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**AGENDA FOR THE EXECUTIVE**

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Members of the Executive are summoned to attend a meeting to be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on **23 November 2017 at 7.00 pm.**

**Lesley Seary**  
**Chief Executive**

Enquiries to : Philippa Green  
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Despatched : 15 November 2017

**Membership**

Councillor Richard Watts  
Councillor Janet Burgess MBE  
Councillor Joe Caluori  
Councillor Kaya Comer-Schwartz  
Councillor Andy Hull

Councillor Asima Shaikh  
Councillor Diarmaid Ward  
Councillor Claudia Webbe

**Portfolio**

Leader of the Council  
Executive Member Health and Social Care  
Executive Member Children, Young People and Families  
Executive Member for Community Development  
Executive Member Finance, Performance and Community Safety  
Executive Member for Economic Development  
Executive Member for Housing and Development  
Executive Member for Environment and Transport

**Quorum is 4 Councillors**

**Please note**

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

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



### **Declarations of interest:**

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

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

- \***(a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.
- (b) Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) Land** - Any beneficial interest in land which is within the council's area.
- (e) Licences**- Any licence to occupy land in the council's area for a month or longer.
- (f) Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

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

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

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| <b>G.</b> | <b>Urgent non-exempt matters</b>  |             |
|           | Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.                      |             |
| <b>H.</b> | <b>Exclusion of press and public</b>  |             |
|           | To consider whether to exclude the press and public during discussion of the remaining items on the agenda, in view of their confidential nature, in accordance with Schedule 12A of the Local Government Act 1972. |             |
| <b>I.</b> | <b>Confidential / exempt items for information</b>  |             |
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**J. Urgent Exempt Matters**

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

The next meeting of the Executive will be on 4 January 2018

# Agenda Item 3

London Borough of Islington

**Executive - 19 October 2017**

Minutes of the meeting of the Executive held at Committee Room 4, Town Hall, Upper Street, N1 2UD on 19 October 2017 at 7.00 pm.

**Present:**                      **Councillors:**    Watts, Burgess, Comer-Schwartz, Hull, Ward and Webbe

**Councillor Richard Watts in the Chair**

**442      APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Caluori and Shaikh.

**443      DECLARATIONS OF INTEREST**

None.

**444      MINUTES OF PREVIOUS MEETING**

**RESOLVED:**

That the Minutes of the meeting on 28 September be confirmed as a correct record and the Chair be authorised to sign them.

**445      FINANCIAL POSITION AS AT 31 AUGUST 2017**

**RESOLVED:**

- 1.1.    That the forecast revenue outturn for the General Fund (Table 1 of the report) of a gross overspend of £9.6m, including corporate items (Paragraph 3.1 of the report) be noted.
- 1.2.    That the actions to reduce the forecast gross General Fund overspend, and that any remaining overspend at year-end will be covered by drawing down from the corporate contingency budget in the first instance (Section 4, Paragraph 3.2 and Table 2 of the report) be noted.
- 1.3.    That the breakdown of the forecast General Fund outturn by key variance at Appendix 1 of the report and by directorate at Appendix 2 of the report be noted.
- 1.4.    That the HRA forecast is a break-even position (Section 5, Table 1 of the report) be noted.

- 1.5. That the latest capital position with forecast capital expenditure of £124.6m in 2017-18 (Section 6, Table 3 and Appendix 3 of the report) be noted.

Reason for decision – to allow members to monitor the budget.

Other options considered – none other than as specified in the report.

Conflicts of interest/dispensations granted – none.

**446 IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES SCRUTINY -  
RECOMMENDATIONS FROM THE HEALTH AND CARE SCRUTINY COMMITTEE**

This item was deferred to the Executive meeting on 23 November 2017.

**447 PROVIDING CYCLE HANGARS AS AN ICO SERVICE**

**RESOLVED:**

- 1.1 That it be agreed that iCo Articles of Association 3.5 be amended, as set out in paragraph 3.3 of the report.
- 2.2 That it be agreed that the appended special resolution giving effect to the decision be signed and submitted to Companies House.

Reason for decision – to provide cycle hangars for residents and to allow the service to trade through iCo,

Other options considered – none other than as specified in the report.

Conflicts of interest/dispensations granted – Councillor Webbe declared a non-pecuniary interest as a member of the iCo Board.

**448 APPROVAL OF LOCAL IMPLEMENTATION PLAN (LIP), CYCLING AND BUS  
PRIORITY PROGRAMMES**

**RESOLVED:**

- 1.1 That the proposed programmes and bids for the interim Local Implementation Plan Delivery Plan 2018/19, and the Cycle Improvement Programme 2018/19 be agreed.
- 1.2 That authority be delegated to the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Environment and Transport, to prepare the Islington Bus Priority Programme for 2018/19 for agreement with Transport for London be agreed.
- 1.3 That authority be delegated to the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Environment and Transport, to make any necessary changes to these programmes be agreed.

Reason for decision – to approve the bids to Transport for London for funding for priority transport, public realm and cycling improvements.

Other options considered – none other than as specified in the report.

Conflicts of interest/dispensations granted – none.

**449**      **CONTRACT AWARD FOR THE TRANSFORMATION OF SUBSTANCE MISUSE SERVICES - ISLINGTON INTEGRATED DRUG AND ALCOHOL RECOVERY SERVICE**

**RESOLVED:**

- 1.1      That the award of the contract to Camden and Islington NHS Foundation Trust for a period of five (5) years with options to extend up to a further four (4) years in two (2) x two (2) year periods be agreed.
- 1.2      That the contract will commence on 1 April 2018 and that the proposed annual contract value for the new integrated adult substance misuse treatment service is £4,750,000 be noted.

Reason for decision – To deliver improvements to service users and their families.  
Other options considered – none other than as specified in the report.  
Conflicts of interest/dispensations granted – none.

**450**      **CONTRACT AWARD FOR THE TRANSFORMATION OF SUBSTANCE MISUSE SERVICES**

That the information in the exempt appendix to Agenda item E8 be noted (see Minute 449 for decision).

**451**      **PROVIDING CYCLE HANGARS AS AN ICO SERVICE - EXEMPT APPENDIX**

That the information in the exempt appendix to Agenda item D6 be noted (see Minute 447 for decision).

MEETING CLOSED AT 7.09 pm

CHAIR

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Housing and Adult Social  
Services  
222 Upper Street  
London N1 1XR

## Report of: Executive Member for Health & Social Care

| Meeting of: | Date             | Ward(s) |
|-------------|------------------|---------|
| Executive   | 23 November 2017 | All     |

|                       |            |  |
|-----------------------|------------|--|
| Delete as appropriate | Non-Exempt |  |
|-----------------------|------------|--|

## SUBJECT: Annual reports on Islington Council partnerships with NHS bodies

### 1. Synopsis

- 1.1 Islington Council has a long and successful history of working in partnership. The rationale for the joint commissioning of health and social care services is to produce better outcomes for vulnerable Islington residents than could be achieved by the council and health services alone. This report refers to partnership agreements Islington Council holds with Islington CCG, Camden and Islington Foundation Trust and Whittington Health Foundation Trust via Section 75 agreements (National Health Service Act 2006) and the Better Care Fund.

Children and Adults Joint Commissioning supports the delivery of the Health and wellbeing priorities:

- Ensuring that every child has the best start in life
- Preventing and managing long term conditions to extend both length and quality of life, and to reduce health inequalities
- Improving mental health and wellbeing and
- Delivering high quality, efficient services within the resources available.

There are three key drivers:

1. Ensuring that effective care and support for vulnerable people, who often need support from more than one service, is integrated and well co-ordinated
2. Value (outcome over cost) can be produced for the council and the CCG, by investing in 'pooled' budgets, managed by a joint commissioning management structure.
3. Sustainable services are more likely when services work well together. The NHS and

Islington Council face rising demand, growing expectations and increasing financial constraint. By developing and using joint commissioning levers, more sustainable delivery models can be developed.

This report will describe the main service developments for Children's and Adult's Services, as well as the Better Care Fund and provide assurance on the value produced by the pooled budgets and the joint commissioning arrangements in 2016-17.

## **2. Recommendations**

- 2.1 To note the contents of the report and appendices.
- 2.2 To note the Joint Commissioning Strategy for 2017-20 set out in Appendix 4.
- 2.3 To note that the S75 Partnership arrangements are working well.

## **3. Background**

### **3.1 S75 Agreement and Better Care Fund between Islington Council and Islington CCG.**

During the financial year ending 31 March 2017, six adult pooled budgets were in operation between Islington Council and Islington CCG and hosted by the council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care Fund.

Integrated workforce arrangements, through the Adult Strategy & Commissioning department, ensure that there is a joined up approach to health and care across all commissioned services, including those not funded through pooled budgets.

During 2016 arrangements for the Haringey and Islington Wellbeing Partnership were developed and the agreement was signed in early 2017. This arrangement will facilitate closer working arrangements between Haringey and Islington Councils, the Clinical Commissioning Groups and the Whittington Health NHS Trust, with a view to establishing an Accountable Care System. Work continues in the Wellbeing Partnership, which now has a designated Director in the CCG, to develop that partnership and the infrastructure needed to bring system wide integration.

### **3.2 Older People and Mental Health Care of Older People**

This pool provides a funding contribution to two care homes with nursing, Highbury New Park and Muriel Street, which specialise in the provision of nursing care for older people with dementia and mental health ill health.

During 2016-17 our focus has been on developing:

- A more skilled qualified and unqualified workforce in care homes. The Community Education Provider Network (CEPN) has a particular focus on care homes and a number of staff within the homes are engaged in cross sector training, particularly with respect to the Health Education England Funded Care Certificate. There are continued efforts to engage the care homes and social care providers in integrating the workforce within the local health and social care system.
- The utilisation of secondary sector training to deliver extended clinical skills in support of Advance Care Planning and Treatment Escalation Plans.
- A more robust activities coordinator forum to progress new and innovative ideas around activities in care home environments.

Islington's model of care and support to care homes compares well with care homes in the national Vanguard sites in that each care home has a named GP and receives on-going and regular input from a specialist multi-disciplinary team.

### 3.3 Intermediate Care and Rehabilitation

Intermediate care is a priority area for the CCG and the council. The pooled budget invests in a range of integrated services to help people avoid going into hospital unnecessarily, help people to be as independent as possible after a stay in hospital, and to prevent people from having to move into a residential home until they really need to.

Throughout 2016-17 Islington Council and Islington Clinical Commissioning Group jointly funded a variety of 'at home' and 'bed based' clinical rehabilitation services as well as reablement services. Home Based Intermediate care has reduced the average length of stay in hospital from 61 days to 47 days and has exceeded the waiting time target of six weeks; patients are currently being seen within 23 days. A single point of access was set up for bed based intermediate care to manage referrals into which has led to the following benefits:

- patients are more likely to be placed in the most appropriate bed to meet their needs
- bed capacity has been maximised with greater utilisation of the community beds and fewer waits for the inpatient beds
- health related delayed transfers of care have reduced

Given the similarities in population demographics and existing intermediate care models, 2017/18 will focus on improving joint working between Islington and Haringey's intermediate care pathway as part of the Wellbeing Partnership. This should realise benefits for residents in both boroughs and create an opportunity to develop a simpler, more comprehensive pathway that has sufficient scale and flexibility to meet a broad spectrum of patient needs.

### 3.4 Mental Health

Accommodation services for people with long term mental health conditions were reviewed in 2016/17, delivering improvements in quality and efficiency. The improvements included increased support to residents in residential care and greater step down from supported accommodation into more independent living.

### 3.5 Learning Disability and Autism

The Islington Learning Disabilities Partnership (ILDPA), provided by London Borough of Islington, Camden & Islington NHS Foundation Trust (C&IFT) and Whittington Health NHS Trust, provides holistic support to young people and adults with a diagnosis of global learning disabilities. Learning disabilities is undergoing a programme of developments to improve the quality of services while meeting demographic pressures and savings requirements. ILDPA is experiencing demographic pressures, estimated to be £1.8m in 2016/17. A significant part of this is an increase in complexity of need and an increase in the number of people with learning disabilities in need of continuing health care.

The Islington Autism Project (IAP) was launched in October 2016 - the team, consisting of one senior practitioner and one support worker, has a specific remit around supporting people with autism who don't have a learning disability and reviewing how we can sustainably meet the needs of this cohort going forward. This has contributed to the development of an Islington Partnership Board reviewing and considering how we can better support people with autism.

Transforming Care is the programme of work initiated in the aftermath of the abuse exposed at the Winterbourne View Hospital in 2011. It relates to people with learning disabilities and/or autism who also have challenging behaviours and/or a mental health condition, focussing on ensuring they are not inappropriately admitted to specialist hospital care and are supported in our communities wherever possible. The Transforming Care programme remains one of NHS England's key priorities.

Our strategic actions focus on ensuring that we support this population with effective community services that promote their independence and well-being and reduce the risk of hospital

admission. Much of this work is being planned at a North London Partners (NLP) level which is our Transforming Care Partnership (TCP).

### 3.6 Carers

Islington Carers' Hub (ICH) is the main commissioned service for carers and is a one stop shop for all carers advice, information and support. It has continued to identify, support and advise carers in Islington through partnership work with a variety of organisations.

The ICH has also recently been given access to the Council's Adult Social Care information system, LAS. This will allow for more fluid and timely completion of Carers Assessments reducing backlogs and delays to assessments and support.

### 3.7 Children's Health Commissioning

Whilst there are no pooled budgets in children services, the Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

The Children's Health Commissioning Team leads on the Children's Integrated Care Programme. Key projects that supported this in 16/17 were:

- The asthma friendly school nurse programme to all schools in Islington
- Children's Nurses in Primary Care to improve health and wellbeing outcomes for children with certain long term conditions. Over 213 children were seen by the service in 16/17.
- Hospital @ Home: Hospital @ Home enables acutely unwell children, who would otherwise be treated in hospital, to have their care managed at home.

Islington CCG has also become a second phase early adopter site for Integrated Personal Commissioning (IPC). IPC is the next step along from personal health budgets, enabling greater choice and control through the joining up of budgets from health, social care and, where relevant, education.

### 3.8 Better Care Fund

The Better Care Fund is a national initiative aimed at supporting health and care transformation and integration. In Islington, the Better Care Fund has been seen as an opportunity to extend the established culture of integrated working.

Islington now has a full programme of 12 Integrated Networks which cover 94% of GP practices across the borough. The aim of the Networks is to identify and put in wrap around care plans/packages, for the most complex and vulnerable people in the community, enabling:

- Rapid response
- Co-ordinated care for those most in need (through integrated health and care teams)
- Prevention and early intervention
- Proactive, long term care

The Health Navigators Service provides Islington's main link to social prescribing and signposts to the many other voluntary services in the borough as well as to statutory services. The Navigators attend the Integrated Networks as core members of the team and undertake case management in order to support some of the most vulnerable and high risk patients to improve their health and wellbeing. They have a strong focus on working with socially isolated individuals.

Islington is an early adopter of Integrated Personal Commissioning and Personalised Health Budgets (IPC). This is a national programme which aims to improve quality of life for people with complex care needs by empowering them to have more control over their care. As an IPC 'early adopter', Islington has stretching targets to introduce personal health budgets, including integrated health and social care budgets, for people with multiple long term conditions and learning

disabilities.

#### **4. S75 Agreement between Islington Council and Camden and Islington Foundation Trust**

- 4.1 The services covered by the partnership agreement include a range of multi-disciplinary community based mental health and substance misuse teams that provide integrated, holistic care. The services and functions covered by the partnership agreement include:
- Assessment and care management
  - Provision of care and support packages which may include residential or nursing home placements, community support care packages and Self Directed Support through the use of Direct Payments.
  - Provision of Personal Budgets
  - Provision of day activities for adults and older people to support their personal outcomes
  - Provision of multi-disciplinary community support teams
  - Provision of Safeguarding responsibilities and Mental Health Act and Mental Capacity Act assessments and care under this legislation.

There were some issues with data quality in 16/17 as the Trust moved to a new case management system.

In June 2016 the Trust had a comprehensive CQC inspection. A number of areas were found to require improvement including that of Safeguarding and Health Based Places of Safety (HBPS) based at local A&E departments and the Trust has taken concerted improvement action in these areas. Safeguarding training levels are now fully compliant. A recent themed CQC inspection in September 2017 of HBPS demonstrated clear improvements to the services being provided; publication of the report is awaited. The trust has a comprehensive CQC inspection planned in December 2017.

During 2016/17 there has been a continued increase in activity for the Approved Mental Health Professional service, which provides social care assessments and care plans for individuals who are to be detained under the Mental Health Act.

The Trust is currently working in partnership with the Council to deliver a social care review, focusing on improving how we support social workers in their roles and delivering our responsibilities under the Care Act. The Trust has implemented the triangle of care to improve carer engagement and the conclusion of the rehabilitation pathway review will be key for 2017/18.

#### **5. S75 Agreement between Islington Council and Whittington Health Foundation Trust**

- 5.1 Collaboration between Whittington Health and Islington continues in the following areas:
- Integration in line with healthcare priorities such as Integrated Networks
  - Development of discharge to assess pathways
  - Retain co-location between health and social care staff in the community setting
  - Integrate team meetings across community health and social care
  - Ongoing work on admissions avoidance
  - Growth in the use of Enhanced Telecare services

Islington continues to perform well in maintaining a low number of Delayed Transfers of Care (delays to people leaving hospital) when benchmarked with other authorities and has consistently been a high performing authority in London for the past 5 years. Performance has improved slightly in 2016-17 from 7.2 to 7.0 delayed transfers of care per 100,000 of the population. This is significantly lower than the London average of 7.8 delays per 100,000 of the population, and the England average of 12.1 delays per 100,000 of the population.

Evidence shows that older people 'decompensate' and lose their independence during an extended hospital stay. The Specialised Therapy and Rapid Treatment Team (START) screen all patients who require therapy interventions within 12 hours of admission. The assessment will

determine the needs of the person to see if they can be supported to return home safely, significantly reducing the time the person is in hospital, thus reducing the risk of decompensation and hospital acquired infection.

The Enhanced Telecare team continue to provide support focussed on keeping Islington residents safer and more independent at home. Telecare is available to residents in private dwellings, as well as people living in supported accommodation and sheltered schemes and assists on-site staff to manage their residents' needs and keep people independent for longer.

In 2017/18 Islington is committed to further cementing telecare as a central part of our universal preventive offer. We have streamlined the referral process for enhanced telecare services, removing the requirement for a full social care assessment to trigger access to the service in line with the principles of the Care Act. To support and embed this process change, a mainstreaming training programme will be delivered in Autumn 2017 to ensure staff across adult social services are confident in using the new referral process and understand telecare's role as a universal preventive service for all residents who would benefit from the support it offers.

Discharge to Assess is a new approach to hospital discharges which supports people who are medically ready to be discharged from hospital to get home more quickly by having their social care needs assessed at home rather than on the ward. Since July 2017 Discharge to Assess has been piloted on a small scale for residents living in Islington through a partnership with The Whittington Hospital, University College London Hospital (UCLH) and Islington Adult Social Services. Work is underway to expand this pilot and to implement a full delivery model.

## **6. Implications**

### **6.1 Financial implications:**

There are no direct financial implications from this report.

Any financial implications arising need to be considered and agreed as necessary by the Council and/or the Clinical Commissioning Group (CCG).

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 or the Clinical Commissioning Group (CCG).

### **6.2 Legal Implications:**

Section 75 of the National Health Service Act 2006 provides powers for the Islington Clinical Commissioning Group (the CCG) to exercise specified local authority functions and for the council to exercise specified functions of the CCG. A partnership agreement pursuant to section 75 has been established between the CCG and the council setting out the respective aims and obligations of the partners. Governance arrangements relating to the partnership agreement are set out within the terms of the partnership agreement.

The council's constitution requires the Executive:

- To be responsible for the regular monitoring of joint commissioning arrangements and joint management of services in relation to adult social care services (Responsibility for functions, council Constitution, Part 3, paragraph 4.6(i)).
- To act on the Council's behalf in any joint governance arrangements for the delivery or commissioning of children's and community care services with the National Health Service (Responsibility for functions, council Constitution, Part 3, paragraph 4.2(i)).

### **6.3 Environmental Implications**

There are no environmental implications

### **6.4 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 the activities in this report seek to advance equality of opportunity, to minimise disadvantages and meet needs in particular for disabled persons' and encourage people to participate in public life.

## 6.5 Reasons for the recommendations / decision:

Report is for assurance and note only.

### Appendices:

- Appendix 1: Annual Report on the Partnership between Islington Council and Islington NHS Clinical Commissioning Group, 2016-17
- Appendix 2: Annual Report 2016-17, Mental Health and Substance Misuse Partnership Agreement, London Borough of Islington and Camden and Islington NHS Foundation Trust
- Appendix 3: Report on Section 75 (National Health Service Act 2006) Partnership Working between London Borough of Islington and Whittington Health NHS Trust
- Appendix 4: Islington Council and Clinical Commissioning Group Adult Joint Commissioning Strategy 2017-2020

**Background papers:** None

Final report clearance:

### Signed by:

*Janet Burgess*

8 November 2017

Executive Member, Health and Social Care

Date

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## APPENDIX 1

**Annual Report on the Partnership between Islington Council and  
Islington NHS Clinical Commissioning Group, 2016-17****1. Synopsis**

- 1.1** Islington Council and the NHS in Islington have a long and successful history of working in partnership. The rationale for the joint commissioning of health and social care services is to produce better outcomes for vulnerable Islington residents than could be achieved by the Council and the Clinical Commissioning Group (CCG) alone.

This report refers to the partnership agreement between Islington Council and Islington CCG via a Section 75 agreement (National Health Service Act 2006).

Islington Council is signed up to other Section 75 Agreements with Whittington Health and Camden & Islington Foundation Trust. This report does not cover those, but rather the agreement to jointly commission services with Islington CCG.

- 1.2** Children and Adults Joint Commissioning supports the delivery of the Health and wellbeing priorities:

- Ensuring every child has the best start in life,
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
- Improving mental health and wellbeing, and
- Delivering high quality, efficient services within the resources available.

There are three key drivers:

1. *Effective* care and support for vulnerable people, who often need support from more than one service, is integrated and well-co-ordinated
2. *Value* (outcome over cost), can be produced, for the Council and the CCG, by pooling investment in 'pooled' budgets, managed by a joint commissioning management structure. Gaps or weaknesses in one part of the system of services, often affects services in another part.

3. *Sustainable* services are more likely when services work well together. The NHS and Islington Council face rising demand, growing expectations and increasing financial constraint. By developing and using joint commissioning levers, more sustainable delivery models can be developed.

- 1.3 This report will describe the main service developments for Children's and Adult's Services, as well as the Better Care Fund and provide assurance on the value produced by the pooled budgets and the joint commissioning arrangements in 2016-17.

## 2. Recommendations

- 2.1 This report is primarily for assurance.  
It is recommended that Islington Council and Islington Clinical Commissioning Group note this report.

## 3. Adult Services

### 3.1 Pooled Budgets

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a 'pooled' fund.

During the financial year ending 31 March 2017, six adult pooled budgets were in operation between Islington Council and Islington CCG, and hosted by the Council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care Fund. The breakdown of contributions is in appendix 1.

The summary revenue position for 2016-17 is shown below.

**Table 1: 2016-17 Islington Council and Islington CCG Pooled budget summary table**

| Section 75 agreement                         | 2016/17 Gross Budget (£) | 2016/17 Outturn (£) | 2016/17 Actual Variance (£) | LBI (£)          | NHS (£)        |
|--|--------------------------|---------------------|-----------------------------|------------------|----------------|
| Intermediate Care (Delayed Transfer of Care) | 6,795,100                | 6,702,582           | (92,518)                    | (49,960)         | (42,588)       |
| Learning Disabilities                        | 29,279,000               | 31,171,624          | 1,379,624                   | 1,209,930        | 169,694        |
| Mental Health Commissioning                  | 4,634,000                | 4,634,000           | 0                           | 0                | 0              |
| Carers Pooled Fund                           | 1,055,300                | 960,889             | (94,411)                    | (85,914)         | (8,497)        |
| Mental Health Care of Older People (MHCOP)   | 5,655,960                | 5,655,960           | 0                           | 0                | 0              |
| Better Care Fund*                            | 17,096,000               | 15,896,000          | (1,200,000)                 | 0                | 0              |
| <b>Gross Expenditure</b>                     | <b>65,690,700</b>        | <b>65,624,885</b>   | <b>(7,305)</b>              | <b>1,074,057</b> | <b>118,638</b> |

\*Total BCF fund is £18.411m. Funding streams of £1.2m, £95k and £1.020m are included directly in Intermediate Care, Carers and Learning Disabilities respectively.

### 3.2 Adult Joint Commissioning

In addition to the pooled budgets integrated workforce arrangements, through the Adult Strategy & Commissioning department, ensure that there is a joined up approach to health and care across all commissioned services, including those not funded through pooled budgets.

London Borough of Islington made changes to the Adult Commissioning structure at a senior level with the recruitment of a Service Director, Adult Social Care Strategy & Commissioning, providing leadership for Joint Commissioning at the Council.

During 2016 arrangements for the Haringey and Islington Well Being Partnership were developed with the signing of the partnership agreement in early 2017. This arrangement will facilitate closer working arrangements between Haringey and Islington Local Authorities, Clinical Commissioning Groups and Whittington Health Foundation Trust, with a view to establishing an Accountable Care System. Work continues in the Well Being Partnership, which now has a designated Director in the CCG to develop that partnership and the infrastructure needed to bring system wide integration.

The Sustainability and Transformation Plan for North Central London was published and a central CCG Executive Team created for the five CCGs (Islington, Camden, Barnet, Enfield and Haringey). This development of a joint Executives Team for Islington and Haringey with one Chief Operating Officer and joint structure at Director level. These initiatives will help Islington and Haringey, and other partners in North London to transform services for local residents focusing on integration, care closer to home and reducing inefficient use of hospital based services.

Nevertheless it is recognised that all things cannot be done at a North London (STP) level, or even Haringey and Islington level. As such local joint commissioning structures and initiatives for Islington are a valued demonstration of efficient seamless working; one which is regarded as a model to emulate among other partners.

Islington CCG and the Council remain committed to the Islington Joint Commissioning function and team. There are no plans to bring this function closer together with Haringey Council and CCG at present, although parties remain committed to the Haringey and Islington Well Being Partnership and continue to work together to achieve the aims of the Partnership.

#### **4. Review of Adult Service Developments**

##### **4.1 Older People and Mental Health Care of Older People**

This pool provides a funding contribution to two care homes with nursing: Highbury New Park and Muriel Street which specialise in the provision of nursing care for older people with dementia and mental health ill health. Both homes are provided by Care UK. They work to:

- support local hospitals avoid and delay hospital admissions
- avoid delayed transfers of care, and
- provide good quality care in the community following discharge from hospital.

All care homes in Islington equating to a total of 437 beds are registered to deliver nursing care. The threshold for nursing care continues to shift with nursing homes delivering care to residents with increasingly complex conditions and a greater range of co-morbidities. The contribution the homes make with support from wider multi-disciplinary teams (MDT's) to reduce hospital admissions and avoidance is well acknowledged.

A Lead Nurse is located within the joint commissioning team and supports partnership working into and across all care homes by co-ordinating support from Social Care, Continuing Healthcare, GP's, the Integrated Care Ageing Team (ICAT) and MDT's.

The homes, with support from the Lead Nurse and input from the wider MDT's have been working towards improvements into the identified areas. The embedding and sustainment of improvement has been particularly challenging at the Muriel Street home due to the absence of clinical leadership and appropriate internal infrastructure.

Both Muriel Street and Highbury New Park have had been subject to Care Quality Commission (CQC) inspections over this period. The CQC also conducted a focussed inspection on Muriel Street in September and October 2016. These inspections noted significant shortfalls in the care provision and

identified a number of breaches related to the following:

- infection control;
- monitoring of staff to ensure they remained fit to carry out their roles;
- staffing and person centred care.

Following the recruitment of a new home manager in November 2016, there has been rapid progress made with respect to addressing concerns raised by the CQC, Council and CCG. A full CQC inspection was conducted in March 2017 and though the overall outcome states that the home continues to require improvements, the findings demonstrated improvement in all five inspection domains. Critically, all previous breaches had been addressed appropriately. Commissioners are more confident that the homes' current leadership (Home Manager and the Clinical Lead) will be able to sustain the improvements made.

Highbury New Park was inspected by the CQC in May 2017 and assessed to be fully compliant in all the inspection areas, receiving an overall rating of "Good". Positively, the home has been successful in retaining its Good rating for the last two years.

As a result of the quality monitoring, a number of quality improvement initiatives were implemented over 2016-17. These initiatives were developed in part to address gaps in the delivery of effective and safe care, but primarily to continue to improve the experience of residents in the homes.

During 2016-17 our focus has been on developing:

- A more skilled qualified and unqualified workforce in care homes. The Community Education Provider Network (CEPN) has a particular focus on care homes and a number of staff within the homes are engaged in cross sector training, particular with respect to the Health Education England Funded Care Certificate. There are continued efforts to engage the care homes and social care providers in integrating the workforce within the local health and social care system.
- The utilisation of secondary sector training to deliver extended clinical skills in support of Advance Care Planning and Treatment Escalation Plans.
- A more robust activities coordinator forum to progress new and innovative ideas around activities in care home environments.

Islington's model of care and support to care homes compares well with care homes in the national Vanguard sites in that each care home has a named GP and receives on-going and regular input from a specialist multi-disciplinary team.

As noted in the previous annual report, recruitment and retention remains an area of concern across all health and care sectors. This has impacted to a higher degree on the Islington care homes. The disparity in pay structures has meant that the homes have struggled to compete for high calibre staff and are therefore heavily reliant on agency nursing staff.

In their efforts to address this, care homes have introduced a number of actions, including structured induction to minimise the risks associated with temporary nursing and the use of the same bank staff to ensure a degree of care continuity. This is in addition to the ongoing support from the wider multidisciplinary teams, including the Integrated Care Ageing Team. The additional support has been essential to sustain improvements particularly around clinical care and hospital avoidance.

Additionally, the Dysphagia Pilot Project which included the training of over 500 care staff across the care homes in competency based training and education programmes in preventing aspiration pneumonia has resulted in reduced hospital admissions.

Currently, these care homes have permanent home managers in post and clinical leads. This has enabled the development of positive working relationships with the GP and the wider MDT to manage the increasingly frail and complex residents and support the sustainability of the training and input being provided to the homes.

## **Dementia support**

Dementia remains a priority area for Islington Council and the CCG. Whilst diagnosis rates remain high when compared to national rates, we want to ensure that people with dementia access support services as early as possible post diagnosis rather than when they are in crisis. Care home providers are making continuous progress with the management of residents with dementia. The care home organisations have internal strategies, with specific dementia leads in post who lead on training and developing care delivery and implementing best practice.

Notably, Highbury New Park has been involved in the University College London Partnership (UCLP) dementia training and this has had a positive impact on the quality of care delivered by the home. As some parts of the dementia service pathway may be more effective than others, we will continue to review the efficacy of dementia services

Whittington Health recently had funding agreed for a Dementia Nurse Specialist. It is envisaged that the Specialist Nurse will work closely with the Lead Nurse to ensure that commissioned care homes are fully engaged in the ongoing development and improvement of dementia care.

Commissioned care homes continue to receive support to work towards the vision outlined in the NHS 5 Year Forward Plan with particular emphasis on treating people in a safe environment, protecting them from avoidable harm and helping people to recover from episodes of ill health or following injury.

### **Areas of further development**

A number of actions will be progressed over 2017/18 including:

- bespoke staff training for areas identified in action plans, for example: on site falls training, pressure ulcer prevention and grading classification training, and continence management training. This includes access to training provided by the secondary care sector;
- implementation of NICE guidance NG27 (2015) and piloting an integrated Care pathway to establish a Hospital Transfer Pathway 'Red bag' initiative between acute and care homes setting;
- roll out of student nurse placements following evaluation of current placements and the development of a learning environment for other learners;
- increased uptake of facilitated clinical supervision with all homes participating by the late 2017;
- establishment of Clinical Incidents Learning workshops across all care homes to facilitate shared learning and continuous improvement;
- review of the falls pathway, including falls prevention, across Islington led by the CCG and LBI Commissioners with support from Public Health and providers;
- as part of the winter planning supported by the NHS England guidance, initial discussions have commenced on mechanisms required to implement the 'Trusted Assessor model' aimed to improve hospital discharge into the care sector;
- an emphasis on forward planning and linking 7 day discharges with the Trusted Assessor model to support more effective discharges to the care homes on weekends
- use of 111/Ambulance Call out being progressed through the Home Manager Clinical Care Improvement Group (HMCCIG) forum;
- ensuring the 'Are You Concerned About a Resident' guidance is introduced fully and applied consistently across care homes;
- homes refer to and follow directives in the Anticipatory Care Plan/Treatment Escalation Plan and/or Advance Care Plan in place and take the required actions prior to ambulance call outs;
- exploring the feasibility of reviewing care home contract key performance indicators to ensure they reflect health and social care priorities, can be more accurately measured and to enable better national benchmarking.

## **4.2 Intermediate Care and Rehabilitation**

Intermediate care is a priority area for the CCG and the Council. The pooled budget invests in a range of integrated services to help people avoid going into hospital unnecessarily, help people to be as independent as possible after a stay in hospital, and to prevent people from having to move into a residential home until they really need to.

Throughout 2016-17 Islington Council and Islington Clinical Commissioning Group jointly funded a

variety of 'at home' and 'bed based' clinical rehabilitation services as well as reablement services including:

| Service category                        | Service                      | Provider                                | Description & Skill set   |
|---|------------------------------|---|---|
| <b>Crisis response (Rapid Response)</b> | Rapid Home Care              | LB Islington                            | Domiciliary Care service that can be "turned on" by the acute hospital and delivered for a maximum of 3 days.                   |
| <b>Home based Intermediate Care</b>     | REACH home based             | Whittington Health                      | Home based multi-disciplinary therapy including physiotherapy, occupational therapy, and nursing                                |
| <b>Bed based Intermediate Care</b>      | REACH bed based Therapy Team | Whittington Health                      | Bed based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing supporting Mildmay and St Anne's |
|   | St Pancras Rehab Unit        | CNWL NHS Trust                          | 21 inpatient rehabilitation beds  |
|   | St Anne's Nursing Home       | Forest Healthcare                       | 10 rehabilitation beds in a nursing home setting  |
|   | Mildmay                      | Notting Hill House Trust                | 12 rehabilitation beds in an extra care sheltered setting   |
| <b>Reablement</b>                       | Community Enablement         | Age UK                                  | Short term interventions to increase independence and wellbeing for Islington residents 55 years and older                      |
|   | In-house Reablement service  | LB Islington                            | Reablement care to people in their own homes for a period of up to 6 weeks  |
|   | Mental Health Reablement     | Camden & Islington NHS Foundation Trust | Short term interventions to prevent hospital admissions and facilitate safe and timely discharge from inpatient services.       |

### Home Based Intermediate Care

REACH provide home based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing. They also support the bed based providers, screening referrals from both acute and community settings. There have been significant improvements in the last financial year. During the year they managed to reduce their length of stay from 61 days (Last FY) to an average of 47 days which helps with the flow of patients through the unit. In addition they are exceeding their waiting time target of six weeks; currently achieving seeing patients within 23 days.

### Intermediate Bed Based Care

Intermediate bed based care is provided at three sites, and has continued to play a key role throughout the year in supporting those with the most complex physical rehabilitation needs; also supporting hospital discharges from the Whittington and UCLH. The units have historically managed their own triages and admissions but it has become clear that this has meant that the available beds have not always been utilised most effectively. To that end, a single point of access was setup to manage referrals into the Intermediate care beds and went live in November 2016.

This led to the following benefits:

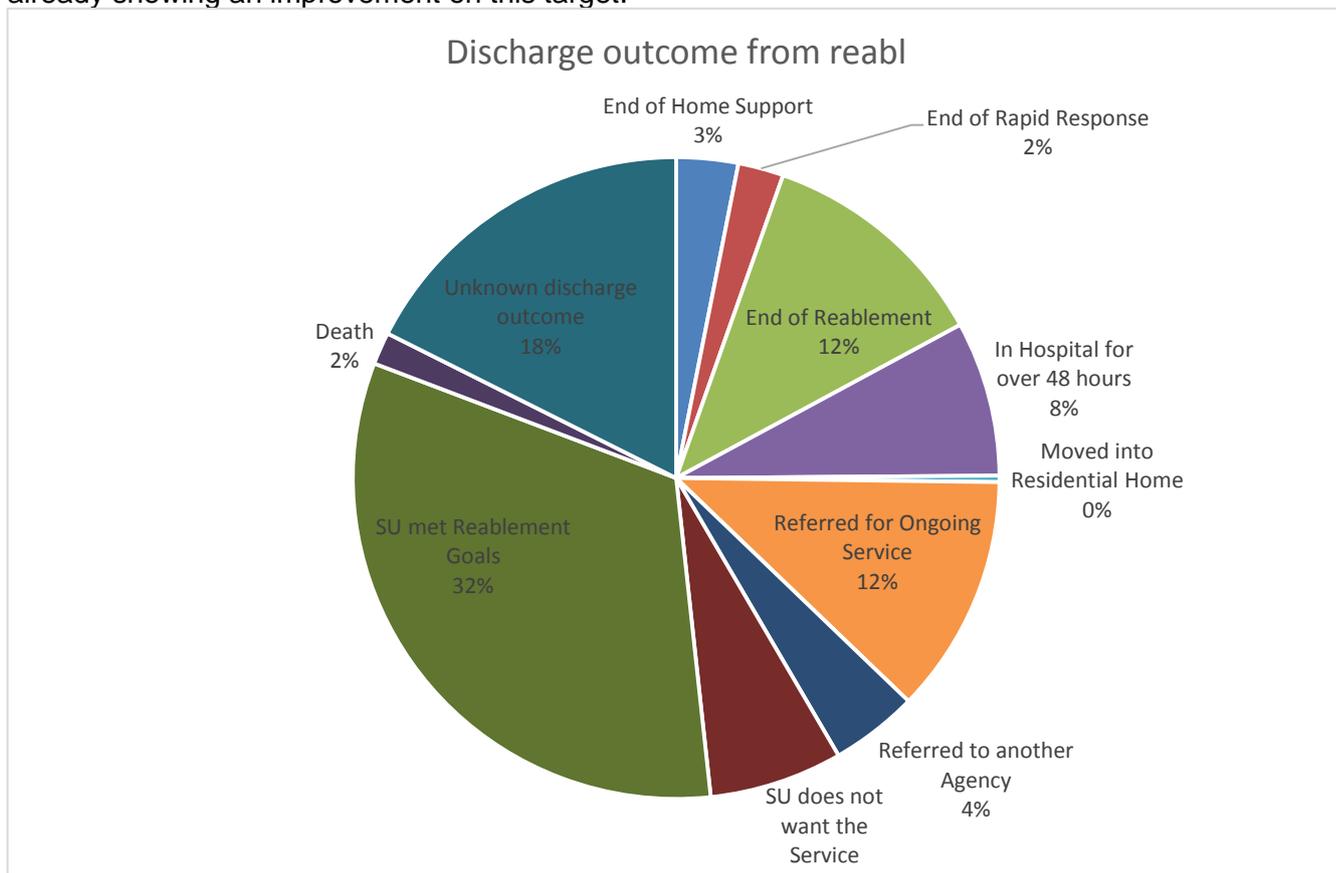
- patients are more likely to be placed in the most appropriate bed to meet their needs
- bed capacity has been maximised with greater utilisation of the community beds and fewer waits for the inpatient beds
- health related delayed transfers of care have reduced

**Reablement**

Islington Council provides a Reablement service to people in their own homes for a period of up to 6 weeks, usually following a period of illness or injury. The majority of people receiving these services are older adults but the service is offered to all Islington residents 18 years and over who meet the eligibility criteria. The length of time service users spend with the service is dependent on their rehabilitation goals and progress against these, which is regularly monitored. Referrals into the service are considered for all people leaving hospital or entering social care via Islington’s Access Service.

All residents in receipt of adult social care services are also considered for referral to reablement during the review of their care packages. Social workers assess whether they would benefit from reablement interventions in order to increase their independence.

The Reablement service received an average of 48 referrals a month in 16/17. Data compliance was an issue at the start of the year which lead to a large percentage of unknown discharge outcomes. Of those where outcome was recorded 32% met there reablement goals. 2017/18 data and data quality is already showing an improvement on this target.



**The vision for intermediate care going forwards**

Commissioners have recently undertaken a review of the intermediate care provision and have found that the existing commissioning models for intermediate care are unnecessarily complex, with a range of providers (as set out in the table above) offering different services, which are not joined up.

Services across the system can find it difficult to navigate complex patients to the appropriate service. This can leave referrers with limited options, typically delaying discharge from hospital. It is clear that there is a need for simpler intermediate care pathways and more effective management of provision. Given the similarities in population demographics and existing intermediate care models, joint working

could realise benefits for both Islington and Haringey. Aligning intermediate care jointly creates an opportunity to develop a simpler, more comprehensive pathway that has sufficient scale and flexibility to meet a broad spectrum of patient need. At a wider system level, however, we need to continue to work jointly with Camden where we have traditionally had joint contracting relationships at the St Pancras site as well as the need for joined up discharge arrangements from UCH.

Providing community teams, such as home-based therapy and Reablement, across both boroughs is also likely to simplify processes and create better use of resource, particularly in areas such as workforce skill mix, capacity and IT/data sharing. Significant improvement in community-based intermediate care provision is likely to have a positive impact, reducing the need for bed based services, with many more patients being managed effectively at home.

There is also a need to future proof the service so that in 5 years plus the whole system will be resilient and meet the demands of an aging population with increased health and social care needs.

The key to the success of intermediate care is to ensure that people are facilitated through the system to enable them to return, or remain home and live as independently as possible. It is proposed that the current intermediate care system should be redesigned through a collaborative and outcome focused approach. This approach will ensure that patient, clinical and financial incentives are aligned under a single framework to promote cohesiveness, value for money and better outcomes for service users.

Given this work is now underway to develop local models as part of the Well Being Partnership.

The programme of work has been split into the following themes:

| <b>Project</b>     | <b>Proposed approach</b>       | <b>Why?</b>   |
|--------------------|--------------------------------|---|
| 1. Rapid Home Care | Test and learn (agile)         | Incremental development will help the teams learn from each other and build on good practice. A number of other system changes (such as the STP Urgent Care Programme and Assess at Home) are taking place over the next few years. A test and learn approach will help enable the service to develop in a way that will support the objectives of multiple interdependent system changes.  |
| 2. Home-based      | Test and learn (agile)         | Our delivery of home based intermediate care involves a complex provider landscape (e.g. respective in-house Reablement services, commissioned therapy teams and hospital discharge teams) and has multiple interdependencies (e.g. CHINS, Assess at Home and schemes and work to improve operational processes within each service). A test and learn approach will enable us build on the work that is already underway and continue to respond to the needs and changes to the system whilst working towards the overall medium/long term vision.                          |
| 3. Bed-based       | Business case (transformative) | Unlike home based and rapid home care, where the composition of teams and ways of working can be adapted on an agile basis, the bed based intermediate care provision is discrete, with fewer interdependencies, and its scope is determined by the availability of suitable beds. Joint bed based intermediate care provision will require a business case. Capital investment in beds may be required, along with long term contracts with providers; and will require pooling of budgets. This includes a clinical review of the bed base case that is currently underway. |

|                  |                                |   |
|------------------|--------------------------------|---|
| 4. Mental Health | Business case (transformative) | Discussions are underway with providers to join up intensive therapy with social care elements of reablement to help prevent hospital admission and support hospital discharge. This is part of the intermediate care review of mental health services. |
|------------------|--------------------------------|---|

### Vision

- A simpler system with a single point of access for both hospital and community referrals
- Combined with changes to the discharge pathways the model will work on a 'home first' basis and have an emphasis on admission avoidance and increasing independence
- Community urgent response and intermediate care teams will support other out of hospital services to quickly increase or reduce the level of support, in response to changing level of need.

### Benefits

- Reduces Hospital Admissions
- Reduces Length of Stay in Hospital
- Helping people to live as independent as possible after a stay in hospital and therefore reduces the need on domiciliary care and wider social care support
- Delays how early people move into a residential or nursing home care
- Helping residents to live healthy and independent lives
- To help support elderly and disabled people to live independently, and provide good quality care for those no longer able to do so
- Ensure residents have a good quality of life
- Ensure that residents have improved outcomes for themselves and their families specifically around long term conditions.

## 4.3 Mental Health

Mental Health and wellbeing are priority areas for both the Council and the CCG, and are one of the four priorities of the Health and Wellbeing Board.

Services commissioned through the pooled budget can be categorised as follows:

- Accommodation
- Prevention
- Intermediate care

Commissioned accommodation services provide support to service users to enable men and women with severe mental health to lead fulfilling lives in the community, maximising life opportunities and independence.

For the majority of accommodation services, placements are being fully utilised, with voids filled within a reasonable timeframe after a service user has moved on. Hilldrop Road residential care home supports older men with alcoholism and Korsakoff's syndrome, and is delivered by St Mungo's Broadway. The care home has a total of 29 beds; Islington has a block contract for 12 beds. A CQC inspection in December 2016 delivered an overall rating of 'inadequate'. As a result, the Provider Concerns process was implemented by the Council to address the issues identified, and support the provider to make the necessary improvements. This improvement work continues, however a follow-up inspection by CQC in July 2017 has resulted in a revised rating of 'Requires Improvement.' The CCG and the Council continue to work with the provider to ensure improvements are fully embedded. Highbury Grove Crisis House provides short-term accommodation (up to 14 days) for up to 12 adults who are experiencing a mental health crisis and who need 24-hour support or support at night. This is considered a prevention service as its primary remit is to prevent admissions into acute inpatient services, and to support people to manage their mental health within a community setting.

During 2016-17 efficiencies were delivered to the pooled budget. Some of this was as a result of

renegotiating terms and conditions with providers to deliver more cost effective services, the rest as part of re-commissioning accommodation based services. These efficiencies will come into effect December 2017. All changes to service delivery have been subject to consultation with service users prior to implementation.

### **Housing Related Support**

Housing Related Support services for homeless adults with a mental health need were re-commissioned. This provides three levels of support to 199 individuals, as they develop the skills to live independently. Contracts are due to commence late 2017.

### **Hornsey Lane Residential Care Home**

A business case for additional investment into this residential service for older people with a mental health problem has resulted in increased staffing levels, ensuring a higher quality of support is provided to residents.

Priorities for 17-18 include:

### **Intermediate Crisis Care Pathway**

Work to develop an intermediate pathway (for people at risk of crisis, or who have experienced a mental health crisis, and require support to recover in the community) has continued. Extensive consultation has taken place with service users at Isledon Road Resource Centre on future plans for the service, the results of which will be used to re-shape the existing specification. Additional day provision currently delivered by Islington Mind will also be included in this work, along with Highbury Grove Crisis House (short-term accommodation for people experiencing a mental health crisis) and the Reablement service, which provides a time-limited package of care in people's homes following a mental health crisis, or to prevent a crisis. The intention is for all services to work in partnership to provide a community-based pathway which will reduce hospital admissions, and support people to remain well.

## **4.4 Learning Disability and Autism**

The learning disability 'pooled budget' commissions the Islington Learning Disabilities Partnership (ILDPP) which is an integrated health and social care team that provides for the holistic needs of young people and adults with a diagnosis of global learning disabilities, provided by London Borough of Islington, Camden & Islington NHS Foundation Trust (C&IFT) and Whittington Health NHS Trust.

Learning disabilities is undergoing a programme of developments to improve the quality of services while meeting demographic pressures and savings requirements. ILDP is experiencing demographic pressures, estimated to be £1.8m in 2016/17. A significant part of this is an increase in complexity of need and an increase in the number of people with learning disabilities in need of continuing health care.

Services for adults with learning disabilities are experiencing significant changes to the context in which support is provided. The Care Act introduced new requirements for prevention/early intervention, supporting well-being, market shaping, Safeguarding and support to family carers. Specific to this client group the Transforming Care programme (following the exposure of abuse at Winterbourne View in 2011), the Confidential Inquiry into Premature Deaths of People with LD (CIPOLD) and the failings exposed at Southern Health and published in the Mazars Report, showed that despite decades of progress people with learning disabilities still experience health inequalities, poor access to care and poor care, with serious consequences.

In addition to this the population is changing & growing as more people with learning disabilities live longer and more young people with very complex needs reach adulthood. Alongside this there is an increasing recognition of the multiple and additional needs which people with learning disabilities frequently experience, such as Autism, mental health needs, forensic behaviours, challenging behaviours, substance misuse issues, ADHD, health conditions, physical & sensory impairments, risk-taking behaviours and as victims of abuse and/or traumatic life experiences. There are significant health conditions such as epilepsy which are more prevalent in people with learning disabilities.

532 young people and adults with learning disabilities are receiving a formal support package and / or professional support from ILDP, 321 are in full-time accommodation services, as follows:

| Adults with learning disabilities in full-time accommodation             |  |            |
|--|--|------------|
| Service Type<br>(NB includes independent sector and 'in-house' services) | Numbers (all ages)<br>(In borough, Out of Borough) | % of total |
| Residential Care   | 110<br>20 In borough, 90 Out of Borough            | 34%        |
| Nursing Care   | 8<br>3 In borough, 5 Out of Borough                | 2%         |
| Hospital Care  | 2<br>2 Out of Borough                              | 1%         |
| Supported Living   | 189<br>160 In borough, 29 Out of Borough           | 58%        |
| Shared Lives   | 12<br>5 In borough, 7 Out of Borough               | 4%         |
| Total in accommodation services  | 321  | 100%       |

The pooled budget supports the commissioning of a range of accommodation based services. In 2017-18 there is an intention to bring spot purchased packages under a more robust contractual framework to enable performance monitoring and quality assurance, and we are working with ILDP to ensure all individually funded arrangements are subject to appropriate and proportionate monitoring.

As well as spot purchasing and commissioned accommodation, in-house services are increasingly being monitored by commissioners in partnership with the service managers to ensure that services are good quality, effective, efficient and sustainable. Part of this work is to establish a more formal relationship between commissioning and in-house services so that these services are subject to the same level of expectations and scrutiny as our local independent sector. Following intensive reviews recommendations have been made for improving service delivery and reducing costs.

Commissioners continue to explore options around how services are procured, to ensure that people can access a range of high quality options using personal budgets. A Dynamic Purchasing System (DPS) for Supported Living is currently being developed, and we are exploring joining Haringey's new Positive Behaviour Support (PBS) Framework. These would supplement or gradually replace current block contracts and spot purchasing arrangements & may deliver efficiencies to existing contracts.

New accommodation services are being developed across several sites in order to meet the growing need for good quality supported accommodation for people with learning disabilities and reduce reliance on expensive out of borough placements.

There is an active 'move-on' project which is assessing people who are in inappropriate accommodation and/or out of borough residential care services, with the aim of supporting those people to move to more suitable, more local and more independent living options. This project has a £200,000 savings target for 2017-18.

The ILDP is also undergoing an intensive review in order to improve efficiency, effectiveness and support the controlling of costs through better demand management and robust reassessment and

review processes.

## **Autism**

Autism continues to be an area facing significant demographic pressure. We know that the needs of people with autism who also have a learning disability are well catered for by ILDP, however we recognise that the needs of people with autism who do not have a learning disability are less well known and there is risk of people 'falling through the gaps' of service eligibility criteria.

The Islington Autism Project (IAP) was launched in October 2016 - the team, consisting of one senior practitioner and one support worker, have a specific remit around supporting people with autism who don't have a learning disability and reviewing how we can sustainably meet the needs of this cohort going forward. This has contributed to the development of an Islington Partnership Board reviewing and considering how we can better support people with autism.

## **Transforming Care**

Transforming Care is the program of work initiated in the aftermath of the abuse exposed at the Winterbourne View hospital in 2011. It relates to people with learning disabilities and/or autism who also have challenging behaviours and/or a mental health condition, focussing on ensuring they are not inappropriately admitted to specialist hospital care and are supported in our communities wherever possible. The Transforming Care programme remains one of NHS England's key priorities.

The term "challenging behaviour" describes behaviour of such intensity, frequency, or duration, as to threaten the quality of life and/or the physical safety of the individual or others. 10 to 15% of people with learning disabilities nationally express challenging behaviour.

The vision for people with learning disabilities or autism was set out by the national Winterbourne View Joint Improvement Programme, and remains relevant:

"Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce. At the same time local community based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting."

Our strategic actions focus on ensuring that we support this population with effective community services that promote their independence and well-being and reduce the risk of hospital admission. Much of this work is being planned at a North London Partners (NLP) level which is our Transforming Care Partnership (TCP). There is an Implementation Group driving this work with a Programme Board which started in July 2016 to oversee progress.

Following the successful submission of the NCL TCP Plan, NHSE have agreed a one-off funding package of £300,000 for 2017-18 across NCL to support the development of crisis intervention and early intervention services. A proposal for using this funding, including required match-funding arrangements, has been agreed by the NCL TCP Board and each CCG and is being implemented to improve support to this client group and reduce inpatient numbers.

There has been a successful bid to a Housing Capital and Technology Grant from the Department of Health and NCL has been awarded £704,000. Islington can draw down on this fund in order to support the development of bespoke housing solutions for a small number of individuals with the most complex needs who need a specialist housing solution.

Work is ongoing to determine the financial impact of the Transforming Care Programme on CCGs and local authorities as people transfer from NHSE or CCG funded hospital placements and into the community. The financial implications are complex as patients have lengths of stay varying from weeks to years, some will have had funded packages in the community prior to admission and all those in hospital will be undergoing programs of treatment that will affect their costs on discharge. The biggest impact will be very small numbers of individuals with exceptionally high costs; one discharge in April 2017 has created a £350k cost pressure to the LD budget and a planned discharge later in 2017

is expected to add a further £400k pressure.

## 4.5 Carers

Islington Carers' Hub (ICH), provided by Age Concern Islington, is the main commissioned service for carers, and one stop shop for all carers advice, information and support – has continued to identify, support and advise carers in Islington through partnership work with a variety of organisations, from GPs, JCPs and hospitals to other Council-funded services e.g. The Stroke Association, the Dementia Navigator Service. Increasingly, the ICH is working with our VCS sector to improve our understanding of carers provision in the mixed economy, and to improve linkages with these organisations. The ICH continues to identify, register and support new carers. In 2016-17 the total number of new carers referred to the service was 481, bringing the total number of carers registered to ICH up to 2261, from 1700 the year before.

Support features include the provision of advice and information regarding community care enquiries; employment enquiries; and welfare enquiries. In addition, the ICH carries out statutory Carers' Assessments – this delegated authority makes the ICH something of an outlier amongst carer-specific services in the country, though local authorities are increasingly delegating such authority to similar services. The ICH also holds support groups and focus groups to discuss carers' issues, holds outreach sessions in venues such as GP surgeries and local hospitals, distributes informational newsletters (email and paper copies), and awards one-off lump sums of money to carers and families for respite via the Flexible Breaks Fund (FBF). The FBF is available to carers and families who do not qualify for Direct Payments via Carers Assessments, or for whatever reason choose not to have a Carers Assessment.

More recently, the ICH has worked closely with Prevention Commissioning on improving relationships and processes between the ICH, Family Action (Children's Services' Young Carers' service) and the Access team, particularly though not solely related to a carer's transition from Children's Services support to Adult Social Care support, and the difference in service to be expected from both offers. The ICH has also recently been given access to the Council's Adult Social Care information system, LAS. This will allow for more fluid and timely completion of Carers Assessments; assessments currently carried out by ICH have to be manually input into the system by the Access team, risking backlogs and delays.

New KPIs for 2017-18 have been set, which include:

- Expanding on the range of environments in which ICH provide information and advice surgeries, e.g. by utilising the Octopus Community Hubs and similar community-based, grant-funded services.
- Working with community-based organisations to co-ordinate a targeted campaign aimed at carers to increase awareness of the service and their available support functions.
- To work with Family Action and Children's Services to plan and agree improvements to the current transition process for Young Carers and Young Adult Carers.

These new targets also include better understanding and segmenting the needs of those whom carers care for, and to conduct focus groups with carers aimed at better understanding the findings of the Council's recent Annual Carers Survey.

The Flexible Breaks Fund (FBF), which enables carers and families to take a break from their caring role, continues to be awarded to carers and families of carers who do not qualify for formal support from health and/or social care. The FBF is a legacy of pre-Care Act provision and is therefore less necessary as all carers now have access to an assessment and some form of support from the Council, Health or the ICH.

The Council and ICH has therefore reviewed options to re-purpose this funding for more generally and widely beneficial provision. Consultation with carers as to what this funding could be used for has completed. The resulting changes are to be an increase in therapeutic-type activities put on for all carers wishing to access such provision. Additionally, the Activities Service, a service for those 50+ years old that provides activities in the community and also provided by Age UK Islington, has been

opened up to carers. Some FBF monies will be used to fund carer-specific activities via this service.

## **5. CHILDRENS SERVICES**

### **5.1 Pooled and non- pooled budgets**

Whilst there are no pooled budgets in children services, the Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

The Children's Health Commissioning team, located within the local authority, but who also work into the CCG, have developed well established linkages between health and local authority commissioning including Public Health. The direct management of the team is provided by the CCG's Director of Commissioning with a dotted line to LBI's Head of Partnerships and Support Services. The team links into the Children's Services Management Team through a regular health focussed meeting together with Public Health every 6 weeks which is also attended by the CCG Director of Commissioning.

Unlike adults, children's health and social care provision are commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission health services funded by the CCG or the local authority and to do so working closely with Public Health, other local authority partners and schools. This is particularly important in relation to the commissioning of speech and language and other paediatric therapies, services for children with disabilities, child and adolescent mental health services and health services for vulnerable children: including services into the Pupil Referral Units, children looked after, young carers and those known to the Youth Offending Service / Targeted Youth Support.

In 2016/17 the local authority contributed £130,200 towards the cost of this team and the CCG contributed £176,000.

**Aligned budget:** Within Children's Services there is also an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities.

Decisions about funding of these placements are made by a Joint Agency Panel (JAP) which is attended by the Head of Children's Health Commissioning and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 16/17 has continued to function effectively. The overall outturn in 16/17 was £2,794,769 with a standard split operating across agencies such that the outturn for each agency was as follows: CCG – £882,592, Education – £585,784, Social Care – £1,062,818 and ILDP £263,575.

### **5.2 Children's Health Strategy**

The Children's Health Commissioning Team has continued to focus on the delivery of the Children's Health Strategy. Developed in 14/15 the strategy guides the work of the team and partners, setting out the direction of travel for Children's Health Services in Islington over the next 5 years; to deliver improved health and well-being outcomes for children and young people and their parents and carers. Regular progress reports are made to the Children's Service Improvement Group and the team are currently developing an annual update on progress against the key objectives.

### **5.3 Children's Integrated Care**

The Children's Health Commissioning Team leads on the Children's Integrated Care Programme and central to this is ensuring that children's health care is managed in the community where it is safe to do so. This has required close collaboration between primary, community and acute (hospital) services as well as linking up with local authority partners as needed.

Key projects that supported this in 16/17 were:

- The asthma friendly school nurse post: The school nurse is delivering an asthma friendly programme to all schools in Islington, which includes implementation of an asthma policy, care plans, training, asthma register and emergency procedures. 40 out of the 64 Islington schools have completed the asthma friendly school programme.
- Children's Nurses in Primary Care: The children's nurses are continuing to deliver clinics in primary care to improve health and wellbeing outcomes for children with certain long term conditions. Over 213 children were seen by the service in 16/17.
- Children's Multidisciplinary Team Teleconference: The Children's MDT Teleconference brings together an extensive core team of professionals once a month to discuss up to 10 children that would benefit from a multidisciplinary team discussion, including those with multiple A&E attendances. The core team includes the child's GP, a paediatrician, community nurse, school nurse, health visitor, pharmacist, Families First and SHINE. The numbers of referrals to this service significantly dropped in 16/17 and will therefore be going through changes in 17/18.
- Hospital @ Home: Hospital @ Home enables acutely unwell children to have their care managed at home who would otherwise be treated in hospital. The project started in August 2014 and in 16/17, 291 children were treated by the Hospital @ Home service.

**5.4** Most community health services for children in Islington are provided by Whittington Health and the Children's Health Commissioning team inputs directly into the monitoring of the overall contract with Whittington Health in relation to these services and in particular those that the CCG directly commissions which include the following:

- Services for Children with Additional Health Needs such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics, Community Children's Nursing, Continuing Care, Palliative Care, bladder and bowel, Audiology and Continuing Care.
- Services for Disabled Children including the Integrated Disabled Children's Service, Short Breaks Services and Assessment and Diagnostic services delivered from the Northern Health Centre.
- Child and Adolescent Mental Health Services (CAMHS) and
- Integrated Health Teams working within the Targeted Youth Support, Youth Offending Services and Looked After Children's Services

The team also undertakes a series of engagement/monitoring meetings regarding the above and involves the local authority partners in these as needed. Hence the S75 is enabling the local authority to have more direct involvement in the monitoring of the Whittington health contract than would otherwise be the case. The value of the children's element of the contract with Whittington Health for community services is currently being disaggregated.

**Some of the achievements in 16/17 are as follows:**

- The jointly funded speech and language therapy posts in mainstream schools, funded (between the CCG and schools Forum) continues to have a really positive impact on the delivery of services into mainstream schools. Schools are now in receipt of ongoing provision which enables both direct intervention but also development of whole school approaches to support language and communication skills in schools.
- The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the Special Educational Needs and Disability (SEND) reforms.
- The Joint Commissioning Sub Group is chaired by The Head of Children's Health Commissioning and significant progress has been made over the past year in the implementation of the Joint Commissioning Action Plan. This integrated approach to SEND across the CCG and LBI will be central to positive outcomes in the forthcoming SEND Joint Inspection. Key focus of the work during 16/17 was the growing incidence of Autism and the subsequent impact on services.
- Islington CCG has also become a second phase early adopter site for integrated personal commissioning (IPC). IPC is the next step along from personal health budgets, enabling greater

choice and control through the joining up of budgets from health, social care and where relevant education. In the first wave of work around IPC the Children's Health Commissioning Team will be rolling out IPC to identified cohorts of looked after children and young people at risk of mental health support needs and also those that already have mental health support needs. This work is being undertaken in partnership with Independent Futures, Children Looked After Health Team and Children's Social Care, CAMHS and SEN.

- The Schools Forum have continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Children's Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions when required. Feedback from Children's Centres and schools has been consistently positive.
- The CCG has continued to fund health services into the Youth Offending Service including a nurse (who also works into the Pupil Referral Unit) and a speech and language therapist. These services have been well received and enabled a far more comprehensive delivery of health services to this group of YP. Children's Joint Commissioning are represented on the YOS Improvement Board to ensure that health services are delivering effective assessments and interventions and that the resource is being optimised.
- The Children's Joint Commissioning Team have also led the procurement of a piece of work to develop Trauma Informed Approaches in schools and their local communities, which will be delivered in 17/18.
- The CLA health team continued to perform well in meeting the statutory health targets in relation to health assessments (initials and reviews) and immunisation rates for children looked after.
- The Children's Health Commissioning Team have led on the development of Islington's Local CAMHS Transformation Plan 2015 - 2020, which is currently being refreshed. This has led to a significant increase in funding within local services to develop local service provision and support progress towards national targets in relation to improving access, specialist provision and most recently ensuring robust crisis care pathways are in place. The Team will be working closely with Children's Social Care this year to look at the delivery of CAMHS services to Children Looked After (CLA) to ensure we are maximising the use of the dedicated resource for CLA. The team also initiated a small grants programme within the voluntary sector looking for innovative and creative projects that support children and young people's emotional wellbeing. Six voluntary sector services were successful. These services began in Sept/Oct 2016 with funding agreed for the following year. The Transformation Plan also provided the catalyst to evolve the Youth Health Forum into what is currently called the Children and Young People Emotional Wellbeing Network. This will be a provider led initiative jointly funded by Children's Health and Young People's Services and will be advertised during early 2017/18.

## **5.5 Children's User and Carer Involvement**

The Children's Health Commissioning team leads on ensuring that children and young people and their carers are involved in the design and delivery of health services, linking in with Healthwatch, Public Health and other partners as needed. During 16/17 this has included:

- Over the 2016/17 period, the Children's Health Commissioning Team have directly engaged with 104 young people (aged 13 to 25) and 41 parents / carers throughout a range of stages of commissioning, including development, design, procurement, delivery and monitoring of services. There has been additional engagement with children, young people and parents/carers by commissioned service providers that we have supported. This is more difficult to quantify but is in the region of 135 young people.
- The Parent Champions have renamed themselves to become Islington Parent Consultants. During 2016/17 they carried out an extensive piece of consultation work around the ASD review. This was to gather information on parent carers experience of our current assessment and diagnostic

pathways for children with ASD. They were involved in an initial meeting with the researcher and worked with her to design a survey and a poster advertising 2 focus groups which they facilitated. This information was put into the final review. The second piece of work was to run 2 focus groups looking at gaining information on the local area's effectiveness in identifying and meeting the needs of children and young people who have SEND which supports our inspection planning. The consultants are currently involved in gathering views of parent's experience of using the Bladder and Bowel service which will form part of a wider service review. The Islington Parent Consultants will be presenting their involvement in this project at The Disability Board in July 2017 and it is anticipated that we will extend the role of the parent consultants, to include parents who have English as a second language as well as develop a young person's model to support our involvement and participation of CYP with SEND.

## 5.6 Vulnerable Children

The team lead on ensuring that vulnerable young people with individual needs, such as mental health, receive appropriate packages of care that meet their specific needs. This includes spot purchasing packages of care for looked after children placed out of borough, as well as monitoring young people who are placed in T4 (adolescent psychiatric beds) to ensure they are discharged back to the community as soon as they are able with the right support in place from health education and social care. Our local Tier 4 panel comes together on a monthly basis with senior colleagues from Education, Health and Care to review all cases and ensure appropriate support is in place to facilitate prompt, safe and effective return home with ongoing support in the community.

The team work closely with Social Care and Education for young people who are part of the Transforming Care Cohort. (Children and Young people with LD / Autism who also have mental health needs or behaviour that challenges). The team attends all Care and Treatment Reviews (CTRs) of young people in hospital beds and they convene and chair all community CTRs for young people who may be at risk of a hospital admission or placement in a residential home / school. The Head of Children's Commissioning is responsible for maintaining the 'At Risk of Admission Register', a register that is based on consent, which enables us to regularly review and maximise community provision to support these YP and their parent's carers to prevent admission where possible.

## 6 Better Care Fund

The Better Care Fund is a national initiative aimed at supporting health and care transformation and integration. Nationally, the Better Care Fund represents the largest financial incentive for the integration of health and social care. The government requires Clinical Commissioning Groups and local authorities to pool budgets and to agree an integrated spending plan. Nationally the government supported this change through allocating £3.9 billion in 2016/17 and additional two year funding for 2017-2019 set out below:

| Better Care Fund funding contribution (£bn)                             | 2017-18        | 2018-19        |
|---|----------------|----------------|
| Minimum NHS (clinical commissioning groups) contribution                | £3.582         | £3.65          |
| Disabled Facilities Grant (capital funding for adaptations to houses)   | £0.431         | £0.468         |
| New grant allocation for adult social care (Improved Better Care Fund)* | £1.115         | £1.499         |
| Total   | £5.128 billion | £5.617 billion |

\*Combined amounts announced at Spending Review 2015 and Spring Budget 2017

In Islington, the Better Care Fund has been seen as an opportunity to extend the established culture of integrated working. The Better Care fund has played two key roles through enabling integrated care transformation and protecting adult social care provision.

The Better Care Fund enables resources for a range of services and new transformation initiatives. The key areas in 2016/17 were:

**Integrated Networks** – Islington now has a full programme of 12 Integrated Networks which cover 94% of GP practices across the borough. The Networks are community based multi-disciplinary team meetings of key health and care professionals wrapped around small clusters of 2 to 4 GP practices. Each Network consists of a GP from each member practice, a community matron, a senior practitioner social worker, an AGE UK health navigator and a mental health nurse – they are supported by a large admin team.

The aim of the Networks is to identify, and put in wrap around care plans/packages, for the most complex and vulnerable people in the community. The Networks provide an early foundation for integrated health and care in the local health and care system and include a mechanism in which to align the following areas into a delivery vehicle:

- Rapid response
- Co-ordinated care for those most in need (through integrated health and care teams)
- Prevention and early intervention
- Proactive, long term care

**AGE UK Health Navigator Service** - The Health Navigators provide Islington's main link to social prescribing. Referrals are made into the service from all health and social care professionals and the Navigators signpost to the many other voluntary services in the borough as well as to statutory services. The Navigators attend the Integrated Networks as core members of the team and undertake case management in order to support some of the most vulnerable and high risk patient improve their health and wellbeing. They have a strong focus on working with socially isolated individuals.

**Managing transfers of care** - This is a new national condition under the Better Care Fund and work is underway to implement the eight elements of the High Impact Change model including a discharge to assess pathway within Islington. This will integrate acute and community services across health and care so that people receive a simplified, timely and seamless service.

**Protecting Adult Social Care** - the Better Care Fund provides additional funding to Adult Social Care. In Islington, this has enable protection of services and provision of care packages to people who meet eligibility criteria. The funding of this area supports the whole health and care system. London Borough Council has maintained access to services through the Better Care Fund and implemented all the requirements of the Care Act including wellbeing principles.

**Integrated Personal Commissioning and Personalised Health Budgets** – IPC is a national programme which aims to improve quality of life for people with complex care needs by empowering them to have more control over their care. As an IPC 'early adopter', Islington has stretching targets to introduce PHBs, including integrated health and social care budgets, for people with multiple long term conditions and learning disabilities. Money from the BCF will be used for the payment of these PHBs and integrated health and social care budgets. In the long run these will be resourced from existing contract spend, as we develop a commissioning approach to freeing funds from traditional contracts..

**Integrated Digital Care Record – 'CareMyWay- Personal and Professional'**. The Better Care Fund has supported the development of the integrated digital care record between health partners (hospitals, GPs, mental health, community services) and children's/adults social care. This pilot has developed much learning across the partnership and has helped inform North London Partners of their longer term interoperability.

Implementation of **innovative blended roles** to enable medics and other professionals to work across organisational boundaries. This has included a new blended social care role with expertise in housing, who work within the integrated network.

The impact of these investments and funding allocations are monitored through a range of metrics. The Better Care Fund Metrics are set nationally and are set as system indicators rather than granular indicators of impact of individual initiatives. The Integrated Care Programme has a more in depth dashboard for specific local interventions.

Overall, Islington improved on its target of reducing non-elective admissions and it's Reablement target. There is ongoing work being undertaken around transfers of care to enable to the borough to meet the challenging targets set for DTOCs and residential admissions. Islington is continuing to work together to further improve performance and analyse areas where there has been a year on year increase.

The ambition for 2017/18 and beyond is to continue to embed integrated working using a whole systems approach, and to evaluate the impact of new and existing initiatives.

## **7. Conclusion**

**7.1** The partnership between Islington CCG and Islington Council continues to ensure an integrated approach to service commissioning and delivery to meet the needs of vulnerable residents in a co-ordinated and seamless way. This report demonstrates some of the benefits over the last year for both children and adult and highlights some of the priorities for 2016-17.

2016-17 was again a year of achievement. We have continued to use models of care to develop new ways of working and will continue to strengthening the offer around individuals and their families.

Efficiency and effectiveness remains top of the agenda as the Council and CCG manage financial constraints and demand pressures. Planning and delivering services within a strong joint commissioning approach will help mitigate risks and ensure that we continue to deliver quality seamless services to our local residents.

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**APPENDIX 2****Annual Report 2016-17****Mental Health and Substance Misuse Partnership Agreement****London Borough of Islington and Camden and Islington NHS Foundation Trust**

## **1. Executive Summary**

This is the annual report into the section 75 partnership between Camden & Islington Foundation trust and the London borough of Islington. The council and the trust have a long history of working together in partnership of delivery of mental health services in the borough. The report outlines functions delivered under the section 75 agreement and outlines key highlights and challenges over the course of the last year.

Due to data issue it has not been possible to provide the breadth of underpinning data in this report that has been the case in previous years. This was due to the Trust moving to a new case management system.

In June 2016 the Trust had a comprehensive CQC inspection. A number of areas were found to require improvement including that of safeguarding and Health Based Places of Safety based at local A&E departments. The Trust has taken concerted improvement action in these areas. Safeguarding training levels are now fully compliant. A recent themed CQC inspection in September 2017 of HBPS demonstrated clear improvements to the services being provided; publication of the report is awaited. The trust has a comprehensive CQC inspection planned in December 2017.

During 2016/17 there has been a continued increase in activity for the Approved Mental Health Professional service, which provides social care assessments and care plans for individuals who are to be detained under the Mental Health Act.

The Trust is currently working in partnership with the Council to deliver a social care review, focusing on improving how we support social workers in their roles and delivering our responsibilities under the Care Act. The trust has implemented the triangle of care to improve carer engagement. In addition key for 2017/18 will be the conclusion of the rehabilitation pathway review.

## **2. Introduction**

London Borough of Islington (LBI) has a long history of working in partnership with Camden and Islington NHS Foundation Trust (C&I) and its predecessor organisations to deliver integrated health and social care services to patients and service users experiencing mental ill health. This arrangement was formalised into a Section 75 partnership agreement in 2009.

This Annual Report reviews the mental health and substance misuse services provided under the Section 75 partnership arrangements between the LBI and C&I. The services covered by the partnership agreement include a range of multi-disciplinary community based mental

health and substance misuse teams that provide integrated, holistic care. The services and functions covered by the partnership agreement include:

- Assessment and care management as defined in section 46 of the NHS and Community Care Act 1990,( now subsumed into the Care Act 2014)
- Provision of care and support packages which may include residential or nursing home placements, community support care packages and Self Directed Support through the use of Direct Payments.
- Provision of Personal Budgets
- Provision of day activities for adults and older people to support their personal outcomes
- Provision of multi- disciplinary community support teams
- Provision of Safeguarding responsibilities and Mental Health Act and Mental Capacity Act assessments and care under this legislation.

The appointment of Approved Mental Health Professionals (AMHPs) and the performance of Local Authority duties under the Mental Health Act 2007 remains the responsibility of the London Borough of Islington, whilst the day to day management of AMHPs is undertaken by the Trust.

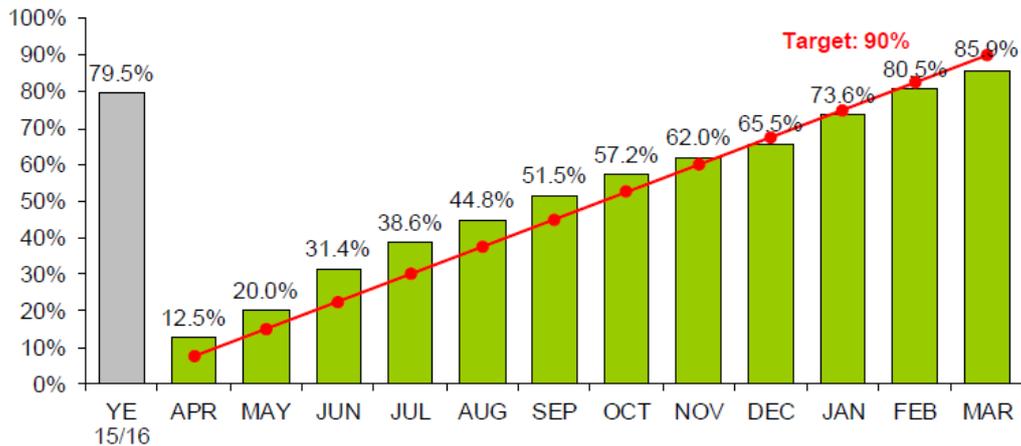
The report summarises performance within the mental health and substance misuse services against Key Performance Indicators, outlines work on Safeguarding and reports on the workforce related to the partnership arrangements.

### **3. Performance Summary**

During 2016/17 the implementation of the new Care Notes system within C&I has led to some issues in respect of accurately extracting and reporting on data held on systems. An action plan is in place to remedy this. Broadly where it has been possible to show, performance is on or near to targets as shown below. The exception to this is in the area of Carers Assessments. To address this, as implementation of the triangle of care, which is covered later C&I is undertaking a whole organisation self-assessment with the support from the local carer organisations. In the last year we have co-produced carers' leaflets for all services in each division and these are now in all community and in-patient settings. The Trust has also introduced carers Champions.

### PAF D40 Clients Receiving a Review

| Definition of Indicator   |   |
|---|---|
| Total number of clients in receipt of a review 16/17.             |   |
| Numerator   | Denominator   |
| Accumulative number of service users in receipt of a review 16/17 | Total number of service users in receipt of services 16/17 (Current or ended during the year) |



| Reviews 16/17                 | YE 15/16     | APR          | MAY          | JUN          | JUL          | AUG          | SEP          | OCT          | NOV          | DEC          | JAN          | FEB          | MAR          |
|-------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Target                        |              | 7.5%         | 15.0%        | 22.5%        | 30.0%        | 37.5%        | 45.0%        | 52.5%        | 60.0%        | 67.5%        | 75.0%        | 82.5%        | 90.0%        |
| ACMHT Performance             | 76.9%        | 12.2%        | 20.7%        | 33.0%        | 40.8%        | 47.7%        | 55.6%        | 63.1%        | 69.0%        | 73.0%        | 79.5%        | 84.4%        | 87.7%        |
| SAMH Performance              | 86.3%        | 7.3%         | 12.6%        | 20.2%        | 22.6%        | 28.4%        | 30.8%        | 33.1%        | 36.1%        | 39.7%        | 53.3%        | 63.4%        | 82.1%        |
| SMS Performance               | 90.5%        | 50.0%        | 40.0%        | 50.0%        | 60.0%        | 54.3%        | 56.4%        | 50.0%        | 47.1%        | 47.2%        | 59.6%        | 80.0%        | 77.8%        |
| Total Number of Service Users | 1001         | 646          | 659          | 668          | 677          | 688          | 699          | 706          | 715          | 722          | 730          | 735          | 738          |
| <b>Overall Performance</b>    | <b>79.5%</b> | <b>12.5%</b> | <b>20.0%</b> | <b>31.4%</b> | <b>38.6%</b> | <b>44.8%</b> | <b>51.5%</b> | <b>57.2%</b> | <b>62.0%</b> | <b>65.5%</b> | <b>73.6%</b> | <b>80.5%</b> | <b>85.9%</b> |

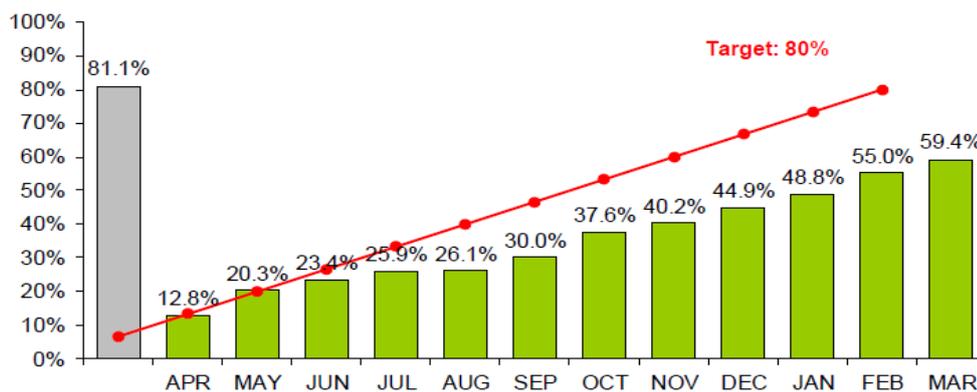
### NI 130 Social Care Clients Receiving Self Directed Support

| Definition of Indicator   |  |
|---|--|
| Self Directed Support (excluding Professional Support & Residential)    |  |
| Numerator   | Denominator  |
| Total no of service users & carers that are using self-directed support | Total no of service users and carers receiving services (excluding professional support) |



| SDS clients                       | APR    | MAY    | JUN    | JUL    | AUG    | SEP    | OCT    | NOV    | DEC    | JAN   | FEB   | MAR    |
|-----------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|-------|--------|
| Target                            | 8.3%   | 16.7%  | 25.0%  | 33.3%  | 41.7%  | 50.0%  | 58.3%  | 66.7%  | 75.0%  | 83.3% | 91.7% | 100.0% |
| ACMHT Performance                 | 93.8%  | 93.7%  | 93.7%  | 94.2%  | 94.0%  | 94.4%  | 94.1%  | 94.5%  | 94.4%  | 94.4% | 94.5% | 94.4%  |
| SAMH Performance                  | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.7% | 98.7% | 98.6%  |
| SMS Performance                   | 62.5%  | 76.9%  | 91.7%  | 100.0% | 91.7%  | 91.7%  | 91.7%  | 92.9%  | 92.9%  | 81.3% | 81.3% | 75.0%  |
| Total Number of CBS Service Users | 374    | 377    | 378    | 385    | 389    | 391    | 391    | 397    | 394    | 397   | 399   | 395    |
| Overall Performance               | 93.9%  | 94.4%  | 95.0%  | 95.6%  | 95.1%  | 95.4%  | 95.1%  | 95.5%  | 95.4%  | 94.7% | 94.7% | 94.4%  |

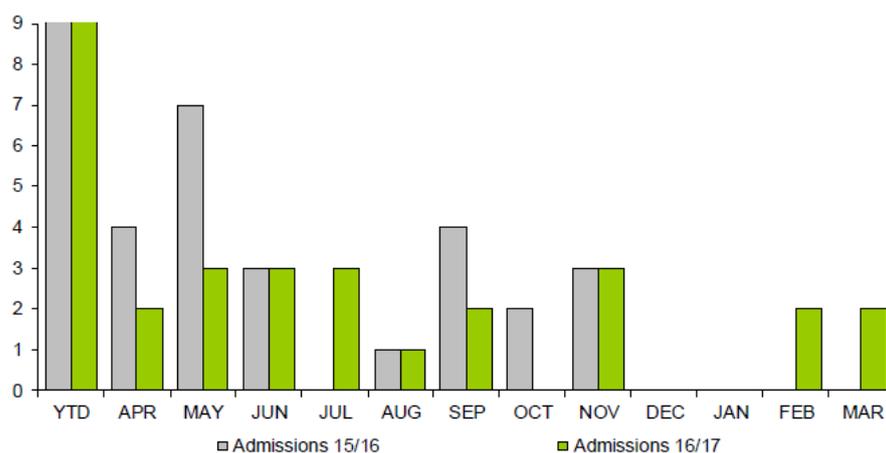
| Definition of indicator   |  |
|---|--|
| The number of unique Carers whose needs were assessed or reviewed in 2016/17. |  |
| Numerator   | Denominator  |
| Accumulative number of carers in receipt of an assessments or review 16/17    | Total number of carers in receipt of services 16/17 (Current or ended during the year) |



| Carers Assessments & Reviews | APR   | MAY   | JUN   | JUL   | AUG   | SEP   | OCT   | NOV   | DEC   | JAN   | FEB    | MAR    |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|
| Target                       | 6.7%  | 13.3% | 20.0% | 26.7% | 33.3% | 40.0% | 46.7% | 53.3% | 60.0% | 66.7% | 73.3%  | 80.0%  |
| ACMHT Performance            | 16.0% | 23.1% | 26.3% | 29.5% | 28.4% | 31.5% | 40.1% | 42.4% | 45.3% | 48.0% | 51.4%  | 55.7%  |
| SAMH Performance             | 0.0%  | 0.0%  | 3.8%  | 3.8%  | 7.7%  | 11.1% | 14.8% | 24.1% | 37.9% | 44.8% | 53.3%  | 60.0%  |
| SMS Performance              | 0.0%  | 30.0% | 30.0% | 27.3% | 36.4% | 54.5% | 54.5% | 46.2% | 53.8% | 69.2% | 107.7% | 107.7% |
| Total Number of CBS Carers   | 179   | 182   | 188   | 193   | 199   | 203   | 205   | 214   | 214   | 215   | 218    | 219    |
| Overall Performance          | 81.1% | 12.8% | 20.3% | 23.4% | 25.9% | 26.1% | 30.0% | 37.6% | 40.2% | 44.9% | 48.8%  | 55.0%  |

### Long Term Admissions to residential care homes

| Definition of Indicator  |
|--|
| No of permanent admissions to residential or nursing accommodation |



| Resi and Nurs |                  | YTD | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
|---------------|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| ACMHT         | Admissions 16/17 | 4   | 1   | 1   | 0   | 0   | 0   | 0   | 0   | 1   | 0   | 0   | 1   | 0   |
|               | Admissions 15/16 | 13  | 4   | 3   | 2   | 0   | 0   | 2   | 0   | 2   | 0   | 0   | 0   | 0   |
| SAMH          | Admissions 16/17 | 17  | 1   | 2   | 3   | 3   | 1   | 2   | 0   | 2   | 0   | 0   | 1   | 2   |
|               | Admissions 15/16 | 11  | 0   | 4   | 1   | 0   | 1   | 2   | 2   | 1   | 0   | 0   | 0   | 0   |
| MH            | Admissions 16/17 | 21  | 2   | 3   | 3   | 3   | 1   | 2   | 0   | 3   | 0   | 0   | 2   | 2   |
|               | Admissions 15/16 | 24  | 4   | 7   | 3   | 0   | 1   | 4   | 2   | 3   | 0   | 0   | 0   | 0   |

C&I and LBI have also been proactive in meeting challenges. An example of this came after an inquest where LBI and C&I worked in partnership to develop a shared response and embed improvements identified as required by the coroner in respect of process between the two organisations, the AMHP service and Whittington Health.

#### 4. CQC Inspection

The trust is due to have a comprehensive sea QCC inspection in December 2017. The last inspection took place in February 2016. The 2016 inspection indicated that the trust was required to make improvements in the following areas-

1. Clinical environments
2. Safeguarding recording reporting and training
3. Quality and consistency of care plans and risk assessments
4. Monitoring patients waiting lists
5. Mental Health Law

6. Medication
7. Appraisal and Supervision

To oversee these actions a comprehensive action plan has been developed and overseen by a CQC program board which has been embedded within C&I. This is chaired by the director of Nursing.

Since the 2016 inspection the trust has carried out the following key improvements:-

1. Invested heavily in ward environments including reducing of ligature points
2. Significantly improved safeguarding training performance
3. Developed a new electronic care plan on the care notes system
4. Is in the process of implementing a waiting list management policy
5. Improved mental health law training uptake
6. Improved medication handling and awareness and
7. Developed new, simplified appraisal documentation

## **5. AMHP Service**

Islington Approved Mental Health Professional (AMHP) Duty service operates from Monday to Friday from St. Pancras Hospital. It is co-located with the Camden AMHP service and the AMHP management team, which includes the AMHP training manager. Emergency Duty Team from LBI takes and responds to all LBI referrals that are made outside office hours.

The Approved Mental Health Professionals (AMHP) Duty Service fulfils the Council's statutory responsibilities under the Mental Health Act 1983 (and amendments 2007) to undertake statutory assessments for Islington residents who may be formally 'detained' under a section, or admitted as 'informal' patients for a period of assessment and /or treatment. The Duty Service also provides advice to colleagues in the Borough, other professions within the Trust, and the wider community where there may be concerns for a person's mental health and safety, including risks they present to others or other issues where the Mental Health Act may be applied.

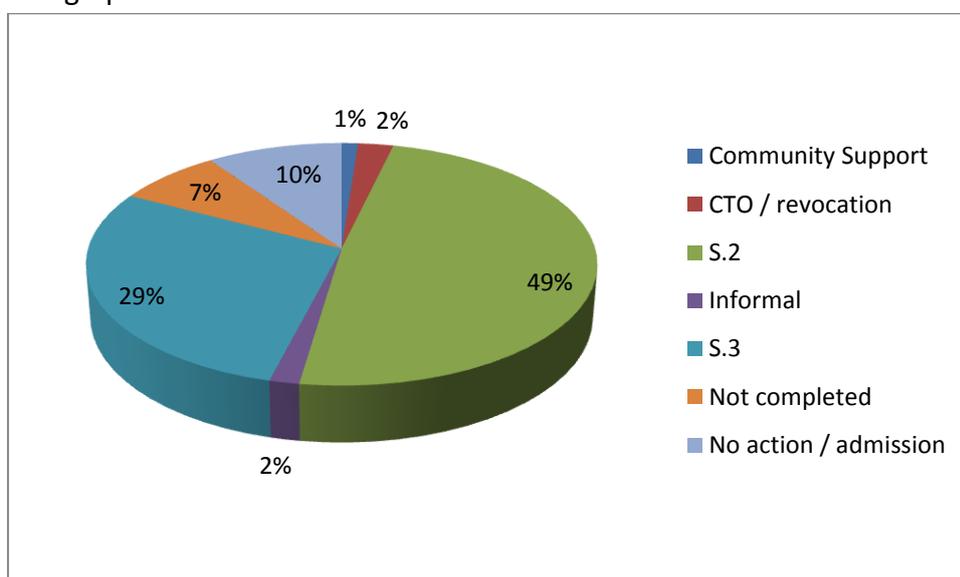
### **5.1 AMHP Activity**

Although the volume of work on a daily and monthly basis is variable with daily AMHP assessments ranging from 0-10, AMHP activity has increased year on year over the last 3 years as is shown by the table below. This correlates with increasing activity through the Urgent care system and an increase in the number of patients detained under the mental health act.

|           | Quarter   | Q1  |     |     | Q2  |     |     | Q3  |     |     | Q4  |     |     | Total |
|-----------|-----------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Borough   | Year      | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |       |
| Islington | 2014/2015 | 35  | 32  | 44  | 38  | 35  | 32  | 57  | 53  | 58  | 54  | 46  | 52  | 536   |
|           | 2015/2016 | 48  | 47  | 47  | 52  | 38  | 44  | 45  | 61  | 45  | 38  | 39  | 64  | 568   |
|           | 2016/2017 | 58  | 52  | 57  | 44  | 52  | 54  | 46  | 47  | 42  | 46  | 39  | 63  | 600   |

## 5.2 Assessment outcome

78% of the patients who were assessed were detained under the Mental Health Act (S.2 and S.3) with a further 2% coming or staying in hospital informally. The proportion of detentions should be high if referrals are appropriate and people should avoid unnecessary assessments. The graph below shows outcomes of AMHP assessments



## 6. Divisional Social Work Leads

Five out of the six Divisional Social Work Leads have been appointed to post. The posts are responsible to the Head of Social Work and Social Care and will primarily provide professional leadership within the Divisions and a safeguarding advisory function. The Divisional Social Work Leads also support the Trust Safeguarding Manager in the delivery of safeguarding update and refresher training across the Trust.

Since 2016 the divisional social work leads have joined forces with LBI social workers across the council and have been part of the 'Best Practice hub' work streams. A reflective practice group has been established in the SAMH Division and social work leads routinely attend the Leaders in safeguarding group.

## 7. Safeguarding

Safeguarding adults and children is everyone's business and at the core of the Section 75 agreement. People who use our services are at the heart of what we do and safeguarding is a key priority for the partnership.

C&I's CQC inspection in February identified a 'must do' action for the Trust in respect of ensuring staff are aware of the process for Safeguarding referrals including out of hours and weekends and that Safeguarding information is appropriately and clearly recorded.

Since that point C&I has worked with LBI towards the longer term aim of developing systems to share data. In the interim a training plan has been agreed to enable C&I staff to have enhanced access to the Council's LAS system in order to record Safeguarding on that system. This will be a key focus of work this in the forthcoming year.

Our work to help safeguard adults and children reflects our focus to protect and promote the rights of people who use healthcare services. Our responsibility is to safeguard both our colleagues who work for the Trust and the adults and children in our care who may be at risk of abuse, ill-treatment or neglect.

The legal framework which underpins delivery of Safeguarding services within the Trust and S75 agreement is as follows:-

1. A substantial proportion of the C&I's safeguarding activity is delivered in accordance with partnership agreements derived from S.75 of the NHS Act 2006.
2. Safeguarding adults processes within the Trust are delivered and performed in accordance with the 'London Multi-Agency Adult Safeguarding Policy and Procedures' (August 2016).
3. Safeguarding children processes within the Trust are delivered and performed in accordance with the 'London Child Protection Procedures' (5<sup>th</sup> Edition. March 2017).

Safeguarding adults and safeguarding children processes within the Trust are delivered and performed in accordance with the statutory arrangements derived from the Islington Safeguarding Adults Partnership Boards and the Islington Safeguarding Children Boards.

During the 2016/17 C&I has made significant improvements in respect of awareness of safeguarding procedures, training, and the interface with partners. There is further work to do in this area and this is outlined later in the report in the section on objectives for 2017/18.

## 7.1 Training Statistics 2016-2017 –

### 5.1.1 Safeguarding Children

| Intercollegiate Document Guidance: Safeguarding children and young people – roles and competences for health care staff |                                       |                                       |                                       |                                       |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| MONTH   | Level 1<br>Compliance<br>(Target 80%) | Level 2<br>Compliance<br>(Target 80%) | Level 3<br>Compliance<br>(Target 80%) | Level 4<br>Compliance<br>(Target 80%) |
| 2016 – April  | 92%                                   | 54%                                   | 63%                                   | 100%                                  |
| 2016 – May  | 100%                                  | 56%                                   | 68%                                   | 100%                                  |
| 2016 – June   | 93%                                   | 57%                                   | 67%                                   | 100%                                  |
| 2016 – July   | 90%                                   | 58%                                   | 66%                                   | 100%                                  |
| 2016 – August   | 91%                                   | 62%                                   | 67%                                   | 100%                                  |
| 2016 – September  | 89%                                   | 37%                                   | 76%                                   | 100%                                  |
| 2016 – October  | 88%                                   | 62%                                   | 80%                                   | 100%                                  |
| 2016 – November   | 82%                                   | 63%                                   | 83%                                   | 100%                                  |
| 2016 – December   | 82%                                   | 80%                                   | 85%                                   | 100%                                  |
| 2017 – January  | 92%                                   | 85%                                   | 87%                                   | 100%                                  |
| 2017 – February   | 90%                                   | 79%                                   | 85%                                   | 100%                                  |
| 2017 – March  | 81%                                   | 77%                                   | 87%                                   | 100%                                  |
| Year-end RAG rating   |                                       |                                       |                                       |                                       |

In order to achieve and maintain the 80% target for level 3 training for children, a plan is in place and being monitored by the Safeguarding Committee. This includes promoting this training to all managers and staff on a weekly basis and advising all staff to check their compliance status on the Trust intranet. Additional training sessions to those advertised are delivered in departmental and team areas. Additionally, staff can evidence compliance through the completion of an assessed Workbook should they be unable to attend any of the face-to-face taught sessions.

### 5.1.2 Training Statistics 2016-2017 – Safeguarding Adults

| <b>Intercollegiate Document Guidance: Safeguarding Adults – roles and competences for health care staff (To be re-titled <i>Best Practice Document in Adult Safeguarding 2017</i>)</b> |  |  |  |  |
|--|--|--|--|--|
| <b>QUARTER</b>   | <b>Level 1 Compliance (Target 80%)</b> | <b>Level 2 Compliance (Target 80%)</b> | <b>Level 3 Compliance (Target 80%)</b> | <b>Level 4 Compliance (Target 80%)</b> |
| <b>Q1</b>  | 91%                                    | 60%                                    | 61%                                    | 100%                                   |
| <b>Q2</b>  | 86%                                    | 58%                                    | 71%                                    | 100%                                   |
| <b>Q3</b>  | 91%                                    | 78%                                    | 82%                                    | 100%                                   |
| <b>Q4</b>  | 88%                                    | 78%                                    | 85%                                    | 100%                                   |
| <b>Year-end RAG rating</b>   |  |  |  |  |

The data regarding workforce compliance in relation to the core Safeguarding Adults training themes is captured on the quarterly Safeguarding dashboard. The compliance target for all of the training areas, unless stated is 80% of the workforce.

### 5.1.3 Training Statistics 2016-2017 – Prevent

| <b>NHS England Prevent Training and Competencies Framework (2015) (Targets are statutory and are to be met by July 2018)</b> |                                      |  |
|--|--------------------------------------|--|
| <b>QUARTER</b>   | <b>Basic Awareness (Target 100%)</b> | <b>Workshop to Raise Awareness of Prevent (WRAP3) Target 85%</b> |
| <b>Q1</b>  | 70%                                  | 0%   |
| <b>Q2</b>  | 89%                                  | 13%  |
| <b>Q3</b>  | 93%                                  | 34%  |
| <b>Q4</b>  | 85%                                  | 47%  |
| <b>Year-end RAG rating</b>   | (year end trajectory 85%)            | (Year end trajectory 50%)  |

The statutory target set by NHS England based on the Prevent Duty Guidance is that the Trust needs to achieve compliance in Prevent Basic Awareness and WRAP by July 2018.

We are pleased that we are making steady progress on meeting the target on PREVENT training and awareness in the Trust

#### 5.1.4 Training Statistics 2016-2017 – Domestic Violence and Abuse

| <b>NICE Domestic violence and abuse: multi-agency working. Levels 1 and 2 training.</b> |   |
|---|---|
| <b>QUARTER</b>  | <b>Training Levels 1 and 2<br/>(Target 80%)</b> |
| <b>Q1</b>   | 54%   |
| <b>Q2</b>   | 24%   |
| <b>Q3</b>   | 85%   |
| <b>Q4</b>   | 81%   |
| <b>Year-end RAG rating</b>  |   |

The Trust developed a training plan to comply with the NICE recommended levels 1 and 2 training in domestic violence in 2016/17.

The Trust has established itself as a local lead for holding an annual White Ribbon event. In 2016-17 the theme for this event was on FGM and working with perpetrators. 70 staff from local organisations and the Trust attended this event. In addition the Trust women’s lead was interviewed on Radio 4 Women’s hour and also featured in an article on Radio 5 to talk about trauma informed practice in relation to Domestic and sexual abuse.

#### 5.1.5 Training Statistics 2016-2017 – Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)

| <b>Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS)</b> |   |
|---|---|
| <b>QUARTER</b>  | <b>Mental Capacity Act and the Deprivation of Liberty Safeguards<br/>(DoLS)(Target 80%)</b> |
| <b>Q1</b>   | 60%   |
| <b>Q2</b>   | 65%   |
| <b>Q3</b>   | 78%   |
| <b>Q4</b>   | 86%   |
| <b>Year-end RAG rating</b>  |   |

Raising awareness and improving practice on implementing the MCA has also been a significant area of focus for us in the last year.

In the last year we have also been involved in a Safeguarding Adult Review and subsequent learning events that have enabled staff to reflect with partners in Adult Social care how we can work more collaboratively and cohesively to support those most vulnerable residents in the Borough.

Many social workers seconded to the Trust are also Best Interest Assessors and participate in a rota for undertaking BIA work and DOLS on behalf of the Council.

## 8. Finance

Finances were well controlled during the year and the S75 agreement came in with a slight underspend in year £158k or 5% of the total. This was largely driven by vacancies being offset by cost pressures in other areas to give a net underspend.

| Annual Budget | Spend in 2016/17 | Variance  | (YTD) | Staff Budget | In post at year end |
|---------------|------------------|-----------|-------|--------------|---------------------|
| £             | £                | £         | %     | wte          | wte                 |
| 3,080,668     | 2,922,504        | (158,164) | -5.1% | 62.51        | 52.38               |

## 9. Key Priorities for 17/18

The Council and the Trust have agreed a number of key priorities for 2017/18 across a number of work areas. This section outlines what we are aiming to achieve during the year.

### 9.1 Social Work Review

The Council and C&I are committed to ensuring high quality Social work Practice and delivery. To support this, a review has been jointly commissioned that will focus on the following key areas:-

- How to ensure that Social Work staff focus on social care priorities within the context of integration and deliver the Councils duties and responsibilities under the Care Act.
- How the Council and C&I can better enable mental health social work staff to perform their roles
- Make recommendations as to how the Council and C&I can better support Social Work staff within a Sect 75 agreement
- Refine how Health and Social Work staff deliver social care functions in the future
- How the strategic relationship between mental health social work and other parts of the Council can be strengthened;
- Ensuring that the structure and shape of the health and social care workforce delivers high quality social care outcomes;
- Ensuring that Social care leadership that is strong and effective;
- Mental health social workers are given the best chance to succeed in the role by ensuring that they have the right tools for the job.

The review will commence in April and is expected to make recommendations by October 2017 for implementation during Quarters 3 and 4 17/18.

## 9.2 Implementation of the Triangle of Care



During 2017/18 C&I is implementing the Triangle of Care as its Carers Strategy. The Triangle of Care brings together carers, service users and professionals.

It aims to promote safety and recovery for people with mental health issues and encourage their wellbeing by including and supporting their carers.

## 9.3 Development of Safeguarding Assurance and reporting processes

LBI & C&I are committed to ensuring that safeguarding activity is carried out to the highest standards. To underpin this and linked to the Social Work review outlined at 8.1 we will focus on improving Safeguarding reporting and assurance processes. Currently Council and Trust systems are not interoperable and do not share data. In the longer term it is envisaged that a technological solution to this is developed and work towards this commenced during July 201. In the short term a plan is being developed to support widened access to LBI systems to enable recording and follow up of Safeguarding incidents to take place on Council systems. This will give greater assurance to the Council and increased similarity to systems in place in other areas of social care. The following key themes are being tackled through this programme:-

- Development of technological solutions
- Management of Merlins (safeguarding notices from the police)
- Access to systems
- Recording
- Follow up
- Process Audit (failsafe)

## 9.4 AMHP Recruitment

The national Chief Adults Social worker has prioritised a 'refreshed focus on the vital role of the AMHP, including: improving data, competencies, consistency and quality of training and approval arrangements, research evidence and a recruitment and retention strategy.

## 9.5 Rehab Review

A partnership review of rehabilitation services commenced at the end of 16/17 and continues into 17/18. This is focussing on the rehab pathway, looking at how out of area placements which are usually more costly can be brought back closer to home, ensuring the pathway operates to least restrictive principles and further developing community provision.

At the time of writing the first stage of the review has completed and LBI and C&I are working together to move patients from C&I provision and from out of area into the newly commissioned service at Burghley Road.

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**ISLINGTON**

In partnership with

Whittington Health 

**Report on Section 75 (National Health Service Act 2006)  
Partnership Working between  
London Borough of Islington and Whittington Health NHS Trust**

## 1. INTRODUCTION

This report covers the main achievements of during the financial year of 2016/17 in the provision of integrated services for adults and older people, and identifies the key priorities for 2017/18.

## 2. KEY AREAS OF ACHIEVEMENT 2016-17

### 2.1 Integrated Locality Team Working - Where we are now

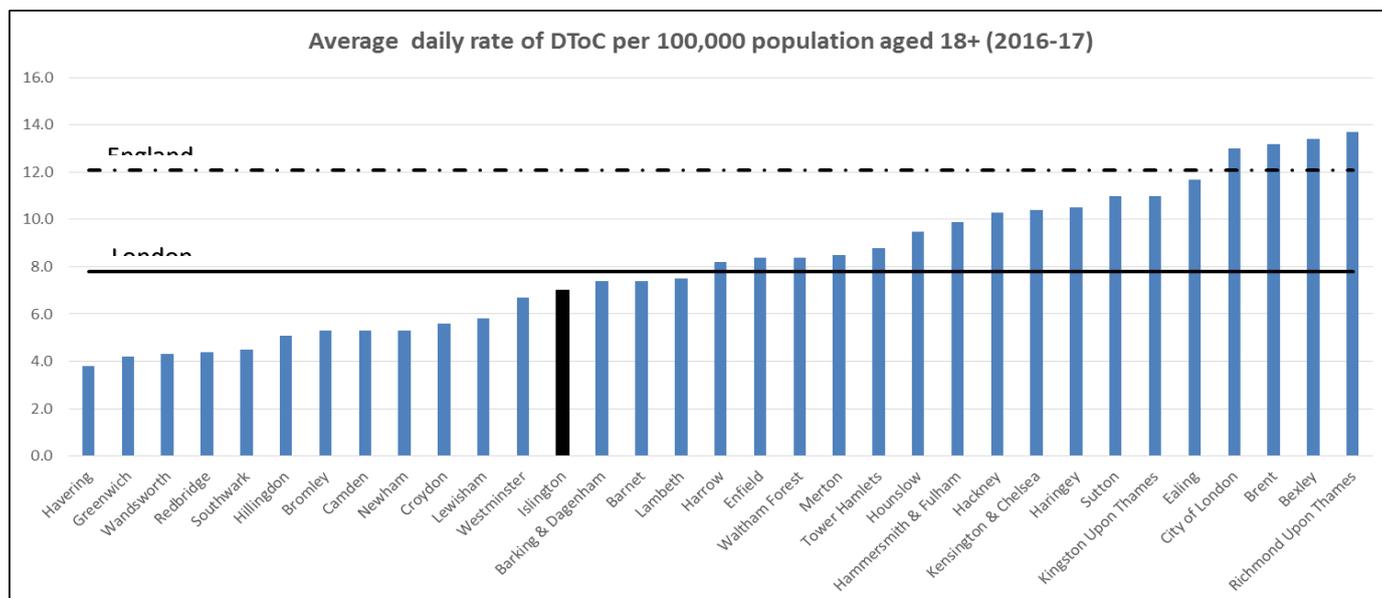
The service has updated its name to 'Integrated Community Services'. This is as a result of the implementation of the integrated GP networks and to prevent any confusion around referral pathways. The North and South integrated community teams continue to be co-located with the REACH services. The teams continue to work together to ensure that the services are delivered in partnership and are sustainable and able to respond to the increasing number of people being supported to remain in their own homes and independent for as long as possible.

Collaboration between Whittington Health and Islington continues in the following areas:

- Integration in line with healthcare priorities
- Development of discharge to assess pathways
- Retain co-location between health and social care staff in the community setting
- Integrate team meetings across community health and social care
- Ongoing work on admissions avoidance
- Growth in the use of Enhanced Telecare services

### 2.2 Care Closer to Home – reducing the time people have to spend in hospital

#### Delayed Transfers of Care



Islington continues to perform well in maintaining a low number of Delayed Transfers of Care (delays to people leaving hospital). This has been supported by: -

- Daily teleconferencing to discuss people with complex needs, and to agree actions across hospital and community teams towards discharge day and social work service over the winter period.
- The development of a “virtual ward” which enables patients to be discharged with reablement packages of care over the weekend.

- Prompt access to necessary equipment via TCES (community equipment service)
- A support worker (employed by Age UK) continues to carry out practical tasks necessary for hospital discharge, in a timely way e.g. getting keys cut, enabling essential work to prepare people's home for them to return to being carried out whilst they are still in hospital.
- Links to the voluntary sector, particularly Age UK, to support people on return home, for example following an attendance at accident and emergency.
- Continue review of whole system concerns with the Discharge Lead to monitor Delayed Transfers of Care for Islington residents and to escalate issues around delays.

Islington perform well when benchmarked with other providers and have consistently been a highly performing authority in London for the past 5 years. Performance has improved slightly in 2016-17 from 7.2 to 7.0 delayed transfers of care per 100,000 of the population. It is worth noting however that Islington rates of delay are still significantly lower than the London average of 7.8 delays per 100,000 of the population, and the England average of 12.1 delays per 100,000 of the population.

### 2.3 **Avoiding Hospital Admission**

Evidence shows that older people 'decompensate' and lose their independence during an extended hospital stay. Hospitals are an unfamiliar environment and patients lose their routine impacting on their ability to keep active and maintain muscle strength. There is a continued focus on supporting and caring for people at home in line with current clinical best evidence if they do not need an admission for acute medical care.

The **Facilitating Early Discharge Service (FEDs)** team changed their name this year to the **Specialised Therapy and Rapid Treatment Team (START)** to better reflect their role in admission avoidance in the Emergency Department, Clinical Decision Unit, Acute Assessment Units and Ambulatory Care. The service is covered every day from 08.30 to 20.30.

The aim of the team is to screen all patients who require therapy intervention as part of a full MDT assessment within 12 hours of admission. The assessment will determine the needs of the person and if they can be supported to return home safely thus avoiding admission to hospital. Early intervention and rapid assessment can also significantly reduce the time the person is in hospital for reducing the risk of decompensation and hospital acquired infection.

The team work closely with the Virtual Ward service, Social Services and Reablement to ensure a seamless link from hospital to home. Equipment that is required to promote independence, maintain function or improve safety can be rapidly accessed through a loan provider or via local pharmacies using a prescription system.

The team also includes a technician who can undertake further assessment in the home environment immediately post discharge, for example, to complete a home safety check, practice with new equipment in the home setting, assess for non-urgent equipment such as bathing aids or outdoor mobility equipment and make onward referrals to both statutory and voluntary sector services when required.

A social worker is linked to the team on weekdays to provide assistance and support with assessing the more complex patients who present for example with, a higher level need or safeguarding concerns. At the weekends the team link closely with the duty social worker based in EDT for the same purpose.

These initiatives are successfully minimising the time people spend in hospital, supporting them to remain as independent as possible and providing the support they need to remain in their own homes.

Currently we are progressing to the Discharge to Assess Pathway working with colleagues in

Social care and Reablement to ensure when people are medically optimised they can leave the acute setting with the appropriate care and therapy provision they require to continue their recovery at home.

The work of **the Lead Nurse for Quality and Assurance**; a jointly funded post that sits in the Older Adults Commissioning Team within the Council, continues to improve the quality of care and clinical competency within the care homes, to prevent hospital admissions and to support reductions in hospital lengths of stay.

Currently, all of the homes have permanent home managers in post and for the exception of one home, good clinical leads, this has enabled effective working relationship with the GP and the wider MDT to manage the increasingly frail and complex residents and support the sustainability of the training and input being provided into the homes.

A number of actions identified in the 2015 -16 report have been completed whilst others remain in development. The achievements for the year includes:-

- Engagement of care home staff in cross sector training, in particular the Health Education England funded Care Certificate training.
- The development of the nursing audit tools.
- Embedding the process and systems for care home management of residents requiring PEG feeding.
- The move from the use of blister packs on care home nursing floors.
- Engagement of ICAT pharmacist to improved medicine management.
- The introduction of defibrillators into the care homes in support of London Ambulance Service response time.
- With the support of a Darzi fellow, the introduction of Treatment Escalation Plan guidance and template
- Full implementation of the pan London based Quality Performance Monitoring (QPM).

There is ongoing work required around the introduction of the 'Standard Operating Procedure for the management of deteriorating residents. This is being progressed in 2017 -18.

### **The Home Managers Clinical Care Improvement Group (HMCCIG)**

This group set up in 2014 continue to meet bimonthly and work collaboratively to sustain clinical changes that have been implemented as well as those being proposed by specialist groups. The group is represented by a broad spectrum representation and include community based specialist teams (SALT, Dietician, OT, Physiotherapist Team), TVN, SAMH, DN, and other relevant resources. It remains the forum through which clinical concerns are highlighted and clinical improvements progressed.

The Lead Nurse continue to provide a monthly update of current and potential clinical risks and concerns to the RADAR group, which monitors the quality of care or service provided within the care homes and other care providers. The purpose of the group is to monitor areas of concern as well, engaged the wider MDT and share intelligence. The group is made up of operational and commissioning leads from both Health and Social Care including both the Council and CCG Safeguarding leads and key members of the HMCCIG i.e., SALT.

This collaborative approach has ensured that safeguarding concerns or investigations following complaints or feedback from the wider MDT with a clinical practice component are addressed quickly and effectively.

As a result of the quality monitoring, a number of quality improvement initiatives have been implemented during 2015 -16. These initiatives have been developed in part to address gaps in the delivery of effective and safe care, hospital avoidance and primarily to continue to improve the experience of residents in the homes.

The 2016-17 focus of the HMCCIG, in support of the relevant Sustainability Transformation Plans (STP), whole system thinking and approach is to sustain previous initiatives as well as develop the following:

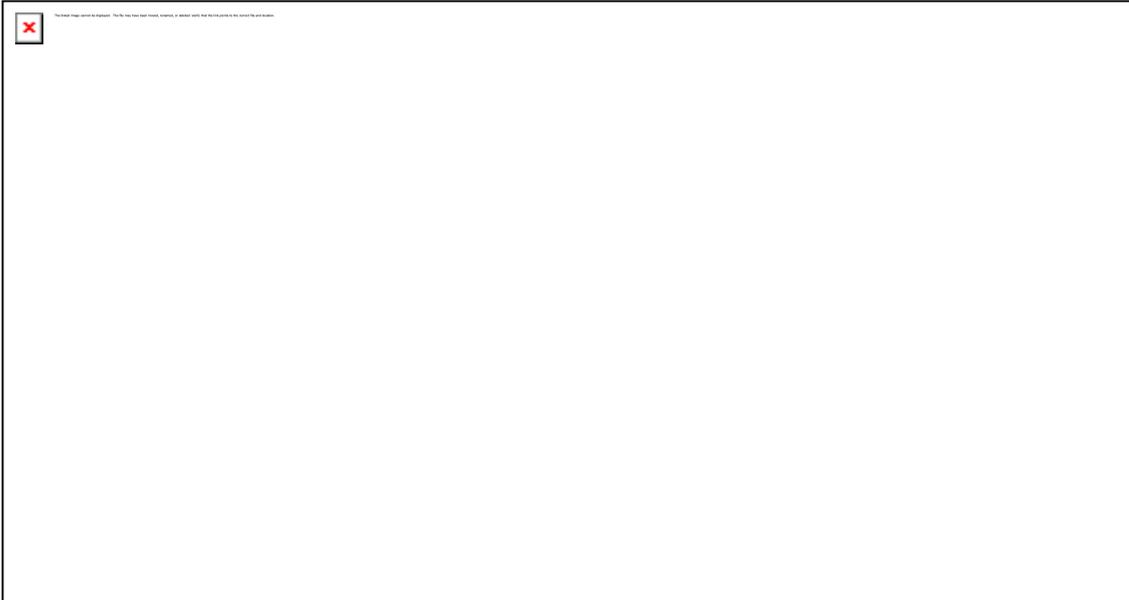
- A more skilled qualified and unqualified workforce in care homes who are well able to utilise the resources available to manage long term conditions within the home.
- Inclusion of care homes in integrated workforce planning within the local health and social care system
- With representation from the Lead Nurse, the Community Provide Education Network (CPEN) continues to engage care homes in cross sector training.
- Through recent transformation plan funding, the care homes will be in the position to access secondary sector training to gain extended clinical skills in support of Advance Care Planning and Treatment Escalation Plan e.g., management of syringe drivers and catheterisation.
- Three Islington care homes, Bridgeside Lodge, Highbury New Park and Muriel Street will be supporting the UCLP pilot of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT). The pilot will start in September 2017 and is expected to add to achievements made to date around hospital avoidance.
- There is ongoing commitment to engage the care home providers in the various initiatives and projects designed to prevent unnecessary hospital admissions and improve experience of care within the care homes. Two of the home managers were invited and have made successful applications to take part in the Capital Nurse Senior Leadership programme. Alongside the Lead Nurse, the home managers will be focussing their project on 'Care homes internal infrastructure which will in turn support the 'Trusted Assessor' and secondary sector care clinical training objectives. There will also be the potential to develop clinical pathways that extends to care within the care home setting.

## **2.4 Telecare**

The Enhanced Telecare team continue to provide support focussed on keeping Islington residents safer and more independent at home, as well as delaying admission into care homes and preventing hospital admissions. Telecare is available to residents in private dwellings as well as to people living in supported accommodations and sheltered schemes to assist onsite staff in managing their residents' needs and keeping people independent for longer.

In 2017/18 Islington is committed to further cementing telecare as a central part of our universal preventive offer. We have streamlined the referral process for enhanced telecare services, removing the requirement for a full social care assessment to trigger access to the service in line with the principles of the Care Act. To support and embed this process change, a mainstreaming training programme will be delivered in Autumn 2017 to ensure staff across adult social services are confident in using this new referral process and understand telecare's role as a universal preventive service for all residents who stand to benefit from the support it offers.

As a result of this shift, we expect to see a continued upward trend in the number of people receiving the service and we will be monitoring this closely.



### 3 PLANNED DEVELOPMENTS

#### 3.1 Developing the locality-based model with GPs

There is a commitment to participation in the locality-based multi-disciplinary team working within GP localities. The participation of staff from both social services, and community health teams, e.g. therapists, district nurses and community matrons, and hospital consultant geriatricians, in a fortnightly primary care led teleconference brings together information and expertise from a wide range of professionals, and from acute and community care. This supports development of a coordinated care plan to support better management of people's well-being within a community setting. Whittington operationally manages the integrated networks (multiagency teams wrapped around primary care) through the Integrated Network Coordination (INC) infrastructure.

The development of locality based teams of health and social care staff will support effective links with the primary care localities, and development of multidisciplinary work to support management of patients most at risk of hospital admission or premature entry in to long term care.

Whittington Health has been a central part to the implementation of the Integrated Networks across Islington so far. The roll out of the programme began in February 2016 and Whittington Health have operationally managed and provided the ongoing infrastructure for the Integrated Networks. There are now 12 Integrated Networks running across Islington with 97% of GP practices part of a Network as of July 2017. In 2016/17, a total of 1440 patients were discussed via the Integrated Networks.

The relationships and ways of working that have been developed across health and social care organisations across Islington will be key to the successful delivery of the CHIN's as part of the STP. The Integrated Networks will be the foundation of the CHIN model and the Whittington Health admin, management and community matron teams involved will continue to work with partners to support the development. There will be a focus this year in strengthening links between the Integrated Networks and secondary care to ensure that they are embedded into business as usual and the relationships already created will be extended to acute clinical teams.

## **3.2 Discharge to assess**

### **3.2.1 The approach**

'Discharge to assess' is a new approach to hospital discharge which supports people who are medically ready to be discharged from hospital to get home more quickly by having their social care needs assessed at home rather than on the ward. This approach to discharge will help to improve patient flow through the hospital, ease demand on hospital beds and staff, and make better use of our community services and deliver better outcomes for patients.

Patient outcomes the approach supports include the following examples:

- They will have a much lower risk of getting a hospital acquired infection;
- They will keep their independence for longer
- They will rely less on long term care and receive care that is most appropriate to their needs
- They are likely to live longer.

### **3.2.2 The pilot**

Discharge to assess has been piloted on a small scale to date for residents living in Islington through a partnership with The Whittington Hospital, University College London Hospital (UCLH) and Islington Adult Social Services. As of July 2017, a pilot pathway has been developed based on the Medway model for patients in pathway 1 (those who have additional care needs but can have these safely met at home).

The pilot has facilitated 3 discharges from the Whittington to date and 1 from UCLH. A further 6 discharges (5 from each hospital) will be delivered through the pilot, each building on learning from the previous example to ensure continued improvements.

Upon completion of the pilot, evaluation data will be reviewed and overall learnings considered ensuring the delivery of a sustainable pathway using discharge to assess as the primary discharge route for pathway 1 discharges going forward. Work is underway to scope requirements to deliver a pilot for pathway 2 and 3 patients in the coming months.

### **3.2.3 Upcoming priorities for delivery**

Delivering effective discharge to assess pathways relies on safe and effective community services which are able to respond to referrals rapidly to facilitate same day discharge for medically fit patients. In particular, a strong therapeutic and reablement offer in the community is essential.

Priorities development areas for delivering these requirements in the coming months include;

- Ensuring accurate data is available from both acute and community partners to support well informed understanding of capacity requirements of the discharge pathways
- Delivering improvements in the efficiency, flexibility and capacity of our reablement service to support same day discharges as standard
- Developing a sustainable and robust single point of access for acute referrals to adult social care
- Securing additional resources required to fully staff this single point of access
- Developing a coherent admissions avoidance strategy which supports the discharge to assess approach.
- Ensure services are embedded for Winter 2017/18.
- Implementation timetable includes CHC beds from September 2017.

#### 4 CONCLUSION

The strong partnership working between Islington Social Services and the health services within Whittington Health NHS Trust continues to move in a positive direction. Ongoing work such as Discharge to Assess will further develop local and locality services that are truly 'joined up' and delivered in a way that offers integrated care and support, to the benefit of Islington residents.

It is important to preserve the benefits of integrated working, and to use the opportunities to develop further integration of front-line teams over the coming year, as this will provide a better coordinated service to vulnerable people, and ensures that opportunities to share expertise and specialist knowledge are maximised, and that any duplication of work is minimised.

Carole MacGregor, Head of Islington Community Rehabilitation Service

Paul Attwal, Director of Operations, Integrated Medicine

August 2017

# Islington Council and Clinical Commissioning Group

## Adult Joint Commissioning Strategy

2017-2020



## Foreword

In Islington, commissioning is a vital part of what we do as partners to improve the health and wellbeing of our residents. Joint commissioning is about the council and the clinical commissioning group working together with our partners to shape the system, enabling residents to improve their own health and wellbeing.

The next three years are going to see a huge amount of change in Islington. Many of our residents will continue to face inequality, poverty and poor health and wellbeing and need support from us to achieve their goals. The financial pressure on our organisations is likely to continue to grow, demand for services we commission is increasing every day in many cases, and plans, approaches and organisations will need to change in response. We are working in a complex, fast-moving and ever-changing environment, so this strategy is not a plan that sets out everything that is going to happen over the next three years, because that would simply not be possible or practical.

Instead, this strategy sets out our principles, our values, and our priorities for the next period. These are the concepts and attitudes that we will use to guide ourselves as commissioners and which we will build into everything we do. We will focus our energy and our resources on supporting residents to be **healthy and well**, be **connected**, and be **in control**. As we work towards these priorities, we will seek to behave in a way which is **person-centred**, **outcome-focused**, and which delivers **fair and effective use of public resources**.

From listening closely to our residents, we are confident that these are their priorities for us, and over the next three years we will work hard, in partnership with service users and carers, with providers and with our partners to achieve these outcomes for the residents of Islington.

Sean McLaughlin

Corporate Director – Housing and Adult Social Services

Islington Council

Tony Hoolahan

Chief Officer

NHS Haringey and Islington CCGs

## Understanding Islington

- Islington is the most densely populated local authority area in England and Wales, with 15,517 people per square km. This is almost triple the London average and more than 36 times the national average.
- Islington is the third smallest, but most built up of all London boroughs covering 14.86 km squared.
- 1 in 6 adults in Islington have a diagnosed mental health condition.
- Only 13% of the borough's land is green space, the second lowest proportion of any local authority in the country.
- The 2015 Index of Multiple Deprivation shows that Islington has improved from being the 11th most deprived borough in the country to the 26th most deprived. This overall progress has come about as a result of significant improvements in a number of individual areas.

### What does good look like?

- Services that work together
- Helped to help myself
- Supported at home and to be part of my community
- Helping me take control
- Support for carers

**Service users and carers have consistently told us about what they want from adult services in Islington. 'What does good look like?' collates all this information, including learning from Making It Real, under five themes.**

Islington's adult drug and alcohol services are working with an ageing population. This presents new challenges and different service user needs which practitioners have not had to consider before. Professionals need to work in an environment which allows them to adapt and develop new skills required to respond to these changing needs.

As a Public Health commissioned service, drug and alcohol commissioners are in regular contact with Public Health colleagues, so they have been engaged and involved in discussions around the commissioning intentions of their department. Opportunities like this should become more common now that we have been able to co-locate commissioning teams across Children's Services, Adult Social Care and Public Health in one office, which is also, very conveniently, next door to the Islington CCG offices.

This joint working has enabled discussions between commissioners of drug and alcohol services and lifestyle services, specifically NHS Health Checks and Stop Smoking, to consider how the two areas could work better together. Lifestyle service providers would, with the support of specialist drug and alcohol staff, gain experience of working with more complex service users (who wouldn't ordinarily access their services); in exchange - drug and alcohol service providers could work with lifestyle services to offer sessions on their sites which would encourage better attendance at appointments by service users and provide a more rounded and joined up offer of support.

While this new approach is still at an early stage, the uptake of the services on offer has been positive and there is commitment from all parties to continue joint working. Collaboration like this is a key way of working we want to pursue over the life of our new joint commissioning strategy with a whole range of partners.

## Outcome: Being healthy and well

Having good mental and physical health and wellbeing is fundamental to good quality of life; enabling us to realise our full potential, to live independently and to helping us make positive contributions to our communities.

We are committed to reducing the impact and incidence of physical and mental ill-health for all our residents by reducing health inequalities across the borough, keeping people as healthy as possible and living independently in their community. We aim to do this by ensuring services provide effective, personalised care and support, enabling people to live better, more fulfilled lives and to achieve their own goals.

Islington's focus is to prevent problems arising and to intervene early to help people stay healthy longer, reduce the escalation of health problems and foster a good level of wellbeing rather than responding to poor health. Not only will this ensure we focus on building a healthy population, it will also reduce demand for expensive services and help us deal with the financial pressures we face. Making sure people can access services early, before they reach a crisis point, will be a key part of this.

### What we know

- Number of admissions to long term residential care in 2016/17 – 157 (Performance spreadsheet)
- 1,532 people with mental health needs receive social care support in an average year (Evidence Hub – mental health factsheet)
- The gap in healthy life expectancy between the least and most deprived areas of Islington is 7.7 years for women and 10 years for men (State of equalities)

### What are we going to do about it?

| What are our priorities in this area?   | What actions do we need to take?   |
|---|--|
| <b>Responding to increasing complexity of need:</b> enabling timely access to interventions and recovery; reducing the burden on acute services, residential and nursing care; taking a consistent approach across commissioning to ensuring residents are able to receive the right support by a suitably skilled workforce. | <ul style="list-style-type: none"><li>• Work with partners across Islington and Haringey through the Wellbeing Partnership to ensure those with complex needs get rapid, co-ordinated and effective treatment.</li><li>• Enable that focus on those with complex needs by ensuring most people get the support they need from mainstream services in their community.</li><li>• Ensure that services have a workforce with the right skills and competencies to be able to support people with increasingly complex needs.</li></ul> |

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**Improving mental health:** supporting individuals and communities to effectively manage their wellbeing and mental illness, close to home; and where needed, providing continuity of care and support around the needs of individuals and communities

- Develop services that deliver support and treatment for mental health and physical health holistically.
- We will ensure that the mental health of our residents is considered in all services we commission.
- Increase awareness and understanding, across partnership organisations, and championing action that promotes positive attitudes about mental health and wellbeing.
- Bring together mental health interventions with other services as part of a coordinated and integrated approach, reducing silo working, including through the Haringey and Islington Wellbeing Partnership.

**Promoting self-management:** empowering Islington residents to better manage their own health and enabling them to be well-informed about making healthy choices.

- Continue to design services that support people to make healthier choices to regain and maintain good health and independence, reducing the need for ongoing formal services and enabling people to live in their own homes.
- Ensure there is more accessible information on how people can self-manage and the community support available.
- Embed a focus on wellbeing into all services we commission and influence others to do the same.
- Support people, especially those with complex needs, to make healthier choices and to gain control over their own care through personal budgets, including through the Integrated Personal Commissioning programme.

**Improving access to mainstream services** ensuring that mainstream services truly serve all our residents

- Work with universal health services and preventative services to manage the range of needs more effectively. This will enable service users to remain within mainstream services, retain links with the wider community and avoid the duplication of similar offers.
  - Focus on mainstream services that offer support close to home and out of hospital wherever possible.
  - Ensure that interventions to improve early diagnosis, treatment and care of long term conditions encourage participation and access from all population groups.
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**Recognising and addressing the wider determinants of health:** strengthening partnership work across the public and voluntary sector to develop the best support for residents; building an awareness across health and care of how important employment, housing, poverty, education and other wider determinants impact on health.

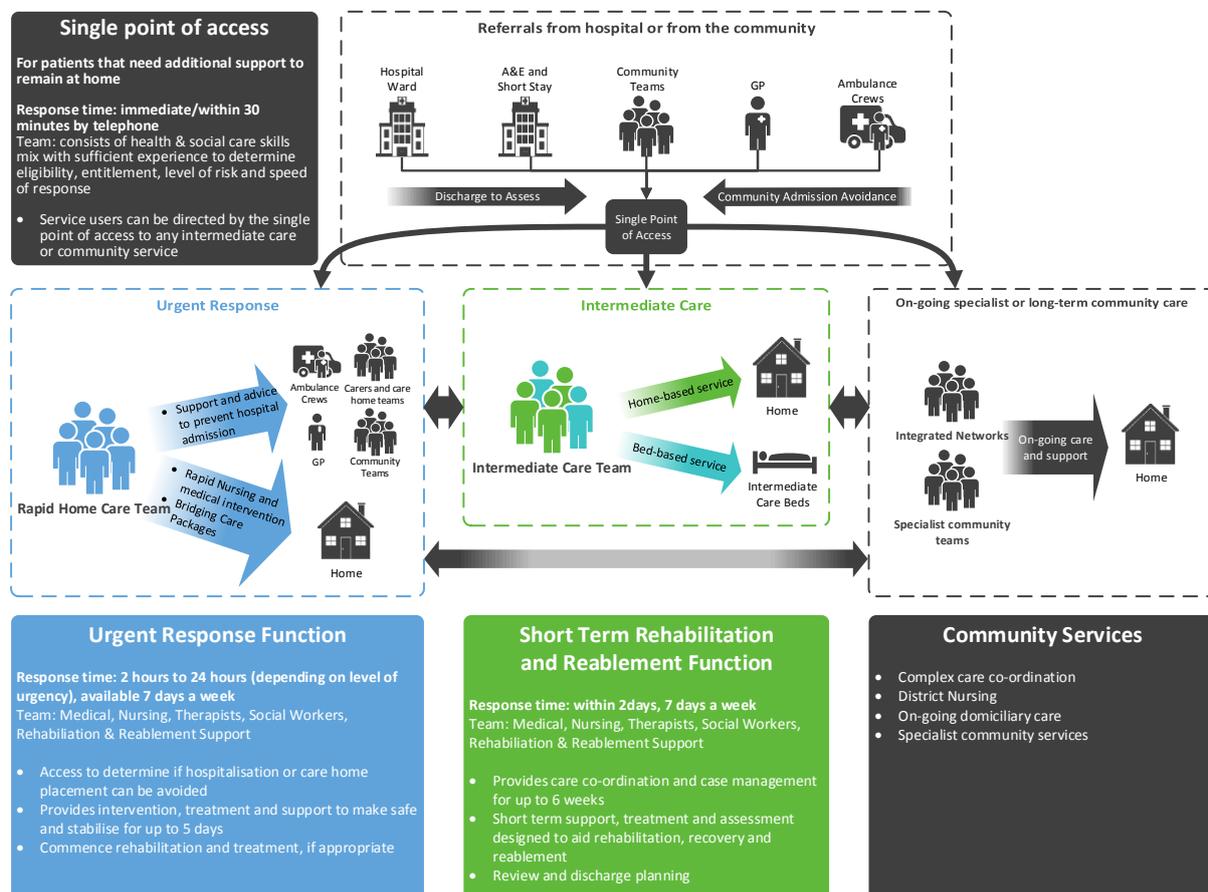
- Improve outcomes for our populations by focusing on helping people to stay well, addressing the broader social factors that impact on mental and physical health
- Work with employers, education and training providers, to support people with poor mental health to gain and stay in work, education or training; and to support all employees and students to maintain their mental wellbeing.
- Work with our housing colleagues and partners to ensure better joined up working and tackle housing-related poor health and wellbeing.
- Continue to strengthen our relationship with services for children and young people, thinking family and taking a whole life course approach to planning services.

## Case study 2: Improving Intermediate Care in Haringey and Islington

We have been working to align and coordinate intermediate care services (services provided after leaving hospital or to people at risk of hospitalisation) across Haringey and Islington in order to:

- Meet current and future need for rehabilitation and reablement
- Reduce our community's dependence on hospital, residential and domiciliary care
- Improve access to services, particularly for those with complex needs
- Improve value for money across the system

The reason we are looking to do this across Islington and Haringey is because we have similar models of intermediate care and a shared community provider, but most importantly a shared ambition to improve intermediate care and meet rising population need. Working at scale presents opportunities to enhance skill mix, make better use of real estate and increase flexibility, and working together provides more opportunity to re-profile bed-based services.



We are designing a much simpler system with a single point of access for both hospital and community referrals: combined with changes to the discharge pathways the model will work on a 'home first' basis and have an emphasis on avoiding unnecessary hospital visits and increasing independence.

## Outcome: Being connected

Being connected does not necessarily mean being connected to services. We aspire for our communities to be **resilient** and empowered to **self-manage**, but more than that we hope to see people actively engaged with one another; volunteering, caring for others, employed in good, fairly-paid jobs and participating in a whole range of ways in the many communities that make Islington the extraordinary and vibrant place it is.

Being connected is about people feeling part of a wider **community** that is **active** and **supportive**, and in which people feel **useful**, meaningfully **involved** and socially **included**. Building and sustaining a strong set of connections to support and opportunities through our families, our friends and our community is vital to a healthy and fulfilled life.

Our role is to shape the local market to deliver these aspirations and to broker and facilitate access to appropriate services as guided by what our residents want and need. Recognising the key role played in our residents' health and wellbeing by the wider determinants of health, this will just as often be support related to **employment, volunteering, skills** or **leisure and culture** as it will be health and care services directly.

### What we know

- According to the Census, 26% of the working age population who identified themselves as disabled or having a long-term health problem in Islington are economically active (State of Equalities)
- Every ward in Islington has at least one area that is among the 20% most deprived areas of England (State of Equalities)
- 75% of users of learning disabilities services are in settled accommodation (performance spreadsheet)

### What are we going to do about it?

| What are our priorities in this area?  | What actions do we need to take?  |
|--|---|
| Ensuring our services actively promote and facilitate <b>employability, social inclusion and appropriate meaningful activity</b> . | <ul style="list-style-type: none"><li>• Put employment at the heart of everything we do as a key route to better health and wellbeing</li><li>• Embed outcomes about employment, social inclusion and meaningful activity in all its forms in contracts wherever possible</li><li>• Strengthening our focus on social value in procurement to maximise the benefit to our community from all contracts.</li></ul> |
| Taking responsibility for <b>carers</b> feeling connected and valued for their role.   | <ul style="list-style-type: none"><li>• Work with operational teams and delegated services to ensure carers are offered a carers' assessment and supported in line with our duties under the Care Act</li><li>• Facilitate strong links between providers and local carer organisations</li></ul>   |

- Highlight any gaps in need for carer groups through dialogue with carers themselves, including those who don't think of themselves as carers
- Strengthen our engagement with young carers supporting our service users.

Ensure **information about local services** is readily available and residents have the skills to access it.

- Continue to improve the council's website and ensure it, and the Adults Directory, contain up to date, accurate and useful information for residents and providers
- Ensure providers support the delivery of local digital inclusion programmes, and help residents to access lifelong learning opportunities
- Promote innovative use of technology as a means for connecting people and tackling social isolation.

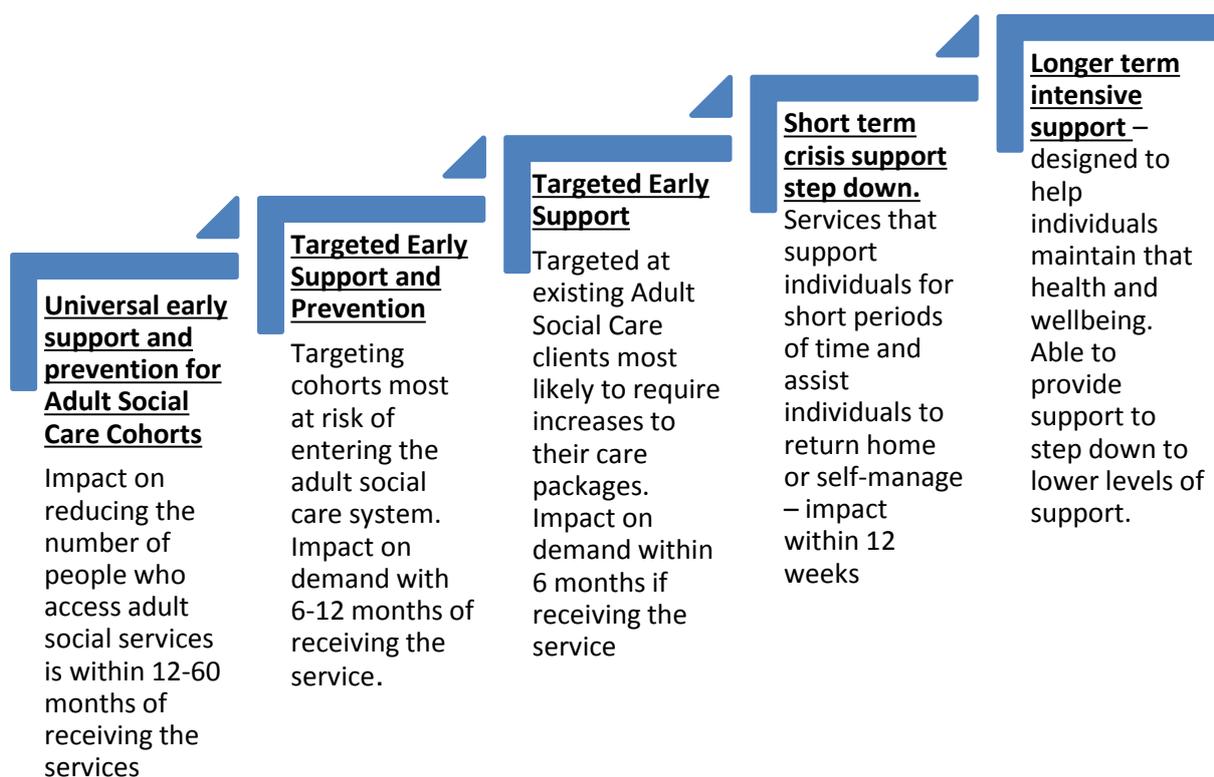
Building a **connected local system**, with shared responsibility for residents' outcomes across health, housing, education, welfare and social care rather than passing people between organisations.

- Continue to develop strong pooled budget and joint-funding arrangements
- Lead on a 'think family' approach across all levels of operational and strategic departments within the council, CCG and health providers – and across borough boundaries with Haringey and other North London partners
- Build on the models of the prevention forum and integrated networks to build relationships between providers and enable holistic discussions about challenges and best practice
- Learn from Haringey's Local Area Coordination model for an integrated pathway for primary care, social care and community services.

Ensure, wherever possible, that people's **needs can be met closer to their home**, family and in the community by shaping a diverse local market with the required skills and competencies to deliver this.

- Work with providers to understand their training and development requirements to meet needs locally
- Facilitate a whole systems approach to working in this way
- Including through the council's spark programme and the STP, work with local partners to review how we use our buildings to maximise the benefit to our service users.

## Our approach to prevention and early intervention



### Case study 3: employment and health

The Islington Individual Placement and Support (IPS) Employment Trial is a health-led intervention which supports people who are unemployed due to a health condition and/ or disability return to employment. The IPS Trial is one of the key projects for Islington's Wellbeing and Work Partnership, which is run jointly between Islington Council and Islington CCG (in partnership with JobcentrePlus). The purpose of the partnership is to promote and coordinate borough-wide efforts to improve employment and health outcomes for residents with a long term condition or disability.

There is a substantial evidence base for IPS supporting people using secondary care mental health services into work, and we are keen to understand whether it can support people with any health conditions or disabilities receiving care in a primary or community healthcare setting. The trial is part of a national programme of research to enable the NHS to measure how effective IPS could be, by comparing outcomes for people who receive IPS employment support with those who do not.

The trial is commissioned by Islington CCG and delivered by Camden and Islington Foundation Trust. The trial uses a randomised control method and is expected to recruit a minimum of 1000 patients; 500 of which will receive the intervention and 500 will be in a control group, signposted into existing 'business as usual' employment support within the borough. The trial went live in January 2017 and to date over 120 people are have registered to participate. Early estimates are that about a quarter of participants are moving into employment thanks to the intervention in the trial.

The biggest challenge for the trial is generating enough referrals in order to recruit the planned level of participants. Whilst the service is available to anyone registered with an Islington GP with a long term health condition and/ or disability it is expected that the majority of referrals will be related to people with mental health conditions, MSK, or diabetes (in part due to the high prevalence of these conditions amongst working age adults).

## **Case study**

*Client A, who has diagnoses of psychosis, diabetes and arthritis and has never done any paid work before, is now working part time for a local hospitality & events company.*

*The Employment Specialist met with patient A for a total of 9 hours over 5 appointments before the job offer was received, that was just 7 weeks from the initial appointment. These sessions covered vocational profiling (including looking at preferences, experiences, skills, strengths, and personal contacts), job searching, welfare benefits advice, discussions on the disclosure of mental and physical health conditions and interview preparation.*

*Client A currently works under 16 hours per week under the 'permitted work' scheme. This graded return to work enables clients to 'test out' work to see if it is something they are able to maintain. The Employment Specialist will continue to work with Patient A towards the long term goal of working full time and to provide support to ensure the client is settled and happy in the workplace.*

## Outcome: being in control

‘Our vision is to enable people to develop networks of support and increase community connections. People will be supported to be in charge of their life and to have real choice and control over their care and support to realise their full potential’ (Making it Real Islington 2016)

Islington’s Making It Real programme shared and validated nationally coproduced ‘I statements’ about what personalised health and social care services mean. Those statements are the foundations of our overall strategy.

We have also linked these to local service user and carer feedback on “What does good look like?” for services – describing how services are delivered, qualities and skills of staff, and what they help our residents to achieve.

We have continued to drive towards these ‘markers for change’, but we acknowledge that more work needs to take place in social care and across Islington to fully achieve our aspirations, and those of our residents, for personalisation.

We want to do more to make the strengths and assets of individuals, families, groups and community organisations our starting point, rather than beginning with ‘what’s wrong’ and deciding which services can ‘fix’ things for people.

We will prioritise genuine transfer of power in our local system over the life of this strategy, building the capability in service users, carers, providers and ourselves to create services that are person-centred, co-produced and respond to genuine and individual need appropriately.

### What we know

- 650 service users and 710 carers are taking up the option of receiving a direct payment to manage their own care and support (performance spreadsheet)
- Helping me take control I statements (what does good look like)
  - “I have good information and advice on the range of options for choosing my support staff”
  - “I am in control of planning my care and support”
  - “I have care and support that is directed by me and responsive to my needs”

### What are we going to do about it?

| What are our priorities in this area?  | What actions do we need to take?   |
|--|--|
| Supporting people to have <b>power and control</b> over their care beyond simply controlling the budget.         | <ul style="list-style-type: none"><li>• Wherever possible ensure services have funds set aside for personal budgets across health and social care, and we will use information on what people spend their money on to support both commissioners and providers to be more responsive to individual choice.</li></ul> |
| Making sure <b>services fit around people’s needs</b> and requirements rather than people fitting into services. | <ul style="list-style-type: none"><li>• We want people with care and support needs to have conversations with practitioners which focus on what matters to them and what is working and not working in</li></ul>   |

their lives. We will ensure services embrace this personalised, asset-based approach.

- Ensure people have the tools they need to be more resilient, so even during challenging and difficult times, they are better placed to utilise their own talents, resources and connections to solve difficulties and sustain positive change in their lives, with proportionate support when it's needed.

Growing a **strong local market** that offers real choice to service users beyond the services traditionally put into place to support peoples care and support needs ensuring access to safe and quality services.

- Work in honest and close partnership with everybody who provides services in Islington, and make our commissioning plans clear through our "Market Development Strategy" and "Market Position Statement"
- Develop a commissioning strategy for peer support, as recommended by the Making It Real Board.

Expanding the **voluntary sector offer**, working closely with partners to increase universal access to services that will cross borough boundaries where the need exists.

- Strengthen our links with the council's voluntary sector team and work with them on shared priorities
- Establish and sustain an ongoing dialogue with voluntary and community groups in Islington to learn from them, whether or not they are commissioned providers
- Promote voluntary sector partnerships as a priority in multi-borough programmes

Working to ensure people with care and support needs experience **integrated processes and services** that are focused on them, their needs and their goals.

- We recognise that for care and support to be person-centred in this way, organisations need to work well together, so we will join up budgets, workforce and processes across organisations
- Wherever we can, promote models that include a single named co-ordinator or key worker, or other approaches to person-centred, integrated support.
- Improve the understanding among staff across the borough of the benefits system.

Using **co-production** to transfer power in the system to service users and carers and away from ourselves

- Build a strong and sustainable legacy for the outstanding work of the Making It Real Board
- Ensure co-production is embedded in all our commissioning processes and the work of all our providers

## Case study 4: Transforming Care for people with learning disabilities and autism

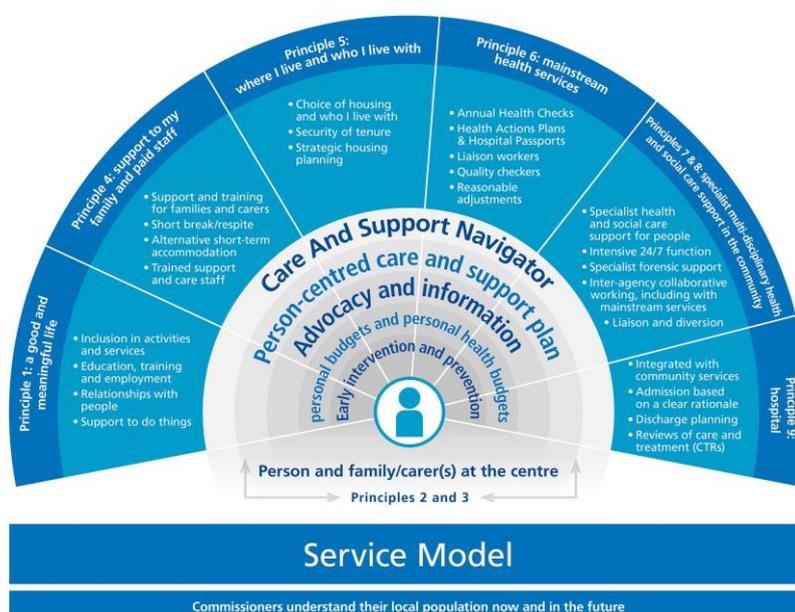
Transforming Care is a national programme which followed the exposure of abuse at the Winterbourne View Hospital in 2011. It relates to people with learning disabilities and/or autism who also have challenging behaviours and/or a mental health condition. The programme aims to transform the lives of some of our most vulnerable and complex people by improving support in our communities and avoiding unnecessary stays in specialist hospital care.

Islington is committed to the vision and principles of the Transforming Care Programme which strongly aligns with our three key priorities and our commissioning approach. We are working to improve outcomes for individuals by:

- Working with partners across North Central London to commission better local services
- Working across all ages, planning for the whole life-course and working with a Think Family approach to consider the holistic needs of the person and their family and support network
- Strengthening support in the community as an alternative to more restrictive hospital care
- Working across service areas such as housing, mental health services, criminal justice system, health & social care and the community and voluntary sector to plan support around individuals

For individuals this means making our key priorities a reality in their lives:

- **Being in control:** We are supporting those with the most complex needs to make decisions about where they live, who they live with and how their support and care is organised and delivered, through person centred and outcomes-focused support planning
- **Being connected:** We are making sure people live in local communities and near their family and loved ones so that people can access natural support networks and live ordinary lives in our communities
- **Being healthy and well:** We aim to keep people healthy and well with person-centred professional assessments that help us understand what this means for them and with support to manage their physical, mental and emotional health in a proactive and positive way



## **Our approach to strategic commissioning**

In Islington, we believe that good strategic commissioning can help people be healthier, more connected and more in control. Ultimately, it is about improving people's lives, and we are proud of what we do.

Good commissioning is by no means limited to buying services. Sometimes what we do involves procurement and contract management, but just as often we are influencing, supporting and mobilising rather than spending money. Many of the services we commission are delivered in-house by Islington Council, and we aim to be just as engaged in supporting those as outsourced services. Above all our role is to take a strategic view, and to ensure that services are focused on need and delivering outstanding outcomes for our residents. Every intervention we make needs to add value, and be focused on what residents tell us they want and need in order to be healthier, better connected and more in control.

We also know that part of delivering these ambitions means recognising we need to break down barriers and work in new ways with new partners. As well as working with service users, carers and providers as equal partners, this also means working with our neighbours across North London Partners in Health and Care and with our partners in Haringey through the Wellbeing Partnership. It will also involve us building stronger partnerships with other council departments and finding new and innovative ways to serve our communities.

In making our ambitions and those of our residents a reality, as strategic commissioners we will embody three key principles in how we act: we will be person-centred and outcome-focussed, and we will make effective, fair use of resources.

### **Person-centred – how we work**

- We 'think family' and take a personalised, holistic and 'whole life course' approach to commissioning to put the person at the centre of our commissioning practice
- We co-produce services with service users, carers, providers and professional stakeholders to ensure services are designed with the people that use them
- We consider the diversity of need in our local communities when commissioning services, including the protected characteristics under the Equality Act (2010) and the social, economic and physical environments in which people live
- We build relationships and support collaboration across the system to ensure we work together where this will improve service user experience and outcomes
- We make sure that there is the right support to help people navigate and choose the services and support they need.

### **Outcome focussed – how we work**

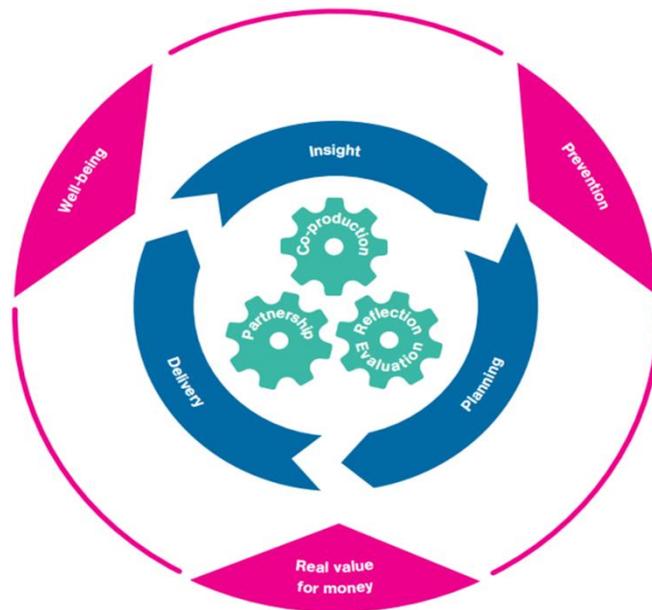
- We are open minded about how outcomes are achieved, building on people's strengths and natural community support networks
- We use evidence, values and best-practice to support decisions and activities.

- We constantly strive to use data better to help us understand our communities and their needs.
- We encourage a culture of learning and reflection to continuously improve how we achieve outcomes, working with providers to develop meaningful frameworks of measurement
- In line with the Social Value Act (2013), we consider the wider social, economic and environmental outcomes of the services we commission

### Effective, fair use of resources – how we work

- We commission services that are safe and high quality to ensure people have a good service experience
- We ensure all services offer best value for money to ensure we spend public money wisely and fairly
- We aim to keep our commissioning processes simple and proportionate to reduce the commissioning costs to us and our providers
- We ensure decision making is transparent and supported by clear lines of governance and accountability

### The commissioning cycle



**Components:** co-production, partnership, and reflection and evaluation are applied consistently throughout commissioning



**Phases:** the three phases of 'Insight', 'Planning' and 'Delivery' structure the commissioning cycle



**Aims:** prevention, well-being and real value for money are the objectives of commissioning, and are supported and strengthened by the components and phases

## Case study 5: perinatal mental health services

To help meet the objectives described in the NHS Five Year Forward View for Mental Health and the Sustainability and Transformation Plan, Islington Joint Commissioning has led the development of a new North London Partners Perinatal Mental Health Service, launched in 2017.

One in five mothers suffers from depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth. Suicide is the second leading cause of maternal death, after cardiovascular disease. Mental health problems not only affect the health of mothers but can also have long-standing effects on children's emotional, social and cognitive development. Costs of perinatal mental ill health are estimated nationally at £8.1 billion for each annual birth cohort, or almost £10,000 per birth.

Our new service builds on small existing Islington provision, to expand to the whole North London Partners geographical area, enabling more women to access specialist care. The service undertakes triaging, signposting of referrals, psychiatric assessments, treatment and care of women with severe mental illness during the antenatal period and for up to one year after birth. This includes mothers with bipolar disorder, mania, schizophrenia or severe depression. Women with more mild or moderate mental health needs will continue to access care and treatment from existing teams and organisations, but may be supported by the new specialist team.

Children and Adults Commissioners from the five Clinical Commissioning Groups, the local NHS Mental Health Trusts and women with lived experience collaborated to design the following outcomes for the service and local women:

- Women receive assessment and treatment in a timely way
- Care is consistent: women do not have to repeat their story; and experience care being 'joined up'
- Women are supported safely and effectively in the community
- Women avoid unnecessary admission to acute psychiatric inpatient departments and presentation at A&E
- Access to information: Women are informed about their care and treatment, their progress and what to expect
- Care and treatment received is personal to the individual woman
- Women have access to competent practitioners who have received perinatal mental health training appropriate to their role
- Women and their babies receive safe, holistic care
- Women receive support and treatment that enables their recovery

The new service has been developed in collaboration with women with lived experience. A group of women who experienced perinatal mental ill health have held focus groups to share their experiences of the health and care system and what improvements need to take place. Their meetings have been facilitated by Cocoon Family Support and have explored what support was available during their perinatal period, what should have been available and what the new NCL service should focus on, as well as the wider services that surround it. Their experiences and views have been used to shape the service outcomes and success measures. The women with lived experience were also involved in the recruitment of the team, and in the overall governance. Islington CCG are the lead commissioner for the service, which is enabled by NHS England funding collaboration and sustainability of the service.



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**Report of: Chair of Health and Care Scrutiny Review Committee**

| Meeting of | Date             | Ward(s) |
|------------|------------------|---------|
| Executive  | 23 November 2017 |         |

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## **Subject: Effectiveness of Improving Access to Psychological Therapies (IAPT) Scrutiny Review**

### **1. Synopsis**

- 1.1 This report requests that the Executive receive the recommendations of the Health and Care Scrutiny Review Committee, following completion of the IAPT Scrutiny review. A response to the recommendations set out in the report will be considered at a future meeting of the Executive.

### **2. Recommendations**

- 2.1 That the report of the Health and Care Scrutiny Review Committee be received.
- 2.2 That the Executive Member's response be reported to a future meeting of the Executive, including having due regard to any relevant implications of the Health and Care Scrutiny Review Committee's recommendations.

### **3. Background**

- 3.1 In September 2016 the Committee commenced a review of IAPT to understand local arrangements for accessing IAPT services and similar services, and the effectiveness of these services in helping people recover from mental health conditions

## **4. Implications**

### **4.1 Financial Implications**

The proposals in the review need to be costed before a response is made by the Executive.

### **4.2 Legal Implications**

Relevant legal implications will be considered as part of the response to the review.

### **4.3 Environmental Implications**

There are no environmental implications at this stage. Any environmental implications will be identified as part of the Executive Member response.

### **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.

The Committee has had regard to any equalities implications and resident impacts identified by witnesses during the course of the review. Details of any such implications are set out in the appended report. A Resident Impact Assessment has not been completed as the Executive is only asked to receive the report at this stage. The impact on residents will need to be fully considered as part of the Executive Member response to the review, at which point a Resident Impact Assessment will be completed if required.

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

- 5.1 The Committee have made a number of recommendations that will assist in improving the effectiveness of IAPT and other similar services in Islington

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# **REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE**

## **EFFECTIVENESS OF IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT) AND SIMILAR SERVICES**

London Borough of Islington  
**July 2017**

## CHAIR'S FOREWORD

Islington suffers some of the highest rates of mental health issues and also suicide in the country. The reasons for this would be a subject for a separate discussion, but these statistics in themselves make an overwhelming case for improving access to psychological therapies. We also know that historically, and also in the present, Mental Health issues tend to be the poor cousin of physical health in terms of both treatment and funding. The purpose of this review is to try and establish whether the Improved Access to Psychological Therapies (IAPT) is in fact effective, and whether it is actually succeeding in doing what the name of the service suggests: ie is the service actually improving access, and if so, is it doing it in an equitable way across differing social classes and ethnicities.

The primary issue is, unsurprisingly, funding. Government targets have been to treat the top 15% of people in need of the service, which is in itself a worryingly low figure. Recently however, the government has decided to increase the target to 20% of the relevant population, but without any increase in funding. This obviously threatens to put the service under unreasonable strain, and also makes light of the work currently being undertaken by the service. We are recommending in the strongest terms that the Council lobbies the government to match the increased targets with pro-rata increased funding.

We also heard that successful access to the service varies according to ethnicity. An example is the increasing number of Turkish men needing help. This is hampered partly by the lack of Turkish-speaking therapists, and partly by cultural attitudes to therapy in the Turkish community: For example, we heard that in Turkish language, there is no word for 'mental health', and that the nearest equivalent word is 'madness'. Obviously this makes it culturally more difficult for Turks to feel comfortable accessing the service.

Waiting lists are also worrying long, with 95% of patients having to wait 18 weeks to access the service. This also suggests that existing funding is not matching the existing demand.

The committee heard that there is a lack of evening and out-of hours appointments, which obviously makes it harder for people in employment to access the service – given that a course of therapy will involve weekly sessions for a period of 12-20 weeks, it may well be problematic for working people to be taking leave on a regular basis in order to access treatment.

We also heard that, for example, bereavement services are staffed entirely with volunteers, and that there is heavy dependence on the voluntary sector for some areas of the service.

Overall, whilst the committee got the impression that staff are working hard to deliver the service, and to meet government targets, the reality would appear to be that the service is more severely under-funded than the statistics suggest, due to long waiting lists and dependence on voluntary help disguising the real impact of current low funding levels.

The committee also gained the impression that the service is currently most easily accessed by more articulate middle-class residents, and that this group of service users are most likely to

respond to it best. The committee feels that the approach and advertising of the service needs to be further developed to accommodate differing cultures and ethnicities more equitably.

**COUNCILLOR MARTIN KLUTE**  
**CHAIR HEALTH AND CARE SCRUTINY COMMITTEE**

# Effectiveness of IAPT Scrutiny Review

## Evidence

The review ran from September 2016 until July 2017 and evidence was received from a variety of sources:

- 1 Presentations from witnesses – Dr. Judy Leibowitz and James Gray – Camden and Islington Foundation Trust, Maya Centre – Tahera Aanchawan (Accept Consortium) Nafsyiat – Farideh Dizadi (Accept Consortium)
2. Presentations from council officers – Jill Britten, Islington CCG, Natalie Arthur, Islington CCG

## Aim of the Review

**To understand local arrangements in accessing IAPT and similar services, and the effectiveness of these services in helping people recover from mental health conditions**

## Objectives of the Review

- To understand current arrangements and mechanisms for accessing IAPT services
- To review waiting times for IAPT services
- To assess the effectiveness of IAPT services
- To feedback the findings of the scrutiny to providers
- Publicity and awareness of the service

The detailed Scrutiny Initiation Document (SID) is set out at Appendix A to the report

## RECOMMENDATIONS:

### That the Executive be recommended –

- 1. Funding** Given the target for access to treatment is set to increase to 25% from the current target of 15%, as part of the 5 year plan for Mental Health, commissioners, the Council and the CCG should look to build on any opportunities to access additional funding from National Health Service England, as it becomes available, and to press for funding to be increased pro-rata across the service to support future delivery of the service in line with the Five Year Forward View
- 2. Long Term Conditions:** Work should continue to increase the focus on supporting people with long term conditions or medically unexplained systems, as well as supporting people into employment
- 3. Waiting Times:** Whilst the performance of Improving Access to Psychological Therapy services in Islington has met its targets for 2015/16 in relation to access and 18 week waiting times, the performance of other Clinical Commissioning Groups in the North Central London area, particularly in Haringey, exceed that of Islington in a number of areas. The Committee suggests Haringey's performance be used as a driver for improvement with sharing of best practice pursued to achieve this target
- 4. Recovery rates:** The recovery rate for ICOPE has risen each year, but is still below the target of 50%. Whilst an action plan is in place to address the poor performance against recovery levels, this is an area that needs improvement. The Committee recommends that the action plan is reviewed, and that best practice be shared with other boroughs to try to improve recovery rates
- 5. Feedback:** All service users using the ICOPE service be encouraged and supported to complete Family and Friends patient experience questionnaires, and provide comments in relation to their experience of the service
- 6. Hard to Reach Groups:** Given the under representation of Hard to Reach and Black, Minority, Ethnic Refugee groups in accessing mental health services, alternative methods of advertising and accessing the service be pursued
- 7. Interim Support:** Given that many service users experience long waiting times, the service needs to develop some form of interim support for those on waiting lists
- 8. Turkish Speaking Therapists:** It has been suggested that there is a particular shortage of Turkish speaking therapists. The service provider should attempt to improve recruitment for this community group
- 9. More after-work sessions:** In order to enable equality of access to the services more after-work appointments should be made available, and that efforts should be made to locate these appointments in non-National Health Service (i.e. community) premises, as there is an element of stigma attaching to attending an National Health Service building for mental health treatment
- 10. Reporting:** Action to be taken to identify and address the reporting inaccuracies identified in the locally and nationally published data for 2015/16 and ensure that this is more accurate in future. Efforts should be made to address the need for more comprehensive information in relation to ethnicity data when accessing the service

## MAIN FINDINGS

- 1.1 Improving Access to Psychological Therapies (IAPT) is a national programme, which aims to deliver NICE compliant treatments for adults, suffering from depression and anxiety disorders, which are also described as 'common mental health problems.'
- 1.2 The initial programme was developed in 2006, with pilot sites in Newham and Doncaster, focussing on adults of working age. In 2007 there were further 'Pathfinder' sites developed with outcome measures, in order to explore how vulnerable groups within the local population might benefit from this service, and identify barriers to access.
- 1.3 In 2010 the programme was rolled out nationally to adults of all ages. Services are commissioned by local Clinical Commissioning Groups (CCG's).
- 1.4 IAPT services are characterised by three things: evidence based psychological therapies delivered by fully trained and accredited practitioners, with type and level of treatment matched appropriately to the mental health problem. There is routine outcome monitoring, to enable both patients and clinicians to have up to date information on progress made. Data is anonymised and published by NHS England, in order to promote transparency and to support service improvement.
- 1.5 Regular, outcome focussed supervision also supports clinicians to continuously improve and deliver high quality care.
- 1.6 Locally, IAPT services are commissioned by Islington CCG and delivered by Camden and Islington Foundation Trust and the service locally is called i COPE. This service is delivered from a range of locations to support ease of access, e.g.GP surgeries and community sites, such as Manor Gardens.
- 1.7 Performance is monitored quarterly by Islington CCG, as part of the larger contract monitoring framework for NHS community mental health services.
- 1.8 The IAPT model is a 'stepped care' model, which seeks to deliver the minimum amount of treatment required, in order to deliver a positive outcome, whilst ensuring that the intensity of treatment can be increased or decreased, in line with the people's needs and progress – i.e. 'stepped up' or 'stepped down'.
- 1.9 Examples of treatment available include –
  - Cognitive Behavioural Therapy (CBT)
  - Interpersonal Psychotherapy (IPT)
  - Brief Dynamic Interpersonal Therapy (DIT)
  - Couple therapy for Depression
  - Counselling for Depression
- 1.10 IAPT services sit within primary care, and can be accessed through referral by a professional, or by self- referral, including online and Islington aims to support the majority of people suffering from step 2 or step 3.
- 1.11 Online self-referral consists of a simple form and requires minimal information, i.e. name of GP surgery, if registered with a GP, name, a date of birth, address and information on the type of support required. Individuals can also self-refer by telephone if they prefer.
- 1.12 Following referral to the service, initial assessment is carried out by a Psychological well-being practitioner, in order to determine whether the service is suitable for the individual. Where

possible, assessments will take place on the telephone, however face-to-face assessments are also possible.

- 1.13 Step 2 includes low intensity interventions, which include self -help, computerised cognitive behaviour therapy, advice and support in taking anti -depressants, or other psychotropic medication prescribed by General Practitioners (GP's,, psycho-educational groups, support with accessing local community resources, including employment support, and exercise on prescription and pure self-help (Books on Prescription).
- 1.14 Step 3 high level interventions can include, cognitive behaviour therapy, individual and group therapy, interpersonal psychotherapy, behaviour couple therapy, and for Post Traumatic Stress Disorder eye movement desensitisation and reprocessing therapy.
- 1.15 In addition, Islington Clinical Commissioning Group (CCG) commissions Camden and Islington Foundation Trust to deliver a step 4a service, known locally as IAPT plus. This service supports patients who present with longstanding complex problems of depression or anxiety, often associated with major adverse historical and/or current life difficulties, and co-morbidities, such as personality or relationship difficulties, or long tem physical health conditions and medically unexplained conditions
- 1.16 The aim of the intervention is to support the management of individuals within primary care and help people manage their conditions better, and achieve personally defined goals, rather than anticipating significant clinical improvement on existing IAPT measures i.e. many will not be expected to report that they have recovered as part of the clinical definition. Patients in these groups are offered a range of interventions appropriate for Step 4a clients, to help support their management within primary care, with additional psychological support. Interventions are offered in a variety of settings, including in a patient's home.
- 1.17 In respect of the national picture there are national targets in place – 15% of adults with relevant disorders should have timely access to IAPT services, and in Islington this equates to 31,031 people.
- 1.18 50% of people accessing IAPT services will recover and 75% of people referred to the IAPT programme begin treatment within 6 weeks of referral, and 95% begin treatment within 18 weeks of referral.
- 1.19 The rate of referral to the service increased by 13%, year-on-year, between 2013/14 and 2014/15. The service employed a number of methods to promote the service, amongst both professionals and the general public, and the increase in referrals is likely to be as a result of this work. Similarly, projected figures for 2016/17 suggest referrals are expected to reach approximately 9,202 people.
- 1.20 Access to treatment is measured nationally, with a target of 15% of the prevalent population to access treatment each year. The access rate in Islington has gradually increased year-on-year, exceeding the target from 2014/15 onwards.
- 1.21 Performance shows that the waiting times, against the 18 week target period, were exceeded in 2015/16, and have continued this trend into 2016/17. However, the proportion of people accessing treatment within 6 weeks of referral has fallen short of the target in 2015/16, with results for Quarter 1 showing similar results.

- 1.22 Recovery rate targets are set nationally, with the expectation that 50% of people entering treatment will report to be 'in recovery' at the end of the treatment period. Recovery rates are defined by the number of service users moving to below case level on clinical outcome scores, as a proportion of the number of people ending contact with services, and receiving at least two sessions of treatment. On average the number of sessions of treatment required is 6/9 sessions
- 1.23 The recovery rate for the service continues to be below target. Although local data for 2015/16 showed a recovery rate of 48%, once ratified at national level this fell to 43%. The service provider has in place an action plan, which seeks to address this challenge, and continues to work to identify areas, which may affect final performance in this area.
- 1.24 IAPT services use a number of well validated patient completed questionnaires to measure change in a person's condition. Most of the questionnaires are administered at each appointment, making it possible to track improvement comparing scores over time.
- 1.25 A number of factors can affect whether an individual meets the criteria of having recovered including -
- Severity of need at the start of treatment
  - Delayed discharge from treatment
  - Clinical decisions
  - Whether an individual has met the 'threshold' for recovery, prior to being discharged
- 1.26 The widening of the acceptance criteria for the iCOPE service, (referred to in more detail below) to include patients whose needs fall within Step 4a, means that the service is more inclusive, and supports a much broader range of patients within primary care. However, due to the way in which recovery is measured nationally, it is acknowledged by commissioners that the issue has an impact on recovery rate.
- 1.27 There are local reporting challenges and the IAPT service is subject to quarterly monitoring by Islington CCG, as part of the wider NHS contract for mental health services in Islington.
- 1.28 As mentioned earlier, in 2016/17 it was identified that there were significant discrepancies between the locally reported data and the nationally published data for 2015/16. Following investigation, it has been identified that errors within the performance monitoring programme, used by IAPT service, had led to these discrepancies. It should be recognised therefore that the published performance data for 2015/16 does not reflect the work that was delivered. The service has taken action to address the errors identified in the 2015/16 reporting process, and it is expected that the reporting for 2016/17 will be much more accurate.
- 1.29 The majority of the adults accessing the service are between the ages of 18 and 64 years of age. Adults over 64 are currently under-represented, and the service is working to identify ways to increase levels of engagement from this group.
- 1.30 Ethnicity data shows that 30% of all referrals were from adults who identified as White British, whilst 19% identified as being from non-white backgrounds. Both figures are below the Islington population, as determined by the 2011 census, which recorded 48% of the population as White British and 32% from non-white backgrounds. However, the ethnicity data must be treated with caution, due to a number of reasons, including the census population data relating to all ages not just adults and the younger population in Islington being more ethnically diverse than the older population. In addition, almost 40% of all adults referred to the service either chose not to state their ethnicity or their ethnicity was not recorded, and therefore it is possible that the ethnicity breakdown would look very different if the ethnicity of all referees was reported. Ethnicity reporting has improved in 2016/17, with 95% of ethnicity information recorded

- 1.31 There are additional I outcome measures and the IAPT employs a variety of methods to measure outcomes and progress of individuals accessing the service. These include work and social adjustment measures, and an enablement instrument to suit the client group involved
- 1.32 These measurement tools allow the service to capture outcomes relating to a number of aspects of an individual's life, and progress made in these areas before, during and at the end of treatment. Examples of this measurement include the ability to understand and cope with problems, work, social activities, and family and relationships.
- 1.33 In terms of long-term physical health conditions, it is widely accepted that physical and mental health are closely linked with having a long term condition, which can increase the likelihood of developing a physical health need, whilst people with long term physical health conditions can develop mental health problems. IAPT services will be expected to increase their focus on supporting people with long term physical health conditions.

The 5 year forward plan for mental health sets out the following priorities for service development by 2021-

- To expand IAPT services, with access to increase to 25%
  - Focus on people with long term conditions
  - Supporting people to find or remain in work
  - Improving the quality and people's experience of the service
- 1.34 With regard to local performance in 2014/15, the access rate exceeded 15%, however recovery rates fell well short of 50%. Waiting times were also below target and identified as an area for improvement in 2015/16. In 2015/16 the 15% target for access was exceeded. The recovery rate is 48%, waiting times improved and the 18 week target was met. In 2014/15 an action plan was put in place to address the poor performance against recovery levels, which delivered a small increase by the end of the year. However, it is recognised that this needs to be a key area for improvement.
- 1.35 In 2016/17 access is expected to again exceed the target of 15%, possibly to 17%. This is likely to have an impact on waiting times, due to finite resources. Islington IAPT service takes referrals with higher levels of depression and anxiety, which is positive, but is likely to affect the recovery rate.
- 1.36 There are challenges facing the service and also in terms of delivering the 5 year forward view for mental health, however it is the intention to increase access to 25% by 2021/22. There has been to date, no further detail from NHS England as to how this will be supported and the Committee feel that this is an area that needs to be addressed.
- 1.37 As highlighted by the performance data, the current target for access to treatment is 15% of the prevalent population, and the service is on course to achieve 16/17% access. This was also achieved in 2015/16. As stated above, as part of the 5 year plan, this is set to increase by 25% by 2020. This will pose a significant challenge within current resources, and commissioners will be working with service providers in order to identify how to address this.
- 1.38 In addition to increased access rates, as part of the 5 year forward plan for Mental Health, there will be an expectation that IAPT services will increase the focus on supporting people with long term conditions, or medically unexplained symptoms, as well as supporting more people into employment. This Islington service already works well with the local Mental Health Working (Employment Support) programme, and local reporting of long-term conditions is already underway.

- 1.39 The performance of IAPT service in 2015/16 shows that, whilst Islington has met the targets for access and 18 week waiting times, the performance of other CCG's in the North Central London region, particularly Haringey, exceed that of Islington in a number of areas. The recovery rate for iCOPE has risen each year, but this is still below the target of 50%. In 2014/15 an action plan was put in place to address the poor performance against recovery levels, which delivered a small increase by the end of the year. However, it is recognised that this needs to be a key area for improvement in 2016/17.
- 1.40 The Committee received evidence from Camden and Islington NHS Foundation Trust, who delivered services on behalf of the Council, through the iCOPE service, which is referred to earlier in the report.
- 1.41 The iCOPE service has an established service user advisory group, which includes both current and former service users. The service consults the user group and seeks feedback, in order to identify areas of the service that can be improved, and to support developing new ideas to promote and deliver the service. In addition to the group, all service users are encouraged to complete patient experience questionnaires, friends and family feedback and there are suggestion boxes for anonymous feedback at team bases.

The service is in the process of recruiting to 'peer mental' health worker posts, to facilitate treatment workshops, and for other opportunities of supporting delivery.

The Islington iCOPE service promotes the service in a number of ways -

- Leaflets
  - Posters
  - Co-location in GP surgeries and other community settings to encourage ease of access
  - Partnership working with local organisations and giving talks to members of those organisations
- 1.42 The level of mental health need in Islington is high, both in comparison with other London Boroughs, and nationally. The recent 'Healthy Lives, Healthy Minds' report by Camden and Islington Public Health team identified that local data shows that approximately 29,900 adults in Islington have diagnosed unresolved depression or anxiety (16% of residents aged 18 or over), whilst an additional 15,897 adults are estimated to have a common mental health disorder, which has not been diagnosed.
- 1.43 The high level of need, and the severity of those needs, presents a challenge for the IAPT service, not just in terms of capacity, but also with regards to being able to provide interventions that support people to move into a state of sustainable recovery. Where an individual's needs require more intensive support, the IAPT plus service is available to provide a variety of interventions, however, it is recognised that many people accessing the IAPT plus service will not meet the criteria for recovery.
- 1.44 There are a number of examples of local innovation and good practice. Examples of these include 'iCOPE talks', which in 2014/15 was delivered to parents (working in partnership with schools). This promoted the service and raised awareness of good mental health and well-being. Partnership work is also taking place with other local community organisations, in order to promote good mental health wellbeing.
- 1.45 The 'Leaps Project', in conjunction with Training Job Centre Plus, also enables staff to identify and refer individuals to 'iCOPE'. There is also 'Mental Health Working', which regularly submit the highest number of referrals to the commissioned mental health working (employment

- 1.46 The Committee also received evidence from Dr. Lucy Williams-Shaw, the user involvement lead and service users of the iCOPE service.
- 1.47 Members were informed that there is good user satisfaction with the service and a variety of methods are used to ask users about their experience of the service with therapists asking for feedback, feedback user forms being made available in waiting areas and the ability to provide e mail feedback. This feedback is reviewed and discussed and any necessary changes made.
- 1.48 It was noted that 98.1% of users would recommend I COPE to family and friends as indicated by the Family and Friends test. 48% of discharged patients completed the Patient Experience Questionnaire however there are a number of reasons preventing this from being a greater return at present, although work is taking place on this.
- 1.49 The Committee noted that the service users who gave evidence had stated that it had been easy for them to access the service and their experiences had been positive. One of the residents had attended the group session and the other one an individual session and that they had both benefitted from these.
- 1.50 The Committee noted that the maximum number of sessions permitted is 20 sessions and usually ranged from 6 to 20 sessions. It was added that some evening sessions are provided, however this is constrained by availability of premises. The Committee were of the view that this is an area that should be looked at to provide more evening sessions.
- 1.51 A monthly poster is displayed in waiting areas regarding the feedback that has been received and how it is being acted upon.
- 1.52 Service users contribute by attending the iCOPE advisory group where service developments are discussed and they can join the list of advisers and contribute to focus groups, answer surveys and get involved with specific projects. In addition, they can apply to work in a paid capacity as a peer-well- being worker. Service users can also provide feedback and help recruit new staff by training to be interview Panel members.
- 1.53 The Committee were also informed that 'Silvercloud' is a 2016/17 pilot of online Cognitive Behavioural Therapy, for those people with a low level of need. This may also help to attract those people currently under-represented in IAPT services e.g. men.
- 1.54 In addition to the statutory IAPT service, Islington also commissions third sector organisations, to provide 'Talking Therapies' to meet specific needs, and the new contract commenced in September 2016.
- 1.55 These services are – Talking Therapies for people with Black, Minority Ethnic and Refugee (BMER) communities – Talking Therapy for people who have suffered child sexual abuse and/or domestic violence and Talking Therapy for people who have suffered bereavement. This service is commissioned through a lead provider model and includes the following organisations –
- Nafsiyat Intercultural Therapy Centre – Lead Provider
  - Women's Therapy Centre – sub contractor
  - The Maya Centre – sub contractor
  - Camden, City and Islington Bereavement Service – sub contractor

- 1.56 The support needs of those who may need longer treatment or have more complex needs, will need to be addressed e.g. refugees. Currently, additional talking therapies from the third sector support this need, however demand is high
- 1.57 There are also a number of challenges facing the Islington IAPT service, alongside areas where commissioners expect performance to improve.
- 1.58 National campaigns to remove the stigma of mental health were continuing to take place, and the IAPT service worked closely with Job Centre Plus and employment services to support people suffering from mental health problems. The benefit cap has had an effect on the mental wellbeing of some of the people who have been affected by this, and this is creating additional problems.
- 1.59 As stated earlier, elderly people are underrepresented in accessing mental health services, but when they did, the recovery rate is good.
- 1.60 Alternative ways of enabling people to access the service more conveniently and to increase access are being implemented including the use of skype or by e mail, however where people needed face to face contact, the Committee noted that this would continue to be provided.
- 1.61 There are a number of people with complex needs, and the IAPT plus service can assist in this. The IAPT service is well integrated with primary care and this helps increase access to the service.
- 1.62 The Committee noted that some BME communities had difficulty in filling in forms, and that there is a continuing need to investigate alternative methods of advertising and accessing the service. However, the most under represented group accessing services at present were in fact the white/other group. It is recognised that there are gaps in the service and the Committee noted that the Manor Gardens centre is employed to try to reach those communities currently not accessing the service.
- 1.63 The Committee also received evidence from service providers delivering non IAPT therapies – the Mayat and Nasfiyat centres. These organisations provide a targeted response in response to local demand and had 3 elements, BMER communities, Child Sexual Abuse and Domestic violence and Bereavement service. The Mayat Centre is a women’s only project and therapists were community based and looked at the client in the whole and both the Mayat and Nasfiyat Centres aimed to maximise their resources.
- 1.64 This is jointly funded by the Council and CCG through third sector providers, such as the Mayat and Nasfiyat centres and is a time limited service of between 12 and 20 sessions. This complements existing IAPT provision to support an increase in access to psychological therapies for identified under represented communities, and to provide counselling for those users would not normally access services.
- 1.65 The service differs from IAPT, in that it has a higher threshold, equivalent to stage 3 on the IAPT stepped care model, has a women only element, access to therapists with a range of language skills and overcomes barriers by matching therapists with the same background. As it is non NHS and helps overcome barriers associated with the fear of Mental Health services.
- 1.66 50% of those who complete treatment move to recovery, this is aligned with the IAPT target and 60% of those who completed treatment maintain a clinically significant improvement at 3 months post therapy. 40% of those who complete treatment maintain a clinically significant

improvement at 6 months post therapy, and 50% of those who complete treatment access ongoing support within the community, including peer support. 50% of those who complete treatment self-report an improved level of confidence in maintaining their own mental well-being.

- 1.67 A high number of referrals are received and the majority are accepted. The numbers on the waiting list and referrals for BMER and Bereavement services indicate that the target for accessing treatment will be met. However, there are concerns about the recovery rates for Child Sexual Abuse, Domestic Violence and Bereavement services, however it is felt that the measurement is partly affected by the data reporting tools used.
- 1.68 Performance against key areas of focus are - to increase people from BMER communities accessing talking therapies, and an increase in men and older people accessing talking therapies. LGTB representation is difficult to measure due to lack of self-reporting.
- 1.69 The challenges include demand for services compared to service capacity, there are over 100 on the waiting list, interim support for those on the waiting list, availability of Turkish speaking therapists, encouraging access from other BMER groups, encouraging access from older people and men, and performance monitoring and measuring outcomes.
- 1.70 It was noted that it was encouraging to see new communities accessing services.
- 1.71 It was also noted that future developments included investment in reporting systems, in line with the IATP service, improved performance reporting to support better understanding of gaps in provision and the low recovery rate, and to collect performance figures to contribute to local IATP data from 2018/19. In addition, to support the local Syrian refugee resettlement programme, there will be linking in with the Camden and Islington Foundation Trust's complex depression and trauma service.
- 1.72 The Committee considered the over representation of the Turkish community in non IATP services and whilst this is of concern, it is an indication of the success of the scheme given that the Turkish community had previously not accessed the service. It was noted that it is hoped to increase the number of Turkish therapists in the future.
- 1.73 The Committee were informed that in terms of BMER there was a 4/5 month waiting list but bereavement waiting lists were shorter, however work did take place with those people waiting for treatment.
- 1.74 The Committee were also informed that it was proving difficult getting patients to provide feedback and this is currently being looked at to introduce measures that will increase response rate

## **CONCLUSION**

The Committee have made a number of recommendations that it is hoped will improve access to IAPT and similar services in the future. However, the Committee are of the view that the underfunding of mental health services by the Government in recent years has made it more difficult to provide adequate service provision and that, in view of the proposals in the Government's 5 year plan for mental health there needed to be much more clarity around funding for mental health provision in order to meet the targets set.

The Committee would finally like to thank all the witnesses who gave evidence to the Committee and to the service providers for the excellent work that they undertake.

## MEMBERSHIP OF THE HEALTH AND CARE SCRUTINY COMMITTEE – 2016/17

### MEMBERSHIP 2016/17

**Martin Klute – Chair**  
**Rakhia Ismail – Vice Chair**  
**Nurullah Turan**  
**Michelline Safi-Ngogo**  
**Una O’Halloran**  
**Jilani Chowdhury**  
**Gary Heather**  
**Tim Nicholls**

**Co-opted Member:**

**Bob Dowd – Islington Healthwatch**

**Substitutes:**

**Alice Perry**  
**Dave Poyser**  
**Clare Jeapes**  
**Satnam Gill**  
**Angela Picknell**  
**Marian Spall**

### MEMBERSHIP 2017/18

**Martin Klute - Chair**  
**Nurullah Turan – Vice Chair**  
**Michelline Safi-Ngogo**  
**Jilani Chowdhury**  
**Gary Heather**  
**Troy Gallagher**  
**James Court**  
**1 Vacancy**

**Co-opted Member:**

**Bob Dowd – Islington Healthwatch**

**Substitutes:**

**Alice Perry**  
**Satnam Gill OBE**  
**Angela Picknell**  
**Clare Jeapes**

**Olav Ernsten/Philip Watson – Islington Healthwatch**

*Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.*

*Officer Support:*

*Peter Moore – Democratic Services*

*Lead officer/s- Simon Galzynski, - Director Adult Social Care Jill Britten – Islington CCG*

## APPENDIX A

| <b>SCRUTINY REVIEW INTITATION DOCUMENT</b>   |
|--|
| Review: Improved Access to Psychological Therapies (IAPT)  |
| Scrutiny Committee: Health Scrutiny Committee  |
| Lead Officer: Simon Galczynski, Service Director Adult Social Care   |
| Overall aim: To understand local arrangements for accessing IAPT services and similar services, and the effectiveness of these services in helping people recover from mental health conditions.   |
| <p>Objectives of the review:-</p> <ul style="list-style-type: none"> <li>• To understand current arrangements and mechanisms for accessing IAPT service.</li> <li>• To review waiting times for IAPT services.</li> <li>• To assess the effectiveness of IAPT services</li> <li>• To feedback the findings of the scrutiny to providers</li> <li>• Publicity and awareness of the service</li> </ul>   |
| Duration: Approx. 6 months   |
| <p>How the review will be conducted</p> <p>Scope: The services in scope of this time limited scrutiny review are NHS IAPT services commissioned from Camden and Islington Mental Health Trust (iCOPE).</p> <p>Types of evidence to be assessed:</p> <ul style="list-style-type: none"> <li>• Documentary evidence on demographics of those using the service and accessibility or reason adjustments made to ensure accessibility to the service</li> <li>• Documentary evidence on national standards for access, waiting times and recovery rates; including any additional outcome measures collected.</li> <li>• Witness evidence from a range of relevant individuals and organisations               <ul style="list-style-type: none"> <li>a. Patients and their representatives and consumer organisations                   <ul style="list-style-type: none"> <li>i. Patients by experience</li> <li>ii. Patient representatives and groups e.g. Islington Borough User Group (IBUG)</li> </ul> </li> <li>b. Commissioners                   <ul style="list-style-type: none"> <li>i. Islington Joint Commissioning Team</li> </ul> </li> <li>c. Providers                   <ul style="list-style-type: none"> <li>i. Camden and Islington Foundation Trust</li> </ul> </li> </ul> </li> </ul> |
| <p>Additional information:</p> <p>In addition to the statutory IAPT service Islington has recently commissioned 3<sup>rd</sup> sector organisations to provide Talking Therapies to meet specific needs as below (contract commences September 2016).</p>  |

- Talking Therapy for people within Black, Minority Ethnic and Refugee (BMER) communities
- Talking Therapy for people who have suffered child sexual abuse and/or domestic violence
- Talking Therapy for people who have suffered bereavement

This is commissioned under a lead provider model, the following organisations are involved.

- Nafsiyat Intercultural Therapy Centre
- Women's Therapy Centre
- The Maya Centre
- Camden, City and Islington and Westminster Bereavement Service

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Report of: **Executive Member for Finance, Performance and Community Safety**

| Meeting of: | Date             | Ward(s) |
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| Executive   | 23 November 2017 | All     |

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**THE APPENDICES TO THIS REPORT ARE EXEMPT FROM PUBLICATION**

## **SUBJECT: THE COUNCIL'S USE OF SURVEILLANCE UNDER THE REGULATION OF INVESTIGATORY POWERS ACT 2000**

### **1. Synopsis**

- 1.1 The report provides feedback on the inspection from the Office of Surveillance Commissioners (OSC) on 1 December 2016.
- 1.2 The report also updates the Executive on the council's use of covert surveillance under the Regulation of Investigatory Powers Act 2000 (RIPA).

### **2. Recommendations**

- 2.1 To note the inspection report of the OSC and the actions drawn up to address the recommendations.
- 2.2 To note the level and nature of covert surveillance undertaken by the council.

### **3. Background**

- 3.1 RIPA provides a statutory framework regulating the use of directed surveillance and the conduct of covert human intelligence sources (informants or undercover officers) by public authorities. The Act requires public authorities, including local authorities, to use covert investigation techniques in a way that is necessary, proportionate and compatible with human rights.
- 3.2 Directed surveillance is covert surveillance conducted for the purposes of a specific investigation or operation and it is likely to result in the obtaining of private information about a person. Private information includes any aspect of a person's private or personal relationship

with others, including family and professional or business relationships. Whilst a person may have a reduced expectation of privacy when in a public place, covert surveillance of that person's activities in public may still result in the obtaining of private information.

- 3.3 The use of covert surveillance techniques by local authorities was previously the subject of some controversy. The Government introduced significant changes under the Protection of Freedoms Act 2012, which came into effect on 1 November 2012. The changes mean that a local authority can now only grant authorisations under RIPA for the use of directed surveillance where it is for the purposes of investigating criminal offences that attract a custodial sentence of six months or more or criminal offences relating to the underage sale of alcohol or tobacco. A magistrate's approval is also required before the RIPA authorisation can take effect.
- 3.4 All RIPA authorisations must be signed by an authorising officer. Authorising officers must be trained before issuing any authorisations and they should attend regular refresher training. The council currently has 3 authorising officers:
- Corporate Director Housing & Adult Social Services
  - Service Director Public Protection
  - Audit Manager (Investigations)
- 3.5 In December 2014, the Home Office issued revised codes of practice - Covert Surveillance and Property Interference Code of Practice ("the Code of Practice") and Covert Human Intelligence Sources Code of Practice – replacing the previous codes of practice issued in 2010. Public authorities may be required to justify, with regard to the codes of practice, the use or granting of authorisations in general, or the failure to use or grant authorisations where appropriate.
- 3.6 The Code of Practice sets out that elected members of a local authority should review the authority's use of RIPA and set the policy at least once a year. The Code of Practice also provides that members should consider internal reports on use of RIPA on a regular basis to ensure that it is being used consistently with the council's policy and that the policy remains fit for purpose.
- 3.7 The Code of Practice also sets out that it is good practice for public authorities to appoint a Senior Responsible Officer (SRO) to be responsible for the authority's compliance with RIPA. The SRO will engage with inspectors during inspections and where necessary oversee the implementation of post-inspection action plans. Within local authorities, the SRO should be a member of the corporate leadership team and the Corporate Director Resources has been nominated to this role for the council.

## **4. OSC inspection**

- 4.1 The OSC has carried out inspections of the council's management of covert activities every 2 to 3 years. The most recent inspection was on 1 December 2016 and was carried out by Assistant Surveillance Commissioner, His Honour Brian Barker CBE, QC ("the Assistant Surveillance Commissioner").
- 4.2 The report identifies areas of good practice and concludes, "careful attention had been given to the recommendations arising from the last inspection, and appropriate steps in the form of a completed action plan, had been taken."
- 4.3 The council holds a central register of authorisations which, in accordance with the recommendation of the OSC Inspector in 2013, is maintained by Legal Services. Legal

Services also issues the unique reference numbers (URNs) for investigations and provides officers with RIPA training. Following the recent inspection the Assistant Surveillance Commissioner found that “the overall picture is positive, and there is now central control such that systems are in place to ensure both understanding and compliance with the Act, and efficient gathering and presentation of evidence when directed surveillance is deployed”.

- 4.4 The Assistant Surveillance Commissioner made 2 recommendations in his report:
- (i) To make minor amendments to the RIPA policy document
  - (ii) To consider ways of creating more awareness by the elected members of the scope and availability of RIPA procedures
- 4.5 The minor amendments proposed by the Assistant Surveillance Commissioner to the RIPA policy document have been implemented.
- 4.6 The Assistant Surveillance Commissioner acknowledged that there is a line of communication between members and the SRO and the intranet has a dedicated RIPA page with nutshell guidance and pointers to Legal Services that is available to officers and members. However, the following actions will promote and strengthen members’ awareness of the scope and availability of RIPA procedures:
- (i) Officers will prepare a briefing on RIPA for new members elected in 2018 as part of the information provided about combatting fraud/detecting criminal activity
  - (ii) An annual report will continue to be brought to Audit Committee regarding the council’s use of surveillance under RIPA
  - (iii) An annual report will be brought to Executive, six months after the Audit Committee report, regarding the council’s use of surveillance under RIPA
  - (iv) The Policy and Performance Scrutiny Committee to be provided with information about the use of RIPA in the Annual Crime Report (as discussed by the Audit Committee and Audit Committee(Advisory) on 14 June 2017)
- 4.7 On 1 September 2017, the Investigatory Powers Commissioner’s Office (ICPO) took over responsibility for oversight of investigatory powers from the Interception of Communications Commissioner’s Office, the OSC and the Intelligence Services Commissioner. Future inspections of the council’s use of RIPA will be undertaken by the ICPO.

## **5. Use of RIPA**

- 5.1 During this financial year since 1 April 2017, the council has authorised directed surveillance on 1 occasion for a case of unlawful subletting and benefit fraud investigated by Housing Investigations. This authorisation has been given judicial approval by a magistrate.
- 5.2 For the previous financial year (1 April 2016 to 31 March 2017) the council authorised directed surveillance on 2 occasions for:
- 1 case of unlawful subletting investigated by Housing Investigations
  - 1 case of fraudulent trading investigated by Trading Standards

Both authorisations were given judicial approval by a magistrate.

- 5.3 The council has not authorised the use of a covert human intelligence source since October 2010.
- 5.4 The trend in the number of RIPA authorisations has been downwards. By comparison the council has granted the following number of directed surveillance authorisations in previous

years:

- 2010/11 – 23
- 2011/12 – 15
- 2012/13 – 17
- 2013/14 - 6
- 2014/15 – 4
- 2015/16 - 1

## **6. Implications**

### **6.1 Financial implications:**

There are no financial implications arising directly from this report. Robust anti-fraud activity is an integral part of the council's strategy for safeguarding its assets and maximising its use of resources. The use of investigatory surveillance is one of the tools the council uses to achieve these aims.

### **6.2 Legal Implications:**

RIPA was introduced to ensure that covert surveillance undertaken by public authorities is undertaken in accordance with the European Convention on Human Rights and the Human Rights Act 1998.

The council can only undertake covert surveillance if the proposed operation is authorised by one of the council's authorising officers and subsequently approved by a magistrate. A local authority can only use directed surveillance if it is necessary to prevent or detect criminal offences, which attract a custodial sentence of six months or more or criminal offences relating to the underage sale of alcohol or tobacco. The authorising officer must also be satisfied that the proposed directed surveillance is proportionate to what is sought to be achieved.

There has been a reduction in the number of directed surveillance authorisations granted by the council since 1 November 2012, when the Protection of Freedoms Act 2012 introduced significant changes to local authorities' use of RIPA. However, the council could still face a legal challenge to the way in which covert surveillance is conducted; this could lead to the evidence obtained being ruled as inadmissible and/or a complaint to the Investigatory Powers Tribunal.

### **6.3 Environmental Implications:**

Nil

### **6.4 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 conducted, as this report only provides monitoring information and a legal update for the Executive.

## 7. Conclusion and reasons for recommendations

- 7.1 The OSC only made 2 recommendations in the report completed by the Assistant Surveillance Commissioner after the inspection on 1 December 2016. These recommendations, are described by the OSC as “readily achieved” and actions have already been drawn up to address both recommendations.
- 7.2 The Protection of Freedoms Act 2012 has introduced additional safeguards to the use of RIPA and the impact of covert surveillance on the privacy of those under investigation. This has seen a reduction in the use of directed surveillance by the council.

### Appendices:

**Appendix 1 (exempt)** – OSC Inspection Report dated 23.12.16

**Appendix 2 (exempt)** – Completed action plan following OSC inspection report dated 15.11.13

**Background papers:** None

Final report clearance:

**Signed by:**



7 November 2017

Executive Member for Finance, Performance  
and Community Safety

Date

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Report of: **Executive Member for Finance, Performance and Community Safety**

| Meeting of: | Date             | Ward(s) |
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| Executive   | 23 November 2017 | N/A     |

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## **SUBJECT: Amending iCo's Articles of Association**

### **1. Synopsis**

- 1.1 iCo is the trading name of Islington Ltd, the council's wholly-owned commercial trading company. The overall aim of the company is to generate income for the benefit of Islington Council. The company currently trades in a number of areas, including memorial services, commercial waste, pest control, and arboricultural services.
- 1.2 The business of the company is directed by a Board of Directors (the iCo Board) which is comprised of two executive members and three senior officers. The company is governed by its Articles of Association, which limit the powers of the directors and specify a number of matters which are reserved for decision by Islington Council as the sole shareholder of the company.
- 1.3 To maximise the income generated for Islington Council, the iCo Board wishes for iCo to expand its business areas and take up new commercial opportunities. However, the Articles of Association currently limit the business areas the company is authorised to trade in and the ways in which it is able to conduct business. It is proposed that the Executive adopt the appended Articles of Association to allow the company to operate in a more independent, agile and innovate way.

### **2. Recommendations**

- 2.1 That the Articles of Association of Islington Ltd be revised, as set out in the appended document.
- 2.2 That the special resolution giving effect to the decision be signed and submitted to Companies House.

### 3. Background

3.1 The Executive formed iCo in May 2014. The purpose of the company is 'to trade with public bodies, private organisations and members of the public in activities relates to municipal functions'. The aims of the company are:

- To operate for the benefit of Islington Council, residents, partners and other public bodies;
- To provide Islington Council as shareholder with a return on its capital employed to be invested in council priorities;
- To reinforce in-house services and ensure expertise is maintained and developed;
- To creatively bundle the capabilities of Islington Council services into products and services that are attractive in a competitive marketplace;
- To develop strong and positive relationships with our customers so that we understand their changing needs and adapt our services accordingly;
- To take advantage of technological advances and economies of scale to reduce our production and service costs.

3.2 The council has appointed a Board of Directors, which is comprised of the Executive Member for Finance, Performance and Community Safety, the Executive Member for Environment and Transport, the Corporate Director of Environment and Regeneration, the Director of Public Realm, and the Director of Service Finance. The Board of Directors set company strategy and policy, review business plans and service performance, and carry out the legal and administrative functions required of company directors.

3.3 The company is governed by its Articles of Association, which limit the powers of the directors and specify a number of matters which are reserved for decision by Islington Council as sole shareholder of the company. The effect of the current Articles of Association is that approval from Islington Council (as shareholder) is required when iCo wishes to trade in a business area that has not previously been authorised.

3.4 Shareholder decisions may be made by the Executive, or the Leader of the Council if the decision is administrative, minor, or urgent. Whilst this governance framework is intended to provide shareholder oversight of the company's activities, the result is that company's ability to take business decisions in a timely way is inhibited. This also results in the Executive or Leader of the Council taking formal decisions on relatively minor matters, which would not usually go to the Executive or Leader for formal decision if they related to a council service. Examples of decisions which have required shareholder approval include:

- The appointment of auditors;
- Changing the company's accounting reference date;
- Amending the Articles to enable the company to trade in Pest Control services;
- Amending the Articles to enable the company to buy, sell, rent and manage properties;
- Amending the Articles to enable the company to provide and manage cycle hangars;
- Approval of a share acquisition in another company, where the shares were acquired in return for consultancy services, with no financial investment made.

It is proposed that the Articles of Association are amended to better balance the business needs of the company and the requirements of the council as shareholder to have oversight of the company's activities.

### 4. Proposed Changes to the Articles of Association

4.1 The proposed changes to the Articles of Association are appended and are set out in the form of tracked changes. An explanation of the main changes is overleaf:

4.2 Share acquisitions, legal partnerships and joint ventures (Article 3.3)

iCo has previously been approached by organisations that would like to do business with the company through the form of a partnership or joint venture. Similarly, iCo has previously been offered shares in new 'start up' companies in return for providing consultancy services in areas where the council has

particular expertise.

The business cases for such proposals are carefully assessed by the directors of the company, and are subject to due diligence checks and legal advice. It is considered that further referral to the shareholder for decision should not be required, unless the agreement is subject to onerous or unusual terms.

#### 4.3 The Company's Business Activities (Article 3.5)

Article 3.5 limits the company's business activities to only those authorised by Islington Council as the company's shareholder. Requiring shareholder approval to trade in new business areas can delay the launch of new services and creates additional administrative burdens.

In order to maximise the income generated for Islington Council and make the best use of resources, it is considered that the company should not require specific shareholder approval to expand into new areas of business. All areas in which iCo trades are approved by the directors of the company following the consideration of a business case.

#### 4.4 Land and property (Articles 3.7 and 3.8)

iCo does not currently own land or manage property. However, the Executive has previously authorised the company to carry out activities related to the buying, selling, renting and/or management of properties. It is considered that further reference to the company's shareholder before acquiring or disposing of such land or property is bureaucratic and should not be required.

#### 4.5 Loans (Article 3.10)

To ensure effective and efficient financial management, it is considered that shareholder approval should not be required for iCo to receive loan monies. iCo has previously received a loan from Islington Council, and it is considered that separate shareholder authorisation should not be required for such loans to be received.

#### 4.6 Appointing Auditors (Article 3.13)

The audit of a company's accounts is an important administrative function which ensures financial probity. Islington Council, as shareholder, has already appointed an auditor to iCo; however, if iCo needed to change auditor for whatever reason, then reference to Islington Council for formal decision as shareholder seems unduly onerous.

#### 4.7 Accounting practices and legal proceedings (Article 3.14 and 3.18)

Whilst iCo is wholly owned by the council, it is a separate legal and financial entity. It is considered that decisions on the company's accounting practices and legal proceedings should be made independently by the directors of the company without a formal decision being required by Islington Council as shareholder. Any delay to such decisions has the potential to cause financial or legal difficulties, and therefore it is sensible to streamline this decision-making process.

#### 4.8 Quorum for directors' meetings (Article 7)

At present iCo has five directors. A quorum of four only allows for one director to be absent before a directors' meeting is inquorate. To ease decision-making by the Board of Directors, it is considered that a quorum of three, including one member of the Executive of Islington Council, is more appropriate.

### 5. **Implications**

#### 5.1 **Financial implications:**

There are no significant financial implications associated with amending iCo's Articles of Association. Removing bureaucracy from iCo decision-making will reduce the officer time spent processing shareholder matters for formal decision by the Executive or the Leader. This will lead to a more efficient use of financial resources by the company and Islington Council.

#### 5.2 **Legal Implications:**

Every company formed under the Companies Acts must have articles of association which are rules, chosen by the company's members, which govern the company's internal affairs. The Companies (Model Articles) Regulations 2008, made under the Companies Act 2006, set out model articles of

association. Companies limited by shares may, if they choose to, adopt their own tailor-made articles in place of all or part of the model articles. The articles of association may be amended by resolution of the council as shareholder (Companies Act 2006, section 21).

At the time that the council decided to establish its solely owned trading company, Islington Ltd, trading as iCo, it decided to amend the Model Articles in part to allow greater control by the council as shareholder in the activities of iCo. This was done by reserving various matter for decision by the council that could otherwise have been decided by iCo. The proposals set out in this report represent a dilution in the power of the council as shareholder to control the activities conducted by iCo for the reasons stated in the report. Apart from the control exercised through the Articles the council also has powers to remove directors of iCo (Article 16.2).

In deciding whether to adopt the proposals set out in this report the council as shareholder needs to be satisfied that the changes to the articles represent a proper balance between administrative convenience for iCo and oversight by the council as shareholder.

### **5.3 Environmental Implications**

There are no direct environmental implications associated with revising iCo's Articles of Association. The environmental implications of particular services or proposals will be considered by the iCo Board as appropriate.

### **5.4 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 is not required in this instance. Amending iCo's Articles of Association is a governance matter which does not directly impact on residents.

## **6. Reason for recommendations**

- 6.1 To maximise the income generated for Islington Council, the iCo Board wishes for iCo to expand its business areas and take up new commercial opportunities. iCo needs an agile and streamlined decision-making process in order to respond to new income generating opportunities effectively. The Executive is asked to amend the Articles of Association to ease decision-making processes and ensure the best use of resources.

### **Appendices:**

- Appendix 1 – Draft Articles of Association
- Appendix 2 – Shareholder Resolution to be signed

**Background papers:** None

Final report clearance:

**Signed by:**



7 November 2017

Executive Member for Finance, Performance and Community Safety      Date

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# **ARTICLES OF ASSOCIATION**

**OF**

**ISLINGTON LIMITED**

**COMPANY NUMBER: 05303559**

**Private company limited by shares**

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## **Model Articles**

1. The model articles of association for private companies limited by shares contained in Schedule 1 to the Companies (Model Articles) Regulations 2008, as amended prior to the date of adoption of these Articles (the Model Articles), shall apply to the Company save in so far as they are excluded or varied hereby and such Model Articles (save as so excluded or varied hereby) together with the following articles shall be the articles of association of the Company. References to these articles shall be to the following articles as amended from time to time together with such Model Articles as apply to the Company

## **Objects clause**

2. The Company's objects are unrestricted.

## **Reserved matters**

3. The matters set out below shall be reserved for decision by Islington Council as the sole shareholder:

- 3.1 The change of the Company's name.
- 3.2 The making of any variation to the Articles of Association of the Company which would affect the economic rights of the Company.
- 3.3 The amalgamation or merger of the Company with any other company, business or undertaking ~~or the acquisition of any shares in any company or any business or undertaking of any person, the establishment of any Subsidiaries or the participation by the Company in any legal partnership or joint venture (whether incorporated or not).~~
- 3.4 The making of any petition or resolution to wind-up the Company or any application for administration or giving any notice of intention to an administrator unless in any case the Company is at the relevant time insolvent and the Directors reasonably consider (taking into account their fiduciary duties) that the Company ought to be wound-up.
- ~~3.5 Undertaking any business other than business relating to:~~
- ~~i. Consultancy services related to technical, professional and/or specialist knowledge, skills and /or expertise;~~
  - ~~ii. Operational services related to grounds maintenance, metalwork fitters' services, infrastructure repairs and pest control;~~
  - ~~iii. Waste services provided to commercial organisations and to non-commercial organisations other than Islington Council;~~
  - ~~iv. Sale of memorials related to cemetery services;~~
  - ~~v. Activities related to the buying, selling, renting and/or management of properties, including properties that are sold to or transferred to the Company by Islington Council; and~~
  - ~~vi. A business not covered by 3.5.i to 3.5.v above where the aggregate value of the traded business is below £10,000 per annum and in any event no more than £30,000 over 3 years.~~

- 3.6 Increasing or decreasing or cancelling the authorised or issued share capital of the Company or agreeing to allot any of the share capital of the Company or otherwise reorganise the share capital of the Company.
- ~~3.7 Acquiring whether by purchase lease exchange hire or otherwise of any estates lands buildings easements or other interest in real estate.~~
- ~~3.8 Disposing whether by sale letting or otherwise of any real property belonging to the Company and the granting of any rights or interests in or over any real property belonging to the Company.~~
- 3.9 Entering into agreements which the directors acting reasonably and in good faith consider to be of an onerous, unusual or long term nature or subject to onerous or unusual terms.
- ~~3.10 Lending advancing or receiving money on deposit or loan or giving or receiving credit to or from any person including any subsidiary of the Company and whether with or without security (for the avoidance of doubt, this shall not include credit granted to customers as apart of the Company's standard payment terms).~~
- 3.11 Entering into guarantees, contracts of indemnity and suretyships of all kinds and for any purpose.
- 3.12 Entering into contracts under which the Company will be obliged to pay or be entitled to receive any sum above the financial threshold specified from time to time by the Corporate Director of ~~Finance and~~ Resources of Islington Council.
- ~~3.13 Appointing auditors.~~
- ~~3.14 Altering the accounting practices of the Company other than any such change which is required by law or by the rules of any regulatory body to which the Company is subject.~~

- 3.15 In respect of a director or secretary paying any remuneration to that director or secretary.
- 3.16 Creating or granting any security whether by mortgage, lien, fixed charge, floating charge or otherwise over any of the assets of the Company.
- 3.17 Promoting and incorporating any company or other entity which will be a subsidiary of the Company or in which the Company shall have an interest.
- ~~3.18 Instituting or defending legal proceedings save in any circumstances in which the directors acting in good faith believe that it is in the best interest of the Company that any institution or defence of any legal proceedings should be undertaken without delay or that any delay in instituting or defending any such proceedings would prejudice the interests of the Company by way of example but without limitation in the event any claim is about to become time barred under any enactment or rule of law in which case the directors shall call a general meeting as soon as reasonably practicable following the institution of such proceedings or issue such defence and the Company shall at such meeting be entitled to ratify the director's actions or approve the withdrawal of such proceedings or defence.~~

### **Unanimous decisions**

4. A decision of the directors which takes the form of a resolution in writing may consist of several copies each signed by one or more eligible directors.  
Article 8 of the Model Articles shall be modified accordingly.

### **Calling a directors' meeting**

5. A director may waive the requirement that notice of a meeting of the directors or of a committee of the directors be given to him at any time before or after the date on which the meeting is held by

notifying the Company to that effect. Where a director gives such notice to the Company after the meeting has been held, that does not affect the validity of the meeting or of any business conducted at that meeting. Article 9(4) of the Model Articles shall be modified accordingly.

6. If all the directors participating in a meeting are not in the same place, the meeting shall be deemed to take place where the largest group of those participating is assembled or, if there is no such group, where the chairman of the meeting is. Article 10(3) of the Model Articles shall not apply to the Company.

#### **Quorum for directors' meetings**

7. The quorum for the transaction of business of the directors shall be ~~four~~ **three** including at least one member of the Executive of Islington Council. A person who holds office only as an alternate director shall, if his appointer is not present, be counted in the quorum. Article 11(2) of the Model Articles shall be modified accordingly.

#### **Conflicts of interest**

8. Provided that a director has disclosed his interest in an actual or proposed transaction or arrangement with the Company in accordance with the Companies Acts or the provisions of these articles, he may nevertheless be counted as participating in the decision-making process for quorum and voting purposes in respect of any such matter in which the director is in any way interested, and shall not, save as otherwise agreed, be accountable to the Company for any benefit which he derives under or in consequence of any such transaction or arrangement. Article 14 of the Model Articles shall be modified accordingly.

### **Authorisation of directors' conflicts of interest**

9. For the purposes of section 175 of the Companies Act 2006, as amended, consolidated or re-enacted from time to time (the 2006 Act), the directors shall have the power to authorise any matter which would or might otherwise constitute or give rise to a breach by a director of the duty to avoid conflicts of interest set out in that section of the 2006 Act. Any reference in these articles to a conflict of interest includes a conflict of interest and duty and a conflict of duties.
  
10. Authorisation of a matter under article 9 shall be effective only if:
  - 10.1 the matter in question shall have been proposed in writing for consideration by the directors, or in such other manner as the directors may determine;
  
  - 10.2 any requirement as to the quorum at the meeting of the directors at which the matter is considered is met without counting the director in question and any other interested director (together the Interested Directors) and
  
  - 10.3 the matter was agreed to without the Interested Directors voting or would have been agreed to if the votes of the Interested Directors had not been counted.
  
11. Unless otherwise determined by the directors (excluding the Interested Directors) any authorization of a matter under Article 9 shall extend to any actual or potential conflict of Interest which may reasonably be expected to arise out of the matter so authorised.

12. Any authorisation of a matter under Article 9 shall be on such terms and/or condition as the directors (excluding the Interested Directors) may determine, whether at the time such authorisation is given or subsequently and may be varied or terminated by the directors (excluding the Interested Directors) at any time. Such terms or conditions may include (without limitation) terms and conditions as to the duration, renewal and/or revocation of the authorisation, and/or the exclusion of the Interested Directors from all information and discussion of the matter in question. A director shall comply with any obligations imposed on him by the directors (excluding the Interested Directors) pursuant to any such authorization.

13. If a director receives or has received any information otherwise than by virtue of his position as a director of the Company and in respect of which he owes a duty of confidentiality to another person, the director is under no obligation to:

13.1 disclose any such information to the Company, the directors or any other director or employee of the Company, or

13.2 use or apply any such information in connection with the performance of his duties as a director,

provided that to the extent that such duty of confidentiality arises out of a situation or relationship which would or might otherwise constitute or give rise to a breach by the director of the duty to avoid conflicts of interest set out in section 175 of the 2006 Act, this article shall apply only if such situation or relationship has been authorised by the directors under Article 9.

14. A director shall not, save as otherwise agreed by him, be accountable to the Company for any benefit which he (or a person connected with him) derives from any matter authorised by the directors under Article 9 and any contract, transaction or arrangement relating thereto shall not be liable to be avoided on the grounds of any such benefit.

### **Appointment and removal of directors**

15. Unless otherwise determined by ordinary resolution, the number of directors is not subject to any maximum and the minimum number is three.
16. Notwithstanding any other provision of these articles, Islington Council as the sole shareholder may at any time and from time to time:

16.1 appoint any person to be a director or

16.2 remove any director from office.

Every such appointment or removal shall be effected by notice in writing to the Company and shall take effect immediately (or on such later date, if any, specified in the notice).

### **Termination of a director's appointment**

17. Notwithstanding any other provision of these articles, a person ceases to be a director as soon as he has for more than six consecutive months been absent without permission of the directors from meetings of directors held during that period and the directors resolve that his office be vacated.

18. Where a director holds office by virtue of being an elected member of Islington Council he shall cease to be a director as soon as he/she ceases to be an elected member of Islington Council.

### **Appointment and removal of alternate directors**

19. Any director (the appointor) may appoint as an alternate any other director to:

19.1 exercise that director's powers;

19.2 carry out that director's responsibilities; and

19.3 generally to perform all the functions of his appointor as a director

in relation to the taking of decisions by the directors in the absence of the alternate's appointor. Any appointment or removal of an alternate must be effected by notice in writing to the Company signed by the appointor, or in any other manner approved by the directors. The notice must identify the proposed alternate and, in the case of a notice of appointment, contain a statement signed by the proposed alternate that the proposed alternate is willing to act as the alternate of the director giving the notice

### **Rights and responsibilities of alternate directors**

20. An alternate director has the same rights in relation to any directors' meeting or directors' written resolution, as the alternate's appointor. Alternate directors are deemed for all purposes to be directors, are liable for their own acts and omissions, are subject to the same restrictions as their appointors and are not deemed to be agents of or for their appointors. A person who is an alternate director but not a director may be counted as participating for

the purposes of determining whether a quorum is participating (but only if that person's appointor is not participating) and may sign a written resolution (but only if it is not signed or to be signed by that person's appointor). No alternate may be counted as more than one director for such purposes.

21. An alternate director is not entitled to receive any remuneration from the Company for serving as an alternate director except such part of the alternate's appointor's remuneration as the appointor may direct by notice in writing made to the Company.

### **Termination of alternative directorship**

22. An alternate director's appointment as an alternate terminates:
  - 22.1 when the alternate's appointor revokes the appointment by notice to the Company in writing specifying when it is to terminate,
  - 22.2 on the occurrence in relation to the alternate of any event which, if it occurred in relation to the alternate's appointor, would result in the termination of the appointor's appointment as a director,
  - 22.3 on the death of the alternate's appointor, or
  - 22.4 when the alternate's appointor's appointment as a director terminates, except that an alternate's appointment as an alternate does not terminate when the appointor retires by rotation at a general meeting and is then re-appointed as a director at the same general meeting.

### **Company secretary**

23. The directors may appoint a company secretary for such term, at such remuneration and upon such conditions as they think fit. Any company secretary may be removed or replaced by the directors.

### **Written resolutions**

24. A proposed written resolution of the members of the Company (or of a class of members) shall lapse if it is not passed before the end of the period of six months beginning with the circulation date of such resolution (as defined in section 290 of the 2006 Act).

### **Means of communication to be used**

25. Any notice, document or other information shall be deemed served on or delivered to the intended recipient:
- 25.1 if properly addressed and sent by prepaid United Kingdom first class post to an address in the United Kingdom, 48 hours after it was posted (or five working days after posting either to an address outside the United Kingdom or from outside the United Kingdom to an address within the United Kingdom).
  - 25.2 If properly addressed and delivered by hand, when it was given or left at the appropriate address.
  - 25.3 If properly addressed and sent or supplied by electronic means, one hour after the document or information was sent or supplied, and
  - 25.4 If sent or supplied by means of a website, when the material is first made available on the website or (if later) when the recipient receives (or is deemed to have received) notice of the fact that the material is available on the website.

For the purposes of this Article, no account shall be taken of any part of a day that is not a working day.

26. In proving that any notice, document or other information was properly addressed, it shall be sufficient to show that the notice, document or other information was delivered to an address permitted for the purpose by the 2006 Act.

## Indemnity

27. The Company may indemnify any relevant officer out of the assets of the Company from and against any loss, liability or expense incurred by him or them in relation to the Company (including any liability incurred in connection with the activities of the Company or an associated company in its capacity as a trustee of an occupational pension scheme (as defined in section 235(6) of the 2006 Act)) provided that this Article shall have effect, and any indemnity provided by or pursuant to it shall apply, only to the extent permitted by, and subject to the restrictions of, the 2006 Act. This article does not allow for or provide (to any extent) an indemnity which is more extensive than as permitted by the 2006 Act and any such indemnity is limited accordingly. This article is also without prejudice to any indemnity to which any person may otherwise be entitled. Article 52 of the Model Articles shall not apply to the Company.
28. To the extent permitted by, and subject to the restrictions in, the 2006 Act and without prejudice to any indemnity to which he/she may otherwise be entitled, the board shall have the power to provide funds to meet any expenditure incurred or to be incurred by any relevant officer in defending any criminal or civil (including regulatory) proceedings, or in connection with an application under the 2006 Act, or to enable him to avoid incurring such expenditure.
29. Without prejudice to the provisions of Article 53 of the Model Articles, the directors may exercise all the powers of the Company to purchase and maintain insurance for the benefit of any person who is a relevant officer or an employee or former employee of the Company or any associated company or who is or was a trustee of a retirement benefits scheme or another trust

in which a relevant officer or an employee or former employee is or has been interested, indemnifying him against liability for negligence, default, breach of duty or breach of trust or any other liability which may lawfully be insured against by the Company.

30. In these articles "relevant officer" means any current or former director, alternate director, secretary or other officer of the Company or an associated company (including any company which is a trustee of an occupational pension scheme (as defined in section 235(6) of the 2006 Act)), other than any person (whether an officer or not) engaged by the Company (or associated company) as an auditor, to the extent he/she acts as an auditor.

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COMPANIES ACT 2006

SPECIAL RESOLUTION

~ OF ~

ISLINGTON LTD

COMPANY NUMBER: 05303559

SPECIAL RESOLUTION ON CHANGE OF ARTICLES

I, Richard Watts, as Leader of Islington Council, agree to the following resolution on behalf of Islington Council, the sole shareholder of Islington Ltd:

**That the Company adopt the appended Articles of Association.**

**Signed:**

.....  
On behalf of Islington Council,  
Sole Shareholder of Islington Ltd

.....  
Date

.....  
Director, Islington Ltd

.....  
Date

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### Report of: Executive Member for Finance, Performance and Community Safety

| Meeting of: | Date                           | Ward(s) |
|-------------|--------------------------------|---------|
| Executive   | 23 <sup>rd</sup> November 2017 | All     |

## FINANCIAL MONITORING 2017-18 MONTH 6

### **1. SYNOPSIS**

- 1.1 This report presents the forecast outturn position for 2017-18 as at 30<sup>th</sup> September 2017. Overall, there is a forecast gross General Fund overspend of £7.0m. This reflects the strain on the Council's budgets of increasing service pressures and ever dwindling Central Government funding. Action is required to bring this overspend down; otherwise the Council's reserves will be dangerously low going into 2018-19.
- 1.2 The Housing Revenue Account (HRA) is forecast to break-even over the year.
- 1.3 It is forecast that £124.6m of capital expenditure will be delivered in 2017-18.

### **2. RECOMMENDATIONS**

- 2.1. To note the forecast revenue outturn for the General Fund (**Table 1**) of a gross overspend of £7.0m, including corporate items, an improvement of £2.6m over the past month. (**Paragraph 3.1**)
- 2.2. To note the actions to reduce the forecast gross General Fund overspend, and that any remaining overspend at year-end will be covered by drawing down from corporate contingency budgets in the first instance. (**Section 4, Paragraph 3.2 and Table 2**)
- 2.3. To note the breakdown of the forecast General Fund outturn by individual variance at **Appendix 1** and by service area at **Appendix 2**.
- 2.4. To note that the HRA forecast is a break-even position. (**Section 5, Table 1**)
- 2.5. To note the latest capital position with forecast capital expenditure of £124.6m in 2017-18. (**Section 6, Table 3 and Appendix 3**)

- 2.6. To note the Treasury Management mid-year 2017-18 update, including the regulatory update. (**Section 7**)

### **3. REVENUE POSITION: SUMMARY**

- 3.1. A summary position of the General Fund and HRA is shown in **Table 1**, a breakdown by individual variance at **Appendix 1** and a breakdown by General Fund service area at **Appendix 2**. The General Fund forecast outturn has improved by £2.6m over the past month.

**Table 1: 2017-18 General Fund and HRA Month 6 Forecast**

|  | <b>Forecast<br/>Over/(Under)<br/>Spend<br/>(£000)</b> |
|--|---|
| <b><u>GENERAL FUND</u></b>                   |   |
| Resources                                    | (972)   |
| Chief Executive's Department                 | (300)   |
| Core Children's Services (Excluding Schools) | 5,565   |
| Environment and Regeneration                 | 418   |
| Housing and Adult Social Services            | 940   |
| Public Health                                | 0   |
| <b>DEPARTMENTAL TOTAL</b>                    | <b>5,651</b>  |
| Corporate Items                              | 1,327   |
| <b>GROSS OVER/(UNDER) SPEND</b>              | <b>6,978</b>  |
| <b><u>HOUSING REVENUE ACCOUNT</u></b>        |   |
| <b>NET (SURPLUS)/DEFICIT</b>                 | <b>0</b>  |

- 3.2. Any overspend at year-end will be covered by drawing down from corporate contingency budgets in the first instance. Prior year and current year corporate contingency budgets total £6.7m. If the forecast gross overspend remained at £7.0m, this would leave £0.3m to fund from other sources, including general balances. Departments are implementing management actions to dampen the level of the General Fund overspend in 2017-18 but further management actions are required to start to bring the level of the overspend down. After seven years of Central Government cuts, there are no easy management actions to take.
- 3.3. The Council, in comparison to others in London, has limited available reserves to cope with this financial pressure. It is important that all steps possible be taken during the financial year to bring spending back at least to the level of the corporate contingency budgets and ideally below. The estimated unallocated reserves that will be available to use at year end, not including the corporate contingency budgets, are shown in **Table 2** below:

**Table 2: Unallocated Reserves**

|  | <b>2017-18 £m</b> |
|--|-------------------|
| Housing Benefit Reserve                            | 4.5               |
| General Fund Balances (excluding schools)          | 8.6               |
| Redundancy Reserve (residual balance from 2016-17) | 0.3               |
| <b>Total</b>                                       | <b>13.4</b>       |

## **4. GENERAL FUND**

### **Resources Department (-£1.0m)**

- 4.1. The Resources Department is forecasting, after management actions, an underspend of (-£1.0m) over the financial year with the key variances detailed in **Appendix 1**.

### **Chief Executive's Department (-£0.3m)**

- 4.2. The Chief Executive's Department is forecasting an underspend of (-£0.3m) over the financial year with the key variances detailed in **Appendix 1**.

### **Children's Services - General Fund (+£5.57m), Schools (Break-Even)**

- 4.3. The Children's Services Department is forecasting a (+£5.57m) General Fund overspend, the largest of any council service but not inconsistent with other similar councils. The key variances behind the General Fund net overspend are set out in **Appendix 1**.

- 4.4. Management actions being undertaken are as follows:

4.4.1. Vacancy management across services;

4.4.2. Review high cost packages and personal budgets;

4.4.3. Wider review of Children Look After placements, cost drivers and commissioning arrangements;

4.4.4. Review housing benefit collection arrangements;

4.4.5. Review dispersal arrangements for Unaccompanied Asylum Seeking Children – placing young people in other authorities where dispersal scheme is in operation;

4.4.6. Loss of £3m Dedicated Schools Grant funding mitigated by recycling early childhood transformation and childcare subsidy savings, disapplication from DSG funding regulations and funding identified through line by line DSG review; and

4.4.7. Reviewing contract arrangements and viability between the Council, Greenwich Leisure and relevant school bodies for Holloway Pool.

- 4.5. The schools' dedicated schools grant position is forecast at break-even.

### **Environment and Regeneration (+£0.418m)**

- 4.6. The Environment and Regeneration Department is forecasting a (+£0.418m) overspend. The key variances behind this net overspend are set out in **Appendix 1**.

- 4.7. The management actions being taken to control these pressures are:
- 4.7.1. Regular monitoring of spend and income trends across the department to enable effective decisions to be taken.
  - 4.7.2. Extensive work being undertaken within Street Environmental Services to control and monitor staff related spend in particular overtime levels, agency staff and sickness absence.
  - 4.7.3. Vacancy and recruitment management across the department and control over non-essential expenditure.
  - 4.7.4. On-going work to drive through service changes to deliver the delayed savings.

#### **Housing and Adult Social Services (+£0.940m)**

##### **Adult Social Services (+£0.940m)**

- 4.8. Adult Social Services is forecasting a (+£0.940m) overspend. The key variances behind this net overspend are set out in **Appendix 1**.
- 4.9. The management actions being taken to control the net overspend are:
- 4.9.1. Review of savings plans;
  - 4.9.2. Finance training for all budget holders;
  - 4.9.3. Review of all agency staff and establishments in order to reduce staffing pressure; and
  - 4.9.4. Review of all current care packages to ensure projections have been made accurately.

##### **Housing General Fund (Break-Even)**

- 4.10. The Housing General Fund is forecasting a break-even position for the financial year.

##### **Public Health (Break-Even)**

- 4.11. Public Health is funded via a ring-fenced grant of £26.6m for 2017-18. There is a forecast net break-even position for the financial year.

##### **Corporate Items (+£1.3m)**

- 4.12. There is a (+£0.8m) uncontrollable cost due to the Council's statutory duty to provide assistance to all destitute clients who are Non-European Union nationals and can demonstrate need under Section 21 of the National Assistance Act, 1948. This is commonly referred to as No Recourse to Public Funds (NRPF).
- 4.13. (+£1.2m) of planned savings are now considered unachievable in 2017-18, including cross-cutting savings relating to further channel shift and income generating activities across the Council.
- 4.14. There is a (+£0.6m) unbudgeted cost relating to the estimated General Fund cost of the new apprenticeship levy.
- 4.15. These overspends are partially offset by:

- 4.15.1. Net unbudgeted grant income totalling (-£0.9m), for example to compensate for the impact of Government policy on our retained business rates income in 2017-18 and to reimburse previously top-sliced New Homes Bonus funding.
- 4.15.2. A forecast underspend of (-£0.4m) on the corporate levies budget compared to the estimate before the start of the financial year.

## **5. HOUSING REVENUE ACCOUNT**

- 5.1. The net total forecast variance for the Housing Revenue Account is projected to be a break-even position over the financial year.

## **6. CAPITAL PROGRAMME**

- 6.1. It is forecast that £124.6m of capital investment will be delivered in 2017-18. This is set out by directorate in **Table 3** below and detailed at **Appendix 3**.

**Table 3: 2017-18 Capital Programme Month 6 Forecast**

| <b>Directorate</b>                | <b>2017-18<br/>Capital<br/>Budget</b> | <b>2017-18<br/>Capital<br/>Forecast</b> | <b>Forecast<br/>Re-profiling<br/>(to)/from<br/>Future<br/>Years<br/>(£m)</b> |
|-----------------------------------|---------------------------------------|---|--|
|                                   | <b>(£m)</b>                           | <b>(£m)</b>                             | <b>(£m)</b>  |
| Children's Services               | 16.8                                  | 6.8                                     | (10.0)   |
| Environment and Regeneration      | 27.9                                  | 27.9                                    | 0.0  |
| Housing and Adult Social Services | 90.6                                  | 89.9                                    | (0.7)  |
| <b>Total</b>                      | <b>135.3</b>                          | <b>124.6</b>                            | <b>(10.7)</b>  |

- 6.2. The forecast re-profiling of the Children's Services capital programme into future years, totalling £10.0m, mainly relates to updated schedules of work across the new build and school expansion schemes (£7.3m) and schools capital contingency budgets (£2.0m). This will be reviewed over the coming months and re-profiled into future years as part of the 2018-19 budget setting process.

## **7. TREASURY MANAGEMENT MID-YEAR UPDATE**

- 7.1. The 2017-18 treasury management and investment strategy was agreed by Council on 23<sup>rd</sup> February 2017. There has not been any change in strategy over the six-month period to 30<sup>th</sup> September 2017 and the strategy remains to minimise borrowing cost by using surplus internal cash and borrowing at optimal times at variable or fixed rates including borrowing in advance of need. As at 30<sup>th</sup> September 2017 the Council had £93.8m of temporary investment (at an average rate of 0.51%), compared to £100m at 31<sup>st</sup> March 2017. The long-term debt now stands at £259.2m, a decrease of £8m compared to 31<sup>st</sup> March 2017 due to debt maturing. The Council has complied within the treasury limits and Prudential Indicators set out in the Council's Treasury Policy

Statement and Annual Treasury Statement up to 30<sup>th</sup> September 2017 (the period-end of this report).

- 7.2. Local authorities are currently treated by regulated financial services firms as professional clients who can 'opt-down' to be treated as retail clients instead. From 3<sup>rd</sup> January 2018, as a result of the second Markets in Financial Instruments Directive (MiFID II), local authorities will be treated as retail clients who can 'opt-up' to be professional clients, providing that they meet certain criteria. Regulated financial services firms include banks, brokers, advisers, fund managers and custodians, but only where they are selling, arranging, advising or managing designated investments. In order to opt-up to professional, the authority must have an investment balance of at least £10 million and the person authorised to make investment decisions on behalf of the authority must have at least one year's relevant professional experience. In addition, the firm must assess that that person has the expertise, experience and knowledge to make investment decisions and understand the risks involved. The Council meets these criteria and intends to opt-up by completing the qualitative and quantitative assessment templates designed and agreed by the LGA and Investment Associations to maintain its professional status.

## **8. IMPLICATIONS**

### **Financial Implications**

- 8.1. These are included in the main body of the report.

### **Legal Implications**

- 8.2. The law requires that the Council must plan to balance its spending plans against resources to avoid a deficit occurring in any year. Members need to be reasonably satisfied that expenditure is being contained within budget and that the savings for the financial year will be achieved, to ensure that income and expenditure balance.

### **Environmental Implications**

- 8.3. This report does not have any direct environmental implications.

### **Resident Impact Assessment**

- 8.4. The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.
- 8.5. A resident impact assessment (RIA) was carried out for the 2017-18 Budget Report approved by Full Council. This report notes the financial performance to date but does not have direct policy implications, so a separate RIA is not required for this report.

**Appendices:**

Appendix 1 – General Fund Revenue Monitoring by Individual Variance  
Appendix 2 – Revenue Monitoring by Service Area  
Appendix 3 - Capital Monitoring

**Background papers:** None

**Signed by**



Executive Member for Finance,  
Performance and Community Safety

Date: 13 November 2017

**Responsible Officer:**

Mike Curtis  
Corporate Director Resources

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**Appendix 1: General Fund Revenue Monitoring 2017-18 Month 6 by Individual Variance**

| Division                                  | Description of Over/(Under) Spend   | Category  | Over-spend<br>£000 | Under-spend<br>£000 | Net Over/(Under) Spend<br>£000 |
|---|---|---|--------------------|---------------------|--------------------------------|
| <b>RESOURCES</b>                          |   |   |                    |                     |                                |
| Corporate Real Estate                     | Commercial Property - Shortfall against the commercial property income target due to savings materialising over a longer time frame (including refurbishment work in commercial let).   | Savings Unachievable in 2017-18                               | 784                |                     | 784                            |
| Corporate Real Estate                     | Vacancy savings and admin budget savings.   | Underspend  |                    | (145)               | (145)                          |
| Corporate Real Estate                     | Business rates savings as a result of moving Council properties to commercial lettings.   | Underspend  |                    | (100)               | (100)                          |
| Financial Management                      | Vacancy savings plus cash recovery project successfully generating additional income.   | Underspend  |                    | (160)               | (160)                          |
| Financial Operations                      | Underspend in staffing budgets.   | Underspend  |                    | (158)               | (158)                          |
| Financial Operations                      | Accounts payable, debtors review and processing staffing underspends.   | Underspend  |                    | (200)               | (200)                          |
| Facilities Management                     | Expenditure on buildings being held to a minimum with no contingency for urgent repair requirements.  | Underspend  |                    | (933)               | (933)                          |
| Assembly Hall                             | Additional Assembly Hall income above the budgeted target.  | Unbudgeted Income   |                    | (60)                | (60)                           |
| <b>Total Resources</b>                    |   |   | <b>784</b>         | <b>(1,756)</b>      | <b>(972)</b>                   |
| <b>CHIEF EXECUTIVE'S DEPARTMENT</b>       |   |   |                    |                     |                                |
| Chief Executive                           | Underspend as a result of early delivery of 2018-19 saving.   | Underspend  |                    | (148)               | (148)                          |
| Communications and Change                 | Underspend in running costs within Print Services and elsewhere in Communications and Change division   | Underspend  |                    | (102)               | (102)                          |
| Strategy and Change                       | Underspend in running costs within Strategy and Change division.  | Underspend  |                    | (50)                | (50)                           |
| <b>Total Chief Executive's Department</b> |   |   | <b>0</b>           | <b>(300)</b>        | <b>(300)</b>                   |
| <b>CHILDREN'S SERVICES</b>                |   |   |                    |                     |                                |
| Youth and Community                       | Youth Commissioning underspend.   | Underspend  |                    | (500)               | (500)                          |
| Youth and Community                       | Youth Offending Service - Potential increase in remand costs.   | Prior Year Ongoing Pressure                                   | 350                |                     | 350                            |
| Safeguarding and Family Support           | Re-phasing of savings from Business Support Unit service review.  | Savings Unachievable in 2017-18                               | 40                 |                     | 40                             |
| Safeguarding and Family Support           | Children in Need (Disabled Children's Services) - Increased demand for high level personal budgets to deliver community based packages.   | Prior Year Ongoing Pressure                                   | 241                |                     | 241                            |
| Safeguarding and Family Support           | Children in Need - Increase in court fees due to demands in the service.  | Current Year New Pressure                                     | 150                |                     | 150                            |
| Safeguarding and Family Support           | Children in Need - Agency cover to support significant levels of staff turnover.  | Prior Year Ongoing Pressure                                   | 100                |                     | 100                            |
| Safeguarding and Family Support           | Children Looked After - Significant increase in the number of care leavers to whom the Council is required to offer a service. Includes rising 18s (Southwark judgement).   | Prior Year Ongoing Pressure                                   | 500                |                     | 500                            |
| Safeguarding and Family Support           | Unaccompanied Asylum Seeker Children (Post 18) - Recent legislation allows young people to 'stay put' in their Children Looked After placements. Grants given towards asylum young people are significantly lower than 'staying put' costs. | Prior Year Ongoing Pressure                                   | 224                |                     | 224                            |
| Safeguarding and Family Support           | Fostering placements - due to savings being applied to an already overspending area.  | Prior Year Ongoing Pressure / Savings Unachievable in 2017-18 | 158                |                     | 158                            |
| Safeguarding and Family Support           | Increase in the number and complexity of cases for under 18 cohort of Children Looked After (mainly regulated residential placements).  | Prior Year Ongoing Pressure                                   | 2,250              |                     | 2,250                          |
| Safeguarding and Family Support           | Review of residential therapeutic placements resulting in a reduction in activity for the remaining part of the financial year.   | Underspend  |                    | (78)                | (78)                           |
| Safeguarding and Family Support           | Increase in support for 16/17 year olds living in supported accommodation.  | Prior Year Ongoing Pressure                                   | 787                |                     | 787                            |
| Learning and Schools                      | Early Years Family Support - Loss of DSG funding (£511k), mitigated by staffing restructure.  | Current Year New Pressure                                     | 324                |                     | 324                            |
| Learning and Schools                      | Early Years Priority Referral Under 3s - Changes in the use of DSG funding (£210k), mitigated by reallocations.   | Current Year New Pressure                                     | 135                |                     | 135                            |
| Learning and Schools                      | Under 3s Childcare Subsidy in Nursery Schools - Changes in the use of DSG funding (£510k), mitigated by reallocations.  | Current Year New Pressure                                     | 312                |                     | 312                            |
| Learning and Schools                      | Special Educational Needs Travel - significantly more children with higher needs being transported in taxis.  | Prior Year Ongoing Pressure                                   | 528                |                     | 528                            |
| Learning and Schools                      | Loss of de-delegated funding from in-year academisations.   | Current Year New Pressure                                     | 40                 |                     | 40                             |
| Learning and Schools                      | Holloway School pool cleaning costs.  | Prior Year Ongoing Pressure                                   | 59                 |                     | 59                             |
| Learning and Schools                      | Universal Free School Meals - expected growth in pupil numbers.   | Prior Year Ongoing Pressure                                   | 100                |                     | 100                            |
| Learning and Schools                      | Unbudgeted income from previously agreed schools contribution to Local Government Pension Scheme lump sum.  | Unbudgeted Income   |                    | (400)               | (400)                          |
| Learning and Schools                      | Core budget pressures in the Special Educational Needs (SEN) service.   | Prior Year Ongoing Pressure                                   | 100                |                     | 100                            |
| Learning and Schools                      | Revenue underspend by charging proportion of costs to capital.  | Underspend  |                    | (100)               | (100)                          |
| Learning and Schools                      | Over 5s childcare subsidy.  | Current Year New Pressure                                     | 300                |                     | 300                            |
| Learning and Schools                      | Bright Start service review savings.  | Underspend  |                    | (100)               | (100)                          |
| Learning and Schools                      | Schools HR - review of income target.   | Current Year New Pressure                                     | 50                 |                     | 50                             |
| Partnership and Support Services          | Currently unfunded Director's post, but other sources of funding being discussed.   | Current Year New Pressure                                     | 134                |                     | 134                            |
| Partnership and Support Services          | Cardfields income shortfall.  | Prior Year Ongoing Pressure                                   | 52                 |                     | 52                             |
| Employment, Skills and Culture            | Additional income from the employment service.  | Unbudgeted Income   |                    | (30)                | (30)                           |
| Employment, Skills and Culture            | Vacancies in adult and community learning.  | Underspend  |                    | (20)                | (20)                           |
| Employment, Skills and Culture            | Underspend in the arts service.   | Underspend  |                    | (5)                 | (5)                            |
| Employment, Skills and Culture            | Remove one-off balance of childcare subsidy budget not required. This leaves an ongoing core funded budget of £85k, which is sufficient to meet demand.   | Underspend  |                    | (136)               | (136)                          |
| <b>Total Children's Services</b>          |   |   | <b>6,934</b>       | <b>(1,369)</b>      | <b>5,565</b>                   |

**Appendix 1: General Fund Revenue Monitoring 2017-18 Month 6 by Individual Variance**

| Division  | Description of Over/(Under) Spend   | Category                        | Over-         | Under-          | Net          |
|---|---|---------------------------------|---------------|-----------------|--------------|
|   |   |                                 | spend         | spend           | Over/(Under) |
|   |   |                                 | £000          | £000            | £000         |
| <b>ENVIRONMENT AND REGENERATION</b>                           |   |                                 |               |                 |              |
| Public Realm  | Delayed delivery of prior year savings in Street Environmental Services.  | Savings Unachievable in 2017-18 | 301           |                 | 301          |
| Public Realm  | Delayed delivery of new savings in Street Environmental Services.   | Savings Unachievable in 2017-18 | 806           |                 | 806          |
| Public Realm  | Additional operating costs in Street Environmental Services.  | Prior Year Ongoing Pressure     | 1,436         |                 | 1,436        |
| Public Realm  | Additional agency costs.  | Current Year New Pressure       | 400           |                 | 400          |
| Public Realm  | Unrealisable income target from Arqiva Street Lighting WIFI concession.   | Prior Year Ongoing Pressure     | 170           |                 | 170          |
| Public Realm  | Income target in Energy Services.   | Prior Year Ongoing Pressure     | 100           |                 | 100          |
| Public Realm  | Trampoline Park delays as a result of General Election in June 2017.  | Current Year New Pressure       | 200           |                 | 200          |
| Public Realm  | Decisions around parks seasonal events delayed.   | Savings Unachievable in 2017-18 | 200           |                 | 200          |
| Public Realm  | Purchase of phones for front line operatives.   | Current Year New Pressure       | 50            |                 | 50           |
| Directorate   | Annual subscription charge for Box.   | Current Year New Pressure       | 67            |                 | 67           |
| Public Realm  | Additional builders licence income.   | Unbudgeted Income               |               | (25)            | (25)         |
| Public Realm  | Additional income in parking.   | Unbudgeted Income               |               | (215)           | (215)        |
| Public Realm  | Contract saving in parking.   | Underspend                      |               | (600)           | (600)        |
| Public Realm  | One-off payment from advertising contract.  | Unbudgeted Income               |               | (350)           | (350)        |
| Public Realm  | Underspend on depots budgets.   | Underspend                      |               | (473)           | (473)        |
| Public Realm  | Additional sports income.   | Unbudgeted Income               |               | (256)           | (256)        |
| Public Realm  | Reduced maintenance costs within Greenspace and Leisure.  | Underspend                      |               | (114)           | (114)        |
| Public Realm  | Capital spend previously assumed to be financed by revenue.   | Underspend                      |               | (826)           | (826)        |
| Public Protection   | Holding vacancies across the division.  | Underspend                      |               | (453)           | (453)        |
| <b>Total Environment and Regeneration</b>                     |   |                                 | <b>3,730</b>  | <b>(3,312)</b>  | <b>418</b>   |
| <b>HOUSING AND ADULT SOCIAL SERVICES</b>                      |   |                                 |               |                 |              |
| Temporary Accommodation and Housing Needs                     | Overspend on direct and indirect costs of Temporary Accommodation. The direct costs relate to the challenges and relatively unknown impact resulting from the replacement of the Temporary Accommodation management fee payment system with the DCLG Flexible Homelessness Grant. | Current Year New Pressure       | 322           |                 | 322          |
| Housing Administration and Strategy and Development           | Underspend owing to vacancies being held to manage the temporary accommodation overspend.   | Underspend                      |               | (322)           | (322)        |
| <b>Total Housing General Fund</b>                             |   |                                 | <b>322</b>    | <b>(322)</b>    | <b>0</b>     |
| Adult Social Care   | Underspend in Adult Social Care division.   | Underspend                      |               | (62)            | (62)         |
| Integrated Community Services                                 | Non-Delivery of savings in Integrated Community Services.   | Savings Unachievable in 2017-18 | 1,251         |                 | 1,251        |
| Integrated Community Services                                 | Staffing overspend across the Integrated Community Services.  | Current Year New Pressure       | 119           |                 | 119          |
| Integrated Community Services                                 | Placement pressure in Integrated Community Services.  | Current Year New Pressure       | 641           |                 | 641          |
| Integrated Community Services                                 | Underspend in In-House Older People Services.   | Underspend                      |               | (38)            | (38)         |
| Integrated Community Services                                 | Overspend in In-House Physical Disability Services.   | Current Year New Pressure       | 23            |                 | 23           |
| Strategy and Commissioning                                    | Non-Delivery of savings in Strategy and Commissioning.  | Savings Unachievable in 2017-18 | 925           |                 | 925          |
| Strategy and Commissioning                                    | Transformation commissioning pressure.  | Current Year New Pressure       | 100           |                 | 100          |
| Strategy and Commissioning                                    | Placement pressure in Mental Health Services.   | Current Year New Pressure       | 366           |                 | 366          |
| Strategy and Commissioning                                    | Underspend in block contracts, primarily rising through over collection of client contributions.  | Underspend                      |               | (141)           | (141)        |
| Strategy and Commissioning                                    | Integrated Community Equipment Service (ICES) overspend of £274k, of which £137k is attributable to the Whittington Hospital.   | Prior Year ongoing pressure     | 137           |                 | 137          |
| Strategy and Commissioning                                    | Overspend in Mental Health Commissioning pooled budget.   | Current Year New Pressure       | 46            |                 | 46           |
| Strategy and Commissioning                                    | Underspend on Carers pooled budget.   | Underspend                      |               | (60)            | (60)         |
| Strategy and Commissioning                                    | Underspend across Strategy and Commissioning.   | Underspend                      |               | (29)            | (29)         |
| Learning Disability Services                                  | Non Delivery of savings in Learning Disability Services.  | Savings Unachievable in 2017-18 | 1,473         |                 | 1,473        |
| Learning Disability Services                                  | Overspend in In-House Learning Disability Services.   | Savings Unachievable in 2017-18 | 305           |                 | 305          |
| Learning Disability Services                                  | Additional pressures in Learning Disability Services due to London Living Wage, Sleep-in judgements and additional capacity in Shared Lives and Community Access.   | Prior Year ongoing pressure     | 572           |                 | 572          |
| Learning Disability Services                                  | Placement Pressures in Learning Disabilities.   | Current Year New Pressure       | 612           |                 | 612          |
| Adult Social Care   | Additional social care funding announced in Budget 2017 (One-off).  | Unbudgeted Income               |               | (3,000)         | (3,000)      |
| Adult Social Care   | Release of S117, bad debt provision and direct payments surpluses (One-off).  | Underspend                      |               | (1,800)         | (1,800)      |
| Adult Social Care   | Management actions.   | Management Action               |               | (500)           | (500)        |
| <b>Total Adult Social Services</b>                            |   |                                 | <b>6,570</b>  | <b>(5,630)</b>  | <b>940</b>   |
| <b>Total Housing and Adult Social Services</b>                |   |                                 | <b>6,892</b>  | <b>(5,952)</b>  | <b>940</b>   |
| <b>PUBLIC HEALTH</b>  |   |                                 |               |                 |              |
| <i>No estimated overspends/underspends greater than £100k</i> |   |                                 |               |                 |              |
| <b>Total Public Health</b>                                    |   |                                 | <b>0</b>      | <b>0</b>        | <b>0</b>     |
| <b>DEPARTMENTAL TOTAL</b>                                     |   |                                 | <b>18,340</b> | <b>(12,689)</b> | <b>5,651</b> |
| <b>CORPORATE ITEMS</b>  |   |                                 |               |                 |              |

**Appendix 1: General Fund Revenue Monitoring 2017-18 Month 6 by Individual Variance**

| Division                     | Description of Over/(Under) Spend  | Category                        | Over-         | Under-          | Net          |
|------------------------------|--|---------------------------------|---------------|-----------------|--------------|
|                              |  |                                 | spend         | spend           | Over/(Under) |
|                              |  |                                 | £000          | £000            | £000         |
| No Recourse to Public Funds  | Uncontrollable pressure due to the Council's statutory duty to provide assistance to all destitute clients who are Non-European Union nationals and can demonstrate need under Section 21 of the National Assistance Act, 1948. This is commonly referred to as No Recourse to Public Funds (NRPF).      | Prior Year Ongoing Pressure     | 800           |                 | 800          |
| Cross-cutting Savings        | Unachievable savings in 2017-18:<br>- Further channel shift across both Contact Islington and other council services (£435k)<br>- Income generating activities across the council, including increasing Income from existing services, maximising Income from assets and developing new services (£720k) | Savings Unachievable in 2017-18 | 1,155         |                 | 1,155        |
| Apprenticeship Levy          | Estimated General Fund impact of Apprenticeship Levy.  | Current Year New Pressure       | 600           |                 | 600          |
| Levies                       | Underspend on the corporate levies budget compared to the estimate before the start of the financial year.   | Underspend                      |               | (370)           | (370)        |
| Grant Income                 | Net unbudgeted grant income (net of other corporate pressures), for example to compensate for the impact of Government policy on our retained business rates income in 2017-18 and to reimburse previously top-sliced New Homes Bonus funding.   | Unbudgeted Income               |               | (858)           | (858)        |
| <b>Total Corporate Items</b> |  |                                 | <b>2,555</b>  | <b>(1,228)</b>  | <b>1,327</b> |
| <b>GROSS TOTAL</b>           |  |                                 | <b>20,895</b> | <b>(13,917)</b> | <b>6,978</b> |

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## Appendix 2 - Revenue Monitoring 2017-18 by Service Area Month 6

| <b>GENERAL FUND</b>                                       |                |                  |                                     |                                     |
|---|----------------|------------------|-------------------------------------|-------------------------------------|
| Department / Service Area                                 | Current Budget | Forecast Outturn | Forecast Over/(Under) Spend Month 6 | Forecast Over/(Under) Spend Month 5 |
|   | £'000          | £'000            | £'000                               | £'000                               |
| <b>RESOURCES</b>  |                |                  |                                     |                                     |
| Corporate Director of Resources                           | 2,790          | 2,790            | 0                                   | 0                                   |
| Digital Services and Transformation                       | 13,200         | 13,200           | 0                                   | 0                                   |
| Financial Management                                      | 11,602         | 11,981           | 379                                 | 1,048                               |
| Financial Operations                                      | 20,342         | 18,991           | (1,351)                             | (1,001)                             |
| Internal Audit  | 506            | 506              | 0                                   | 0                                   |
| Legal and Governance                                      | 2,193          | 2,193            | 0                                   | 0                                   |
| Human Resources   | 1,789          | 1,789            | 0                                   | 0                                   |
| <b>Total Finance and Resources</b>                        | <b>52,422</b>  | <b>51,450</b>    | <b>(972)</b>                        | <b>47</b>                           |
| <b>CHIEF EXECUTIVE'S DEPARTMENT</b>                       |                |                  |                                     |                                     |
| Chief Executive   | 245            | 97               | (148)                               | 0                                   |
| Communications and Change                                 | 898            | 796              | (102)                               | 0                                   |
| Strategy and Change                                       | 1,005          | 955              | (50)                                | 0                                   |
| <b>Total Chief Executive's Department</b>                 | <b>2,148</b>   | <b>1,848</b>     | <b>(300)</b>                        | <b>0</b>                            |
| <b>CHILDREN'S SERVICES</b>                                |                |                  |                                     |                                     |
| Learning and Schools                                      | 11,543         | 12,891           | 1,348                               | 1,198                               |
| Partnerships and Support Services                         | 16,173         | 16,359           | 186                                 | 134                                 |
| Targeted and Specialist Children and Families             | 42,748         | 47,120           | 4,372                               | 4,402                               |
| Employment, Adult Learning and Culture                    | 6,090          | 5,899            | (191)                               | 0                                   |
| Youth and Communities                                     | 6,003          | 5,853            | (150)                               | (250)                               |
| Less Projected Ring-Fenced Schools Related Underspend     | 0              | 0                | 0                                   | 0                                   |
| <b>Total Children's Services</b>                          | <b>82,557</b>  | <b>88,122</b>    | <b>5,565</b>                        | <b>5,484</b>                        |
| <b>ENVIRONMENT AND REGENERATION</b>                       |                |                  |                                     |                                     |
| Directorate   | (32)           | 35               | 67                                  | 66                                  |
| Planning and Development                                  | 1,581          | 1,581            | 0                                   | 0                                   |
| Public Protection   | 4,391          | 3,938            | (453)                               | (452)                               |
| Public Realm  | 12,142         | 12,946           | 804                                 | 1,915                               |
| <b>Total Environment and Regeneration</b>                 | <b>18,082</b>  | <b>18,500</b>    | <b>418</b>                          | <b>1,529</b>                        |
| <b>HOUSING AND ADULT SOCIAL SERVICES (HASS)</b>           |                |                  |                                     |                                     |
| Temporary Accommodation (Homelessness Direct)             | 2,106          | 2,324            | 218                                 | 197                                 |
| Housing Needs (Homelessness Indirect)                     | 1,506          | 1,569            | 63                                  | 33                                  |
| Housing Benefit   | 880            | 880              | 0                                   | 0                                   |
| Housing Strategy and Development                          | 177            | 142              | (35)                                | (35)                                |
| Housing Administration                                    | 1,202          | 956              | (246)                               | (195)                               |
| Voluntary and Community Services (VCS)                    | 3,402          | 3,402            | 0                                   | 0                                   |
| <b>Total Housing General Fund</b>                         | <b>9,273</b>   | <b>9,273</b>     | <b>0</b>                            | <b>0</b>                            |
| Adult Social Care   | 1,704          | (3,658)          | (5,362)                             | (5,201)                             |
| Integrated Community Services                             | 17,261         | 19,258           | 1,997                               | 1,812                               |
| Learning Disabilities                                     | 22,903         | 25,864           | 2,961                               | 2,972                               |
| Strategy and Commissioning                                | 29,068         | 30,412           | 1,344                               | 1,327                               |
| <b>Total Adult Social Services</b>                        | <b>70,936</b>  | <b>71,876</b>    | <b>940</b>                          | <b>910</b>                          |
| <b>Total Housing and Adult Social Services</b>            | <b>80,209</b>  | <b>81,149</b>    | <b>940</b>                          | <b>910</b>                          |
| <b>PUBLIC HEALTH</b>                                      |                |                  |                                     |                                     |
| Children 0-5 Public Health                                | 3,952          | 3,932            | (20)                                | (17)                                |
| Children and Young People                                 | 1,434          | 1,432            | (2)                                 | (2)                                 |
| NHS Health Checks   | 394            | 387              | (7)                                 | (6)                                 |
| Obesity and Physical Activity                             | 700            | 700              | 0                                   | 0                                   |
| Other Public Health                                       | (21,506)       | (21,477)         | 29                                  | 29                                  |
| Sexual Health   | 6,747          | 6,750            | 3                                   | (1)                                 |
| Smoking and Tobacco                                       | 413            | 396              | (17)                                | (17)                                |
| Substance Misuse  | 8,456          | 8,470            | 13                                  | 14                                  |
| Less Projected Ring-Fenced Public Health Grant Underspend | 0              | 0                | 0                                   | 0                                   |
| <b>Total Public Health</b>                                | <b>589</b>     | <b>589</b>       | <b>(0)</b>                          | <b>0</b>                            |
| <b>DIRECTORATE TOTAL</b>                                  | <b>236,007</b> | <b>241,658</b>   | <b>5,651</b>                        | <b>7,970</b>                        |

## Appendix 2 - Revenue Monitoring 2017-18 by Service Area Month 6

| Department / Service Area                             | Current<br>Budget | Forecast<br>Outturn | Forecast<br>Over/(Under)<br>Spend<br>Month 6 | Forecast<br>Over/(Under)<br>Spend<br>Month 5 |
|---|-------------------|---------------------|--|--|
|   | £'000             | £'000               | £'000  | £'000  |
| <b>CORPORATE ITEMS</b>                                |                   |                     |  |  |
| Corporate and Democratic Core / Non Distributed Costs | 0                 | 0                   | 0  | 0  |
| Other Corporate Items                                 | (3,191)           | (2,294)             | 897  | 1,197  |
| Corporate Financing Account                           | (24,725)          | (24,725)            | 0  | 0  |
| Levies  | 21,926            | 21,556              | (370)  | (370)  |
| Transfer to/(from) Reserves                           | (10,766)          | (10,766)            | 0  | 0  |
| Specific Grants                                       | (13,178)          | (13,178)            | 0  | 0  |
| Core Government Funding / Council Tax                 | (208,481)         | (208,481)           | 0  | 0  |
| No Recourse to Public Funds                           | 408               | 1,208               | 800  | 800  |
| Contingency   | 2,000             | 2,000               | 0  | 0  |
| <b>Total Corporate Items</b>                          | <b>(236,007)</b>  | <b>(234,680)</b>    | <b>1,327</b>                                 | <b>1,627</b>                                 |
| <b>GROSS TOTAL</b>                                    | <b>0</b>          | <b>6,978</b>        | <b>6,978</b>                                 | <b>9,597</b>                                 |

## Appendix 2 - Revenue Monitoring 2017-18 Month 5 by Service Area

| <b>HOUSING REVENUE ACCOUNT(HRA)</b>       |                  |                  |                                     |                                     |
|---|------------------|------------------|-------------------------------------|-------------------------------------|
| Department / Service Area                 | Current Budget   | Forecast Outturn | Forecast Over/(Under) Spend Month 6 | Forecast Over/(Under) Spend Month 5 |
|   | £'000            | £'000            | £'000                               | £'000                               |
| Dwelling Rents                            | (163,715)        | (164,015)        | (300)                               | (300)                               |
| Non Dwelling Rents                        | (1,335)          | (1,335)          | 0                                   | 0                                   |
| Heating Charges                           | (2,150)          | (2,150)          | 0                                   | 0                                   |
| Leaseholders Charges                      | (11,400)         | (11,400)         | 0                                   | 0                                   |
| Other Charges for Services and Facilities | (4,603)          | (4,853)          | (250)                               | (250)                               |
| PFI Credits                               | (22,854)         | (22,854)         | 0                                   | 0                                   |
| Interest Receivable                       | (500)            | (500)            | 0                                   | 0                                   |
| Contribution from General Fund            | (816)            | (816)            | 0                                   | 0                                   |
| <b>Gross Income</b>                       | <b>(207,373)</b> | <b>(207,923)</b> | <b>(550)</b>                        | <b>(550)</b>                        |
| Repairs and Maintenance                   | 32,044           | 32,044           | 0                                   | 0                                   |
| General Management                        | 49,460           | 50,160           | 700                                 | 700                                 |
| PFI Payments                              | 40,404           | 40,504           | 100                                 | 100                                 |
| Special Services                          | 18,268           | 17,818           | (450)                               | (450)                               |
| Rents, Rates, Taxes and Other Charges     | 589              | 589              | 0                                   | 0                                   |
| Capital Financing Costs                   | 16,749           | 16,749           | 0                                   | 0                                   |
| Depreciation                              | 30,847           | 32,847           | 2,000                               | 2,000                               |
| Bad Debt Provisions                       | 750              | 750              | 0                                   | 0                                   |
| Contingency                               | 2,000            | 2,000            | 0                                   | 0                                   |
| Transfer to HRA Reserves                  | 16,262           | 14,462           | (1,800)                             | (1,800)                             |
| <b>Gross Expenditure</b>                  | <b>207,373</b>   | <b>207,923</b>   | <b>550</b>                          | <b>550</b>                          |
| <b>Net (Surplus)/Deficit</b>              | <b>0</b>         | <b>0</b>         | <b>0</b>                            | <b>0</b>                            |

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**Appendix 3: Capital Monitoring 2017-18 Month 6**

|  | 2017-18 Budget Monitoring |                                |                |                  |  |                     |                        |
|--|---------------------------|--------------------------------|----------------|------------------|--|---------------------|------------------------|
|  | Original Budget           | Budget Changes During the Year | Revised Budget | Forecast Outturn | Forecast Re-profiling (to)/from Future Years | Expenditure to Date | % Budget Spent to Date |
|  | £m                        | £m                             | £m             | £m               | £m   | £m                  | £m                     |
| <b>CHILDREN'S SERVICES</b>                     |                           |                                |                |                  |  |                     |                        |
| Moreland Primary School                        | 0.0                       | 0.4                            | 0.4            | 0.4              | 0.0  | 0.3                 | 70%                    |
| Dowery Street/Primary PRU                      | 2.0                       | (0.6)                          | 1.4            | 1.2              | (0.2)  | 0.9                 | 66%                    |
| School Condition Works                         | 1.0                       | (1.0)                          | 0.0            | 0.0              | 0.0  | 0.0                 | 0%                     |
| Tufnell Park                                   | 4.4                       | 0.0                            | 4.4            | 1.5              | (2.9)  | 0.5                 | 11%                    |
| Highbury Grove School Expansion                | 1.7                       | 0.0                            | 1.7            | 0.2              | (1.5)  | 0.1                 | 6%                     |
| Central Foundation School Expansion            | 2.7                       | 0.0                            | 2.7            | 0.0              | (2.7)  | 0.0                 | 0%                     |
| Arts and Media School                          | 0.1                       | 0.0                            | 0.1            | 0.1              | 0.0  | 0.0                 | 0%                     |
| Newington Green Refurbishment                  | 0.5                       | (0.5)                          | 0.0            | 0.0              | 0.0  | 0.0                 | 0%                     |
| City Of London Academy                         | 2.0                       | (2.0)                          | 0.0            | 0.0              | 0.0  | 0.0                 | 0%                     |
| New River College                              | 0.5                       | (0.2)                          | 0.3            | 0.3              | 0.0  | 0.0                 | 0%                     |
| Primary Capital Scheme                         | 0.2                       | 0.1                            | 0.3            | 0.3              | (0.0)  | 0.0                 | 0%                     |
| Windows Schemes                                | 0.0                       | 0.1                            | 0.1            | 0.0              | (0.1)  | 0.0                 | 1%                     |
| Electrical & Mechanical                        | 0.0                       | 1.1                            | 1.1            | 1.0              | (0.2)  | 0.4                 | 36%                    |
| Early Years Capital                            | 1.3                       | 0.3                            | 1.6            | 1.1              | (0.5)  | 0.2                 | 11%                    |
| Other  | 0.0                       | 2.7                            | 2.7            | 0.7              | (2.0)  | 0.0                 | 0%                     |
| <b>Total Children's Services</b>               | <b>16.4</b>               | <b>0.4</b>                     | <b>16.8</b>    | <b>6.8</b>       | <b>(10.0)</b>                                | <b>2.4</b>          | <b>14%</b>             |
| <b>ENVIRONMENT AND REGENERATION</b>            |                           |                                |                |                  |  |                     |                        |
| Planning and Development                       | 2.0                       | 0.0                            | 2.0            | 2.0              | (0.0)  | 1.0                 | 50%                    |
| Cemetaries                                     | 1.0                       | 0.0                            | 1.0            | 1.0              | 0.0  | 0.6                 | 61%                    |
| Disabled Facilities                            | 0.6                       | 0.4                            | 1.0            | 1.0              | (0.0)  | 0.3                 | 33%                    |
| Private Sector Housing                         | 1.0                       | (0.3)                          | 0.7            | 0.7              | (0.0)  | 0.0                 | 2%                     |
| Combined Heat and Power                        | 2.1                       | 1.3                            | 3.5            | 3.7              | 0.2  | 0.8                 | 24%                    |
| Energy Saving Council Buildings                | 0.3                       | 0.7                            | 1.0            | 0.9              | (0.1)  | 0.1                 | 7%                     |
| Vehicles                                       | 4.0                       | 0.3                            | 4.3            | 4.3              | 0.0  | 3.6                 | 85%                    |
| Greenspace                                     | 1.2                       | 1.1                            | 2.3            | 2.1              | (0.2)  | 0.6                 | 26%                    |
| Highways                                       | 3.4                       | 0.7                            | 4.1            | 4.3              | 0.2  | 0.5                 | 12%                    |
| Leisure  | 2.3                       | (0.0)                          | 2.3            | 2.9              | 0.6  | 0.0                 | 2%                     |
| Other Energy Efficiency                        | 2.2                       | (1.5)                          | 0.7            | 0.7              | 0.0  | 0.0                 | 0%                     |
| Recycling Improvements                         | 0.8                       | 0.1                            | 0.8            | 0.3              | (0.5)  | 0.1                 | 15%                    |
| Special Projects                               | 0.2                       | 0.4                            | 0.6            | 0.6              | (0.0)  | 0.0                 | 4%                     |
| Traffic and Engineering                        | 3.2                       | 0.4                            | 3.7            | 3.5              | (0.1)  | 0.8                 | 21%                    |
| <b>Total Environment and Regeneration</b>      | <b>24.3</b>               | <b>3.6</b>                     | <b>27.9</b>    | <b>27.9</b>      | <b>(0.0)</b>                                 | <b>8.6</b>          | <b>31%</b>             |
| <b>HOUSING AND ADULT SOCIAL SERVICES</b>       |                           |                                |                |                  |  |                     |                        |
| <b>HOUSING</b>                                 |                           |                                |                |                  |  |                     |                        |
| Major Works and Improvements                   | 33.5                      | 0.0                            | 33.5           | 33.5             | 0.0  | 9.9                 | 30%                    |
| New Build                                      | 56.4                      | 0.0                            | 56.4           | 55.7             | (0.7)  | 16.4                | 29%                    |
| <b>Total Housing</b>                           | <b>89.9</b>               | <b>0.0</b>                     | <b>89.9</b>    | <b>89.2</b>      | <b>(0.7)</b>                                 | <b>26.3</b>         | <b>29%</b>             |
| <b>ADULT SOCIAL SERVICES</b>                   |                           |                                |                |                  |  |                     |                        |
| Care Services                                  | 0.0                       | 0.7                            | 0.7            | 0.7              | (0.0)  | 0.0                 | 0%                     |
| <b>Total Adult Social Services</b>             | <b>0.0</b>                | <b>0.7</b>                     | <b>0.7</b>     | <b>0.7</b>       | <b>(0.0)</b>                                 | <b>0.0</b>          | <b>0%</b>              |
| <b>Total Housing and Adult Social Services</b> | <b>89.9</b>               | <b>0.7</b>                     | <b>90.6</b>    | <b>89.9</b>      | <b>(0.7)</b>                                 | <b>26.3</b>         | <b>29%</b>             |
| <b>TOTAL CAPITAL PROGRAMME</b>                 | <b>130.6</b>              | <b>4.8</b>                     | <b>135.3</b>   | <b>124.4</b>     | <b>(10.7)</b>                                | <b>37.3</b>         | <b>28%</b>             |

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

| Meeting of: | Date           | Ward(s)       |
|-------------|----------------|---------------|
| Executive   | 23 November 17 | Finsbury Park |

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## **SUBJECT: Leisure Fees and Charges – Sobell Trampoline Park**

### **1. Synopsis**

- 1.1 Leisure Fees and Charges are reviewed annually to take effect on the 1<sup>st</sup> April each year aligned to all other Council fees and charges. This report outlines new in-year charges that are proposed for the new Trampoline Park development at Sobell Leisure Centre that is scheduled to open shortly.
- 1.2 The principles applied to the pricing are in keeping with the Council's fairness agenda and have a range of pricing including concessionary access to ensure all sections of the community can benefit from this new facility.
- 1.3 The report also proposes that authority be given to the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Health and Wellbeing, to agree any changes to existing Leisure charges in-year as considered necessary, and also to agree any charges for new Leisure activities that may be introduced during the year.

### **2. Recommendations**

- 2.1 To approve the pricing schedule for the new trampoline park at the Sobell Leisure Centre as set out in Appendix 1.
- 2.2 To authorise the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Health and Social Care, to agree any in-year changes to existing Leisure charges that are considered necessary, and to fix prices for any new facilities introduced during the year at the Council's leisure establishments.

### **3. Background**

- 3.1 The Council continues to build on the growth and success of its leisure offer to the local community. Since its new leisure contract with GLL commenced in 2014, over £13m of capital investment has been

made into our buildings, more people are using our facilities than ever before, and this at a time of Government cuts.

- 3.2 Through this partnering arrangement with GLL we are currently delivering two major projects that will be become available for use by residents in December of this year;
1. A £2.2m indoor Trampoline Park at Sobell Leisure Centre
  2. A £4m extension and refurbishment of Highbury Leisure Centre

Plans also continue to emerge about a longer term development of the Finsbury Leisure Centre that will deliver much needed affordable housing, leisure and other community health benefits

- 3.3 The Sobell Trampoline Park will be a new and exciting addition to the leisure activities made available to our residents. There is a growing market in this sector and the Council aims to capture this and bring it to our inner city community. It will attract more usage, and appeal to people who may not normally attend a leisure centre, therefore increasing the health and activity levels in the Borough and particularly attracting younger people.

The project resonates with the work of the Islington Fair Futures Commission, and will increase usage at the centre significantly, with projected growth to more than double the existing usage of 62,000 users, up to 150,000. The facility has been built within half of the main Sobell sports hall. Whilst this has resulted in sports being displaced, a displacement strategy has ensured that over 96% of existing users have continued to play sport at Sobell and/or at facilities nearby, therefore ensuring a net growth in physical activity levels.

- 3.4 The Sobell Trampoline Park has been built with future-proofing in mind, and a business plan that enables it to be changed back into the existing sports hall, and to another activity befitting the need at the time.

The private sector has developed over a hundred of these facilities nationwide, predominantly at out of town locations. As the largest leisure operator in the country, GLL already manage several of these facilities, but Islington will be the first central London venue.

The proposed pricing has been assessed against levels across the relatively new industry (both private and public facilities) and against the backdrop of other similar GLL facilities in Barking, Swindon, Newcastle and Gosling (Welwyn Garden City).

The programming of our new facility will develop and evolve over time and this will be key to making it a success and ensuring continued access and usage. There are already key concessionary programmes that will continue to be a major opportunity to engage young people, e.g. The £3 Saturday Night project.

Around three thousand people a week are expected to use this new facility, and service evidence (including with local schools, people with disabilities, usage data and other research) suggests that over 60% of this usage will be from young people and families, being therefore very suited to the Islington demographic.

With the Trampoline Park, the Sobell Leisure Centre will have a wider offer and appeal to the local community, it will attract more users, and it will generate more income for the Council to reinvest in much needed services, as well as contribute to the Council's Medium Term Financial Strategy.

The proposed fees and charges are comparable within the marketplace, they have inbuilt concessions, and will be reviewed on an annual basis. The Sobell Trampoline Park will be more affordable than the private sector equivalent, and will have programmed sessions and classes to enable access for all

- 3.5 On occasion, charges for using leisure facilities may need to be changed in order to respond quickly to market conditions. Furthermore, new charges may need to be determined for any new activities introduced during the financial year. Currently, the fixing of charges is a matter reserved in the Council's Constitution for Executive decision, and this is done annually by way of a report to the Executive prior to the start of each financial year. However, notwithstanding this reservation, the

Executive may delegate the fixing of charges to the appropriate Corporate Director on a case to case basis (as in the case of for example, in-year changes to Cemeteries Fees and Charges). In order to maintain flexibility, it is therefore also proposed that the Corporate Director of Environment and Regeneration (CDER), in consultation with the Executive Member for Health and Wellbeing, be authorised to agree any changes to existing Leisure charges in-year as considered necessary, and also authorised to agree any charges for new activities that may be introduced during the year.

#### **4. Implications**

##### **Financial implications:**

- 4.1 Income generated from fees and charges relating to the Trampoline Park will feed into GLL's business plan. Consequently, GLL is able to pay to the Council an enhanced management fee for the remainder of the contract. This fee has been agreed by variation to the contract and has been built into medium-term financial strategy assumptions

##### **Legal Implications:**

- 4.2 The Council may fix such charges as it thinks fit for the use of facilities at its leisure establishment (section 19 Local Government (Miscellaneous Provisions) Act 1976.

##### **Environmental Implications**

- 4.3 The setting of charges for the new Trampoline facility has no Environmental Implications in itself. GLL have recently introduced energy saving investment into the Sobell Leisure Centre with improved LED lighting and new Mechanical ventilation which is in addition to the Council's investment in Photo-Voltaic panels on the roof of the building all of these measures contribute significantly to the reduction in energy consumption at the centre. The Sobell Leisure Centre is covered by Public Realm's ISO14001 certified Environmental Management System.

##### **Resident Impact Assessment:**

- 4.4 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 RIA was initially undertaken in advance of the final decision to proceed with the Trampoline Park development and updated to include a Displacement Strategy setting out arrangements for those activities that would be displaced wholly or partly from main sports hall at Sobell. The Trampoline Park will contribute to increased physical activity levels in Islington, and particularly by young people. It will also ensure access for all sections of the community including people with disabilities, and there will be a comprehensive concessionary pricing structure.

The building of the Trampoline Park has required a thorough displacement programme covering indoor sports hall users and ongoing dialogue has ensured over 96% of existing users being able to continue their sporting activity at Sobell or at nearby facilities. All sports have been reinstated, and the Centre will both continue to provide its regular programmes alongside the introduction of the new Trampoline Park offer.

#### **5. Reasons for the recommendations / decision:**

- 5.1 This report outlines the charges that are proposed for the new Trampoline Park development at Sobell Leisure Centre that is scheduled to open shortly. It also proposes that authority be given to the Corporate Director of Environment and Regeneration, in consultation with the Executive Member for Health and Wellbeing, to agree any in-year changes to existing Leisure charges that are considered necessary, and also to agree any charges for new Leisure activities that may be introduced during the year

## Appendices

- Appendix 1 – Sobell Trampoline Park – Fees and Charges (December 2017)

**Background papers:** none

Final report clearance:

**Signed by:**

*Janet Burgess*

7.11.17

Executive Member for Health and Social Care

Date

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## Appendix 1

### Sobell Trampoline Park – Proposed Fees and Charges, December 2017

| Category  | Price                 | Notes  |
|---|-----------------------|--|
| Adult (16+)                                     | <b>£10.50</b>         |  |
| Adult Off Peak                                  | <b>£7.95</b>          | <b>Several Scheduled Off peak Sessions</b>   |
| Junior ( From 4 yrs up to 16 yrs)               | <b>£8.50</b>          |  |
| Community Discounted sessions / Junior Off Peak | <b>£5.95</b>          | <b>1 discounted session per day to be scheduled at peak times plus weekends &amp; holidays</b> |
| Saturday Night Out                              | <b>£3</b>             | <b>Community Scheme</b>  |
| Toddler & Family Sessions                       | <b>Free of Charge</b> | <b>Adult Pays £7.95 (2 under 5s go free)</b>   |
| 0-4 yrs (outside Toddler/Family Sessions)       | <b>£3.95</b>          | <b>Outside Toddler Session</b>   |
| Parties   | <b>£18</b>            | <b>Min 10 children ( Including park entry, food, socks, party room ,party host)</b>            |
| Socks   | <b>£2</b>             | <b>Any Grip Socks can be worn, they are not required to be purchased from GLL</b>              |
| Inclusive Sessions                              |                       | <b>Local Discounted Sessions</b>   |
| Schools   |                       | <b>Local Discounted Sessions</b>   |
|   |                       |  |

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Report of: **Executive Member for Community Development**

| Meeting of: | Date               | Ward(s) |
|-------------|--------------------|---------|
| Executive   | 23rd November 2017 | All     |

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## **SUBJECT: London Borough of Culture Bid Development**

### **1. Synopsis**

- 1.1 The London Borough of Culture (LBOC) is one of the Mayor of London's flagship programmes to transform how London's Councils maximise the social and economic value of culture. LBOC is a funding programme that will award two grants of at least £1.1million and the title 'London Borough of Culture' in both 2019 and 2020. There will also be up to six smaller awards for outstanding individual projects in other boroughs.
- 1.2 Culture is central to Islington's distinctive character but many residents are not benefitting from the outstanding arts, heritage and culture on their doorstep. Islington Council's Arts Service is progressing a LBOC bid which addresses this and directly draws on the spirit and ideas of the Fairness Commission, focussing on how culture can take a more strategic role in making Islington a fairer place to grow-up, live and work.
- 1.3 This paper provides background information to the programme, and sets out how council officers intend to oversee the development of a bid and what we want to achieve through Islington's tenure as London Borough of Culture 2019.

### **2. Recommendations**

- 2.1 To note the approach of Islington's bid for the 2019 title of London Borough of Culture.

### 3. Background

#### 3.1 Value of culture

There are many studies demonstrating the beneficial impact of engagement in arts and culture in reducing inequalities for individuals, communities and society as a whole. The Cultural Learning Alliance have demonstrated that:

- Learning through arts and culture improves attainment in all subjects. For example, taking part in drama and library activities improves attainment in literacy; taking part in structured music activities improves attainment in maths, early language acquisition and early literacy.
- Schools that integrate arts across the curriculum in the USA have shown consistently higher average reading and mathematics scores compared to similar schools that do not.
- Participation in structured arts activities increases cognitive abilities.
- Students from low income families who take part in arts activities at school are three times more likely to get a degree.<sup>1</sup>

Research also exists to demonstrate the positive impact of participation in arts and culture on specific demographics. For example:

- in improving the wellbeing of children and young people growing up in care<sup>2</sup>
- on specific health conditions which include dementia, depression and Parkinson's disease<sup>3</sup>
- For older people the benefits of dance are significant in relation to the prevention of falls, increased cardiovascular, strength and flexibility, and improved balance and gait.<sup>4</sup>

#### 3.2 Programme detail

The London Borough of Culture is a new programme funded by the Greater London Authority (GLA). All London boroughs (except for the City of London) can apply for funding to lead a transformative cultural programme, and two winning boroughs will be named 'London Borough of Culture' - one in 2019 and one in 2020. The deadline for submissions for the programme is 1<sup>st</sup> December 2017.

3.3 Bids need to demonstrate lasting change for people and places and embed culture in council strategies to ensure long term impact. Bids will need to create opportunities for people who might otherwise miss out on cultural opportunities to collaborate, join in and share experiences. The programme will showcase 'hidden' heritage, histories and locally rooted projects and highlight the distinct character of the winning boroughs. Bids must also demonstrate a strong artistic vision, with flagship projects and collaborations with world class creatives.

3.4 The GLA have highlighted that the key elements of a successful London Borough of Culture programme are:

- More Londoners getting involved in creative activities
- A borough where people are proud to live and work
- Partnerships between culture, business, community and voluntary sector
- Putting culture at the core of local plans
- Outstanding artists making exciting new work
- Telling the story of local people and places
- Creating social connections by taking part in culture
- Improving health and wellbeing through arts and culture.

3.5 The GLA's emphasis of using LBOC to deliver against council objectives - and help strengthen communities and celebrate the stories of local people - aligns well with Islington Council's own priorities.

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<sup>1</sup> Cultural Learning Alliance, 2011

<sup>2</sup> Valuing Participation: The cultural and everyday activities of young people in care, University of Leicester, 2015

<sup>3</sup> The value of arts and culture to people and society: An evidence review, Arts Council England, 2014

<sup>4</sup> Keep Dancing, BUPA, 2011

The GLA has also highlighted that they would welcome bids from both inner and outer London boroughs, encouraging applicants to 'be ambitious while building on what is happening already to create long term change'.

### 3.6 Islington's LBOC Vision

Islington's bid will draw directly on ideas from the Fairness Commission. It will be aligned to Islington's Fair Futures Commission and will seek to exemplify the strategic role that culture can take in making Islington a fairer place to grow-up, live and work. Developing new partnerships across council services and with external sectors, our vision is to channel Islington's outstanding cultural assets and resources to reduce inequality. In particular, Islington's bid will focus on reducing educational, employment and skills development inequalities, and inequality of accessing cultural engagement.

- 3.7 Islington has an extraordinarily rich arts and culture offer. A recently completed cultural infrastructure mapping exercise identified 160 resident cultural organisations including 25 Arts Council England funded National Portfolio Organisations which together lever £15.5m public funding into the borough each year. Islington is home to a number of internationally renowned organisations including the Almeida Theatre, and Sadler's Wells, Upper Street's famous cluster of pub theatres, an extensive network of 19 live music venues, and many small but high quality community arts groups. However, a recent resident consultation exercise suggested that many disadvantaged residents are not engaging with this cultural offer and are not benefiting from the outstanding cultural opportunities on their doorstep.
- 3.8 This consultation also evidenced that residents from disadvantaged backgrounds regularly participate in creative activity in their day-to-day lives. This everyday creativity, from knitting to photography, sewing to hip-hop, was enjoyed across the generations at home and together in community settings. The research identified both physical and social barriers currently preventing residents to extend their creative activity including confidence, time, money and health issues.
- 3.9 Islington's bid will respond to these findings. The bid will embrace a broad definition of culture that places local heritage, music, dance, visual arts, theatre and other well established art forms on an equal par with emerging art forms such as circus, vlogging and street art and other creative activities that our residents enjoy at home and within their communities. We envision a varied programme that may include creative activities such as gaming and dress making as well as more traditional art forms delivered in a wide variety of community and cultural settings.
- 3.10 The GLA expects that bidding boroughs adopt of a theme to draw together and inspire activities. The proposed theme for Islington's bid is 'Belonging'. This will be a unifying thread across the LBOC programme. Through commissioned projects partners will be asked to explore with residents what it means to belong and feel an emotional connection to their local community, and how in a fairer society that community can enable all its residents to thrive.

### 3.11 Initial thoughts on Islington's LBOC programme

Islington will bid for the title of London Borough of Culture for 2019. Islington's bid will seek to deliver a stand-out programme of activity, where possible co-produced with residents, to broaden engagement in arts, heritage, and culture amongst residents who currently miss out and transform how culture is used to tackle inequality.

- 3.12 Islington Council already has a pro-cultural agenda. The LBOC bid process and delivery programme will be an opportunity to better align internal and local resources to optimise our collective impact. We envision that the final programme will deliver a transformational year of culture through:
- major council-led Signature Projects during 2019 and beyond which will develop the ways of working of the Employment, Skills and Culture service to focus on outcomes, with greater links to the Islington Community of Schools. Projects include proposals for advancing cultural education in the borough through an Islington Curriculum; drawing on Islington's social capital to nurture talented young people to realise their creative potential through benefitting from brokered relationships with professionals within the creative industries; and improved pathways to creative

employment, developed in partnership with the creative industries, schools and cultural partners across the borough.

- mass participation launch and summation celebrations selected from an open call process
- medium scale creative and cultural projects - both delivered by residents and local organisations selected from an open call process and delivered by services across the council.
- neighbourhood projects and programmes in local libraries, community centres, parks and other community settings that deliver change and support a broad creative programme that has a positive social impact. These will be delivered by residents and local organisations and selected from an open call process.

### 3.13 Communications, engagement and programme development

A Communications Strategy has been unrolled. This has sought to raise awareness of Islington's London Borough of Culture bid; promote the council's commitment to fairness and social justice through cultural participation; engage cultural partners and motivate them to contribute to the LBOC programme; and encourage residents to come forward with creative project ideas that would make a social difference and be delivered in libraries and community settings. The public element of the campaign featured a series of inspirational case studies of local people who are making a difference through creative activity with the motif 'Create a difference'.

3.14 Officers in the Employment Skills and Culture service have engaged partners across a range of sectors to explore how we can work together to achieve Islington's vision. This has been an opportunity to have bold conversations with many cultural institutions and individuals that have contributed to making Islington one of the culturally richest places in the UK. Partners have two routes for supporting the development of the LBOC programme: firstly, by partnering on council-led Signature Projects (to be progressed regardless of securing LBOC funding) and secondly through submitting costed proposals that could form part of the broader LBOC programme. All proposals will demonstrate how culture can tackle inequalities in the borough and how the projects will respond to local need.

3.15 A webpage has been developed ([www.islington.gov.uk/creates](http://www.islington.gov.uk/creates)) and a Call for Ideas invitation circulated widely. The purpose of this document was to encourage residents and organisations to submit costed project proposals and provide a simple form with which to do so. Proposals will be assessed by council officers before being presented to a cross-sector London Borough of Culture Bid Selection Panel in late-November, Chaired by the Executive Member for Community Development.

### 3.16 Bid delivery

The bid's development has been supported by a number of internal working groups. Due to the scale of the funding, the bid requires sign-off by the Executive. Update reports have been presented to the Children's Services Management Team, Leadership Group, Corporate Management Board, Communities Reference Group and Joint Board, in advance of the presentation of the final paper to the Executive.

| <b>Date</b>               | <b>Action</b>   |
|---------------------------|---|
| Throughout September 2017 | Cross-sector partner engagement   |
| 18 September              | LBOC discussion at Leadership Group   |
| Throughout September      | Internal working groups convene   |
| 21 September              | Presentation to Corporate Management Board                                    |
| 11 October                | Call for Ideas to arts and culture partners inviting costed project proposals |
| Throughout October        | Communications and engagement programme commences                             |
| 11 October                | LBOC discussion at Communities Reference Group                                |
| 31 October                | Presentation to Joint Board   |
| 16 November               | Bid Selection Panel convenes to sign-off shortlisted project proposals        |
| 23 November               | Presentation and bid sign-off by the Executive                                |

|               |  |
|---------------|--|
| 1 December    | Bid submission                           |
| February 2018 | GLA announcement of the winning boroughs |

## 4. Implications

### 4.1 Financial implications:

The London Borough of Culture is a funding programme that will award two grants of at least £1.1million and the title 'London Borough of Culture' in both 2019 and 2020. There will also be up to six awards for outstanding individual projects in other boroughs. These will be between £50K and £200K for projects that take place between 2018 and 2020.

The GLA has lined up other external funders to welcome applications from bidding boroughs, and it is also looking at which of its own funding streams it can align with LBOC. Boroughs anticipate that taking part in the bidding process itself will therefore provide new opportunities for external investment.

Following consultation with service areas across the council, Islington's bid can meet the GLA's requirement to evidence match funding of 30% of which 25% (£275,000 of a maximum £1,100,000 GLA grant) must be cash that supports LBOC revenue projects or programmes. This match cash funding can be drawn from the council itself, grants from charitable trusts, public funding bodies, sponsorship and cultural partnership cash contributions/joint funding applications.

Summary:

The maximum LBOC grant is £1,100,000 requiring 30% match funding (maximum of £330,000):

25% cash match funding (total £275,000)

- £157,400 drawn from funded projects across council services
- £117,600 drawn from earned income through the Council's Arts Service

5% in-kind match funding

- £55,000 drawn from salaries of in house officers that will manage Islington's LBOC programme.

### 4.2 Legal Implications:

The Council has wide powers to provide or arrange the provision of cultural activities and entertainments for its residents and visitors to the borough (section 144 and 145 Local Government Act 1972). The proposed application for London Borough of Culture is conducive to the exercise of those powers (section 111 1972 Act).

### 4.3 Environmental Implications

The development of Islington's bid for the 2019 title of London Borough of Culture will have a minimal impact on energy use and carbon emissions. This is fundamentally a funding bid that will support us to align our resources over the longer term in a more impactful way to tackle inequality in the borough, with no significant additional environmental implications.

The bid and potential LBOC programme will not require a significant use of natural resources, particularly as this is revenue funding. If Islington is successful in obtaining the title council teams will explore how we commission activity to limit additional fleets or deliveries in the borough, making use of Islington's excellent public transport links and if required favouring emission-free vehicles and those that use greener fuels.

It is not anticipated that the programme will create significant air, land or water emissions or generate waste, but where this occurs the '3 Rs' of reduce, reduce and recycle will be considered.

It is possible the cultural programme may support positive impacts to the borough's biodiversity, such as increased gardening, growing or greening activities.

#### 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.

The main focus of RIAs is on drawing out the equality impacts of proposals with additional sections for highlighting safeguarding risks and potential human rights breaches.

Islington's bid development and LBOC programme will be based on four themes that will promote a fairer Islington:

- Reducing educational inequalities
- Reducing skills development inequalities
- Reducing employment inequalities
- Improving equality of access and participation in creative and cultural activities.

Our vision is to use the bid process to advance how the council can most effectively align internal and local resources to reduce inequalities in these areas. All projects included within Islington's final LBOC programme will therefore need to demonstrate activity which recognises and responds to these inequalities in an effective way and at scale. Target groups of disadvantaged residents will be the principal beneficiaries of the programme, although there will be some universal components - such as activities that could support a launch event(s) for Islington's tenure as 2019 London Borough of Culture – which will provide opportunities to targeted groups while supporting community cohesion more broadly.

An initial Resident Impact Assessment has been completed (Appendix I). The bid development has been an open process where local organisations and residents have been invited to submit expressions of interest for funding under the broader LBOC programme. For this reason, at this stage it is difficult to assess the exact impact on all resident groups of the LBOC bid development and programme. It is therefore proposed that a secondary, detailed Resident Impact Assessment is undertaken should Islington be successful in securing the title and associated funding, once the programme is fully developed. Officers will then be in a position to fully understand the programme implications and respond where required to ensure due regard for the Public Sector Equality Duty.

#### 5. Reason for recommendations

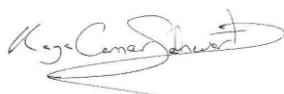
5.1 To note the approach of Islington's bid for the 2019 title of London Borough of Culture.

Appendices

- Appendix I London Borough of Culture Resident Impact Assessment

Final report clearance:

**Signed by:**



Councillor Kaya Comer-Schwartz  
Executive Member for Community Development

Date 10 November 2017

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# Resident Impact Assessment

## London Borough of Culture bid development

### Service Area: Employment Skills & Culture, Children's Services

#### 1. What are the intended outcomes of this policy, function etc?

The London Borough of Culture (LBOC) is one of the Mayor of London's flagship programmes to transform how London's Councils maximise the social and economic value of culture. In essence LBOC is a funding programme that will award two grants of at least £1.1million and the title 'London Borough of Culture' in both 2019 and 2020.

Culture is central to Islington's distinctive character but many residents do not benefit from the arts, heritage and culture on their doorstep. Islington's bid will draw directly on ideas from the Fairness Commission. It will be aligned to the Fair Futures Commission and will seek to exemplify the strategic role that culture can take in making Islington a fairer place to grow-up, live and work. Developing new partnerships across council services and with external sectors, our vision is to channel Islington's outstanding cultural assets and resources to reduce inequality.

The bid development will include an open process where local organisations and residents will be invited to submit expressions of interest for funding under the broader LBOC programme. At this early stage we are therefore unable to assess the exact impact on all resident groups of the LBOC bid development and programme. It is proposed that a detailed Resident Impact Assessment is undertaken should Islington be successful in securing funding, once the programme is fully developed. Council officers will then be in a position to fully understand the programme implications and respond where required to ensure due regard for the Public Sector Equality Duty.

#### 2. Resident Profile

|  | Borough profile | Service User profile |
|--|-----------------|----------------------|
|  | Total 206,285   | Total:               |

|                           |                              |                |                               |
|---------------------------|------------------------------|----------------|-------------------------------|
| <b>Gender</b>             | <b>Female</b>                | <b>51%</b>     | <b>Data not yet available</b> |
|                           | <b>Male</b>                  | <b>49%</b>     | <b>Data not yet available</b> |
| <b>Age</b>                | <b>Under 16</b>              | <b>32,825</b>  | <b>Data not yet available</b> |
|                           | <b>16-24</b>                 | <b>29,418</b>  | <b>Data not yet available</b> |
|                           | <b>25-44</b>                 | <b>87,177</b>  | <b>Data not yet available</b> |
|                           | <b>45-64</b>                 | <b>38,669</b>  | <b>Data not yet available</b> |
|                           | <b>65+</b>                   | <b>18,036</b>  | <b>Data not yet available</b> |
| <b>Disability</b>         | <b>Disabled</b>              | <b>16%</b>     | <b>Data not yet available</b> |
|                           | <b>Non-disabled</b>          | <b>84%</b>     | <b>Data not yet available</b> |
| <b>Sexual orientation</b> | <b>LGBT</b>                  | <b>No data</b> | <b>Data not yet available</b> |
|                           | <b>Heterosexual/straight</b> | <b>No data</b> | <b>Data not yet available</b> |
| <b>Race</b>               | <b>BME</b>                   | <b>52%</b>     | <b>Data not yet available</b> |
|                           | <b>White</b>                 | <b>48%</b>     | <b>Data not yet available</b> |
| <b>Religion or belief</b> | <b>Christian</b>             | <b>40%</b>     | <b>Data not yet available</b> |
|                           | <b>Muslim</b>                | <b>10%</b>     | <b>Data not yet available</b> |
|                           | <b>Other</b>                 | <b>4.5%</b>    | <b>Data not yet available</b> |
|                           | <b>No religion</b>           | <b>30%</b>     | <b>Data not yet available</b> |
|                           | <b>Religion not stated</b>   | <b>17%</b>     | <b>Data not yet available</b> |

As highlighted in Section 1, council officers are proposing that a detailed Resident Impact Assessment is undertaken should Islington secure the London Borough of Culture title and associated funding. However conducting an initial Resident Impact Assessment will ensure the Public Sector Equality Duty is built in to the programme planning from the start.

Islington's bid development and programme delivery will seek to deliver a stand-out programme of activity that will create a step change in broadening engagement in arts, heritage and culture amongst residents who currently miss out, and transform how culture is used to tackle local inequalities. In particular, Islington's bid will focus on reducing educational, skills and employment inequalities, and improving equality of access and participation in creative and cultural activities.

A recent consultation exercise has evidenced that residents from disadvantaged backgrounds regularly participate in creative activity in their day-to-day lives. This everyday creativity, from knitting to photography, is enjoyed across generations at home and together in community settings. However very few of those consulted accessed or participated in activity delivered through Islington's major arts and culture partners. The research also identified both physical and social barriers preventing residents from extending their creative activity. These included confidence, time, money and health issues.

Islington's LBOC programme will respond to these findings and work to a broad definition of culture that values 'everyday creativity'. Through the bid development process we will explore how a partnership approach can support Islington's arts and cultural organisations to engage more Islington residents and develop programmes that fill the current gap in provision.

### 3. Equality impacts

The LBOC bid process and delivery programme will be an opportunity to better align the resources of the council and its partners to have a greater impact on how culture can tackle inequalities. It will provide a positive platform of activity which will support greater equality of opportunity for disadvantaged residents. All activity within the bid will be focussed on reducing inequalities – in particular those that exist in education, skills development, employment and cultural access and participation. Indicators will be established that enable outcomes to be monitored as the programme develops.

Although the programme will deliver a number of universal components such as launch and summation celebrations for Islington's year as London Borough of Culture, it will primarily be focussed on interventions which reduce education, skills development, employment and access/participation inequalities. Projects led both by the council and its partners will need to demonstrate strong outcomes that reduce these inequalities to receive funding or be included in the London Borough of Culture programme.

A Call for Ideas document has been published to encourage project proposals from residents and organisations for inclusion within Islington's London Borough of Culture programme. This requires applicants to highlight who will benefit from their project, event or activity and to consider how the proposal could engage with particular groups of residents in Islington to improve outcomes in education, skills development, employment and cultural engagement. A number of example groups have been provided that applicants may wish to structure their proposals around, including individuals not in employment, education or training; individuals with disabilities and/or long term health conditions; children and young people eligible for free school meals; children and young people in alternative provision; children looked after and care leavers; and young carers.

The proposed theme for Islington's bid is 'Belonging', which will draw together and inspire activities. Through the commissioned projects the council and its partners will explore with residents what it means to belong and feel a connection to the local community, and how in a fairer society that community can enable all its residents to thrive. This will support community cohesion and underpin activity, including the opening and summation celebrations, to ensure good relations are fostered across the local population.

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### 4. Safeguarding and Human Rights impacts

#### a) Safeguarding risks and Human Rights breaches

Please describe any safeguarding risks for children or vulnerable adults AND any potential human rights breaches that may occur as a result of the proposal? Please refer to **section 4.8** of the [guidance](#) for more information.

Safeguarding considerations for the protection of children, young people and vulnerable adults will be central to the bid development and delivery programme. The council's Arts Service are leading the bid development and will be engaging with family teams in Children's Services to ensure that all elements of the programme – developed in-house projects, commissioned

external proposals, and activity delivered by other partners aligned to the broader LBOC programme – reflect the highest standard of safeguarding practise, ensures that Human Rights are upheld and protected, and that due regard is given to the Public Sector Equality Duty.

## 5. Action

How will you respond to the impacts that you have identified in sections 3 and 4, or address any gaps in data or information?

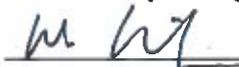
For more information on identifying actions that will limit the negative impact of the policy for protected groups see the [guidance](#).

| Action  | Responsible person or team | Deadline   |
|---|----------------------------|------------|
| Undertake another Resident Impact Assessment should Islington be successful in securing the London Borough of Culture title and associated funding. | Arts Service               | April 2018 |

Please send the completed RIA to [equalites@islington.gov.uk](mailto:equalites@islington.gov.uk) and also make it publicly available online along with the relevant policy or service change.

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

**Staff member completing this form:**

Signed: 

Date: 11/10/2017

**Head of Service or higher:**

Signed: 

Date: 11/10/2017



Report of: **Executive Member for Environment and Transport**

| Meeting of: | Date             | Ward(s) |
|-------------|------------------|---------|
| Executive   | 23 November 2017 | All     |

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## **SUBJECT: Diesel Surcharge on Short Stay Parking**

### **1. Synopsis**

- 1.1 The Council's Sustainable Transport Strategy aims to reduce traffic volumes, traffic congestion, and the negative environmental impacts of unnecessary car use within Islington.
- 1.2 This report builds upon the current diesel surcharge policy on parking permits through further considering the particular adverse health impacts of diesel vehicles and proposes a levy on 'short stay parking' visitors with diesel/heavy oil vehicles, in order to deter the use of such vehicles and reduce the harmful emissions arising.
- 1.3 Islington is committed to improving air quality and continues to take the lead in reducing pollution harmful to health. Islington also strongly supports the Mayor of London's implementation of the Ultra-Low Emission Zone in 2019.

### **2. Recommendations**

- 2.1 To approve the introduction of a surcharge of £2 per hour on 'short stay parking' for diesel and heavy oil vehicles, as set out in paragraph 3.4 below, with effect from January 2018.

### **3. Background**

- 3.1 The Council implemented a surcharge policy in 2015 and added a levy on resident permit holders with vehicles having diesel and heavy oil engines, as an incentive to reduce the use of these types of vehicles that emit emissions harmful to health.
- 3.2 Islington, as an inner London borough, suffers from some of the highest pollution levels in London due to major transport routes. These attract significant numbers of visitors by car, resulting in complex urban

air quality problems with levels of nitrogen dioxide (NO<sub>2</sub>) that exceed recommended health levels and very high levels of particulate matter (PM).

### 3.3 Diesel and Heavy Oil Emissions Pricing

The poor air quality in London is believed to result in around 9,000 premature deaths every year. Kings College London, the Institute for Public Policy Research (IPPR) and Greenpeace have all stated that diesel engines emit 40% of the capital's Nitrogen Dioxide (NO<sub>2</sub>) and particulate PM<sub>10</sub> emissions. The World Health Organisation also has NO<sub>2</sub> on its list of "definite carcinogens".

Diesel engine exhaust includes soot, aerosols such as ash particulates, metallic abrasion particles, sulphates, silicates and nitrogen oxides. The black carbon element of diesel emissions has a particularly adverse effect on human health. Diesel exhaust also contains nanoparticles, which have additional health impacts, though not yet fully understood. The adverse health effects of diesel particulates are linked to cancer, heart and lung damage, and mental functioning. Exposure has also been linked with acute short-term symptoms such as headache, nausea, coughing, difficult or laboured breathing, irritation of the eyes, nose and throat and the onset of asthma in vulnerable individuals.

Diesel fuelled vehicles can emit up to four times more nitrogen oxides and up to more than twenty times more particulate matter than petrol fuelled vehicles. This has significant adverse health impacts and including for drivers who are particularly exposed to air pollution whilst in their vehicles. The most heavily polluted areas in Islington are also the most deprived wards, making reducing the health inequalities gap even more difficult. Whilst we can and do support residents to change lifestyle factors such as smoking and obesity, further interventions are still required to address environmental factors.

The biggest health inequalities issue in Islington is the large numbers of deaths from long-term conditions at relatively young ages. This accounts for the bulk of the gap in life expectancy between Islington and England. The main causes of death across all ages in Islington are cardiovascular disease, cancer and respiratory diseases (accounting for 33%, 28% and 13% of deaths in Islington respectively). Exposure to high levels of air pollution, particularly diesel emissions, is known to exacerbate these existing health conditions. This is particularly concerning given the number of young families and schools within the borough.

Healthy London Partnership and NHS England London recently launched a public awareness campaign #AskAboutAsthma to encourage small steps to help improve the quality of life for children and young people living with asthma in London. Part of this is for organisations to pledge to improve air quality and the Council has committed to this pledge and believes that the diesel surcharge is a step toward fulfilling this pledge.

- 3.4 It is estimated that between 25% and 30% of the 1.59 million short stay visitor parking sessions annually in Islington are made by diesel/heavy oil vehicles. The Council considers it right to extend the Diesel Surcharge Policy to these short staying vehicles, with the objective of discouraging their use and reducing the associated harmful emissions, especially as Islington is well served by public transport. It is therefore proposed to add a surcharge on all existing Pay & Display charges for these vehicles and encourage a move to less polluting forms of travel, in a similar manner to the policy adopted for resident permit holders. A surcharge of £2 an hour is proposed, which is deemed appropriate to achieving the outcomes of this policy. The pay by phone system will automatically identify vehicle class via the DVLA.
- 3.5 The Executive Member for Environment & Transport and officers have had meetings with representatives from the Islington Chamber of Commerce, Angel Town Centre Board, Finsbury Park / Nags Head & businesses in Central Street to discuss the proposals and advise on the emerging policy to improve air quality in Islington.

The Council is looking to work with local businesses to try and ensure a reasonable transition away from the use of more polluting vehicles, offering to provide more parking for those less polluting vehicles such as electric vehicles. This includes the rollout of new charging points across the borough to make their availability more widespread. Where appropriate, the Council will also consider a review of existing loading provision such as yellow line marking to increase the number of pay and display bays, and also

consider a reduction of pay and display tariffs if bays are under-utilised. In appropriate areas, there remains the facility for active loading for 20minutes free of charge.

#### **4. Implications**

##### **4.1 Financial implications:**

The parking account is a ring-fenced account with any surplus generated from its activities invested in highways and transport related activities. Additional income received from the diesel surcharge will be allocated to the ring-fenced parking account, with the level of income dependent upon the success of the surcharge in encouraging a move to less polluting forms of travel. The impact of this will be modelled as part of the medium term financial planning process.

##### **4.2 Legal Implications:**

Sections 45 and 46 of the Road Traffic Regulation Act 1984 (the Act) enables the Council to designate pay and display parking places on the highway and to charge for parking in these places. The Council may differentiate in its charges between vehicles of different classes, including by reference to their level and type of emissions. Accordingly, the Council may lawfully introduce a surcharge of £2 per hour on diesel and heavy oil emission vehicles for pay and display parking in order to discourage the use of such vehicles and reduce the associated harmful emissions,

The function of setting charges for pay and display parking places must, like the other functions in the 1984 Act, be exercised to "secure the expeditious, convenient and safe movement of vehicular and other traffic (including pedestrians) and the provision of suitable and adequate parking on and off the highway..." so far as practicable having regard to:

- (a) the desirability of securing and maintaining reasonable access to premises;
  - (b) the effect on the amenities of any locality affected and....;
  - (bb) the strategy prepared under section 80 of the Environment Act 1995 (national air quality strategy);
  - (c) the importance of facilitating the passage of public service vehicles and of securing the safety and convenience of persons using or desiring to use such vehicles; and
  - (d) any other matters appearing to the local authority to be relevant [to the over-arching purpose].
- (section 122 of the 1984 Act)

Further, in setting charges the Council must have regard to the Mayor of London's Transport Strategy (sections 142 and 144(1)(a) Greater London Authority Act 1999). That strategy emphasises the importance of reducing emissions and improving air quality.

The Secretary of State's non statutory Operational Guidance on Parking recommends that authorities set charges which are consistent with the aims of their transport strategy including road safety and traffic management strategies.

The Executive is reminded that it is unlawful for the Council to set or increases charges for pay and display parking for the purpose of generating additional income to fund its traffic management functions.

In the event that the impact of the proposed new charge is to generate a surplus over and above the cost of administration and enforcement of pay and display parking places, the 1984 Act requires that surplus to be paid at the end of the year into the Special Parking Account and spent on the wider transport purposes listed in section 55(4). Any shortfall is required to be made good from the general fund.

##### **4.3 Environmental Implications**

The proposals will reduce harmful emissions from vehicular traffic within the Borough, particularly Nitrogen Oxides and particulates.

##### **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 was completed on 12 May 2017. In summary, these proposals will mainly impact on those visitors to Islington who own diesel and heavy oil vehicles. All residents and visitors will benefit from better air quality and better health outcomes, especially older and young people. However, the additional cost may affect some residents on low incomes.

## 5. Reason for recommendations

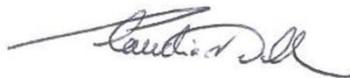
- 5.1 The proposals in this report will continue to reduce harmful emissions within the borough and thereby mitigate their adverse impact on the health of residents.

### Appendices – None

### Background papers – None

Final report clearance:

**Signed by:**



Executive Member for Environment and Transport Date: 10 November 2017

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### Report of: Executive Member for Environment and Transport

| Meeting of: | Date             | Ward(s) |
|-------------|------------------|---------|
| Executive   | 23 November 2017 | All     |

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## SUBJECT: Waste Minimisation and Recycling Action Plan 2017/18

### 1. Synopsis

- 1.1 Recycling and reducing waste is vitally important to Islington. It's better for the environment, and because recycling costs a lot less than throwing rubbish away, it saves money that can be spent on other services for residents. The Council strongly supports recycling and we regularly review the ways we recycle.
- 1.2 This report provides an update on recycling progress over the last year and sets out priorities and service initiatives for 2017/18, including proposals developing a medium term strategy to drive further improvements in service quality and performance.
- 1.3 The report highlights the comprehensive range of recycling services available to residents and the work being undertaken to improve the quality of recyclables being collected and to make the service more efficient and better for residents.

### 2. Recommendations

- 2.1 To agree the Waste Minimisation and Recycling service Aims and Objectives for 2017/18 as set out in section 4 below, including the recycling target for the current year of 35.6%.
- 2.2 To note the work that has been carried out to achieve the Council's recycling and waste minimisation objectives, in particular in providing effective recycling services and encouraging residents living in flats to recycle more, as set out in paragraphs 3.3 to 3.7.
- 2.3 To note the programme of ongoing and proposed work to increase recycling as set out in section 5, and in particular to note the proposed actions to reduce plastics waste as outlined in paragraph 5.5.

### 3. Background

3.1 A Waste Minimisation and Recycling Action Plan report is presented to the Executive each year. The report recommends aims and objectives for the recycling and waste minimisation service for the year, with certain specific recommendations. The report also sets out progress against the aims, objectives and recommendations from the previous year's report.

3.2 **Review of progress against agreed aims and objectives for 2016/17**

This section provides an update on progress against previously agreed aims, objectives and actions.

3.3 **To build awareness for the need to recycle/re-use through effective communication**

A comprehensive communications programme was delivered as part the move to new neighbourhood based collection schedules. This included letters and leaflets, bus stop posters and communications through numerous other channels.

The recycling pages of the Council's website have been completely revamped, with a greater emphasis on enabling residents to find out about the recycling services available to them at home. The site continues to be reviewed and amended taking on board user feedback.

In line with our Better Recycling Sites programme, improving the appearance and usability of recycling sites helps in itself to promote recycling. More than 300 new signs have been installed at recycling sites and a new branding for recycling and rubbish containers has been introduced to provide greater distinction between the two. Islington's network of electronic screens on its housing estates have also been used to good effect, providing information and advice on recycling to residents.

Funding was secured in 16/17 to subsequently deliver a food waste campaign in Islington (a partnership with Resource London and eight other London Boroughs under the banner heading 'Trifocal'), to encourage healthier eating, reduction of avoidable food waste and an increase in unavoidable food waste. Additional funding was also secured for a door knocking campaign during this year's National Recycling Week (25 September to 1 October).

A comprehensive programme of communications and engagements has been delivered in partnership with NLWA, including a school's education program, clothes exchange days, 'real nappy' promotional events and stalls at community events. In addition, a major new recycling campaign was launched under the heading 'save our stuff'. The campaign is delivered mainly through digital media such as digital TV and social media.

3.4 **To identify opportunities to implement better quality and more cost effective methods of recycling**

New neighbourhood based waste and recycling collection schedules for street properties were introduced in February. Neighbourhood working means dedicated recycling and rubbish collection crews working in local neighbourhoods. The changes affected some 54,000 households and has resulted in a more efficient service and improved performance, despite some initial teething problems.

There has been a continued focus on improving recycling facilities for residents on estates and in the private rented sector. Capital investment led to 46 new enclosures being installed at 20 public and estate recycling sites, as well as fifty new enclosures being installed at communal food waste recycling points on estates. This funded programme of improvement continues through to 2018/19.

Reported levels of contamination have also reduced as a result of better targeted communications, new enclosures, CCTV and enforcement, securing recycling bin lids to make dumping inside bins harder and better signs and labels at recycling sites.

The use of bin sensors on some recycling sites is assisting with preventing over-flow of public recycling sites by providing fill level data and enabling the site to be serviced before it becomes over-full.

A new fleet of refuse and recycling vehicles are being delivered, providing greater efficiency and lower emissions.

### **Services for residents and businesses**

A comprehensive range of recycling services has continued to be provided to residents to enable to them to conveniently recycle their waste. These include:

- Door to door weekly collections of mixed dry recycling, food and garden waste for 50,000 street properties
- Approximately 600 public and estate communal recycling points for mixed dry recycling for residents on and off estates
- A network of recycling points for textiles, shoes and small electrical items
- A nightly recycling collection service for residents in flats above shops
- Approximately 280 communal food waste collection points for residents on estates
- A household reuse and recycling centre with a recycling rate of over 70%, open 363 days per year
- Free clear recycling sacks and compostable food waste bags available for all residents from libraries and the Council's Municipal Offices in Upper Street
- A bulky reuse collection service providing quality items to Islington's reuse organisation, Bright Sparks
- Reduced price home composting bins and real nappy vouchers
- A range of communications activities at events, workshops for schools, give and take days, swishing (clothes swapping) events and real nappy workshops
- Low cost commercial waste recycling services to businesses
- Free recycling services to schools and charities with a residual waste collection arrangement with the Council

A recycling service is in principle offered to all of Islington's residents. However, there are likely to be isolated properties, particularly new blocks of flats, where services have not yet been available. An audit of all Islington's domestic properties is currently underway, with the objective of identifying any properties without a recycling service for mixed dry recycling, and of providing one.

The audit is expected to be completed by the end of the current financial year.

#### **3.5 To seek to achieve a 2016/17 recycling rate for waste from households of 35.2% and that supports the NLWA recycling target of 50% by 2020**

Islington's recycling rate for 2016/17 was 31.6%, an increase over the previous year's (revised) figure of 30.6%.

The recycling rate is made up of two elements: dry recycling (papers, cans, bottles and so on) and organics material (food and garden waste). While many local authorities with large garden areas are able to contribute significant organics recycling tonnages, resulting in higher overall performance, Islington's dry recycling rate is the highest of all the inner city London local authorities and above average for London as a whole.

Nevertheless, significantly increasing the amount of household waste that is recycled is proving to be a significant challenge for all local authorities, and especially those that have a high proportion of purpose built block of flats.

#### **3.6 To achieve a household waste (not recycled) rate of no more than 413kg during 2016/17**

Islington's revised household waste (not recycled) figure for 2016/17 was 403kg, exceeding the target, and demonstrating our ongoing achievement in minimising domestic waste overall.

#### **3.7 To support the NLWA partnership and the implementation of its waste strategy**

Officers continue to work closely with NLWA in implementing both its joint waste minimisation strategy and on joint communications work, as well as being key partners on technical service related matters.

The North London Waste Authority, in partnership with the seven constituent Boroughs, delivers a programme of outreach and engagement focused on reducing waste. The work involves attending summer fairs, colleges and community centres and holding supermarket stalls. In addition, the programme has involved a 'food waste challenge', whereby households have been challenged to measure and reduce the amount of food waste they produce, communications work during 'Recycling Week', an online recycling game, 'Waste Less, Lunch Free' events, Halloween focussed communications and events and a range of other initiatives.

## **4. Aims and Objectives for 2017/18**

Proposed aims, objectives and service priorities for 2017/18 are set out below. They reflect previous aims and objectives with updated targets and actions.

### **Aim**

- To provide quality recycling services that meet the needs of residents and to reduce the amounts of municipal waste sent for disposal via landfill or incineration.

### **Objectives**

- To build awareness for the need to recycle/re-use through effective communication
- To target specific recycling and waste minimisation attention on purpose built flats and apartments in the private rented sector, housing associations and other social rented housing sectors
- To identify opportunities to implement better quality and more cost effective methods of recycling
- To seek to achieve a 2017/18 recycling rate for waste from households of 35.6% in support of the agreed NLWA recycling target of 50% by 2020
- To achieve a household waste (not recycled) rate of no more than 407kg during 2017/18
- To support the NLWA partnership and the implementation of its waste strategy

More details on specific proposals are provided below.

## **5. Service updates and proposals**

### **5.1 Environment Scrutiny Review of recycling**

The Council's Environment and Regeneration Scrutiny Committee have undertaken to review the recycling services offered to households. The purpose of the review is 'To reduce the amount of waste going to incineration or landfill by increasing the amount of domestic recycling'. The review is intended to conclude with recommendations by April 2018.

### **5.2 Recycling for flats and the rented sector**

A recent report commissioned and published by Resource London explored issues relating to waste management in the private rented sector and made a series of recommendations, relating to the relationship between landlords and tenants, the Local Authority and landlords, and the Local Authority and tenants. Using this to inform our recycling programme in Islington, the following actions are proposed, to improve recycling within this sector:

- Better communications with new tenants, through working directly with letting agencies and landlords, to provide clear information on recycling collection arrangements and waste management responsibilities;
- Better communications with landlords regarding services for their residents and landlord

responsibilities;

- Better partnership working between departments within the Council to share information and deliver joint initiatives for targeting tenants, landlords and letting agents;
- Develop better partnerships with larger letting agents and private landlords to achieve better outcomes;
- Encourage the use of standard clauses relating to recycling in Assured Tenancy Agreements;
- Improved licencing requirements relating to waste and recycling for HMO (Houses in Multiple Occupation) landlords that are subject to Islington's two private landlord HMO licencing schemes
- Clear information to landlords and tenants on their legal obligations in relation to waste and recycling and the penalties arising from non-compliance;

#### **In addition, we will also**

- Complete the current audit to ensure 100% of properties are receiving a recycling service and work with landlords, particularly housing associations and other social housing providers, to ensure information is effectively provided to residents on recycling services
- Continue to improve communal recycling and food waste sites through the Better Recycling Site programme

#### **Housing and caretakers**

For residents living on the Council's housing estates, caretakers are a key point of contact with the Council. Caretakers perform a vital role, both in maintaining the estate and in communicating with residents. Our Recycling Team work closely with colleagues in Housing and will continue to develop closer and more effective partnerships to provide them with the information and tools they need to be recycling ambassadors on their estates.

#### **Mini-sack trial**

Residents on estates generally use communal recycling bins located on the estate. Residents in other properties are provided with green recycling boxes or clear recycling sacks, but neither of these are practical for use with communal recycling bins. Therefore we are trialling the provisions of smaller 'minisacks' which can be conveniently placed through the hole in a recycling bin lid, helping residents to recycle on the go. The pilot will be reviewed to see if it increases recycling, if it is popular with residents and if it is affordable.

### **5.3 Better Recycling Sites**

In order to deliver an improved recycling service to residents using either public or estate communal recycling points Members agreed a capital budget for the three-year (2016/17 to 2018/19) to improve the appearance and usability of all types of communal recycling sites and to reduce contamination and fly-tipping.

The second year of this programme will see continued investment in Islington's recycling sites, including:

- New enclosures installed for up around 25 separate recycling sites
- New enclosures for around 50 communal food waste recycling points
- New signage at 300 recycling sites
- Up to 300 new or refurbished recycling containers
- Introduction of a new 'reverse lid' design for recycling sites

Officers have been working closely with leading recycling container manufacturers to design a new type of recycling lid which will reduce contamination and wear and tear on the front of the bin. These will be introduced in Islington during the next six months. This simple design change has the potential to dramatically improve the visual appearance of recycling bins and reduce contamination and are as a result of innovative and proactive thinking from officers within the Council and their efforts to drive change with partners in the private sector.

As well as the Council's CCTV network, five mobile CCTV camera systems have been deployed at recycling sites around the Borough. Working closely with the Compliance Team, enforcement action has been taken at a number of sites where rubbish has been illegally fly-tipped.

Fly-tipping is illegal and we will continue to take firm action against residents and businesses who dispose of their rubbish irresponsibly.

#### 5.4 **Smart recycling bins**

Islington has been at the forefront of trialling new technology through its partnership with a leading supplier of bin sensors. These are small sensors fitted inside the lid of recycling sites that can detect how full the container is, and enables schedule frequencies to be optimised. The sensors also provide performance and management data to help services to be managed more effectively.

'Smart routes' have also been trialled. The system can generate daily collection schedules using data collected from sensors to predict which sites need to be emptied on a given day. However, technology shouldn't be used for its own sake, and the benefits and costs of the system continues to be reviewed.

#### 5.5 **Waste Minimisation**

Awareness of the problem of plastic waste, and in particular of its impact on the oceans is increasing. It is estimated that between 5 and 13 million tonnes of plastic ends up into the world's oceans each year. A range of initiatives by major manufacturers, retailers and government organisations are aimed at tackling this problem, while at a local level, initiatives aimed at reducing the use of plastic bottles, straws and other disposable plastic items are taking hold.

The Council already plays its part through the responsible management of plastic waste in the recycling and residual waste streams. However, we can do more to encourage the reduction of plastic waste. As part of our efforts to reduce plastic waste, we will

- Promote and encourage the use of Apps that help reduce plastic waste (such as those providing information on where you can refill water bottles)
- Encourage the government to follow the lead of the devolved Scottish Government and many European governments in considering a Deposit Return Scheme for plastic bottles
- Encourage bars and cafes to stop the use of plastic straws
- Raise awareness of the issue of plastic waste among residents through our communications channels and social media
- Respond fully to the recent consultation entitled 'Call for evidence on voluntary and economic incentives to reduce littering of drinks containers and promote recycling' issued by DEFRA on 2 October 2017

More broadly in term of waste minimisation, we will continue to work with the NLWA to help deliver their Waste Prevention Action Plan, and continue to offer composting bins at reduced prices and encourage the use of washable cloth nappies through the voucher scheme.

#### 5.6 **Communicating with residents**

##### **Better Recycling Sites**

Planned improvements to communal recycling sites will be supported with associated communications activities, including use of the Council's network of electronic screens, promotion of the improvements themselves through social media and other outlets and communications targeted around specific sites where improvements have been undertaken. The presence of improved recycling sites themselves delivers a powerful communications message.

##### **TRiFOCAL food waste campaign**

The Council is one of nine London Boroughs awarded £50k European Union Life funding through a

collaboration with London Resource. The project will target households, schools, community groups, hospitality and food services businesses as well as large businesses in the boroughs through an integrated communications campaign. This will focus on raising awareness about the value of food – combining messaging about avoiding wasting food, healthy and sustainable eating and increasing recycling rates for unavoidable food waste both in the home and when eating out. There will also be London wide activity including engagement with large employers to raise awareness and a London harvest festival to celebrate the value of food.

Details of specific campaign activities are being finalised.

### **Recycling Week 2017**

The Council also successfully applied for £4.5k funding to deliver a communications campaign during Recycling Week 2017 (commencing 25 September). The project was delivered with Keep Britain Tidy and consisted of door knocking of approximately 1,500 estate properties to promote recycling.

### **‘Just One Thing’**

Independent research shows that there are many residents who have recycling services and are aware of the importance of recycling, but do not for a variety of reasons. ‘Just one thing’ aims to encourage these residents to commit to start recycling by recycling ‘just one thing’, such as glass bottles, or food cans. The concept was included in the Recycling Week door knocking programme.

### **Other communications activities will include:**

- A recycling quiz and supporting material to increase knowledge of recycling and reduce confusion about what can and can’t be recycled
- Providing resources to support estate residents to be recycling champions
- Review of the Flats above Shops service to improve communications and awareness of time banding (restrictions on set out and collection times)
- Ongoing resident communications with residents through the Joint Recycling Communications campaign with NLWA
- Outreach at the Cally Festival, Angel Canal festival and other events
- New branding and recycling messages on the new recycling and waste vehicles fleet
- Ongoing review and update of Islington’s recycling web pages. The recycling home page receives around 1,000 page views per week

Finally, as detailed elsewhere in this report, we will actively work with landlords and letting agents to ensure that residents in the rented sector have both efficient recycling services but also are fully aware of and engaged in those services. We expect landlords in particular to take on their full responsibilities in playing their part in this important communications campaign.

## **6. Implications**

### **Financial implications:**

- 6.1 There are no significant financial implications as the recommendations are substantially for noting.

### **Legal Implications:**

- 6.2 The Council has a duty to collect household waste. No charge may be made for its collection except in prescribed cases (section 45 Environment Protection Act 1990). In addition, the Council is under a separate duty to collect at least two types of recyclable or compostable household waste either co-mingled or individually separated from the rest of the household waste. Government guidance states that the following materials count as a type of recyclable waste: batteries; garden waste; glass; hazardous waste liquids; catering waste; metals; paper products; plastics; textiles and shoes; waste electrical and electronic equipment; and, wood. The duty to collect recyclates applies unless the Council is satisfied that the cost of doing so would be unreasonably high (on an individual premises basis) or comparable alternative arrangements are available (section 45A of the 1990 Act).

The EU framework directive on waste requires member states to achieve 50% recycling of household waste by 2020. However, in the UK, local authorities have not been set individual recycling targets.

The Waste Minimisation and Recycling Action Plan 2017/18 is intended to facilitate improvements in the Council's performance within the legal framework which governs the Council as a waste collection authority

### **Environmental Implications**

- 6.3 Improved recycling rates alongside waste minimisation will continue to have positive environmental impacts for all residents.

### **Resident Impact Assessment:**

- 6.4 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.

No adverse impacts for any residents have been identified as a result of the proposals in this report, whilst improved recycling rates alongside waste minimisation will have positive impacts for all residents in terms of a more efficient use of Council resources.

## **7. Reasons for the recommendations / decision:**

- 7.1 This report provides an update on recycling progress over the last year and sets out priorities and service initiatives for 2017/18 to drive further improvements in service quality, performance and efficiency.

**Appendices and Background Papers:** None.

Final report clearance:

**Signed by:**



Executive Member for Environment and Transport    Date: 10 November 2017

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Report of: Executive Member, Health and Social Care

| Meeting of: | Date             | Ward(s) |
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| Executive   | 23 November 2017 | All     |

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**THE APPENDIX TO THIS REPORT IS NOT FOR PUBLICATION**

**SUBJECT: Contract Award for Mental Health Short-Term Crisis Accommodation**

### 1. Synopsis

1.1 This report summarises the outcome of a procurement process for Mental Health Short-Term Crisis Accommodation and seeks approval for the award of a contract to deliver this service to Islington residents aged 18-65 who are at risk of, or who are experiencing, mental health crisis.

### 2. Recommendations

2.1 To approve the award of a contract to Look Ahead Care and Support to deliver Mental Health Short-Term Crisis Accommodation commencing 1 April 2018, for a period of two years with the option of three 12-month extensions.

2.2 To award a contract to the value of £3.6m over a maximum of five years based on an annual value of £720k.

### 3. Background

3.1 The procurement strategy for the Mental Health Intermediate Crisis Care Pathway was agreed by the Executive in November 2015.

This contract was previously advertised as part of the Pathway. The procurement process was halted to allow for further consultation. The Mental Health Short-Term Crisis Accommodation has been commissioned as a standalone contract; however, it is anticipated that this will form part of the Intermediate Crisis Care Pathway once the other services within the pathway have been procured.

- 3.2 The contract will provide short-term accommodation-based reablement and recovery support (Crisis Accommodation), available 24 hours a day, seven days a week. Staff will be on-site at all times and will provide support to service users as required.
- 3.3 The service includes an evening drop-in, which runs from 6-10pm, seven days a week from the same premises. The service is open access, and provides a safe place for people during the evening and at weekends, when experiencing feelings of anxiety, social isolation or deterioration in their mental health.

This service is included in the new contract, however, as other services within the Intermediate Crisis Pathway are procured and implemented, the location of the evening provision will change, and will be delivered under a separate contract to the Crisis Accommodation service.

- 3.4 The current service is delivered from 16-18 Highbury Grove, N5 2EA and is delivered by One Housing Group. The current cost of the service is £720k per year. Commissioners negotiated savings within the existing contract with One Housing Group in 2016/17 and £114k savings were delivered in 2016/17.

The building is owned by Islington Council and a new lease has been issued for the life of the new contract. The new contract will be delivered by from the current location and the contract price includes lease costs of £77,500 per annum.

- 3.5 The contract to be awarded is a 2-year block contract with the option of three 12-month extensions. The service will accommodate approximately 300 people per year.

The total annual value of the contract is £720k. The total contract value including all extension periods is £3.6m. The annual value of the new contract does not represent an increase on current expenditure.

- 3.6 The service will be funded from the existing MH Commissioning pooled budget arrangement between Islington Council and Islington Clinical Commissioning Group. Resources have been earmarked within the pool to meet the annual financial commitments for the delivery of this service and will not cause any financial pressure for either party.

#### **4. Tender**

- 4.1 The procurement followed a Restricted Procedure which means the process was conducted in two stages: Selection Questionnaire (SQ) stage and Invitation to Tender (ITT) stage. The tender was advertised on the Islington council website, the London Tenders Portal (the council's e-tendering system), Contracts Finder and OJEU (Official Journal of the European Union). Organisations that submitted an Expression of Interest (EOI) via the portal were given access to the tender documents and any relevant additional information. Questions received via the portal were responded to publicly, in order to ensure that all bidders had access to the same information.

Bidders were able to bid to deliver the service from the existing premises, or from non-Council

owned established buildings located in Islington. All of the shortlisted providers bid to deliver the service from the existing premises.

Thirteen organisations submitted tenders for this contract; of these, seven successfully passed the suitability assessment stage. Three providers submitted tenders in the second stage and were evaluated against the published criteria.

- 4.2 The contract has been awarded to the Most Economically Advantageous Tender based on the criteria of 70% quality and 30% cost, broken down as follows:

|   | <b>Weighting</b> |
|---|------------------|
| <b>Cost</b>   | <b>30%</b>       |
| <i>Unit Cost</i>  | 15%              |
| <i>Contract Cost</i>  | 10%              |
| <i>Direct/ Indirect Costs</i>   | 5%               |
| <b>Quality</b>  | <b>70%</b>       |
| Proposed service model  | 25%              |
| Management of evening service transition arrangements                                   | 5%               |
| Proposed approach to quality management of performance and outcomes                     | 15%              |
| Proposed approach to co-production with service user and carers (part 1)                | 5%               |
| Proposed approach to safeguarding and risk management                                   | 10%              |
| PRESENTATION: Proposed approach to co-production with service users and carers (part 2) | 10%              |
| <b>Total</b>  | <b>100%</b>      |

Bidders also had to achieve minimum quality standards to be successful. In order to be awarded a contract, the winning tenderer must score a minimum of 3 points out of 5 in each question.

- 4.3 The results of the tender evaluation are set out in the Exempt Appendix A, showing Look Ahead Care and Support as the Most Economically Advantageous Tender.
- 4.4 TUPE will apply to this contract and the appropriate TUPE information was included in the tender documents.

## **5. Implications**

### **5.1 Financial implications**

The existing Mental Health Short-Term Crisis Accommodation Service is funded from the Mental Health Commissioning Pooled budget between Islington Council and Islington Clinical Commissioning Group and the current budget and contract value is £722k.

Commissioners negotiated efficiencies within the existing contract with One Housing Group in 2016/17 which delivered annual savings of £114k and contributed to the departments Medium Term Financial Strategy (MTFS) savings.

The maximum annual contract value is £720k for an initial period of two years, with the option to extend for a further three years (of separate twelve month periods) and the total value over the maximum five-year contract term is £3.6m. Therefore, the proposed contract award to Look Ahead Care and Support will not result in a budget pressure for the department.

Payment of the London living Wage is a requirement of the contract and will not result in any additional costs. Any TUPE cost implications that may arise from this tender will have to be met by existing resources outlined above.

## **5.2 Legal Implications**

The Council has power to provide services in respect of Mental Health Short-Term Crisis Accommodation under the Mental Health Act 1983, section 117 and the National Assistance Act 1948, S21(1). The Council has power to enter into contracts with providers of such services under section 1 of the Local Government (Contracts) Act 1997.

The services that have been procured are subject to the light touch regime set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). The threshold for application of this light touch regime is currently £589,148.00. The value of this contract is above this threshold. It therefore needs to be advertised in the Official Journal of the European Union (OJEU). There are no prescribed procurement processes under the light touch regime, but there is a requirement for the procurement of such services to comply with the principles of equal treatment, non-discrimination and fair competition. The council's Procurement Rules require contracts over the value of £500,000 to be subject to competitive tender. In compliance with the requirements of the Regulations and the council's Procurement Rules a competitive tendering procedure with advertisement in OJEU has been used.

Bids were subject to evaluation in accordance with the tender evaluation model. Look Ahead Care and Support gained the highest evaluation score and may therefore be awarded the contract. In deciding whether to award the contract to the recommended service provider the Corporate Director for Housing and Adult Social Services should be satisfied as to the competence of the supplier to provide the services and that the tender price represents value for money for the Council. In considering the recommendations in this report the Corporate Director for Housing and Adult Social Services must take into account the information contained in the exempt appendix to the report.

## **5.3 Environmental Implications**

An environmental impact assessment was carried out in November 2014.

The main environmental impacts of this procurement will be associated with the management of the building, including energy used for heating, hot water and appliances, water use and waste generation. The provider will be asked to minimise energy and water usage, as well as maximising recycling and ensuring compliance with waste legislation.

## **5.4 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 was completed in October 2014 and identified that inequalities associated with socio-economic disadvantage can be reduced through the Intermediate Crisis Care Pathway services.

## 6. Reasons for the recommendations

- 6.1 The Mental Health Short-Term Crisis Accommodation Service will support Islington residents who are at risk of entering, or who are experiencing a mental health crisis. As well as improving outcomes for these residents, the service also aims to reduce the significant pressure faced by acute mental health crisis and inpatient services in Islington. This will be achieved by strengthening community capacity to reach and support people to recover, remain well and manage mental crises, as far as possible within their communities. Support will also be provided for carers of people entering, or at risk of entering a mental health crisis.
- 6.2 The existing Mental Health Short-Term Crisis Accommodation Service ends on 31<sup>st</sup> March 2018. The need for this type of service continues and therefore the recommendation is to award the new contract as per the above.

**Appendices:** • Mental Health Short-Term Crisis Accommodation Contract Award Appendix A (Lot A) - EXEMPT

**Background papers:** None

**Signed by:**

*Janet Burgess*

Executive Member, Health and Social Care

Date: 10/11/2017

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Report of: **Executive Member for Children and Families**

| Meeting of: | Date             | Ward(s)    |
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| Executive   | 23 November 2017 | St Georges |

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### APPENDIX 1 TO THIS REPORT IS EXEMPT AND NOT FOR PUBLICATION

#### SUBJECT: **Contract Award Report for Tufnell Park Primary School Redevelopment**

##### 1. Synopsis

- 1.1 In September 2016, the Executive approved the procurement strategy for the redevelopment of Tufnell Park Primary School, and in May 2017, the Executive agreed to expand Tufnell Park Primary School. The development is a capital investment priority for the council. The existing condition and suitability of the school buildings means that these works are required to maintain educational improvement, and in order to provide sufficiency of school places.
- 1.2 This report seeks approval to award a contract for the redevelopment of Tufnell Park Primary School to Morgan Sindall Group Construction and Infrastructure Ltd (hereafter referred to as Morgan Sindall). Officers from Children's Services will work with legal and finance officers to finalise the form of contract documentation. Details are provided of the works relating to the proposed contract, programme and timescales as well as budget.

##### 2. Recommendations

- 2.1 To note progress on the development of proposals for the redevelopment of Tufnell Park Primary School, programme and affordability.
- 2.2 To agree to award a contract for the redevelopment of Tufnell Park Primary School to Morgan Sindall.
- 2.3 To delegate authority to the Corporate Director of Children's Services in consultation with the Corporate Director of Resources and the Director of Law and Governance to negotiate and agree the design and build contract documentation with Morgan Sindall.

- 2.4 Subject to agreement being reached on the contract documentation, to delegate authority to the Director of Law and Governance (or such other officer as may be authorised by her in accordance with Article 14.04 of the Council's Constitution) to enter into the contractual documentation to give effect to the award of the Tufnell Park Primary School design and build contract to Morgan Sindall.

### **3. Background**

- 3.1 The Executive approved the procurement strategy in September 2016. Following a competitive process using the Southern Construction Framework (SCF) Lot 3 London Construction Projects £5m plus, the council appointed Morgan Sindall to undertake pre-construction services relating to the redevelopment of Tufnell Park Primary School. This was confirmed by a Recordable Decision of the Corporate Director of Children's Services in January 2017.
- 3.2 Since this date, the council and key stakeholders have worked with Morgan Sindall to develop detailed design and construction proposals for this scheme. The planning application was submitted on 12 July 2017, and is scheduled to be determined by the Planning Committee on 7 November 2017. Morgan Sindall have commenced open book competitive tendering of works packages (market testing) and detailed analysis of this information and related contractor proposals are scheduled to be finalised by December 2017.
- 3.3 The following provides a summary of the development and construction programme:
- Planning Application to be determined by Planning Committee 7 November 2017.
  - Completion Market Testing and confirmation of Contractor Proposals November 2017.
  - Contract Signing January 2018
  - Construction Start March 2018\*
  - Construction End (new school facilities) Summer 2019
  - Construction End (demolition and landscaping) Winter 2019.

\*note: consideration is being given to advancing some elements of works in order to achieve the overall completion date, for example; establishing site compound and hoarding, tree protection and tree works, asbestos removal, demolition of existing arts and music classroom and the provision of temporary accommodation for junior pupils, pre-orders for essential machinery and equipment with long lead in times. Such "enabling works" can be added to the existing pre-construction services contract by variation. These works will be novated into the design and build contract.

- 3.4 In summary, the redevelopment of Tufnell Park Primary School will provide:
- New facilities for Tufnell Park Primary School with capacity for three forms of entry
  - Provision for 2 year olds.
  - Demolition of the existing school buildings and associated landscaping.
  - The new buildings will achieve BREEAM (Building Research Establishment Environmental Assessment Method) excellent rating
  - Disabled access
  - Community facilities (subject to conditions attached to the Planning Decision Notice).

### **4. Implications**

#### **4.1 Financial implications:**

There is an approved capital budget for the redevelopment of Tufnell Park Primary School.

Preliminary market testing and cost analysis undertaken during Autumn 2017 indicate that the development is viable within the overall project capital budget.

The actual value of the Design and Build contract with Morgan Sindall will be determined following completion of market testing and as detailed contractor proposals are finalised in December 2017.

The council will take into account other project costs associated with the development, for example: ICT

network and user equipment, decant costs, professional fees; survey costs; preparatory works; and planning fees, and will allow reasonable contingency for costs associated with a Community Benefits Agreement and for unknowns which may occur.

Any costs above the approved capital budget will be met from the Children's Services capital contingency.

More detailed financial implications are considered in the exempt Appendix 1 to this report.

## **4.2 Legal Implications:**

The council has a duty to provide and maintain sufficient schools for the provision of primary education in its area (sections 14 and 16 of the Education Act 1996). Accordingly, the council has power to enter into a contract for the construction of a new school building at Tufnell Park Primary School (section 1 of the Local Government Contracts Act 1997).

The threshold for works contracts for the application of the Public Contracts Regulations 2015 is currently £4,104,394. The value of the contract to be let is above this threshold. As a result of previous Executive approvals, a design and build contractor is being procured from the Southern Construction Framework Lot 3 London Construction Projects £5m plus. That framework was established following a competitive tendering exercise undertaken in accordance with the Public Contracts Regulations 2006.

The Council is able to utilise the Southern Construction Framework (SCF) Construction Projects £5m plus. A Public Body User Agreement has been entered into with SCF in order to use the framework for this scheme. Following the mini-competition pursuant to the SCF framework, a Pre-Construction Agreement was entered into with Morgan Sindall. It is now intended that a JCT form of Design and Build Contract is utilised for the development in accordance with the Pre-Construction Agreement.

Accordingly, the contract for the redevelopment of Tufnell Park Primary School may be awarded to Morgan Sindall Construction and Infrastructure Ltd, provided that the price represents value for money for the Council.

Morgan Sindall's final proposals once received may require further clarification and negotiation to ensure that no unreasonable risk is transferred to the Council.

In considering the recommendations in this report members should take into account the information contained in the exempt appendix 1 to the report.

## **4.3 Environmental Implications**

The energy efficiency of the existing 1960s building stock is poor. Poor insulation and U values mean that the building is difficult to heat during winter months and overheats during the summer.

In providing a new building for the School, it is intended that the thermal performance of the school will be significantly improved. In addition, green/brown roofs and rainwater attenuation will improve biodiversity and provide a more sustainable urban drainage. The new facilities are to achieve a BREEAM excellent rating. A more efficient heating and ventilation system will also improve the energy consumption of the school and assist in providing school environments more conducive to teaching and learning. Landscaping proposals will re-provide or enhance any existing habitat space and consideration will be given to the protection of trees and bio-diversity through the design and throughout the works.

The design and construction proposals for the new school have been developed to take account of environmental factors in materials selected and consider construction methodology so that waste is minimised during construction. The works will be registered with the Considerate Contractor Scheme and will comply with local policies to minimise impact on neighbours, especially with regards to noise, dust and vibration. The planning application has been assessed against adopted policies in the Development Plan.

Morgan Sindall have signed up to the SCF Environment and Sustainability Charter and the SCF Waste Resources Action Programme.

#### 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 was completed on 31 August 2016 and a summary is included below:

The works will improve the quality of educational provision for all children at the school, and will enable the school to better meet national guidelines for space standards and make significant improvements to the working environment for pupils and staff. It will also deliver environmental improvements to ensure suitability of accommodation. The project will enable young children from all backgrounds to learn in a suitable environment. The new facilities will provide disabled access in compliance with the Equality Act 2010 and will meet all statutory and planning policy requirements.

The proposed development will provide high quality facilities for all members of the community and allow the school to act as a social hub in the locality by improving community access and opportunities with dedicated spaces. It will also allow the school to extend and enhance its extended school agenda, benefitting those who live in the local community, subject to relevant consultation and any planning conditions.

All Islington schools currently operate with measures in place to safeguard children and vulnerable adults. Policies and procedures will be in place during the works and following completion of the new school building which will be designed to reduce risks relating to safeguarding. There will be no Human Rights Breaches.

#### 5. Reason for recommendations

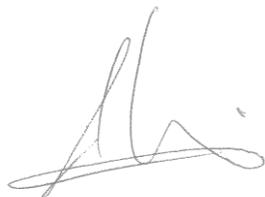
- 5.1 The proposed development will significantly enhance facilities at Tufnell Park Primary School. To meet the required completion date (September 2019), the programme Contract Close is scheduled for in December 2017. Approval is sought to award the contract to Morgan Sindall Construction and Infrastructure Ltd and to delegate powers to officers to finalise contract documentation.

**Appendices:** Appendix 1, Exempt Report

**Background papers:** None

Final report clearance:

**Signed by:**



10 November 2017

Executive Member for Children and Families

Date

Report Author:

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