



HEALTH AND CARE SCRUTINY COMMITTEE

5 October 2023

SECOND DESPATCH

Please find enclosed the following items:

Item 10	Scrutiny Review - Witness Evidence	1 - 16
Item 11	Camden and Islington Mental Health Trust Performance update	17 - 30

Enquiries to : Boshra Begum
Tel : 020 7527 6229
Email : democracy@islington.gov.uk

This page is intentionally left blank

Access to Health and Care Services in Islington

Page 1

Health and Care Scrutiny Committee review

George Roscoe, Deputy Director of Adult Social Care

Agenda Item 10

Overall aim of the review: To consider if residents are able to access health and care services in Islington effectively; specifically GP appointments, and the Adult Social Care “front door”

Access to Adult Social Care

- Do residents find it easy or difficult to access the Adult Social Care “front door?”
- Are there effective signposting services to help people access the care they need?
- What is the council’s approach to triaging those seeking Adult Social Care services; what systems does the council have in place to support and manage referrals?
- Are all communities able to access social care services equally, what information, advice and support is available to support referrals?
- Is advice and information accessible, in line with best practice and government guidelines?
- What more can be done to support “hard to reach” groups?

Adult Social Care were asked to provide

- Equalities information on access to services
- Are any groups under-represented?
- Is there outreach/engagement with hard-to-reach groups?

Population Demographic 2022/23

Adult Social Care

Ben Kells, Health and Care Intelligence Analyst

Key Messages

Page 5

- In 2022/23, **4641 individuals received at least one service** (long-term support and/or short term support) from the Islington Council Adult Social Care Department.
- Islington Council's ASC population had a **significantly higher** proportion of adults **aged 65+** compared to the general population.
- **Women were disproportionately overrepresented** in Islington Council's ASC population compared to the general population.
- People from **Black and Other ethnicities were overrepresented** in Islington Council's ASC population compared to Islington's general population, whereas people from **White, mixed and Asian ethnicities were underrepresented.**
- The most deprived areas of Islington contain **the highest proportion of the ASC population.**
- The demographics observed in this analysis are **similar to those that were observed in 2020/21 and 2020/22**

Population Demographic

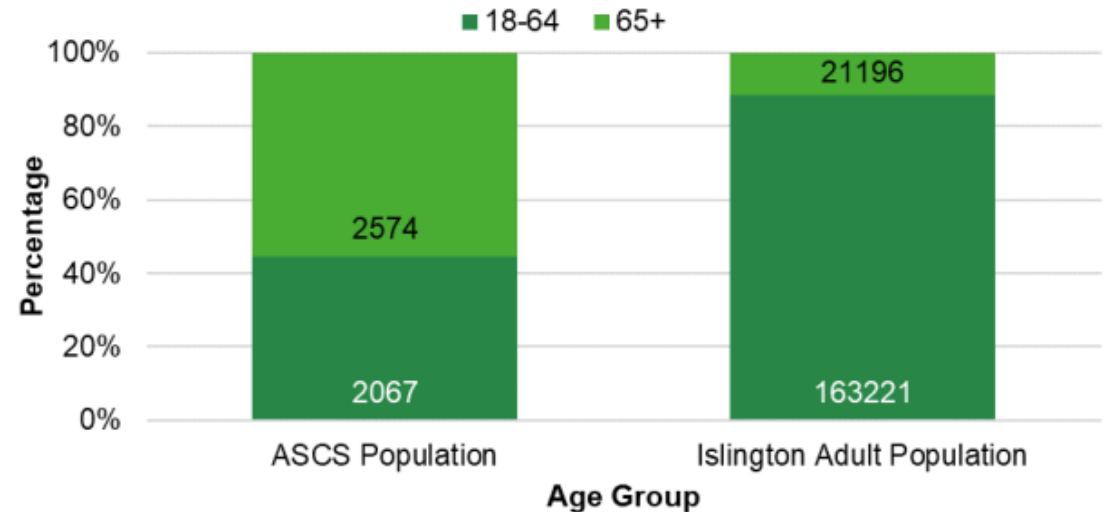
This analysis explores the demographics of Islington's 2022/23 Adult Social Care (ASC) population using data from the end of financial year ASC All Services reports for 2022/23. It considers any individual who received at least one long-term or short-term package of care, and compares it against the demographics of the adult population across the London Borough of Islington.

Age

Of the residents we support, the majority (over 50%) are aged 65+.

Older people (aged 65+) made up a significantly higher proportion of the Adult Social Care population (55%) when compared to the general Islington adult population (11%).

Age breakdown of people receiving Adult Social Care support compared to the general adult population, Islington, 2022-2023



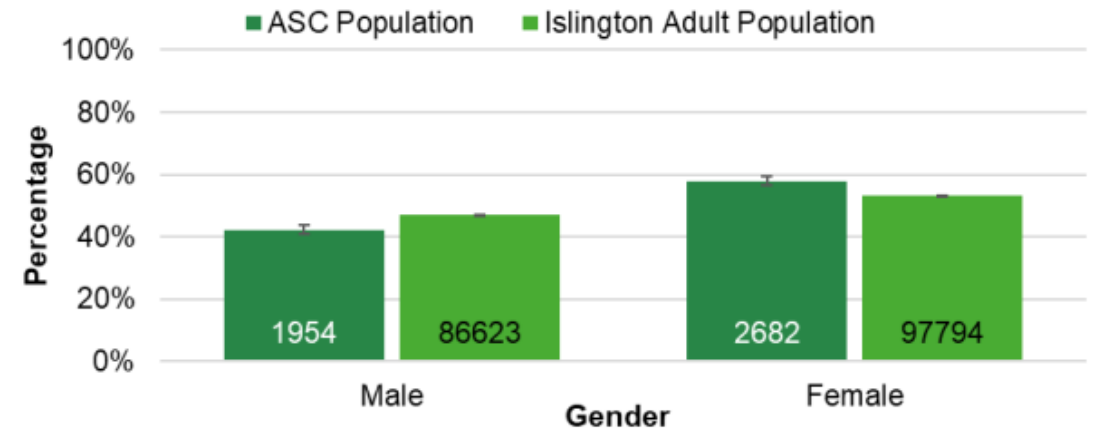
Source: Internal all services Islington ASC data 2021-22; Interim GLA Identified Capacity Scenario

Gender

In 2022/2023, females were overrepresented in the Adult Social Care population (56%) when compared to the general Islington adult population (53%).

Page 8

Proportion of people receiving Adult Social Care support compared to the general adult population, by gender, Islington, 2022-2023



Note: Due to low numbers of individuals in the ASC population who identified as transgender, gender neutral or other were not included in the graph. One individual was missing their gender.

Source: Internal all services Islington ASC data 2022-23; Interim GLA Identified Capacity Scenario (2021)

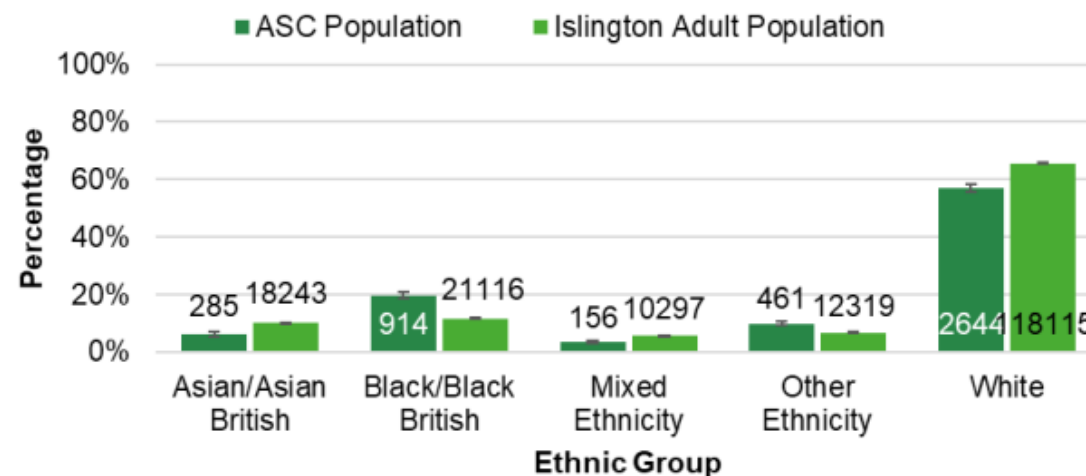
Ethnicity

In 2022/2023, individuals who identified as Black/Black British and Other ethnicities were overrepresented in the Adults Social Care population when compared to the general Islington adult population.

Page 9

Whereas individuals who identified as Asian/Asian British, mixed ethnicity and White were underrepresented in the Adult Social Care population when compared to the same population.

Proportion of people receiving Adult Social Care support compared to the general adult population, by ethnicity, Islington, 2022-2023



Note: 181 (3.9%) individuals in the ASC population were either missing their ethnicity data or refused to provide it.

Source: Internal all services Islington ASC data 2022-23; Census 2021

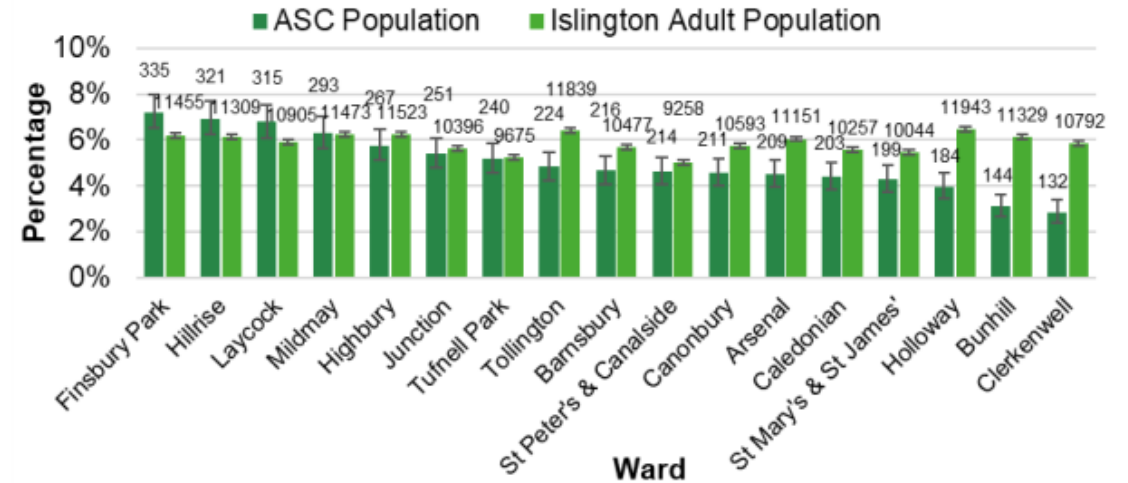
Ward

Two wards, Finsbury Park and Laycock, had a significantly higher proportion of the Adult Social Care Population when compared to the proportion Islington Adult Population.

Page 10

Whilst 9 wards, Arsenal, Barnsbury, Bunhill, Caledonian, Canonbury, Clerkenwell, Holloway, St Mary's & St James' and Tollington, had significantly lower.

Proportion of people receiving Adult Social Care support compared to the general adult population, by ward, Islington, 2022-2023



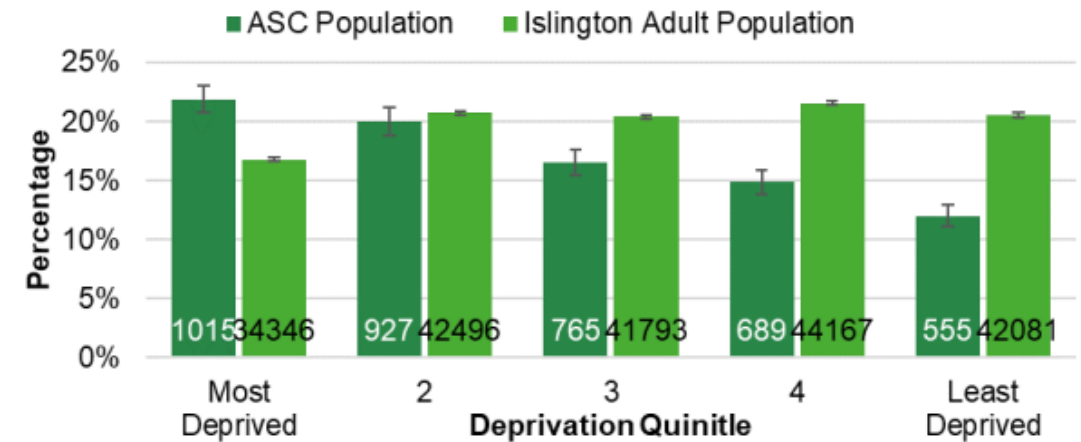
Note: 683 (14%) of individuals had a postcode that was either out of borough or missing.
 Source: Internal all services Islington ASC data 2022-23; Interim GLA Identified Capacity Scenario (2021)

Deprivation

Individuals from the most deprived areas of the borough (quintile 1) were significantly overrepresented in the ASC population.

Page 1
Whilst individuals from the three least deprived deprivation quintiles were underrepresented in the ASC population. As this deprivation measure considers income, this is likely correlated with the financial assessment to receive support.

Proportion of people receiving Adult Social Care support compared to the general adult population, by local level deprivation quintile, Islington, 2022-2023



Note: 690 (15%) of individuals had a postcode that was either out of borough or missing. One is the most deprived quintile

Source: Internal all services Islington ASC data 2022-23; ONS Lower layer Super Output Area population estimates (Mid-2020); IMD 2019

Contacts going on to a new referral

This analysis explores the percentage of contacts per demographic that went on to receive a full assessment. Currently only initial findings are available for this.

Contacts going on to a new referral

Monitoring the percentage of contacts that are referred for an assessment is a method of monitoring demand and need in adult social care.

This is one step of the ASC journey being included in the equalities deep dive analysis.

Initial findings for 2022/23

Of the 5581 contacts last year, 1302 (23%) were referred for an assessment. Of those referrals, we know the majority are:

- Adults aged 65+
- Female
- Of Asian/Asian British and White ethnicities
- From the least deprived areas of the borough were most likely to go on and become a referral.

Next steps are to compare this with the general population to identify any over/under representation.

Note: This does not mean the person receives support, rather they have met the requirements for an assessment which is the first stage of accessing support.

Next steps

Page 14

Next Steps and Actions

1. Analyse the remaining parts of the adult social care resident journey by equalities characteristics
This includes analysing contacts, referrals and further analysis by cohorts
2. Deep dive into referrals by cohort – learning disability, mental health, older people by age and ethnicity
3. Audit of overrepresented groups by ethnicity for practice approaches
4. Review of training with staff to ensure that officers are capturing equalities information where appropriate
5. Review of training on diversity and equality – unconscious bias and cultural competence could be well received by members and important to our practice

This page is intentionally left blank



Camden and Islington NHS Foundation Trust

Report Prepared for:
Islington Council Health and Social Care Scrutiny Committee
05 October 2023

Reporting Officer: Prosper Mafu, Managing Director - Islington Division

1. SUMMARY

This report has been prepared at the invitation of Islington Council's Health and Social Care Scrutiny Committee to provide an update about the Camden and Islington NHS Foundation Trust (C&I). We last provided a report to this committee in October 2022.

The committee asked for an overview on performance over the last 12 months, the challenges we face, and our plans for future developments in service.

The performance overview included in this paper show how focused and commitment we are to continuously improving access, experience and outcomes for Islington residents using mental health services. This is despite the challenges we face of high prevalence of serious mental illness and of common mental disorders and high demand for services and recruiting to some professional roles.

Our priority is delivering place-based care in line with population health priorities. We are strengthening our partnership between C&I and BEH known as the North London Mental Health Partnership (NLMHP). This paper will update on the next steps of this partnership.

We are in the process of finalising a joint Clinical Strategy for the NLMHP with input from staff and patients. This is a crucial document which will shape and improve the care we jointly give as a Partnership over the coming five years, sharing resources and best practice.

Supporting our Clinical Strategy has been our ongoing work to transform our buildings- across Camden and Islington. This paper gives a progress update on the construction of Highgate East for inpatient and Lowther Road for community services.

In the last year, we have launched a new care planning approach, called DIALOG+. It makes it much easier to co-produce a personalised care and support plan with our service users. This will support our drive to ensure that service users are involved in the planning and review of their care and treatment and enabled in their decision making every step of the way. The new approach is rolling out gradually across the Trust as part of a London-wide initiative.

The Trust continues to seek feedback from based on the NHS Friends and Family test. The feedback has been positive although we recognise that there is more we can do to improve and learn from this feedback.

The Islington Council's Health and Social Care Scrutiny Committee is asked to note the content of the report and provide comments.

2. INTRODUCTION

Camden and Islington NHS Foundation Trust (C&I) is the largest provider of mental health and substance misuse services to people living in Camden and Islington. We have approximately 2,200 employees who work in multi-disciplinary teams providing a holistic approach to recovery. The Trust has delegated responsibility for the provision of social care in both Camden and Islington under the Section 75 agreements.

The sections of this paper will be presented under the following set of headings:

- Our services
- Our performance against Key Performance Indicators (KPIs)
- Updates on our plans for future developments in service.
- Challenges
- Appendix 1: List of our services

3. OUR SERVICES

Camden and Islington NHS Foundation Trust (C&I) provides high quality, safe and innovative care to our service users in the community, in their homes or in hospital. We provide services for adults of working age, adults with learning difficulties, and older people in the London area. We currently deliver the majority of our care to residents in the London Boroughs of Camden and Islington.

In addition, we have specialist programmes which provide help and treatment for: veterans living in London, young people caught in the cycle of gang culture and perinatal mental health conditions.

There are three divisions in Camden and Islington NHS; two are geographical – Camden and Islington, while the Hospital Division provides inpatient care across both Camden and Islington.

These are:

- Hospital
- Camden community
- Islington community

This structure is helping shape and support our transformation programmes and has put us in the best place to deliver our priorities, place-based care, and population health priorities.

Previous Divisional Structure	New Divisional Structure
Acute Division	Hospital – all inpatient areas Psychiatric Intensive Care Unit (PICU), acute, older adults and rehabilitation) plus our Mental Health Crisis Assessment Service (MHCAS) and our acute hospital liaison services and a Health Based Place of Safety
Community Mental Health (CMH)	Camden - also hosts cross-borough services for Ageing Mental Health and Perinatal Mental Health
Recovery and Rehabilitation (R&R)	
Services for Ageing and Perinatal Mental Health (SAPMH)	Islington - also hosts cross-borough Mood Disorder and Substance Misuse Services
Substance Misuse Services (SMS)	

For a list of our services see Appendix 1

In Islington, a number of our services are delivered in partnership with LBI Adult Social Care, VCS and the Whittington Hospital. We work closely with other agencies such as housing, police and probation services.

Partnership working between C&I and BEH (NLMHP) has continued to progress through 2023-24, with a single Partnership Executive Team in place across both Trusts.

Next steps for the North London Mental Health Partnership:

We launched our ambitious NLMHP Strategy in May 2023, developed with wide internal and external stakeholder engagement. Both internally and externally, people asked for clarity and certainty on our future organisational form.

We could remain working in Partnership between BEH and C&I, but there are limits to what we can achieve as two separate organisations. Both Boards believe coming together into one new organisation is better for our service users, our staff and local communities.

Coming together into one organisation will enable us to meet the needs of our local population, responding to our growing and ageing population, addressing our staffing challenges, maintaining 24/7 services, and improving our performance.

We are now beginning the formal application process to NHS England, and subject to approvals, anticipate our new organisation coming into being some time in autumn 2024.

This announcement builds on what we have been doing over the last two years and is simply the next step in the development of the Partnership.

We are at the start of the formal process to explore creating one new organisation by autumn 2024. We will be submitting the first stage application document in October following Boards approval, but the timing after this will depend on approval by NHS England.

We will be developing a Patient Benefit case focusing on three clinical pathways, Adults of working age, Older Adults, Crisis Pathway and one cross cutting theme of Quality Improvement.

4. OUR PERFORMANCE

OUR PERFORMANCE AGAINST KEY PERFORMANCE INDICATORS

The contents of the report are defined by the NLMHP's priorities which are informed by nationally defined objectives for providers - the NHS Constitution, the NHS Long Term Plan, the Oversight Framework for Mental Health, Adult Social Care Outcomes Framework, and Integrated Care Systems (ICS).

The Trust reports on a bi-monthly basis to the Board on the Trust's operational, quality and safety, workforce, and financial performance against national and local standards.

Below is a summary of performance against KPIs which relates to access and flow and the measures we are taking to improve and sustain our performance. This performance summary is based on the June 2023 board report.

2+ Attended contacts – Linked to Community Mental Health Transformation.

The target is 7,222 two plus contacts by end of 2023/24. Performance in June 2023 was 5033. Target updates have been made for the year 2023-2024 based on the population data for each borough. An essential aspect of this transformation process involves a thorough review of the teams reported in C&I to ensure the utmost accuracy in reporting figures related to Teams. To achieve this, the focus is on cleansing the teams list and mapping to Mental Health Service Data Set (MHSDS) codes, benchmarking categories, KPIs (in or out of scope) and dashboard hierarchy. Also working with colleagues to ensure that accurate data is available via the dashboards.

Access to Talking Therapies

In June 2023, all Talking Therapies services successfully met both the 18-week waiting time targets and the 6-week target. Furthermore, since January 2023, C&I has consistently achieved the target for the proportion of patients completing treatment who move to recovery for all three services, except in April 2023. The drop in recovery rate during April 2023 was attributed to a lower recovery rate in Camden for that month.

Memory Service - % of patients diagnosed within 6 weeks of referral.

The target is 85%. Performance: 9%. Camden and Islington remain two of the highest boroughs for Dementia prevalence across London with Camden (72.9%) and Islington (75.9%) above the national target of 66.7%. Whilst the figures have decreased slightly following the Carenotes (patient clinical record keeping system) outage in 2022 we have strong reason to believe this is a recording issue within primary care, and audits are underway. Where the Memory Services are most challenged remains with the Dementia Diagnosis rate. Previous staffing vacancies, strike action and loss of clinical experience have contributed to waiting lists impacting our ability to meet the target. In addition, both services have seen 12% increase in referrals comparative to the first quarter of 2022. To address the growing demand vs capacity, a review of workforce performance has been undertaken. It is recognised medical time and performance is as an area of concern with work underway to establish clear

expectations around performance. Nursing resources has been shown to be used effectively in Camden and across the Partnership with further nursing resource sourced in Islington (starts Aug '23) and additional nursing input to be introduced within C&I to support diagnostic assessment. Further initiatives include establishment of cross-borough working group to enhance data resources, improve efficiency and monitor performance more effectively. Additionally, the working group has sought to develop outcome measures for post diagnostic offer, an offer nationally recognised by Alzheimer's Society as good practice. There is a strong desire within C&I to return to previous performance levels around dementia diagnosis and we are working closely across the partnership to learn from services who have addressed through change to approach, although not at the expense of the service integrity.

Number of Women Accessing Perinatal Mental Health Services

The target is 10%. Our performance in June 2023 was 6%. In May 2023, we conducted a thorough review of the reduction in women accessing the service and found no specific reasons to account for this decline. While fluctuations in numbers are considered normal, the decrease was unexpected, especially considering the positive referral numbers we had experienced in the first five months of the year. Significant new investment has now been agreed for the service. We expect the performance of the service to reach a locally agreed target of 7% by March 2024 and meet the target of 10% by March 2025. We have commenced recruitment to the main service. Maple South will go live on the 23rd of October 2023.

Psychiatric Liaison Service Response Rates

Target performance is 95%. Performance: in June 2023 was 98%. Excellent performance with the Emergency Department (ED) response rates exceeding the target in all three EDs – Whittington, UCLH and Royal Free.

Mental Health Crisis Service – 24-hour Response Rates

The target is 95%. In June 2023 72% were assessment within 24 hours. However, 27% of these cases that failed to get an assessment were seen within the next three hours. The fails were mainly due to capacity issues due to high levels of sickness among qualified nurses causing a shortage of staff during this period. Consequently, there were challenges with referrals on Friday evenings and between 21.00 and 08.00, accounting for 20% of all referrals, as available assessment slots for the following day were often fully booked during these periods. To address capacity constraints, the service is exploring a more flexible shift pattern between the teams.

Average LOS for Acute Mental Health Wards

A person's length of stay (LOS) in our inpatient services is a key driver in reducing inpatient bed occupancy rates. Estimating discharge dates is key and includes multiple factors including the person's primary diagnosis, physical health, any substance misuse concerns, housing, relationship and employment status, functional and social impairment.

The North Central London Integrated Commissioning Board (NCL ICB) aims to achieve an average length of stay (LoS) of 32 days to ensure that inpatient care is primarily provided

within the NCL provision. However, the current average LOS for C&I is 45 days, with 42 days recorded for June 2023. C&I also has a rolling average LoS of 46 days. Within the NLMHP, the implementation of ten high-impact actions for discharge is being carried out through a number of key workstreams.

Out-of-Area Placements for Adult Mental Health Services

The NHS-England target for inappropriate out of area placements is zero. This measure excludes clinically appropriate out of area placements, for example, OOA placements for safeguarding reasons. Where people go into out of area placement, they are visited regularly by their care coordinator to ensure continuity of care and effective discharge planning. The aim is to enable service users to be treated in a location where they can maintain contact with family, carers, and friends, and to feel as familiar as possible with their local surroundings.

During the current year, there has been a notable reduction in the number of out-of-area bed days. This positive outcome can be attributed to the diligent efforts of the operational teams, who have been working tirelessly to address delays and implement a comprehensive operational program focused on improving discharge processes and patient flow. The NLMHP has come together in a collaborative effort to devise a comprehensive plan and trajectory with a clear objective: to eliminate all out-of-area placements by the end of the current calendar year. In June 2023, the target of 185 Out of Area Bed Days (OBDs) was not achieved, as the actual number of OBDs recorded for that month was 225. In June, there was a notable surge in demand for inpatient services, resulting in a corresponding increase in admissions; however, this situation was effectively addressed through proactive discharges, which eventually led to use of OOA placements. Over the course of the last three years, there has been a significant rise in long lengths of stay (defined as stay exceeding 60 days) across both sides of the NLMHP. This increase has had implications on the capacity and occupancy rate of the acute care pathway.

72-hour Follow-Up Post Hospital Discharge.

The performance target for 72-hour follow up post discharge is 80%. For Camden and Islington this was 84% in June 2023. In majority of instances where failures occurred, attempts to contact the patient were evidenced in patient progress notes and were eventually contacted outside of the 3 day window. This remains a focus for the teams to achieve stability.

5. UPDATE ON SERVICE DEVELOPMENTS

BOROUGH PARTNERSHIP KEY PROGRAMME UPDATE

a) Community Mental Health Care Transformation

The Community Mental Health transformation is one of the core programmes for the Islington borough partnership. The key objective of the community mental health transformation is about improving equity of access and a holistic approach to care and treatment.

Now in the third and final year of this transformation investment programme to deliver the aspirations and expectations set out in the NHS Long Term Plan 2019 and Community MH Framework, C&I are continuing working on transforming community mental health services, transformation of estates. The North London Mental Health Partnership is well established and enabling us to improve outcomes and addressing inequality through strengthened timely access to services and delivery of holistic interventions. Shortly we will be publishing a NLMHP Clinical Strategy including a significant section on our Community Services, reflecting the transformation to date and our vision.

Through the NCL programme core mental health teams are now in place across Islington; multi-disciplinary team wrapped around each of our PCN's and through the Additional Roles Reimbursement (ARRS) scheme for primary care have embedded population health nurses to complement the core mental health teams with a specific focus on improving physical health outcomes for people with severe mental illness.

Our mental health teams have adopted the new care planning approach called DIALOG+ making it much easier to co-produce a personalised care and support plan with our service users and/or their carers.

Our new working arrangements with our Voluntary and Community Sector (VCS) partners are established aligning with our vision of an expanded and transformed community mental health service in partnership with Primary Care Networks (PCNs), the Voluntary and Community Sector (VCS), local authorities, physical health providers, service users, families, carers, and communities and in line with The Community Mental Health Framework for Adults and Older Adults.

There are dedicated community transformation workstreams focusing on eating disorder, personality disorder, mental health rehabilitation and older adults services. As part of this work, we are looking to strengthen the interface of core mental health services and intensive mental health services. This will enable a smooth pathway for people who use our services.

The feedback from people who use our services is encouraging. The Trust continues to seek feedback from the Friends and Family using a survey in line with the principle that people who use NHS services should have the opportunity to provide feedback on their experience, for us to continue to improve. In June 2023, the overall FFT score for mental health services was 85%, slightly below the benchmark target of 90% but 2% above the previous month. Comments of negative experiences are reviewed by teams and actions taken where possible and learning shared.

As shown above there is an increase in the number of two plus contacts and more work in progress to increase these contacts by end of this email. Below are anonymised case studies showing Islington residents are benefiting from the community transformation work.

CASESTUDY 1: Referral to Mental Health Core Teams

XX was referred to Islington Central Core Team by his GP due to his history of depression, severe tremors, domestic violence. He was initially assessed by a Population Health Nurse and further input was required from the team Specialist Occupational Therapist, Peer Coach and VCS Benefits Advisor.

A DIALOG+ form was completed by the team with the following ratings:

*Mental Health: 4
Physical Health: 1
Employment: 0*

Accommodation: 6
Leisure Activities: 4
Friendships: 3
Relationships: 6
Personal Safety: 5
Medication: 5
Practical Help: 2
Mental Health Meetings: 2

XX identified feeling hopeless, was self-conscious about mobility issues and dissatisfaction with his physical appearance. He reported being isolated from friends and family. XX wanted to access therapy alongside gym sessions. While accessing different staff from the Core Team, he was also referred to Parkinson's UK and the Recovery College for further support and undertook a number of physical health checks which led to a referral to Neurology.

XX reported an improvement in his mood and was happy with the support provided. He remains under the care of the Core Team at this time with support provided by the Peer Coach primarily working to identified goals and linking in with relevant services and support networks. XX also identified that he would like to return to work and a referral for Employment Support will be made at the right time.

CASESTUDY2: Self-Referral to Mental Health Crisis Team

Person self-referred to the Crisis Team calling the Crisis Single Point of Access phone line at the weekend and discussing their experience of suicidal thoughts. The person had recently suffered a bereavement and was also experiencing difficulties with work and with being able to afford to pay their rent to a private landlord. The person was advised of the role of the Crisis Team and was offered an appointment the following morning within 24 hours of the call. The person felt they were able to keep themselves safe until then and were given details of the Mental Health Crisis Assessment Service should they need in person support and has the option of calling back CSPA.

The person was seen in person by the Crisis Team the following day with a friend present. They were very much against medication or inpatient admission. They were taken on by the Crisis Team and the GP was informed of the referral. They agreed for their friends' details to be shared with the Crisis Team and the friend was present for the assessment.

The person was referred to the Crisis House and had home visits from the Crisis Team while awaiting a bed. Mental State Examination was completed at each home visit and the Crisis Team explored coping strategies, safety planning and potential medication options during the visits. The person was also given food vouchers for the food bank. Following assessment by the Crisis House the person decided not to accept this option as they felt they were coping better, and they reported that they found the support of the Crisis Team beneficial.

The person was discharged after two weeks working with the Crisis Team. The person stated they had returned to work and that this had helped improve their mood. The outcomes at discharge included arrangement of a G.P.'s appointment for blood test and review of options for anti-depressant medication, referral to the Listening Project (a non-statutory service which support people experiencing suicidal ideas), referrals to Recovery College and Islington Mind and an appointment were arranged with Islington People's Rights to discuss benefits entitlement. The discharge summary was sent to the G.P. and a referral to the Core Team has been suggested.

b) Other key Programme Updates

Below is a summary of updates which relates to different areas of work that have involved partnership working across commissioning, Adult Social Care, ICB, C&I, VCS partners.

This covers Mental health employment support, Physical Health Checks for those with Serious Mental Illness (SMI), and Crisis prevention and Early Intervention and prevention.

IPS / MH Employment Support

A detailed commissioning review of the mental health employment support offer has been completed, including an exploration of opportunities to better integrate with other services, and consideration of the benefits and challenges of different delivery methods. Using additional recurrent MHIS funding from 2023-24, commissioners have been working with the IPS provider Hillside Clubhouse and C&I to expand the IPS service including embedding new Employment Advisors within the Core Teams, in order to support meeting NHSE stretched access targets. Funding from the DWP has become available to support a full role out of Employment Advisors to feature within IAPT services, with a 2-year contract awarded to Hillside Clubhouse to deliver in Islington. Mobilisation of Employment Advisors within IAPT services in Islington is almost complete with all posts now recruited to, the service started receiving referrals in August with full service go live by October 2023.

SMI Health checks

The Islington SMI Health checks service, delivered in partnership between C&I and Islington GP Federation, met the 60% target for 22/23, with 60.1% of patients on SMI GP registers having had all 6 physical health checks. This particularly good performance really highlights the team's proactive and flexible approach and how they have built strong partnerships with GP Practices. Some practices achieved 70%+. Data also highlighted that GP practices in areas of the borough with high deprivation all performed over 60%, some above 70%; they also proactively ask the SMI health check team to follow up with patients. % patients on SMI register who had all 6 physical health checks (12 month rolling figure) as of June 2023 is 54%, against 60% target. ICB approved longer-term funding and contractual arrangements for NCL SMI Health Check services with new contract with Islington GP Federation commencing April 2023. We were successful in bidding for Islington Health Inequalities fund in 2023-24 and the SMI Health checks service has been awarded funding to develop, co-produce and mobilise local health cafes for people with SMI. Hosted in a variety of community assets, the cafes will encourage people with SMI to receive annual health checks and focus on population approaches to improve outcomes.

Crisis prevention and Early Intervention and prevention

Commissioners have undertaken detailed reviews of crisis prevention provision and early intervention and preventative mental health support. These reviews aimed to identify opportunities to create a more integrated and holistic offer of support for residents which delivers excellent outcomes and improved value for money. This included mapping out demand, access, outcomes and investment, identifying if we are investing in the right kind of support and whether investment delivers value for money, as well as identifying what works well, gaps in provision and any duplication in offers. The reviews identify recommendations for improvement and sustainability to ensure that the community-based mental health and wellbeing support offer is maximised and delivers excellent value for money. Feedback gathered via engagement with key stakeholders helped to inform the reviews, including ASC, Snr managers and practitioners within C&I crisis services and community MH teams and inpatient services, ICB, GPs, VCS providers, and residents who use services.

UPDATES ON ST PANCARS TRANSFORMATION PROGRAMME

Highgate East Inpatient Development

The construction of Highgate East is planned to complete by the end of the year and to be fully open by early 2024, replacing the ageing inpatient wards at St Pancras Hospital. The modern environment at Highgate East will enable mental health recovery through providing therapeutic spaces for our service users and giving our staff the facilities needed to provide the best possible care.

The facility will offer all single en suite rooms, outdoor space from each ward, therapy spaces, plus a sports hall and community café as part of a move to destigmatise mental health and ensure a more inclusive approach.

It will also form part of a single campus with Highgate West to improve the way that clinical cover is organised and how facilities are managed.

In planning for the opening of Highgate East we will reconfigure the wards across the campus based on clinical need. This will mean that high acuity mental health services will be accommodated at Highgate West, co-locating them with our Health Based Place of Safety service.

Lowther Road Community Development

Improving the quality of our community facilities is a crucial part of our plans to help people with mental health problems to live well in their communities.

The redevelopment of 1 Lowther Road in Islington is an exciting opportunity. Once opened, in early 2024, Lowther Road will offer a modern, welcoming space that will allow us to offer integrated services that address both mental health and physical health, it will also provide an enhanced working environment for our clinical teams.

Lowther Road will provide space for at least 100 staff to work at any one time in a bespoke environment. The design also includes 30 consultation rooms, as well as meeting room spaces and an information zone.

Lowther Road will provide a workplace that also supports staff well-being by providing bike racks, a shower room and open plan staff rest areas. Importantly, Lowther Road will not be a space exclusively for our service users and staff, a community café will make this a place that everyone can enjoy.

6. CHALLENGES:

Prevalence of Serious Mental Illness

In England, Islington has the third highest prevalence of serious mental illness and the 5th highest prevalence of common mental disorders.

This includes the prevalence of neurodevelopmental disorders for which Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) assessment waiting times are high.

Camden and Islington remain two of the highest boroughs for Dementia prevalence across London with Camden (72.9%) and Islington (75.9%) above the national target of 66.7%.

Recruitment

Recruitment into the expanding and transformed core teams has been slow and therefore been unable to offer all interventions from day one.

Overall vacancies are at 4.9% within expected target of below 10% and is showing improvement having remained below the average since March 2023. However, for qualified Nurse Vacancies we are above target at 12.5% which is above the 10%, target. but now appears to be in a downward trend having fallen each month since March 2023. Newly Qualified Nurse (NQN) recruitment improvements continue to be made through joint working with divisions, recruitment leads and the North London Partners Shared Service to minimise delays. The recruitment and onboarding have been in progress for September 2023 intake. It is envisaged there will be approximately 40 student nurses joining C&I. NQN recruitment continues with at further 71 applications to shortlist. To address the vacancy rate, we are continuing to work on international recruitment initiatives. There are also plans to expand more entry via the Apprentice route.

With the support of our recruitment specialist the Islington Division is looking at more creative ways to reach a wider audience to improve our recruitment. Recent recruitment successes show that progress is being made.

CONCLUSION

The strength of our Islington borough partnership and the NLMHP is enabling us to take the system wide approach in responding to the mental health needs of Islington residents and addressing inequalities. The review of our clinical strategy, embedding of community transformation and our estates developments we will enable us to sustain and improve on our performance. Key areas of focus for us remain on improving of memory assessments and perinatal mental health services.

APPENDIX 1: SERVICES BASED IN CAMDEN AND ISLINGTON NHS TRUST

Community Services

Assertive Outreach teams

Crisis Response Team and Crisis Single Point of Access

Clozapine wellbeing Clinic

Community Rehabilitation services

Substance Misuse Services

Women's crisis unit

Out of Area and Assessment Team

Rehabilitation and Recovery Teams

Serious Mental Illness (SMI) Nursing Team

Core Teams in Primary Care

Trauma Stress Clinic

Neuro developmental Disorder service

Psychotherapy Service

Complex Depression, Anxiety and Trauma (CDAT)

Personality Disorder Service

Veterans Services

Young people's services over 18-25

Early Interventions in Psychosis Teams

Services for Ageing and Mental Health

Community Learning Disability Team

Whittington Psychology Services

Perinatal Mental Health

Mental Health Crisis Assessment Service (MHCAS) and our acute hospital liaison services

Health Based Place of Safety

Inpatient Services

Acute Mental Health for working age adults

Older Adults wards

Rehabilitation wards

Psychiatric Intensive Care Units

