Appendix 1

2012/13 Annual Report
Section 75 (National Health Service Act 2006) Partnership Arrangement between

Islington Clinical Commissioning Group and Islington Council
INTRODUCTION

1.1. There are two main drivers for joint commissioning health and social care:

- It makes sense for users – most vulnerable residents need elements of both health and social care. Working together gives service users a better experience of using services that are delivered in a joined up way and it supports better outcomes for service users by co-ordinating support more effectively.

- It makes better use of our joint resources and delivers better value for money – combining budgets and avoiding duplication of management makes more effective use of public funds.

Islington has a long history of successful joint commissioning arrangements, with the first S31 (now S75) Partnership Agreement signed by the newly formed PCT and the Council in 2002. Following structural changes within both the NHS and the Council we now have two separate agreements to cover the commissioning of children’s services and the commissioning of adult services; these allow for integrated commissioning structures and the establishment of pooled funds.

Both agreements were updated in 2011 to reflect the new NHS commissioning structures and separate Partnership Agreements have been established between the Council and Whittington Health for the provision of children’s and adult services. Both of the current joint commissioning Partnership Agreements will be novated to Islington Clinical Commissioning Group (Islington CCG) when it becomes a statutory body from 1 April 2013.

This annual report covers the main service developments over the last year in both adult’s and children’s services and identifies the key priorities for 2013/14.

2. ADULT SERVICES

2.1 Pooled Budgets

S75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a pooled fund by two or more local authorities and NHS bodies. Pooled budgets are set up to meet local needs and priorities and designed to support the development of client focussed care packages delivered to individuals to meet their needs in a more seamless and efficient manner. Pooled budgets allow formerly separate health and social care budgets to be brought together in a single budget to be used flexibly to support the implementation of commissioning strategies and improved service delivery. In the case of a pooled budget, both parties make contributions and agree the pool’s aims and objectives. During the financial year ending 31 March 2013, six pooled budgets were in operation between Islington Council and Islington CCG.

A pooled budget for Learning Disability Services has been in operation for the last nine years. The total budget for the pool was £28.1m in 2012/13 and £29.0m in 2013/14. The Council’s contribution to the pooled budget was £24.7m in 2012/13 and will increase to £25.4m in 2013/14. Islington CCG’s contribution was £3.4m in 2012/13 and will increase to £3.6m in 2013/14. Any over or under spend at year end is split in accordance with the percentage contribution to the pool. This pool is hosted by Islington Council.

In common with most other local authorities and CCG’s, the pooled budget has faced significant pressures each year, both in terms of the demand for and cost of services.
Management action plans have been developed and robustly monitored. This includes the use of the Department of Health’s Care Cost Calculator (fairer pricing tool) to review costs and quality of care to ensure value for money of placements.

The pooled fund for Intermediate Care, established in 2003, seeks to prevent and reduce delays in hospital discharges within the Borough. The total budget was £1.49m in 2012/13 and £6.74m in 2013/14. The Council’s contribution was £1.01m in 2012/13 and will increase to £2.07m in 2013/14. Islington CCG’s contribution was £458k in 2012/13 and will increase to £4.64m in 2013/14. The increase in the pool is due to an expansion to include all intermediate care services in Islington. It should be noted that a third pooled budget partner, Whittington NHS Trust, provides an additional £30k “contribution in kind” to the pool. This expansion will more comprehensively reflect the range of services that seek to support people following a hospital admission, and will support further improvements and integration in this key area. Governance arrangements will be updated to reflect the new scope and changes in health structures; the pooled budget will continue to be hosted by Islington Council.

The Pooled Budget will fund the following services:

- Inpatient intermediate care at St Pancras Hospital, Cheverton and Mildmay
- The REACH community rehabilitation service provided by Whittington Health
- The Reablement service provided by the London Borough of Islington
- The Enablement service provided by Age UK Islington
- Various individual staff sitting across London Borough of Islington, Whittington Health and the voluntary sector who support Intermediate Care

A pooled budget for the Commissioning of Substance Misuse services began operating in April 2004. The total budget was £13.0m in 2012/13. The Council’s contribution to the pooled budget was £0.4m and Islington CCG’s contribution was £12.6m which included funding for substance misuse treatment in HMP Pentonville and HMP Holloway. This pool was hosted by the NHS. In 2013/14 all prison commissioning will move to NHS England. Other substance misuse services will be moving into Public Health arrangements managed by the Council, and the current pooled budget arrangement is unlikely to be required beyond March 2013. The Public Health substance misuse services budget for 2013/14 will be approximately £9m, made up of primarily of the Public Health grant.

A pooled budget of £4.7m (2011/12) for Mental Health Commissioning of Adult Mental Health Care began operating in April 2004. The total budget was £4.372m (2012/13) and £4.347m in 2013/14. The Council’s contribution to the pooled budget was £2.41m in 2012/13 and will be £2.41m in 2013/14. Islington PCT’s contribution was £1.962m in 2012/13 and will be £1.937m in 2013/14. This pool is hosted by Islington Council.

A pooled budget for Carers services began operating in April 2011. The Carer’s Pool seeks to increase support given to people who act as independent carers by integrating the service delivery between Health and Social Care. The total budget was £1.1m in 2012/13 and will be £1.1m in 2013/14. The Council’s contribution to the pooled budget was £1m in 2012/13 and will be £1m in 2013/14. Islington PCT’s contribution was £0.1m in 2012/13 and will be £0.1m in 2013/14. This pool is hosted by Islington Council.

A pooled budget for Mental Health Care of Older People pool began operating in April 2011. The pool focuses on improving the delivery of residential services for older people with mental health needs by integrating the service and commissioning arrangements within Health and Social Care. The total budget was £5.1m in 2012/13 and will be £5.2m in
2013/14. The Council’s contribution to the pooled budget was £2.9m in 2012/13 and will be £3.0m in 2013/14. Islington CCG’s contribution was £2.2m in 2012/13 and will be £2.3m in 2013/14. This pool is hosted by Islington Council.

3. **Review of Service developments 2010/11**

3.1 **Integrated Care**

2012/13 saw the commencement of the integrated care programme across Islington CCG and Islington Council. The vision for the programme is that by working together, across organisational and professional boundaries, we can deliver more effective and joined up care for the patient/user.

The benefits of integrated care are two fold. Firstly, it aims to improve the quality of patient care and bring benefit to families and carers. It does this through taking a more proactive approach and ensuring people don’t “fall between two stools” particularly at the interface between health and social care. By working around a patient in this way it is hoped that families and carers will gain greater confidence in services working together. Secondly, integrated care aims to create a richer professional experience by creating an environment where multi-disciplinary decision making and discussion is made around patients. It should also eliminate some of the day to day frustrations in care delivery, for example, discharge communications and access to full patient information.

A local model has been developed, based on best practice, to bring together multi disciplinary teams with professionals across health and social care to manage the most complex cases. These are based around four GP clusters that cover the borough.

Other work streams within the programme include developing a clear approach to self care; developing a single point of access across community health and social services primarily for older adults; improving the pathways of care for diabetes, COPD and heart failure as well as developing improved support in the community, for example, through commissioning a community geriatrician.

It is too early in the programme to gauge the impact of the integrated care model and the outcomes that it is producing. More work will take place during 2013/14 to understand the effectiveness of the model and look at how to develop further initiatives, such as a virtual ward within the community.

3.2 **Older People**

The development of an Older Adults Integrated Care Group in 2012 has brought partners together to understand current provision and plan for the future. Work includes overseeing the review of the dementia pathway, the development of the community geriatrician and the expansion of the intermediate care pooled budget.

Commissioning activity has focused on the expansion of telecare, the development of a new specification for domiciliary care to provide personalised support and the procurement of a spot framework for nursing and residential care.

Improving quality in care homes has been high on the agenda as homes are being required to meet increasingly complex needs. One outcome of this work is the creation of a monthly Quality in Care Homes meeting that brings together health and social care colleagues with the aim of:

- Improving standards of care across all homes in borough
- Improving the consistency in approach to delivering care home services
• Identifying trends and risks

The work from this group will report into the Quality and Performance Committee of the CCG as well as the senior management teams within the Council.

Volunteers provided by Age UK Islington worked in two Islington care homes in 2012 to support the activities delivered both within the home and outside. We hope to increase the level of involvement in 2013/14 with volunteers working within all care homes across the borough.

The development of integrated care pathways has also been a priority aimed at providing better and more co-ordinated support for older people with co-morbidities.

Priorities for 2013/14 include working with CCG colleagues to improve medication management amongst older people living in the community and continuing to lead on specified areas within the Integrated Care programme. This will include the development of an integrated discharge service so that we can move older people out of hospital quickly in a joined up way.

We want to develop a market position statement setting out the future demand for care home provision in the borough and how we will work with the market to secure supply. We are also developing a housing strategy for older adults that will help shape commissioning priorities going forward. Wide reaching, this needs to ensure that the housing in which people live can support them even when health conditions reduce mobility or care is required. Building homes that can be adapted as people’s needs change as well as developing clustered provision so that people can get social support from each other are important in supporting the strategy of care closer to home.

Finally, continuing to improve the support that people receive at the end of life remains a priority. In 2013/14 we hope to identify a social care champion for end of life who can support our aspiration to enable more people to die in their preferred place of care.

3.3 Stroke

The National Stroke Strategy informs our commissioning plans, specifying that “Early supported discharge (ESD) to a comprehensive stroke specialist and multidisciplinary team (which includes social care) in the community, but with a similar level of intensity to stroke unit care, can reduce long-term mortality and institutionalisation rates for up to 50 per cent of patients and lower overall costs. The focus should be on those patients who will most benefit: premature discharge to inadequate community facilities is likely to increase individuals’ long-term dependency and therefore reduce the immediate savings achieved through a shorter length of stay”

The Care Quality Commission produced a paper in January 2011: ‘Supporting life after stroke’ which gives valuable insights into the need to enhance services for people who have had a stroke. It gives examples of some of the issues found and provides good commissioning intelligence for the development of stroke services in Islington, including ESD. This work found that ESD, which provides more rehabilitation at home rather than in hospital and is known to achieve better results for people and cut pressure on hospital beds, was available across 37% of areas.

Islington recognises the need to address this issue locally. We have approximately 100 patients per year. A proportion of these may be appropriate for supported discharge rather than repatriated to a Stroke Unit.
We have implemented the following to address the need to respond to this important area of performance.

- £170,000 investment funding has been allocated for the improvement of Stroke Services for Islington. The plan is to develop ESD as part of the REACH team therefore addressing the recommendations within the National Stroke strategy. A range of KPIs from the CQC intelligence will inform the monitoring of the investment for 2013/14 and KPIs to monitor the improvements in ESD will be monitored.
- A CCG Governing Body GP member has been designated as the clinician with a responsibility to support the delivery of performance in this area. She already has a portfolio around older people.
- Islington CCG has taken over the funding of a stroke navigator from the Stroke Association, initially paid for from stroke grant (via Local Authority)

3.4 Intermediate Care and rehabilitation

Intermediate Care is a key area for both Islington CCG and Islington Council, providing a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support timely discharge from hospital and maximise independent living.

2012/13 saw improvements in terms of activity and outcomes for Islington’s Reablement service, which provides short term support to help people relearn skills and confidence in independent living. Forecast figures (based on Q1-Q3 2012/13) indicate that Reablement will have helped 932 people in 2012/13, an increase of over 30% on the 2011/12 total of 711 people. In terms of hours of care provided, this has increased from 17k hours to 29k (projected) hours, reflecting both the increased volume of service users and increased complexity of care that Reablement can provide. A key indicator for outcomes is how many people leave Reablement with no ongoing care needs. This has increased from 69% in 2011/12 to 73% in 2012/13. Current work includes a review looking at improving quality and efficiency within the Reablement service.

Community rehabilitation is also delivered by the REACH team, provided by Whittington Health. This multi-disciplinary team including physiotherapy, occupational therapy, nursing and psychotherapy provides clinically led rehabilitation services for adults, and has seen 1,598 people in 2012/13, providing over 7,000 clinically led rehabilitation appointments.

Islington provides inpatient intermediate care at St Pancras, Cheverton and Mildmay, offering a total of 41 inpatient beds for patients with rehabilitation needs that cannot be met at home. Understanding of both these services, in terms of activity and outcomes, will be further supported by the arrangements for the expanded pooled budget in 2013/14.

Two key projects to improve patient experience and integrated care in this area involve developing a Single Point of Access for Reablement, REACH and Adult Social Care and strengthening joint working by these teams. Work has started on these significant projects, which are expected to be piloted in 2013/14. In addition, the newly expanded Pooled Budget for Intermediate Care will support greater understanding of investment and outcomes across the pathway in 2013/14.

3.5 Adult mental health

2012/13 continued to be a year of significant change for Camden and Islington NHS Foundation Trust (C&IFT). Community services across both Camden and Islington have been reconfigured and the Trust has moved from a borough-based model to a five service line model across both boroughs. The new service lines are acute care, community mental
health services, rehabilitation and recovery, substance misuse and services for ageing mental health, all of which are managed through a new Chief Operating Officer post. The scale of the change within the trust had an impact on performance in some key areas such as the new Assessment and advice service and the Improving Access to Psychological Therapies service. We have worked closely with the Trust to improve performance and these two services are now meeting their targets. Other performance indicators have continued to be met throughout 2012/13 despite the scale of change.

Mental health is a priority area for both the Council and the NHS, reflected as one of the clinical priorities for the Health and Wellbeing Board. In recognition of this, Islington CCG has committed £1.4m recurrent funding (including dementia investment) to Camden and Islington NHS Foundation Trust for development in areas including personality disorder, stronger families, rehabilitation and recovery and the autism diagnostic clinic.

The mental health pooled budget for mental health has continued to be used to commission a range of quality mental health services in Islington from residential care to advocacy. Solid progress has been made towards the priorities for mental health set out in in the Adult Joint Commissioning Strategy (2012-17). Specifically:

- to increase the capacity and capability of services
- support people with mental health needs to access employment and training,
- develop clear pathways for people to move on from specialist to mainstream services and opportunities.

Mental Health Working, a new mental health employment service was procured jointly with Camden to ensure a coherent and effective pathway. Remploy was the successful lead provider in a partnership that included the innovative local provider, Hillside Clubhouse. The service supports individuals with a spectrum of needs, including those who are not ready for work but would like to explore options or become ready for work, to those needing support to retain their employment.

A contract for residential accommodation for men who have committed offences whilst experiencing mental ill health was re-procured. This procurement was also undertaken jointly with Camden Council to deliver improved value for money. The contract was awarded to St Martins of Tours who were already successfully providing the service at their New North Road site.

Other procurements during this year have included:

- a new Mental Health Criminal Justice Link Service to support Islington residents with mental health problems who come into contact with the criminal justice system. The contract was awarded to Providence Row Housing Association. The tendering process produced additional staffing capacity and a 6.4% saving on the previous contract value.
- St Martin of Tours were also successful in bidding to deliver a pilot project for men with forensic mental health histories stepping down from residential care into supported accommodation. Efficiencies are created through more effective utilisation of block and spot purchased residential resources.
- Key Changes were successful in winning the contract providing music based activities for people in inpatient mental health settings
- Islington Mind were successful in bidding for two tenders this year – the Dual Diagnosis Carers service and the Mental Health Enablement Pilot. The enablement service will focus on prevention and early intervention which will ensure that mental health service users are assisted to maintain their independence, improve the quality
of life and social engagement of its service users and avoid the need for more intensive mental health services.

The priority for 2013/14 is to continue to drive up quality in mental health commissioning through:

- Continuing with the procurement plan
- Reviewing pilots for Reablement and Enablement
- Complete Model of Care Reviews for
  - Crisis pathway
  - Long term care pathway
  - Dual Diagnosis
- Undertake service development work and review specifications for
  - Crisis services
  - Isledon Road Resource Centre
- Implement the new investment projects in C&IFT
- Continue the preparation for the introduction of Payment by Results

3.6 Mental health care of older people

In the key area of dementia diagnosis, Islington currently has the highest rate of diagnosis in England, with over 70% of the expected prevalence (of some 1,200) having had a diagnosis. This success depends on the work of the Memory Assessment service, forecast to receive over 500 referrals in 2012/13. We expect continued success around diagnosis rates in 2013/14 through the Acute CQUIN (Commissioning for Quality and Innovation, an NHS financial incentive scheme), the over 75’s Health Check LES (Local Enhanced Service to incentivise GPs) and the Dementia DES (National Enhanced Service to incentivise GPs).

Islington’s investment in dementia services recognises the breadth of need in this area, and includes support such as the well attended dementia café, the Dementia Advisor service provided by the Alzheimer’s Society, the innovative ‘enhanced Reablement’ service and key day provision at Carnegie Street and Highbury New Park.

Work on Dementia in 2012/13 has been supported by the additional resource of two GP ‘dementia champions’, through additional training provided by NHS London.

For 2013/14, the CCG has recognised the importance of dementia services area with additional recurrent investment of £461k. This will support continued excellence in achieving high diagnosis rates, additional, evidence based support for carers, implementing advanced care planning for people with dementia and developing Islington as a dementia friendly community in line with national priorities.

Additional plans for 2013/14 include supporting the new Dementia Advocacy service, provided by the Advocacy Project with support from the Big Lottery, and the re-commissioning of the Dementia Advisory service. We want to continue to work with the developing Community Geriatrician service to support intervention into care homes.

3.7 Learning disabilities

Adults with learning disabilities continue to feature highly in most areas of health inequality and providing safe and accessible health care to this hard to reach group remains a priority for Islington. The emphasis in 2012/13 has been on commissioning services which promote service user’s independence, are safe, deliver value for money and provide opportunities for people to live in Islington close to formal and informal support networks. NHS London congratulated Islington’s strong performance in relation to our annual Learning Disability
Self-Assessment Framework submission, noting solid progress in improving access to health care.

A key activity in 2012/13 has been responding to the Winterborne View Serious Case Review and resulting Care Quality Commission and Department of Health reports and recommendations. The most recent of these, the Winterbourne View Review Concordat Programme of Action was published in December 2012. A detailed review of Islington’s readiness to comply with the Concordat requirements indicated that we are well placed to meet expectations primarily because the existing Section 75 agreement between the Council and the CCG. We have established pooled budget arrangements in place along with integrated service provision through Islington Learning Disability Partnership, a one stop multi-disciplinary health and social service meeting the needs of Islington’s adult learning disabled population. We also commission independent health advocacy service in addition to statutory provision.

We have undertaken a detailed analysis identifying the accommodation and support service needs of Islington’s learning disabled population, across the health and social care needs continuum, for the next six years. This work will help support our ambitious invest to save programme to provide new local extra care supported accommodation, day services and respite provision. Two new extra care supported accommodation schemes have been commissioned to date providing 27 new homes for people with learning disabilities, autism and high needs. Barnsbury Park opened 25 April 2013. Leigh Road is due to open in in 2014. A new day service for adults with autism and high needs is due to open imminently at Highbury New Park.

A whole system review of Islington’s model and services to young learning disabled people in transition from children’s to adult services has been completed. The review has secured invest to save funding for a Transition ‘Move on House’ service for 14 people. A pilot accommodation based transition service for three people opened in March 2013 to test the model of delivery.

Priorities for 2013/14 include the implementation of Islington’s Winterbourne View action plan, including commissioning local health and social care accommodation and service provision enabling people to retain contact with local support networks; a focus on Health Action Planning; and the production of an Islington Adults Positive Behaviour Support policy setting standards, approved approaches, reporting and monitoring processes for working with people with learning disabilities whose behaviour challenges, including the use of restraint and psychotropic medication.

We will also continue to work with Housing colleagues to increase the supply of local supported housing for people with learning disabilities and continue implementing the Transition programme including an evaluation of the transition accommodation pilot.

3.8 Substance misuse
Priorities for this year were informed by a refreshed needs assessment undertaken by Public Health and the Recovery Project review which set out to review how effectively Islington was fulfilling the aims of the new national drug and alcohol strategies in supporting its residents into sustained recovery from substance misuse.

A challenging programme of work was developed following the Recovery review to drive forward changes in services to increasingly focus on and improve recovery outcomes for individuals. As a result of this work we are beginning to see modest improvements in successful treatment completions and a slight increase in numbers coming into treatment. Progress has been slow but we have recognised that Islington services are working with substance users with highly complex needs and that further work is required to support the
Recovery Agenda. A recovery focused employment support service was commissioned in 2012 to support this work. The service is being delivered by SHP and aims to complement existing treatment provision and support clients to sustain recovery and move into employment. Already oversubscribed, the service will be expanded this year to support clients to sustain recovery following treatment. Improving outcomes for recovery from drug and alcohol use will remain a key priority for 2013/14 along with increasing the numbers of people accessing treatment services especially relating to non-opiate use and alcohol use among younger adults.

Additional funding has been secured for 2013/14 for both alcohol and drug treatment services to expand the community alcohol service and increase the level of shared care in the borough so that more GP practices are able to support individuals in drug treatment, rather than the specialist drug services working with everyone. These developments will provide additional capacity in the system and support the recovery work.

Responsibility for commissioning drug and alcohol treatment services transferred from the NHS to the Local Authority from 1 April 2013 as part of the transfer of responsibilities to Public Health. Detailed work during the year has meant that this transfer was well planned and whilst commissioning responsibility will remain within the adult Joint Commissioning team, accountability will be through Public Health. During 2013/4 we will be working closely with Public Health to ensure good joint working to deliver shared priorities for drug and alcohol services.

In our Prison’s work, governance arrangements have worked well and we embedded a positive working partnership between prisons, health and the local authority. The psycho social services in HMP Holloway and HMP Pentonville were successfully re procured and a new contract began in October 2012. The contract was awarded to Phoenix Futures and the service is running well with good feedback from both prisons and users of the service. Prison commissioning responsibilities for both healthcare and the delivery of substance misuse services have been successfully transferred to NHS England and we will continue with the established positive partnership working to support the recovery of former prisoners returning to Islington.

3.9 Carers
We have continued to develop services across health and social care through the pooled budget arrangements that were created in 2011. The Carer’s Hub went live in 2012 led by Carers UK and has built excellent new links, particularly with the health service. Advice sessions for carers are held at some GP practices and the Advisor also spends half a day a week based in the social work team at the Whittington so is able to pick up referrals from secondary care.

The Carers Hub have built up a database of local carers, registering 620 in the first year (around 50/month). Early success includes targeting hidden carers in the Turkish community; 14 new carers who have never been in contact with a carers organisation previously.

Islington’s first Public Health needs profile for carers was commissioned which evidenced a correlation of poor health issues for carers and those that they care for. This led to the first joint public health training session targeting carers and their cared for looking at health issues. Colleagues from Public Health also supported two carers’ events in June and November with a number of interventions including health checks, flu vaccinations, oral health promotion and smoking cessation.

Islington is the first of London’s 33 Councils to have joined Employers for Carers, a business forum founded by Carers UK. The forum supports organisations in identifying and supporting
its own staff carer work force, something the Council is looking to be a leader for other businesses to follow. The Council is estimated to have over 500 staff carers; a staff carers’ support network was set up in late 2011 to identify and support carers to remain in work. Registration of staff carers is growing and we are influencing policy to make it more carer friendly. A key priority for 2013/14 will be to extend this work with the CCG as well as local providers of services.

Key challenges in 2012/13 include expanding membership of the carers’ pathway group so that more carers can tell us what works and what we should change. Carers have limited time to attend such gatherings and we need to make sure we develop a variety of ways in which they can influence decisions.

Priorities for 2013/14 include understanding what emerging data is telling us, particularly from the census, so that we can continue to target under-represented groups. We want to take advantage of our links with social housing to identify hidden carers and carers who do not use English as a main language, and to target estates through local initiatives to disseminate advice, information and support to carers.

To support our patient participation within end of life care commissioning we have tendered for a new carers’ group and will be working with St Joseph’s hospice to develop the work in 2013/14.

Finally, we want to build on the excellent work that we have done with GP’s to extend support to carers. This will be through promoting the work that Carer’s UK are doing in the Hub so that GP’s understand the offer and how to refer patients who have a caring role.

3.10 User and carer involvement

2011/12 built on the tradition of close working on user and carer involvement developed between Islington PCT and Adult Social Services, as the new CCG developed.

This included work to engage patients and service users and their carers, health and social care organisations and local people in the Islington LINk, and in the formation of the new Local Healthwatch service.

Healthwatch Islington will come into being on 1 April 2013, the new body being having evolved from Islington’s active and well supported LINk. This followed a well-attended, lively public launch event in March 2013, involving partners from local health services as well as the community and voluntary sector.

At the same time, a new NHS complaints advocacy service has been established by the local authority to help people seeking to make a complaint about a local NHS service. This was procured on an pan-London basis, led by the London Borough of Hounslow. The successful provider is Voiceability and the service will be operational from 1 April 2013.

Users and carers have continued to be involved in procurements for new services, and in setting the joint commissioning strategy (through a LINk-facilitated consultation event and other forums).

Priorities for 2013/14 include:

- Supporting and engaging the emergent Healthwatch Islington in its new roles: signposting to health and social care services, involving and consulting with children and young people, and in its role as community representative on the Health and Wellbeing Board
• Engaging service users and carers in the new transformation programme, including a jointly commissioned user group on integrated services
• Wider co-production in the fields of staff and user training, commissioning and peer support

3.11 Safeguarding

The joint safeguarding adults unit has continued to raise awareness about abuse, including prevention and protection from harm and support for carers.

Awareness Raising and Training
The annual Safeguarding Adults conference was held at the end of May 2012. It was developed with, hosted by and featured bespoke drama sessions by groups of service users and was attended by representatives from the NHS, Police, Fire Service, Council Services and voluntary and private sector organisations. The conference focused on Financial Abuse, Neglect and Carers issues and was very well received.

524 people have been trained on Safeguarding Adults including bespoke courses on managing financial abuse and training for carers and hard to reach groups. Bespoke training has been provided for GP’s and staff in medical centres on safeguarding adults and MCA/DoLS. 55 GP’s and 58 other staff including practice managers, receptionists, practice nurses and health care assistants have been trained to date.

300 people have been trained on MCA/DoLS and related subjects such as how to undertake a capacity assessment and making best interests decisions.

In addition briefings have been given to 308 people at the safeguarding adults community conference, a conference for caretakers and Tenancy Management Officers in Housing.

Quality Assurance and Audit
The Safeguarding Adults Assessment Framework was completed by health partners including the CCG with positive feedback from NHS London.

Following the last case file audit an action plan has been devised and has been worked on steadily throughout the year with identified actions completed. The improvements to practice will now be tested through a new audit process which begins April 2013.

Mental Capacity Act and DoLS
The unit continues to operate the jointly funded Mental Capacity Act/DoLS office and leads the local implementation of Mental Capacity legislation and related improvements practice across the partnership. This is achieved by promoting strong links with safeguarding adults and the protection of the human rights of adults who lack capacity, updating guidance and policies for staff and carers with case law and policy changes, ensuring links with MCA and key health and social care agenda’s are strong, coherent and reflected in practice and by developing clear work plans and the use of self and peer audits to ensure that users of services who lack capacity receive high quality innovative support, care and advocacy. During 2012 the DoLS office undertook a significant amount of work preparing the Supervisory Body signatories for the transition of the operation of DoLS under the Health and Social Care Act changes which came into effect on 01 April 2013. A new joint training initiative with Camden in 2012 has brought innovative and well received bespoke training for Best Interest Assessors in both boroughs.

Policy Developments
During this year the report in to the abuse at Winterbourne View has been published and we have developed an action plan in response to this. The action plan identifies routes to further
safeguard people placed in care settings far away from Islington and steps have already been put into place such as increased reviews and independent advocacy for residents.

The unit is working with partners and providers across Islington and the Safeguarding Adults Partnership Board to develop actions in response to the Francis Report.

To assist with managing disclosures in an environment of no comebacks we have produced guidance for staff and other professionals and information for the public which we have publicised at our community conference, at training for GP's and conferences and on our website.

Priorities for 2013/14
Priorities for 2013/14 include building on work with service users and local carers groups in particular the local Healthwatch and developing mechanisms for hearing the voices of service users who have experienced safeguarding; understanding and improving the levels of awareness about safeguarding adults in the local community and among staff; and further developing the self assessment and audit processes among care management teams and in partner agencies.

4. CHILDREN’S SERVICES

There are strong governance and planning arrangements between the council and NHS Islington. The Children and Families Board is the main ‘governing body’ for addressing outcomes for children and developing effective integrated services. The Board has a number of places reserved for health, ranging from Lead GP for Children’s Services and Chief Operating Officer from the Clinical Commissioning Group (CCG), Public Health, and Whittington Health. The Board is responsible for the Children and Families Strategy which sets out the priorities for the children’s partnership in Islington. The duty to co-operate to improve children’s well-being remains in the Children Act 2002.

On the commissioning side, Islington PCT contributed £35k in 2012/13 and one Commissioning Manager post (a further £60k inclusive of on costs) towards staffing in the council’s Children’s Services Strategy and Commissioning Division.

Within the division the Children’s Partnership Commissioning Team has worked closely with the Lead GP for Children’s Services in effecting a smooth transition to the new NHS commissioning arrangements.

The Children’s Service Improvement Group which is chaired by the Lead GP for Children’s Services continues to be the main forum for considering strategy and commissioning in relation to children’s health services, from which recommendations are made to the CCG. The Children’s Partnership Commissioning Manager is the lead officer supporting this group.

One of the main tasks of the Children’s Service Improvement Group in 2012/13 was to oversee the development and implementation of the Children’s QIPP plan. This is a 2 year plan that covers savings and investments. Much of the plan concerns the shifting of care from hospital to community services for a range of paediatric conditions including asthma, epilepsy, eczema, allergies, constipation and reflux. Implementation of this plan is continuing into 2013/14. The QIPP also covers investments to support the above shift or address current gaps and waits in relation to particular areas of health delivery.

The Children’s Partnership Commissioning Team has also worked closely with the North Central London Commissioning Support Unit which is responsible for managing the contract with hospital providers across the sector.
In relation to community and other health services for children, the Children’s Partnership Commissioning Team has led on supporting the CCG in the commissioning of the following:

- **Universal Services** such as health visiting, school nursing, child protection arrangements, Pulse N7 and some sexual health and contraceptive services

- **Services for Children with Additional Health Needs** such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics and Community Nursing

- **Integrated Services for Disabled Children** including the Disabled Children’s Services and the Aiming High for Disabled Children programme

- **Specialist Services** (CAMHS) and Joint Agency Placements

On the provision side, there are extensive examples of joint working such as the integrated health teams working within the Targeted Youth Support and Looked After Children’s Services. There is also a fully integrated health and social care service for disabled children under a single management.

A large proportion of children’s community health services are provided by Whittington Health and in 2012/13 the commissioning team worked with the CCG and the Commissioning Support Unit in developing a Performance Assurance Framework for the monitoring of these services. The value of the children’s element of the contract with Whittington Health for community services is in excess of £10m. Progress has been made in establishing a quarterly monitoring meeting covering all of the above areas which is tied into the Commissioning Support Unit’s contracting process. This is chaired by the Lead GP for Children’s Services with representatives from the Children’s Partnership Commissioning Team and Public Health also in attendance. Further quarterly meetings have been established for monitoring implementation of the QIPP and the service provided by Simmons House psychiatric inpatient unit (also provided as part of the Whittington Health contract).

Performance metrics regarding community services have been revised and these are currently in the process of being negotiated with Whittington Health. Although there was little progress in regarding this for much of 2012/13, there have recently been indications of a greater commitment from Whittington Health to reaching an agreement.

**Universal Services**

4.1. **Health Visiting**

Commissioning of these services in 2012/13 was undertaken together with Public Health and in liaison with the Early Years Commissioner who commissions health services as part of the the Sure Start Children’s Centre Services.

The Healthy Child Programme 0-5 yrs provides the framework for the delivery of health visiting. It covers working with families through: a programme of screening; immunization; health and development reviews; encouragement and advice on breastfeeding; and effective advice and behaviour change interventions around health, wellbeing and parenting.

In 2012/13, the PCT continued to perform well in relation to breastfeeding and in quarter 3 the prevalence of breastfeeding at 6-8 weeks stood at 76.6%, above the rate for London and substantially above the national rate. The peer support programme, supported by the Infant
Breasteeding Co-ordinator, has continued to be very successful and has contributed greatly to this achievement.

Performance in relation to immunisations improved in 2012/13. In each of the first 3 quarters of the year Islington achieved the herd immunity level (95%) for vaccinations by children’s first birthday. At the end of quarter 3 local targets for the ‘core set’ of immunisations for two and five year olds had all been met.

There was a particular focus on the proportion of new born visits completed within 10-14 days, performance having fallen at the beginning of the year to 51%. This reduction was linked to Health Visitor vacancies. Improvement was seen as a priority for the service and across the year, the proportion of visits completed to this timescale improved. The most recently published figures show that 87% of new born visits were completed within 10-14 days.

Recruitment and retention of qualified Health Visitors is a national problem. As one of 26 Early Implementer Sites for the Govt’s HV Implementation Plan, Whittington Health has developed a workforce strategy to address this which has been commended and shared across the sector.

The HV Service has also been fully engaged with the Health and Wellbeing Board’s priority of the First 21 months which seeks to improve services from conception to the end of the child’s first year. This involves improving links between midwifery, HVs, GPs and Children’s Centres to ensure that services are provided to support vulnerable children and their families as early as possible and in a co-ordinated way.

The HV Service is undertaking integrated 2-2½ yr reviews in partnership with the council – Islington is one of 5 national pilot sites for this DH/DfE project.

4.2. School Nursing

This service has faced considerable challenges since it was decommissioned in 2011/12 by 36% as part of the PCT’s financial strategy. Since then it has focused on the provision of universal health screening and follow up, with the Healthy Schools Team (commissioned by Public Health) providing health promotion input into the Personal Health and Social Education (PHSE) programme in schools.

Despite the pressures on the service, the National Child Measurement Programme 2012 was delivered and a review of this is due to be led by Public Health. The coverage of the programme for Islington increased in 2012 to above 90% for both Reception and Year 6 pupils.

The Service has been successful in ensuring that children receive HPV vaccinations. The most recent figures for the academic year ending August 2012 show Islington to be above the London and statistical neighbour averages, although the national coverage has increased to just above the Islington level.

4.3. Family Nurse Partnership (FNP)

This continues to be a successful programme delivering intensive health visiting services to young parents who conceive under the age of 18yrs. FNP is a 2 year programme which is particularly targeted at vulnerable young people who have little or no family support. The programme is funded to deliver to 100 young people.

In 2012/13, the Annual Review from the DH was extremely positive, highlighting the significant improvement in the quality of practice and the use of data in evidencing the impact of the programme while recognizing the challenging issues of high client mobility.
The Annual Review also recognized the strategic engagement with FNP across universal and targeted children’s services, children’s centres and other partners from both the CCG and local authority.

4.4. PULSE

This one stop shop for adolescents aged 13 to 21 years old and over provides mainly contraceptive and sexual health services plus some other services for adolescents. PULSE has been highly successful in ensuring that more vulnerable young people, and in particular the younger age group, are accessing sexual health services. The Family Nurse Partnership team and the Brook sexual health outreach team are both now based in PULSE. The LBI Youth Careers Service and the Targeted Youth Support-Youth Offending Service counsellor also provide services at PULSE.

In 2012/13 the PULSE reception and ground floor was refurbished in response to feedback from young people. This has increased the size of the reception area, improved disability access and created two additional counselling rooms. Young people were also involved in the design of a new service leaflet and logo for PULSE.

By the end of the quarter 3 in 2012/13, 3500 young people had accessed PULSE contraceptive/sexual health services. The numbers accessing PULSE in the quarter 4 of 2012/13 will be affected by the service closure required to enable the refurbishment.

PULSE is a key service in the delivery of in Islington’s strategy to reduce teenage pregnancy rates. These are now on a firm downward trend with the 2011 rates showing a reduction of 41% from the 1998 baseline. The 2011 rate of teenage pregnancy is now 34.4 per 1000. 67.8% of under 18 conceptions are terminated.

Services for Children with Additional Health Needs

4.5. Community Children’s Nursing (CCN)

This is a high quality service that provides nursing support to children with long term conditions. It has in the past developed particular initiatives around the prevention of hospital admissions for children with asthma, eczema and allergies but the funding for this has been precarious and the current resource is insufficient to meet this demand. In 2012/13 the Children’s Service Improvement Group recommended significant investment in this service, this has been agreed and posts are currently being recruited to.

The service also provides intensive packages of support to a small number of children with highly complex medical needs (e.g. children who are technology dependant etc). In 2012/13, 6 such children received complex care packages set up and managed by the CCN team.

Under the Government’s “Aiming High” programme for disabled children, the CCN is providing a “wrap around service” at Lough Rd, thus enabling children with complex medical needs to be able to access this residential respite provision. The service also provides outreach support from Lough Rd enabling these children to access universal short break provision. Both services have enabled families to have a break at the same time as their children having a positive experience.

The Life Force Service, another part of the CCN Service, provides palliative care across 3 Boroughs in the NCL cluster. This team is successful in supporting children who choose to die at home, and their families.
The CCN service has high levels of patient satisfaction as expressed by both parents and children. It is now starting to use the National Paediatric Toolkit to more routinely capture this information. This is computer software that children can access via an iPad.

4.6. Speech and Language Therapy (SLT)

In 12/13 the 3 components of the SLT Service, the Early Years Service delivered from children’s centres and health centres, the Mainstream School Service and the Specialist Service for children with the most complex needs were brought under the management of Specialist Services so as to create a more continuous service from 0-19 yrs.

An independent needs assessment was carried out in respect of the whole SLT Service and the service into mainstream schools in particular. This showed that when compared to our statistical neighbours, the SLT Service as a whole has been significantly under resourced. This information was shared with the Children’s Service Improvement Group and the Schools Forum and each agreed to fund an additional 3 posts going forward into 2013/14. A joint specification is to be agreed with shared outcomes. This is a significant development for the Service as a whole.

The CCG also agreed to invest in providing some Speech and Language input into the Youth Offending service in accordance with the Berkow Report (2008) that highlighted the link between SLT needs and offending behaviour. This will be implemented in 2013/14.

4.7. Specialist Children’s Services (Disabled Children)

This is an integrated health and social care service for disabled children and young people, under a single management located at the Northern Health Centre. In 2012/13, the service was amalgamated with the service for Children with Additional Health Needs with a single point of referral covering both. The Disability Service was re-organised into an early intervention and diagnostic team and three locality based teams - north, south and central. The teams are multi-disciplinary and broadly arranged around children centres and special schools. There have been no reductions in terms of staffing.

As part of the Whittington Health Integrated Care Organisation, the service also provides therapy input at the Whittington Hospital to focus on the timely discharge of children with complex health needs and improving links between the hospital and the integrated disability service.

In addition to direct intervention, the service provides parent information sessions with 10-15 parents attending weekly. The sessions are consistently evaluated as being excellent.

Under the Aiming High programme, an extensive menu of short breaks has been developed for children with complex disabilities and their families. Delivered by statutory and third sector organisations, this ranges from making positive activities fully inclusive for disabled children to highly specialist provision for children who require very specialist care. Data from health, education and social care has been brought together enabling the identification of over 552 children and young people who have been assessed as eligible for a short break and systems have been developed so that families can directly refer themselves to short breaks clubs, activities and schemes. In 2012/13, 347 children and young people have accessed a short break.

Parental and child and young people surveys have been carried out using the National Paediatric Toolkit. The results for 2012/13 for 70 families accessing the Child Development Team have indicated good results. In response to the question “Do you feel your child has
made progress in response to the support provided?” 53% responded yes to some extent, 32% responded yes, significantly and 9% responded problem resolved.

An outcomes-based service specification is being produced in order to describe the outcomes that the service will be expected to achieve for disabled children and young people and their families moving forward into 13/14.

4.8. **Child and Adolescent Mental Health Services (CAMHS)**

There is a well established multi-agency CAMHS Strategic Partnership and the 200911 CAMHS strategy is currently being revised for 2012-15 underpinned by a comprehensive needs assessment. Most CAMHS services are provided by Whittington Health and there is a high level of integration with the rest of children’s services. The service redesign in 2011/12 that brought together Tier 2 and Tier 3 provision has embedded well. This has enabled the service to deliver a seamless integrated service through from early intervention and identification in schools children’s centres and health clinics to specialist provision where children and young people require more specialist intervention.

The Choice and Partnership Approach (CAPA) model has continued to impact on keeping waiting times down; with 90% being seen within the national target as of the end of quarter 2. (The CAPA model involves senior CAMHS staff meeting a child and family at the outset to determine what outcomes they are seeking).

The Schools Forum has continued to fund CAMHS in schools which means all schools (primary secondary and specials schools) now have dedicated CAMHS input delivering both direct work and consultative work with school staff. The refreshed needs assessment indicates that alongside this continued investment we have seen an 11% increase in referrals from education into CAMHS.

The Whittington Health Adolescent Outreach Team (AOT) provides services to young people with severe and enduring mental health problems who would not be able to access a clinic based service. The AOT links with all young people placed in inpatient care, whether placed in NHS or private units and works closely with the CAMHS Commissioner to ensure that young people admitted to inpatient care do not remain there any longer than is clinically necessary. It also links to all young people in joint funded placements for young people with social, emotional and behavioural difficulties and reviews them from a CAMHS perspective to ensure that their mental health needs are being met.

The Children’s Partnership Commissioning Team has continued to convene a multi-agency Tier 4 Panel that meets monthly and considers each young person’s placement in psychiatric inpatient care. This provides regular information about the quality of services being provided to each young person and individual outcomes for each placement. As of the 1st April 2013 the commissioning of Tier 4 in-patient psychiatric provision is to be undertaken by Specialist Commissioning. Details in relation to the practical implementation of this shift are not yet available and so, in the meantime, local arrangements for monitoring these placements are continuing until such time as these details have been clarified.

Whilst the majority of Community CAMHS services for children and young people are delivered by Whittington Health, some additional providers are commissioned to compliment this work and provide targeted services to specific groups of children and young people.

In 2012/13 services specifically for refugee and asylum seeking children and young people including unaccompanied minors were re-commissioned. This service delivered by the Refugee Therapy Centre enables culturally appropriate therapeutic interventions to be
delivered in a wide range of community languages. Their work is linked to a community development programme which enables a Think Family approach.

Both the Tavistock and the Brandon Centre continue to deliver services to young people across transition up to the age of 25. The Brandon Centre has been particularly successful at working with older young people, nearly 50% of whom have self-referred. This is in stark contrast with the wider CAMH services, where take up of services by older young people has been low.

In 2012/13 Community CAMHS received ‘You’re Welcome’ accreditation for being a service that is “young people friendly”. This was a local accreditation based on the DH ‘You’re Welcome’ programme which involved Young Inspectors reviewing Community CAMHS, including via mystery shopping.

4.9. **Placements joint funded between Health, Education and Social Care**

These are high cost/low volume placements agreed by the Joint Agency Panel (JAP) which the Commissioning Manager attends. The AOT Service Manager also attends the panel to provide clinical health input as required. There is a protocol between the partner agencies governing JAP that has been in place for some time. The Panel works well – in 2012/13 the spend was within budget (as has been the case for the last four years) despite increases in provider costs.

4.10. **User and Carer Involvement**

There has continued to be a significant degree of involvement of young people and parents/carers in the commissioning of health services, this being led by both the Children's Partnership Commissioning Team and provider services:

Young people, and parent carers where appropriate, were involved in the evaluation panels for the Sexual Health Outreach, Short Breaks, Parent Carers Support Service, Therapeutic Interventions and Weight Management tenders in 2012/13. In each tender, young people contributed to the design of interview questions and overall marking.

As referred to earlier in this report, Whittington Health Specialist Services for Disability and Children’s Community Nursing have started to use the National Paediatric Toolkit to ascertain young people's and their parents'/carers' views of health services.

Community CAMHS achieved ‘You’re Welcome’ accreditation in 2012/13 and will be working closely with young people in the coming year to action the Young Assessors’ recommendations. Young people are regularly involved in the recruitment of CAMHS clinicians and young people have been involved in supporting post-qualification training for practitioners through the IAPT programme.

Pulse N7 (sexual health hub) has been refurbished in response to Young Assessors’ concerns around waiting area confidentiality and their recommendations for making the service more ‘young people friendly’. Young people have been involved throughout the re-design of the building and publicity materials.

To date there have been two young peoples’ focus groups facilitated by the new Healthwatch. The groups focused on out-of-hours mental health provision and support to stop smoking with the agenda being set by the Young Assessors.

Young people and parents have continued to be involved in strategic groups, including the Children's Service Improvement Group, to ensure that their voices are heard at this level.
Islington Children’s Partnership has recently established a Youth Health Forum to inform and co-ordinate a range of integrated health pathways, which will be initially trialled at Lift. It is envisaged that in time these pathways will be delivered more widely across the borough.

The CCG has recently agreed to invest some money in Youth Health Trainers and work is underway to consider how best to develop this; young peoples' views will be ascertained to inform the process.

In 2012/13 the Commissioning Team continued to take lead responsibility for implementing 'You're Welcome', a DoH accreditation scheme for health services to evidence that they are 'young people friendly'. Young people are trained as 'Young Inspectors' and conduct known and mystery shopping visits alongside reviews of the service's publicity materials. The young people's views inform service development plans to ensure that health services meet the needs of young people aged 11 – 19 years. Six services were accredited in this year including Community CAMHS, The Brandon Centre, two children’s centres and two pharmacies; a further four services are currently working towards accreditation.

4.11. Safeguarding

The close partnership working between Islington CCG and Islington Council in relation to the above is covered in the Islington Safeguarding Board Annual report.

Under this Section 5 arrangement, the Children’s Partnership Commissioning Team has worked closely with the Islington CCG Designated Doctor and Nurse for Child Protection in supporting the CCG in ensuring that safeguarding arrangements are appropriately taken into account in the monitoring of the health services referred to in this report. The Children’s Partnership Commissioning Manager is a member of the NHS Islington Child Protection Committee.

5. CONCLUSION

The partnership between NHS Islington and Islington Council continues to ensure an integrated approach to service commissioning and delivery to meet the needs of vulnerable residents in a co-ordinated and seamless way. This report demonstrates some of the benefits over the last year for both children and adult and highlights some of the priorities for 2011/12.

It will be important to preserve the benefits of the joint work between the NHS and Local Authority as we move into a new phase of NHS commissioning as the CCG becomes the statutory body from April 2013.

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May 2013