

Report of: Executive Member for Health & Social Care

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

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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:



8 November 2017

Executive Member, Health and Social Care

Date

Report Author: Jill Britton
Tel: 020 3688 2930
Email: jill.britton2@nhs.net

Financial Implications Author: Shakeel Yasin
Tel: 020 7527 8929
Email: Shakeel.yasin@islington.gov.uk

Legal Implications Author: Ramani Chelliah
Tel: 020 7527 3084
Email: Ramani.chelliah@islington.gov.uk