

Islington Council: local authority assessment

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About Islington Council

Demographics

Islington Council is a London Borough local authority with a population of 220,373, situated in north London and includes several areas such as Finsbury Park, Holloway, Canonbury, Angel, Farringdon and Archway. The Integrated Care System covers the North Central London Integrated Care Board covering the boroughs of Barnet, Camden, Enfield, Haringey, and Islington.

The north of Islington includes areas of increased deprivation. The population has an Index of Multiple Deprivation score of 9 (1 is the least deprived, 10 is the most deprived) meaning it is one of the most deprived local authorities in England. The population is predominantly people of working age but there is a growing aging population. The population of people aged over 65 is projected to increase by 21% by 2030 and 31% by 2035.

The population of people aged over 65 is significantly lower than the England average, with 9.39% of people living in Islington being aged over 65 compared to the England average of 18.61%. There is a higher population of working age people, with 74.4% of people living in Islington aged 18-64 compared to the England average of 60.57%.

Islington is a diverse borough with 62.22% White British, 13.37% Black, Black British, African or Black Caribbean, 9.94% Asian or Asian British, 7.49% Mixed or Multiple, and 7.08% other.

Islington Council has remained politically stable with consistent governance by the Labour Party since 2010.

Financial facts

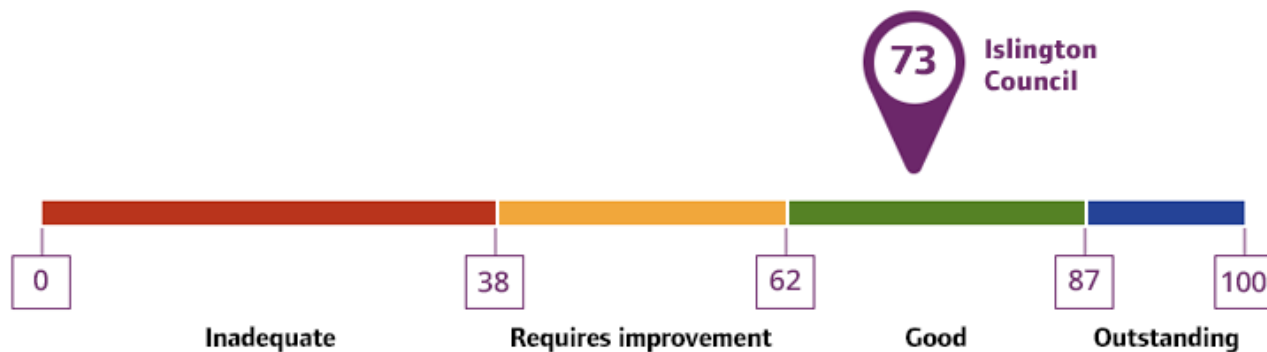
- The local authority estimated that in 2023/24, its total budget would be **£467,543,000** its actual spend for that year was **£579,623,000** which was **£112,080,000** more than estimated.
- The local authority estimated that it would spend **£107,850,000** of its total budget on adult social care in 2023/24. Its actual spend was **£107,057,000** which was **£793,000** less than estimated.
- In 2023/2024, **18.47%** of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24 with a value of **2%**. Please note that the amount raised through Adult Social Care precept varies from local authority to local authority.
- Approximately **3310** people were accessing long-term adult social care support, and approximately **505** people were accessing short-term adult social care support in 2023/24.

Overall summary

Local authority rating and score

Islington Council

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 3

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 3

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People's experiences of accessing adult social care in Islington were mainly positive. Staff conducted Care Act 2014 assessments which focused on people's strengths and abilities. The feedback about the approach from staff was positive. People received assessments from kind, dedicated and compassionate staff.

Most people told us they were able to access services easily, but we did hear feedback that at times information may be harder to find, particularly for older people who may face digital exclusion. The local authority had a wide range of online, written and verbal communication for people to access services and had a translator service to support people whose first language was not English. Paper copies of information in other languages was also available if needed. The local authority had a British Sign Language (BSL) team and some staff in the sensory team were trained in BSL to support deaf people to be able to clearly communicate.

There was an integrated front door team called the Access Team and the First Point of Contact Team who both had a good understanding of what was available for people in the community for both people with and without eligible needs under the Care Act 2014. We heard examples of how staff worked with people at an early stage before they had developed eligible needs, to prevent, reduce and delay the need for statutory services.

The experience of unpaid carers was mostly positive however, some unpaid carers told us they had to wait a long time before receiving a carers assessment. The local authority told us there was currently no waiting lists for carers assessments. Unpaid carers received their own assessment, and we saw examples of care planning to meet their eligible needs. Unpaid carers spoke positively about the support available to them from the voluntary sector although some carers told us they were not always able to access services due to their caring responsibilities.

Staff worked closely with partners to meet people's needs holistically. We received positive feedback about the wide range of voluntary services on offer to people. We saw examples of positive joint working both internally with teams and with other partners such as health and housing. People received support from staff who worked closely with health, for example, during hospital discharge, the integrated front door or the section 75 agreements to ensure people received the right care, at the right time, in the right place. A section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners. The local authority had a take home and settle service to allow people to return home following hospital discharge with 7 days free care to allow them to be able to receive the most appropriate support prior to discharge.

Summary of strengths, areas for development and next steps

Islington local authority knew itself and the people of Islington well. There was positivity amongst staff, who told us they felt valued and motivated. The teams were well established, with lots of long serving staff. Staff felt supported in their roles and were positive about training and opportunities to progress their careers. There was an emphasis on staff wellbeing.

Feedback from staff was that the leadership from the Director of Adult Social Care and the wider strategic team was visible, and their approachable leadership style was a strength. There was a clear understanding of social work practices, and its challenges amongst leaders. Staff said they were listened to, and the local authority was aware of where the gaps were and what improvements needed to be made.

Leaders, managers, and staff demonstrated investment in strength-based approaches and there were examples of this throughout our assessment.

The local authority was focused on prevention of future needs and reducing reliance on services. Staff were focused on achieving positive outcomes for people. Individual examples of promoting independence and reducing dependencies were shared, such as providing people with equipment to help them continue to live safely at home. The local authority worked well with partners and the community and voluntary sector to prevent, reduce and delay needs and worked with partners to achieve shared outcomes.

People told us they felt safe and there were robust policies and procedures in place to support safe care and support. Staff had a good understanding of the challenges in Islington.

Overall, there was a good approach to transitions. There was recognition of the issues faced by children and their parent/carers as they approached the potential transition from Children's social care services to Adult Social Care services. Staff were passionate about this area of work developing for the future.

There were mixed responses about waiting lists dependent on team and staffing levels. We heard of some waiting times that could impact on people's outcomes, including those waiting for a planned review. Staff used a triage process, an escalation policy, prioritised people, and risk-assessed cases to prioritise risk appropriately. Senior leaders had listened to staff concerns and had invested in additional resources such as agency staff where needed such as in the First Point of Contact Team.

There was not always sufficient care provision in Islington for people who needed a care home, a nursing home or people with more complex needs such as complex learning disabilities or mental health needs. People were often placed out of borough; however, the majority of these people were placed within neighbouring North Central London Boroughs close to Islington.

It was not always easy for unpaid carers to access short term care in an emergency, this meant there could be a risk of carer breakdown or the cared for person not receiving appropriate care in an emergency situation.

Equality, diversity, and inclusion was embedded throughout adult social care and actions were being taken to further improve access for people from seldom heard groups. Leaders identified this as a priority in their Islington Together 2030 plan.

There was clear co-production with people who use services, and their carers and people told us they felt listened to and included in decision making, this included the creation of the updated carers strategy and the new draft dementia strategy.

The local authority worked well with partners and the voluntary and community sector to support people holistically and in the least restrictive way.

Theme 1: How Islington Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

There were several ways in which people could access information about the local authority's services, this included online via their website or telephone through the Access team. Staff described how the Access team and the First Point of Contact Team were the front door for adult social care. The Access team provided early interventions such as signposting, information and advice to people. The team was a multidisciplinary team which included a social worker, district nurses and speech and language therapists. The team triaged contacts and referred to the First Point of Contact Team if people were not already known to adult social care for an initial Care Act assessment.

The approach to assessment focused on people's strengths and what was important to them. Staff and leaders gave examples of strength-based, person centred practice and this was reflected in people's feedback. People told us they felt respected, listened to and given choice during assessments. The approach reflected people's right to choose, built on their strengths, reflected what they wanted to achieve and how they wished to live their lives. The assessments were then used to develop personalised care plans. The examples seen showed people's human rights were respected and protected, including responding to any protected characteristics as defined under the Equality Act 2010. For example, ensuring people had access to advocacy if needed and providing information in a way people can understand and make informed choices.

People we spoke with told us they felt included in their assessment and were given the opportunity to be involved in the decision making of their own care and support. One unpaid carer told us the assessment was carried out over several weeks to suit the needs of the cared for person and allow them to be able to take in the information and make an informed choice which was person centred, and strengths based.

National data from the Adult Social Care Survey 2023-2024 showed 56.60% of people were satisfied with care and support. This was slightly worse than the England average of 62.72%. 76.26% of people felt that they had control over their daily life. This was similar to the England average of 77.62%. 41.01% of service users reported that they had as much social contact as they wanted with people they like. This was slightly worse than the England average of 45.56%.

Staff articulated examples of good strengths based social work practice. We heard examples of people being supported to achieve outcomes in different areas of their lives, such as maintaining important relationships, being more active in the community, or gaining employment. Leaders were proud of the strengths-based approach frontline staff used, and this was evidenced in quality assurance audits.

Pathways and processes ensured people's support was planned and co-ordinated across different agencies and services. Staff were positive about their multi-disciplinary working and how good partnerships supported people to get the best outcomes, by reducing the need for people to tell their story repeatedly. Leaders listened to frontline staff when processes were not working smoothly, and more resources had been allocated to support teams when required. For example, the First Point of Contact Team had vacancies within their team which was impacting on their workload. In response, the local authority recruited agency staff to support the team in the short term whilst continuing with the recruitment process.

The local authority had assessment teams who were competent to conduct assessments, including specialist assessments. Staff were qualified in their area of specialism such as Learning Disabilities, Approved Mental Health Practitioners, Sensory Impairment and Occupational Therapy. Staff told us they were provided with lots of opportunities for specialist training, practice development and career development opportunities.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. There were inconsistencies across the local authority in relation to waiting lists. For example, some teams told us their waiting lists were minimal or non-existent whereas other teams had significant waiting times. The reviewing team and the Occupational Therapy team had longer waiting lists as did some Mental Health community teams. People we spoke with told us they received Care Act assessments in a timely manner. The local authority worked with partners to ensure people received care and support in a timely manner for example, processes were in place to support people with a timely hospital discharge.

Data provided by the local authority in July 2024 showed there were 184 people waiting for an initial Care Act assessment via the First Point of Contact Team with a median wait time of 42 days and the longest wait time being 1 year 8 months. Data provided by the local authority in January 2025 showed these waiting lists for Care Act Assessments had reduced to 143 people waiting for a Care Act Assessment, with the longest wait being 4 months. Actions were taken to improve waiting lists such as a duty system to support with the screening process, regular monitoring of risk to ensure people were waiting well, and the implementation of a community support officer who carried out low level welfare visits and supported with access to food, heating and community services, and the recruitment of agency staff.

There were waiting lists for people waiting for a review of their care and support, data provided by the local authority in January 2025 showed there were 607 people waiting for a review of their care with an average waiting time of 1.8 years for an annual review. Staff told us they managed waiting lists through a triage process and an escalation policy. They risk assessed cases and prioritised people at risk, with safeguarding concerns taking priority.

The local authority was acting to manage and reduce waiting times for assessment, care planning and reviews. This included actions to reduce any risks to people's wellbeing, while they waited for an assessment for example, the First Point of Contact team told us they would regularly contact people to ensure they were safe and had the appropriate support in place to minimise risk whilst waiting for a Care Act Assessment. The local authority told us they had identified that difficulties in recruiting social workers had meant reduced capacity had impacted on waiting lists and these were being closely managed by team managers.

National data on Short and Long Term Support 2023-2024 (SALT) showed 55.70% of people receiving long term support had been reviewed (both planned and unplanned reviews) this was similar to the England average of 58.77%.

The local authority had an Occupational Therapy team (OT) who worked closely with adult social care teams and housing to promote independence and prevent, reduce and delay care needs. Data provided by the local authority in July 2024 showed 428 people were waiting for an OT assessment with the median time waiting for assessment being 3 months and the longest time 1 year 8 months. The local authority had an OT service improvement project which had been implemented to reduce waiting times, leaders told us this was yet to fully embed and improve the waiting times for those people who had waited longest for assessments.

The local authority had newly appointed to a Principal Occupational Therapist post to support with oversight and quality assurance. Staff told us they felt supported by the Principal Occupational Therapist and that changes made had already started to have an impact on the waiting lists. For example, streamlining the referral form had made it easier for people to refer themselves and made referrals quicker to screen. There had also been improvement to the screening process, ensuring more in-depth information was gained at first contact. The local authority had also introduced trusted assessors to support with low level equipment provision and occupational therapy assistants to support with less complex referrals. This enabled OTs to carry out more complex assessments, such as for people who required Disabled Facilities Grant funding and housing adaptations to remain independent in their own home. The OT team also told us about a community drop-in service where people could be referred and assessed in a drop-in facility for standard equipment such as bath aids, this reduced the length of time they would need to wait for an assessment and equipment and allowed people to maintain their independence and skills.

Assessment and care planning for unpaid carers, child's carers and child carers

Unpaid carers received a separate assessment to the person with care needs and staff understood how the needs of unpaid carers were distinct from the person they cared for. Staff understood the impact of caring for someone and the effect this could have on the unpaid carer, understanding their individual needs whilst looking holistically at their support network and community. The local authority commissioned the Islington carers hub which delivered advice, guidance and information, support groups, activities, breaks for carers and carers assessments, staff in adult social care teams also carried out carers assessments when required.

Leaders told us they felt the carers offer was strong however, they identified there was room for improvement and were working in a whole family approach to assessment, meaning the carer and the cared for would be considered equally in their own right looking at their individual support networks and ability to live their lives how they wish.

Feedback about unpaid carers assessments was mixed some people told us they received a carers assessment in a timely manner whilst others told us they waited a significantly long time to receive a carers assessment. Once a carers assessment was carried out feedback from unpaid carers was positive with unpaid carers telling us they felt listened to and supported. The joint commissioning of a carers hub with the ICB meant waiting times for unpaid carers had improved. The local authority told us there were currently no waiting lists for people waiting for a carers assessment. There was a waiting list of 118 people waiting for a carers annual review with an average wait time of 2.7 years.

National data from the Survey of Adult Carers in England (SACE) 2023-2024 showed 45.61% of carers were satisfied with social services. This was slightly better than the England average 36.83%. SACE 2023-2024 data also showed 29.11% of carers were able to spend time doing things they enjoy. This was significantly better than the England average of 15.97%.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. Partners told us the local authority worked well with the voluntary sector and supported people with non-eligible needs to access the correct advice and support. The local authority worked with the voluntary sector to improve outcomes for people for example, working with asylum seekers, refugees and migrants in the community to ensure they were aware of the support available to them. The local authority communicated well with partners, information was shared regularly in relation to the issues and gaps in the community such as domestic violence and the cost of living crisis to ensure people with non-eligible needs were correctly signposted to appropriate services. Staff signposted people to other council services, partners and external agencies for help and support for needs that were not eligible under the Care Act. Islington had a large voluntary and community sector and staff were aware of the services available in the community and had built positive relationships with the voluntary sector.

Examples were shared of how the community support worker would work with people who may not be eligible for a Care Act assessment but required some low level support to prevent, reduce and delay needs developing. For example, supporting people to ensure they had heating and electricity in their property.

Partners told us the local authority had invested in a referral platform whereby social care and health workers could make referrals into one system for people who may benefit from voluntary and community-based services.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were timely and transparent.

The local authority had a 'Adult Social Care Eligibility Policy' for staff (reviewed April 2023). The document provided clear guidance to staff, outlining the local authority's responsibilities under the Care Act. It described people's rights under the Act and how to proceed if eligible.

National data from the Adult Social Care Survey showed 69.78% of people did not buy any additional care or support privately or pay more to 'top up' their care and support. This was slightly better than the England average 64.39%.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent and consistently applied. Decisions and outcomes were timely and transparent. Data provided by the local authority July 2024 showed there were no waiting lists for people waiting for a financial assessment. Data provided by the local authority showed there had been no complaints regarding the charging process in the last 12 months. People told us they were supported throughout the charging process.

The local authority had an online charging calculator to help people work out how much people may need to contribute towards their care and support.

Provision of independent advocacy

The local authority had commissioned an independent advocacy provider to deliver all statutory advocacy services in the area. An advocate can help a person express their needs and wishes, weigh up and make decisions about the options available to them. People told us they were given enough time and information to make informed decisions and were offered support when needed either via a family member or independent advocate when required. Safeguarding Adults Collection data 2023-2024 showed 87.50% of people who lacked mental capacity were supported by advocates, family or friends. This was similar to the England average of 83.38%.

Local authority staff told us there was good access to independent advocacy and gave examples of when advocacy had been used to support decision making and gain people's voice. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations.

Supporting people to live healthier lives

Score: 3

3 - Evidence shows a good standard

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support.

Feedback from unpaid carers about the resources available to them was positive and we heard feedback about the different types of support people had received from voluntary partners. Unpaid carers told us they wanted more emotional wellbeing support and because of this the local authority commissioned a bespoke counselling service for carers. The feedback we received about the counselling service was positive.

Some carers told us they found it difficult to attend services and support groups on offer for unpaid carers due to their caring role. Data from the Survey of Adult Carers in England 2023-2024(SACE) showed 84.09% of carers found information and advice helpful this was similar to the England average of 85.22%. The SACE data also showed 29.11% of carers were able to spend time doing the things they enjoy; this was significantly better than the England average 15.97%.

Prevention was a core component of Islington's vision for people to live healthier, longer and more independent lives. The local authority's ambition was that by working in a multi-disciplinary way they would achieve better outcomes for people and provide them with the right care and support at the right time in the right place. The local authority had recently implemented a new integrated front door approach (Access Team) to serve as a single point of access for all adult social care, hospital discharges and community health referrals from residents, clinicians and other professionals. This reduced the number of times people had to tell their story and meant staff could seek professional advice and guidance from other professionals who were co-located in the multi-disciplinary team, providing holistic support and advice at the first point of contact. Leaders identified this was a new approach and that improvements could still be made to the process once it was given time to embed. Staff told us the transformation had a positive impact on both staff and people using services. People told us they previously found it difficult to get through on the telephone to adult social care prior to the implementation of the new front door.

The previous Access Team was part of the council-wide Islington Contact Centre and the new model was solely for adult health and social care. Staff told us this meant they were able to provide a more person centred approach to people needing advice and support. The single point of access held contact details for over 2000 voluntary and community services which meant people were able to easily access help and support that appropriately met their needs. Voluntary and community groups included groups for people living with dementia, with mental ill health, groups for asylum seekers, refugees and migrants, and faith groups.

There were 3 Access Islington Hubs that provided holistic wraparound support to prevent, reduce and delay the need for statutory support. The hubs were multi-disciplinary hubs supported by health, adult social care and the voluntary and community sector. Community connectors supported people in the community to access advice and support in the community. The local authority told us feedback from people using this service was positive and promoted strengths-based practice and independence.

Preventative services were having a positive impact on people's well-being. Staff spoke positively about how joint working has improved outcomes for people. National data from the Adult Social Care Outcomes Framework (ASCOF) for 2023/24 showed 78.32% of people who received short term support no longer required support, this was similar to the England average 79.39%. National data from the Adult Social Care Survey 2023-2024 showed 62.59% of people said help and support helped them think and feel better about themselves. This was the similar to the England average 62.48%.

Staff worked closely with housing and occupational therapy to support people to maintain their independence and live in their own home for longer. Examples of how equipment such as a bath seat or perching stool reduced the need for statutory care services and allowed the person to maintain their independence were shared. Staff worked with housing to ensure people were living in properties that supported their needs. Staff and leaders were working with housing on the Draft Housing Strategy 2024-2034 to look at how the local authority could maximise existing and develop new capacity. Staff were aware of plans to increase capacity through the development of extra care housing to support people to live independently for longer. Data provided by the local authority showed the number of people going into residential care last year had decreased to 194 people being placed in care homes in 2024 from 225 people being placed in care homes the previous year.

The local authority and partners used funding through the Proactive Care Fund to pilot the Lilli solution, supporting residents to remain independent for longer living in the community with the use of assistive technology. The Proactive Care Fund offers funding to local authorities and Integrated Care Boards to implement home care monitoring solutions. Data provided by the local authority showed the outcomes achieved from the use of assistive technology, this included support and reassurance to the person 22.33%, reduced impact of falls 21.02% and reduced hospital admission 15.5% with many instances of multiple outcomes being achieved.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. The local authority introduced the 'Take Home and Settle' offer, allowing people to be discharged home with 7 days free support to allow them to return home and determine how they manage at home before receiving a full Care Act Assessment. The Take Home and Settle offer was available 24 hours a day every day of the week to support hospital discharge. This meant people would not have to wait until the next working day to return home with care and support, reducing delays in discharge and reducing the risk of deterioration of people's physical ability from being in hospital. Records reviewed evidenced this working effectively. The Adult Social Care Outcomes Framework 2023-2024 also showed 2.88% of people 65+ received reablement/rehabilitation services after discharge from hospital, this was similar to the England Average of 3%. National data from Short and Long Term Support for 2023/24 showed 76.19% of people aged 65+ were still at home 91 days after discharge from hospital into reablement/rehabilitation. This was slightly worse than the England average 83.70%.

The reablement service is a multi-disciplinary service giving holistic support to people who have recently been discharged from hospital and require some short term care and support to allow people to return to their optimum health and ability. The reablement service supported all adults over the age of 18 who required short term care and support including specialist support for people with mental health needs and people with a learning disability and autistic people. Staff took a strengths-based approach to assessment at hospital discharge and worked across disciplines to triage referrals and ensure people received short term care where required.

Access to equipment and home adaptations

The local authority used a variety of roles to assess people for equipment and adaptations to support people to remain as independent as possible. The local authority employed Occupational Therapists (OTs) and OT assistants, who were not qualified OTs but were trained to assess people for standard equipment and minor adaptations. A clear pathway was in place for processing requests for assessments for equipment and adaptations. Requests for assessments were triaged by an OT duty team and prioritised, before being placed on a waiting list. Low level equipment requests would be dealt with via an assessment from an OT assistant, this meant that OTs could then concentrate on referrals for people with more complex needs such as housing adaptations through the Disabled Facilities Grant. People told us they received an OT assessment and equipment in a timely manner and felt the equipment provided supported them to be more independent as per their wishes.

Staff told us the OT duty system was a new approach and had supported with identifying urgent cases and the screening process of referrals, which meant people's needs were identified quicker and risk was monitored more effectively.

The waiting list for OTs meant the median waiting time for people to receive an OT assessment was 3 months with the longest wait being 1 year 8 months. Leaders told us an OT improvement project was in place and improvements had already started to take place such as duty, training trusted assessors and the provision of smaller equipment and minor adaptations carried out by OTAs. However, leaders identified improvements were not fully embedded and further improvements were yet to be made.

The local authority had recently recruited a Principal Occupational Therapist (POT) to implement and support with the improvement project and oversight and training of the OT team. Staff recognised the POT had been supportive, approachable and had created good working relationships with adult social care (ASC), raising awareness and understanding of the OT role.

The local authority had also invested in training staff across ASC to become Trusted Assessors; these were staff who were not qualified as OTs but were trained to be able to assess people for low level equipment and minor adaptations, this was a new role and had not yet embedded enough to fully determine the impact this had on OT referrals.

The local authority has a community assessment project to which people could be referred to receive an assessment for equipment such as a bath chair. This meant people who were able to provide some information such as the size of their bath, and were able to travel to the community site, would be able to receive an assessment quicker than if they waited for an OT to attend their home. This helped people to receive equipment quicker, preventing the need for statutory services.

Provision of accessible information and advice

The local authority provided information and advice to people in accessible formats but recognised the need to continue to improve their offer to ensure they reached everyone in the borough. People could access the new front door via email, online form or telephone. Staff told us the front door did not carry out home visits however, the First Point of Contact Team carried out face to face visits carrying out Care Act assessments, carers assessments and low level safeguarding.

People who used services sometimes found it hard to know who to contact when they needed advice and guidance about their care and at times felt the Islington webpage was difficult to navigate. Other people found it easy to access information and found information received useful. The Adult Social Care Survey 2023-2024 showed 66.87% of people who use services found it easy to find information and support, this was similar to the England average of 67.12%. The Survey of Adult Carers in England 2023-2024 also showed 60.42% of unpaid carers found it easy to access information and advice, this was similar to the England average 59.06%.

The local authority contracted a translator service and staff told us this was easy to use and quick to access. The local authority also provided information in several different languages and understood the languages spoken in Islington. The local authority also had a Sensory Team and a British Sign Language (BSL) Team who would support people who were hard of hearing or blind or Deafblind, staff within the sensory team were also trained in BSL. Staff told us how the sensory team would support with communication tools if needed and would often carry out joint visits to support with communication and understanding.

Direct payments

There was good uptake of direct payments, and they were being used to improve people's control about how their care and support needs were met. People told us how they used their direct payments to flexibly meet their needs using services they chose rather than commissioned services. People had ongoing access to information, advice and support to use direct payments. ASCOF data 2023-2024 showed 28.97% of people received direct payments this was better than the England average 25.48%.

The local authority had clear processes and guidance in place to support staff and people who use services to set up direct payments. The local authority had a direct payment employment team and had direct payment support workers to ensure a smooth process for people wanting to use direct payments. Direct payments are money that a local authority pays to people regularly (or someone acting on their behalf) so they can arrange their own support, instead of receiving social care services arranged by the local authority.

Data provided by the local authority showed 339 people decided to no longer use direct payments between June 2023 and May 2024, 46 of which were direct payments for carers. Reasons for this included care and support no longer being required or a change in the service provided. ASCOF data showed 98.01% of unpaid carers received a direct payment. All unpaid carers we spoke with said they were aware of direct payments, feedback from unpaid carers regarding direct payments was positive, unpaid carers told us they used the money to enable them to have some recreational time of their own to maintain their wellbeing.

Equity in experience and outcomes

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority demonstrated a good understanding of the local population and demographics. Leaders and staff had due regard for groups of people living in Islington who were more likely to experience health and social care inequalities such as Black Asian and Minority Ethnic communities, people who are homeless, people who misused substances and alcohol, people with mental health needs, older people, and people who are neurodivergent. Further work was underway with the local authority to ensure consistent recording of equality data of people who contacted the local authority to identify and reduce inequalities in people's care and support experiences and outcomes. Public health also carried out data monitoring processes which would then be shared with adult social care to identify people who were seldom heard.

The local authority had started to proactively engage with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. For example, the local authority held an open day for people with learning disabilities and their carers. The open day called "My Way Day" had over 30 stalls from providers and voluntary services to raise awareness of the care and support available for people with learning disabilities. The local authority told us feedback from people who attended the open day was positive.

The local authority worked together with partners and the voluntary and community sector to identify people's needs and to reach seldom heard people. Partners told us this work was effective and had seen an increase of people contacting voluntary services for advice and support however, they identified there was still work to be done to further support and reach people who may be at risk of inequalities.

Partners told us how the local authority worked with them and the community sector to identify people who were seldom heard. Islington is a diverse borough with areas of deprivation and homelessness. The local authority understood there were a lot of asylum seekers in the area who may be unsure as to how they would be supported or treated by professionals, one voluntary organisation told us that the language barrier, poverty, mental health and wellbeing were all barriers which stopped people from accessing help and support.

Partners told us the local authority worked proactively with health and the voluntary and community sector to identify and support people from diverse communities. Partners, staff and leaders told us about several groups in the community such as the Bangladeshi Association who support people to have their voice heard, they have also built relationships with the Somali community. Islington also has a thriving LGBTQ+ community.

The local authority worked with health partners to share data about demographics and meet need. For example, the Mental Health Partnership Board consisted of several partners and people with mental health needs working together to reduce the inequalities of people with mental ill health, focusing on the commissioning and service delivery of mental health services.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. The local authority worked in partnership with The London Vanguard, NHS England and the Mental Health Trust to develop and implement the Young Black Men and Mental Health Programme. The London Vanguards were being piloted in North Central London (NCL), North East London (NEL) and South East London (SEL) between October 2021 and September 2024. They aimed to enable vulnerable children and young people up to age 25 affected by violence to thrive. The Young Black Men and Mental Health Programme was designed to improve the mental health and wellbeing outcomes for young Black men improving their life chances in Islington.

Local authority staff involved in carrying out Care Act duties had a good understanding of cultural diversity within the area and how to engage appropriately. The Islington workforce was diverse, and staff were aware of how to communicate with people appropriately. Staff received training on cultural competency and were aware of the seldom heard people in the community and their needs. The local authority had an Equality, Diversity and Inclusion (EDI) lead in place to highlight the importance of EDI to staff and in the community.

There were clear policies and procedures in place for people who would not engage with services and staff gave examples of how they would visit at different times and communicate in different ways to try and reach people who were hard to engage.

Inclusion and accessibility arrangements

There were appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, for example, British Sign Language (BSL) or interpreter services. The local authority had a specialist Sensory Needs team in which staff were trained BSL interpreters and supported staff with other communication tools to support people who were deaf and or blind. The first point of contact team also had staff trained in BSL to support people with communication needs. Staff told us how they would carry out joint visits with the Sensory team to support people with their communication needs. The local authority also provided online BSL support, information to people through Facebook or YouTube and published a BSL newsletter. Staff were aware this would not meet everyone's needs as some people in Islington would not have access to the internet. Staff had access to paper copies of information in different formats and languages if needed.

The local authority also worked with Speech and Language Therapists to learn communication tools such as Talking Mats and other pictorial communication methods. Staff told us about how they worked with health colleagues to look at different techniques for communication with people with learning disabilities such as using videos to communicate.

Communication was provided either via the telephone, online or in paper format. The local authority told us they had paper copies of documents translated in several languages to support people whose first language was not English. Languages included Arabic, Chinese, Somali, Turkish, Bengali, Greek or Spanish to meet the main needs of people in the community, staff told us they would be able to access these in other languages also if required however, some staff told us they were not aware how to provide information in other languages to people.

People we spoke with told us information was given to them in the correct format to meet their communication and cultural needs. One person told us how the Care Act assessment for the cared for person was carried out over several visits to allow the cared for person to be able to listen, reflect and understand the process and be as involved as possible providing different formats such as written and verbal to ensure the person was able to access and understand the relevant information provided to them to allow an informed decision and choice.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority used a variety of methods to understand the needs of the local community to commission the right services. Staff and leaders told us about the use of data to inform commissioning practice. The local authority used the life course ethos supporting people across their life span with the Start Well, Live Well and Age Well initiatives to ensure people got the right care at the right time in the right place.

The local authority had a good understanding of the people living in their borough and worked together with public health and the ICB to ensure people across the borough had access to the same level of services and support. The local authority worked closely with Public Health and identified there were pockets of deprivation in Islington with the north of the borough being the most deprived, the local authority adapted the resource available dependent on people's needs.

The local authority had a range of commissioned services available for people to support their needs in the community, this meant people did not have to wait very long for care and support to be in place. Data provided by the local authority showed there were currently no waiting lists for people waiting for a home care package once they had been assessed.

The provision for residential care and nursing homes was limited in Islington. However, the local authority worked closely with other North Central London (NCL) boroughs to provide support for people, which meant people could be placed close to Islington and their local communities when there was a need for out of borough placements. Data provided by the local authority showed 62% of people requiring a residential care home or nursing home were supported in one of the NCL boroughs (including Islington) 83% were supported in London Most people who moved out of London did so to be nearer to family. The local authority told us in 2024 the number of out of borough placements (between 15 and 200km away from Islington) had decreased.

Examples were given of how the local authority were working with providers to change the specialisms they provided to support people with more complex needs, for example, people with learning disabilities, mental health or complex dementia to allow people to remain in the borough. There was joint work with housing to build more extra care facilities to support people to remain in the borough. The local authority had identified gaps in supported living options for people with a learning disability and work was underway to develop more supported living placements in the borough. Staff worked closely with providers to ensure there was a good level of good quality care provision in the borough.

Providers felt the local authority had a good understanding of people's needs and would seek their advice and support where needed. Providers felt supported to build and shape their services to better meet the needs of people in Islington.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable, and high-quality to meet their care and support needs. We heard how the care providers recruited people from a range of communities and there were effective working relationships with care providers through the local authority's Commissioning and Quality Assurance teams. This aided understanding and demonstrated the local authority's ambition to provide equality and diversity of care provision, particularly the delivery of culturally specific care provision.

National data from the Adult Social Care Survey 2023-2024 showed 64.54% of people who use services felt they had choice over services. This was worse than the England average (70.28%).

The local authority had several strategies in place to support and evidence their understanding of local need and market shaping such as the draft Islington Accommodation Strategy 2024-2034 with the vision to create a more equal future for Islington where people can thrive and in turn, tackle inequalities across Islington. The strategy was developed in co-production with housing and people who use services.

Commissioning strategies were aligned with the strategic objectives of partner agencies for example, health, housing and public health. The draft Islington Dementia Strategy 2025-2035 focused on the quality of life and support in Islington for people living with dementia and their families and carers. The dementia strategy was yet to be fully embedded in practice and was created in conjunction with the Islington Borough Partnership. The Partnership included the London Borough of Islington, North Central London Integrated Care Board, North London Mental Health Partnership, Whittington Health, University College London Hospitals, Islington GP Federation, Healthwatch Islington and representatives of the Islington Voluntary and Community Sector. The local authority told us they had begun to embed awareness and improve practice for people with dementia by carrying out dementia awareness training for staff and had held a Dementia networking and information event in conjunction with the carers hub for people in the community.

There was consideration for the provision of services to meet the needs of unpaid carers. The local authority had jointly funded the Islington carers hub with health to meet the needs of carers in Islington. Islington had a large community and voluntary sector that also supported people in the community and their carers. Feedback from unpaid carers was mainly positive.

National data from the Survey of Adult Carers in England (SACE) 2023-2024 showed 7.79% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency. This was worse than the England average of 12.08%. 10.39% of carers accessed support or services allowing them to take a break from caring for more than 24 hours. This was worse than the England average of 16.14%. 23.38% of carers accessed support or services allowing them to take a break from caring for 1-24 hours. This was the same as the England average of 21.73%.

The local authority commissioned models of care and support that were in line with recognised best practice. For example, the local authority commissioned for outcomes rather than commissioning 'tasks or services; providers told us they had flexibility to deliver the service in ways that meet people's preferences.

Ensuring sufficient capacity in local services to meet demand

There was not always sufficient care and support available to meet demand, and people could not always access it when, where and how they needed it. The local authority often relied on out of borough placements due to the limited care home capacity within the borough. Islington had 16 care homes in the borough at the time of our assessment. Staff and leaders told us they had good relationships with neighbouring local authorities and that whilst people were placed out of borough, they mainly remained close to Islington which reduced the impact on the person receiving care.

The local authority had engaged with other local authorities across North Central London to understand capacity in care homes in the North Central London region. This was evidenced in the Islington Capacity Plan 2024-2025. The local authority had regular contact with providers across the North Central London region to discuss local needs. Providers told us this worked well and that they had good communication with Islington and felt they had a capacity to support people's care needs.

Data provided by the local authority showed in March 2024 there were 274 people in nursing care homes (237 people were 65+, 37 people were 18-64 years) Islington commissioned 150 nursing care beds in the borough. Out of the 124 long term 65+ nursing care placements that started in 23/24, 59% (73 people) were in borough and 41% (51 people) were out of borough. Staff told us they had good relationships with the other boroughs and would carry out any reassessments and reviews for people placed out of borough.

The Islington capacity plan 2024-2025 showed there were 137 commissioned supported living placements in Islington for people with a learning disability and/or autistic people. However, there was a reliance on out of borough placements for people with learning disabilities with more complex needs. The local authority had 142 commissioned supported living units in the borough to support people with mental health needs, these schemes aimed to promote independence, choice and health and wellbeing. Partners told us they felt there was a lack of provision for mental health services particularly for younger people aged 18-24 years and this impacted at times on their transition from children's services to adults'.

There were action plans in place to reduce the number of placements out of borough. For example, plans were in place for new supported living and extra care facilities to support people to move back to Islington if they wished.

Data provided by the local authority showed waiting times between 01 April 24 - 30 June 24. There were 114 home care requests, 48 requests for a residential care home, 28 for nursing care and 14 for supported living. The local authority reported there were no waits for home care provision. The average wait for a residential care home was median 13 days and maximum 20.1 days and for nursing care was median was 11 days and maximum 12.7 days. The local authority told us the delays in nursing and residential care homes were due to family requests or the need for specialist provision.

National data from the Adult Social Care Survey 2023-2024 showed 64.54% of people who use services felt they had choice over services. This was slightly worse than the England average of 70.28%.

There was not always sufficient capacity for unpaid carers to have access to replacement care for the person they cared for, in both planned and unplanned situations. Despite this unpaid carers told us they were happy with the care and support on offer for them and their loved ones and did not have any issues with accessing care to allow them to take a break.

Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Some services were commissioned jointly with other agencies. In these instances, there were clear roles and accountabilities for monitoring the quality of the services being provided and the outcomes for the people using them.

The local authority's quality assurance framework aimed to ensure high quality, evidence-based practice, continuous improvement of providers, learning and person centeredness. Provider reviews completed by the local authority were an integral part of the framework. Follow-up visits were determined by the risks regarding the recommendations given from the contract monitoring. Methods of reviews or monitoring included self-assessment, full/themed reviews, and contract monitoring visits.

The local authority had a good provision of Care Quality Commission registered adult social care services. This included home care, residential care, nursing care and supporting living services. Overall, 2.63% of those services were rated outstanding, 68.42% were rated good meaning they were safe, effective, and provided a high-quality standard of care which met people's needs, 7.89% were rated requires improvement. 21.05% of services were yet to be rated by CQC.

The local authority's approach to quality assurance was positive and providers felt respected and supported. Providers felt the commissioning team was approachable, open and honest and gave them clear feedback and support to improve.

Over the past 12 months there were 3 embargos on services meaning they were restricted with their admissions to their service, 2 services were placed under embargo due to quality concerns and 1 learning disability provider handed back their contract due to financial viability, high void rate and being unable to agree sustainable uplift with the local authority. The local authority told us they worked with the learning disability provider to prevent breakdown of care. There were no embargos or placements handed back to the local authority within residential care homes or nursing care.

The local authority supported with training and development across the care sector and providers were able to discuss any concerns regularly with the local authority. Examples of learning and discussions held through the provider forums in which they felt listened to and supported were shared.

Ensuring local services are sustainable

The local authority collaborated with care providers to ensure that the cost of care was transparent and fair. The local authority used data to ensure that providers were being paid fairly, with a flexible approach dependant on complexity and communicated with providers clearly.

The local authority's contracting arrangements were efficient; they provided stability for providers and allowed them to plan ahead. Providers felt safe in their contractual arrangements and ensured the terms and conditions for staff were fair. The commissioning process was seen as fair and that the local authority ensured equal commissioning of services to ensure allocation was fair and equitable for providers. Providers told us how the local authority would monitor how many contracts a provider had accepted and would ensure providers who had not taken any new offers of care recently had a fair opportunity to do so. This ensured all providers had fair access and ensured viability for providers.

The local authority worked with providers and stakeholders to understand current trading conditions and how providers were coping with them. Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure; contingency plans were in place to ensure that people had continuity of care provision in this event.

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability.

National data from Adult Social Care Workforce 2023-2024 Estimates showed 50.58% of ASC staff had a care certificate in progress, partially completed, or completed. This was similar to the England average 55.53%. There were 6.22% of adult social care job vacancies. This was slightly better than the England average of 8.06%. National data from Adult Social Care Workforce Estimates also showed the ASC staff turnover rate was 19.08%. This was slightly better than the England average 24.77%.

Partnerships and communities

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority worked collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The local authority had a section 75 agreement in place to provide care and support to people with a learning disability, mental ill health and the Islington carers hub. A Section 75 agreement is an agreement between local authorities and NHS bodies which can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partners.

The local authority worked with the North London NHS Foundation Trust to deliver mental health services across Islington, the teams were co-located and worked collaboratively to meet shared strategic ambitions. Staff told us about positive working relationships with health colleagues, however, there was confusion at times regarding responsibility and accountability particularly around safeguarding concerns. The use of two separate systems could have been a challenge resulting in information being inconsistently recorded across systems which meant information may not have been shared as effectively as it could have. Leaders told us they were aware of this and had plans in place to improve this by ensuring adult social care staff recorded on the adult social care recording system only.

There were positive working relationships with partners and examples of collaborative working which had positive outcomes for people using services. For example, partnership working had achieved good outcomes in hospital discharge with the 'Take Home and Settle' programme which supported people to return home before having their care needs assessed. This had reduced delays in discharge from hospital and supported people to return home in a timely manner.

Partners told us of policies and strategies which had been co-produced to support people in Islington such as the Age Friendly Communities, Dementia Friendly Strategy and Islington Carers Strategy. Feedback from partners regarding co-production was positive with partners saying they felt equal, respected and valued. Islington was part of the North Central London Integrated Care System across 5 councils, Islington, Camden, Haringey, Barnet and Enfield. The work carried out covered both Adult Social Care and Children's Social Care and linked professionals across Health and Social Care to share learning and embed good practice.

The local authority highlighted strong relationships with neighbouring local authorities and described how these relationships had supported people to be placed out of borough when needed, safely and effectively through the sharing of information to maintain oversight of people's experiences. We heard an example of one person who was placed out of borough told us they were happy with the arrangements and had regular contact with their social worker and a multi-disciplinary team to support their needs. They told us they felt involved and included in any decision making and knew who to contact if they were unhappy with anything.

Internal teams worked well together to ensure a holistic approach to a person's care and support. There was close working with Housing and Occupational Therapy to prevent, reduce and delay people's care needs. Staff understood the impact that factors such as health and housing had on people's social care needs and worked together to holistically meet people's needs.

The local authority worked effectively with voluntary partners to achieve objectives. The local authority told us they had a good voluntary sector in the borough, and the voluntary sector was a crucial source of support for people and unpaid carers.

Arrangements to support effective partnership working

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. Roles and responsibilities were clear. Leaders used data and audits to maintain oversight of their section 75 agreements and had regular strategic meetings to discuss any concerns or best practice outcomes. Action had been taken to further monitor section 75 agreements by ensuring staff recorded on the local authority recording system and not the health recording system to ensure continuity of care and improved oversight. There had been inconsistencies in how staff recorded information particularly within the mental health teams and action had been taken to improve this however, this was yet to embed across the teams.

The local authority used opportunities to pool budgets and jointly fund services with partners to achieve better outcomes. For example, Better Care Fund had been used to commission the Islington Carers Hub which was provided by Age UK.

Impact of partnership working

The local authority monitored and evaluated the impact of its partnership working on the costs of social care and the outcomes for people. This informed ongoing development and continuous improvement. For example, the NCL worked together to review the hospital discharge process and created the Discharge project Final Report 2023. Findings from this report created improvements such as the “take home and settle” offer and ensuring people received a strengths-based assessment in the right place at the right time, improving the knowledge of ward staff in relation to strengths-based practice. Leaders told us of work carried out with neighbouring local authorities to improve outcomes for people for example, Islington and Camden had worked together on suicide prevention and had a shared suicide prevention lead to work with people who may be at risk of suicide.

People told us of positive outcomes following support from multi-disciplinary teams and felt this meant they only had to tell their story once. Staff told us they worked well with health partners, and this was evidenced in their multi-disciplinary working. Health partners told us they worked well with the local authority and did not feel like it was separate health and social care and that they worked collaboratively together to reach their shared goals supporting people holistically. Staff gave examples of how partnership working meant people were not waiting for advice, guidance or support as good relationships meant there was always a professional you could go to for advice.

Partners told us they had a good relationship with the local authority, and they were invited to relevant boards and consulted with on important topics. They stated the local authority was supportive if they raised an issue. They also felt the local authority valued the voluntary sector and understood they provided services that the local authority could not. This meant the voluntary sector was able to support the local authority with identifying gaps and issues in the community to enable better support for people living in Islington.

Providers told us they felt listened to and respected as an equal and worked with the local authority to improve services and provided their knowledge and expertise in what was needed in the community. Providers told us how the local authority worked with the provider during a safeguarding concern and did not place blame but focused on how to improve the service to ensure safe care and support for people using services. This allowed providers to be open and honest and seek advice and support to reduce the risk of further safeguarding concerns.

The local authority regularly attended the Safeguarding Adults Board (SAB), the SAB consisted of several agencies including health, adult social care, voluntary sector, police and probation. This meant that safeguarding was everybody's business and supported the safeguarding process in a holistic way.

Working with voluntary and charity sector groups

The local authority worked collaboratively with voluntary and charity organisations to understand and meet local social care needs. The local authority had established Locality Wellbeing Networks which were collaborative networks of statutory service providers, charities, community groups and residents and were committed to taking an active role in their local community, sharing best practice and collaborating for positive social change. For example, it was identified that the language barrier and fear of professionals may have meant people would not know who to contact if they needed advice and support, work carried out by the local authority and voluntary partners has supported people to reach out for advice and support by building trust and relationships within the community. Feedback from partners was mainly positive and staff understood the importance of working with the voluntary and community sector to prevent, reduce and delay people's care needs and promote social inclusion.

Theme 3: How Islington Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 3

3 - Evidence shows a good standard

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority understood the risks to people across their care journeys; risks were identified and managed proactively; the effectiveness of these processes in keeping people safe was routinely monitored. Risk was monitored regularly and managers and senior social workers reviewed the presenting risks in incoming referrals, once allocated staff would regularly monitor their caseload and risk through regularly contacting people. Staff told us they had a day each month on which they would contact people waiting to ensure they were waiting well and that their needs had not changed.

Leaders had identified possible risks in relation to the recording of case notes by staff, limiting their ability to ensure actions taken were appropriate under the Care Act, particularly those staff who had access to both health and social care recording systems. This caused inconsistencies with some staff recording on the health system and not the adult social care system and vice versa. Leaders advised action had been taken to reduce this by ensuring all local authority adult social care staff only had access to record on the adult social care system, staff would also have read only access to health records to ensure information was effectively shared, reducing the risk of any information not being shared appropriately. This did not impact on any initial contacts or referrals as they were all received via the Access team.

Policies and processes about safety were aligned with other partners involved in people's care journeys. Staff told us how multi-disciplinary working in co-located offices supported them to ensure they had shared learning and drove improvement. There were benefits of staff being able to instantly speak with a health colleagues to provide a holistic approach to care, supporting people in the community to prevent, reduce and delay care needs. There were examples of close working with other neighbouring local authorities and having multi-disciplinary teams meant professional relationships were built with health and social care colleagues in other boroughs. Information sharing protocols supported safe, secure and timely sharing of personal information in ways that protected people's rights and privacy.

Regular audits took place to identify risk, and actions were taken to manage risk. For example, it was identified that staffing was an issue in the First Point of Contact Team, agency staff were being recruited at the time of our assessment to support with the vacancy rate to ensure the team was appropriately staffed to safely and effectively carry out their role. A new duty system was also put in place to screen initial referrals to ensure risk and safeguarding were a priority. The team also had a community support officer who would go out and carry out welfare checks and initial visits to enable the team to deal with more complex, higher risk referrals.

Safety during transitions

Care and support were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. This included referrals, admissions and discharge, and where people were moving between services.

Previous audits had identified a disconnect for people transitioning from Children's to Adult's services, with adult social care often becoming involved too late which did not give the young person and their family time to adjust and ensure best outcomes for young people. As a result of this feedback adult social care now became involved with the young person from 14 years old when needed. Leaders told us this had positive outcomes for people using services as this meant adult social care had built a relationship with the person using services and their family and had a good knowledge of their care and support provided in children's services. Unpaid carers did not always find the transition process smooth and felt Children's services offered more services and support than Adults services.

Feedback from people using services and their carers identified the charging process for adult social care as a concern and a shock to people transitioning from Children's to adult services. As a result of this feedback children's social workers had started to have conversations with the young people and their families about the charging process in adult social care so that cost was fully understood in relation to care and support when receiving adult services.

The transition team had good links with health and worked with partners to ensure safe hospital discharge for people with learning disabilities. Reablement support would be offered if appropriate and feedback from people using services was positive about the take home and settle service and the reablement service.

Specific consideration was given to protecting the safety and well-being of people who were using services which were located away from their local area, and when people moved from one local authority area to another. The local authority has a 'circle of protection' worker who worked closely with people placed out of borough to ensure they had the correct support such as advocacy or befriending services to promote choice and social inclusion. The 'circle of protection' worker also worked with people during safeguarding concerns to enable their voice to be heard and ensure appropriate action was taken. Staff and partners told us the "circle of protection" worked well.

The local authority had a process in place for people who were in privately funded care placements when their capital had fallen below the threshold for local authority funding.

Contingency planning

The local authority undertook contingency planning to ensure preparedness for interruptions in the provision of care and support. The local authority knew how it would respond to different scenarios, such as a cyber-attack, loss of data, power cut or business failure. Plans and information sharing arrangements were set up in advance with partner agencies and neighbouring authorities to minimise the risks to people's safety and wellbeing.

Funding decisions or disputes with other agencies did not lead to delays in the provision of care and support this meant people continued to receive care and support in a timely manner despite disputes over funding.

Provider failure may be caused by several factors including deregistration by regulators, termination of contracts, loss of premises or closure due to financial pressures. The local authority told us any alternative provision would be dependent on people's needs, and they aimed to provide a service as similar as possible to the previous one. Providers told us the local authority supported them to reduce risk of provider failure by providing regular advice and support and working with providers to improve services.

Safeguarding

Score: 3

3 - Evidence shows a good standard

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes and practices to make sure people were protected from abuse and neglect. National data from the Adult Social Care Survey 2023-2024 showed 70.14% of people who use services felt safe. This was similar the England average 71.06%. 84.89% of people who use services said that those services made them feel safe and secure. This was also similar to the England average 87.82%.

All safeguarding referrals came through the Access Team (the Integrated Front Door). The Access team is a multidisciplinary team of both health and social care colleagues and had a senior social worker to support with safeguarding concerns and decision making. All safeguarding concerns that were received by the Access team were screened on the same day and sent to the appropriate team. For example, if the person had an allocated worker, that concern would be sent to that worker/team. If the person was not open to adult social care this would then be referred to the First Point of Contact Team.

If a safeguarding concern progressed to a section 42 enquiry this would be carried out by the Complex Needs Team or Mental Health team if receiving support from the Mental Health services. A section 42 enquiry is the action taken by a local authority in response to a concern that a person with care and support needs may be at risk of or experiencing abuse or neglect.

Staff felt supported with safeguarding decisions and had the correct knowledge and skills to carry out their work in relation to safeguarding.

There was a multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Information sharing arrangements were in place so that concerns were raised quickly and investigated without delay. The local authority had a section 75 agreement with the North London NHS Foundation Trust (NLFT) for the delivery of social care mental health services, including safeguarding enquiries. Adult Social Care staff were seconded to the Trust, and the local authority's safeguarding responsibilities were delegated to the Trust through the agreement. The section 75 agreement provides an established framework for the delivery of safeguarding duties from the Care Act 2014. Leaders and team managers had regular oversight of data in relation to safeguarding including safeguarding carried out under the section 75 agreement.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Staff had identified an increased risk of cuckooing in Islington. Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation resulting in them losing control of their property. The practice often involves exploiting individuals who are more vulnerable or isolated. The property may then be used for criminal activity, including drug dealing, sexual crimes and storing weapons. Examples were shared of how the local authority worked with the hospital discharge team, police and housing partners to ensure people were safe and protected from further abuse.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. Data provided by the local authority showed that there had been no Safeguarding Adults Reviews (SARs) carried out 2023-2024 however learning from SARs in neighbouring local authorities was shared from neighbouring through the Safeguarding Adults Board (SAB). Key learning from SARs was shared with staff.

Responding to concerns and undertaking Section 42 enquiries

There were clear standards and quality assurance arrangements in place for conducting a s.42 enquiry. There was clarity on what constituted a s.42 safeguarding concern and when s.42 safeguarding enquiries were required, this was applied consistently. There was a clear rationale and outcome from initial enquiries, including those which did not progress to a s.42 enquiry. The local authority took immediate action where it needed to refer to other agencies, such as the police, or to put measures in place to make sure people were safe.

Providers spoke positively about safeguarding support from the local authority. Providers felt able to contact the local authority for advice and guidance on safeguarding concerns and felt the local authority supported them without blame to reduce risk for people.

Data provided by the local authority showed there were 1681 safeguarding concerns raised in 2024-2025 up to the point of our assessment. Of those 1681 concerns 253 had progressed to an enquiry, this meant the overall conversion rate was 15%. Leaders identified that an inconsistency in recording of a safeguarding enquiry meant recording was not always accurate. This was resolved by implementing a new safeguarding form on the adult social care recording system ensuring practitioners appropriately and consistently completed the relevant parts of the form. This form was due to be rolled out February 2025 and had not yet been implemented at the time of our assessment.

Data provided by the local authority showed as of 25 January 2025 there were 23 open safeguarding concerns 21 (91%) had been open for 0-5 days, 2 (9%) had been open for longer than 5 days reasons for this were due to individual needs and not allocation delays. The maximum time a person waited to have a concern considered was 7 days. The Pan-London safeguarding target was 5 days, this meant 91% of cases were closed or progressed to a s.42 enquiry within the target timescales. There were clear standards and quality assurance arrangements in place for conducting Section 42 enquiries.

The local authority told us there were currently no waiting lists for Deprivation of Liberty Safeguards (DoLs). A DoLs is when people in care homes and hospitals are deprived of their liberty in a safe and correct way, to receive care and treatment. This is legally authorised under the Mental Capacity Act 2005 and is only done in the person's best interests and when there is no other way to look after them.

Relevant agencies were informed of the outcomes of safeguarding enquiries when it was necessary to the ongoing safety of the person concerned. Providers were kept informed regarding the outcome of section 42 enquiries and supported to make any improvements to practice reducing risk.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively and without delay, keeping the wishes and best interests of the person concerned at the centre. Examples of how the process was person centred and gave the person the chance to make an informed choice was shared.

People could participate in the safeguarding process as much as they wanted to, and people could get support from an advocate if they wished to do so. People were supported to understand their rights, including their human rights, rights under the Mental Capacity Act 2005 and their rights under the Equality Act 2010 and were supported to make choices that balanced risks with positive choice and control in their lives.

National data from the Safeguarding Adults Collection showed 87.50% of individuals who lacked capacity were supported by an advocate, family, or friend. This was the same as the England average 83.38%.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

There were clear and effective governance, management and accountability arrangements at all levels within the local authority; these provided visibility and assurance on the delivery of Care Act duties, quality and sustainability and risks to delivery and people's care and support experiences and outcomes.

People with lived experience were aware the local authority had made changes to structures to improve the impact on people's care and support experiences and outcomes for example through co-production of the carers strategy and the implementation of the new front door. Co-production groups were described as honest and with transparent conversations. We were told the local authority really valued people and worked with the vision of improving services and the quality of life for people in Islington.

There was a stable adult social care leadership team with clear roles, responsibilities and accountabilities. Leaders were seen as approachable and visible, and that staff could ask for advice and guidance at any time, and this was encouraged and supported.

We found senior leaders and staff to be curious, passionate and committed. The Principal Social Worker (PSW) and the newly appointed Principal Occupational Therapist (POT) roles were aligned in the organisational structure and independent from team management. This showed value and credibility to lead, develop and standardise practice through engagement with front line staff. The PSW and POT worked closely with Learning and Development leads to ensure staff had the correct skills, knowledge and training to carry out their frontline practice. Staff told us they felt supported by the PSW and the POT. Staff had already seen the impact on outcomes and improvements in practice made since the appointment of the POT such a raised awareness of the OT team and what should be in an appropriate referral.

There were clear risk management and escalation arrangements in place. These included escalation internally and externally as required. Islington's senior leadership team had a clear delegation and escalation process. Team managers and senior social workers monitored risk daily within their teams and through data provided regular strategic oversight to leaders. Where there were shortfalls in carrying out Care Act duties, for example, waiting times for Care Act assessments, staff were clear about how the local authority was working towards reducing risks to keep people safe.

The Director of Adult Social Services (DASS) had clear oversight of data and any issues or concerns regarding support and care for people in Islington. The Chief Executive and cabinet members had a good relationship with the DASS and felt involved and consulted about the potential risks facing adult social care. These were reflected in the corporate risk register and considered in decisions across the wider council. The Chief Executive also met with the safeguarding adults board regularly to maintain oversight of any concerns and actions taken.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform its adult social care strategy and plans, allocate resources and deliver the actions needed to improve care and support outcomes for people and local communities.

The local authority had a clear focus on independence and prevention and worked closely with Public Health and health colleagues to achieve this, supporting people in Islington to live healthier, happier lives in a holistic way. The Islington Together 2030 plan was a multi-disciplinary plan to set out the vision of a more equal Islington. The local authority identified challenging inequality, racism and injustice as missions critical for the council and adult social care. Leaders told us they were also working with health on a new Health and Wellbeing Strategy as part of the Islington Together 2030 plan.

Other new strategies included a draft dementia strategy and an updated Carers strategy. People using services and their carers told us they felt included and listened to in the strategic planning of the new strategies.

Commissioners focused on providing a consistent, quality service across the whole of adult social care to ensure there was a joined-up, collaborative approach to meeting people's needs and achieving outcomes. The commissioning process was clear and had been co-produced with providers and people using services to ensure it met the needs of the people in Islington.

The local authority used information about risks and performance to carry out the actions needed to improve care and support outcomes for people and local communities. For example, agency workers were recruited to support staffing shortages in the First Point of Contact Team to reduce the time people waited and support people to receive the right care at the right time in the right place.

The local authority had close relationships, good sharing of data and clear oversight of their section 75 agreements. Partners told us they worked closely with the local authority to ensure they were meeting their contractual agreement and meeting their responsibilities under the Care Act, the DASS told us they received regular data and had regular meetings with strategic leaders in health to ensure best outcomes for people.

Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Strict policies and procedures were in place for staff to follow. Staff had completed relevant information security training including GDPR.

There were examples of measures in place to ensure the sharing of information remained secure and confidential. This included gaining consent from people and/or their families, use of secure electronic systems, encrypted emails, auditing and recording of calls.

There were processes in place to ensure information was shared with stakeholders securely and maintaining confidentiality. Some staff had access to health records and read-only information relating to a person, to facilitate a positive experience for people going through assessments, care planning and review processes.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively. Staff were supported and encouraged to carry out training relevant to their roles to support practice.

Leaders worked together with staff to identify through audits any themes and trends for staff training. Quality assurance was monitored via several routes to ensure continuous learning and improvement. For example, practice forums and Internal Quality Assurance Meetings (IQAM) in which staff would present their work and discuss options and least restrictive practice. Staff found the IQAM meetings useful and supportive however, it was unclear as to how often these meetings took place with some were monthly and others reported they were weekly. Leaders confirmed IQAM meetings were held daily with staff attending the relevant IQAM for their service for example, there would be a focus on older people's mental health on one day and Learning disabilities and transitions on another day.

There was support for continuous professional development. Staff were supported to progress in their career. There were members of staff who had completed their Apprenticeship, Assessed and Supported Year in Employment (ASYE), and had been supported to progress to more senior roles.

The local authority worked collaboratively with people and partners to actively promote and support innovative and new ways of working that improved people's social care experiences and outcomes. The local authority worked well with providers to ensure quality assurance and best practice for providers. There were examples of where the local authority had been approachable to providers, supported with quality assurance and provided training opportunities for to the workforce to ensure good quality care.

Co-production was embedded throughout the local authority's work. There were several co-production groups that were being held including a carers co-production group and a commissioning co-production group, feedback from people involved in co-production work was positive. Those involved were respected and listened to and felt their opinions were considered when making decisions.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided. Multi-disciplinary teamworking supported learning across teams and across health and social care. We heard how the local authority learnt from neighbouring local authorities to improve practice for example, staff told us about a communication method a neighbouring local authority was using for people with learning difficulties and were considering it use in Islington due to its success. Partners spoke positively about their shared learning with the local authority and how the local authority were willing to listen and learn from partners and people who use services.

The local authority also introduced the role of quality assurance lead with the focus on learning and improvement. The quality assurance lead worked closely with the PSW and POT to improve practice on the frontline.

The local authority actively participated in peer review and sector-led improvement activity. The local authority drew on external support to improve when necessary.

Learning from feedback

The local authority learned from people's feedback about their experiences of care and support, and feedback from staff and partners. This informed strategy, improvement activity and decision making at all levels. For example, the local authority attended a monthly meeting with an organisation called Diverse Communities Health Voice to better understand the voice of people from seldom heard groups. Partners told us this helped to break down barriers for people and built relationships with people in the community, raising awareness of adult social care and the support available for people. This information was then used when planning and commissioning services.

The local authority identified dealing with complaints as an area for continued improvement. Improvements had been made by providing staff who deal with complaints further training and implementing a new case management system in January 2024 to support with the response and reporting of complaints. Data provided by the local authority showed they received 96 complaints between 1 April 2023 and 31 March 2024 of these complaints 32% were partially upheld, 22% upheld and 46% not upheld. This was an improvement on data provided for 1 April 2022 to 31 March 2023 in which the local authority received 95 complaints with 62% being partially or fully upheld. Themes and trends of complaints were reviewed with most complaints being about communication from staff. Staff we spoke with told us communication with people had improved and teams would regularly contact people who were waiting for an assessment or contact to keep them updated on their progress.

There were processes to ensure that learning happened when things went wrong, and from examples of good practice. Leaders encouraged reflection and collective problem-solving. Staff could speak with their team, their manager and leaders openly and honestly and to gain advice and support both formally in supervision and informally. Some teams held regular meetings to discuss complex cases and to reflect and learn from practice.