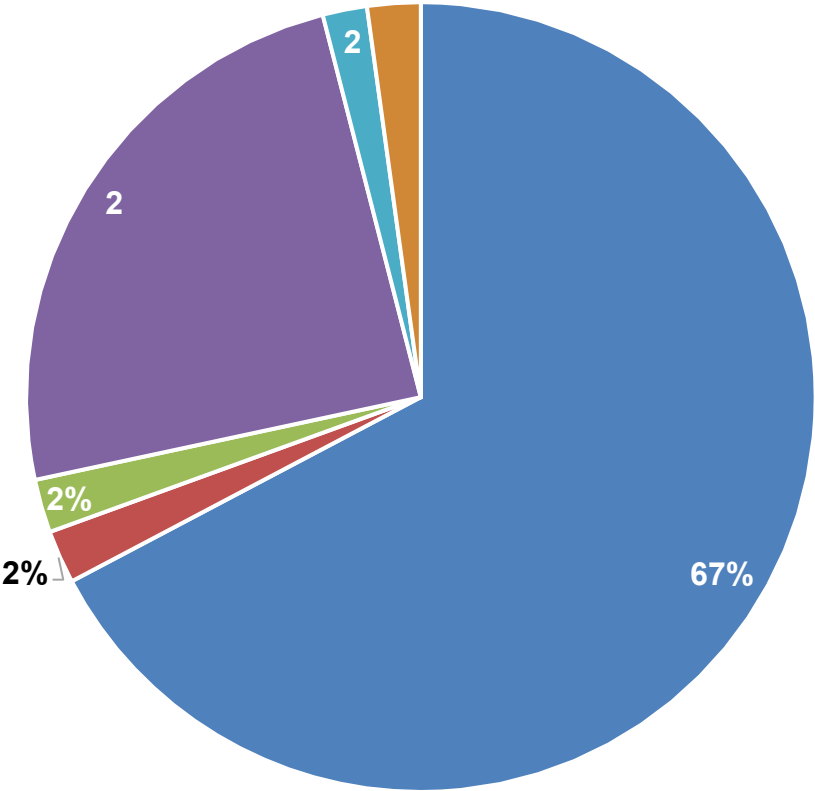
Location of abuse



Note: Hospital admissions have been grouped together due to small numbers & potentially disclosive

Actions we took to help the adult

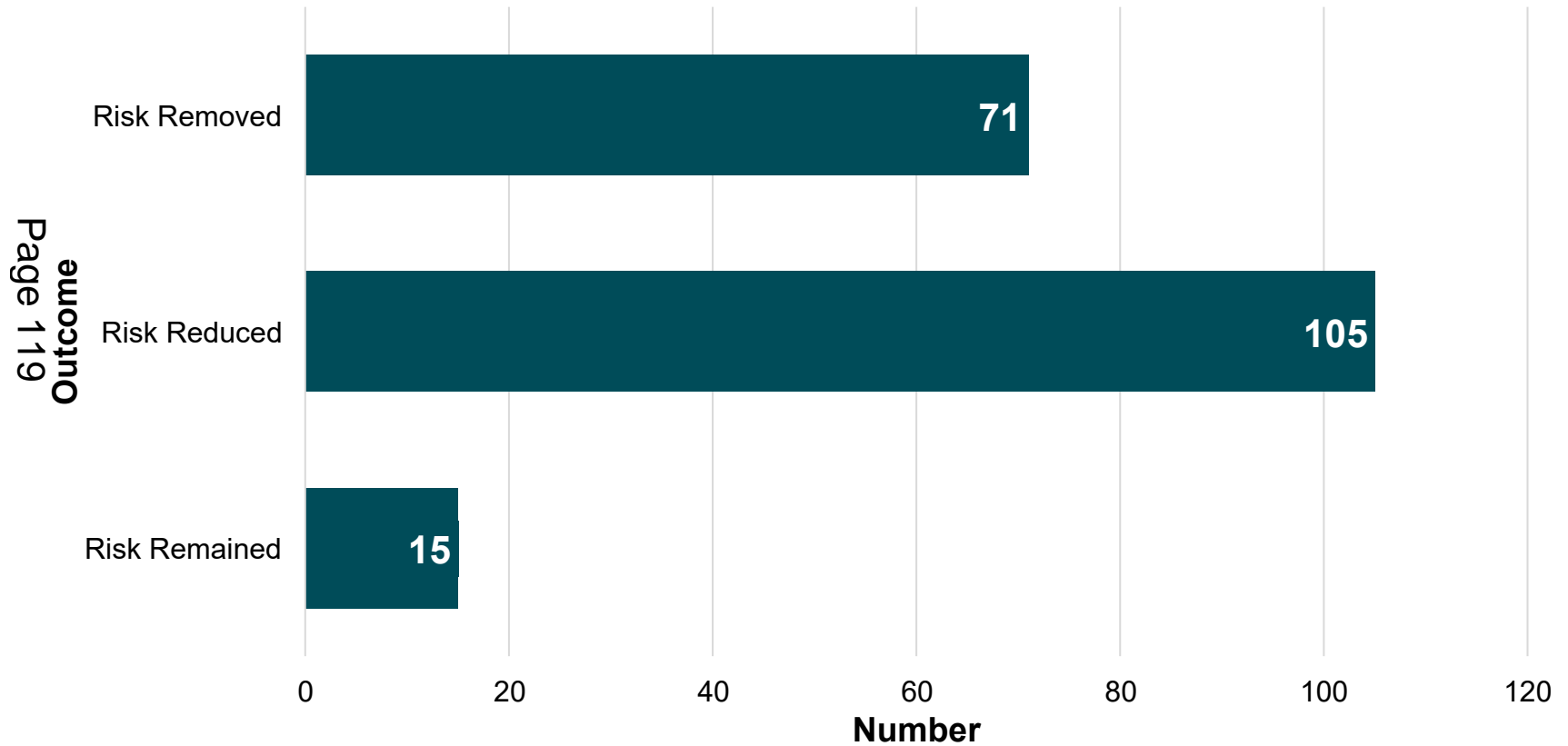
Actions we took to help the adult 2022-23



- Risk identified and action taken
- Risk identified and no action taken
- Risk - Assessment inconclusive and action taken
- Risk - Assessment inconclusive and no action taken
- No risk identified and action taken
- No risk identified and no action taken
- Enquiry ceased at individual's request and no action taken

Impact of safeguarding

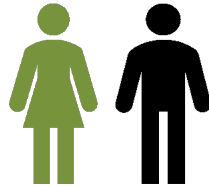
Impact of Safeguarding 2022-23



Demographics



Majority of the safeguarding enquiries were for **people over the age of 65**.



In majority of the safeguarding enquiries, the adult at risk was a woman.



In majority of the safeguarding concerns, the adult at risk identified as white. This was followed by adults who identify as black/black british.



Adults with **physical support needs** were most likely to need safeguarding.

Public Health

4th Floor, 222 Upper Street, N1 1XR

Report of: Director of Public Health

Meeting of: Health and Wellbeing Board

Date: 12 March 2024

Ward(s): all wards

Subject: 1. Combatting Drugs Partnership

1. Synopsis

- 1.1. At the Health and Wellbeing Boards in October 2022 and October 2023, Public Health summarised the current national strategic context to drugs and alcohol, how we will structure our work to meet the objectives of the National Drugs Strategy, and the partnership arrangements that will support this. The Board agreed to receive, review and provide input and guidance into the local needs analysis and the Combatting Drugs Partnership's plans for taking forward the national strategy, and to receive annual updates on progress once plans are agreed. This paper provides an update on this work and summarises proposals for 2024/25, now that the grants for 2024/25 have been confirmed.

2. Recommendations

- 2.1. To note progress against the National Drugs Strategy objectives and the current areas of national and local focus around drugs and alcohol, in particular Islington's Combatting Drugs Partnership, Community of Practice, and forthcoming service developments for 2024/25.
- 2.2. To note the increases in people in treatment and recovery and numbers of people starting treatment as additional resources and service improvement initiatives come into effect.
- 2.3. To note and support the activities to promote the services with health and social care and community and voluntary sector partners, and opportunities to increase referrals and access to treatment and help for people with, or affected by, drug and alcohol use.

3. Background

- 3.1. Alcohol and drug misuse are important causes of preventable harm, ill health and early preventable death in Islington. As well as health and wellbeing, there are social, housing, economic, crime and community safety impacts affecting individuals, families and communities. Understanding and reducing the health harms of drug and alcohol use is a longstanding area of focus for Public Health.
- 3.2. Responsibility for drug and alcohol misuse services transferred to local government as part of the NHS and public health changes under the Health and Social Care Act 2012. Services in Islington are provided through the NHS by Camden & Islington NHS Foundation Trust's Better Lives service, in partnership with the third-sector organisation, Humankind; in primary care through general practice and community pharmacies; outreach, in-reach and employment and recovery support through the community and voluntary sector; and Islington Council.
- 3.3. In December 2021 the Government published a 10-year, national drug strategy [From Harm to Hope](#) ("the strategy") which responded to [Professor Dame Carol Black's independent review of drugs](#). The strategy outlines the Government's ambition to break drug supply chains, develop a world class drug and alcohol treatment system, and to achieve a generational shift in demand for drugs.
- 3.4. Publication of the strategy was followed by detailed guidance for implementation, including requirements for local partnership arrangements (establishment of "Combatting Drugs Partnerships"), and development of local delivery and spending plans to meet national objectives.

4. Drug and Alcohol Services in Islington

- 4.1. Islington's current integrated drug and alcohol treatment service, [Better Lives](#) ("the service"), operates from three locations in the borough, supporting people that use drugs, as well as their families and carers. Islington also commissions Via to deliver outreach support for people sleeping rough, or at risk of sleeping rough, and to deliver Islington's Individual Placement Support programme (supporting people into employment).
- 4.2. Drug and alcohol use is complex, and evidence shows individuals are more likely to benefit from a multi-faceted approach to their treatment and recovery. The treatment and recovery system reflects this diversity of need and multiple treatment options are made available, delivered by multi-disciplinary teams – including but not limited to, one to one key-working, counselling, psychological

therapy, group work, day programme(s), self-help and mutual aid groups¹, pharmacological treatments², and residential rehabilitation.

- 4.3. The service also provides physical health support, including blood borne virus testing and treatment, and social support including housing and debt advice, skills coaching and Education, Training and Employment (ETE) support. Better Lives Family Service supports children and adults that are affected by drug or alcohol use by a parent or other family member(s).
- 4.4. The **Individual Placement and Support (IPS)** programme for people with drug and alcohol treatment needs has been operating in Islington since December 2022. IPS work with individuals for up to 12 months, providing support, advice and liaison to help people identify employment, training or voluntary opportunities suited to them. They then help with all stages of the applying for and starting a job. This is an important part of recovery for many people who have had drug and alcohol misuse problems, not least that they may have been long term workless or have lost previous employment due to drug and alcohol problems, among other issues. The service is provided by Via and is funded by the national IPS Grant, also administered by OHID.
- 4.5. The Rough Sleepers Drug and Alcohol Treatment Grant (RSDATG), also a national grant, has enabled Islington to commission the **In-Roads** service from Via. In operation since 2021, the service provides psychosocial support and prescribing outreach to people sleeping rough or at risk of sleeping rough in Islington. There is a high risk of vulnerability to drug and alcohol problems among people in this position, and In-Roads provides one-to-one key-working, connects people to health services and other help, provides harm-reduction support, including Naloxone³, and makes referrals to a range of other support services.
- 4.6. As part of the increased SSMTRG grant in 2023/24, Islington has invested in a culturally competent holistic support service for 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. **SWIM** (Support When It Matters) delivers its 10-week structured support programme to Islington residents, following its Prepare, Adjust, Contribute, Thrive (PACT) model. The programme has been establishing pathways and relationships with the prison, other parts of the criminal justice system and with treatment and recovery services alongside recruitment into its programme.

¹ Narcotics Anonymous and Alcoholics Anonymous are examples of mutual aid groups.

² For example, opiate substitution therapy (OST) such as methadone.

³ Naloxone is a life-saving medication that reverses the effects of opiate overdose. Administered by injection or nasal spray, it works within minutes to reverse the effects of an opiate overdose, pending substantive medical treatment.

- 4.7. Service-user involvement in the design and delivery of drug and alcohol services is an essential part of service quality and assurance. Public Health are directly supporting the re-launch of the long-standing and highly valued service user group **Islington Clients of Drug and Alcohol Services (ICDAS)**. The group has recently attracted several new members and is producing publicity materials to promote itself further across the different Islington services and encourage more involvement among people using the service.
- 4.8. Public Health are working closely with colleagues in Community Safety to support the Combatting Drugs element(s) of the **Safer Islington Partnership Plan 2023-26**. This included supporting the facilitation of the Safer Islington Partnership's August workshop session on strategy development, recognising the many shared aims and common stakeholders, the opportunities to align efforts to deliver improvements for Islington residents, and the importance of shared intelligence and insight in identifying trends and responding to issues. This includes expanding the links and presence of drug and alcohol services in criminal justice services improving continuity of care for people with drug and alcohol problems between criminal justice services and treatment and recovery services in the community and through co-ordinated and joint outreach with police and community safety services. The Central North Metropolitan Police Project ADDER team have particularly highlighted how joint visits to people who are being cuckooed and vulnerable are directly benefitting from the professional knowledge and experience, support and advice that the drug and alcohol service is able to provide on the spot, as well as through the outreach patrols being carried out jointly.
- 4.9. Islington's **Policy and Performance Scrutiny Committee** has been carrying out an inquiry into antisocial behaviour in Islington. Camden & Islington NHS Foundation Trust attended to discuss both drug and alcohol services and mental health services, the complex needs that often present in antisocial behaviour cases which involve those health conditions, and how treatment services work together to support those affected. The Committee also considered how preventive and early intervention approaches can be applied.

5. Grant income and delivery plans

- 5.1. To support local authorities to deliver the outcomes outlined in the national strategy, every local authority in England is now being awarded a Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG). The early focus of the strategy is reflected in the current objectives for the grant which aims to boost capacity for structured treatment and recovery. There is a specific focus on promoting continuity of care for people with drug and alcohol needs between services and settings, particularly improving the links between the criminal justice system and drug and alcohol services in the community. The grant is awarded and managed nationally by the Department of Health and Social Care/Office of

Health Improvement and Disparities (OHID). The grant was first issued in 2021/22, with indicative funding commitment for two further years. Funding beyond 2024/25 has not been confirmed.

- 5.2. The SSMTR grant aims to supplement existing drug and alcohol spending made through the Public Health Grant. Local authorities are expected to ensure that existing levels of expenditure covered by the Public Health Grant are maintained as part of the conditions of the SSMTRG. Separately, funding is also being disseminated for policing and related activities to support the national strategy objectives to act on drug supply chains and related harms (this investment is made directly to police forces through a programme called **Project Adder**). There are high levels of need associated with drug and alcohol misuse needs in the borough, which nationally produced prevalence data estimates as the highest in London, and drug and alcohol treatment and support is the single largest area of expenditure within the local Public Health Grant, accounting for around £7.1 million (23%) of this budget. Given the high level of estimated need, Islington is assessed by OHID as one of the boroughs in London that could contribute the largest shares towards national goals for increasing people in treatment. Achievement of these goals underpin the local delivery plans, which require national approval and monitoring for use of the grant.
- 5.3. Islington's SSMTR grant income for the financial year 2023/24 is £1,399,416, which rises for the year 2024/25 to £2,700,656. Officers were notified of the 2024/25 grant value and requirements in December 2023, which is earlier than in the two previous years. This affords officers more preparatory time ahead of 2024/25 to implement spending and delivery plans with partners. 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. This means that there is increased monitoring against milestones and progress on people in treatment. A financial conditionality is applied to the 2024/25 grant, which means that up to 10% of the grant may not be released in the second half of 2024/25 if in-year trajectories for the numbers of people accessing treatment are not being achieved.
- 5.4. **The local delivery plan** is organised under four key domains, which can broadly be described as capability, capacity, quality and pathways. The domains include the following:
- 5.4.1. Capability
- Ensuring the resources to manage grant delivery and progress on goals.
 - Continuation of the operational sub-groups of the Combatting Drugs Partnership, with a particular focus on Criminal Justice Pathways and Health.
 - Growing the recently established Community of Practice, which is focusing initially on services and staff who work with the highest need and most complex residents and settings.

- Developing and making best use of data, including a new surveillance tool to enable system-wide monitoring and response to drug-related deaths and non-fatal overdoses.

5.4.2. Capacity

- Analysis of staffing structure within treatment service to identify opportunities to increase delivery and continuously improve outcomes.
- A Programme Manager and Data Manager post within the Better Lives service to provide additional programme coordination and reporting capacity.
- Investment in physical improvements to service premises to make the service environment more inviting for service users and prospective clients.

5.4.3. Quality

- Enhancing local data and quality monitoring through a revised suite of Key Performance Indicators, the introduction of a referral log system to better understand why people leave the service in an unplanned way, and improved collection of data 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 includes use of remote / digital options, building on experience gained during Covid; same-day prescribing as part of initiation of treatment; enhanced outreach based on intelligence about key areas for focus in the community and working with local partners.

5.4.4. Pathways

- Development of a Drug and Alcohol Liaison Team in partnership with the Wittington Hospital and Better Lives.
- Criminal Justice System pathway development, including co-location and in-reach at Islington custody suites, building on the work to date.
- Promote the services to NHS and social care, encouraging referrals into drug and alcohol treatment from primary care, urgent and emergency care, mental health services and local integrated health and social care networks, among other services.
- Strengthen links and joint working with the Voluntary and Community Sector and with faith organisations to raise awareness of what services and help are available and help promote access to services to currently underserved community groups.

5.5. **Islington's 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. 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 the numbers of people in treatment. Commissioners therefore intend to invest the majority of this year's grant into capacity within the Better Lives service. This will help to expand existing pathways, as well as develop new pathways to support greater access to treatment and recovery. There is a particular focus to deepen and develop further pathways with the criminal justice system. Work with other parts of the health and social care sector will include introduction of a new drug and alcohol liaison service through the Whittington's A&E and investment in more senior support for people with dual mental health and drug and alcohol conditions in the mental health service.

- 5.6. The Grant will provide continued investment into young people's services, peer-led and -delivered services to reduce harm and support recovery, and the Support When It Matters support for men of Black African and Black Caribbean heritage moving from prison to the community. Complementing existing outreach work, additional investment will focus on outreach capacity for people who use opiates and crack, and for hostel in-reach to connect hostel residents into treatment and recovery. Investment will also enhance promotion and access and referral into the service, with a programme to build more links with the community and voluntary sector.
- 5.7. 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.

6. Progress against the National Drugs Strategy

- 6.1. The first meeting of Islington's Combatting Drugs Partnership (CDP) was held in December 2023, with good attendance from partners across health and social care, criminal justice, community safety, VCS and a range of local authority teams. The Partnership considered the Islington Local Area Profile which provided an assessment of local needs. This summarised the published estimates of drug and alcohol need in the borough, the current service provision, and opportunities for development across the system as a whole. Subgroups on criminal justice and health had been established during the year, as well as a joint North Central London group on workforce, and updates were provided on progress made. The next CDP meeting will take place in Summer 2024. A workshop session is planned for Spring 2024, to allow the partnership to spend time focused on the areas for development identified in the Local Area Profile.

- 6.2. In Autumn 2023, Islington Public Health launched a Drugs and Alcohol Community of Practice to bring together colleagues working with our most vulnerable and/or complex cohort, who tend to have multiple health and social needs. Improving access to drug treatment support for those in supported or temporary accommodation has been an early focus, which stands to benefit all residents in a setting and promote feelings of safety for staff and for those living in the community. To further this, Public Health is also working closely with Islington's commissioners of mental health accommodation – having recently joined its Provider Forum – to understand and help address the challenges co-occurring mental health and substance misuse needs can present for residents and for accommodation providers.
- 6.3. Service performance is showing encouraging improvements as service improvement initiatives, new or expanded pathways and other new grant-funded investments begin to come into effect. There was an increase of 12% in the overall number of people in treatment in 2023 compared with the year before (1,732 compared with 1,540). The number of people entering treatment over the same period increased considerably faster, rising from 497 new starters in 2022 to 791 in 2023, an overall increase of 59% year on year. This shows the size of the treatment cohort has grown as a result of people starting new courses of treatment, rather than people staying in treatment for longer periods.
- 6.4. Commissioners continue to work closely with Better Lives to monitor existing contract performance and delivery of the additional grant-funded elements. As noted, the 2024/25 grant period starts in a more favourable position than 2023/24 owing to earlier confirmation of the grant allocation and approval of plans by OHID has already been gained. This is enabling earlier and substantial progress with internal governance, recruitment to roles and implementation of new contracts before the new financial year.

7. Challenges and looking ahead

- 7.1. Despite the National Strategy's 10-year timeframe, the initial funding commitment was announced for three years only, the last year of which is 2024/25. There is no information about intentions for the grant beyond the forthcoming financial year.
- 7.2. As noted, Islington's 2024/25 grant allocation is subject to conditions, with up to 10% of the grant withheld if programme targets are not achieved. This creates a potential 'Catch 22' challenge in planning for 2024/25 activities which support achievement of said targets, since there is a risk that Islington does not receive the full grant funding. Consequently, commissioners have carefully profiled activities and investments through the financial year to minimise the risk if grant income is reduced, ensuring that earlier funding concentrates on those activities and

pathways which will contribute the greatest support to the trajectory achievements needed during the year.

- 7.3. Workforce availability continues to challenge the combatting drugs programme in all regions of the country, and especially in London, where staff working in drug and alcohol services are more likely to live within commuting distance of a range of local authorities, NHS Trusts and other provider organisations all of whom may be advertising vacancies. Better Lives has been successful in recruiting to the majority of grant-funded roles, but some posts have proved more difficult or taken longer to fill. Islington will continue to contribute to longer term workforce development working with other councils across North Central London.
- 7.4. In February 2024, the Metropolitan Police confirmed that Nitazenes (potent synthetic opioids) had been detected in multiple substances recently seized from drug users and dealers across London. Four fatal overdoses occurred in neighbouring areas between December 2023 and February 2024, and whilst toxicology reports are awaited, there is concern that synthetic opioids may have been involved in those deaths. Commissioners and services are publicising the risks and harm reduction advice to users and issuing additional Naloxone (overdose reversal medication) to service users. Through the new Community of Practice and other networks, Commissioners are raising awareness of the risk with providers of supported and temporary housing, street outreach, and other front-line teams.

8. Implications

8.1. Financial Implications

- 8.1.1 There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. If recommendations are subsequently made about the use of any money or grants, this will require a full set of Financial Implications.

8.2. Legal Implications

- 8.2.1 The council has a duty to improve public health under the Health and Social Care Act 2012, section 12.
- 8.2.2 The council must take such steps as it considers appropriate for improving the health of the people in its area including providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way) as well as providing services or facilities for the prevention, diagnosis or treatment of illness (National Health Service Act 2006, section 2B, as amended by Health and Social Care Act 2012, section 12 and Regulation 2013/351 (made under the National Health Service Act 2006, section 6C).

8.2.3 The council may, therefore provide integrated drug and alcohol services as proposed in this report.

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

8.3.1 There are no environmental implications as a result of this report.

8.4. Equalities Impact Assessment

8.4.1. 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.

9. Conclusion and reasons for recommendations

9.1 There is a significant programme of local work underway to take forward the goals of the national strategy for drug and alcohol misuse and make best use of the Supplementary Substance Misuse Treatment and Recovery Grant to improve access and continuity of care in treatment. There are early signs of improvement in numbers of people in treatment, and a notable increase among all categories of need in numbers of people starting treatment. Pathways with criminal justice services have been an early priority focus, and this is expanding out more widely to health and social care and community and voluntary sector services. These pathways will support continued and increasing partnership opportunities to improve health and health inequalities, address community safety needs and reduce other impacts and harms caused by alcohol and drugs in Islington.

Appendices:

None

Background papers:

None

Final report clearance:

Signed by: Jonathan O'Sullivan

Director of Public Health

Date: 29 February 2024

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

Report of: Director of Adults Social Care

Meeting of: Health and Wellbeing Board

Date: 12 March 2024

Ward(s): All Wards

Subject: Healthy & Independent Lives - Improving joined up working & oversight.

1. Synopsis

- 1.1. The London Borough of Islington (LBI) and our Health, Care and Voluntary Sector Partners are committed to working alongside our residents to ensure they are supported to live healthy, independent lives, reducing, and tackling inequalities.
- 1.2. The report sets out the key collaborative and complementary areas of work that enable this ambition and sets out the opportunities to further align and develop our work jointly, to deliver greater improvements together at pace.
- 1.3. To support this, we need to evolve our governance and oversight, including the Health & Wellbeing Board, to ensure it is robust for the future.
- 1.4. This report sets out the actions being taken to progress this.

2. Recommendations

- 2.1. Islington's Health and Wellbeing Board are asked to:
- 2.2. To note the contents on the report and actions set out in Section 3
- 2.3. Provide any additional comments that would support the developments and actions outlined.

3. Background

- 3.1. The London Borough of Islington (LBI) and our Health, Care and Voluntary Sector Partners are committed to working alongside our residents to ensure they are supported to live healthy and independent lives, reducing, and tackling inequalities.
- 3.2. This is reflected in several key collaborative and complementary areas of work, including:
- *Health & Well-being Strategy* – to improve our local population's health and well-being and reduce health inequalities.
 - *Fairer Together' Early Intervention & Prevention approach* - to work in partnership with our community to tackle inequality through high quality early intervention and prevention.
 - *Children and Families Board vision and programme* - to ensure Islington is a place where children and young people feel safe, belong, and thrive, leading to fulfilling lives.
 - *Islington Borough Partnership Vision & Programme* – to ensure Islington is a place where people live healthier, happier, longer, and more independent lives.
 - *North Central London Population Health & Integrated Care Strategy* - a collective system approach to improving the health and wellbeing of residents and a vision for an integrated system focused on prevention, early intervention, and proactive care, as well as tackling inequalities.
- 3.3. Those leading and involved in these areas of work recognise there are further opportunities to align and develop our work jointly, to deliver greater improvements and impact together at pace.
- 3.4. To support this, we need to evolve our governance and oversight, to ensure it is robust for the future. The following outline why now feels like the best time to make some changes:
- 3.5. Islington's Health and Wellbeing Strategy is being reviewed and refreshed. This provides an opportunity to review and refresh the Health & Wellbeing Board's (H&WBB) role in supporting this. Given the priority we have placed on prevention

and early intervention the review of the H&WBB would be designed to enable greater oversight and steer from political leadership and partners, across all the emergent prevention and early help work, alongside our population health approach to reducing health inequities.

- 3.6. The Fairer Together Early Help & Prevention work (e.g., Adult Coaching Offer & Access Islington Hubs, Young Black Men and Mental Health Programme) is at an implementation & delivery stage. There is now significant opportunity to align this with wider and complementary health and care developments led by Islington's Borough Partnership (IBP). Given the system partners involved are similar, bringing the work, meetings and governance together would reduce the risk of duplication of effort & resources and improve impact going forward.
- 3.7. The Children and Families Board have several priority programmes which would be supported by emergent early help, health, and care developments. As an example, the Children and Family Hubs, the Access Islington Hubs and the Health & Care Locality Teams have clear synergies and are at a good stage in their development to be aligned more explicitly.
- 3.8. The Islington Borough Partnership Board (IPB) has evolved into the locus and engine room for delivering the health and care ambition to ensure people live healthier, happier, longer, and more independent lives. It has strong and consistent representation (e.g., NHS Islington providers, social care, voluntary sector, Healthwatch, LBI housing, Integrated Care Board (ICB)) and direct relationship and mandate with NCL ICB to enable the delivery of the ambitions of the local and system Population Health & Integrated Care Strategies. It provides a stable and strong system leadership approach to developing, delivering, and tracking the impact of key programmes of work (including early help), that will drive improved health and care outcomes and reduce inequalities.
- 3.9. Given this the following next step actions have been agreed with partners and are being progressed:
- 3.10. Actions:
 - Refresh the approach and Term of Reference (TOR) of H&WBB, to include the oversight, tracking, delivery & impact of all relevant work associated with

Prevention & Early Help (including the Fairer Together Early Help work). It is proposed that we move to this way of working from the next H&WBB, with the timeline for amending the TOR being confirmed.

- Islington Borough Partnership (IBP) will become the 'Engine Room' with partners to drive the key ambitions to ensure Islington is a place where people live healthier, happier, longer, and more independent lives. This will include the Fairer Together early help work, with the associated governance and attendees merging with the IBP.
- A designated senior representative from the Children's & Families Board and LBI's Community, Wellbeing and Engagement Team to join the IBP to support further join up and collaboration across the work areas. In progress.
- Review and align the workstreams of Islington Borough Partnership, Fairer Together - Early Help programme and the Children & Family Board where there is natural synergy and the opportunity to deliver better together. E.g., Access Islington Hubs/Children & Family Hub/Health & Care Locality Teams. In progress.
- Align and develop a systemwide approach to using data, insight, and resident voice to inform developments and measure the impact of the work we do together. This action is in progress, aligned to Islington's Wellbeing Index developments, NCL's Population Health Outcomes Framework and our Key Performance Indicators for specific projects.

4. Implications

Financial Implications

- The objectives of this report is to seek approval for updating and enhancing Islington's Health and Wellbeing Board's governance and oversight approach to ensure its resilience for the future and its ability to better serve our residents to live healthy, independent lives, reducing and tackling inequalities.
- The proposals outlined in this report do not entail direct financial implications. Instead, the focus is on fostering collaboration with our Health, Care, Voluntary Sector Partners, and other council departments, which presents potential for future cost savings as delivery methods become more streamlined. The extent of these savings if any remains to be determined and will become clearer as the refreshed approach

progresses.

Legal Implications

- There are no direct legal implications arising from the report.
- The Health and Social Care Act 2012 (the 2012 Act) creates a framework for the establishment of Health and Wellbeing Boards.
- The Health and Care Act 2023 established Integrated Care Boards and Integrated Care Partnerships.
- Health and Wellbeing Boards are a statutory forum where political, clinical, professional and community leaders across the care (adults, children, public health), work together to improve the health and wellbeing of their population and reduce inequality.

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

- Improving joined up working has environmental implications in line with those of standard council daily operations, namely energy and water use, resource use and waste generation, and staff transportation. Increased collaboration between different departments and external partners can have implications for council operations and positive environmental implications. Through streamlined processes and reduced duplication of efforts, there is potential for decreased consumption of resources. This optimization can lead to a more efficient use of resources and a reduction in waste generation.
- Furthermore, it's essential to acknowledge that climate change exacerbates inequality, disproportionately affecting vulnerable communities who often have fewer resources to adapt to its effects, leading to heightened social and economic disparities and negatively impacting public health outcomes. Therefore, it is recommended that the impacts of climate change on residents are considered as part of this work.

4.2. Equalities Impact Assessment

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

5. Conclusion and reasons for recommendations

- 5.1. To ensure we can continue to effectively work alongside our residents to ensure they are supported to live healthy and independent lives, we need to harness the key collaborative and complementary areas of work that enable this ambition and further align and develop our work jointly, to deliver greater improvements together at pace.
- 5.2. To do this we need to evolve our governance and oversight, including the Health & Wellbeing Board, to ensure it is robust for the future.
- 5.3. This report sets this out and the H&WBB is asked to:
 - Note the contents on the report and actions set out in Section 3
 - Provide any additional comments that would support the developments and actions outlined.

Appendices:

- Appendix 1: Summary Presentation for HWBB: Healthy & Independent Lives - Improving joined up working & oversight.

Background papers:

- N/A

Final report clearance:

Authorised by:

Corporate Director of Adult Social Care

Date: **27th February 2024**

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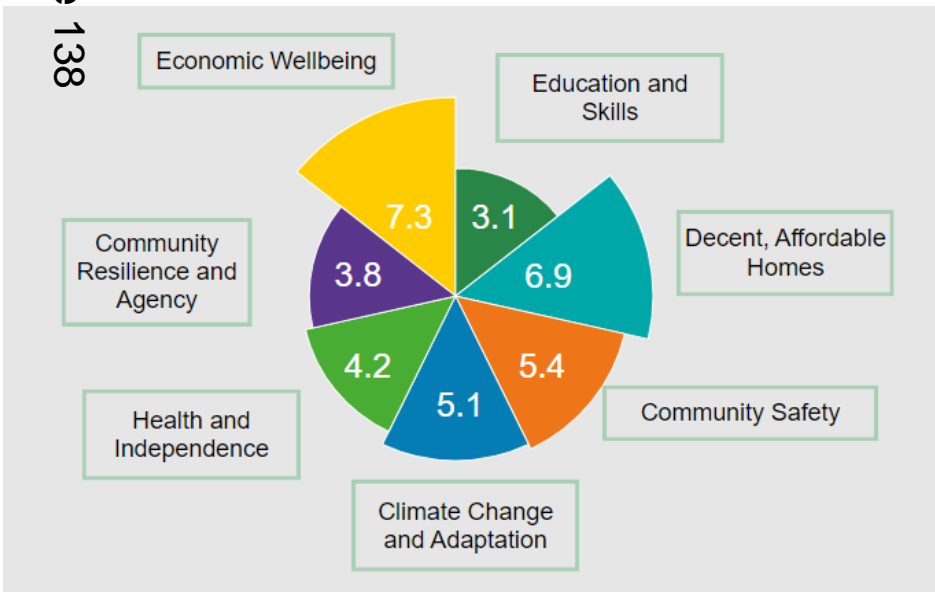
Improving joined up system
working and oversight to support
Healthy & Independent Lives in
Islington.

Islington Health & Wellbeing Board
March 2024

Islington: a place where people live healthier, happier, longer and more independent lives

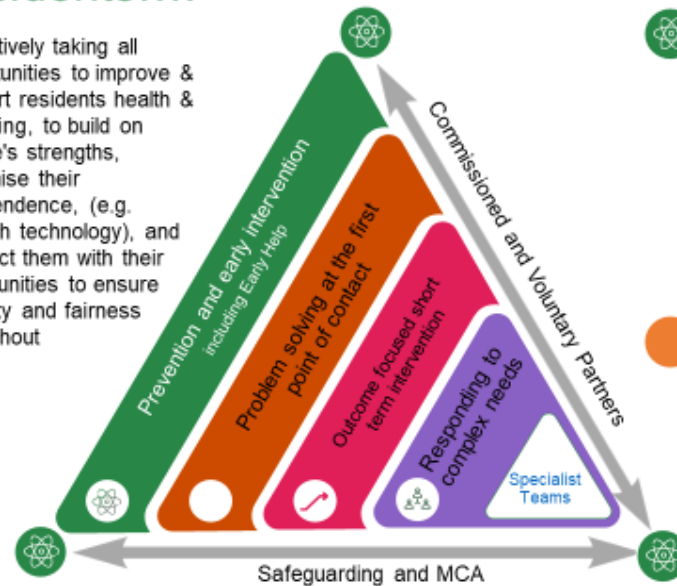
- We need to evolve our joint governance and oversight to ensure it is robust for the future to deliver our ambitions
- We need an ‘engine room’ to drive our partnership vision, outcomes & priorities, improving health and reducing inequalities
- We need to be informed and guided by data, Insight and resident voice & experience

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Joining up as a system to deliver maximum impact for residents....

Proactively taking all opportunities to improve & support residents health & wellbeing, to build on people's strengths, maximise their independence, (e.g. through technology), and connect them with their communities to ensure equality and fairness throughout



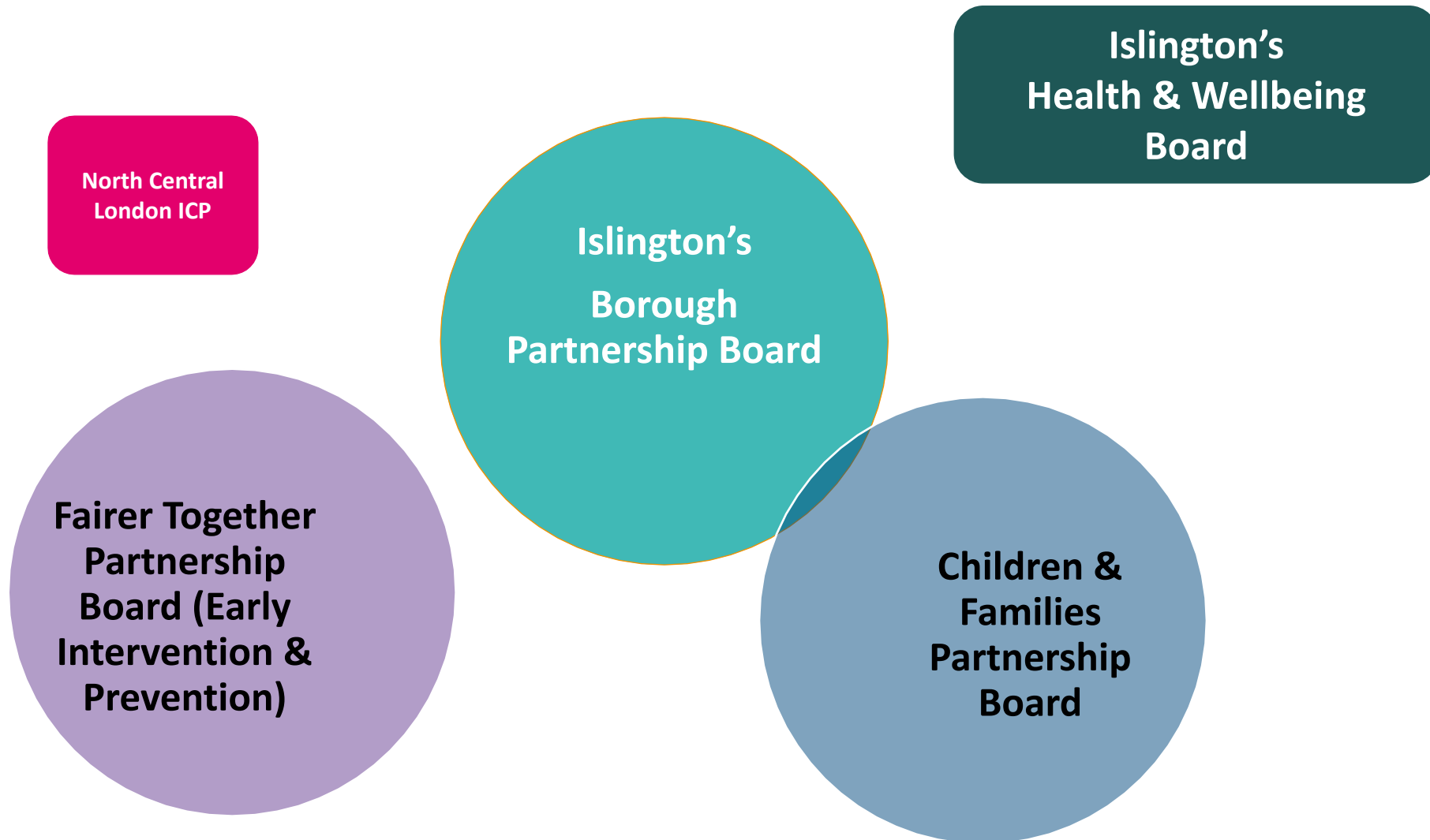
Prevention and early intervention
Work proactively to prevent, reduce & delay deterioration of health, mental health, wellbeing and wider determinants of health & build on residents' skills, resilience and independence, within their local communities.

Outcome focused short term interventions
A system wide focus on maintaining or improving independence by initiating rapid, short term creative interventions that support people to recover quickly.

Problem solving at the first point of contact
Highly skilled staff utilising a strengths-based approaches to ensure a proportionate response to problem solving and addressing escalating health, social & care needs at the point of contact

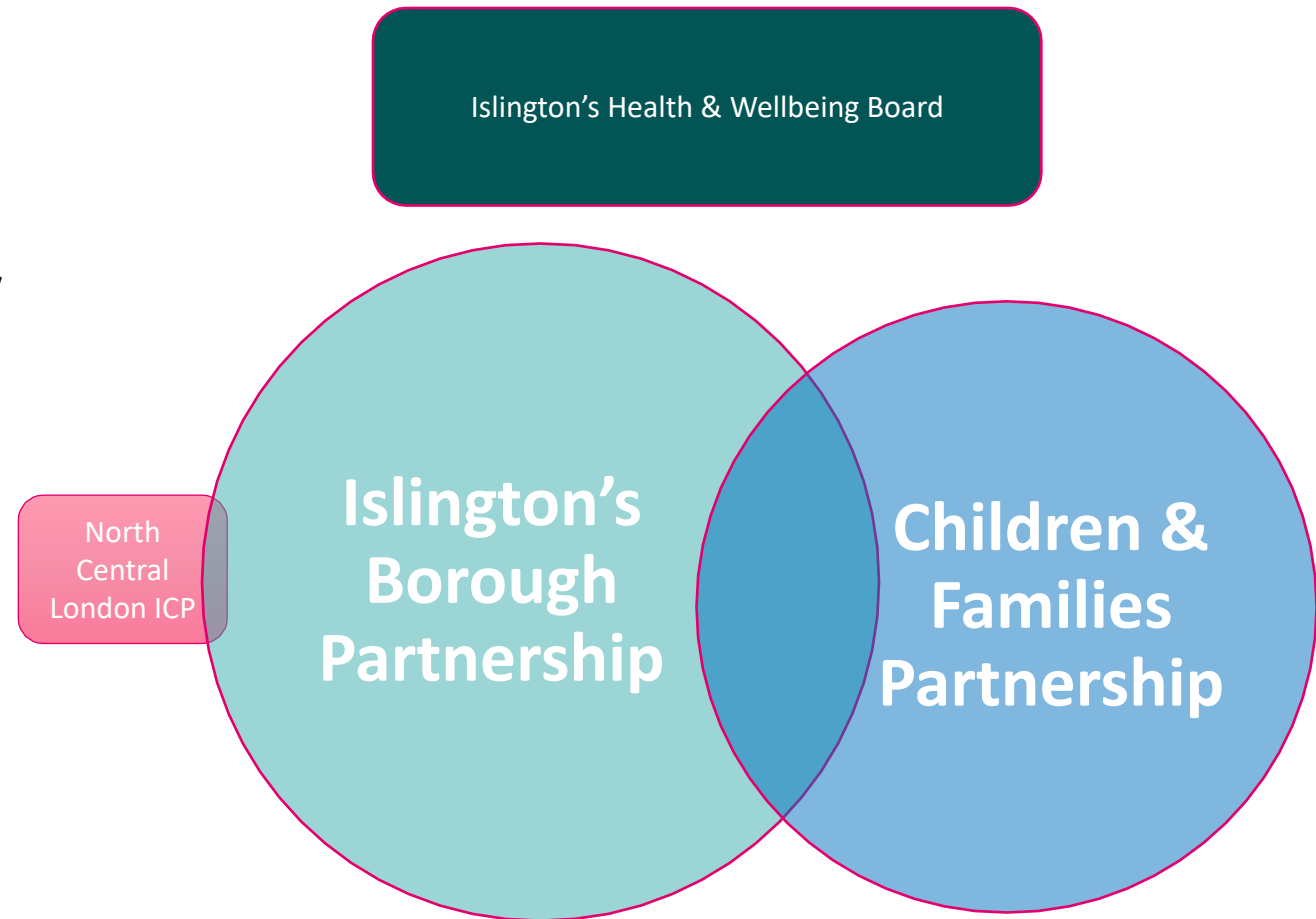
Responding to complex needs
Holistically managing complex needs & situations, to achieve the best outcomes for the individual & family .

Current Arrangements



Proposed Arrangements

- There is an opportunity to **review & refresh of the H&WBB** to enable **oversight and steer from political leadership** and help **drive a population health** approach across the system to reduce health inequities would support developments.
- **The Fairer Together work focusing on prevention and early help** (e.g. Coaching Offer & Access Islington) is now at a stage where it makes sense to integrate it with this work and **build into the IBP governance** given those system partners involved are similar. This will **reduce the risk of duplication and miscommunication**.
- There is an opportunity to **work more collaboratively with the Children and Families Board** to ensure join up on key shared priorities relating to health and care and ensure system connectivity. E.g. Locality Development.
- The **Islington Borough Partnership Board (IPB)** has evolved into **the locus for improving health and care** with deliverables, **underpinned by our Population Health and Health & Care Integration Strategies & tackling Health Inequities**.



Actions in progress

- Refresh the approach and Term of Reference (TOR) of H&WBB, to include the oversight, tracking, delivery & impact of all relevant work associated with Prevention & Early Help (including the Fairer Together Early Help work). It is proposed that we move to this way of working from the next H&WBB, with the timeline for amending the TOR being confirmed.
- Islington Borough Partnership (IBP) will become the 'Engine Room' with partners to drive the key ambitions to ensure Islington is a place where people live healthier, happier, longer, and more independent lives. This will include the Fairer Together early help work, with the associated governance and attendees merging with the IBP.
- A designated senior representative from the Children's & Families Board and LBI's Community, Wellbeing and Engagement Team to join the IBP to support further join up and collaboration across the work areas.
- Review and align the workstreams of Islington Borough Partnership, Fairer Together - Early Help programme and the Children & Family Board where there is natural synergy and the opportunity to deliver better together. E.g., Access Islington Hubs/Children & Family Hubs/Health/Care Locality Teams, Locality Leadership Teams.
- Align and develop a systemwide approach to using data, insight, and resident voice to inform developments and measure the impact of the work we do together. This is being aligned to Islington's Wellbeing Index developments, NCL's Population Health Outcomes Framework and our Key Performance Indicators for specific projects.

Questions & Comments?