Appendix 1

Annual Report 2013-14

S75 (National Health Service Act 2006) Partnership Agreement for mental health and substance misuse services between London Borough of Islington and Camden and Islington NHS Foundation Trust
Introduction

This Annual Report reviews the mental health and substance misuse services (SMS) provided under the partnership agreement between London Borough of Islington (LBI) and the Camden and Islington NHS Foundation Trust (C&I). The management of the joint health and social care mental health and substance misuse teams is delegated to the Trust and arrangements are in place for the monitoring and review of these services.

The services covered by the partnership agreement include a range of multi-disciplinary community based mental health and SMS teams. Doctors, nurses, psychologists, occupational therapists, support workers, and social work professionals work together in these teams to provide holistic, integrated care.

Over the year, C&I has worked with LB Islington to deliver the Islington Corporate Plan ‘Towards a Fairer Islington’ including:

- Improved Mental Health and Wellbeing of Islington residents, particularly during the tough economic period.
- Ensuring more people with mental health problems live independently, with a good quality of life.

Islington has high levels of mental health need including the highest number of people diagnosed with a psychotic disorder in London. In 2010/11 there were 3152 people with a psychotic disorder registered with GP practices. Of these, 80% have a psychosis such as schizophrenia, and 20% have a bipolar disorder. There are similarly high levels of depression and anxiety in the borough with 30,000 adult residents at any one time being treated either in primary or secondary care. Islington also has high levels of dementia with a high rate of diagnosis - over 70%, which is the highest proportion in the country, and well above the London and England averages (44%).

The link between mental health and poor physical health is well documented and services work closely with primary care to make sure both mental and physical health care needs are addressed. Demand for mental health services in both primary and secondary care is high against a backdrop of reduced public sector finances, the welfare reform changes and general poor economic climate.

Despite this challenging context, the staff survey results this year indicated much higher levels of staff engagement and satisfaction, a reflection of the attention given to these areas, and the embedding of the service developments undertaken the previous year. In addition, the service user survey, which is undertaken at a national level and is independent from the trust, showed improved levels of service user satisfaction, with the majority of respondents saying they were treated with respect and dignity by staff and services.

During the year, C&I, LB Camden and LB Islington jointly took part in a London wide review of the assurance arrangements in relation to mental health S75 agreements. This was coordinated through the London Social Care Partnership, and gave the opportunity to compare and contrast the governance arrangements with other London boroughs. A number of improvements will be made and incorporated into a revised S75 agreement during 2014.
Some of the achievements for 2013-14 include:

- Continued good progress in relation to Islington social care performance targets
- Improvement in service users satisfaction
- Significant improvement in annual staff survey results
- Development of an intranet and internet safeguarding site to guide staff in all aspects of safeguarding practice
- Increased Safeguarding referrals, indicating an improved awareness amongst staff
- Increase in the number of service users in employment
- Improvement in the number of carers assessments
- Increase in the number of Deprivation of Liberty referrals, indicating improved awareness and safeguarding of individuals in care homes and hospitals
- Expansion of memory services in Islington to meet increasing demand
- Implementation of a new Community Rehabilitation service
- Development of the Grip Service, a new specialist service for those using party and club drugs
- Centralisation of Islington Approved Mental Health Professional (AMHP) arrangements, improving coordination and support for staff
- Launch of a revised Mental Health Housing Protocol
- Improved partnership working in drug and alcohol services across the system to improve pathways to rehabilitation and aftercare

Priorities for 2014/15 include:

- Increased attention to carers assessments and reviews
- Increased focus on finding and supporting individuals into settled accommodation
- Building and consolidating the successes in relation to people with mental health needs gaining employment
- Continued focus on both Children and Adult Safeguarding awareness and practice
- Responding to the issues raised by the service user survey, by ensuring service users receive advice on benefits and finance as well as advice and assistance with physical health issues
- Revised S75 agreement to strengthen governance arrangements
What is the background to this report?

In 2002 LB Islington entered into a partnership agreement with C&I, delegating the management and delivery of a range of mental health and SMS social care functions to the Camden and Islington NHS Foundation Trust (formerly the Camden and Islington Mental Health and Social Care Trust).¹

The purpose of the Partnership is to:

- Deliver excellent, high quality, integrated health and social care mental health and substance misuse services to the residents of Islington, in line with national and local priorities
- Ensure good service user access, experience, choice, involvement and continuity of care by being a single organisation with significant resources and a wide range of skills and expertise
- Provide a governance and accountability framework which improves effectiveness, strengthens performance and quality of service, brings best value and clinical governance frameworks together, provides consistency, reduces risks and duplication.

These services and functions have developed over time and now include:

- Assessment and care management as defined in section 47 of the NHS and Community Care Act 1990;
- Provision of residential, nursing and community care packages;
- Provision of individual budgets, including Direct Payments;
- Provision of day opportunities for adults and older people;
- Provision of community support teams.

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 LB Islington. Under the partnership agreement, the day to day management of AMHPs is carried out by C&I.

The social care functions and services funded under this agreement sit alongside the healthcare services within the Trust commissioned through Islington Clinical Commissioning Group. The range of NHS commissioned services includes a single point of entry assessment and advice service; inpatient provision including rehabilitation; community rehabilitation and recovery teams; crisis services including crisis house accommodation; psychological services in both primary care and community settings; early intervention and assertive outreach; memory assessment and drug and alcohol treatment services.

The Trust does not provide services for children and young people under 18 years, except for the Early Intervention Service (EIS) which takes referrals from those aged 16 years. Specialist mental health forensic and eating disorder services are provided by Barnet, Enfield and Haringey Mental Health Trust (BEH).

Although this report touches on some of the NHS funded services, the focus is on the delegated Council functions provided by C&I, delivered through a range of teams within Adult Mental Health, Services for Aging Mental Health and Substance Misuse services. It adopts the themes of ‘Well led, Safe, Effective, Caring, and Responsive’ used by the Care Quality Commission to assess the effectiveness of organisations regulated by them.

¹ The legislation which enables this is Section 75 (NHS Act 2006) Partnership Arrangement, formerly known as Section 31 (1999 Health Act)
‘Well Led’

Governance and Leadership
The partnership arrangements between LB Islington & C&I include regular meetings at a senior level to examine both strategic and performance issues. The Service Director of Adult Social Care for LB Islington is directly involved in the authorisation of Approved Mental Health Professionals (AMHPs) and has oversight of the performance of the partnership through regular meetings with senior managers in C&I, including the Head of Social Care.

The C&I Board is responsible for all aspects of performance and management of the C&I’s activities, including clinical and service quality, financial performance and governance. The Chair of C&I, Leisha Fullick, is the chair of both the Board of Directors and the Council of Governors. The Council of Governors has statutory responsibilities, which include the appointment of the Chair, Non-Executive Directors and Auditors. Cllr Jean Kaseki was appointed by LB Islington to the governor post for the Borough in October 2012, and has been a member of the Council of Governors since that time.

The Council of Governors met regularly throughout 2013/14, and has developed four major workstreams covering membership, development of the St Pancras site, staff and service user experience, and C&I finances. C&I’s reputation for high quality services was confirmed by positive reports and ratings from the CQC, Monitor and the NHS Litigation Authority.

The commissioning arrangements, and performance management arrangements, are set out in a partnership agreement between LB Islington and C&I. In addition, Directors in the C&I attend Local Authority departmental meetings and represent C&I on the Islington Safeguarding Boards for both children and adults.

Care Quality Commission (CQC)
As of 2010/11, the CQC’s primary tools for monitoring healthcare providers are the individual location assessments and the monthly updates to the Quality Risk Profiles (QRP). The QRP is a collation of all data available to the CQC from other national regulatory bodies, local stakeholders and the NHS Information Centre. A risk rating is calculated for each of the 16 CQC Quality Outcomes. This document is updated using over 700 individual quality indicators and is categorised into five key areas with a performance rating assigned to each, green being performing better than expected, amber performing as expected and red performing worse than expected. C&I’s monthly QRP updates have been broadly positive since their introduction in September 2010. As of April 2014, C&I is performing as follows in the five QRP sections:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Involvement and information</th>
<th>Respect and involvement</th>
<th>Consent to care and treatment</th>
<th>Co-operating with other providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personalised care</td>
<td>Care and welfare</td>
<td>Meeting nutritional needs</td>
<td></td>
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<tr>
<td>Safeguarding and safety</td>
<td>Safeguarding</td>
<td>Cleanliness and infection control</td>
<td>Management of medicines</td>
<td>Safety and suitability of premises</td>
</tr>
<tr>
<td>Suitability of staffing</td>
<td>Requirements relating to workers</td>
<td>Staffing</td>
<td>Supporting staff</td>
<td></td>
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<tr>
<td>Quality and management</td>
<td>Assessing and monitoring quality</td>
<td>Complaints</td>
<td>Records</td>
<td></td>
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</tbody>
</table>

Lower risk of non-compliance
Higher risk of non-compliance
In Islington, CQC compliance concerns that had previously been raised about the quality of care at the Stacey Street nursing home were lifted, albeit that a subsequent issue about the storage of medication (now rectified) was also raised.

C&I was inspected by the CQC using its new inspection model in May 2014. A Quality Summit involving the CQC, C&I, LB Islington and other partners was held on 19th August 2014, and the full report is expected to be published later in August 2014.

‘Caring’

Our staff and our values

Our staff - both health and social care staff - are central to the achievement of our vision, our values and our strategic objectives. Our focus is on delivering excellence, innovation and growth while consistently delivering high quality, safe and innovative care to our service users and their families.

Our values are now part of our core behaviour. They were developed by more than 500 staff and service users in 2012/2 and our values and associated behaviours are now embedding across the Trust. All of our staff are expected to demonstrate that they are:

- Welcoming
- Respectful
- Kind
- Professional
- Positive
- Working together as a Team

Our patients expect the very best levels of service, respect, dignity and compassion and as an organisation we are committed to demonstrating these standards all day, every day. Our shared values describe how we consistently aim to be with service users, carers and each other, and set out our ambition to provide an excellent experience for everyone we work with.

Performance

Performance of services in relation to social care targets is monitored in a number of ways:

- Monthly performance meetings chaired by C&I’s Chief Operating Officer tracking performance against both Health and Social Care targets for each service area.
- Quarterly performance reports to the Contract Review Group, which is chaired by the Commissioning Support Unit.
- Quarterly high level Partnership meetings at senior level between C&I and LB Islington, including the Leader of the Council, the Executive Member for Health and Wellbeing as well as Senior Officers from the Council and the Chair and Chief Executive of C&I.
- Quarterly performance reports to C&I Trust Board

The performance information below gives summary information regarding the agreed social care targets for the year.
‘Effective’

Performance

Self-Directed Support

<table>
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<th>%age of Clients receiving Self Directed Support</th>
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<tr>
<td>2011/12</td>
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<td>46%</td>
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</table>

Financial Year

Comments:

The rapid increase in personal budgets in 2012/13 was due to a change in recording methodology. Both Services for Ageing and Mental Health (SAMH) and Adult Mental Health continue to focus on person centred care. SMS piloted personal budgets in 2013 for the first time.

In addition to monitoring self-directed support, the Trust also reports on a London CQUIN (Commissioning for Quality and Innovation) measuring fidelity to the recovery model. In 2013-14 the Trust demonstrated that 81% (target 50%) of care plans of people on the Care Programme Approach had evidence of collaborative care planning and contained at least 2 personal recovery goals.
Islington Mental Health Assessment and Advice Team (IMHAAT)

Comments:
The Islington Mental Health Assessment and Advice Team provide a single point of access to mental health services. Referrals to the team are received from service users themselves, Local Authority teams and services, Police and GPs. The assessments are undertaken by both health and social care staff, covering both health and social care needs. The number of assessments is increasing rapidly, demonstrating the high levels of demand popularity of this relatively new service with both service users and other agencies. 50% of those referred to the service waited less than 10 days for an appointment, and 90% were seen within 21 days.

Note: chart shows adult mental health figures

Comments:
The service has improved on last year’s performance. There are different targets for carers in the different service areas: 28% for Adult Mental Health (26% was achieved); 35% target for SAMH (42% was achieved); and 20% target for SMS (19% was achieved).

Action in relation to areas for improvement:
Increased attention will be given to carers’ assessments and reviews in 2014/15 and action plans have been developed. Each rehabilitation and recovery team has appointed a carers’ lead, and they will focus attention on carers’ issues and carers’ needs. There will also be monthly monitoring of performance in relation to carers for each team.
Percentage of Mental health Trust clients to receive a review

<table>
<thead>
<tr>
<th>% of Clients to Receive a Review %</th>
<th>Financial Year</th>
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<tr>
<td>91.90%</td>
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<td>95.80%</td>
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<td>99%</td>
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Adults in Contact with Secondary mental health services in employment

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<th>Percentage of clients in employment</th>
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<tr>
<td>Performance</td>
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Comments:

Performance is significantly above target. The four fold improvement in performance is a result of close working with the newly commissioned employment services, and better recording on the RiO Patient record. The numbers (18%) employed at the end of the year is a proportion of all those on C&I’s Care Programme Approach (CPA), which is a framework to provide comprehensive services to those in high need. The increase in the percentage employed is very positive given the level of needs of this group.

Action in relation to areas for improvement:

C&I will continue to work closely with commissioned employment services, and also encourage all services to embed recovery principles into services in Islington.
Example of help offered to assist service users to find employment:

A man in his early 30s experiencing symptoms of psychosis, including hearing voices, feeling that he was being followed and that his food was being poisoned, was referred to the Early Intervention Service (EIS). He had a short admission to hospital and was started on anti-psychotic medication which helped alleviate his symptoms; he was also offered a range of other activities to enhance his recovery including psychological interventions, occupational therapy and relaxation and yoga. Following his discharge from hospital after a 2 month admission he was supported in the community by EIS who continued to provide both practical and emotional support to both him and his family. EIS provided advice and information regarding his illness, monitored his medication, continued with the psychological treatment (cognitive behavioural therapy) which he had started in hospital, worked with his family and helped him explore his future goals in regards to his employment and education. He stated that he wanted to complete a course in IT that he had started before he became unwell and would like to gain paid employment. With support from his care coordinator he was referred to Hillside Clubhouse, a voluntary sector organisation in Islington, where he accessed training to help him return to work and was provided with opportunities for voluntary work where he could to put his IT skills to good use. The Clubhouse worked at his pace and helped him build up the confidence to return to paid work. With the continued help from services he made a good recovery and within 12 months was able to complete his studies in Information Technology and has recently found full-time paid employment in IT.

Adults in contact with secondary mental health services in settled accommodation

![Percentage of clients in settled accommodation](image)

### Comments:

The indicator is intended to improve settled accommodation outcomes for adults with mental health problems – a key group at-risk of social exclusion. The England average in 2012-13 was 59.3% (Department of Health, Adult Social Care Outcome Framework 2014-15). Our local target is 85%.

### Action in relation to Areas for improvement:

Although the service is above the national average on this indicator, continued work on finding and settling people into settled accommodation is a priority. The Trust and LB Islington Housing Department have recently updated a shared protocol for working together to find the best housing solutions for people with mental health problems.
Admissions to permanent residential care

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Admissions to permanent residential care

24 hour supported accommodation, addressing both mental health and physical health needs. The team provides both health and social care support, with a multidisciplinary team including social workers.

SAMH saw a significant increase in the number of placements made to long term residential or nursing care in 2013/14. All placements were specialist mental health or dementia care settings (i.e. none to "standard" residential or nursing provision). The majority of placements were made following a period of inpatient assessment and treatment which concluded that there was no safe alternative to specialist 24 hour care. All SAMH placements are made with the recommendation of the Multi-Disciplinary Team and agreed at the Local Authority panel/Integrated Quality Care Meeting.

Action in relation to areas for improvement: AMH:
- Supporting service users to move on to more independent accommodation in the borough where appropriate.
- Closer working with LB Islington Resource Team in identifying placements and negotiating costs.
- Develop the reviewing procedure to take greater account of safeguarding issues, incidents and complaints in Out of Area Placements.
- Improved liaison and communication with mental health services in other boroughs where service users are placed.

SAMH:
- Make improved use of night time care services that have recently become more accessible in borough.
- The team is working to the borough wide principle that no placements should be made directly following an inpatient stay.

Comments:

The above table shows the cumulative number of admissions through 2013–14.

There were 8 admissions to permanent residential care in adult mental health in 2013/14, compared to 16 admissions in 2012/13. The majority of these were spot purchased residential beds in Islington. For service users in Out of Area Placements, the Islington Accommodation Team are responsible for care management and review and there are active plans for a number of service users to move to supported accommodation in Islington over the next 12 months. The new Community Rehabilitation service provides intensive support to over 120 people with high needs in
Service User Survey

A survey of the service users’ views about their care and treatment is carried out annually. The survey is conducted anonymously by an external agency (Quality Health) on behalf of the CQC, and it allows benchmarking between Trusts at a national level.

C&I is outperforming the national average in all areas regarding care and treatment, as shown in the chart below. The results from the survey indicate that service users are satisfied with the listening response from staff, and the information they get from discussions about treatment from staff. Areas for improvement include indications that service users need more support in areas such as financial and benefits advice, and support with physical health needs. The Trust will address this in its action plans for the coming year.

4.3 Your Health and Social Care “Yes, Definitely”

[Bar chart showing comparison between Camden and Islington and National results]
‘Safe’

Safeguarding

C&I works in partnership with the Safeguarding Boards and Local Authority children and adult social care services to ensure a coordinated response to meet the needs of individuals who require safeguarding.

C&I must also be able to demonstrate on-going improvement in safeguarding practice reflecting a commitment to prevent and reduce the risk of abuse and neglect of children and adults at risk and ensure individuals in vulnerable circumstances are not only safe but also receive the highest possible standard of care (NHS Commissioning Board March 2013).

C&I has a Safeguarding Strategy Group, chaired by the Director of Nursing and People, and this group oversees the safeguarding work programme. C&I is represented by the Director of Integrated Care on the Islington Adults Safeguarding Board, and by the Chief Operating Officer on the Children’s Safeguarding Board.

In terms of the numbers of safeguarding referrals, Islington recorded 82 mental health safeguarding referrals in 2013/14. This figure is significantly above the low 2012/13 outturn of 27 referrals, as shown in the chart opposite. The increase in the number of referrals is a positive indication of improved staff awareness.

Actions and achievements in relation to safeguarding are outlined below.

<table>
<thead>
<tr>
<th>Actions and achievements in 2013/14</th>
<th>What difference did these achievements make to customers?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case file audits</td>
<td>Identified areas of weakness and implementation of actions to improve outcomes for service users</td>
</tr>
<tr>
<td>Developed an intranet and internet safeguarding site to guide staff in all aspects of safeguarding practice</td>
<td>Increase of safeguarding referrals to protect individuals at risk</td>
</tr>
</tbody>
</table>
Continued key role of safeguarding manager and appointed a full time (1 year post) of Safeguarding Adults

Ensured professional leadership and expertise are retained, focus on personalised safeguarding practice

Implementation of the safeguarding strategic plan, which links with the Islington Safeguarding Adults Partnership Board goals

Service users benefit from robust joined up partnership goals

Embedded safeguarding in the Trust governance arrangements, via DATIX incident reporting and regular performance monitoring in senior management meetings

Consistent approach to safeguarding throughout the organisation

Achieved a high level of staff compliance with safeguarding training. Overall compliance at end of year is 88%

Improving awareness, knowledge and skill of staff to manage safeguarding case work effectively

Annual training compliance is reported to Monitor. The Safeguarding Boards and Clinical Commissioning Groups receive more frequent reports. Training data is part of the internal assurance to the C&I Board in regard to safeguarding arrangements, The Learning and Development Training Manager and Safeguarding Manager have worked collaboratively to continue to improve the data quality reporting on training. In addition, staff training attendance levels are reviewed at quarterly performance meetings for each of the divisions.

End of year overall safeguarding training compliance 88.50%

<table>
<thead>
<tr>
<th>Level</th>
<th>Total</th>
<th>Training attended</th>
<th>Percentage compliant</th>
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<tbody>
<tr>
<td>1</td>
<td>696</td>
<td>670</td>
<td>96%</td>
</tr>
<tr>
<td>2</td>
<td>594</td>
<td>484</td>
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<td>Not yet attended</td>
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<tr>
<td>Grand total</td>
<td>1426</td>
<td>1426</td>
<td>88.50%</td>
</tr>
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</table>

The chart above gives details regarding the numbers attending the required safeguarding training, and includes both health and seconded social care staff.

Safeguarding Training and Professional Development

All new staff complete a C&I induction and level 1 „safe and sound“ training. A safeguarding training strategy for all trust staff including seconded staff is in place. Mandatory safeguarding training is delivered at levels 1 and 2 to identified groups of staff across C&I and must be updated every three years. The Electronic Staff Record (ESR) includes all mandatory training completed by staff. Training is performance managed within operational divisions, and quarterly staff compliance data is reported to the C&I Safeguarding Strategy Group.

Deprivation of Liberty Safeguards

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes,
hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The chart below shows the activity levels and DoLS authorisation requests processed by Islington’s DoLS office on behalf of Islington Council Supervisory body for year ending 31 March 2014. Overall DoL application levels in 2013/14 are similar to previous years, with more referrals from care homes and less referrals from hospitals.

New referrals continued to increase in this year with renewals continuing to decline. This is encouraging for two reasons. Firstly it means more Islington residents subject to possible deprivations of their liberty are being referred and safeguarded, and secondly it indicates care homes are working more effectively with relatives, care services and Independent Mental Capacity Advocates in lessening restrictions, finding more suitable placements and supporting hospitals to discharge patient’s home with appropriate support packages in place.

Launch of the Housing and Mental Health Services Joint Protocol

The launch of the protocol was achieved through a half day seminar with over 50 staff from both C&I and LB Islington Council Housing Services (IHS) in March 2013.

The Joint Working Protocol sets out how C&I and LB Islington Council Housing Services, (IHS) work in partnership to promote the welfare of service users in Islington who experience mental health issues.

The Protocol enables the Parties to the Agreement to access each other’s services to ensure the best possible outcomes for service users by providing:

- A clear framework to support partnership working between all parties.
- A duty on all agencies to safeguard and promote clients’ welfare and move towards a prevention and early intervention approach.
- Understanding for staff of the relevant functions of each agency and clear outline of the roles and responsibilities of each agency’s services to clients.
- Guidance on consent and legal framework for information sharing.
- Agreed joint working practices, including assessment and referral processes and timescales are implemented across agencies.
- Clear routes for communication and a clear escalation process for staff to follow if communication breaks down.
'Responsive'

**Approved Mental Health Professionals (AMHP)**

AMHPs exercise statutory functions under the Mental Health Act 1983. They are responsible for organising, coordinating and contributing to Mental Health Act assessments. It is the AMHP’s duty, when medical recommendations have been made, to decide whether or not to make an application to a named hospital for the detention of the person who has been assessed as needing further assessment and/or treatment. All decisions made must be proportionate and in line with the Human Rights Act 1998 and the principles of the Code of Practice.

AMHPs are trained through the University of Hertfordshire. A comprehensive continuing professional development programme is in place for all AMHPs, who receive a minimum of 18 hours training per year. A database is held with AMHP training records, and warrant details and expiry dates. A monthly panel is held with both Trust and Council input to approve and reapprove AMHP warrants. Every AMHP is allocated an appropriate supervisor, and there are AMHP forums to discuss casework and legal issues every six weeks.

The two AMHP services in Camden and Islington were centralised in January 2014, and now have a single manager and administrative support. This has the advantage of increasing consistency of approach and increasing the availability of professional supervisory support.

The number of Islington AMHP assessments (not including out of hours assessments) increased from 251 in 2012/13 to 316 in 2013/14. This is highly likely to be as a result of improved data collection since the introduction of the centralised AMHP service. The number of assessments is variable, and ranges from 0-5 on a daily basis. Assessments take place in a range of locations as shown in the table below:

<table>
<thead>
<tr>
<th>Location</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highgate Mental Health Centre</td>
<td>28</td>
</tr>
<tr>
<td>St Pancras</td>
<td>13</td>
</tr>
<tr>
<td>Private Hospitals (ECRs)</td>
<td>5</td>
</tr>
<tr>
<td>Community</td>
<td>25</td>
</tr>
<tr>
<td>Court Diversion</td>
<td>10</td>
</tr>
<tr>
<td>Whittington A&amp;E</td>
<td>8</td>
</tr>
<tr>
<td>Whittington med ward</td>
<td>3</td>
</tr>
<tr>
<td>Simmons House</td>
<td>1</td>
</tr>
<tr>
<td>British Transport Police</td>
<td>4</td>
</tr>
<tr>
<td>Police Islington</td>
<td>3</td>
</tr>
<tr>
<td>Police Holloway</td>
<td>1</td>
</tr>
<tr>
<td>University College Hospital A&amp;E</td>
<td>1</td>
</tr>
<tr>
<td>Royal Free Hospital A&amp;E</td>
<td>1</td>
</tr>
<tr>
<td>Prison Holloway</td>
<td>3</td>
</tr>
</tbody>
</table>

In terms of gender, there is a 50:50 split between males and females. In terms of ethnicity, 25% of assessments were undertaken for the White British population, 17% Black British, 17% White any other background, Black African 13% and Asian British 6%.

Of those who were assessed, 77% were admitted to hospital under a section of the Mental Health Act. This figure is consistent with previous years. 6% of those assessed were admitted to hospital voluntarily.

**Islington Mental Health Reablement Service**

The aim of Islington Mental Health Reablement Service is to offer intensive support to service users over a 6-8 week period with a view to:

- Facilitate early discharge from hospital and reduce the length of stay in hospital.
- Prevent hospital admission and re-admission.
- Reduce the need for on-going support from long term services.
• To avoid mental health relapse.

The service is offered to people with mental health problems who live in the LB Islington and are 18 years old and above.

At the end of the first year, 34% of service users had their needs reduce to primary care level so they were discharged to a GP. 35% did not have an increase in their needs after reablement intervention, and were discharged back to care co-ordination- shown as „successful service“ in the chart below. 10% required further intensive support, and were discharged to Intensive Floating Support whilst 14% and 7% needed support from low level floating support and Day Services respectively.

The interventions offered by the service have prevented hospital admission and reduced dependence on long term services through diversion to other low level services. The service has also offered a safety net for clients during assessment, preventing an escalation of their situation while appropriate services are being determined.

The service plans to link closely with the recovery college which will be starting this year.

Memory Services for people with Dementia

Islington is one of the best areas in the country in delivering high numbers of diagnosis of dementia, and this strong performance is greatly assisted by excellent memory clinics that have been established in the borough. In 2013/14 further improvement have been made, including:

• A new ‘Start’ project to provide psychological interventions for people caring for people with dementia
The interventions offered by the service have prevented hospital admission and reduced dependence on long term services through diversion to other low level services. The service has also offered a safety net for clients during assessment, preventing an escalation of their situation while appropriate services are being determined.

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- A new ‘Start’ project to provide psychological interventions for people caring for people with dementia
- A new advanced care planning nurse to support those newly diagnosed with dementia

- Increase in medical and nursing time to address the increase in numbers referred to the memory clinic

The service works closely with social care services to provide a joined up pathway of care for people with dementia

The Grip Service

Club drug and party drug users are being targeted by a new specialist service called ‘Grip’. The Grip clinic helps people address their problematic drug use, reduce the harm associated with on-going drugs use, improve physical, sexual and mental health and promote recovery.

The Grip service has trained psychiatrists, nurses, psychologists, drug workers and other staff who are able to give specialist advice and up to date information.

Service User Involvement

Creating a powerful and lasting relationship between service users and our Trust is essential. While recovery is our business, and helping patients get fit and well again is our aim, we also know that some of our service users will require continued support over the years.

For the past 18 months the Service User Alliance (SUA) has gone from strength to strength, developing the SUA strategy with strong support for the Alliance from both staff and services users. Each division has its own user forum, a central tenet of the strategy. We are particularly excited by the development of AGOP the forum for Aging and Older People and GRUF, Greenland Road User Forum.
The Community Mental Health division has also been heavily involved in developing its user forums and through these forums has been able to identify areas of weakness in relation to transition planning.

Current groups for services users C&I include:

- Greenland Road User Forum - Recovery and Rehabilitation
- Residential and Rehab User Forum - Recovery and Rehabilitation
- Highgate User Forum - Acute
- Nubian User Forum - Recovery and Rehabilitation
- Crisis House User Forum - Acute
- User Forum - Services for Ageing and Mental Health
- Frontline - Substance Misuse Services
- SMS User Forum - Substance Misuse Services
- Black Women’s User Forum - Acute
- Women’s Strategy Group - Acute
- Islington Borough User Group (IBUG) - Independent
- Camden Borough User Group (CBUG) - Independent
- Community Mental Health User Forums

C&I has also signed up to Islington’s „Making It Real“ campaign and representatives sit on the Making It Real Board. This campaign seeks to make personalisation a reality for individuals through a detailed action plan.

Research and Development

C&I has strong academic and research links and performance, using this to support service innovation and to develop staff. Twenty one per cent of the medical consultant workforce are professors, and 25% of our medical consultants are academics employed by a university for part of their role. C&I have three professors in psychology and has developed a portfolio in nursing research. In 2013-14 C&I was very successful at winning research grants, generating £3.3m income.

In 2013-14 C&I began a new project to examine and improve the strength of social care research in Camden and Islington. In partnership with the National Development Team for Inclusion, the partnership has identified Personalisation, Social Networks, Meaningful Activity, Housing and the Mental Health Act as key areas for social care research, and has examined existing research in these areas. A proposed research agenda will be drafted and final research priorities will be agreed by October 14.

Recovery College

Recovery is a process through which people find ways of living meaningful lives with or without the symptoms of their condition. Recovery represents the next big transformational change for mental health services in this country - on a par with the closure of asylums and the move to care in the community.

To enable service users to recover more quickly and have fewer relapses, we have put in place plans for a new Recovery College. The Recovery College will deliver comprehensive, peer-led education and training programs within mental health services. Courses will be co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals. This development is an important milestone in our work to redefine the power relationship between the mental health professional and individuals receiving services.
This is an exciting opportunity to help people with mental health problems get their lives back on track. Once up and running, the service will provide a series of 10 or more courses such as “Living with anxiety and depression”, “How to deal with stigma”, “Mindfulness”, and “Understanding medication” which will help service users be equal partners and take more control over their care.

**Islington Parental Mental Health Service**

Understanding the needs of parents with complex mental health problems is essential in supporting them to turn their lives around and ensuring their children thrive and make the community safer. Parents with mental health problems may also display challenging behaviours of aggression, hostility, social isolation, impulsivity, and alcohol and drug abuse.

Relying solely on the traditional approach of referring parents to an Adult Mental Health (AMH) expert to assess, diagnose and provide treatment recommendations to the individual can often fail. This may be due to the parent's poor engagement; fear of mental health stigma; diagnostic co-morbidity, complexity or high threshold eligibility criteria for specialist services.

The Parental Mental Health (PMH) team provides advice, training and case consultation support to colleagues within children’s social care, as well as working with parents who have been identified as having mental health problems. Launched in November 2013, C&I’s Islington Parental Mental Health team develop workforce knowledge, skills and confidence to identify, understand and work more effectively with adult mental health and challenging behavioural problems. They provide a timely and accessible service to staff and service users by being co-located with the following children and families teams.

The Psychologically Informed Consultation and Training (PICT) model of empowering frontline staff through providing a combination of indirect work (consultation and training) and direct work (home visits to families) is proving to work well with teams whose frontline workers have high caseloads, often with significant complexity and risk. Demand for the service is high, input has been provided to 189 family cases; 450 activities of which indirect work accounted for two-thirds and direct work one-third of the PMH service provision.

**Equalities**

In April 2013 a new Engagement, Involvement and Equalities Lead (EIEL) was appointed. The post holder’s primary aim is to continue to deliver the Trust’s equality and human rights and user involvement strategies. The strategies respond to Equality Act public duty frameworks and the CQC equality and human rights essential standards.

Since appointment the EIEL has: commenced a review of the strategies to set future priorities, organised a BME Mental Health Summit hosted at C&I in July 2014, met with disability activists to set up a new network that will advise C&I, organised a stakeholder diversity strategy day - sponsored by a member of the executive team, signed up to a carers pledge, organised involvement activities at 2014 carers week events and has embarked on researching intercultural competencies for psychology and psychotherapy services – overseen by the Head of Psychology and Psychotherapy Services.

C&I Service User Alliance and Carer’s Partnership Board both comprise diverse service users and both internal and external stakeholders. These groups continue to influence how services are delivered. A Consultative Forum has recently been re-launched.
Due to transient and changing demographics, some groups may not be accessing our networks, so plans are underway to arrange focus groups across all protected characteristics to increase engagement and provide meaningful opportunities for all communities to input into our human rights and involvement programmes.

A non-executive director of C&I leads on the equalities agenda as chair of the Equality and diversity steering group.

**Aftercare services provided under S117 of the Mental Health Act 1983**

Section 117 of the Mental Health Act 1983 takes effect when a person who is detained under Section 3, 37, 47 and 48 of the Mental Health Act 1983 is ready to be discharged from hospital. The discharge planning meeting, held prior to discharge, ensures that the person being discharged into the community has appropriate aftercare services.

The latest audit results show that there are 260 service users with S117 eligibility in Islington, of whom 206 are in the Rehabilitation and Recovery Division, and 35 in SAMH.

A training programme to assist staff in the assessment and monitoring of service user’s needs under S117 of the Mental Health Act has been put in place. In addition, new protocols are in place in relation to audit and reporting of information in this area.

**Workforce**

At the end of the year there were 46.7 whole time equivalent seconded posts from LB Islington working in C&I, and 3.5 vacancies, and two of the posts were filled by locums. This level of staffing enables an effective contribution to multi-disciplinary teams, and the fulfilment of the AMHP function, and is at a level comparable to other boroughs with similar levels of need. Recruitment and retention has been good historically and at present for seconded staff. Social Work staff are part of 11 multi-disciplinary teams in Islington (C&I) services.

**Staff Survey**

The national annual NHS staff survey assists C&I to measure staff satisfaction levels. This year C&I response rate was in the highest 20% of mental health trusts in England. There were significant improvements in most areas compared to the previous year; the overall key findings are shown below.

<table>
<thead>
<tr>
<th>Question/ Key Finding</th>
<th>C&amp;I in 2013</th>
<th>Average (median) for mental health trusts</th>
<th>C&amp;I in 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q12a. “Care of patients/ service users is my organisation’s top priority”</td>
<td>60%</td>
<td>63%</td>
<td>48%</td>
</tr>
<tr>
<td>Q12b. “My organisation acts on concerns raised by patients/ service users”</td>
<td>71%</td>
<td>71%</td>
<td>59%</td>
</tr>
<tr>
<td>Q12c. “I would recommend my organisation as a place to work”</td>
<td>58%</td>
<td>53%</td>
<td>40%</td>
</tr>
<tr>
<td>Q12d. “If a friend/ relative needed treatment, I would be happy with the standard of care provided by this organisation”</td>
<td>56%</td>
<td>59%</td>
<td>48%</td>
</tr>
<tr>
<td>KF24. Staff recommendation of the Trust as a place to work or receive treatment (Q12a, Q12c-d)</td>
<td>3.54</td>
<td>3.54</td>
<td>3.22</td>
</tr>
</tbody>
</table>
Financial Performance

A pooled budget is in place between the Council and the Trust for staffing and care services. A service specification and service level agreement are in place and jointly monitored quarterly by the Council and the CCG. The CCG commissions the NHS services provided by the Trust.

In 2013/14, Council expenditure against the budgets pooled by Camden & Islington NHS Foundation Trust and the London Borough of Islington (LBI) for Mental Health and Substance Misuse services was £3.0M, which represented a small underspend of about 1%.

Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AMH</td>
<td>Adult Mental Health</td>
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<tr>
<td>AMHP</td>
<td>Approved Mental Health Professionals</td>
</tr>
<tr>
<td>C&amp;I</td>
<td>Camden &amp; Islington NHS Foundation Trust</td>
</tr>
<tr>
<td>CMHAAT</td>
<td>Camden Mental Health Assessment and Advice Team</td>
</tr>
<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
</tr>
<tr>
<td>DoLS</td>
<td>Deprivation of Liberty Safeguards</td>
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<tr>
<td>EIS</td>
<td>Early Intervention Service</td>
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<tr>
<td>ESR</td>
<td>Electronic Staff Record</td>
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<tr>
<td>FACS</td>
<td>Fair Access to Care Services</td>
</tr>
<tr>
<td>IMHAAT</td>
<td>Islington Mental Health Assessment and Advise Team</td>
</tr>
<tr>
<td>LB Islington</td>
<td>London Borough of Islington</td>
</tr>
<tr>
<td>PICT</td>
<td>Psychologically Informed consultation and Training</td>
</tr>
<tr>
<td>PMH</td>
<td>Parental Mental Health</td>
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</tbody>
</table>