

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.

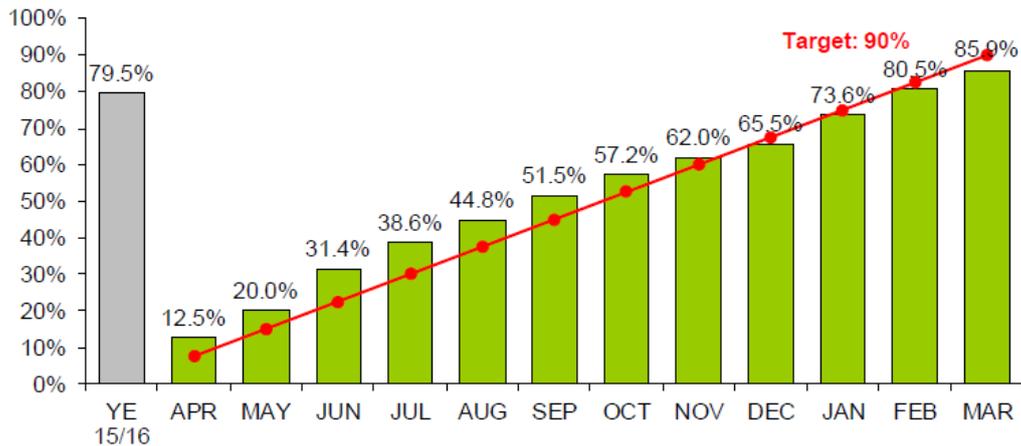
The report summarises performance within the mental health and substance misuse services against Key Performance Indicators, outlines work on Safeguarding and reports on the workforce related to the partnership arrangements.

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

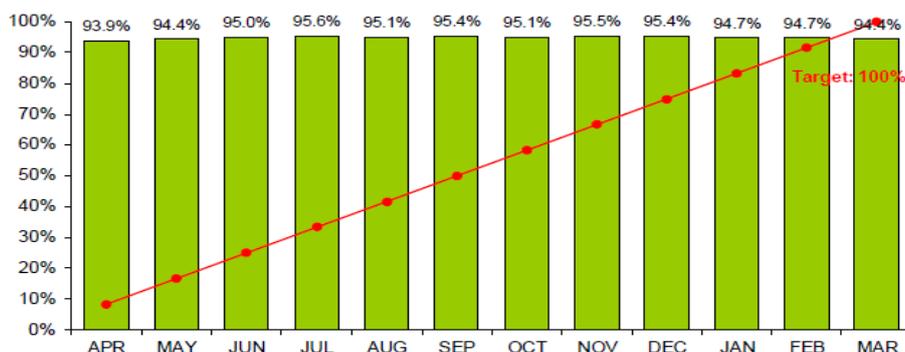
Definition of Indicator	
Total number of clients in receipt of a review 16/17.	
Numerator	Denominator
Accumulative number of service users in receipt of a review 16/17	Total number of service users in receipt of services 16/17 (Current or ended during the year)



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
Overall Performance	79.5%	12.5%	20.0%	31.4%	38.6%	44.8%	51.5%	57.2%	62.0%	65.5%	73.6%	80.5%	85.9%

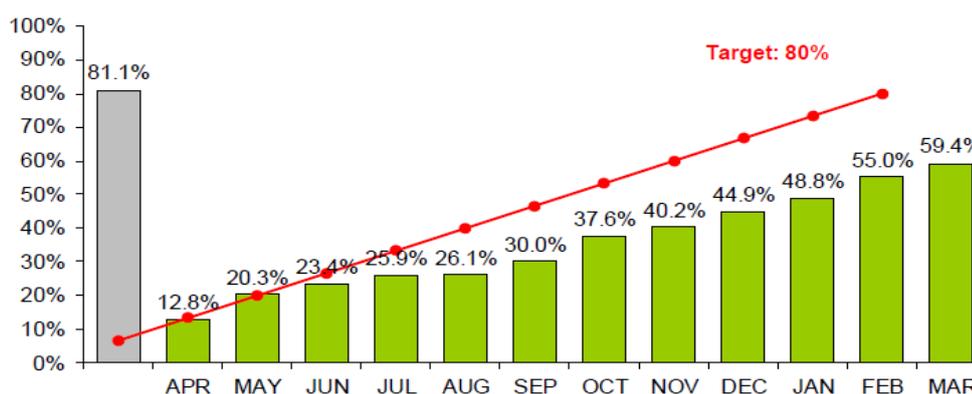
NI 130 Social Care Clients Receiving Self Directed Support

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%

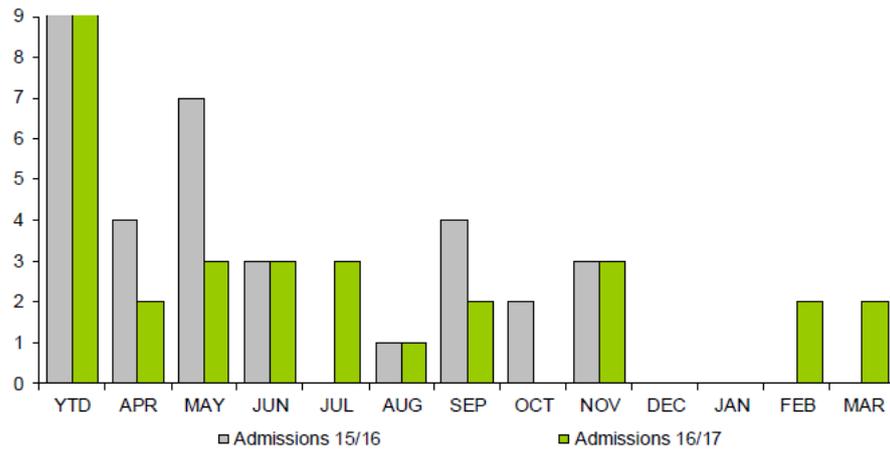
Definition of indicator	
The number of unique Carers whose needs were assessed or reviewed in 2016/17.	
Numerator	Denominator
Accumulative number of carers in receipt of an assessments or review 16/17	Total number of carers in receipt of services 16/17 (Current or ended during the year)



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.

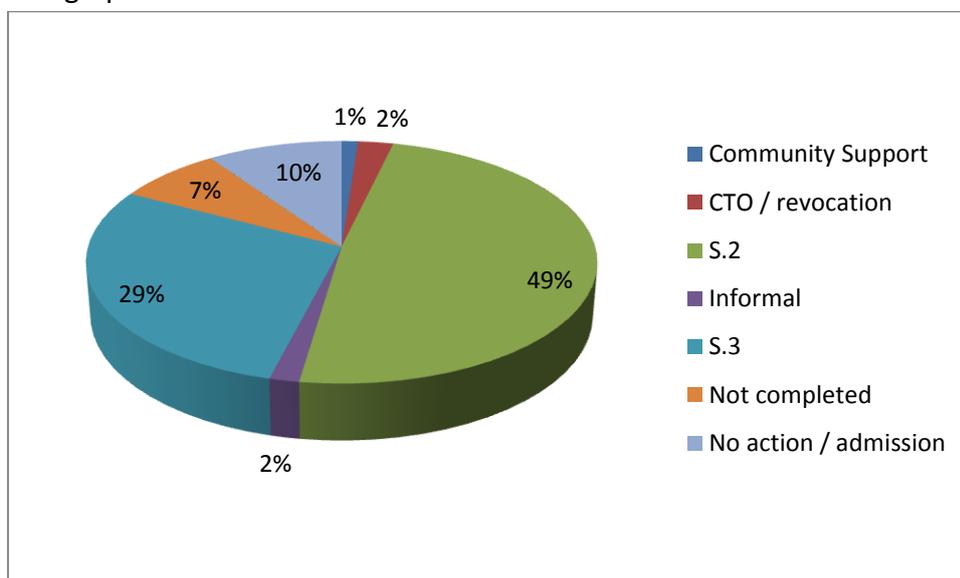
5.1 AMHP Activity

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' (5th 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 Compliance (Target 80%)	Level 2 Compliance (Target 80%)	Level 3 Compliance (Target 80%)	Level 4 Compliance (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

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>)				
QUARTER	Level 1 Compliance (Target 80%)	Level 2 Compliance (Target 80%)	Level 3 Compliance (Target 80%)	Level 4 Compliance (Target 80%)
Q1	91%	60%	61%	100%
Q2	86%	58%	71%	100%
Q3	91%	78%	82%	100%
Q4	88%	78%	85%	100%
Year-end RAG rating				

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

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

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

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)

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

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.