



HEALTH AND CARE SCRUTINY COMMITTEE

14 December 2017

SECOND DESPATCH

Please find enclosed the following items:

Item 11	Executive Member Health and Social Care - Presentation	1 - 18
Item 12	Performance Update	19 - 28
Item 15	Adult Social Care Local Account	29 - 46

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ISLINGTON

Page 1

HEALTH IN ISLINGTON: Key achievements

Cllr Janet Burgess

Presentation to Health Scrutiny
December 2017

Agenda Item 11

Life expectancy

- Since 2000-02, life expectancy has **increased** in Islington for both men and women.
- Life expectancy at birth for men in Islington is now 79 years, an increase of 5.5 years since 2000. However life expectancy for men in Islington remains lower than London (80.2) and England (79.5) and is **the 5th lowest amongst all London boroughs**.
- For women in Islington life expectancy is 83.1 years and is similar to England (83.1).

Page 2
Life expectancy at birth



Men	2000-02	2013-15	Percentage increase
Islington	73.5	78.7	7.1%
London	75.8	80.2	5.8%
England	76.0	79.5	4.6%



Women	2000-02	2013-15	Percentage increase
Islington	79.1	83.1	5.6%
London	80.8	84.1	4.1%
England	80.7	83.1	3.0%

Source: Public Health Outcomes Framework, 2017

Healthy life expectancy

- Men and women resident in Islington spend on average the last 20 years of life in poor health.
- Healthy life expectancy (HLE) for women in Islington is similar to London and England, whilst for men it is significantly lower than London but similar to England.
- For both men and women average healthy life expectancy has not changed significantly since 2009 but both men and women in Islington have seen a greater increase in HLE compared to London and England.

Healthy life expectancy at birth



Men	2009-11	2013-15	Percentage increase
Islington	56.8	60.7	6.43%
London	62.7	64.1	2.18%
England	63.0	63.4	0.63%



Women	2009-11	2013-15	Percentage increase
Islington	58.2	61.6	5.52%
London	63.8	64.1	0.47%
England	64.1	64.1	0.00%

Source: Public Health Outcomes Framework, 2017



Islington's Health and Wellbeing Board priorities (2017-2020)

Ensuring every child has the best start in life

- Improving outcomes for children and families
- Driving integration across early childhood services
- Remaining focused on prevention and early intervention.

Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

- Addressing wider causes of poor health: particularly housing, employment and isolation
- Promoting and enabling healthier lifestyles
- Providing a collaborative, coordinated, and integrated care offer to residents

Improving mental health and wellbeing

- Increasing focus on mental health and wellbeing for children and families
- Increase employment opportunities and workplace health
- Focusing on reducing violence and the harm it causes
- Improving the physical health of people with mental health conditions
- Working better as a system to provide a better holistic service to people with multiple needs which include mental health
- Focusing on dementia
- Improving service access



ENSURING EVERY CHILD HAS THE BEST START IN LIFE



Key achievements – Best start in life

- The new integrated early years' service – 'Bright Start Islington' - launched in September this year. This represents a significant step towards the ambition for holistic integrated early childhood and family services.
- The core services for Bright Start are provided by health visitors and early childhood staff who will be co-located in children's centres and health centres within three integrated area teams. When fully implemented this will see co-location of health and local authority colleagues working to 3 new localities – Bright Start West, East and South.
- Health visiting services have maintained good coverage of the mandated universal developmental checks that underpin the Healthy Child Programme whilst making these organisational changes. Over the last year, new birth visits have been made to over 94% of families, and checks at age 2 to 85% of families. These rates compare favourably with both London and England.
- The Islington Mental Health and Resilience in Schools (iMHARS) framework sets out seven components of school practice and ethos that effectively develop resilience, promote mental health and support children at risk of, or experiencing, mental health problems. So far 18 schools have engaged with iMHARS and the plan is to roll it out further.



Key challenges – Best start in life

- Childhood excess weight continues to be a challenge in Islington. In 2016/17 almost a quarter (22%) of children aged 4-5 years old were overweight. The rate has not changed significantly over the past 3 years and is currently similar to England and London. Amongst children aged 10-11 years old more than a third (38%) were overweight, similar to London but higher than England.
- Page 7 Parental mental health issues continue to have a profound impact on children. Mental health was cited as the key factor in nearly 40% of social care assessments.
- Completing the integration of health visiting and early childhood services has seen significant operational challenges. Whilst many of these are working through, co-location has still not been achieved.
- Health visiting services continue to struggle to recruit qualified Health Visitors.



PREVENTING AND MANAGING LONG-TERM CONDITIONS (LTCS) TO ENHANCE BOTH LENGTH AND QUALITY OF LIFE AND REDUCE HEALTH INEQUALITIES



Key achievements – Long Term Conditions

- There has been a continued reduction in early deaths from **heart disease, cancer and respiratory disease**.
- Islington residents are also above the London and England average on participation in the **recommended level of physical activity** and above the England average and similar to London on **healthy weight**.
- Our **behaviour change services** continue to deliver a high quality, targeted offer to our residents. During 2016-17:
 - 7,300 residents received an NHS health check, exceeding the target of 6,570.
 - 4,000 resident completed online alcohol identification and brief advice screening
 - 1,600 attempted to quit smoking and 760 people successfully quit. This was a 46% quit rate, higher than the nationally recommended rate of 35%.
- The new **stop smoking service, Breathe, has been mobilised**. This follows a resident inquiry approach to co-produce a model for the service. Breathe delivers a 3 -tier model of service to ensure smokers receive the best support to help them stop smoking.



Key achievements – Long Term Conditions

- We are also currently delivering two programmes with Haringey, National Diabetes Prevention Programme and British Heart Foundation high blood pressure detection and prevention, in collaboration with the local community, with specific focus on offering services in locations and times most convenient for hard-to-reach groups.
- The Individual Placement and Support (IPS) Trial is a primary care based employment support service for unemployed people with a long term health condition or disability. The service is co-located into 10 surgeries and 32/33 practices are signed up to refer. To date 400 referrals have been made to the service and it has recently been assessed as 'good' by the Centre for Mental Health in their fidelity review.
- Islington has signed up to the Local Government Declaration on Sugar Reduction and Healthy Food which is one of a number of actions to reduce sugar consumption in the borough. This includes making every effort to improve the food environment by getting the right mix of hard and soft measures. Examples include restricting the sale of sugar sweetened beverages and work to encourage businesses to sign up to the Healthier Catering Commitment.



Key challenges – Long term conditions

- Islington has **higher needs than other London boroughs** :
 - Despite drop, Islington's premature mortality rates from cardiovascular disease and cancer are still above the London averages
 - Islington's smoking prevalence is higher than in London and England.
 - The rate of hospital admissions for alcohol-related conditions is the highest in London.
 - Hospital admissions due to falls are above London rates.
 - Islington has 3rd highest rate of benefit claimants due to alcoholism in London.
 - A third of all long term condition diagnoses locally are related to overweight and obesity.
- **Cancer screening uptake in Islington is lower than the London and England averages** and increasing uptake remains a challenge.
- There remain a significant number of people with **undiagnosed COPD, diabetes, heart disease and hypertension**.

IMPROVING MENTAL WELLBEING



Key achievements - Mental health

- 5,124 people entered **Improving Access to Psychological Therapies (IAPT)** treatment in 2016/17 in Islington an estimated 16% of those estimated to have a common mental health problem. Nearly 50% of those who enter treatment recover after treatment.
- 3 Public Health funded **mental health promotion services** in Islington are now fully mobilised. The services include free adult and youth mental health first aid training (MHFA), mental health for managers and mental health awareness training for anyone in the borough.
- There continues to be a **downward trend in suicide rates**. A multi agency action plan to prevent suicides has been developed, including working with the Metropolitan and British transport police to develop a rapid reporting system and postvention support for those bereaved by suicide.
- The Samaritans have been commissioned to deliver a suicide awareness training called *Managing Suicidal conversations* for non-clinical frontline staff in the borough.
- The Integrated Practice Unit (IPU) for psychosis is a 5 year project to improve the mental and physical health of people with psychosis in Camden and Islington. It is the first IPU for psychosis in the UK. In year one of its implementation some of the main achievements were 27 people quit smoking, 5 physical health and wellbeing clinics were set up across both boroughs, training for staff and the development and implementation of a physical health skills passport self-assessment.

Challenges and Inequalities

- The relationship between mental health and deprivation is cyclical; factors such as poor housing, poverty, unemployment and other causes of deprivation increase the risk of mental illness but are also caused or exacerbated by mental health conditions. In addition people with multiple and complex needs and those that face long term disadvantage and discrimination are at a higher risk of mental health conditions.
- The Community Mental Health and Wellbeing service in Islington aims to promote awareness of mental health and mental wellbeing, challenge the stigma associated with mental illness, and increase access to mental health services across all Islington communities, and particularly within identified excluded communities for example black and ethnic minority groups, older people and men.
- The suicide prevention action plan has a number of key priority areas. One of these is a focus on specific risk groups and at risk locations. At risk groups include men, children and young people, older Irish people and women facing domestic violence.
- Workplace mental health and wellbeing is a significant issue to address. Locally we are working with employers to raise awareness of their role towards ensuring that employees have access to the right policies, support and environments that positively impacts their mental health and wellbeing

Substance misuse:

- Successful procurement of **a new drug and alcohol recovery service** for residents with drug and alcohol support needs. The new service, which goes live in April 2018, will offer a single point of entry into Islington's services providing a greater focus on building on an individual's strengths, involving families, and better visibility of peer support.

Sexual health:

- A new, North Central London integrated sexual health service has been commissioned for Islington, Camden, Barnet and Haringey, following a sub-regional procurement led by Islington on behalf of the councils. It brings together services for HIV testing, Sexually Transmitted Infection testing and treatment and contraception into an integrated 'one stop shop' service. It also includes additional, outreach services for vulnerable groups and training and support to primary care.
- From January, a new London-wide sexual health clinical online service for HIV and STI self-sampling will start rolling out across London. The service is intended for people who do not have symptoms or other risks or vulnerabilities that should otherwise be seen in clinic. The service provides convenience of self-sampling at home as an alternative to the need for going to a clinic.
- The introduction of the new service follows local and London-wide engagement work through waiting room and online surveys, together with focus groups. Surveys found that about half of clinic users did not report symptoms, but were seeking check-ups or testing for reassurance; and that many would welcome alternatives to clinic visits such as online services.

Haringey and Islington Wellbeing Partnership

- Partners in Haringey and Islington continue to work together on health and care system transformation. The wellbeing partnership is developing in line with national ambitions and policy in relation to accountable care partnership/systems.
- The Haringey and Islington Health and Wellbeing Board Joint Sub Committee has committed to taking joint action on obesity and unhealthy food environments.
- Haringey and Islington are also working jointly on a number of key programmes to improve health and wellbeing outcomes. These include; diabetes, cardiovascular disease, children and young people, intermediate care, mental health, learning disabilities, frailty, children and young people and musculoskeletal conditions.
- Over the next year the two councils will produce a shared joint strategic needs assessment and a joint health and wellbeing strategy



Areas of focus for the coming year

- Addressing the high levels of alcohol related harm in the borough.
- Renewing our approach to healthy weight in the borough, through Islington's physical activity (Proactive) and food strategies
- Improving the physical health of those with mental health problems
- Increasing the number of people with LTCs who are in employment
- Tackling social isolation in vulnerable groups, such as older people, MH and LD
- Addressing parental mental health in the early years and building resilience
- Continue to work with partners in Haringey on health and care system transformation.

Appendix 1: Performance data



ISLINGTON

		Latest data	London average	Trend
Ensuring every child has the best start in life	Percentage of new births that received a visit within 14 days	94%	92%	Not available
	Percentage of two year olds receiving a development check at 2 years	85%	Not available	Not available
	Percentage of children achieving a good level of development	70%	73%	Up from 44% in 2012/13*
	Percentage of 3-4 year olds accessing funded early education programmes	84%	84%	Down from 96% in 2012/13*
	Percentage of Reception children who are overweight or obese	22%	22%	No change since 2012/13
Preventing and managing long term health conditions	Number of 4 week smoking quits	761	Not available	Down from 2,246 in 2012/13*
	Alcohol related admissions	785 per 100,000	545 per 100,000	No change since 2012/13
	Gap in employment rate between those with a long term health condition and overall employment rate	20%	25%	No change since 2014**
	Under 75 mortality rate from cardiovascular disease considered preventable	51 per 100,000	46 per 100,000	Down from 161 per 100,000 in 2004-06
	Under 75 mortality rate from cancer	148 per 100,000	127 per 100,000	Down from 191 per 100,000 in 2004-06
	Under 75 mortality rate from respiratory disease considered preventable	19 per 100,000	17 per 100,000	No change from 2004-06
Improving mental health	Number of people entering treatment with IAPT service	5,124	Not available	Not available
	Number of deaths due to suicide or undetermined injury, or reported as suspected suicides	9 per 100,000	9 per 100,000	Down from 19 per 100,000 in 2004-06
	Gap in employment rate for those in contact with secondary mental health services and overall employment rate	67%	68%	No change since 2012/13

* Earliest data available

** Significance not available

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	14 December 2017		All
Delete as appropriate	Exempt	Non-exempt	

Report:Q1 and Q2 2017/18 Performance Report

1. Synopsis

- 1.1. Each year the Council agrees a set of performance indicators and targets which, enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report provides an overview of progress in the first two quarters of 2017/18 (1 April 2017 to 30 September 2017) against corporate performance indicators related to Health and Social Care.

2. Recommendations

- 2.1. To note progress at the end of quarter two against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1. The Council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, the Council reports regularly on a suite of key performance indicators which collectively provide an indication of progress against the priorities which contribute towards making Islington a fairer place.

4. Implications

4.1 Financial implications

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

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

4.2 Legal implications

4.2.1 The Care Act 2014 (“CA”), which came into force in April 2015 placed a duty upon local authorities under s.1 to promote the well-being of individuals within its area; this duty extends to physical, mental and emotional wellbeing and applies to adults with care and support, their carers, children and young carers.

4.2.2 Section 2 of the CA 2014 places an obligation upon the local authority to provide services, facilities or resources to prevent and/or reduce care and support needs for adults within its area

4.3 Environment implications

There are no significant environmental implications resulting from this report.

4.4 Resident impact assessment

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

A Resident Impact Assessment has not been completed because this is a report providing information about performance in the first two quarters of 2017/18.

5. Adult Social Services

Objective	PI No.	Indicator	Frequency	Q2 Actual Apr-Sep	Q2 Target Apr-Sep	Target 2017-18	On/Off target	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	925.7	734	N/A target is quarterly	Off	620.7	No
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	98.3%	95%	95%	On	91.0%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	31.3%	35%	35%	Off	30.5%	Yes
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	51	65	130	On	69	Yes
<i>Carer reported Quality of Life</i>	ASC5	The quality of life for carers as reported in the carer survey.	B	7.3 out of 12	N/A	N/A	N/A	N/A	N/A
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC6	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	A	70.6%	73%	73%	Off	70.8%	No

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual B=Biennial
(E) = equalities target

Supporting independent living

- 5.1. Three measures are used to ensure that the Council is providing effective support to enable the most vulnerable to live independently for as long as possible.
- 5.2. The first, delayed transfers of care from hospital figure for Q2 of 2017/18 was 925.7 which did not meet the target of 734 and represents a decrease in performance.
- 5.3. In Islington, the main reason for NHS delays was access to further non-acute services and for social care delays, access to nursing/residential care. Work is underway with NHS partners to implement the High Impact Change Model for Delayed Transfers of Care. As part of this programme of work to transform services at the interface between health and social care, the following has taken place to date:

- 5.3.1. Two weekend social workers are based in the Emergency Duty Social Work Team who visit the hospitals over the weekend. LBI is currently working with our health and CCG colleagues to develop and implement the health priority 'Discharge to Assess' (D2A) which provides four discharge pathways. These pathways enable assessments and the provision of services to be provided in the community rather than in a hospital bed, speeding up discharge. Two pathways are established (for reablement and for rehabilitation beds) and we are now working on Pathway 3 (for continuing healthcare).
- 5.3.2. We have placed lead social workers in UCLH and the Whittington Hospital to enable prompt response to issues in the hospitals and for them to pick up any hospital discharges that do not fit into the D2A pathways. The vision here is to ensure that even if a patient does not meet the criteria for the D2A pathways, we can still respond quickly to unblock any issues for that patient, such as any safeguarding concerns, special cleansing or assisting patients who do not have rehab or reablement potential.
- 5.3.3. SHREWD (Strategic Health Resilience Early Warning System) is now in operation and we are receiving live (or near live) feeds from health and care providers. We are currently considering how this system fits with existing CMS systems to manage and share information about demand.
- 5.4. Delayed Transfers of Care are measured as the total days delayed within the quarter. However, this often relates to a small number of people with complex needs.
- 5.5. On discharge from hospital, there has been an improvement in the proportion of people who are supported by our reablement service to return to the community within 91 days. The Q2 figure of 98.3% is higher than the expected profiled target of 95% this quarter.
- 5.6. The third measure supporting this objective is the percentage of service users receiving services in the community through Direct Payments. These provide a budget directly to the service user to enable them to 'buy' their own package of support tailored to meet their needs. We have developed more focus on the direct payments pathway and the department is working towards making direct payments our preferred option for delivering services.

Admissions into residential or nursing care

- 5.7 The Council provides residential or nursing care for those who are no longer able to live independently. The aim is to keep this number as low as possible, supporting more people to remain in the community. The target of 65 has been achieved as 51 people have been admitted to long-term nursing and residential care.

Carer Quality of Life

- 5.8 While the next update for this indicator won't be available until 2019, it's possible to report on a number of initiatives underway to help reduce social isolation for carers. A range of commissioned services and providers provide support for carers as part of their remit, reducing their potential for social isolation and loneliness. For example, carers are able to access a Digital Resource for Carers. Created by Carers UK, this digital tool includes videos, documents and FAQs that offer practical advice for carers to build resilience and remain physically and mentally well. The tool also enables carers to share experiences,

and includes links to local webpages and services that offer carer-specific support (e.g. ICH, Centre 404).

Reducing social isolation

- 5.9 Social isolation refers to a lack of contact with family or friends, community involvement or access to services.
- 5.10 The next update for this indicator will be available in 2018. A number of initiatives in the borough are in place to reduce social isolation. These are a mixture of commissioned, grant funded and non-Council-funded services and projects.
- 5.10.1 These services and projects are provided across all main client groups. For example, the Get Togethers service provided by Age UK Islington facilitates older residents' access to day centres, leisure centres, public spaces and other areas in the community for activities and socialising.
- 5.10.2 Residents with Dementia are able to access a Dementia Café service for check-ins and peer support, provided by The Alzheimer's Society. The Alzheimer's Society also provides a Singing for the Brain service, reducing social isolation through increased community activity, peer support and friendship.
- 5.10.3 The Social Inclusion Service provided by Royal Mencap provides free and low cost activities for residents with a GLD. These include day trips, sports activities and other group activities. The service also signposts to other services and provides travel training for participants aimed at reducing their social isolation.
- 5.10.4 The Council participates in the Taxicard scheme, enabling disabled residents to receive funded journeys from A to B.
- 5.10.5 Residents with mental health needs are able to access MIND Enablement, a universal service providing short interventions for clients around coping mechanisms, confidence building and goal-setting.

6. Public Health

Objective	PI No	Indicator	Frequency	Actual April - Sept	Expected profile	2017/18 annual target	On/Off target	Same period last year	Better than last year?
Promote wellbeing in early years	PH1	Proportion of new births that received a health visit within 14 days	Q	93%	90%	90%	On	94%	Same
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	84% (Q1)*	95%	95%	Off	93%	Worse
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	74% (Q1)*	95%	95%	Off	89%	Worse
Reduce prevalence of smoking	PH3	a) Number of four week smoking quitters	Q	125	200	800	Off	141	Worse
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	43%	50%	50%	Off	42.5%	Same
Effective detection of health risk	PH4	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	8.4%	7%	13.2%	On	7%	Better
Tackle mental health issues	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	2,421	1,164	4,655	On	2,485	Same
		b) Percentage of those entering IAPT treatment who recover	Q (Q2)*	48%	50%	50%	Off	49%	Same
Effective treatment programmes to tackle substance misuse	PH6	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q (Q2)**	17.5%	20%	20%	Off	18%	N/A
		Percentage of alcohol users who successfully complete their treatment plan	Q (Q2)**	34%	42%	42%	Off	35%	N/A
Improve sexual health	PH7	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q (Q2)**	780 (Q2-Q4)	291	260	On	New indicator	N/A

*Q2 data not yet available ** Cumulative data not available

Promote wellbeing in early years

- 6.1 The proportion of new births that receive a face-to-face visit from a health visitor within 14 days has exceeded the quarterly targets in the first half of the year. The new integrated early years' service – 'Bright Start Islington' - launched in September this year. This represents a significant step towards the ambition for holistic integrated early childhood and family services. Health visiting services have maintained good coverage of the mandated universal developmental checks that underpin the Healthy Child Programme whilst beginning to make these changes. Whilst Local Authority early childhood services have fully restructured, recruitment difficulties and managerial changes have slowed the necessary organisational change within health visiting.
- 6.2 Quarter 1 (the latest data available) saw a decrease in recorded vaccination rates for Measles, Mumps and Rubella (MMR) compared with previous quarters among both two year olds and five year olds. This is likely to be associated with data recording, rather than an actual drop off in rates, following the introduction of a new child health information system (CHIS) and data hub arrangements in London. We are working with NHS England (the commissioner of the childhood immunisation programme) other local authorities and provider partners across North Central London to rectify outstanding CHIS issues and implement action plans to increase childhood immunisation levels.

Reduce prevalence of smoking

- 6.3 The number of four week smoking quits is below the quarter target. A complete rebrand of smoking cessation services in Islington has taken place, which launched under the new name 'Breathe' in September 2017 to co-incide with the national Stopober campaign. The rebrand follows on from the recommissioning of smoking cessation services in April 2017, and the service provider had held back on proactive marketing in Q1 while developing the brand with smokers and ex-smokers in Islington in preparation for the relaunch. We anticipate the number of smokers accessing the service, setting a quit date and successfully quitting to increase in future quarters.
- 6.4 The proportion of smokers who achieved a four week quit was below the 50% target in Q1 at 43%. This is the first quarter of a new, three tier smoking cessation service in Islington which was co-designed with local smokers with a new provider in place. During the transition to the new service, performance has been maintained when compared with the same quarter last year and we expect and activity and performance to improve throughout 2017/18.

Effective detection of health risk

- 6.5 The proportion of people eligible receiving an NHS Health Checks in the first two quarters of the year is on track to meet the annual target. In the first two quarters of the year over 4,200 people have received an NHS Health Check providing tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease. As well as delivery through GP practices, the programme includes community outreach to increase uptake among key at risk groups. The provider has been working closely with organisations across Islington to deliver health checks at community events over the summer, and continues to expand delivery through community centres and local services. In Q1 (the latest national data available), Islington was ranked first

out of all 152 Local Authorities for the proportion of eligible people invited for an NHS Health Check and fifth highest for the proportion receiving an NHS Health Check.

Tackle mental health issues

- 6.6 In the first two quarters of 2017/18, over 2,400 people entered the Improving Access to Psychological Therapy (IAPT) programme with performance on track to meet the annual target. In Q2, the percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 48%.
- 6.7 Islington Council hosted a Workplace Wellbeing Breakfast for World Mental Health Day on the 10th October in keeping with this year's theme - mental health in the workplace. This event was for Islington-based charities, voluntary sector & arts organisations to learn about the mental health promotion services provided through Islington Council and how these can help them and their organisations. They also heard more about the London Healthy Workplace Charter and Making Every Contact Count and how it can benefit their organisation and employees. The event was attended by more than 70 representatives from organisations across Islington and there was a lot of interest in the local services.
- 6.8 On the 12th October Islington and Thrive London held a community conversation aimed at encouraging people to work together to improve wellbeing, health and happiness in the borough. The aim was to hear views from the communities and then discuss how collectively residents and those experts in the field can all work together to make them happen. Public Health are working with Thrive London to discuss the recommendations and how we take these forward.

Effective treatment programmes to tackle substance abuse

- 6.9 In Q2, the percentage of drug users in drug treatment during the year who successfully completed treatment and did not re-present within six months of treatment exit is just below the quarterly target (20%) at 17.5%. The proportion of non-opiate clients completing treatment has increased, however among this group there has been an increase in the proportion re-presenting to services within 6 months of treatment exit. There has been a continued increase in the number of opiate clients who successfully complete and do not represent to treatment services.
- 6.10 The proportion of alcohol users successfully completing treatment is below target (42%) at 34%. Alcohol services have seen an increase in the number of people starting treatment, however, there has also been an increase in the number of people staying in treatment for longer.
- 6.11 Drug and alcohol services are currently in the process of cleansing data for the new integrated substance misuse service which begins in April 2018 and this is likely to impact on performance data. Commissioners are working closely with providers and National Drug Treatment Monitoring System leads to oversee the data cleansing process.

Improve sexual health

- 6.12 In Q2, 291 women from Islington accessed Long Acting Reversible Contraception (LARC) through new integrated local sexual health services, with performance on track to meet the

annual target. LARC, such as contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies.

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Final Report Clearance

Signed
by 

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Joint Report of: Corporate Director of Housing & Adult Social Services and Corporate Director of Public Health

Meeting of:	Date	Ward(s)
Health and Care Scrutiny	14 th December 2017	All
Delete as appropriate	Exempt	Non-exempt

SUBJECT: Islington Adult Social Care Report and Local Account and Key Health in Islington: Key Achievements

1. Synopsis

- 1.1. The Islington Adult Social Care Local Account and Health in Islington: Key Achievements give an overview of achievements for 2016/17 and areas of focus for the coming year.
- 1.2. The Local Account is an annual report for residents of Islington. The report provides information about how well we are serving the residents of Islington compared with similar London boroughs and also provides feedback from the surveys of service users and carers.

2. Recommendation

- 2.1. Health and Care Scrutiny Committee are asked:
 - Note the contents of the Local Account.
 - Note the contents of the Health in Islington: Key achievements report

3. Summary

- 3.1. Adult Social Services are facing increasing pressures with reductions in funding at a time when the numbers of frail older people are increasing and there is a high incidence of people with long-term mental health conditions, along with a population of people with physical and learning disabilities who require specialist services.
- 3.2. In 2016/17, to help meet these challenges we:
 - Start with what people can do and build on their strengths, focusing on the things that can work to overcome barriers which are preventing them from reaching their potential and having the best possible lives they can.
 - Have been providing support to carers of people receiving adult social care through the provision of direct payments, advice and information, respite care, support groups, special events and the Flexible Breaks fund service.
 - Been working to reduce social isolation by broadening the number of social contacts through innovative schemes with the voluntary sector, so people are better connected to things that can engender a sense of wellbeing and greater quality of life.
 - Support independent living through direct payments and self-directed support; and by supporting service users to make their own informed decisions and choices.

3.3. The rest of the Local Account report includes statistics and information relating to characteristics of people receiving services, details of adult social care finances and safeguarding.

3.4. The Health in Islington: Key achievements provides an update on life expectancy in Islington along with progress against the Health and Wellbeing Board priorities of:

- Ensuring every child has the best start in life
- Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities
- Improving mental health and wellbeing

4. Implications

4.1. Financial implications

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

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

4.2. Legal implications

The Care Act 2014 ("CA"), which came into force in April 2015 placed a duty upon local authorities under s.1 to promote the wellbeing of individuals within its area; this duty extends to physical, mental and emotional wellbeing and applies to adults with care and support, their carers, children and young carers.

Section 2 of the CA 2014 places an obligation upon the local authority to provide services, facilities or resources to prevent and/or reduce care and support needs for adults within its area.

4.3 Environment implications

There are no significant environmental implications resulting from these reports.

4.1. Resident Impact Assessment

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

A Resident Impact Assessment has not been completed because these are reports providing information about performance and services in 2016/17.

Final Report Clearance

Signed by

A handwritten signature in black ink, appearing to read "John Bull".

04/12/2017

Received
by

.....
Date

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Local Account for Islington 2016/17

Message from the Executive Member and the Corporate Director

Introduction to the Local Account and Annual Report for Islington

We are pleased to present the update of Adult Social Services in Islington for 2016/17. This report provides information about how we are serving the residents of Islington compared with similar London boroughs and also provides feedback from the surveys of service users and carers.

Adult Social Services are facing increasing pressures with reductions in funding at a time when the numbers of frail older people are increasing and there is a high incidence of people with long-term mental health conditions, along with a population of people with physical and learning disabilities who require specialist services.

In 2016/17, to help meet these challenges we:

- ✦ Start with what people can do and build on their strengths, focusing on the things that can work to overcome barriers which are preventing them from reaching their potential and having the best possible lives they can.
- ✦ Have been providing support to carers of people receiving adult social care through the provision of direct payments, advice and information, respite care, support groups, special events and the Flexible Breaks fund service.
- ✦ Been working to reduce social isolation by broadening the number of social contacts through innovative schemes with the voluntary sector, so people are better connected to things that can engender a sense of wellbeing and greater quality of life.
- ✦ Support independent living through direct payments and self-directed support; and by supporting service users to make their own informed decisions and choices.

Please let us know what you think about the Local Account by filling in the questionnaire on the back page.

Janet Burgess

Sean McLaughlin

Executive Member for Health and Social Care

Corporate Director Housing
and Adult Social Services

Did you know that Islington -

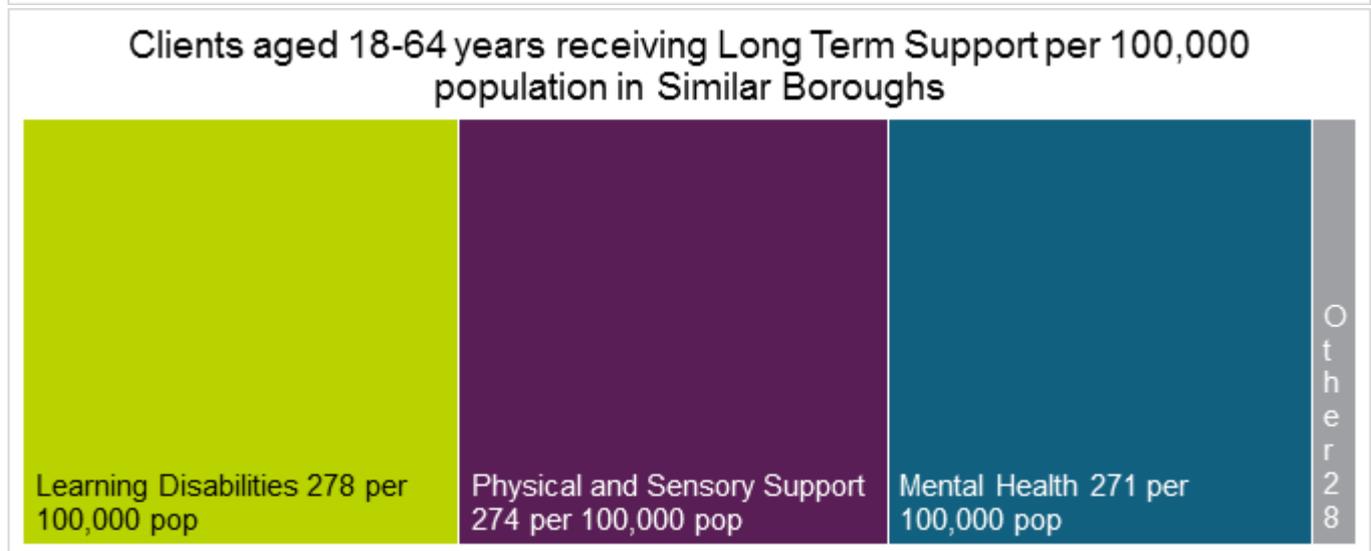
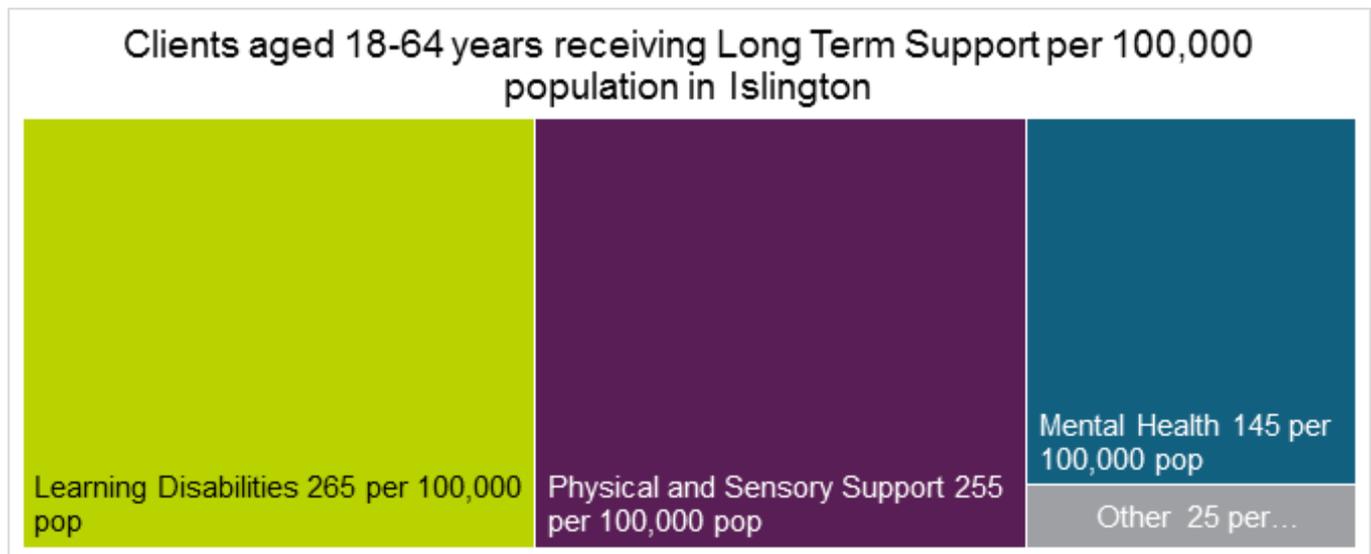
- Is the fifth most deprived borough in London?
- Has the highest percentage of physically active adults in London?
- Has the fourth highest rate of people with learning disabilities in London?
- Has the eighth lowest percentage of overweight or obese adults in London?
- Has the fourth highest prevalence of long-term health conditions or disabilities at 15.7% of the population?
- Has the second best early diagnosis of cancer in London at 55%?
- Has the second highest prevalence of long-term mental health conditions in London at 7.1%?
- Has the highest rate of formal diagnoses of dementia in London at 90.6%?
- Has the second highest prevalence of depression and anxiety in London at 15.7%?
- Has the eighth lowest rate of unemployment in London?
- Has the highest rate of injuries due to falls in people aged 65 and over compared with the rest of London?
- Has the seventh highest percentage in London of people aged 40-74 who have received an NHS Health Check at 55.8%?

A Profile of Service Users in Islington

Residents of Islington have a number of challenges to face in their daily lives. The facts about Islington demonstrate the context in which Adult Social Care operates in the borough.

Most clients are helped through short-term services, advice and information, or signposting on to other services, including voluntary sector services.

Depending on the severity of a person's health condition(s), at some stage in that person's life, they may need long-term support. The charts on this page and the next page give information about the support needs of service users receiving services in 2016/17.



In Islington, for clients aged 18-64, the rate of service users with learning disabilities and physical and sensory support needs is higher than the rate for similar boroughs.

A Profile of Service Users in Islington

Clients aged 65+ years receiving Long Term Support per 100,000 population in Islington



Clients aged 65+ years receiving Long Term Support per 100,000 population in Similar Boroughs



As clients get older and frailer, they tend to need support with physical and sensory disabilities. Support with memory and cognition also becomes more common with this age group. In Islington, support with memory and cognition for conditions, such as dementia, is more common than in similar boroughs.



- Physical Support (47%)
- Learning Disabilities (29%)
- Mental Health (21%)
- Memory and Cognition (2.6%)
- Social Support (0.9%)
- Sensory Support (0.0%)

Of the carers that we support, just under half support people with physical support needs, around a third support people with learning disabilities and a fifth support clients with mental health conditions.

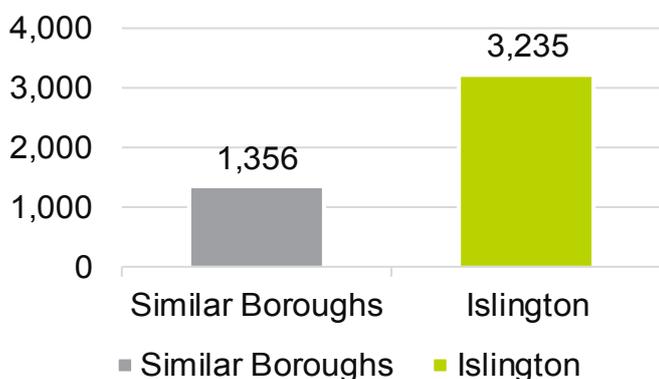
Some Facts About Services

In 2016/17, Islington received three times as many requests for support from people per 100,000 population aged 18-64 and over twice as many from people per 100,000 population aged 65 and over compared with similar boroughs. Of these requests:

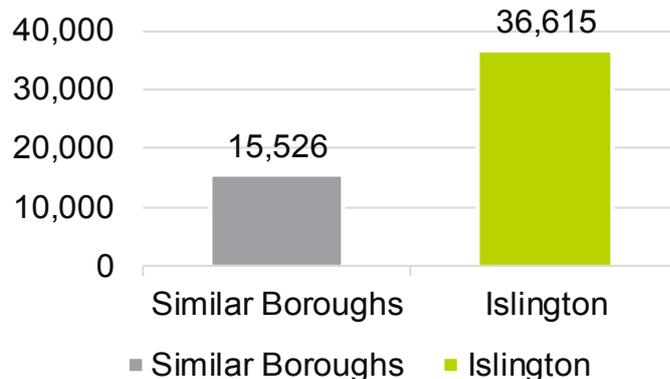
For those aged 18-64, 13% received universal services, advice/information or were signposted to other services, 15% received long-term services, 9% received ongoing low level support, short-term services or end of life care, while the remaining 63% were not eligible.

For those aged 65 and over, 10% received universal services, advice/information or were signposted to other services, 28% long-term services, 14% ongoing low level support, short-term services or end of life care and 48% were found not to need services at that time.

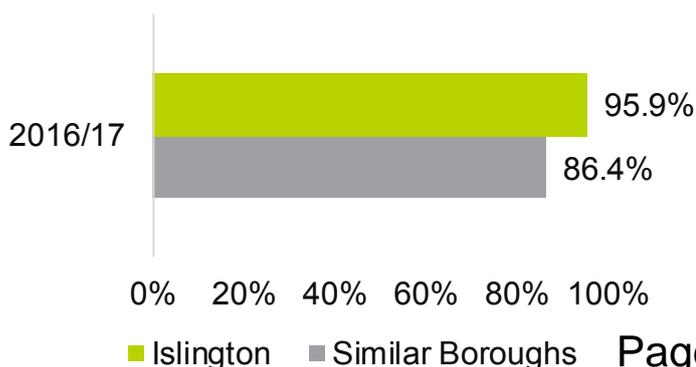
New Clients Requesting Support 18-64 Per 100,000 Population



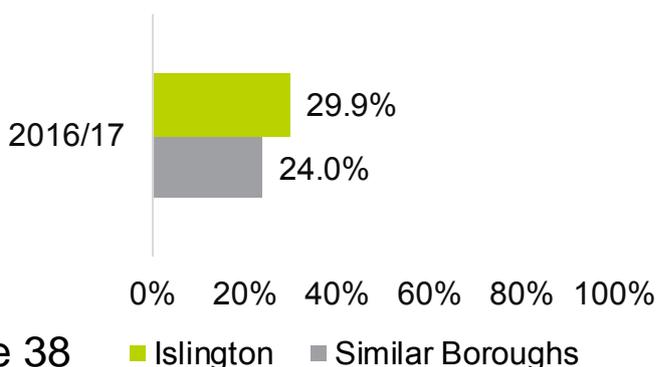
New Clients Requesting Support 65+ Per 100,000 Population



Service Users Who Receive Self-Directed Support



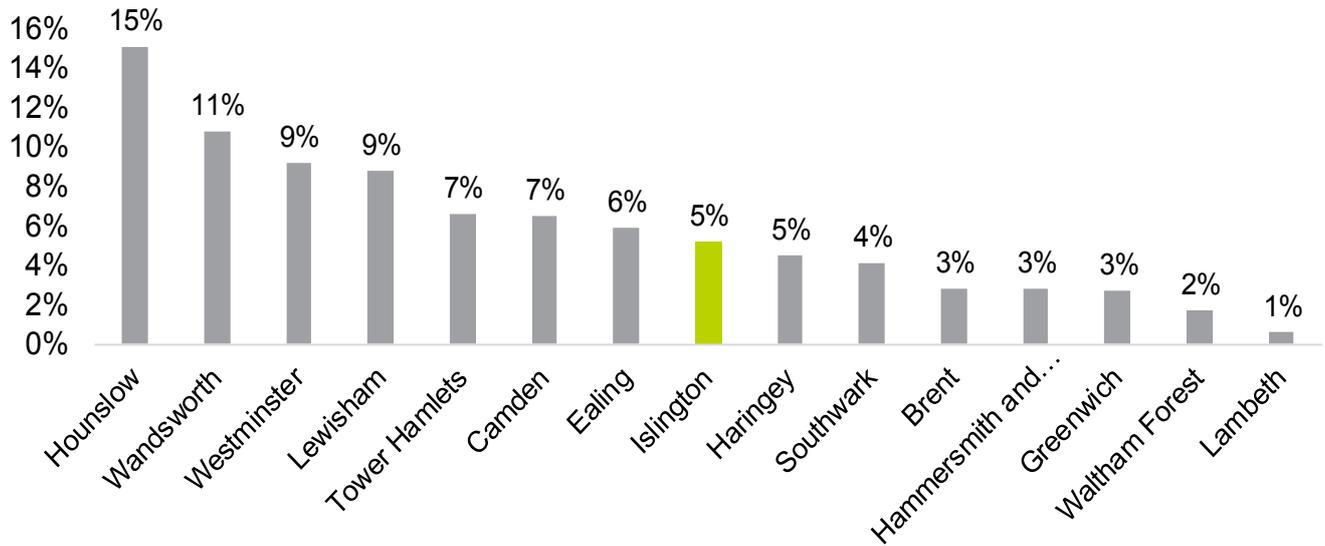
Service Users Who Receive Direct Payments



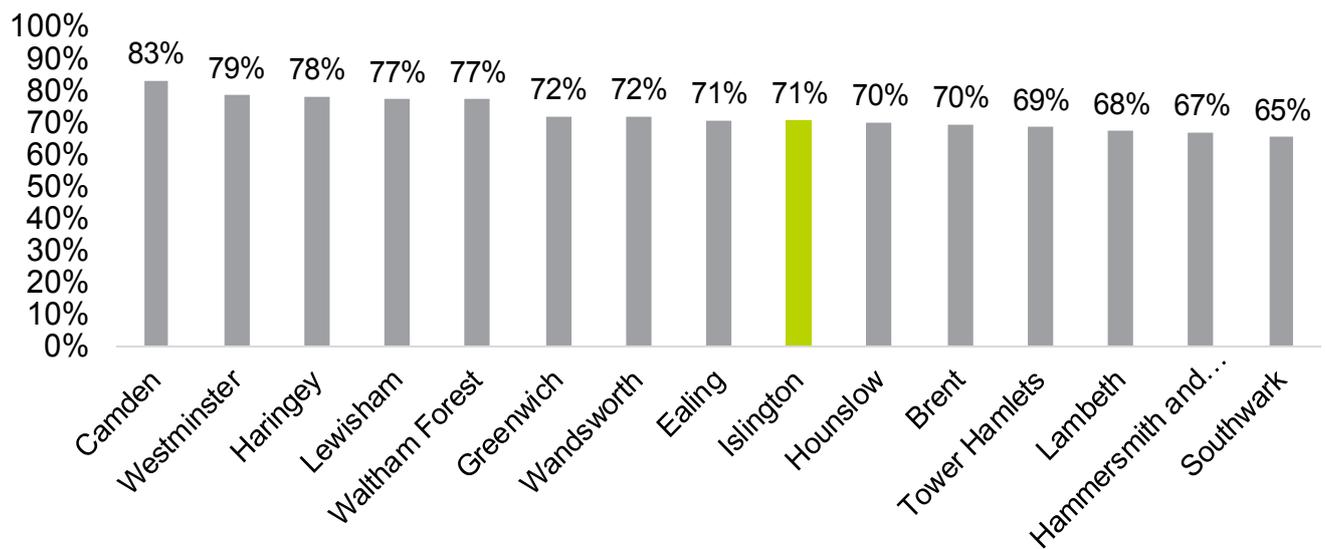
Outcomes for Service Users and Carers

How do the services we provide make a difference to people?

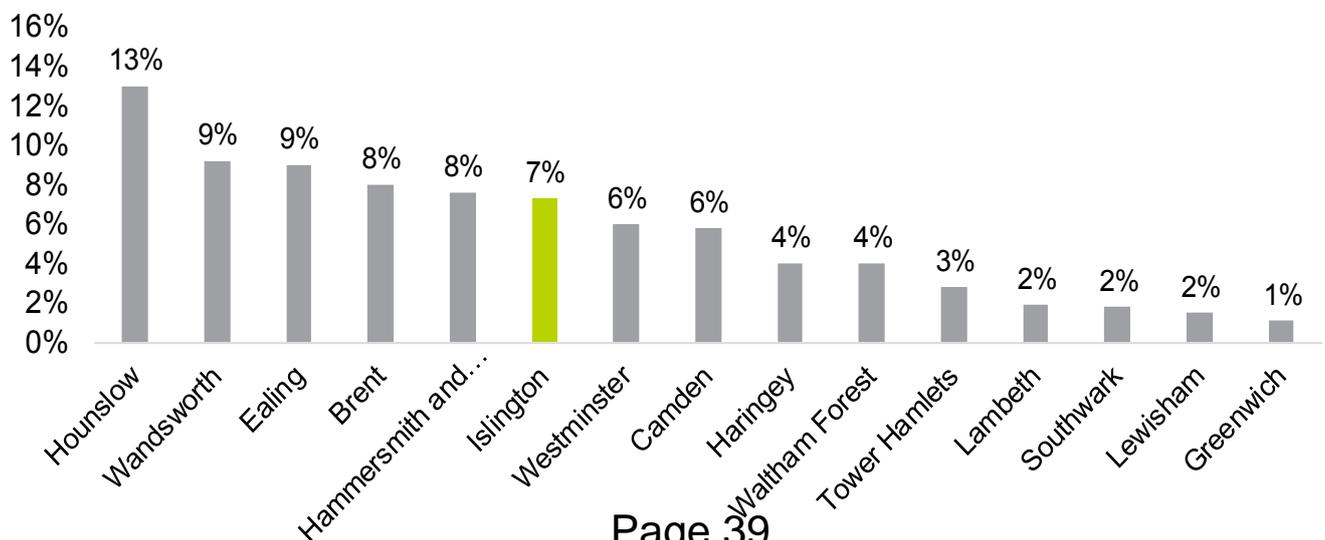
Proportion of clients with LD in paid employment



Proportion of clients with LD who live in own home/with family

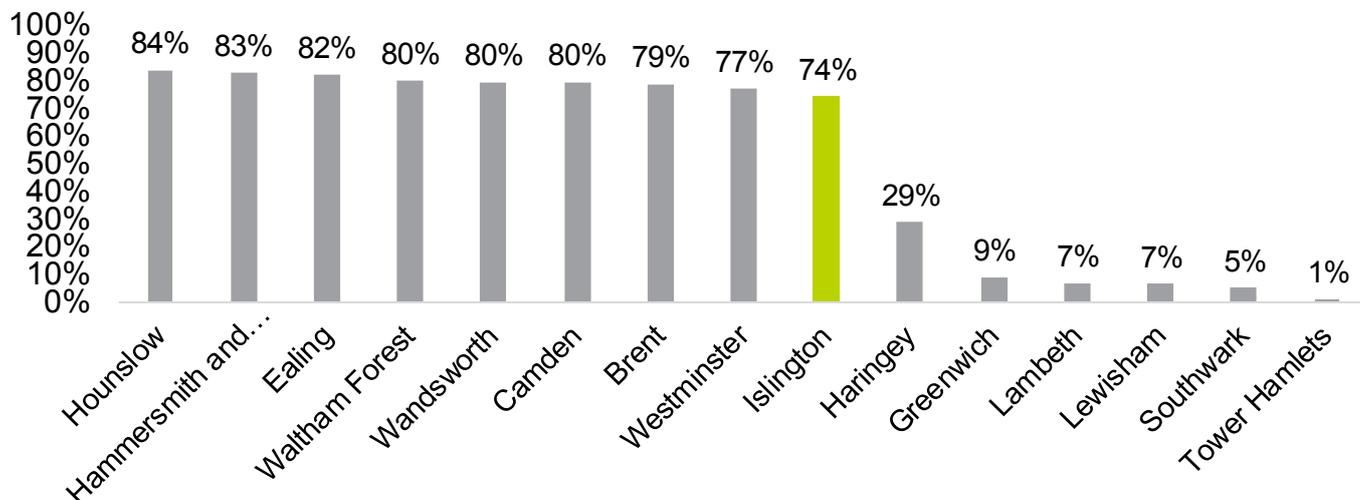


Proportion of clients with MH in paid employment



Some Facts About Services

Proportion of clients receiving secondary MH services who live in own home/with family

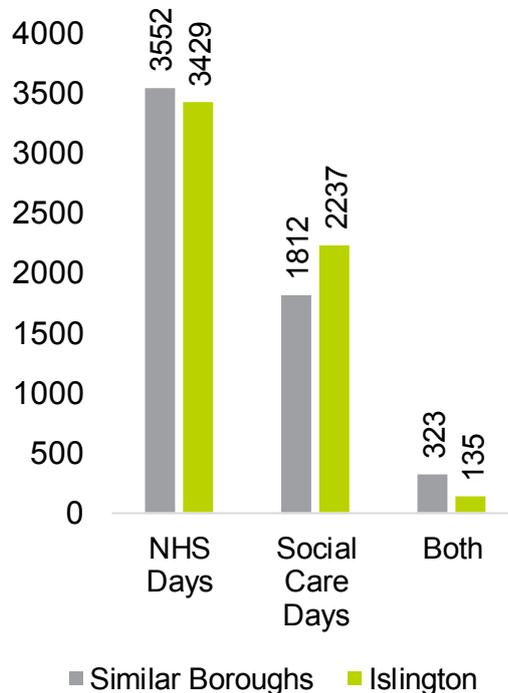


The charts above show the proportion of service users with learning disabilities who are in paid employment and who are living in their own home or with family. These show that Islington's performance is below average when compared with similar authorities. For clients receiving secondary mental health services, Islington's performance is slightly above average while the proportion who live in their own home or with family is below average.

Delayed Transfers of Care

Adult Social Care services also include joint services with Health. A key measure of success with this work at the interface of health and social care is a measure relating to delayed transfers of care. When a patient is medically optimised for discharge but is unable to leave hospital, this is called a delayed transfer of care. In Islington in 2016/17, there was a total of 5,801 days delayed. Of these, 3,429 were NHS delays, 2,237 were social care delays and 135 were attributable to both the NHS and social care. This chart shows Islington's delayed days per 100,000 population aged 18+ compared with similar boroughs.

Delayed Transfers of Care Days per 100,000 Population Aged 18+



Outcomes for Service Users and Carers

How do the services we provide make a difference to people?

Discharge to Assess

‘Discharge to assess’ (D2A) is a new approach to discharging people from hospital that is being introduced in Islington and across the North Central London STP area. The approach means helping people who are ready to be discharged from hospital, but who still need some support, to leave hospital more quickly by assessing their social care needs at home or in an appropriate community setting.

This is better for patients and families and means social care assessments happen in an environment they’re familiar with and can support them to work towards goals that are really important to them and their daily lives. D2A also supports improved patient flow in hospitals and helps us to deliver more proportionate assessment and support to best meet our residents needs in the community.

In Islington we’re committed to delivering an effective D2A approach and we’re currently running pilot projects with both the Whittington and University College London Hospital.

Reablement

The Reablement and Home Support Service provides a range of home support services to support people to safely remain in their own homes following either hospital discharge or to prevent avoidable admission to hospital or long term social care. The service promotes personalisation, working collaboratively with people to promote independence and enable people to achieve their outcomes through an ‘enabling model of care’. The model involves a short period of support through up to 6-weeks intensive input to support Islington residents back to their independence following an illness or crisis, which may have affected their confidence and skills.

Outcomes for Service Users and Carers

How do the services we provide make a difference to people?

Each year a survey of adult social care service users takes place and every other year, a carer survey takes place. Below are details of results from these surveys:

- Service user quality of life in Islington was 18.9 out of a possible total of 24 and for carers the score was 7.3 out of a possible maximum of 12. This is comparable to similar authorities with scores of 18.5 and 7.4 respectively.
- 43.7% of service users in Islington, compared with 40.7% in similar boroughs reported that they had as much social contact as they would like. For carers, the proportion who feel they had as much social contact as they would like was 28.1% compared with 31.3% in similar boroughs.
- 60.4% of those asked were either 'Extremely Satisfied' or 'Very Satisfied' with care and support services received from Islington, 5th best compared with similar boroughs.
- 66.9% of Islington residents surveyed felt they had 'Enough choice over care and support services' in Islington, 3rd best compared with similar boroughs.
- 77.3% felt that they either have 'as much control' over their daily lives as they require or have 'adequate control' in Islington, ranked 1st compared with similar boroughs.

Survey—please send replies to the address below:

1) **Did you find this document useful?** Yes No

2) **Which parts of the Local Account did you find to be the most useful?**

3) **Which parts of the Local Account did you find to be the least useful?**

Survey—please send replies to the address below:

4) Have we missed something in the Local Account?

5) Are you?

Someone who makes use of Adult Social Care Services?

Someone who acts as a carer for someone else?

An interested member of the public?

A member of staff?

Please send this form to:

**Michele Chew
Head of Quality and Performance
Public Health
222, Upper Street
London
N1 1XR**

Or email it to: Michele.chew@islington.gov.uk

The data source for information in this Local Account is NHS Digital, part of the Government Statistical Service under the terms of the Open Government Licence v3.0 www.nationalarchives.gov.uk/doc/open-government-licence



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