



Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in on, **12 January 2017 at 7.30 pm.**

Stephen Gerrard
Interim Director of Law and Governance

Enquiries to : Peter Moore
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Despatched : 4 January 2017

Membership

Councillors:

Councillor Martin Klute (Chair)
Councillor Jilani Chowdhury (Vice-Chair)
Councillor Raphael Andrews
Councillor Gary Heather
Councillor Nurullah Turan
Councillor Rakhia Ismail
Councillor Tim Nicholls
Councillor Una O'Halloran

Substitute Members

Substitutes:

Councillor Alice Donovan
Councillor Alex Diner
Councillor Jean Roger Kaseki
Councillor Jenny Kay
Councillor Alice Perry
Councillor Dave Poyser
Councillor Clare Jeapes

Co-opted Member:

Bob Dowd, Islington Healthwatch

Substitutes:

Olav Ernstzen, Islington Healthwatch
Phillip Watson, Islington Healthwatch

Quorum: is 4 Councillors

A. Formal Matters

Page

1. Introductions
2. Apologies for Absence
3. Declaration of Substitute Members
4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council's register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency.

In both the above cases, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(a)Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.

(b)Sponsorship - Any payment or other financial benefit in respect of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you has a beneficial interest) and the council.

(d)Land - Any beneficial interest in land which is within the council's area.

(e)Licences- Any licence to occupy land in the council's area for a month or longer.

(f)Corporate tenancies - Any tenancy between the council and a body in which you or your partner have a beneficial interest.

(g)Securities - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

This applies to **all** members present at the meeting.

5. Order of business
6. Confirmation of minutes of the previous meeting
7. Chair's Report

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The Chair will update the Committee on recent events.

- 8. Public Questions
- 9. Health and Wellbeing Board Update

B.	Items for Decision/Discussion	Page
10.	Presentation UCLH	7 - 34
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The next meeting of the Health and Care Scrutiny Committee will be on 6 March 2017
Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

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Public Document Pack Agenda Item 6

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 17 November 2016

Minutes of the meeting of the Health and Care Scrutiny Committee held at Committee Room 4, Town Hall, Upper Street, N1 2UD on Thursday, 17 November 2016 at 7.30 pm.

Present: **Councillors:** Klute (Chair), Ismail (Vice-Chair), Chowdhury,
Heather, Ngongo, Nicholls, O'Halloran and Turan

Also Present: **Councillor:** Janet Burgess

Councillor Martin Klute in the Chair

268 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

269 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Bob Dowd

270 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

271 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

272 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda

273 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:

That the minutes of the meeting of the Committee held on 22 September 2016 be confirmed and the Chair be authorised to sign them

274 CHAIR'S REPORT (ITEM NO. 7)

The Chair updated the Committee on the draft Sustainability and Transformation Plan that was on the agenda later that evening for information and that this would be discussed in more detail at the JHOSC the following week so it was not intended to discuss it in detail that evening. Members concurred with this view.

Health and Care Scrutiny Committee - 17 November 2016

Members wished it to be noted that they had not been informed that they had previously not been aware of the proposals or the consultation process and that NHS England should be made aware of this.

275 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for Public questions and filming and recording at meetings. There were no public questions.

276 HEALTH AND WELLBEING BOARD UPDATE - VERBAL (ITEM NO. 9)

Councillor Janet Burgess, Executive Member for Health and Social Care outlined recent developments at the Health and Wellbeing Board.

During consideration of the update the following main points were made –

- Joint working was taking place with L.B.Haringey on the Health and Wellbeing Board and a meeting was proposed with other Boroughs and the Whittington Hospital
- The Whittington has appointed an additional A&E consultant

The Chair thanked Councillor Burgess for her presentation

277 SCRUTINY REVIEW - IAPT - WITNESS EVIDENCE (ITEM NO. 10)

Natalie Arthur, Islington CCG was present and was accompanied by Judy Leibowitz and James Gray, Camden and Islington NHS Foundation Trust, who gave evidence to the Committee.

During consideration of the report the following main points were made –

- It was noted that Camden and Islington NHS Foundation Trust delivered services on behalf of the Council and the service is known locally as iCOPE which is a stepped care model
- The number of referrals were stable and expected to reach 9292 by the end of 2016/17
- The target figure for access to treatment of 15% should be met
- Waiting times for treatment were slightly below target and there has been a challenge in reporting of data and that the NHS England figures did not reflect the correct situation
- In relation to accessibility of services and ethnicity many requesting access to services did not state their ethnicity however ethnicity is known for those actually using the service and this is in line with population and census data proportionally
- It was stated that the one of the challenges to the IAPT service is to increase access to treatment to 19% in 2017/18 and 19% in 2018/19 and this will pose a significant challenge within current resources and commissioners will be working with the service provider to identify how to address this. In L.B.Islington there are a number of people with a high level of complex needs and an IAPT plus service is being looked at to address this

Health and Care Scrutiny Committee - 17 November 2016

- The IAPT service is well integrated with primary care and this helps to increase access to the service
- Reference was made to the link between physical conditions and mental health
- A Member referred to the difficulty of some BME communities in filling in forms and that alternative methods of advertising and accessing the service should be looked at. It was stated that the most underrepresented group accessing service is in fact the white/other group
- In response to a question it was stated that it was recognised that there were some gaps in certain BME groups accessing the service and the Manor Gardens centre were employed to try to reach those communities currently not accessing the service
- A Member enquired whether the proposal to use skype and other such methods to increase access would work as well as face to face contact. It was stated that some people could not always attend appointments during the day and it would be more convenient to use e mail and skype etc. However it was also recognised that if people need face to face contact this would be provided
- Reference was made to unemployment and that this had an effect on mental health and that there is also a stigma around mental health that stopped people accessing services. It was stated the IAPT service worked closely with employment support services and work is taking place with JCP
- It was stated that there were national campaigns around removing the stigma of mental health and iCOPE were delivering training for parents in schools to raise awareness of mental health
- In response to a question it was stated that it is expected that 31000 residents would be suffering from mental health problems at any one time and 15% of these would be accessing services
- It was stated that the average number of sessions of treatment for patients is 6/9 sessions
- The benefit cap had had an effect on the mental wellbeing of people affected and this was proving difficult
- Elderly people were under represented accessing services but when they were referred there was a good recovery rate

The Chair thanked Judy Leibowitz, James Gray and Natalie Arthur for attending and their presentation

278 **HEALTHWATCH WORK PROGRAMME (ITEM NO. 11)**

Emma Whitby, Healthwatch was present and outlined the report to the Committee.

During consideration of the report the following main points were made –

- The investigation into accessibility for clients accessing social worker phones was taking place in conjunction with the Council
- In relation to the Sustainability and Transformation Plan Healthwatch were working to ensure that residents views were included and they were working with other Healthwatch groups in the region
- In relation to the Home Care review it was stated that details were on the Healthwatch website
- Reference was made to the gathering of views to inform the commissioning of mental health day services and that a variety of methods were being used to gather views

Members thanked Emma Whitby for attending

279 **HEALTH AND WELLBEING STRATEGY (ITEM NO. 12)**

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting and outlined the report.

During consideration of the report the following main points were made –

- The Council and the CCG were working closely together with Healthwatch through the Health and Wellbeing Board on delivery of the strategy
- Reference was made to the high level of obesity and that the Government were proposing to introduce a strategy to address this. A number of parents did not recognise that their children were overweight
- Reference was made to the need for the Council to ensure free access to sports facilities in parks
- It was stated that the CAMHS service was available in schools and some school chose to buy in additional CAHMS services
- Councillor Burgess stated that the Council were looking to develop a CAMHS transformation plan to try to cover unmet needs due to the high level of mental health problems
- In response to a question about submitting comments on the strategy Councillor Burgess stated that the strategy was currently out for consultation and that comments would be welcomed
- The view was expressed that the strategy was quite generalistic and that it should be more specific in terms of interventions and actions proposed in key areas and Councillor Burgess stated that this comment would be taken on board

RESOLVED:

That the Health and Wellbeing strategy be noted together with the comments above

The Chair thanked Councillor Burgess for her presentation

280 **PRESENTATION EXECUTIVE MEMBER HEALTH AND SOCIAL CARE (ITEM NO. 13)**

Councillor Janet Burgess, Executive Member Health and Social Care made a presentation and outlined the report to the Committee.

During consideration of the report and presentation, copies of which are interleaved, the following main points were made –

- It was noted that on page 61 of the Local Account for 2015/16 should be withdrawn as the comments attributed to Dr. Jo Sauvage were being rewritten
- Councillor Burgess outlined the key achievements of improving health in Islington and that since 2000-2002 life expectancy has increased in Islington for both men and women however this is still lower than London and England and is the eighth lowest amongst all London Boroughs
- Infant mortality- Islington has the 5th. lowest rate of all local authorities in England and a significant reduction in teenage pregnancies
- Childhood obesity remains a significant challenge

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- There is a transformation programme to commission a substance misuse integrated treatment and recovery service and improve outcomes and maximise value for money. There are also transformation programmes for sexual health, adult lifestyle, early years
- In response to a question it was stated that Healthier Futures have completed an independent review of services using a resident enquiry approach and co-produced with residents a model for new services. Councillor Burgess stated that she would forward a copy of this to Members
- Members were informed that the Government's proposals on pharmacies could lead to a third of pharmacies in Islington closing
- In terms of Adult Social Care, it was noted that this Social Services spending accounts for one third of the Council's budget
- The Adult Social Care Plan outlines how the Council will support the Council to deliver the Corporate Plan Towards a Fairer Islington
- Service improvements had been made to the reablement service and this is a department priority for 2016/17
- Areas of focus for the coming year included working with providers to develop a market of care best suited the needs of residents, enabling people to stay as well and independently in the community as possible, delivering savings that has a low impact on quality of services delivered as possible, scoping the market to ensure investments support emerging trends and is focused on minimising dependency on long term services, continuing to develop joined-up health, care and support services with NHS Partners, including the CCG, Whittington Health and Camden and Islington NHS Trust and ensuring family carers are supported to continue in their caring role where they choose to do so, as well as improving outcomes for family carers in Islington
- Reference was made to the substance misuse transformation strategy and that it would be useful if the Committee could receive an update in May as to the effectiveness of the proposals and the approach to different types of drug use

RESOLVED:

(a) That the report be noted and that a report back to the Committee be submitted to the May meeting in respect of the substance misuse policy, as referred to above

(b) That a copy of the Healthier Futures report, referred to above, be circulated to Members once this is available

281 PERFORMANCE STATISTICS (ITEM NO. 14)

Councillor Janet Burgess, Executive Member Health and Social Care outlined the report and the following main points were made –

- With regard to delayed discharge of care the Council were achieving well in this area and were working well with hospitals in getting patients discharged from hospital as quickly as possible
- With an increasingly elderly population more people were having to go into care and were increasingly more elderly and frail and that it was a challenge finding care homes of good quality for those who need them
- Concern was expressed about the target not being reached on reducing the prevalence of smoking and obesity levels

Members thanked Councillor Burgess for the presentation

282 SUSTAINABILITY AND TRANSFORMATION PLAN - NC LONDON (ITEM NO. 15)

Health and Care Scrutiny Committee - 17 November 2016

The Chair stated that he had requested that the report be circulated for consideration of Members.

The Chair added that this would be considered in detail at the JHOSC meeting on 25 November.

During consideration of the report the following main points were made –

283 WORK PROGRAMME 2016/17 (ITEM NO. 16)

Councillor Chowdhury suggested that the Committee should consider carrying out a scrutiny review into the Care Service in the future and that he would submit details of his proposals to the Chair and Committee Services for consideration.

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.15p.m.

Chair

University College London Hospitals NHS Foundation Trust

Update on performance for Islington HSC

Charles House, Medical Director

Simon Knight, Director of Planning and Performance

Our Hospitals

University College Hospital



Royal National Throat, Nose and Ear Hospital



Elizabeth Garrett Anderson Wing (maternity services)



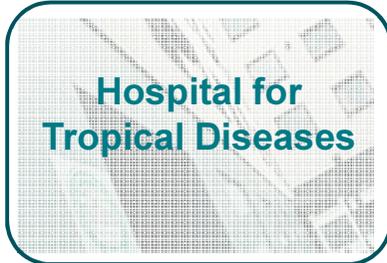
University College Hospital Macmillan Cancer Centre



National Hospital for Neurology and Neurosurgery



Hospital for Tropical Diseases



Institute of Sport, Exercise and Health



Westmoreland Street



Eastman Dental Hospital



Royal London Hospital for Integrated Medicine



The UCLH Clinical Strategy and Overview

We will continue to develop our specialist services and research in:

- Specialist cancer
- Neurosciences
- Women's Health

We will also work with STP partners across NCL to develop local services. Key areas of focus are:

- Improving emergency and urgent care pathways
- Optimising elective pathways

We are leading the cancer vanguard across North Central and North East London. This will deliver:

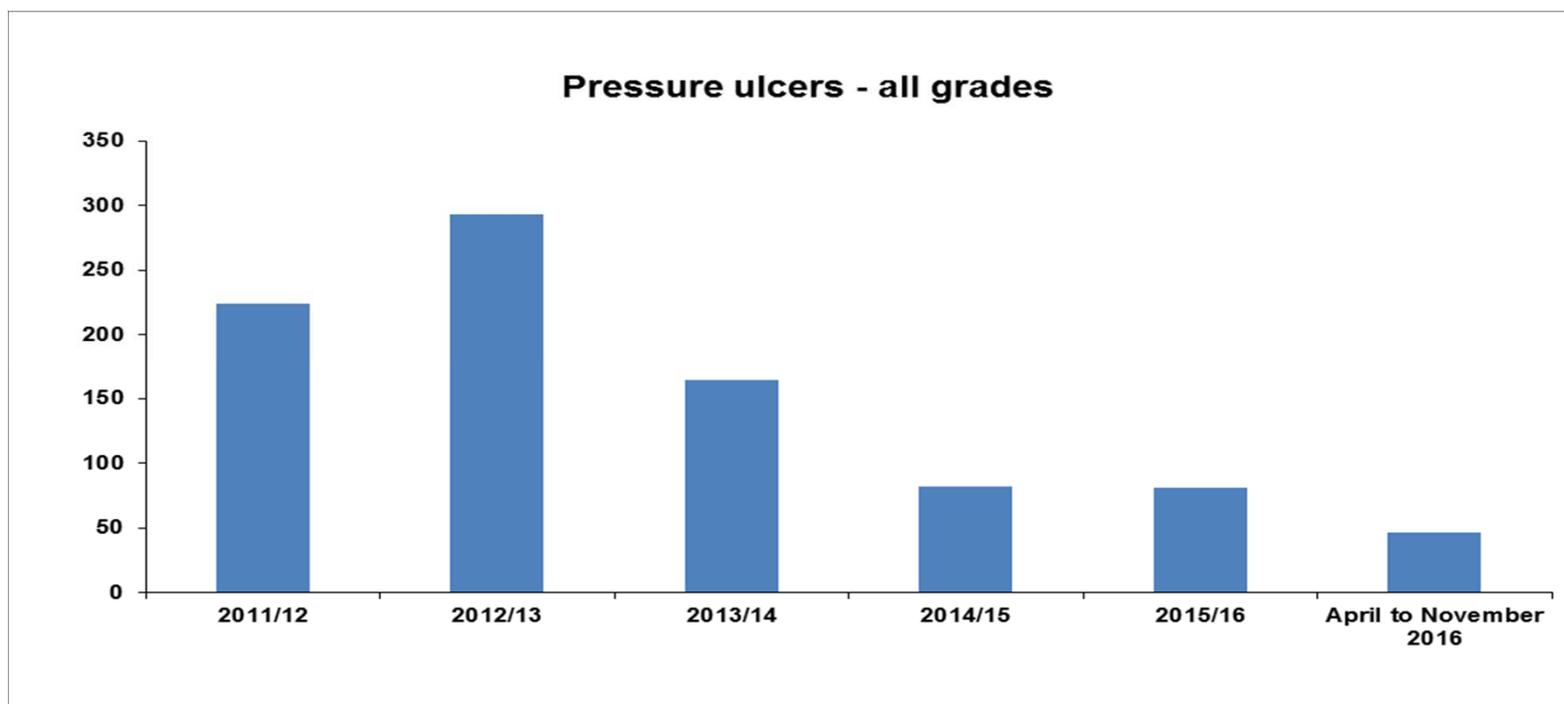
- Improved access to local diagnostics faster diagnosis for patients
- Standardised provision of chemotherapy
- Radiotherapy delivered through a network

Key priorities

- To improve patient experience - measured through friends and family test and local surveys
- To maintain our excellent mortality ratings
- To reduce number of hospital acquired pressure ulcers
- Meet standards for how long patients wait from referral for their treatment
- Shorter waiting times for diagnostic tests
- Shorter waiting times for different stages of cancer pathways
- Shorter waiting times in our emergency department
- Delivering more efficient care so that we deliver our financial targets

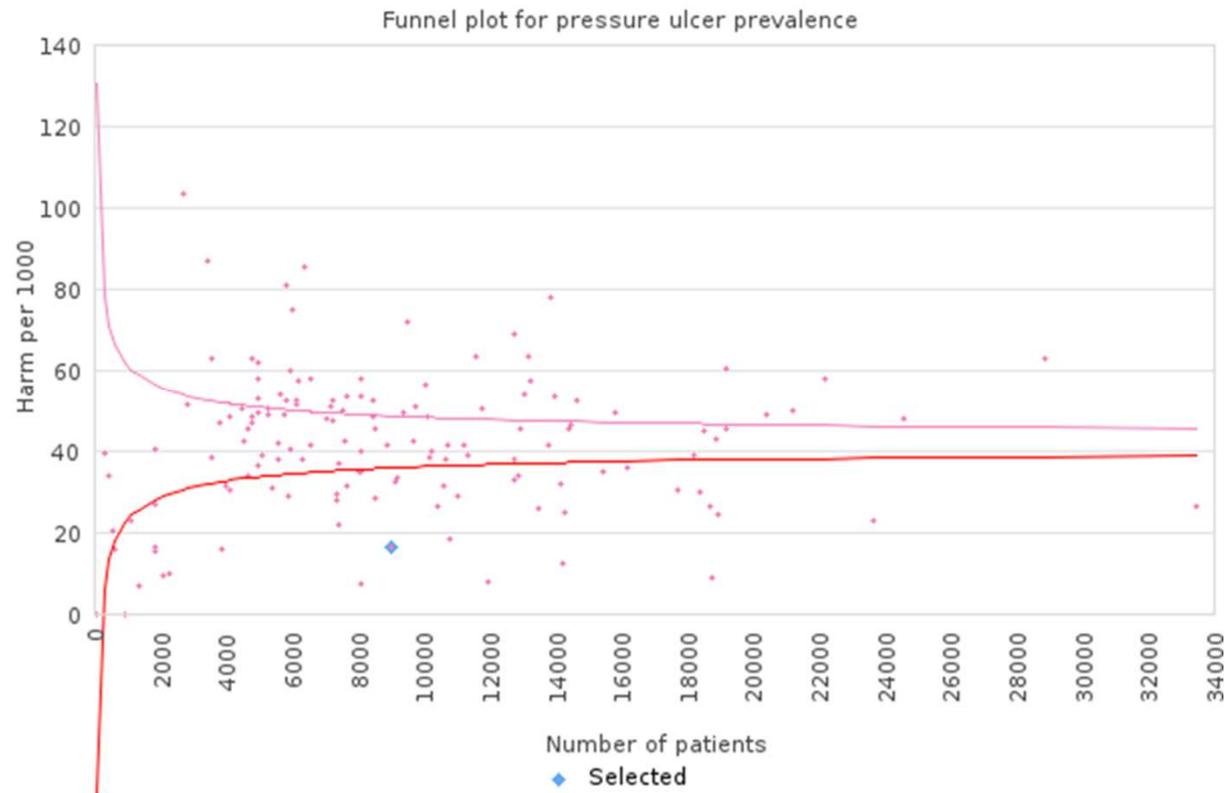
Hospital acquired pressure ulcer (HAPU) management

- Numbers of HAPU are the same as last year, with an average of six HAPU per month.
- Eight Grade 3 HAPUs were reported in the last six months compared to six in the same period last year. One Grade 4 was reported in October 2016.
- Actions the trust has taken include: recruiting a third tissue viability nurse; undertaking a trust-wide audit; improving documentation; and improving the escalation processes.

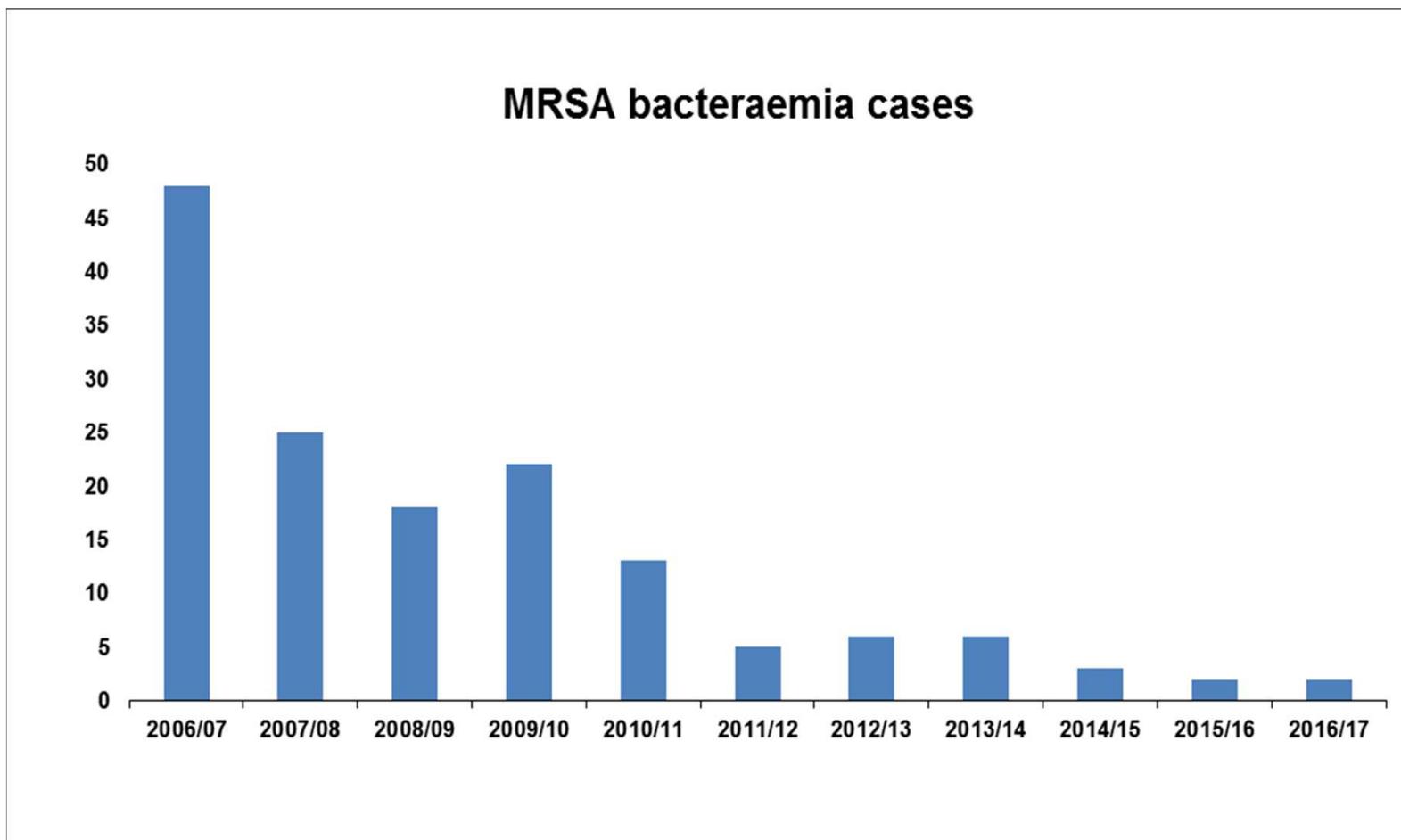


Pressure ulcer management

Compared to other trusts, UCLH performs well, and has one of the lowest incidence of HAPU nationally. The National Safety Thermometer funnel plot below (August 2016) shows UCLH (in blue) compared to other trusts (in red). The funnel between the red lines shows the expected number or prevalence of pressure ulcers. The further below the bottom red line, the better the performance.

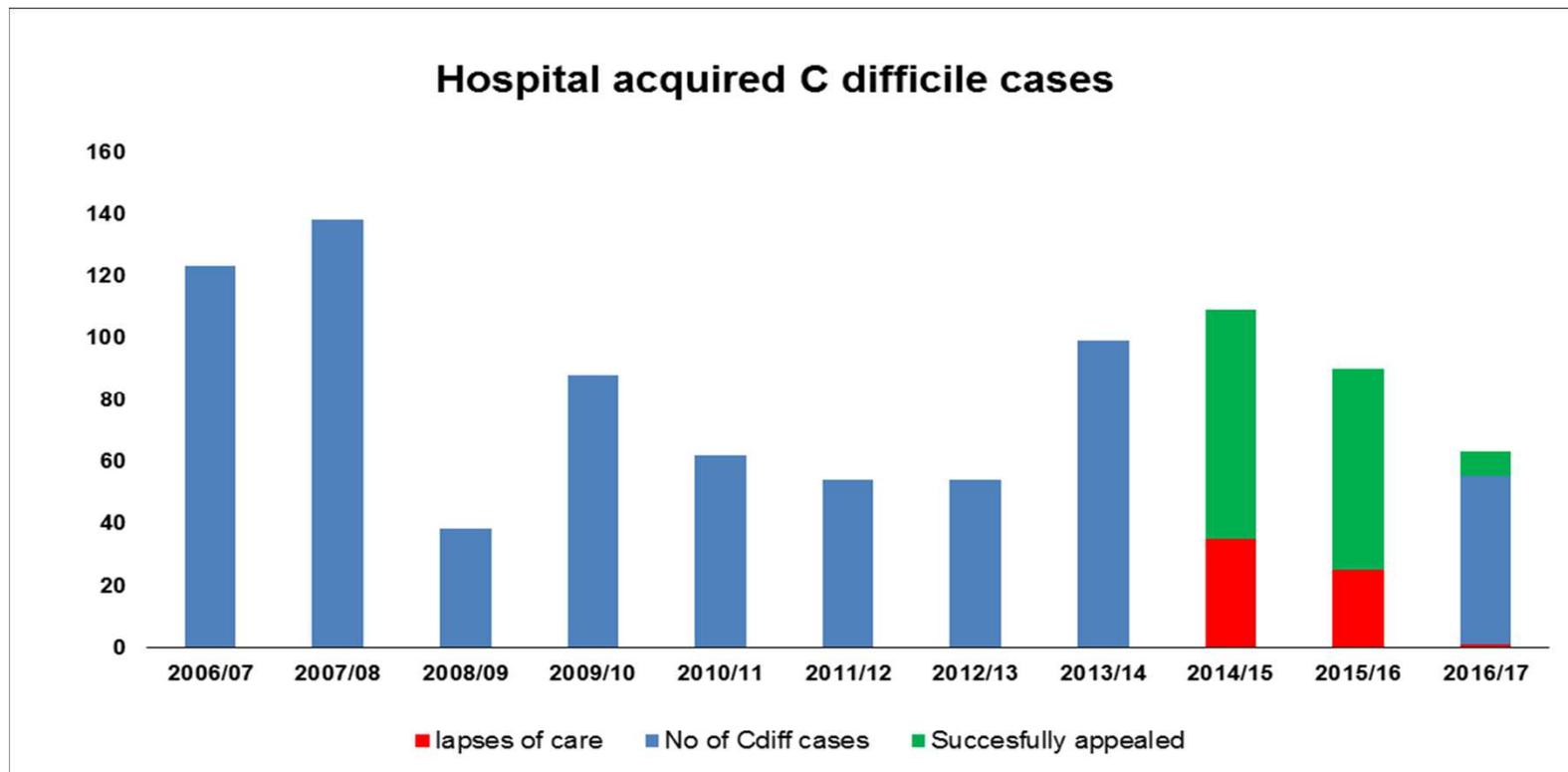


MRSA management



Clostridium difficile

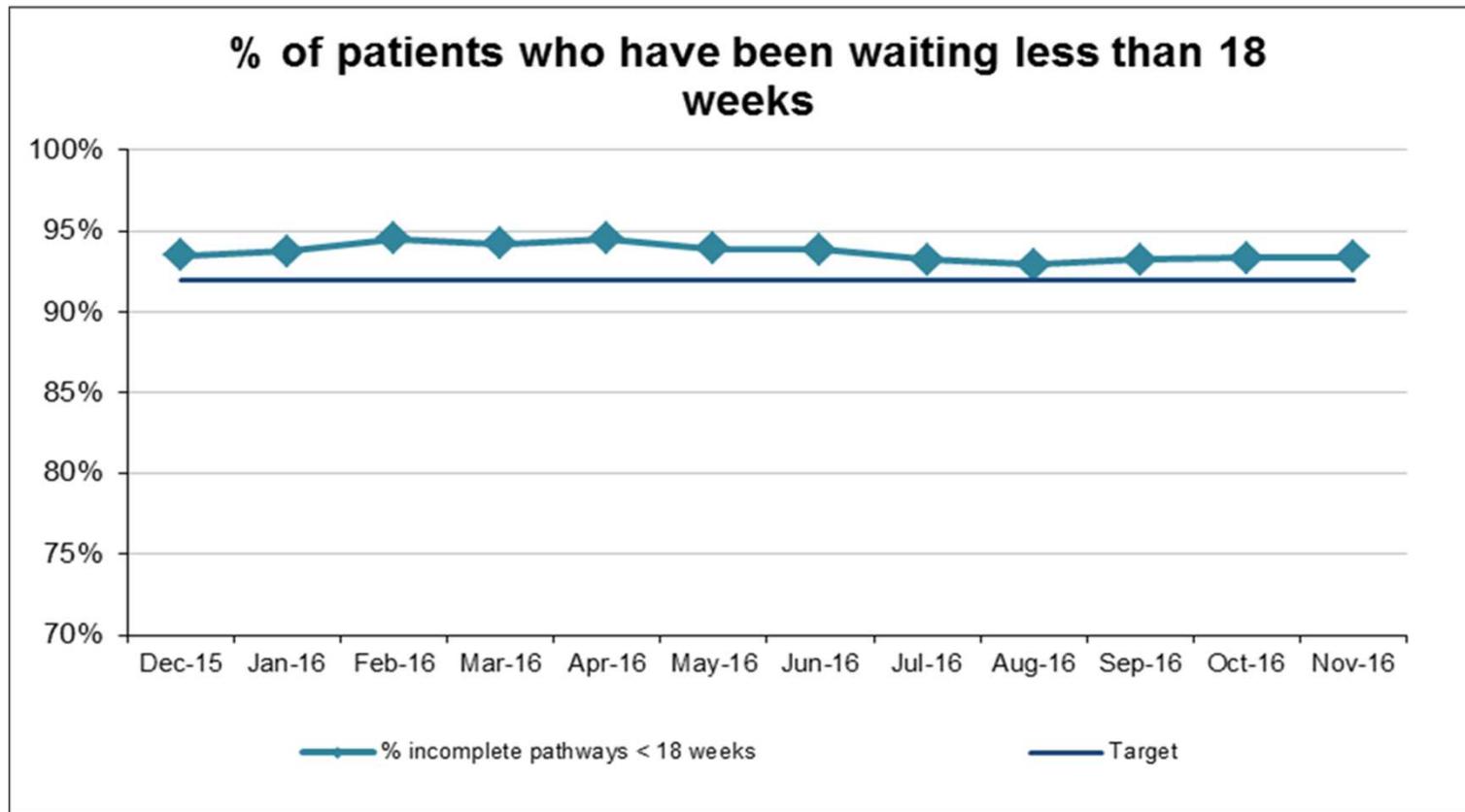
- UCLH have reported 63 cases by the end of November 2016
- Annual target of 90 cases
- Relatively low number confirmed to be as a result of lapses, so we are likely to meet our target



2015 Inpatient Survey

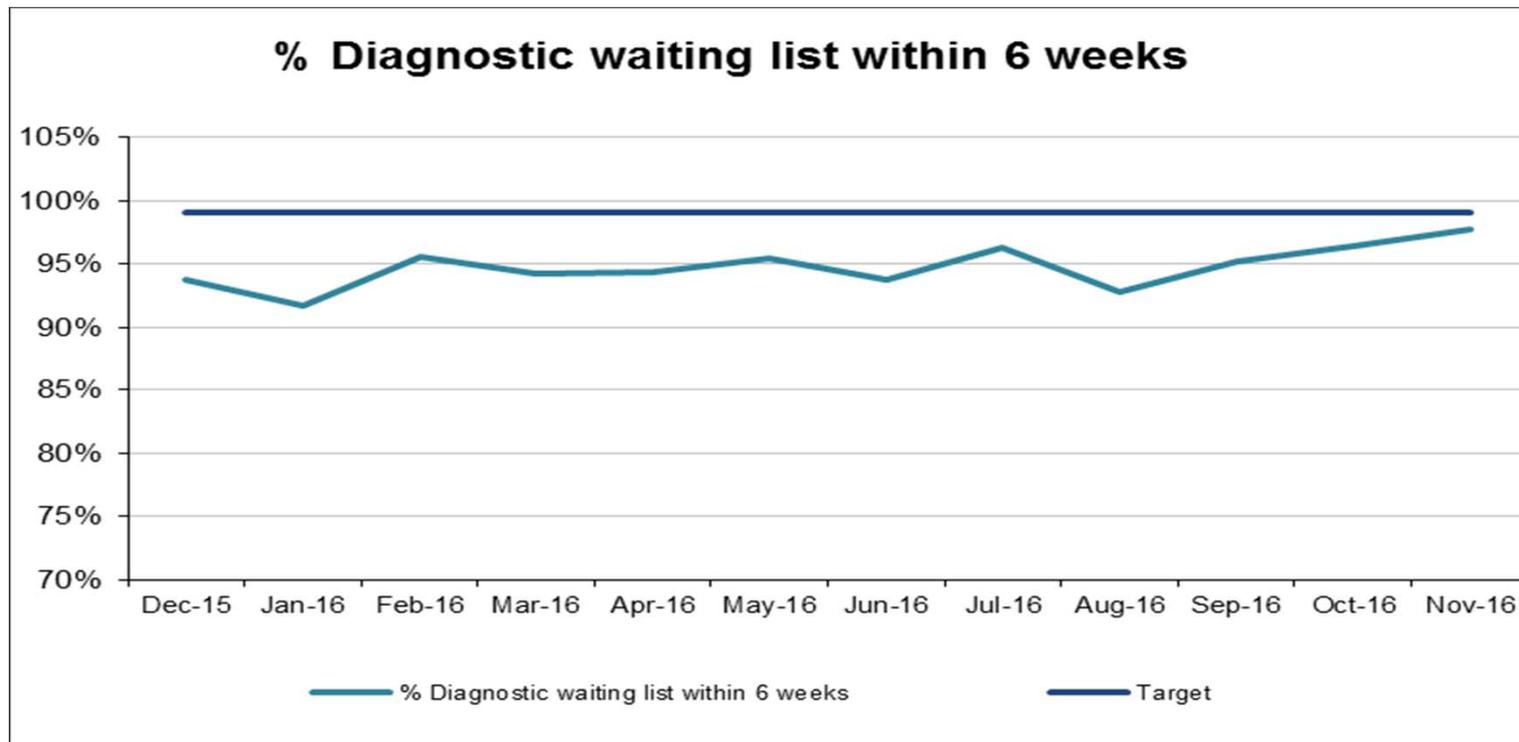
Peer London Teaching Hospital	Position against peers	Score	2014 Score & position
UCLH	1	8.4	8.1 (2)
Guy's & St Thomas	2	8.3	8.3 (1)
Chelsea & Westminster	3	8.2	8.0 (3)
Kings College	4	8.1	7.8 (7)
St George's	4	8.1	8.0 (3)
Royal Free	6	8	8.0 (3)
Imperial	7	7.9	8.0 (3)
Bart's	8	7.6	7.8 (7)

Referral to Treatment Time (RTT)



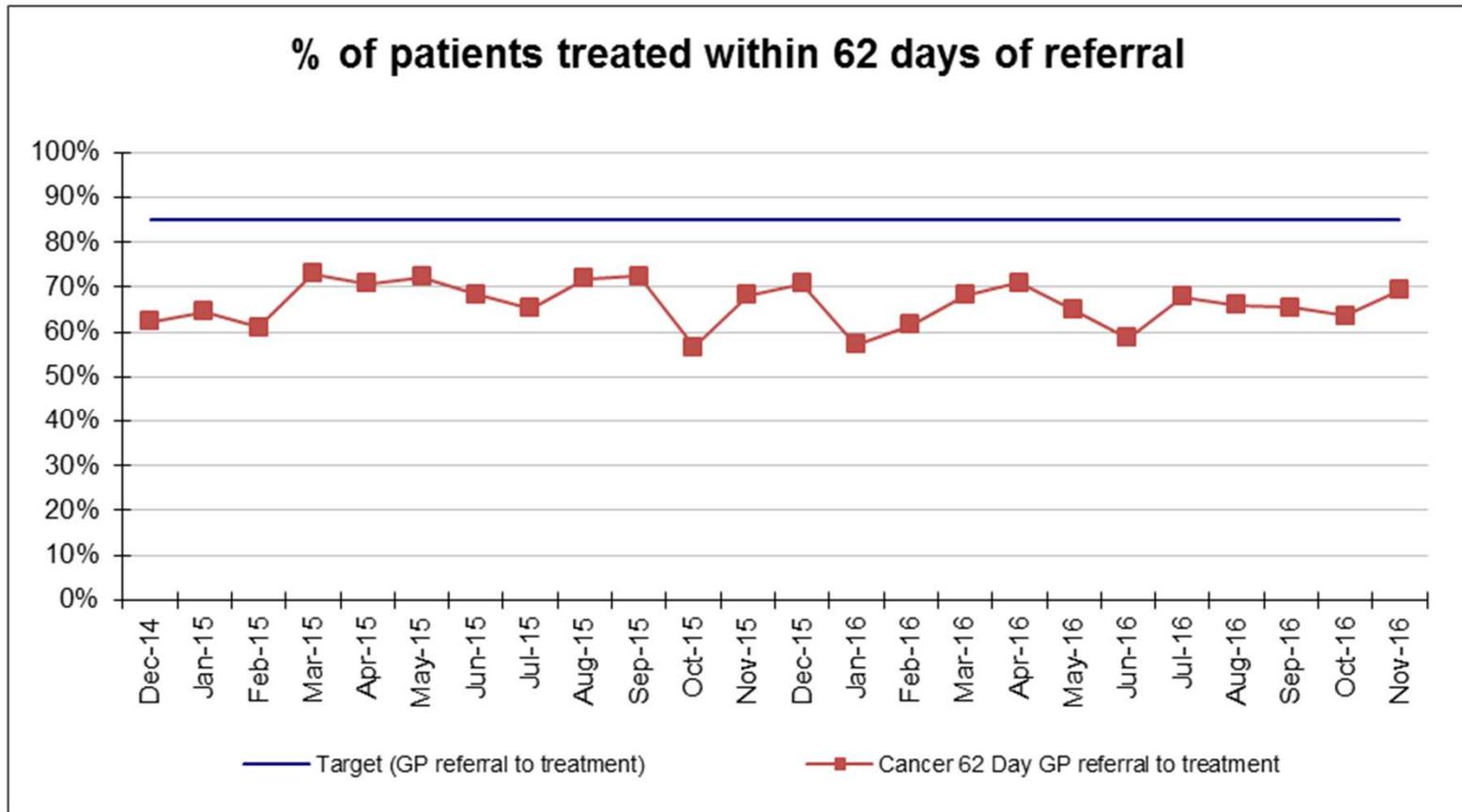
- Consistently achieving the standard since November 2014

Diagnostic waits

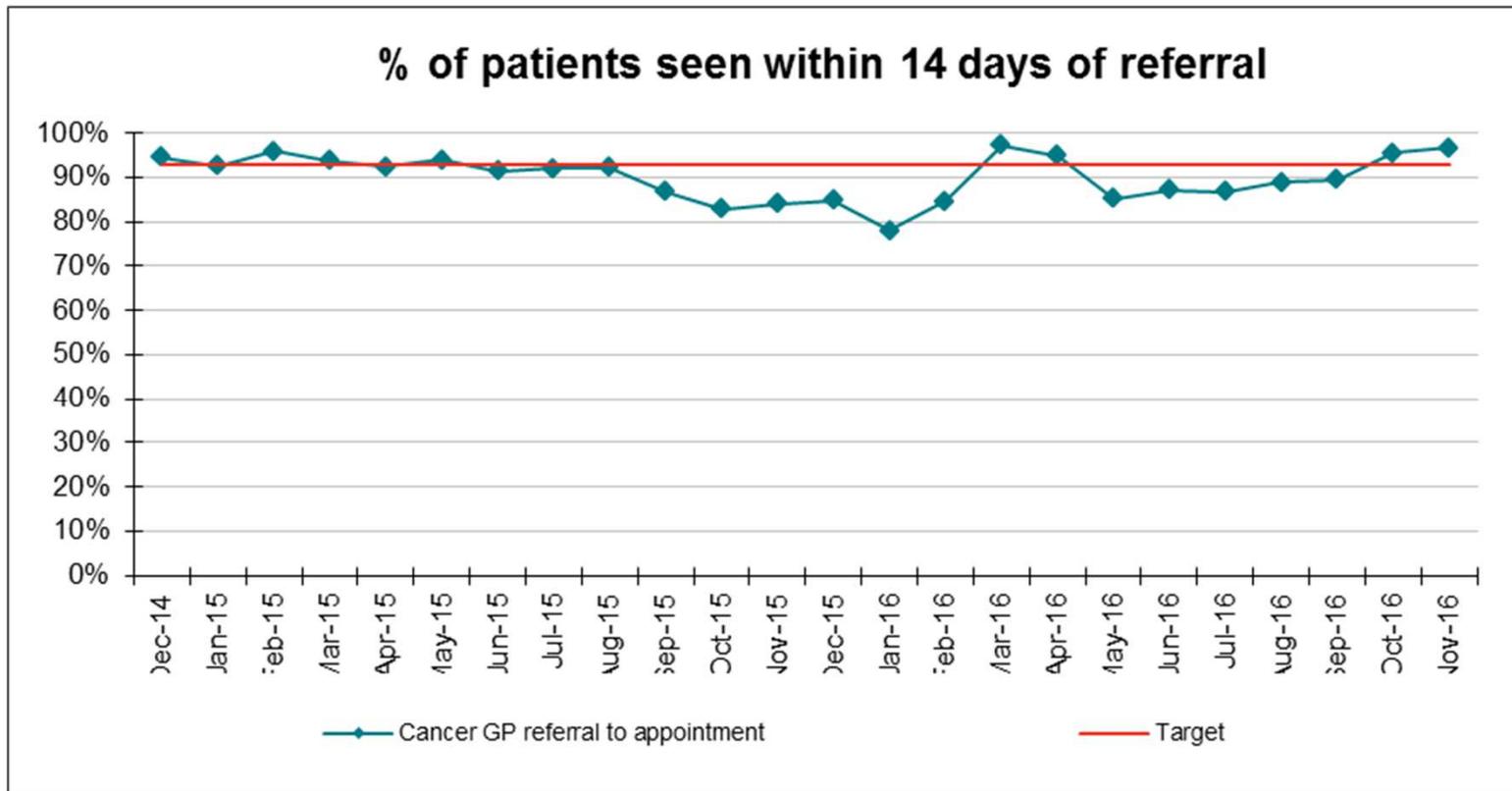


- Diagnostic waits have been too long in MRI, non-obstetric ultrasound and endoscopy
- We are projecting achievement in all modalities by end December (reported in January)

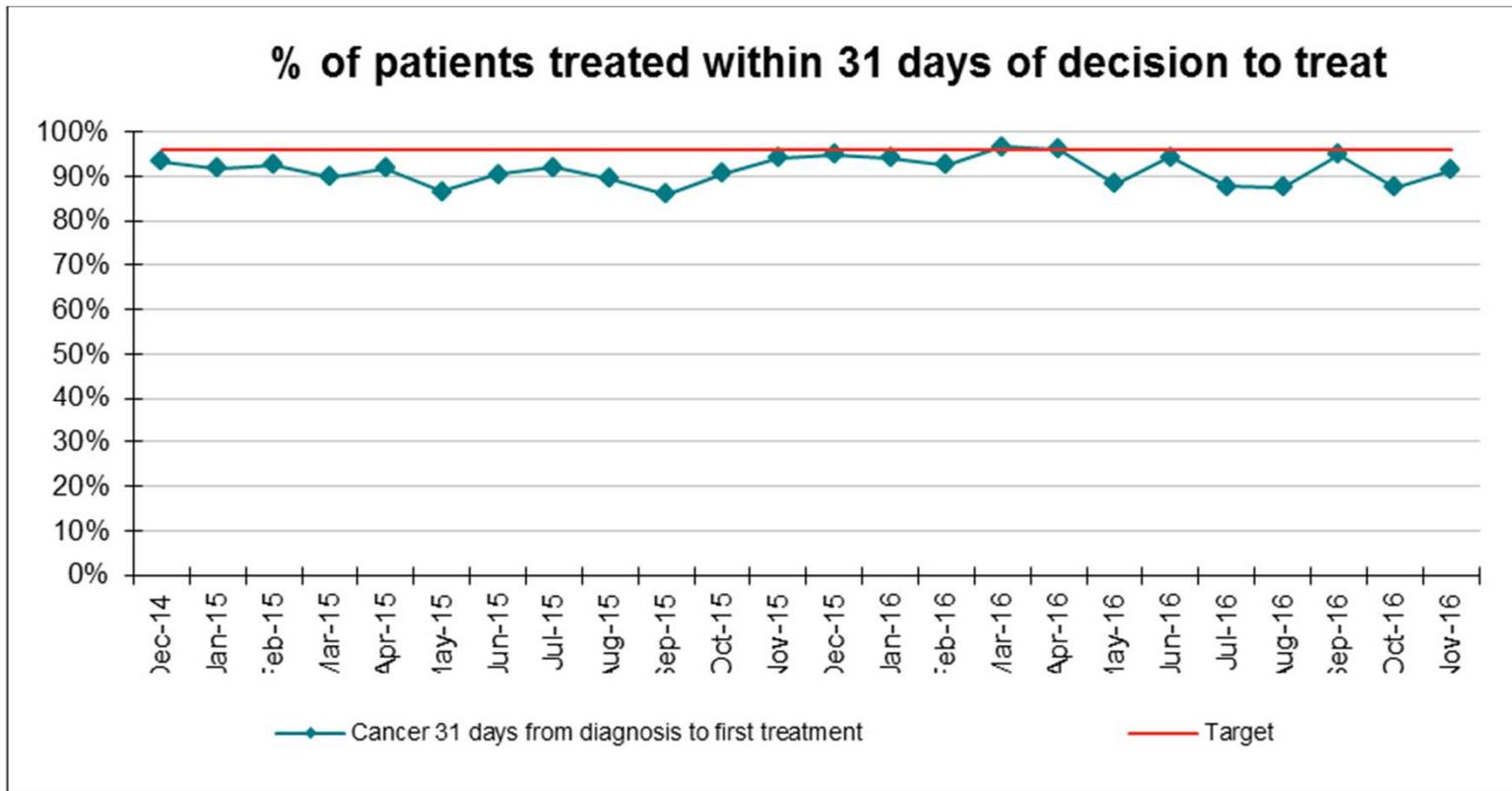
Access to timely cancer care



Access to timely cancer care



Access to timely cancer care



Access to timely cancer care

- Local and national challenges with cancer waiting times standards
- We have shown improved performance against the 2 week wait standard following work to increase capacity across all tumour sites
- Have a comprehensive recovery plan in place against the 31 and 62 day targets, actions include:
 - Improved suite of cancer reports to support management of pathways and early identification of patients that fall behind their target timed pathways
 - Late referrals: working with the NCL Cancer board to improve pathways and communication across the sector
 - Increase in capacity for prostate cancer treatment
 - increased diagnostic capacity in head and neck, lower gastrointestinal and breast
 - implementation of straight to test in lower gastrointestinal (implemented in December)

A&E access times

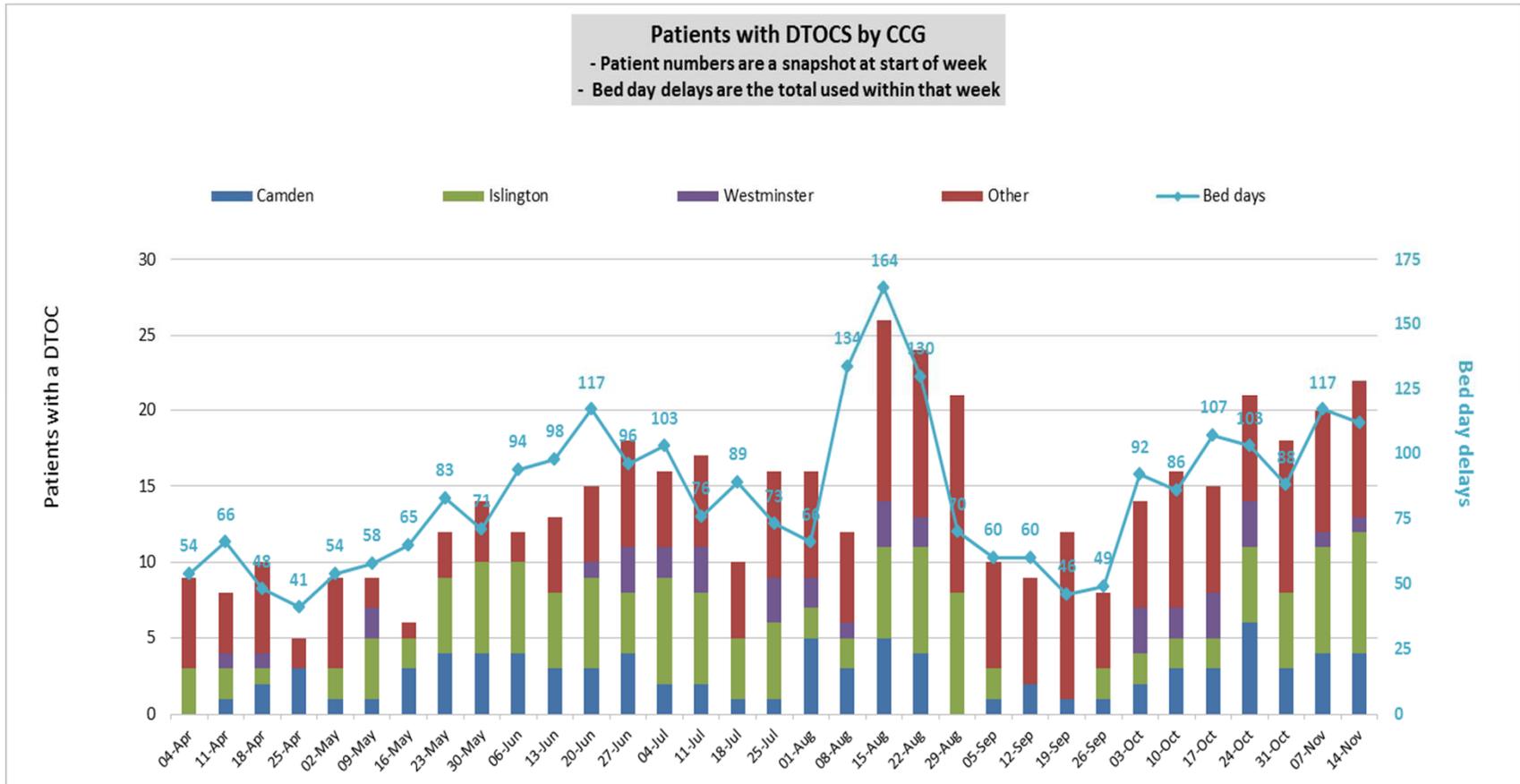
- Waiting times in A&E have been challenged, as has been the case for many trusts
- We have a recovery action plan in place and are working closely with the Camden and Islington emergency care boards to address the issues.
- One of the main issues has been high occupancy levels for beds at UCH

Key actions include:

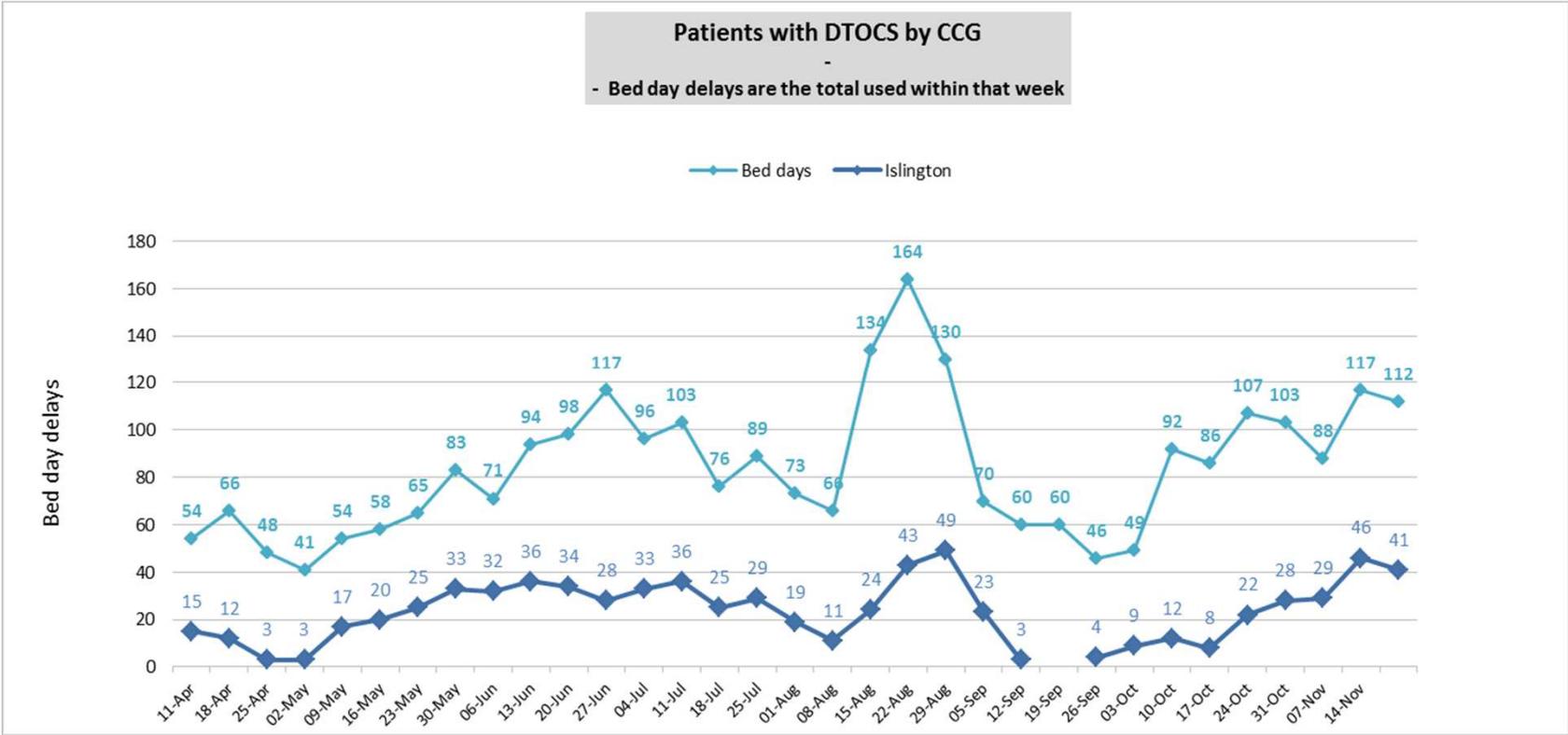
- A new primary care service in Emergency Department (started in November)
- Additional step down beds at St Pancras (opening on 16th Jan)
- Weekly senior level meetings with Camden and Islington partners to manage delayed transfers of care
- Discharging patients earlier in the day

Type 1 performance	Q1 14/15	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16	Q1 16/17	Q2 16/17	Q3 16/17
UCLH	95.2%	94.2%	94.0%	95.1%	97.7%	94.9%	90.6%	86.9%	89.4%	89.1%	86.6% (as of Oct-16)
London	91.6%	91.8%	87.6%	87.9%	91.2%	93.1%	87.1%	82.2%	84.5%	86.7%	83.3% (as of Oct-16)

Delayed transfers of care



Delayed transfers of care



Significant financial challenges

In 2016/17 we are forecasting a year end deficit of around £11m. This is in line with our assigned control total and an improvement on the previous year when we reported a £31m deficit.

In 2017/18 we are planning for a **surplus position of £5.3m.**

This is within the context of significant financial challenges- including:

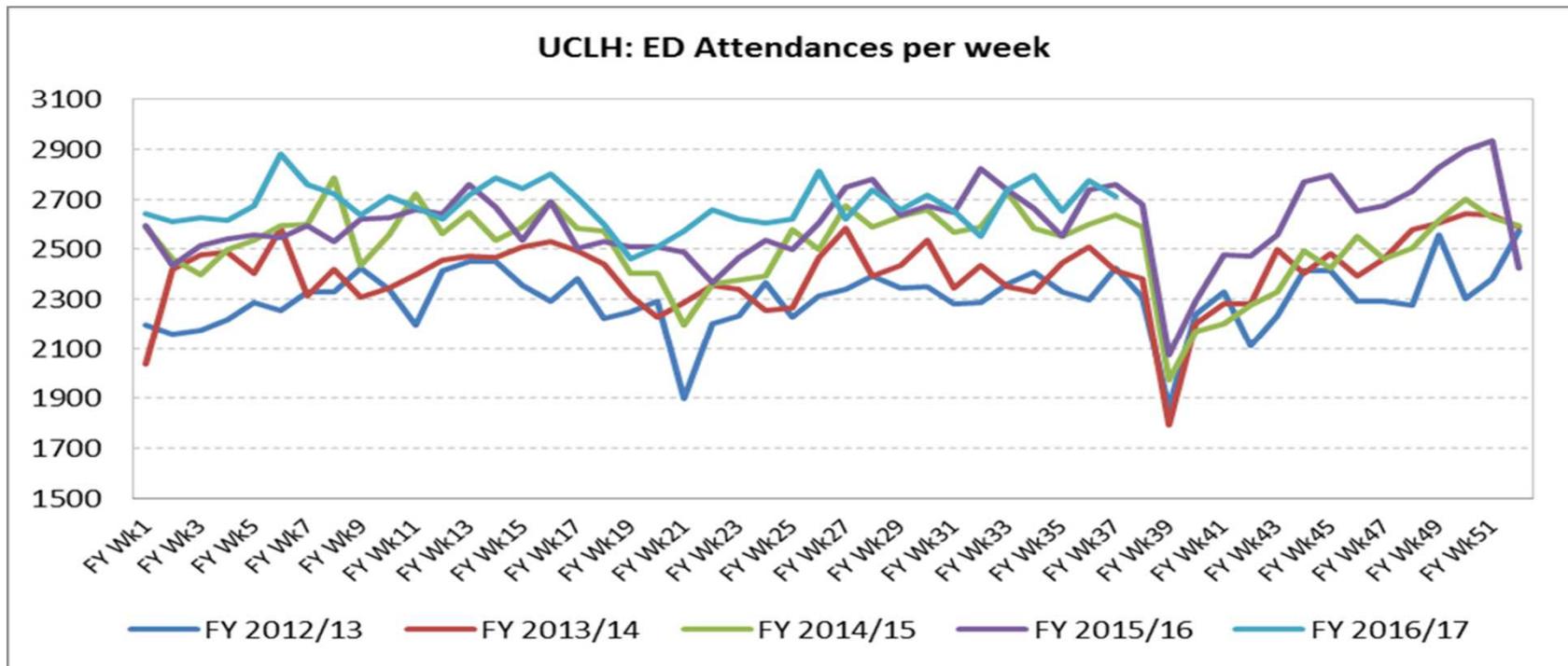
- 2% tariff efficiency
- Loss of £3.1m of education funding
- £2m increase in PFI costs

We have been set a £12.8m control total from NHSI. We are in discussion with NHSI about central support that could allow us to achieve this target (specifically, if we can borrow money to buy ourselves out of the PFI this would deliver a significant financial benefit).

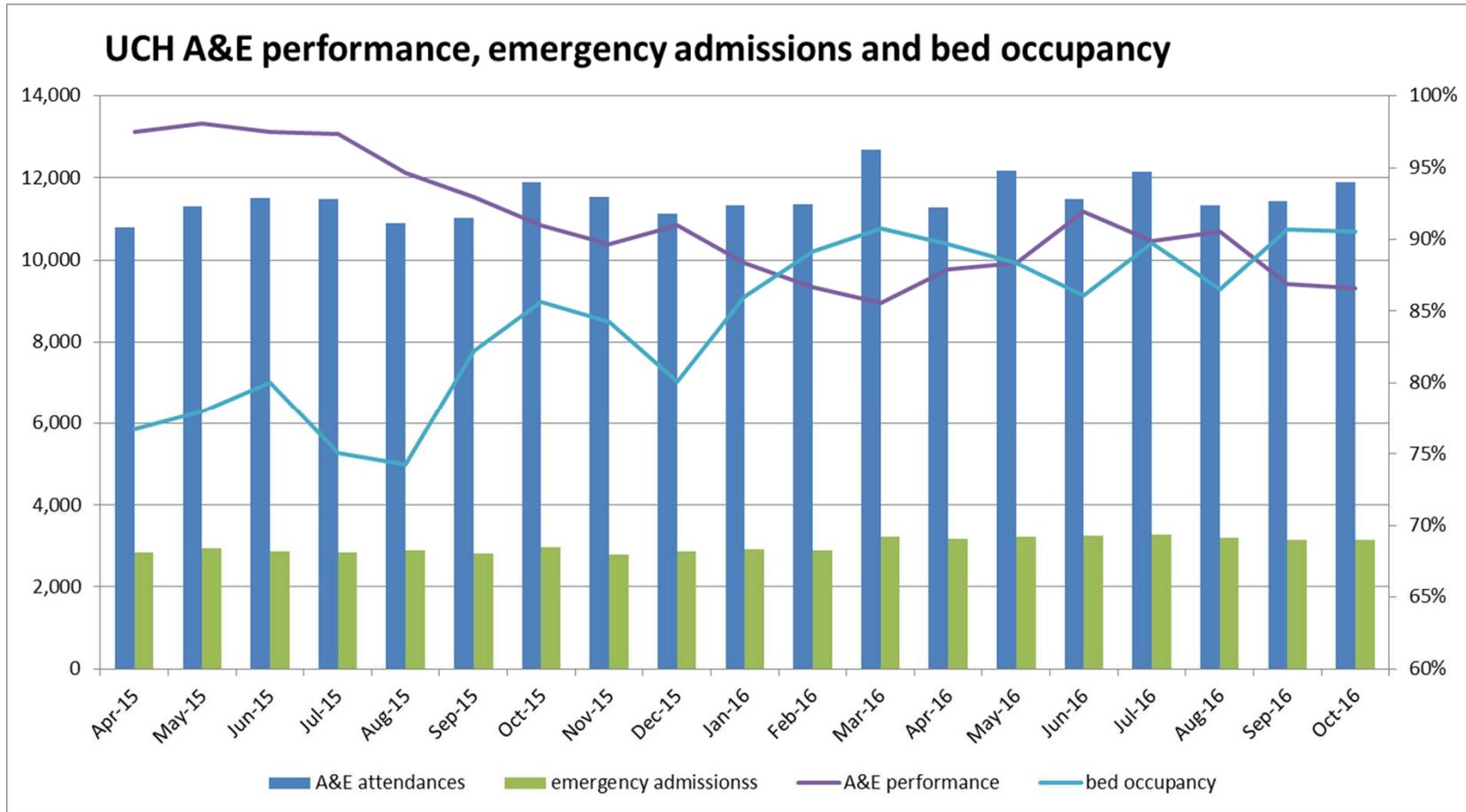


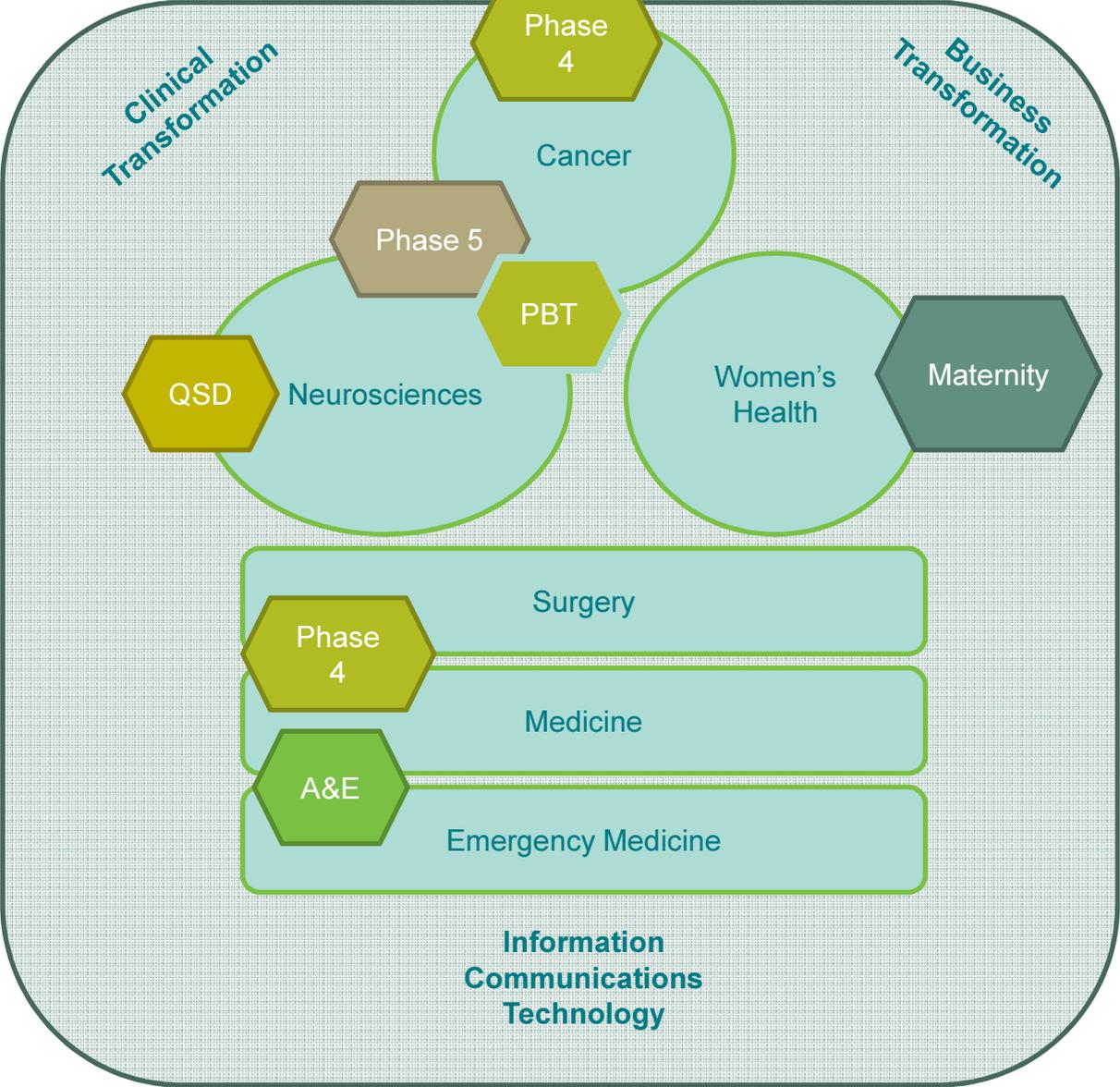
SUPPORTING MATERIALS

A&E Access Times



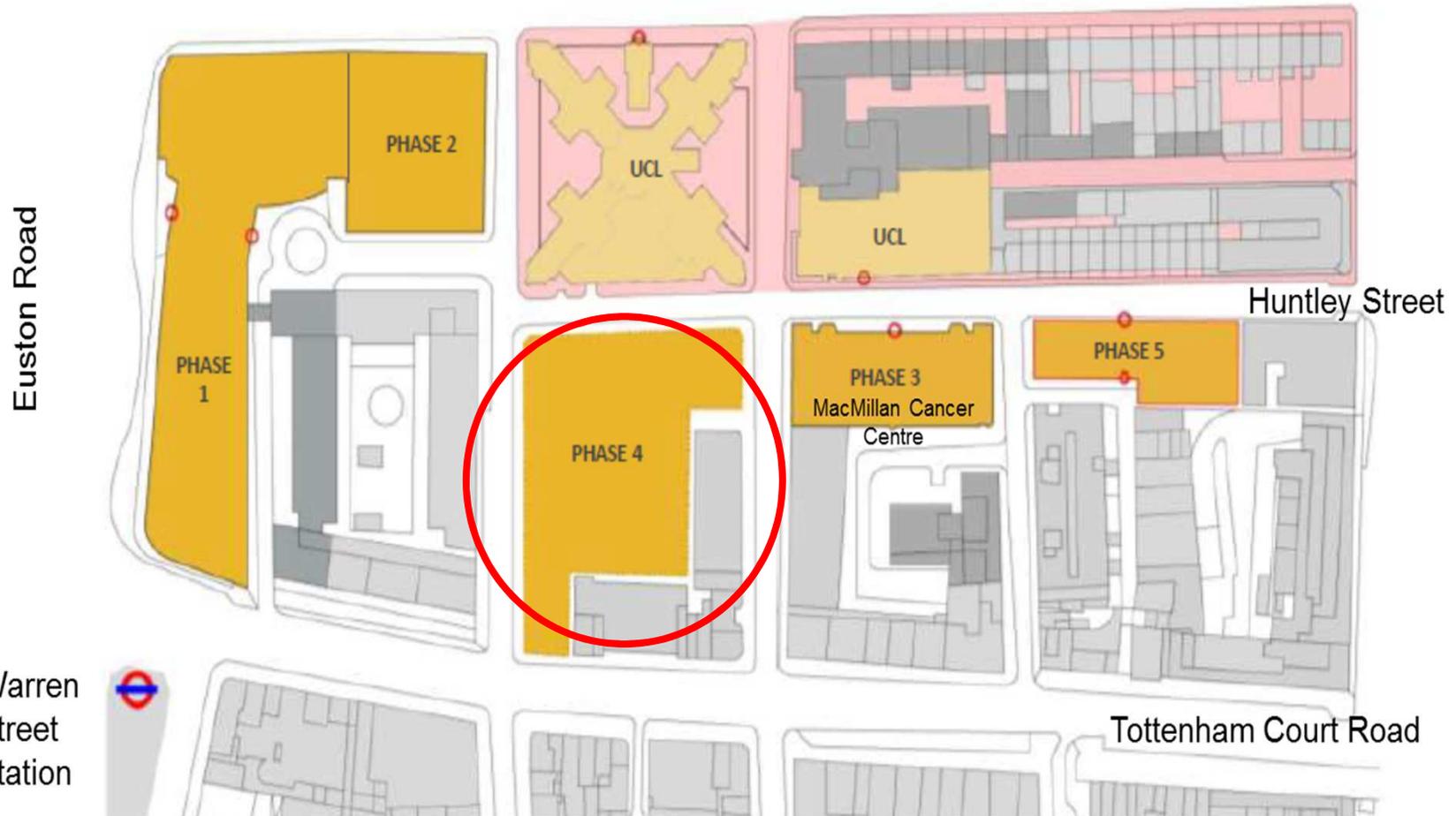
A&E Access Times - bed occupancy







Phase 4 & PBT Site: UCH Campus

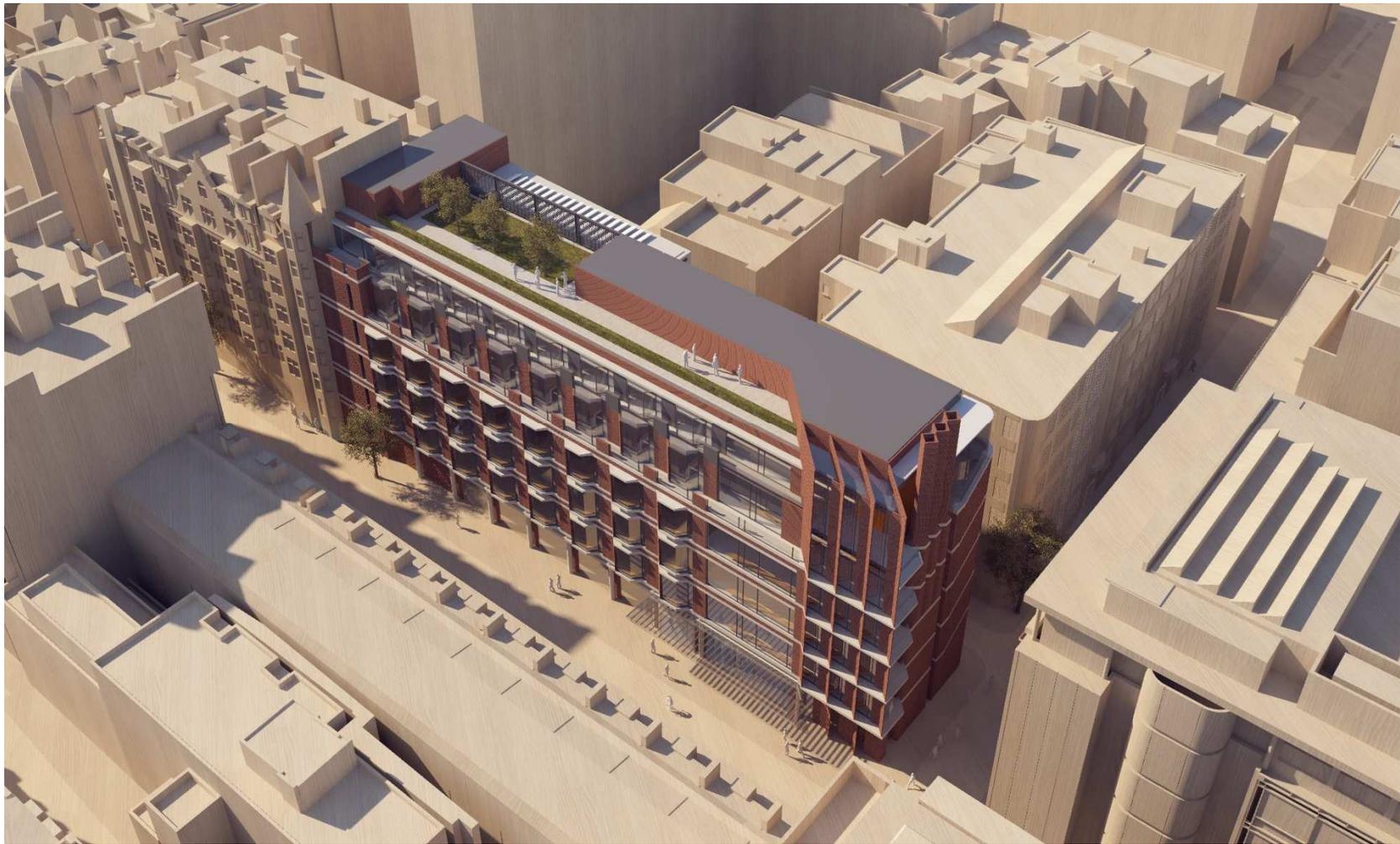


P4 - Summary

- Increased surgical capacity in the Tower (a new operating theatre and further development to a second theatre within the T2 unit - with a focus on paediatric surgery but with service flexibility)

Inpatient and surgical capacity in Phase 4;

- 135 adult inpatient beds (85 NHS and around 50 Private - 31 of which will transfer from UCH Tower -)
- 8 shorter stay operating theatres (adult only) (1 Private/7 NHS)
- 20 short stay surgical beds (adult only)
- 10 bedded adult critical care unit (including PACU)
- Imaging facilities (adult only)
- PBT Centre (3 gantries, one accelerator and one 'spare bunker)
- Retail facility on the ground floor (Tottenham Court Road)



Phase 5 – Completion date 2019

Phase 5



The service user experience of iCope

Dr Lucy Wilson-Shaw (Service user
involvement lead) with contributions by
iCope service users.

12th January 2017



What do our service users say about iCope?

- I was incredibly concerned about first going to my GP about my problems, but my experience from the get-go was absolutely fantastic. My GP treated my problems very seriously and immediately referred me to a specialist. For me this was an instant relief and reassurance that I had done the right thing. The telephone assessment followed promptly, as did the face-to-face assessment. My therapist was excellent in communicating with me the type of therapies I could receive, and helping me make the decision in which was best for me. I come away from this experience 100% confident that I would recommend it to anyone else struggling with similar difficulties.
- ***Brilliant service! Definitely patient centric.***
- *What an incredible service. So reassuring to see the NHS take mental health issues this seriously. My therapist was so supportive, understanding and a damn good listener. I feel equipped to tackle issues on my own and take a positive, rational approach to anxiety and stress triggers. Cannot thank iCope enough!*



How do we capture the experience of our service users in iCope?

- We ask everyone to fill in a Patient Experience Questionnaire at the end of their treatment.
- We do a regular survey to contact people who dropped out of treatment in iCope to ask them about their experience of the service and the reasons they didn't continue with treatment.
- Our therapists all regularly ask for feedback and we record any 'informal complaints' and review these regularly in management and team meetings.
- We have feedback comment slips available in our waiting areas and a feedback email address advertised on our website and letters.

How do we use this to improve the service?

- We review feedback from the Patient Experience Questionnaires, feedback slips and email with the team every week, and discuss and implement any changes needed.
- We produce a monthly poster displayed in our waiting areas regarding the feedback we have received and how we are acting on this.
- We encourage service users who are interested to contribute towards the service.

How do our service users contribute towards iCope?

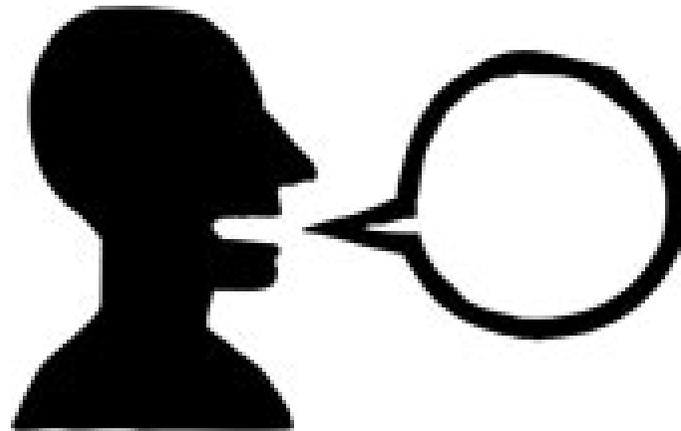
- They attend our advisory group where we discuss service developments.
- They can join our list of advisors and contribute by answering surveys, joining focus groups, getting involved with specific projects.
- They can apply to work with us in a paid role as a Peer Well-Being Worker.
- They give us their feedback.
- They help us recruit new staff by training to be interview panel members.

What do our service users think of iCope – the overview?

- PEQ feedback from the last quarter:
 - 176/368 (48%) of discharged patients completed PEQ
 - 169/176 (96%) felt that staff listen to them and treated their concerns seriously at all times
 - 115/176 (65%) felt that the service has helped them to better understand and address their difficulties at all times
 - 135/176 (77%) felt involved in making choices about their treatment and care at all times
 - 127/176 (72%) felt that they got help that mattered to them at all times
 - 151/176 (86%) felt that they had confidence in their therapist and their skills and techniques at all times
- *'When I began CBT I was in a bad place on every level. I came to these sessions very dubious as to their validity. However xx has been a god send and I can honestly say I would shout CBT from the rooftops. While I know it's an on going process after I leave her care I feel a different person. I feel stronger and more clear in my head on a day to day basis. I'm calmer and dare I say happier. CBT isn't a quick fix and I still have my days but xx and the process has given me tools and thinking to work with my negative feelings and emotions. I feel much more in control. Xx and my CBT treatment has given me hope. Something I did not have at the start of this process. I will be forever grateful for that.'*
- The Friends and Family Test:
 - 98.1% of our service users would recommend us to a friend or family member.



What do our service users think of iCope – the personal experiences.



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COMMENTS FROM PEQ FORMS DEC1st – Dec 16th (Names have been removed for confidentiality)

- *My therapist helped me so much. I was in an awful state when I first started seeing her and in three months she has really helped me understand OCD and horrible thoughts. She really broke down to me the steps and made sure I understood everything and really reassured me that I was normal and everyone experiences these thoughts.*
- *This is my first experience of a therapy/group therapy session. It's great to have a hub that makes you not feel alone. The therapists are very kind and approachable.*
- *The CBT has been really useful. Thanks to my therapist he's been brilliant. I'm really happy to have tools to work with going forward.*
- *I would recommend this service to others if they needed care. This was positive and I received the help I need.
Sometimes when I called to leave messages they didn't get through to the therapist.*
- *The service was what I expected it to be.*
- *In these financially straightened times, I feel both grateful and relieved that I was taken seriously and given some really positive support to tackle problems that I felt utterly defeated by. The process of CBT has of course not had the effect of the wave of a magic wand, but not withstanding it has offered focus and strategies and shown that even small incremental changes can make a worthwhile difference and will endeavour to bear this in mind as often as I can.*
- *The sessions with my therapist were excellent - very helpful and thought provoking. My problem is with the questionnaires, where there isn't/aren't the right words to express feelings. (there should be a 'sometimes')*
- *Person I spoke with each week, was very helpful, clear and understanding of my issues and gave me weekly targets to try and achieve these goals. Very helpful and a great listener.*
- *Found the group helpful, realized many people have similar thoughts, feelings, behaviours. The treatment was helpful for me with my personal problems looking after a child with mental health problems (ADHD, Autism, Sensory processing Disorder). I have been able to relax and let go of some stress and anxiety about myself :)*
- *I struggled in the past with online CBT, so CBT face-to-face has helped me see the benefits of the treatment. However, I am still struggling to apply it in everyday life. My therapist has given me more confidence in CBT and the willingness to give it a try on a daily basis. She also reassured me that it might not work if I do not put efforts in, but that in that case there are still other options. So I would say that overall I am satisfied with my therapy. Regarding the treatment itself it would help a lot if more evening options were available.*
- *I found the service a very positive and supportive service. My therapist explored the best way of getting the most from the sessions, trying different approaches in order to find the right fit for me. I feel my most immediate needs were identified and there was continuity throughout my therapy. I have gained much needed coping skills to support me with my depression and anxiety. There has also been a high level of understanding when I was unable to attend sessions and where possible alternative appointments were made which*

again was very helpful. Whilst it was identified that I my needs extend beyond CBT I feel that this was the right choice for me in order to help my cope on a day to day basis. At the end of my sessions I was provided with information around further therapy and a referral was made to my GP to ensure that my treatment continued. I have been provided an excellent service at a time when I really needed it.

- When I began CBT I was in a bad place on every level. I came to these sessions very dubious as to their validity. However my therapist has been a god send and I can honestly say I would shout CBT from the rooftops. While I know it's an on-going process after I leave her care I feel a different person. I feel stronger and clearer in my head on a day to day basis. I'm calmer and dare I say happier. CBT isn't a quick fix and I still have my days but my therapist and the process has given me tools and thinking to work with my negative feelings and emotions. I feel much more in control.

My therapist and my CBT treatment has given me hope. Something I did not have at the start of this process. I will be forever grateful for that.

- Very helpful service, highly recommend to friends
- I found this really helpful and it was comforting to see others felt similar. The iCope service has been invaluable in helping me get my life back on track after hitting the lowest point in my life.
- I think your service is very helpful for some. I am not that confident to speak about my problems. But definitely it helped me to look at things.
- My experience of the service has been extremely positive. My therapist was patient and extremely professional, and put me at ease. I feel I have learnt a lot and have some tools to help me continue to cope with my things in a more helpful way in the future.
- The reception space is cramped and depressing, could do with some calm, colourful pictures, less medical stuff. Medical information is more useful in corridors.
It would have been helpful when my assessment was finished I was given an idea of how long I would wait. I was just told someone would be in touch, waited almost for 2 months with no contact. However when I did start the sessions they were amazing, my therapist was exceptionally good. She was professional but compassionate and always helped me. I can't thank her enough for the help.
- Was given tools to cope with my worries and anxieties. Felt listened too and well understood. Felt the tools suited me well and treatment made me feel confident that I can stay in control.
- I was incredibly concerned about first going to my GP about my problems, but my experience from the get-go was absolutely fantastic. My GP treated my problems very seriously and immediately referred me to a specialist. For me this was an instant relief and reassurance that I had done the right thing. The telephone assessment followed promptly, as did the face-to-face assessment. My doctor was excellent in communicating with me the type of therapies I could receive, and helping me make the decision in which was best for me. I come away from this experience 100% confident that I would recommend it to anyone else struggling with similar difficulties.

- I found coming to the sessions extremely useful, the sessions being every fortnight gave me something to aim towards during the weeks and the help I received really helped. Even though I found what I was saying a bit silly, I was never made to feel stupid or that my problems didn't matter. It was so helpful and I don't know what I would have done without the help. Thank you! One thing I would say however is that I feel that the online questionnaire I completed prior to each of my one-to-one sessions should have more response options in it. If I remember correctly the questionnaire would ask something like 'I can't stop worrying'☒, with the options to respond 'not at all'☒'several days' 'almost every days'☒ or 'everyday'. I felt like often I wanted an option in between 'not at all'☒ and 'several days'.
- At first I didn't have much confidence in this service because I don't work well with exercising and self-help, but I would recommend my therapist to anyone I know. He really cares about me and I found a good relationship with him. I tried very hard and sometimes I didn't succeed but he and I were honest to each other.
- I have feedback. It is great that this service is offered. In a sense it is all too easy to be sent home with a couple of pills. This is more helpful, positive and considered and respectful.
- I found it to be very helpful. It has made me feel that I have more understanding of what happens to me, thus giving me more confidence to move on. I can control the panic, not the other way round.
- Really helped, finally able to see things in a more positive light.

Comments received in our anonymous feedback box Oct – Dec 2016

Really grateful that I had this support and that my therapist was making sure of the next step towards the summer and not discharging me. Never felt judged which is quite a big thing for someone with anxiety!

I now understand what happens to me and I know that my actions and thoughts correspond to anxious behaviour. It's good to have a safe space to explain your most irrational thoughts, it helps to talk. I don't think I know very well what to do, how to cope when I'm feeling anxious, how to change my habits.

I'm confronted with very specific issues and 1-2-1 tailored counselling would have helped more. I'm afraid I know most things from the workshop. A round table might have worked better for me.

The most helpful thing was to be among lovely people and learn about their experiences and share my own.

I understand the need for privacy, but there HAS to be a better way than subjecting us to blaring Jazz loud and totally unsuitable for people who are suffering stress. Music: oK, why not tapes of classical music?

I like the music when I'm waiting, it relaxes me and normalises the situation.

I have found this service invaluable and the difference it has made to me has been vast.

I very much appreciate the care I've received from my therapist/iCope. I only wish it would have lasted longer - I was just beginning to get in touch with helpful/productive thoughts and feelings.

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Agenda for iCope Advisory Group Islington: Wednesday 16th November 2016

7:00 – 8:30 at 10 Manor Gardens

iCope staff attending: Judy Leibowitz, Lucy Wilson-Shaw, Ellie Popp, James Gray

Guests: Cerdic Hall, Kola Osinowo

Welcome and introduction to the group – what today's group is for.

- 1) Overview of iCope
- 2) Updates – Peer Mental Health Worker Roles, accessibility page, aftercare leaflet, thinking about drinking workshop.
- 3) Side by side Network – Cerdic Hall attending from Side by Side Network
- 4) Black Minority and Ethnic (BME) working group – how to increase access
- 5) Poster for Job Centre + *What language/key words or symbols could best be used to advertise iCope to job seekers? How might clients be encouraged to speak to their work coach about accessing iCope?*
- 6) Mental Health Apps Review
- 7) Aftercare Leaflet
- 8) Question time
- 9) Thank you and close



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Want to help us improve the iCOPE Service?

iCope

Camden and Islington Psychological Therapies Service

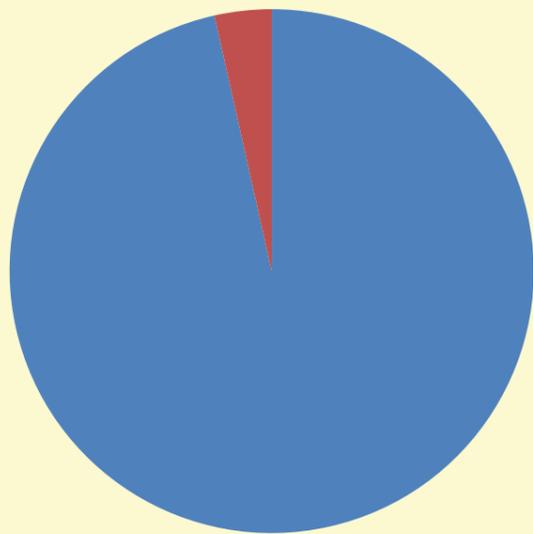


www.icope.nhs.uk

How your feedback has helped iCOPE – November 2016

In iCope we value and take on board our service user's feedback and suggestions of ways to improve our service. We ask all our service users to give us feedback on 5 aspects at the end of their treatment at iCope.

Did staff listen to you and treat your concerns seriously?



- Satisfied at all times
- Satisfied most of the time
- Sometimes satisfied
- Rarely satisfied

98.1% of our service users would recommend us to a friend or family member.

What you said we are doing well:

"I found the care I received extremely thoughtful and thorough. I felt listened to and that I was being allowed to express my concerns and these were addressed in every session. The tools I've learned will be valuable to take away with me."

What you thought we could do better:

"I would recommend to increase the time available for sessions as sometimes it feels rushed, even when the therapist makes a lot of effort."

What we are doing about this:

"We will remind our therapists to be thoughtful with clients about how much can be covered in the time available for a session and ensure this is realistic so that sessions don't feel rushed."

★ Service User Quote of the Month ★

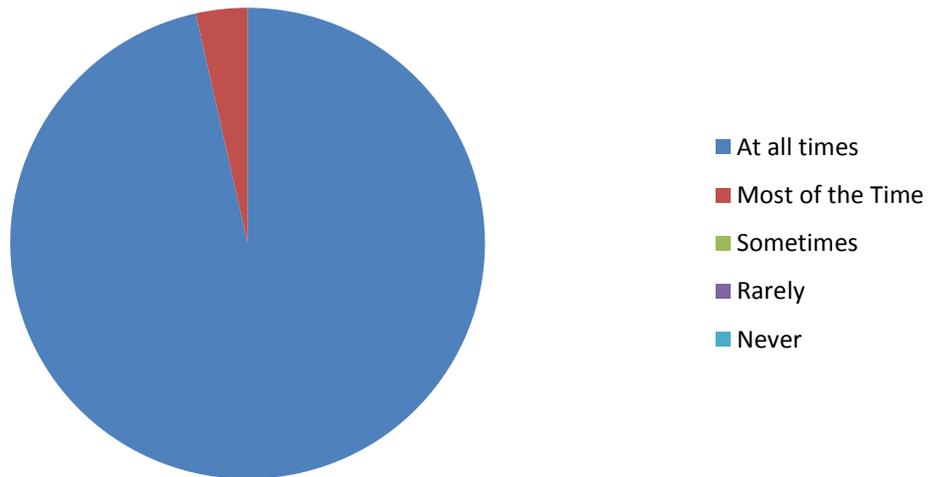
"It's been completely invaluable. I have noticed a great change in myself over the past 6 weeks and have begun to address my problems - because of the group. Both the staff and the other members of the group were lovely!"

Your partner in care & improvement

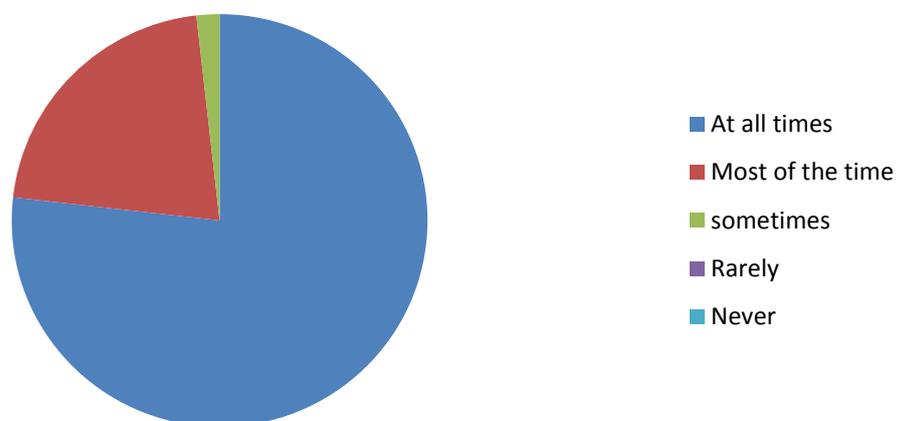


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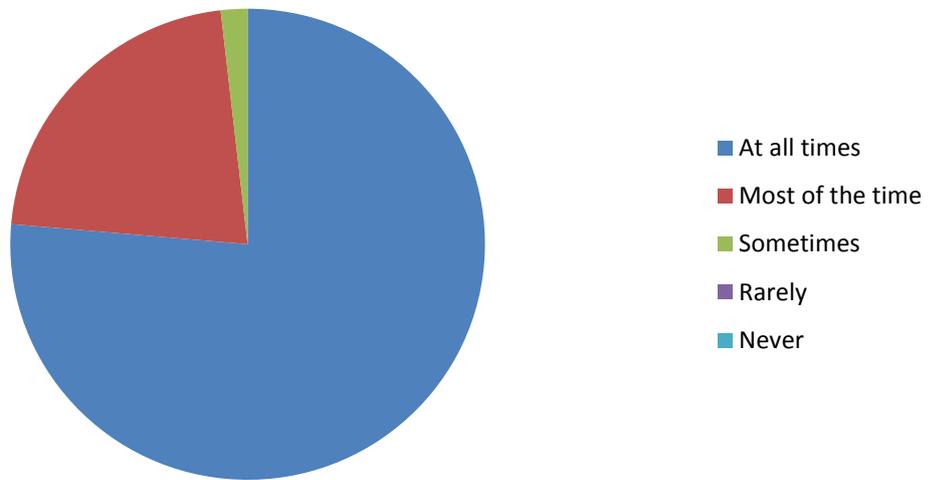
1. Did staff listen to you and treat your concerns seriously?



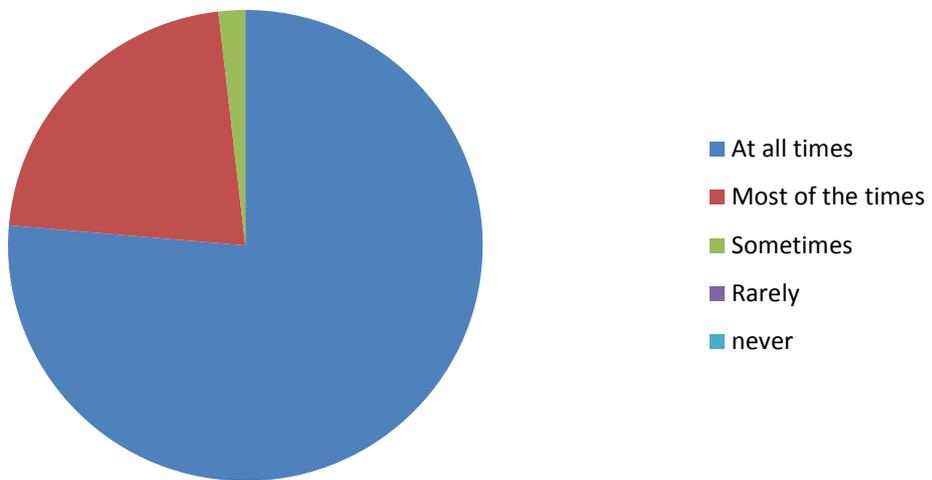
2. Do you feel that the service has helped you to better understand and address your difficulties?



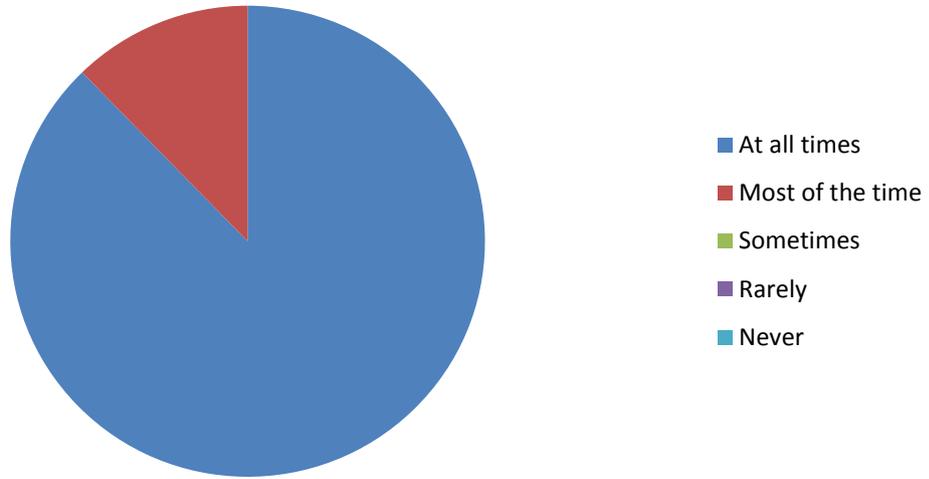
3. Did you feel involved in making choices about your treatment and care?



4. On reflection, did you get the help that mattered to you?



5. Did you have confidence in your therapist and his / her skills and techniques?



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Report of: **Director of Public Health**

Meeting of	Date	Agenda Item	Ward(s)
Health and Adult Social Care Scrutiny Committee	12 January 2017	Item	All

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SUBJECT: 12 MONTH PROGRESS REPORT ON PATIENT FEEDBACK MECHANISMS – RESPONSE TO THE HEALTH AND CARE SCRUTINY COMMITTEE RECOMMENDATIONS

1. Synopsis

- 1.1 Islington's Health and Care Scrutiny Committee conducted a review into patient feedback mechanisms from January 2015 until May 2015 with evidence being gathered from a variety of sources including Islington Clinical Commissioning Group (CCG), Islington Healthwatch, patients and NHS England. In November 2015 the Executive of Islington Council, on behalf of the partners to whom the recommendations were directed, provided a response which outlined the actions to be taken in response to the scrutiny. This report sets out progress on those actions 12 months on.

2. Recommendations

- 2.1 To note the progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of patient feedback mechanisms.

3. Background

- 3.1 In January 2015 the Health and Care Scrutiny Committee commenced a scrutiny review into patient feedback mechanisms. The aim of the review was to understand the range and effectiveness of local arrangements for obtaining and acting on patient feedback to improve primary, community, acute and mental health services.

4. Response to the recommendations

4.1 ***Recommendation 1: That all providers of medical services, including mental health trusts, should implement the Friends and Family Test (FFT) as required by Government***

Islington CCG monitors patient experience on ongoing basis with all local Trusts. As of November 2015 all Islington NHS Provider Trusts¹ have fully implemented the FFT and are meeting the core requirements as per NHS England guidance. Whittington Health is currently engaged with a pilot for the Emergency department using SMS Text messaging to improve response rates.

Most if not all Islington practices have been assessed by the Care Quality Commission (CQC) and their assessment involves looking at FFT data, also their own feedback questionnaires, interviews with patients and Patient Participation Groups (PPG) and reviewing NHS choices comments.

4.2 ***Recommendation 2: That all FFTs should include an 'open' supplementary question which invites comment***

All Islington NHS Provider Trusts currently include a supplementary 'open' question allowing patients to expand on their response. Since the initial response to the Scrutiny Committee the Whittington does now collect the four demographic characteristics in line with other providers.

4.3 ***Recommendation 3: That all providers should actively promote and encourage patients to complete the FFT, both with posters and face to face***

All Islington NHS Provider Trusts use a variety of methods to promote completion of the FFT including the active promotion and encouragement to complete the FFT by staff, former service users and volunteers; the use of FFT cards; posters; pullup banners; the Trust websites; cartoons in children's day care; and display of results on public notice boards/quality boards.

Staff are encouraged to ask patients to complete the test as part of their process in outpatient and day care setting which can be accessed by patients via PC, smartphone etc. Comments relating to individual staff are forwarded to them. 'You said, We did' posters are also displayed to demonstrate the value of patient and career feedback.

The CCG continues to monitor and discuss FFT with providers throughout the year within the regular contract meetings. This includes focusing upon satisfaction levels and response rates.

4.4 ***Recommendation 4: That all providers should display monthly statistical results of the FFT and a brief description of how any other comments or suggestions have been addressed***

All Islington NHS Provider Trusts continue to display statistical results of the FFTs and have 'you said, we did' boards in some areas and at some of their sites. Trusts are providing this information in a variety of accessible ways suitable for a range of patients/public.

For example, at Moorfields clinical areas display FFT results in their departments, and in the main foyer they are updated on a monthly basis, with actions outlined as "You Said, We did". Full results by site and department are published on a quarterly basis on the trust website, including "You said, We did" actions taken as a response and including selected comments from patients. One action taken as a result of patient feedback is better signage throughout the City Road site.

¹ Camden and Islington NHS Foundation Trust; Moorfields Eye Hospital NHS Foundation Trust; University College London Hospitals NHS Foundation Trust; Whittington Health NHS Trust

At Whittington Health the FFT dashboard provides services with daily, weekly, monthly and /or quarterly data feedback reports. All clinical services have patient experience feedback boards where the FFT results are updated, using the 'You said, We did' model. The 'You said, We did' feedback is also on the Trust website and presented and discussed at a number of strategic committee's;

- Within the Integrated Clinical Service Units
- At the Trust Quality Committee
- At the Patient Experience Committee
- At Trust Board where data is included in the operational performance report

4.5 ***Recommendation 5: That Islington CCG should actively encourage and support providers in promoting and publicising results, and also in monitoring results and reporting them back to the Health and Care Scrutiny Committee***

Islington Clinical Commissioning Group (Islington CCG) continues to work with providers to ensure that they utilise the Friends and Family Test (FFT) within services. The results are shared with the CCG as part of the assurance process of provider's quality and safety. They are also published at monthly intervals on both NHS England and NHS Choices websites

The CCG assurance process of the quality and safety of provider services includes discussions on both national and local patient experience data with providers as part of its contract monitoring. These discussions occur on a regular basis providing a forum to triangulate different data sources, challenge, and seek assurance on appropriate actions to respond to this information. This includes looking at FFT.

Since the last report to the Health and Care Scrutiny Committee in November 2015 Camden and Islington Foundation Trust have extended the use of the Friends and Family Test out to a wider range of mental health services they provide.

4.6 ***Recommendation 6: That providers should offer a number of methods of collecting results of the test, including a verbal response, written forms, hand held devices and internet. Websites should display a link to the feedback form prominently on the homepage and providers should ensure a fully inclusive response to the tests from all sectors of the community.***

Patient and carers continue to have several methods by which they can undertake the FFT. These include online systems; website forms; electronic devices e.g. iPads and paper/card forms to fill out (assistance is given by staff if needed). Interactive Voice Recording (IVR), an automated voice asking patients the FFT question is available for those without smartphones. The test is available in Easy Read format, child adapted format, large print, and is available in several languages. It is also available online via the trust websites on the Friends and Family webpage.

The Trusts continue to make reasonable adjustments for patients who are unable to complete the FFT via these methods/channels. For instance, paper versions are used by some Trusts for older people with dementia who have difficulty using iPads. And large-print, easy read and braille versions of the FFT are made available for people with visual impairments and people with learning disabilities. Help is also provided by staff to collect information verbally. Most Trust's made translated versions of their FFT available or had plans to implement translated versions in the near future.

The Trusts online FFT forms can be found at these links:

Whittington Health <https://www.whittington.nhs.uk/default.asp?c=11885>

University College London Hospital:
<https://www.uclh.nhs.uk/News/Pages/HowfriendsandfamilyrateUCLH.aspx>

Moorfields Eye Hospital: <http://www.moorfields.nhs.uk/content/friends-and-family-test>

Camden and Islington Foundation Trust: <http://www.candi.nhs.uk/service-users-and-carers/friends-and-family-test>

4.7 **Recommendation 7: That the CCG work with the Council to develop a similar feedback model for public health services**

Currently there is no one single patient feedback process or set of questions that are used as a standard feedback test, similar to the NHS Friends and Family Test, across Public Health commissioned services.

Camden and Islington Public Health (PH) and Islington CCG leads have discussed the appropriateness of using Friends and Family type test for public health services. However, this is not recommended for the following reasons:

- The nature of the PH contracts vary, and the FFT is not applicable in all circumstances
- Benchmarking FFT information is not recommended, instead progress should be tracked for individual providers, and more PH appropriate measures can be developed for this purpose.

The Public Health commissioning team is in the process of introducing standardisation of monitoring across the range of PH services, and user satisfaction measures will be a part of this, as already reported earlier. The PH performance dashboard will capture high level indicators, and work is taking place to identify standard satisfaction indicator that can be collated from all commissioned services.

There is already an established process as part of the standardised contract monitoring approach for collating information on complaints and compliments.

As reported last year FFT information will be available for PH services delivered by NHS Trusts. But as stated, the feedback from this should be considered at individual service level and tracked retrospectively, and should not be benchmarked between services.

5. Implications

5.1. Financial implications

This report provides a number of recommendations affecting various organisations.

There are no financial implications 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.

5.2. Legal Implications

None identified.

5.3. Resident Impact Assessment .

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

of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

Neither the initial screening for a Resident Impact Assessment (RIA) nor a full RIA has been completed, as this is an information report only on work undertaken and thus has no additional resident and/or equalities implications.

5.4. Environmental Implications

None identified

6. Conclusion and reasons for recommendations

The Health and Care Scrutiny Committee is asked to:

- To note the progress on actions being taken forward to address the recommendations of the Health Scrutiny Committee's review of patient feedback mechanisms.

Background papers:

Scrutiny Review – patient feedback draft recommendations

<http://democracy.islington.gov.uk/documents/s4432/Draft%20recommendations%20-%20MK.pdf>

Patient Feedback – Executive Member's response to the Health and Care Scrutiny Committee's Recommendations, November 2015

<http://democracy.islington.gov.uk/documents/s6158/Executive%20members%20response%20to%20patient%20feedback%20scrutiny.pdf>

Final Report Clearance

Signed by



Julie Billett, Director of Public Health

Date 23 Dec. 16

Received by

.....
Head of Democratic Services

.....
Date

Report author: Baljinder Heer-Matiana

Tel: 020 7527 1233

E-mail: baljinder.heer-matiana@islington.gov.uk

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Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	12 January 2017		All

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Report: Quarter 2 Performance Report

1. Synopsis

- 1.1. Each year the council agrees a set of performance indicators and targets which, collectively, help us to monitor progress in delivering corporate priorities and working towards our 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 sets out progress on corporate performance indicators, related to Health and Social Care, over the first half of 2016-17 (i.e. 1 April to 30 September 2016).

2. Recommendations

- 2.1. To note progress to the end of Quarter 2 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, we report 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.
- 3.2. This year, rather than Policy & Performance Scrutiny Committee (PPS) scrutinising all quarterly performance reporting, a new approach has been agreed whereby each of the four theme based scrutiny committees will be responsible for monitoring performance in their own areas.

4. Adult Social Care

Objective	PI No.	Indicator	Frequency	Actual Q2 Apr-Sep	Expected profile Q2	Target 2016-17	On/Off target (compared to profile)	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	689.6	681.8	685.8	Off	597.8	N/A
	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	98.97%	92%	92%	On	84.8%	Yes
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	30.6%	35%	35%	Off	31.7%	No
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	69	58	105	Off	81	Yes
<i>Support carers</i>	ASC5	Carers who say that they have some or all of their needs met (Score out of 12)	A	7.3	N/A	8	N/A	7.3	N/A
<i>Tackle social isolation faced by adult social care users (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	64%	N/A	70%	N/A	64%	N/A

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual

(E) = equalities target

Supporting independent living

- 4.1. 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.
- 4.2. The first, delayed transfers of care from hospital figure for Quarter 2 is 689.6 days, just behind the target of 681.8 days.
- 4.3. Delays at the Whittington, UCLH and St Pancras are monitored daily with a view to finding solutions for patients who are delayed in hospital, with action logs in place and updated regularly. Two extra staff have recently been recruited to the Rapid Response team at UCLH which will help in reducing delays. Senior management have identified a need to focus efforts on reducing delays in patients with mental health needs waiting for placements. Nationally, it is expected that the figure for delayed transfers of care will start to rise as we begin to experience the impact of 'winter pressures' across the NHS.

- 4.4. The Implementation of a new initiative called the Single Health Resilience Early Warning Database (SHREWD) – an electronic monitoring system which allows key information to be shared electronically between health and social care at the point when a patient is ready for discharge from hospital – is progressing well and should be operational by the end of the year. This is a more efficient process than verbal and paper communication between staff involved in a patient's discharge and should help to facilitate the discharge process.
- 4.5. On discharge from hospital, there has been an improvement in the proportion who are supported by our enablement service to return to the community within 91 days. The Quarter 2 figure of 98.97% is better than the expected profiled target of 92% for this quarter and also better than the same period last year (84.8%). However, again, performance may change in the short term because of 'winter pressures' but also because the service will be focussing more on reducing long term dependency on in-house care services.
- 4.6. 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.
- 4.7. The number of service users receiving Direct Payments is slowly increasing, and Islington has a higher proportion of Direct Payments compared to other London boroughs. However, the overall number of service users in receipt of care packages is also increasing. This is as a result of an increase in service users choosing to remain in their own home rather than moving to a residential or nursing placement. 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. In addition service users who go through a reablement service and require ongoing care are offered direct payments rather than brokered service. The majority of our direct payments users are receiving long-term support packages. However, the proportion on Direct Payments has not increased and is below target. All staff have targets in their appraisals to promote and implement direct payments, and there is currently a project in place to shorten the process and increase take-up, given that we are aiming for full implementation of direct payments as the preferred way to deliver support packages.

Admissions into residential or nursing care

- 4.8. 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. In Quarter 2 there were 69 new permanent admissions to residential and nursing care for older adults (aged 65 and over). This was higher than the expected number for this quarter, however this may perhaps be an inaccurate prediction given that the number of new admissions for the same period last year was much higher, 81.
- 4.9. However, there are some issues which are causing a rise in admissions, for example the lack of extra care beds, as well as the challenging expectations of family members and other professionals. In order to address this, Islington is working with

hospitals on initiatives called 'Home First' and 'discharge to assess' in order to agree an approach.

Supporting carers

- 4.10. This is a survey held every two years measuring satisfaction of carers, so new data will not be available until next year. The Care Act puts a duty upon local authorities to meet the needs of carers. The Council has commissioned Age UK to engage and support more carers through the Islington Carers' Hub.
- 4.11. There continue to be challenges in the implementation of the Carers' Assessments across partners. At the request of Adult Social Care, the assessment forms have once again been modified, and roll out of the new forms is underway.
- 4.12. The statutory Carers Survey is currently underway; this survey will enable the Council to assess key quality of life indicators and highlight any issues that we may need to address. The results will be available in January 2017.

Reducing social isolation

- 4.13. This is captured annually in the Adult Social Care Survey and the 2015/16 result is: 64.2%.
- 4.14. Reducing social isolation underpins much of the work commissioned by Adult Social Care. We continue to fund voluntary sector day care provision across the borough and are currently procuring a community enablement service. This service will complement our mainstream reablement provision by providing short-term support to people to help reduce social isolation.
- 4.15. Our learning disability social inclusion service, seeks to reduce social isolation amongst people with learning disabilities by organising a range of leisure and social activities. Our new multi-disciplinary floating support service commenced in July 2016. This service is working with a range of clients to assist them in developing their independent living skills, to maintain their tenancies and to maximise their opportunities to become more socially included.
- 4.16. A number of our commissioned mental health services also help to reduce social isolation, for example through day service provision which encourages social inclusion through various creative group activities such as arts and crafts, cooking, creative writing, music and gardening.

5. Public Health

Objective	PI No	Indicator	Frequency	Q2 Actual Apr-Sep	Q2 Target Apr-Sep	Target 2016-17	On/Off target	Same period last year	Better than last year?
<i>Promote wellbeing in early years</i>	PH1	Proportion of new births that received a health visit within 14 days	Q	94%	90%	90%	On	New indicator	New indicator
	PH2	a) Proportion of children who have received the first dose of MMR vaccine by 2 years old	Q	92%	95%	95%	Off	91%	Better
		b) Proportion of children who have received two doses of MMR vaccine by 5 years old	Q	85%	95%	95%	Off	90%	Worse
<i>Reduce prevalence of smoking</i>	PH3	a) Number of smokers accessing stop smoking services	Q	378	350	1,400	On	580	Worse
		b) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	43%	54%	54%	Off	47%	Worse
<i>Early detection of health risks</i>	PH4	a) Percentage of eligible population (35-74) who have been offered an NHS Health Check	Q	18%	12%	20%	On	15%	Better
		b) Percentage of those invited who take up the offer of an NHS Health Check	Q	42%	66%	66%	Off	58%	Worse
<i>Tackle mental health issues</i>	PH5	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	2,485	2,328	4,655	On	2,708	Worse
		b) Percentage of those entering IAPT treatment who recover	Q	49%	50%	50%	Off	46%	Better
<i>Effective treatment for substance misuse</i>	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	18%	20%	20%	Off	16%	Better
	PH7	Percentage of alcohol users who successfully complete their treatment plan	Q	35%	42%	42%	Off	38%	Worse

Improve Sexual Health	PH8	Proportion of adults newly diagnosed with HIV with a late diagnosis (CD4 count less than 350 cells per mm).	Q	49%	25%	25%	Off	New indicator	New indicator
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Promote wellbeing in early years

- 5.1 The proportion of new births that receive a face-to-face visit from a health visitor within 14 days has exceeded the quarter two and year-to-date targets. The integration of health visiting and early years' services continues to move forward under the transformation of early years services. A review of the Healthy Child Programme is underway to improve programme delivery and data collection.
- 5.2 MMR vaccination of 2 year olds remains above 90% although not yet meeting the target of 95% required for herd immunity. The Islington Childhood Immunisations Steering Group, a joint group of local and national public health and NHS partners, continues to work together to increase immunisations rates. MMR2 coverage for 5 year olds has reduced from 89% in quarter one 2016/17 to 84.5% in quarter two, and from 90% in the same period last year. Islington Childhood Immunisations Steering group is investigating the reduction and in particular whether it reflects problems with data recording and entry, and we will work with local GPs and child health information teams to address any issues identified.

Reduce prevalence of smoking

- 5.3 The number of people accessing stop smoking services exceeded the quarter two target, while the percentage of people using the service who quit (measured at four weeks) is below target at 43%. A new three tier model for smoking cessation support will be launched in April 2017 which local service users have helped to co-design. The new model includes:- online and telephone support; brief interventions and support provided by voluntary and community sector partners and faith groups, alongside GPs and community pharmacy; and clinical support to entrenched smokers. It is anticipated that this shift to a new, more flexible model of service provision will increase the numbers of people accessing quit smoking support locally, as well as increasing service effectiveness.

Effective detection of health risk

- 5.4 Invitations to health checks have continued to exceed targets, at 18% of the eligible population invited to date this year against a target of 12%. However the local uptake rate of health checks is below the national target of 66%, currently at 42%. We continue to work with GPs with a focus on proactive follow up invitations to those who do not take up the offer of an NHS Health Check.
- 5.5 A new health check service model was launched in April 2016, bringing together the community outreach provider and community pharmacy. Performance has increased from quarter one, where efforts were invested in mobilising the new contract. The community outreach provider has been able to further develop local networks, including with VCS organisations, increasing the delivery of health checks among those population groups most likely to benefit from a cardiovascular health check.

Tackle mental health issues

- 5.6 Over 1,300 people entered the Improving Access to Psychological Therapy (IAPT) programme in quarter two, exceeding the quarter and year-to-date targets. The

percentage of those entering IAPT treatment who recover is just short of the nationally set target (50%), at 49%.

- 5.7 In October, Public Health organised an event for World Mental Health Day attended by over 70 delegates from across Islington Council and the VCS. The event focused on the roles and responsibilities that all organisations in Islington have to play in improving mental health and showcased three newly commissioned services providing support to local organisations and the public in helping achieve this. The services include free-to-access Mental Health Awareness training, delivered by Rethink; The Direct Action Project which delivers workshops to promote mental health awareness among young people; and the Manor Gardens Wellbeing Service which supports community mental health champions working with excluded communities.

Effective treatment programmes to tackle substance abuse

- 5.8 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 quarter two target (20%) at 18%. Although off target, this represents a 2% point increase from quarter two last year, with Islington in the top quartile nationally among non-opiate service users successfully completing treatment and not re-presenting within six months.
- 5.9 Quarter two has seen a small decrease in the percentage of alcohol users who successfully completed their treatment plan. This is in part due to a data cleaning exercise undertaken by one of our local providers, necessitated by a national change in the National Drug Treatment Monitoring System's coding. We are working with the service provider to examine the cause and to develop an action plan to improve performance where required to meet targets by the end of the financial year.

Improve sexual health

- 5.10 The proportion of adults newly diagnosed with HIV who are diagnosed at a late stage of infection was above (i.e. off) the quarter two target of 25%. This is a new measure which collects data on all new HIV diagnoses made by Central and North West London NHS Trust's(CNWL) open access sexual health services in Camden and Islington, regardless of service users' usual borough residence. It is based on relatively small numbers, and is therefore prone to fluctuation (with a total of 53 HIV diagnoses within CNWL's open access services to date this year).
- 5.11 CNWL, as the main commissioned provider of open access sexual health services in Islington and Camden, are required to meet a target of offering an HIV test to 97% of sexual health service users at first attendance, with the target uptake rate set at 80%. CNWL is consistently meeting or exceeding this and there is particularly high uptake among men who have sex with men.
- 5.12 CNWL is conducting an audit of late stage HIV diagnoses to build a clearer picture of how this group is presenting. It is understood that a proportion of people with late stage diagnoses reported by CNWL have been referred from inpatient services at UCLH. This follows work between CNWL's HIV and sexual health services and clinical teams within UCLH to increase the offer of routine HIV testing to patients coming into A&E and being admitted to hospital.

5.13 Data on rates of late HIV diagnosis based on Islington's resident's population are only available on an annual basis. New data have recently been published nationally which show that the overall late diagnosis rate in 2013-15 for Islington was 23.7%. This was an improvement on 2012-14 and the third lowest (best) rate in London.

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Final Report Clearance

Signed by Date

Received by Date

HEALTH SCRUTINY COMMITTEE WORK PROGRAMME 2016/17

16 MAY 2016

1. Membership, Terms of Reference and Dates of Meetings
2. Work Programme 2016/17 and prioritisation of scrutiny topics
3. 111/Out of Hours service specification –update from Chair
4. Islington CCG Annual report
5. Margaret Pyle update – Results of consultation/Progress on transformation
6. Health and Wellbeing Board – update

09 JUNE 2016

1. Drug and alcohol misuse – Annual Update
2. Camden and Islington Mental Health Trust Quality Account
3. Scrutiny Review – Health Implications of Damp Properties – witness evidence
4. New Scrutiny topic
5. Work Programme 2016/17
6. Health and Wellbeing Board – update

19 JULY 2016

1. NHS Trust – Whittington Hospital – Performance update
2. Scrutiny Review – Health Implications of Damp Properties – Draft recommendations/Hyde Housing Association
3. Work Programme 2016/17
4. Whittington Hospital – Governance arrangements
5. Healthwatch Annual Report
6. Health and Wellbeing Board – update

22 SEPTEMBER 2016

1. London Ambulance Service – Performance update
2. Scrutiny Review – Effectiveness of IAP – Presentation and SID
3. Annual Adults Safeguarding report
4. Work Programme 2016/17
5. Health and Wellbeing Board – update
6. Scrutiny Review – Health implications of Damp Properties – Final report

17 NOVEMBER 2016

1. Scrutiny Review – New Topic – witness evidence
2. Health and Well Being Board – update
3. Work Programme 2016/17
4. Performance statistics
5. Healthwatch work programme
6. Health and Wellbeing Strategy
7. Presentation Executive Member Health and Social Care

12 JANUARY 2017

1. NHS Trust – UCLH – Performance update
2. Scrutiny Review – New topic – Witness evidence
3. Work Programme 2015/16
4. Health and Wellbeing Board – update
5. Scrutiny Review – 12 month progress report – Patient Feedback
6. Performance statistics

06 MARCH 2017

1. Scrutiny Review – New topic– witness evidence
2. NHS Trust – Moorfields – Performance update

3. Work Programme 2015/16
4. Health and Wellbeing Board – update
5. Whittington Estates Strategy
6. Drug and Alcohol Strategy

22 MAY 2017

1. Scrutiny Review – New topic– witness evidence
2. Work Programme 2016/17
3. Health and Wellbeing Board – update
4. Scrutiny Review – Topics 2017/18
5. Membership, Terms of Reference etc.
6. Strategy for Alcohol and Substance misuse – Effectiveness (requested at 17 November meeting)
7. Performance statistics

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