



AGENDA FOR THE EXECUTIVE

Members of the Executive are summoned to attend a meeting to be held in Committee Room 4, Town Hall, Upper Street, N1 2UD on **22 October 2015 at 7.30 pm.**

John Lynch
Head of Democratic Services

Enquiries to : Philippa Murphy Tel: 020 7527 3184
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Despatched : 14 October 2015

Membership

Councillor Richard Watts
Councillor Janet Burgess MBE
Councillor Joe Caluori
Councillor Paul Convery
Councillor Andy Hull
Councillor James Murray
Councillor Claudia Webbe
Councillor Asima Shaikh

Portfolio

Leader of the Council
Executive Member Health and Wellbeing
Executive Member Children and Families
Executive Member Community Safety
Executive Member Finance and Performance
Executive Member Planning and Development
Executive Member for Environment and Transport
Executive Member for Economic and Community Development

Quorum is 4 Councillors

Please note

It is likely that part of this meeting may need to be held in private as some agenda items may involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972. Members of the press and public may need to be excluded for that part of the meeting if necessary. Those items are at Section H of the agenda - Paragraph 3, Schedule 12A of the Local Government Act 1972 applies.

Details of any representations received about why the meeting should be open to the public - none



Declarations of interest:

If a member of the Executive has a **Disclosable Pecuniary Interest*** in an item of business and it is not yet on the council's register, the Councillor **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent. Councillors may also **choose** to declare a Disclosable Pecuniary Interest that is already in the register in the interests of openness and transparency. In both the above cases, the Councillor **must** leave the room without participating in discussion of the item.

If a member of the Executive has a **personal** interest in an item of business they **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but may remain in the room, participate in the discussion and/or vote on the item if they have a dispensation from the Chief Executive.

- *(a) Employment, etc** - Any employment, office, trade, profession or vocation carried on for profit or gain.
- (b) Sponsorship** - Any payment or other financial benefit in respect expenses in carrying out duties as a member, or of election; including from a trade union.
- (c) Contracts** - Any current contract for goods, services or works, between the Councillors or their partner (or a body in which one has a beneficial interest) and the council.
- (d) Land** - Any beneficial interest in land which is within the council's area.
- (e) Licences-** Any licence to occupy land in the council's area for a month or longer.
- (f) Corporate tenancies** - Any tenancy between the council and a body in which the Councillor or their partner have a beneficial interest.
- (g) Securities** - Any beneficial interest in securities of a body which has a place of business or land in the council's area, if the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body or of any one class of its issued share capital.

NOTE: Public questions may be asked on condition that the Chair agrees and that the questions relate to items on the agenda. No prior notice is required. Questions will be taken with the relevant item.

Requests for deputations must be made in writing at least two clear days before the meeting and are subject to the Leader's agreement. The matter on which the deputation wants to address the Executive must be on the agenda for that meeting.

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G. Urgent non-exempt matters	
Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.	
H. Exclusion of press and public	
To consider whether to exclude the press and public during discussion of the remaining items on the agenda, in view of their confidential nature, in accordance with Schedule 12A of the Local Government Act 1972.	
I. Confidential / exempt items for information	
12. Contract award for alcohol misuse residential care service for older men - exempt appendix	109
J. Urgent Exempt Matters	
Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.	

The next meeting of the Executive will be on 26 November 2015

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London Borough of Islington

Executive - 24 September 2015

Minutes of the meeting of the Executive held at Committee Room 4, Town Hall, Upper Street, N1 2UD on 24 September 2015 at 8.00 pm.

Present: Councillors Watts, Burgess, Convery, Murray and Webbe

Also Present: Councillor Klute was present for item C5.

Councillor Richard Watts in the Chair

183 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Caluori, Shaikh and Hull.

184 DECLARATIONS OF INTEREST

None.

185 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the Minutes of the meeting on 16 July be confirmed as a correct record and the Chair be authorised to sign them.

186 BUDGET MONITOR - MONTH 4

RESOLVED:

- 1.1. That the overall forecast revenue outturn for the General Fund of a £3.3m overspend be noted. That, in the event of an overall overspend at the end of the financial year this would be funded from the one-off corporate contingency reserve in the first instance, be noted. (Paragraphs 3.1 and 4.12, Table 1 and Appendix 1 of the report)
- 1.2. That it be agreed that £0.45m of in-year corporate funding is applied to the Environment and Regeneration structural overspend arising due to the Government shelving plans to introduce locally set licensing fees. This is a net nil impact overall as the corporate underspend is reduced, in respect of this applied funding, by the same amount. (Paragraph 4.5 of the report)
- 1.3. That the increase in development management pre-application fees required to cover the additional costs associated with providing this most valued planning service within the agreed timescales be agreed. (Paragraph 4.6 and Appendix 3 of the report)

- 1.4. That the HRA is forecast to break-even over the financial year be noted. (Paragraph 3.1, Table 1 and Appendix 1)
- 1.5. That the latest capital position with forecast capital expenditure of £114.6m in 2015-16 be noted. That the drawdown to the Finance and Resources capital budget from the Invest to Save reserve be agreed and capital slippage into future years be agreed. (Paragraphs 6.1 to 6.3, Table 2 and Appendix 2 of the report).

Reason for decision – to allow members to monitor the budget.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

187

PATIENT FEEDBACK - RECOMMENDATIONS FROM THE HEALTH AND CARE SCRUTINY COMMITTEE MINI-REVIEW

Councillor Klute, Chair of the Health and Care Scrutiny Committee, introduced the committee's recommendations following the completion of the mini scrutiny into Patient Feedback. Councillor Klute advised that this had arisen out of the GP Appointments scrutiny which found GPs were not getting the feedback they need when patients are unhappy. This scrutiny concluded that the recently introduced Family and Friends test provided feedback more effectively than other methods and recommended it is taken up by all health service providers in the borough as quickly as possible. Councillor Watts thanked Councillor Klute and advised that the Executive will respond in due course.

RESOLVED:

That the report of the Health and Care Scrutiny Committee be received.

Reason for decision – to enable the Executive to consider and respond to the committees' recommendations.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

188

CAMDEN AND ISLINGTON ICT SHARED SERVICE PROGRAMME

RESOLVED:

- 1.1 That the establishment a shared ICT and Digital service between Camden and Islington Councils be agreed.
- 1.2 That a formal Joint Committee be established with the London Borough of Camden to oversee the shared service, with a longer-term option to move towards a more commercial governance arrangement and operating model, be agreed.
- 1.3 That the Leader, subject to the Executive agreeing the above, will in consultation with the Executive Member for Finance and Performance, make

any further decisions required (and make any appropriate delegations to officers) as to the terms of reference and operation of the Joint Committee and agreements between the Councils required to underpin these arrangements, be agreed.

- 1.4 That the Assistant Director (Governance and HR) be authorised to enter into the Joint Committee agreement (as approved by the Leader of the Council) and any additional legal documentation necessary for the establishment of the shared ICT and Digital Service be agreed.
- 1.5 That the total cost-of-change budget of a maximum of £5m to support the transition, of which Islington's maximum contribution will be £2.5m, be agreed.
- 1.6 That the current thinking, that costs and savings for the core service offering will be shared on an equal basis between the two boroughs subject to due diligence and a further assessment of each borough's level of contribution and anticipated financial benefit, be agreed.

Reason for decision – to achieve financial savings whilst improving service delivery and creating a rewarding work environment.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

189 CONTRACT AWARD - EXTRA CARE SHELTERED HOUSING

RESOLVED:

That the contract to provide Extra Care Services be awarded to Notting Hill Housing Trust for a period of 16 years commencing on 1st October 2015 with the option to terminate the contract after the first 4 years and subsequently at the end of each period of four years up to the contract end date on 30th September 2031 be agreed.

Reason for decision – to secure continuity of care for very vulnerable residents, continuity of supply of specialist resources and continued value for money.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

190 CONTRACT AWARD - INTEGRATED DIGITAL CARE RECORD AND PERSON HELD RECORD.

Councillor Watts advised that he had agreed to accept this additional item under the urgency provisions in rule 93 of the Council's Constitution. The Chair of Policy and Performance Scrutiny Committee had also confirmed agreement.

Councillor Burgess advised that the funding for the scheme had been secured from the government by the Council, the ICCG and Whittington Health as part of the organisations joint Pioneer Status and it had not been confirmed which organisations decision making procedures would apply until very late in the process. The decision cannot be deferred because the contract is due to be signed imminently.

RESOLVED:

- 1.1. To approve the contract award for the Integrated Digital Care Record and Personal Held Record Programme as outlined in this report to BT for a period of five years.
- 1.2. To approve the execution of a tri-partite agreement between Islington Council, Islington CCG and BT for the provision of services related to the Integrated Digital Care Record and Personal Held Record Programme.
- 1.3. For receipt of funding from the Department of Health and the CCG for Islington Council to administer the arrangements.

Reason for decision – to help integrate patient care across health and care providers in Islington to improve services and deliver efficiencies.

Other options considered – none, other than as detailed in the report and related papers.

Conflicts of interest / dispensations granted – none.

191 CONTRACT AWARD - INTEGRATED DIGITAL CARE RECORD AND PERSON HELD RECORD - EXEMPT APPENDIX

RESOLVED:

That the information in the exempt appendix to agenda item 8 in the second despatch be noted (see Minute 190 for decision).

MEETING CLOSED AT 8.10 pm

CHAIR



Report of: Executive Member for Health and Wellbeing

Meeting of:	Date	Ward(s)
Executive	22 October 2015	All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: SECTION 75 ANNUAL PARTNERSHIP REPORT – ISLINGTON COUNCIL AND WHITTINGTON HEALTH

1. Synopsis

- 1.1 The London Borough of Islington and Whittington Health have an existing Section 75 (National Health Service Act 2006) Partnership Agreement, which supports effective partnership working.
- 1.2 There are three main drivers for partnership working to deliver health and social care:
 - It makes sense for users – most vulnerable residents need elements of both, and the more integrated the response the better for them
 - It makes sense for staff – better understanding of, and access to, a wide range of health and social care services and advice enables them to provide a better service
 - It delivers better value for money – combining budgets and avoiding duplication makes for more effective use of public funds.

2. Recommendation

- 2.1 To note this annual report (Appendix 1) and endorse the achievements of the S75 Partnership working between London Borough of Islington Adult Social Services and Whittington Health for adults and older people.

3. Background

- 3.1 Islington has a long history of successful partnership working, with the first S31 (now S75) Partnership Agreement signed by the newly formed PCT and the Council in 2002. There has been significant structural change within the NHS and the S75 Partnership Agreements were updated in 2011 and that agreement, together with the Intermediate Care Integrated Provider Agreement, continues to have the following aims : -
 - Support people to live independently for as long as possible

- Improve the services received by vulnerable people in the community, by integrating the service delivery and provider arrangements between health and social care. This will allow client focussed care to be developed and delivered to individuals in order to meet their needs in a more seamless and efficient manner.
- Enhance opportunities available to provide services to local people which meet their needs in an integrated, coordinated, sensitive and efficient manner
- Provide services to clients with fewer gaps and overlaps between different providers
- Provide communities with a single response from health and social care about how best to meet their needs
- Provide a richer pool of knowledge and experience for staff working within the partnership arrangements from which to draw upon in developing and delivering services
- Offer an improved infra-structure and management support for all staff working within the partnership arrangements
- Ensure policy, strategy and decision making takes place in whole system context
- Support the development of the joint strategic needs assessment and priority setting based in this
- Support the development of the Local Area Agreement and partnership activities to improve health and wellbeing outcomes for local people
- Achieve efficiency savings.

4. Implications

4.1 Financial implications

The Council and Whittington Health have a S75 partnership agreement that was set up in 2004 to assist with the access and delivery of equipment in the community. The total budget was £900k for 2014/15 and is the same for 2015/16. The Council and Whittington Health both make an equal contribution of £450k.

In 2014/15 the ICES (Integrated Community Equipment Store) pooled budget final position was £69k overspent which was then split on a 50/50 basis. At this time there are no additional expected pressures on these budgets for 2015/16. Any risks arising should be managed down in year in accordance with the agreements set out.

Please note that the Intermediate Care Pooled budget is held between Islington CCG and Islington Council.

4.2 Legal Implications

The Health and Social Care Act 2012 sets out the obligations on the health service in respect of its relationship with care and support services, including making it easier for health and social care services to work together. The relevant agreement between Whittington Health and the Council, made under section 75 of the National Health Services Act 2006, includes arrangements for pooling resources and delegating certain NHS and Council health-related functions to the other partner, where this leads to an improvement in the way those functions are exercised.

The Council has a duty under Section 3 of the Care Act 2014 to integrate care and support with those provided by the NHS and other health-related services. The duty will apply where the Council considers that integration of services would promote the wellbeing of adults with care and support needs (including carers), contribute to the prevention or delay of developing care needs, or improve the quality of care in Islington.

4.3 Environmental Implications

Islington Social Services has a relatively minor environmental impact, which is largely limited to travel (emissions and congestion) and office usage (energy and paper use). Joint working projects such as this partnership with Whittington Health have the potential to have a positive environmental impact, due to a reduction in the duplication of work. The increasing use of telecare also has a positive environmental impact, as it reduces travel demand.

4.4 Equality Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

5. Conclusion and reasons for recommendations

5.1 The strong history of partnership working between Islington Social Services and the health services that are now within Whittington Health NHS Trust provides a solid platform to further develop local and locality services that are truly 'joined up' and delivered in a way that offers integrated care and support, to the benefit of Islington residents. This has been effective to:

- Support people to stay in their own homes and be as independent as possible
- Avoid unnecessary stays in hospital
- Receive all necessary equipment that enables them to be safely cared for at home in a timely fashion
- Support integrated working with primary care to manage the care of people with complex needs or frailties more effectively.

It is important to preserve the benefits of integrated working, and to use the opportunities to develop further integration of front-line teams over the coming year, as this will provide a better coordinated service to vulnerable people, and ensures that opportunities to share expertise and specialist knowledge are maximised, and that any duplication of work is minimised.

The attached report details some of the key achievements and developments over the last year and outlines planned future developments.

Appendices

- Report on Section 75 (National Health Service Act 2006) Partnership Working between London Borough of Islington and Whittington Health NHS Trust

Final report clearance

Janet Burgess

Signed by: Executive Member for Health and Wellbeing

Date: 7 October 2015

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ISLINGTON

In partnership with

Whittington Health 

Appendix 1

**Report on Section 75 (National Health Service Act 2006)
Partnership Working between**

London Borough of Islington and Whittington Health NHS Trust

1. INTRODUCTION

This report covers the main achievements of the last year in the provision of integrated services for adults and older people, and identifies the key priorities for 2015/16.

2. KEY AREAS OF ACHIEVEMENT 2014-15

2.1 Developing Integrated Locality Team Working

The 'Moving Forward' programme plan for 2014/15 included developing a new integrated model between community rehabilitation, intermediate care and social care which sought to ensure that the services that were delivered in partnership were sustainable and able to respond to the increasing number of people being supported to remain in their own homes and independent for as long as possible.

The new model required significant changes to social care structures in order to ensure that duplication was minimised, outcomes improved and statutory obligations related to changes in legislation met. The Care Act 2014 has significant operational implications for adult social care with an anticipated increase in demand from those requesting assessments, new duties to provide additional support (e.g. to self-funders) and an increased focus on providing information, advice and guidance to all.

It also required changes to the Whittington Health Community Rehabilitation Team (CRT) and REACH team in order to deliver a model of care that supported the delivery of community intermediate care and rehabilitation as part of an integrated service with social services, with co-located teams, a single point of access for referrals and advice and shared screening of new referrals.

Using the learning from the N19 pilot that ran from June 2013 – March 2014, a project group was set up to develop and agree the operational aspects of the model which included work streams for:

- A single point of referral and advice for social care and REACH/CRT teams (Access and Advice Team)
- Streamlining assessments and reviews including a review of forms
- Review of discharge services
- Agreeing the locality team bases and team staffing structures
- Review of reablement service and home care
- Review and update the Links for Living website
- Review of urgent response provision in social care and links to development of rapid response team with Islington CCG (ICCG).
- Training and development programme for staff

The Access and Advice service will support Islington to fulfil its duties in Care Act 2014, this requires health and social services to provide advice and information, guarantee preventative services which could help reduce or delay the development of care and support needs, and inter-professional working. Staff working in this service have been trained to quickly identify how best to meet people's needs, offer advice or suggestions as to where they can find services or solutions for their needs, or quickly route them to screening and services that they require.

The 'Links for Living' pages have been redesigned to offer an effective and attractive way to support people to find information about a range of health and social care services, and to enable them to consider what they need, with advice how to access this.

Consultations were held with staff on the proposed reorganisation during October &

November 2014 with a go live date proposed for April 2015. The purpose of the reorganisation was to:

- Ensure that the service delivers more personalised, integrated support
 - Ensure that all service users have the best opportunity to achieve their maximum level of independence with the required level of support tailored towards their needs
 - Ensure that the service is configured to provide a high quality and cost effective service by removing multiple handoffs and duplication of work between Health and Social Care teams
- Respond to the additional duties introduced by the Care Act which necessitate operational changes to the service Contribute to the health and social care efficiency targets.

2.2 Keeping Independent at Home

The past year has seen continued improvement and innovation in the Reablement service.

The 'In reach' services continue to work with the Whittington and UCLH, linking strongly to the hospital teams with a focus on delivering faster discharges, over 7 days.

A successful pilot to base a physiotherapist within the Reablement service, with the dual aims of providing timely physiotherapy intervention, and providing training and advice for the enablers to gain competencies in helping people mobilise and prescribing simple mobility aids, continued in 2014-15 and a bid submitted to commissioning to continue the funding in 2015/16.

- 188 people were referred for physiotherapy as part of their Reablement during April – December 2014.
- 66% of service users either achieved or partly achieved their goals during their 6 week involvement with reablement, with the option of continued physiotherapy via the REACH community team.

The Enhanced Reablement service has continued to provide intensive support packages to people who would otherwise be at high risk of admission to residential or nursing home (typically due to dementia). During 2014/15 Enhanced Reablement had a total of 57 referrals of which 43 were accepted for a service.

Outcomes for these people were: -

- 7 transferred to a period of standard reablement at home
- 16 transferred to ongoing support and remained at home
- 12 needed further medical or therapy services
- 7 required no further services

Mainstream reablement has provided free care and rehabilitation at home for 543 Islington residents in 2014/15. Reablement continues to deliver good results in terms of independence for service users; outcomes following reablement intervention show that 67.4% of service users have no ongoing care needs and the proportion of older people who were at home 91 days after their discharge from reablement services was 83.9%

The **Intermediate Care Team** coordinate and provide the therapy and social work support to people using the 12 intermediate care beds that were provided at Mildmay (within extra supported housing) and to ensure that services are coordinated to support people to return home if possible.

55 people were admitted to the Mildmay intermediate care beds in 2014-15.

The discharge destinations from these services are: -

Discharge Destination from Intermediate Care Beds (Mildmay)	% Service Users
Home	58.1%
Extra Care Sheltered / Supported Housing	7%
Hospital	14.5%
Residential / Nursing Home	7%
Other	12.7%

The contract for the intermediate care beds at Cheverton Lodge (Barchester Healthcare) ended at the end of March 2014. The review of Intermediate Care continued during 2014/15 which included finding a new provider for intermediate care beds in Islington. 40 Spot placements were required in 2014/15, funded by the intermediate care pooled budget, due to the lack of available intermediate care beds during this time.

ICCG approached Whittington Health with regards to creating additional inpatient intermediate care and rehabilitation capacity given the lack of capacity. Two rehabilitation beds and four intermediate care beds opened temporarily on the Cavell Rehabilitation Unit at Whittington Hospital from 17th November 2014 – 1st May 2015. This was a very positive pilot with 17 patients admitted during this period with an average length for stay of 40 days and a positive change in Barthel scores i.e. they were more independent on discharge. 60% of the patients were able to return home at discharge. The location of these beds within an acute facility appeared to have resulted in an earlier move from an acute bed than would otherwise have been possible and/or facilitated on-going investigations in a less acute setting.

Ten intermediate care beds opened at St Anne's Nursing Home in February 2015 which has improved the availability of bed based care in the community and facilitated discharges from acute Trusts. No further Spots placements have been required for intermediate care since these beds opened. The Intermediate Care Team (WH/LBI) provide the therapy and social work support to people in these beds, as with Mildmay intermediate care unit & this additional capacity will relieve some of the pressure on demand for intermediate care rehabilitation over the winter months..

The Intermediate Care teams (REACH and Reablement) again participated in the National Audit of Intermediate Care.

The national average for people over 65 years of age admitted into Reablement is 2.1% (2010). Islington has consistently admitted over 3.5% since 2010, and also scored highly for numbers of people leaving Reablement with no ongoing homecare need.

2.3 Care Closer to Home – reducing the time people have to spend in hospital

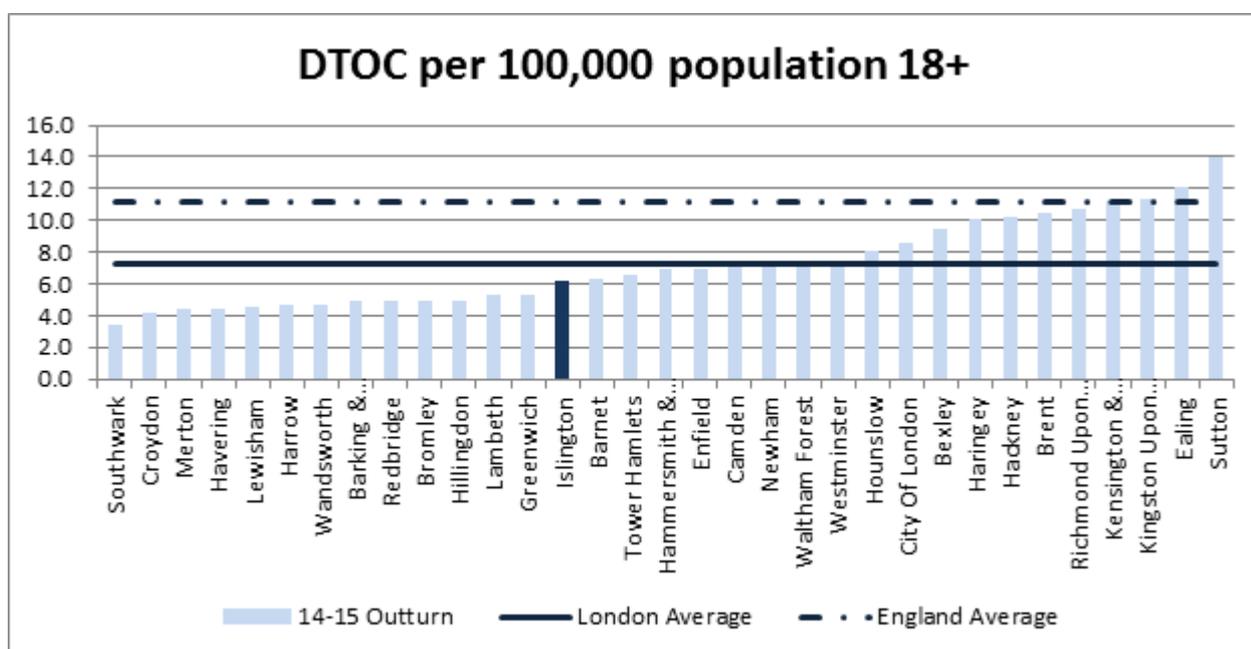
2.3.1 Delayed Transfers of Care

Islington continues to perform well in maintaining a low number of Delayed Transfers of Care (delays to people leaving hospital). This has been supported by: -

- In-reach to both local acute Trusts by the Reablement Service
- Daily teleconferencing to discuss people with complex needs, and to agree actions across hospital and community teams towards discharge
- Social workers attending daily 'board rounds' on the wards, and 7 day social work over the winter period.
- Access to Reablement at weekends
- Prompt access to necessary equipment via TCES (community equipment)
- Use of the Integrated Pooled budget to fund 'spot placements' so that people can move out of hospital for further assessment of their needs

- A new support worker (employed by Age UK) to carry out practical tasks necessary for hospital discharge, in a timely way e.g. getting keys cut, enabling essential work to prepare people's home for them to return to being carried out whilst they are still in hospital
- Links to the voluntary sector, particularly Age UK, to support people on return home e.g. following an attendance at accident and emergency.

Islington perform well in terms of our benchmarking position and have consistently been a highly performing authority in London for the past 4 years. Performance has declined slightly in 2014-15 to 6.2 delayed transfers of care per 100,000 of the population compared to 4.8 per 100,000 in 2013 -14. It is worth noting however that Islington rates of delay are still significantly lower than the London average of 7.0 delays per 100,000 of the population, and the England average of 11.2 delays per 100,000 of the population.



2.3.2 Avoiding Hospital Admission

Evidence shows that older people often ‘decompensate’ and lose their ability to keep independent in hospital, due to being in an unfamiliar environment, not keeping active to maintain muscle strength, and losing confidence. In the past year there has been an increased emphasis on supporting and caring for people at home if they do not need an admission for acute medical care.

The **Facilitating Early Discharge Service (FEDS)** is made up of therapists working 8.30am-8.30pm, 7 days a week in the ‘front of hospital’ assessment team, and provides rapid assessment of people’s ability to go straight home safely, with any essential equipment, and with a seamless link to community services from both health and social care. FEDS aim to screen all patients who require a therapy assessment as part of a full MDT assessment within 12 hours as per the Emergency Care standards.

The team also includes a technician who can provide a bridge between hospital at home and can for example, complete home safety checks, practice with new equipment in the home setting immediately post discharge, assess for non-essential equipment and arrange provision, e.g. bathing, practice exercises etc.

A linked social worker is involved in assessing the more complex patients, and the team also refer direct to Age UK for follow up contact and social support. The week-end social worker funded by winter resilience money also worked closely with this team.

An additional service provided by Camden Carelink was commissioned with winter resilience funds, and this provides a very fast response to provide short-term enabling care to support earlier hospital discharge over extended hours.

These initiatives are successfully minimising the time people spend in hospital, and supporting them to remain independent where possible.

As Ambulatory Care has developed the FEDS team also link with the team there to provide a rapid assessment and access to services for people who are receiving medical intervention in the new centre, and thereby avoiding a hospital admission.

The Integrated Community Ageing Team (ICAT -previously known as the Community Geriatrician service) started in April 2014, with recurrent funding of £200k p/a from the Strategic Investment Fund.

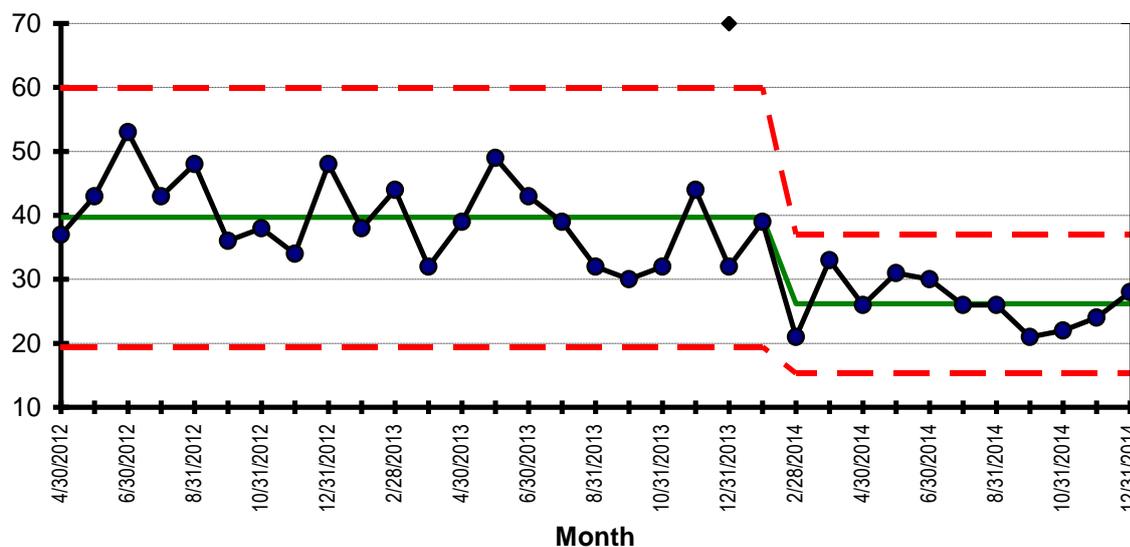
The service provides clinical support to care homes and, through the locality MDT's, to the wider population of older adults in Islington. ICAT has been proactive in developing additional pathways as set out below

- Telephone line at Whittington Health or UCLH for clinical advice, 9-5, Monday to Friday
- In-reach assessment, flagging all patients from care homes admitted to UCLH and Whittington to ensure continuity of senior medical care
- Regular visits to care homes providing consultant level medical assessment
- Education and training
- Co-ordinating wider input to care homes
- 'Hot' clinics in Ambulatory care unit Geriatrician input to ambulatory care

The service is provided by consultant geriatrician at the Whittington (Dr Ruth Law) providing 7 sessions, a GPwSI (Dr Philly O'Riordan) providing 2 sessions and the UCLH consultant geriatrician (Dr Nadia Raja) providing 3 sessions.

To date, the ICAT service has focussed on Care Homes. The care home population represents some of the most vulnerable people with the highest health needs outside of acute hospitals. In 2013-14, prior to the start of ICAT, there were 607 London Ambulance Service call-outs from the Islington care homes, 85% of which were conveyed to hospital, with an average length of stay in the hospital of 15 days for these residents. As a result of various initiatives into the Care Home sector, this trend of ED attendances is decreasing.

Islington Care Homes, ED attendances age 65+ years



A report from Healthwatch Islington has been commissioned to examine the qualitative impact of ICAT. We were keen to demonstrate qualitative impact for a population that would otherwise be difficult to reach. The report is attached below but feedback included

“The ICAT service has made an obvious difference to his overall health and wellbeing. The doctor has reduced the number of hospital admissions by reviewing medication and carrying out procedures that a GP may have previously referred to hospital. He used to be admitted regularly so this has made a positive difference to his physical and psychological wellbeing”
(Interview with staff about service user)

“With (ICAT doctor) I felt extremely well handled and very engaged and she knows all about geriatrics and strokes. She has a wonderful attitude and so well organised. The service is more than good, it’s excellent”

To maintain impact in care homes and move the team beyond this setting to work in the community, ICAT were successful in bidding to expand the team further in 2015/16 which will include recruiting a multidisciplinary skills-mix of specialist Nurses and 2 physiotherapists/ occupational therapists to work within ICAT. The key initiative would be the delivery of Comprehensive Geriatric Assessments into the community. This is a process of care involving a holistic, multidimensional, interdisciplinary assessment of an individual by a number of specialists. The British Geriatric Society have demonstrated it to be associated with improved outcomes in a variety of settings, and a University of Oxford Cochrane review identified

- High quality evidence that CGA improves care of frail older patients admitted to hospital, including a 30% higher chance that patients would be in their own home 6 months later
- High quality evidence that CGA decreases the number of patients admitted to residential care.

An update on progress of the team will be included in the 2015-16 report.

The work of **the Lead Nurse for Quality and Assurance**; a jointly funded post that sits in the Older Adults Commissioning Team within the Council, continues to improve the quality of care and clinical competency within the care homes, to prevent hospital admissions and to support reductions in hospital lengths of stay.

During 2014-15 the action plan included the following work streams:

- Development of the nursing audit tool
- Quality performance reporting
- Support for residents with PEG
- Medicine management
- Hospital avoidance SOP for deteriorating patients
- Training and workforce development

2.4 Integrated Community Equipment Service

The Transforming Community Equipment Services project (TCES) has now been 'live' since February 2011, when the retail model for simple aids to daily living, and joining the London Consortium for Complex Aids to Daily Living, were introduced in Islington.

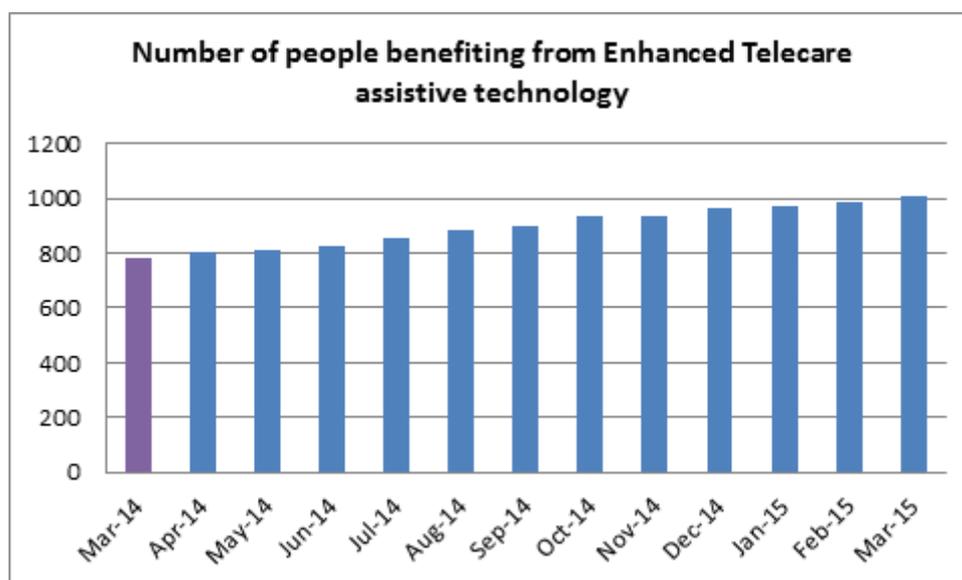
In 2014-15 between 186-273 service users a month were issued with prescriptions and the redemption rates have averaged 84%, which is above the national average.

Trends in prescriptions are monitored jointly, and processes in place to ensure appropriate and consistent prescribing of equipment.

2.5 Expansion of the use of Telecare

The number of people issued with Telecare equipment has been steadily growing, with a range of health and social care services making referrals to Telecare for residents. The project to assess for and provide complex Telecare equipment is still continuing with the new locality teams, and aims to increase knowledge of the range of equipment available across health and social care teams, and how it can be used to keep people safe and independent at home.

In the last year, Telecare has also been successfully installed as part of the development of new independent living units for people with learning disabilities, and used in sheltered and supported accommodation schemes.



3. PLANNED DEVELOPMENTS

3.1 Embedding the Integrated Locality Teams

The new integrated social care and rehabilitation teams, based at Vorley Road in the North of the borough and at Calshot Street in the south, went live on 30th March 2015. Teams comprise both health staff (physiotherapists, occupational therapists and rehab assistants) and social care staff (social workers, OTs and case managers). Referrals are now managed by the new Access and Advice Team based at 222 Upper Street.

Since go live date, support has been given by the service leads and team managers to embed the new ways of working with frontline staff, addressing operational issues as they arise.

The new model is being formally evaluated in September 2015, with the final report due at the end of October 2015. The purpose of this review is to examine how well the model is bedding down and recommend actions to address any deficient areas in order to realise the primary anticipated benefit of improved customer experience through integrated working.

3.2 Developing the locality-based model with GPs

There is a commitment to participation in the locality-based multi-disciplinary team working within GP localities. The participation of staff from both social services, and community health teams, e.g. therapists, district nurses and community matrons, and hospital consultant geriatricians, in a weekly primary care led teleconference brings together information and expertise from a wide range of professionals, and from acute and community care. This supports development of a coordinated care plan to support better management of people's well-being within a community setting. Whittington Health has been asked by ICCG to operationally manage the integrated networks (multiagency teams wrapped around primary care) by developing and managing the Integrated Liaison (ILS) infrastructure.

The development of locality based teams of health and social care staff will support effective links with the primary care localities, and development of multidisciplinary work to support management of patients most at risk of hospital admission or premature entry in to long term care.

3.3 Pooled Budget for Intermediate Care

There is a Commissioning intention to further extend the existing pooled budget for Intermediate Care, in order to strengthen the opportunities to provide Islington residents with high quality rehabilitation and recovery services by providing a unified pathway, incorporating Readmission Prevention projects at UCLH and Whittington Hospital. The partnership is responding to this by engaging strongly with work to further improve the services offered, and to make them as timely and seamless as possible.

In the immediate future the following projects are continuing: -

- Weekend access to the Reablement Service
- Supporting weekend working linked to admission avoidance or earlier discharge at the acute hospitals (UCLH and Whittington)
- A pharmacist that Reablement can access to check that people understand and are taking their medication correctly, as this can prevent readmissions
- Outreach by the REACH team to Islington residents temporarily placed out of borough
- A support worker to support earlier discharge from both acute hospitals (Age UK post, funded by the pooled budget)

4. CONCLUSION

The strong history of partnership working between Islington Social Services and the health services that are now within Whittington Health NHS Trust provides a solid platform to further develop local and locality services that are truly 'joined up' and delivered in a way that offers integrated care and support, to the benefit of Islington residents.

It is important to preserve the benefits of integrated working, and to use the opportunities to develop further integration of front-line teams over the coming year, as this will provide a better coordinated service to vulnerable people, and ensures that opportunities to share expertise and specialist knowledge are maximised, and that any duplication of work is minimised.

Carole MacGregor, Service Lead Islington Community Rehabilitation Service

Carol Gillen
Director of MFNS/Deputy COO
September

2015

Report of: Executive Member for Health and Wellbeing

Meeting of:	Date	Ward(s)
Executive	22 October 2015	All

Delete as appropriate	Exempt	Non-exempt

**SUBJECT: 2014/15 Annual Report Section 75 (National Health Service Act 2006)
 Partnership Agreement between Camden and Islington Mental
 Health NHS Foundation Trusts and Islington Council**

1. Synopsis

- 1.1 The Annual Report (appendix 1) attached reviews the mental health and substance misuse services provided under the Section 75 partnership arrangements between the London Borough of Islington and the Camden and Islington NHS Foundation Trust (C&I). The services covered by the partnership agreement include a range of multi-disciplinary community based mental health and substance misuse teams that provide holistic, integrated care.

2. Recommendation

- 2.1 To note the report

3. Implications

3.1 Financial Implications

The Council and Camden and Islington NHS Foundation trust have a Section 75 partnership agreement to assist in providing more effective services to adults in need of mental health services and support.

In 2014/15 the Mental Health provider pool came in with a small underspend. At this time there are no additional expected pressures on these budgets for 2015/16.

Any risks arising should be managed down in year in accordance with the agreements set out. Any financial implications arising in year are considered as necessary by the Camden and Islington NHS Foundation Trust and/or the Council.

3.2 Legal Implications

Section 75 of the National Health Service Act 2006 provides powers for the Camden and Islington Mental Health NHS Foundation Trusts (the FT) to exercise specified local authority functions and for the council to exercise specified functions of the Camden and Islington Mental Health NHS Foundation Trusts. A partnership agreement pursuant to section 75 has been established between the FT and the council setting out the respective aims and obligations of the partners. Governance arrangements relating to the partnership agreement are set out within the terms of the partnership agreement.

The council's constitution requires the Executive to consider all external reviews of adult social services performance including, the Annual Performance Review and to be responsible for the regular monitoring of joint commissioning arrangements and joint management of services (Responsibility for functions, council Constitution, Part 3, paragraphs 4.6(h) and (i)).

3.3 Environmental Implications

None

3.4 Resident Impact Assessment

A Resident Impact Assessment has not been completed because it is not relevant to this report.

Appendix:

2014/15 Annual Report Section 75 (National Health Service Act 2006) Partnership Agreement between Camden and Islington Mental Health NHS Foundation Trusts and Islington Council

Final report clearance



Signed by: Executive Member for Health and Wellbeing

Date: 7 October 2015

Report Author: Paul Calaminus

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Email: paul.calaminus@candi.nhs.uk



Camden and Islington 
NHS Foundation Trust

Appendix 1

2014/15 Annual Report Section 75 (National Health Service Act 2006) Partnership Agreement between Camden and Islington Mental Health NHS Foundation Trusts and Islington Council

Introduction

This Annual Report reviews the mental health and substance misuse services provided under the Section 75 partnership arrangements between the London Borough of Islington and the Camden and Islington NHS Foundation Trust (C&I). The services covered by the partnership agreement include a range of multi-disciplinary community based mental health and substance misuse teams that provide holistic, integrated care. The services and functions covered by the partnership agreement include:

- Assessment and care management as defined in section 46 of the NHS and Community Care Act 1990 (now subsumed into the Care Act 2014)
- Provision of residential, nursing and community care packages
- Provision of individual budgets, including Direct Payments
- Provision of day services for adults and older people
- Provision of community support teams
- Adherence to a range of other legislation such as Safeguarding (as per Care Act), Mental Capacity Act and the Human Rights Act.

The appointment of Approved Mental Health Professionals (AMHPs) and the performance of Local Authority duties under the Mental Health Act 2007 remains the responsibility of the London Borough of Islington, whilst the day to day management of AMHPs is undertaken by the Trust.

The report summarises performance within the mental health and substance misuse services against Key Performance Indicators, summarises the work of the duty AMHP service, outlines work on Safeguarding and reports on the workforce related to the partnership arrangements. The report covers the period of April 2014 – March 2015 – a period that has been one of significant financial pressure, increased demand for and awareness of mental health services, and preparation for the implementation of the Care Act. In relation to the latter, mental health and substance misuse services have been well engaged with preparations within the London Borough of Islington to ensure that staff are aware of the new legislation and its impact on a range of practice areas from eligibility to services to designing the tools to make sure all areas of practice in social care are Care Act compliant. Staff from each Division have attended Care Act training, and have also participated in creating some of the new forms and other tools in relation to eligibility, safeguarding, carers, personal budgets and S:117 aftercare. This work will be monitored and will be ongoing over the next year.

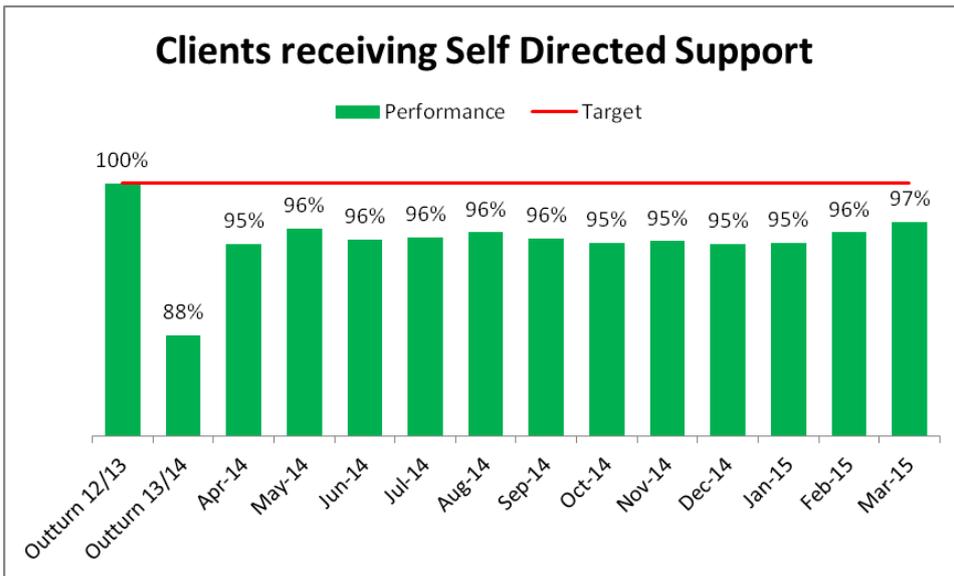
Performance monitoring and reporting is reviewed monthly with each Division by the Chief Operating Officer and, on a quarterly basis, this review includes the Chief Executive and the Director of Finance.

Performance in 2014/15

This section details the mental health and substance misuse care group performance against key performance indicators in 2014-15. These are reported in comparison to previous years' data where appropriate, and against agreed targets.

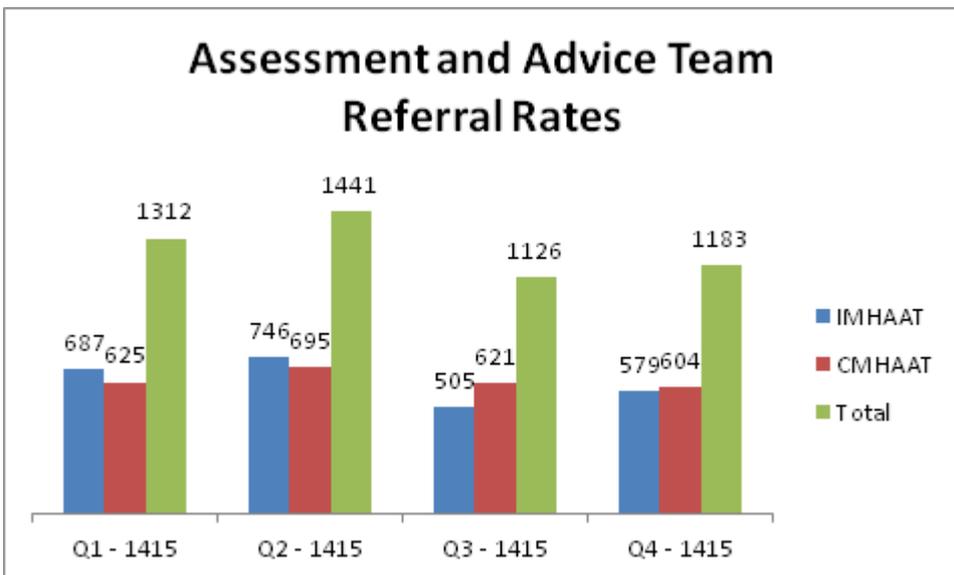
Self-Directed Support

The target measure is for 100% of clients to receive self-directed support (excluding professional support-only services). 2014-15 has seen a substantial improvement in this measure, with performance now close to the 100% target.

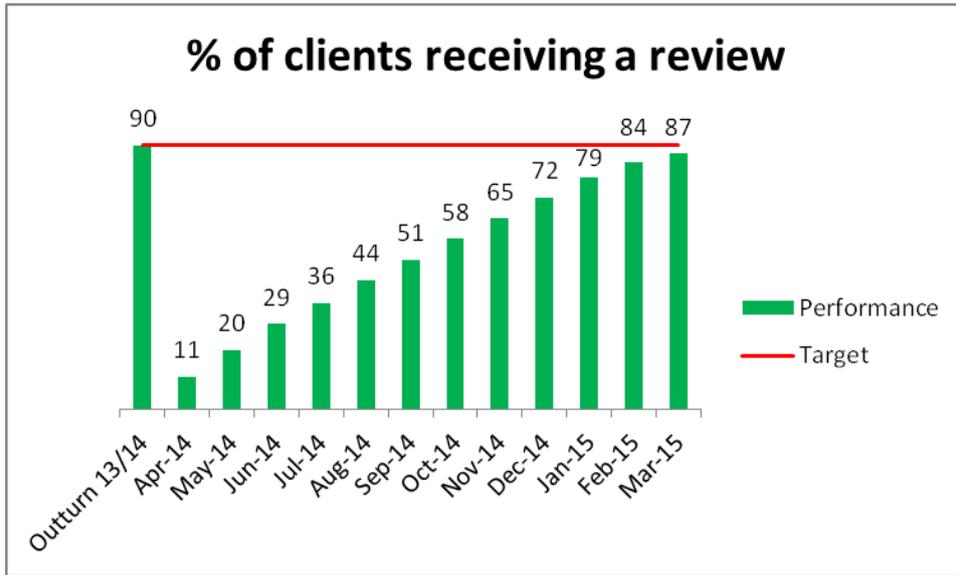


Islington Mental Health Assessment and Advice Team (IMHAAT)

The Islington Assessment and Advice Team provide a single point of access to mental health services provided by the trust in Islington. Referrals to the team continued to rise in 2014-15 with local police becoming a significant source of referrals into the team.

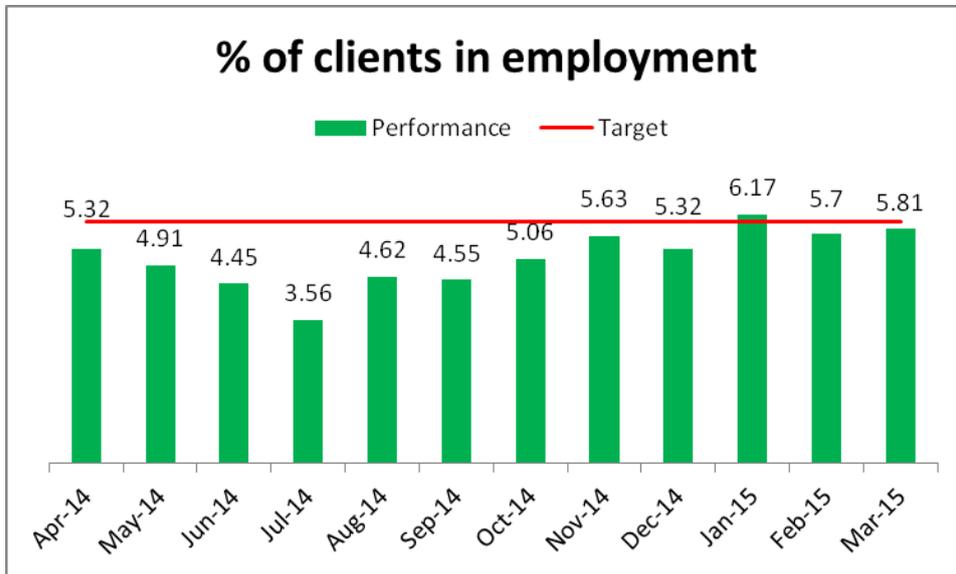


Percentage of mental health trust clients to receive a review



While this measure saw a slight drop compared to the previous year, the year-end total was just 3% outside the target range. During 2015-16, this will continue to be managed and monitored via monthly divisional performance meetings, with action plans implemented to make improvements where necessary.

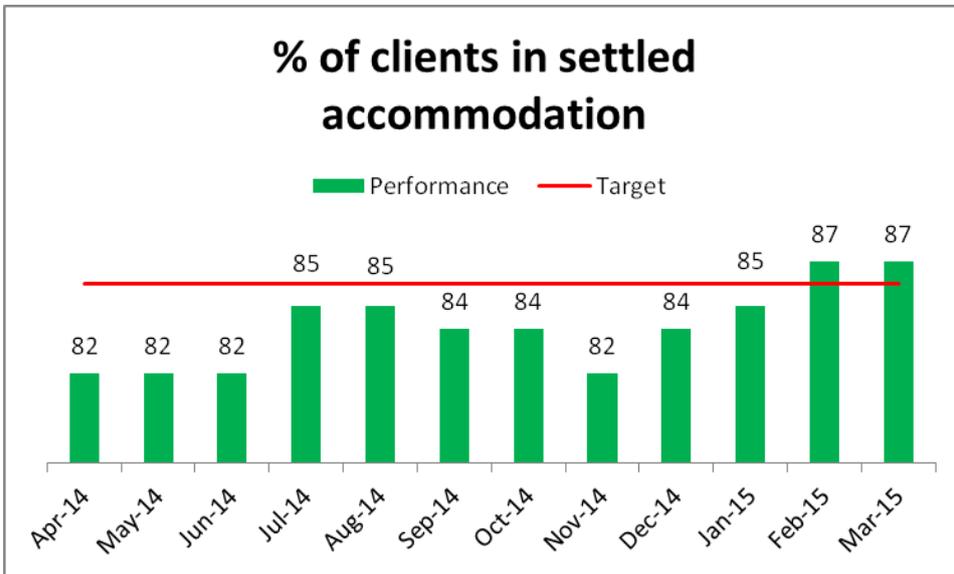
Adults in Contact with Secondary mental health services in employment



Performance on this measure has shown some improvement, particularly in the second half of the year. This was supported by a targeted ‘employment month’ in Recovery and Rehabilitation Services. Continued work to meet this target is underway, and included a designated employment fayre event in July 2015 that aims to build on the work of the Islington employment pathway, and the increased opportunities for employment related courses through the Recovery College. During 2015/16, the service will also be involved in Islington work with NHS England and the Department for Work and Pensions aiming to improve the employment of people with long term health conditions in the borough, as part of a national pilot process.

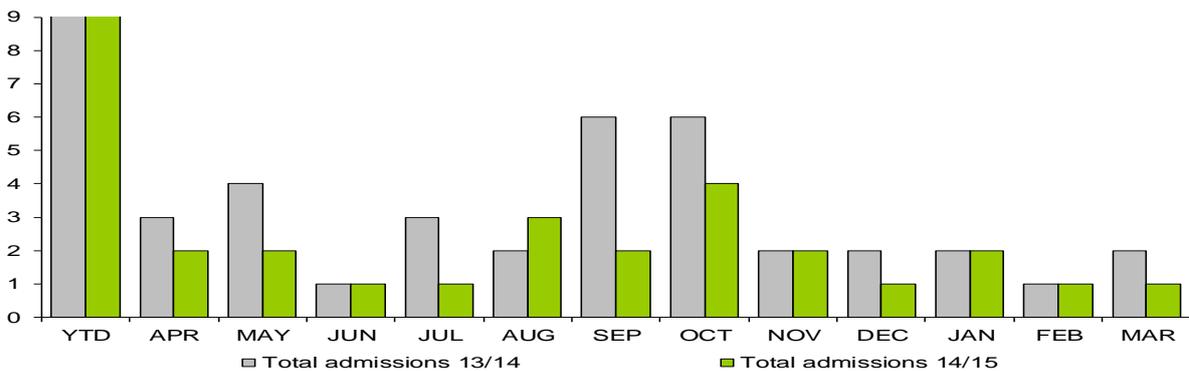
Adults in contact with secondary mental health services in settled accommodation

Across mental health and substance misuse, there have been continued good rates of settled accommodation and there continues to be joint working between mental health and housing staff to support people in settled accommodation in the borough, including a new joint post within the anti-social behaviour unit. The aim will be to improve this position still further during the coming year, recognising the importance of settled accommodation as a factor in people's health.



Admissions to permanent residential care

Admissions to permanent residential care have also been contained at a reduced level compared to the previous year.

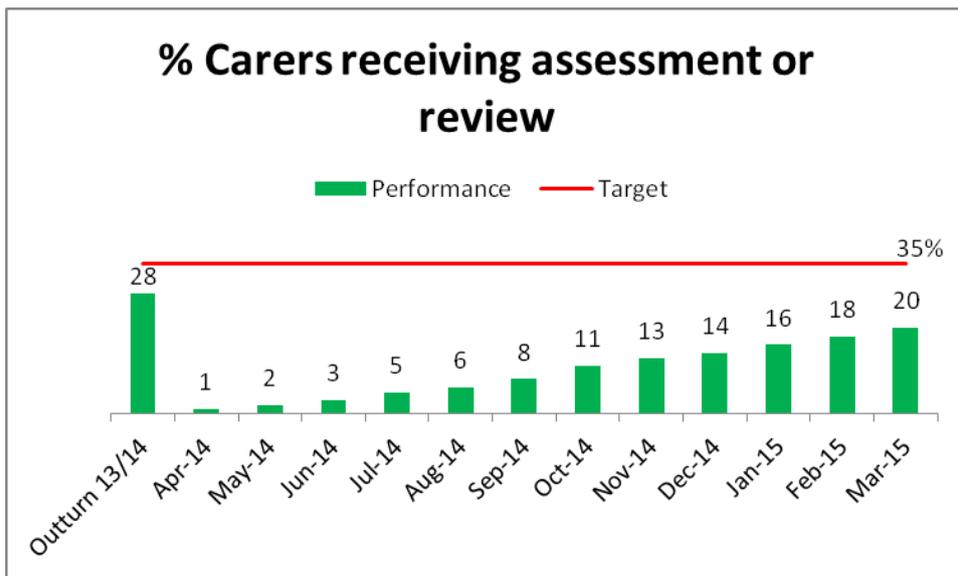


Resi and Nurs		YTD	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
ACMHT	Admissions 14/15	9	1	2	0	0	2	1	0	1	1	0	0	1
	Admissions 13/14	8	0	0	0	2	0	1	2	0	2	1	0	0
SAMH	Admissions 14/15	13	1	0	1	1	1	1	4	1	0	2	1	0
	Admissions 13/14	26	3	4	1	1	2	5	4	2	0	1	1	2
MH	Total admissions 14/15	22	2	2	1	1	3	2	4	2	1	2	1	1
	Total admissions 13/14	34	3	4	1	3	2	6	6	2	2	2	1	2

Carers

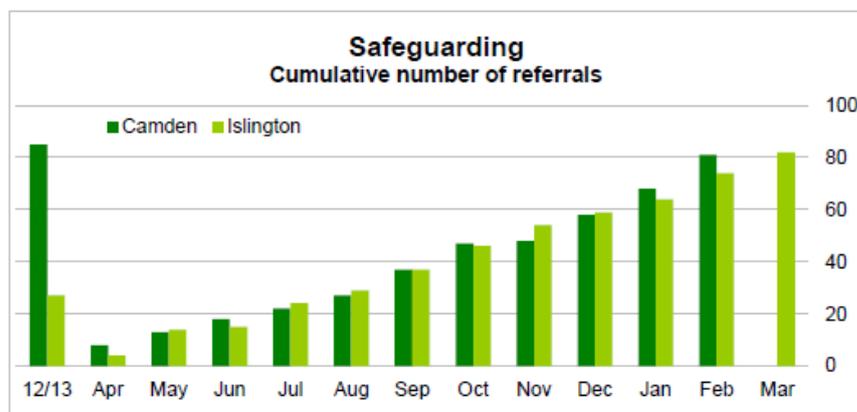
There have remained challenges in relation to achieving the target for carers' assessments in Islington, not least in substance misuse services, and specific audit work is being done to try and identify those Carers who have not been offered an assessment or support. In this client group we are also working with both Carers and Service Users to review how Carers identify themselves or are identified as such by those they care for.

Across services, we continue to run a Carers Partnership. This group meets every 8 weeks and its key areas of work over the next year will be: a review of the work on the Triangle of Care; the recruitment of further Carers' champion; communication in relation to the Care Act; and the revision of the Carers' Welcome Pack to alongside the carers page on the Trust website.



Safeguarding

Safeguarding has continued to be a significant area of work over the last financial year, with 161 safeguarding alerts being received for Islington adult residents, of which 81 progressed to investigation.



Actions and achievements in relation to safeguarding are outlined below.

Actions and achievements in 2013/14	What difference did these achievements make to customers?
Lead partner in multi-agency safeguarding children practice case file audits on unborn children	This approach, to see the whole family rather than just service users known to the Trust, ensures we can continue to offer relevant support not only to service users, also to their carers and children. Identified areas of weakness and implementation of actions to improve outcomes for service users.
Increase numbers of staff able to undertake the Safeguarding Adult Manager (SAM) role by promoting the SAM training	The increase in suitably trained staff to undertake the SAM role has improved awareness of the safeguarding process within the Trust, and ensured service users receive appropriate responses to allegations of abuse.
Introduction of regular safeguarding forums in divisions across the Trust	Personalised safeguarding practice for service users
Embed a culture of awareness of domestic and sexual violence within the Trust.	Staff are able to offer advice and support to victims of domestic and sexual abuse. MARAC referrals from the Trust have increased.
Embedded safeguarding in the Trust governance arrangements, via DATIX incident reporting and regular performance monitoring in senior management meetings	Consistent approach to safeguarding throughout the organisation
Achieved a high level of staff compliance with safeguarding training provided internally for levels 1-3. Overall compliance at end of year is 90.6%	Improving awareness, knowledge and skill of staff to manage safeguarding case work effectively
Launched the "Awareness Raising of	Develop a culture of asking about domestic and

<p>Domestic and Sexual Abuse (ARDSA)”project.</p>	<p>sexual violence and abuse, with specific training on this as well as sessions on harmful practices. The White Ribbon event was attended by over 100 staff as well as partner agencies.</p>
<p>Recruited to a Mental Capacity Act lead for the Trust to deliver training and advice to service in relation to the operation of the Mental Capacity Act.</p>	<p>Improved application of the Mental Capacity Act, not least in relation to Deprivation of Liberty requirements following the Cheshire West judgement. At present 74% of all mental health requests for Deprivation of Liberty Safeguards are granted. This is higher than the rest of the borough, and we believe that this reflects increasing staff confidence in identifying those who are eligible for DoLs.</p>

Working closely with partner agencies and Islington Safeguarding Adults Partnership Board and Local Safeguarding Children Board, we have been involved in one Domestic Homicide Review in Islington, and one Serious Case Review for a child. The learning from both incidents has been reviewed within the quarterly Safeguarding Committee, and as part of the Trust’s Clinical Governance processes. The Safeguarding Committee is chaired by the Director of Nursing and People (who also attends the SAPB), and we also have a named Non-Executive Director for safeguarding.

Safeguarding Training and Professional Development

All new staff complete a Trust induction and level 1 ‘safe and sound’ training. A safeguarding training strategy is in place and mandatory safeguarding training is delivered at levels 1 and 2 to identified groups of staff across the Trust. Training is performance managed within operational divisions, and quarterly staff compliance data is reported to the Trust Safeguarding Committee.

The Prevent agenda continues to be promoted within the Trust, and is part of both Level 1 and Level 2 training. In addition, Level 3 training offers a more in-depth look at our roles and responsibilities as a health provider. In addition to this, a new CQUIN for domestic and sexual violence has been agreed, compliance has been met and 421 staff have been trained since the programme started in September 2014.

End of year overall safeguarding training compliance was 90.6%.

Approved Mental Health Professionals (AMHPs)

The Approved Mental Health Professionals (AMHP) Duty Service fulfils the Council's statutory responsibilities under the Mental Health Act 1983 (and amendments 2007) to undertake statutory assessments for Islington residents who may be formally 'detained' under a section, or admitted as 'informal' patients for a period of assessment and /or treatment. The Duty Service also provides advice to colleagues in the Borough, other professions within the Trust, and the wider community where there may be concerns for a person's mental health and safety, including risks they present to others or other issues where the Mental Health Act may be applied.

The Duty AMHP Service runs Monday to Friday between 9am -5pm and is based at St Pancras Hospital. The service base moved to St Pancras in March 2015. Staff have settled well into their new accommodation, and it is evident from their feedback that this new arrangement provides them with decent working conditions and easy access to support from managers, Safeguarding, and the AMHP Training Manager as well as legal advice from the Mental Health Law Hub.

The Emergency Duty Team takes all referrals that are made outside office hours, and on occasion may assist the daytime service where it has not been possible to complete an assessment in the office hours. These are usually negotiated by the Duty Manager and the EDT manager.

Staffing

In Islington there are 26 AMHPs, 3 of whom are health employees from a nursing or OT background. In the last year, 3 staff have been trained and are due to join the rota, whilst 3 staff have been promoted to management positions and therefore offer less time to the rota. 3 AMHPs are currently on maternity leave. Each AMHP does one day of duty every three weeks out of four, whilst those who are managers provide one day per fortnight. When not on duty, the AMHPs are based in their community team offices working within multi-disciplinary teams. Carrying out a minimum of 5 Mental Health act assessments per year is also a requirement to retain their warrant.

The AMHP training manager and training administrator ensure that all staff keep their warrants up to date by completing 18 hours of 'Refresher training' every year. Before their warrant expires,(this is every five years unless otherwise specified) all AMHPs must sit an open- book law test , present a portfolio of work containing 3 AMHP reports and a reflective summary of each to demonstrate their experience and learning to a warranting panel.

Number of Referrals and Performance

The number of Islington AMHP assessments (not including out of hours assessments) increased from 316 in 2013/14 to 536 in 2014-15. This is a significant increase which is due in part by an increased volume of work, but also improved data collection which has been possible since the introduction of the centralised AMHP service. The number of assessments per day is variable, and ranges from 0-8. On average there are 10 Mental Health Act assessments per week.

Of note is that these figures do not include Community Treatment Orders (CTOs), which enable supervised treatment in community settings and planned recall to hospital direct from community teams, meaning that a community Mental Health Act assessment does not need to be carried out in the same way. This area will be further reviewed of the course of

Page | 9

the year to consider the impact of this on the use of the Mental Health Act in the borough and to understand any emerging implications for service users and service teams.

Year	March 12	March 13	March 14	March 2015
Total nos of CTO's in C&I	84	113	149	161

Outcomes

76% of those assessed under the Mental Health Act were admitted formally (compared to 77% last year). This figure should always be reasonably high if filtering and consideration of alternatives is rigorously considered prior to a Mental Health Act assessment taking place. There were more Section 2s than Section 3s which is now the usual pattern nationally. 6% were admitted informally which is the same as last year. However, 10% of those were assessed and not admitted nor a community alternative recorded. This figure requires further investigation to try and identify steps that can be taken to reduce this figure. There was no-one detained under Section 4 of the Mental Health Act. This is considered good practice.

Gender

There has been an increase in the proportion of men assessed under the Mental Health Act. In 2013-14 it was a 50:50 split, and in the last year this has changed to more men (56%) being assessed (and detained) under the Mental Health Act as compared with 44% women.

Ethnicity

In terms of ethnicity, 47% of assessments were undertaken for the White British population, 17% Black British, 17% White any other background, Black African 13% and Asian British 6%.

Islington has an ethnically diverse population: the 2011 Census self-defined broad category figures are White 68% (including non-British), Black 13%, Asian 9%, Mixed 6% and other 3%. Whilst rates of psychotic disorders are reported as higher in people from certain ethnic backgrounds, it would also appear from these data that there is an over-representation of black people who are assessed under the Mental Health Act. The intention is that this data should be reviewed in more detail (CTO details are not included for example) to try and ensure a better understanding of the factors behind these data, and what might be done to address them, not least as the opposite, interestingly, is the case in the neighbouring borough of Camden.

Age

The largest number of assessments is carried out for those in the age group 35-44, 25.5%, and the age group 25-34 represents the second largest group at 21%.

Plans for 2015-16

- To review how to increase the number of trained AMHPs on duty rotas and identify staff who could be put forward for training in 2015-2016.
- To improve data collection for CTO's on the Mental Health dashboard
- To collate statistics and workload from Emergency Duty Team (EDT).
- To improve data collection on the mental health dashboard for the diverse BME communities. And especially the more transient populations and those who are not residents in the borough.
- To continue to work with the Police and other services to conduct Mental Health Assessments at the earliest possible stage and to prevent delays
- To work with other agencies, commissioners and the Police to implement the Crisis Concordat

Workforce

At the end of the year there were 47 WTE seconded posts from the London Borough of Islington working in the Trust. This level of staffing enables an effective contribution to multi-disciplinary teams, and the fulfilment of the AMHP function, and is at a level comparable to other boroughs with similar levels of need. Recruitment and retention has been good historically and at present for seconded staff.

There has been renewed effort to obtain detailed workforce data from LBI. Representatives from the Trust's HR department have met with a representative from LBI HR to agree a way forward as attempts to source data from LBI have hitherto failed. Though employed by LBI, the Trust will be putting seconded staff onto our HR system in a seconded capacity so as to better monitor and report data and resolve the current issues with lack of data.

In all, the integrated teams employ about 130 staff (112.95 FTE). Turnover across all staff groups was at 12.2% for the rolling 12 months to March 2015 while the absence rate was 4%. 18 new employed joined in the year and there were 16 leavers. The vacant FTE rate at the end of the financial year was 12.2%.

The Social Work Strategy

Midway through the year, a new Head of Social Work was appointed and commenced in post in November 2014. This strategy, approved by her predecessor and launched by the National Chief Social Worker, is now in the process of implementation. During the course of the year, the AMHP service has been centralised, a new AMHP training manager has been appointed, along with an AMHP administrator and duty manager and the social work forum has been re-established. Recruitment to Social Work lead posts is currently being progressed and permanent appointments to these are now expected in early autumn 2015.

Staff and Service User experience.

The national staff survey was carried out by the Picker Institute during the year, with the service scoring higher than average when staff were asked whether or not care of patients was the organisation's top priority, and whether or not they would recommend the organisation as a place to work. The service has remained named as one of the top 100 places to work within the NHS.

The service also took part in the CQC Service User Survey. The results give each trust a rating of better, about the same or worse than other trusts. Encouragingly, C&I had no areas with 'worse' ratings, and 'better' ratings were given in seven areas:

- Person seen most recently understanding how mental health needs affect other areas of life;
- Receiving the help needed in a crisis;
- For people receiving treatments or therapies other than medicine, being involved as much as service user wanted in deciding what therapies to use;
- Help finding support for financial advice or benefits;
- Help finding support for finding or keeping work;
- Being supported in taking part in local activities; and
- Feeling hopeful.

These results show the Trust is performing well in comparison to other trusts on these measures. However, assessing patient experience is a complex process, and we still have

work to do in order to understand the experience of people using our services, and to ensure we make continuous improvements.

Finance

The management of staffing budgets are delegated to the Trust. In the 2015/16 financial year, these budgets ended the year in a balanced position (underspend of £6,000) as set out below:

LBI	<u>Annual Budget</u>	<u>Budget (YTD)</u>	<u>Actual + GRNI (YTD)</u>	<u>Variance (YTD)</u>
LBI Admin Mgt	175,852	175,852	115,183	(60,669)
LBI Rehab & Recovery	1,985,326	1,985,326	2,002,119	16,793
LBI Acute Services	132,387	132,387	155,383	22,996
LBI Community Mental Health	393,722	393,722	413,367	19,645
LBI Services for Ageing Mental Health	236,655	236,655	223,637	(13,018)
LBI SMS Subtotal	113,225	113,225	120,728	7,503
TOTAL LBI	3,037,167	3,037,167	3,030,417	(6,750)

Priorities for 2015/16

In 2015/16, we will continue to work to deliver recovery focussed mental health services through providing personalised interventions that optimise choice and control for service users, whilst safeguarding them from harm and abuse. To do this, we will aim to deliver:

- More prevention
- More targeted support to recover and sustain recovery
- More joined up commissioning and delivery
- More Choice and Control
- More efficient use of resources

These priorities are reflected in the revised Section 75 Partnership Agreement being drafted between the London Borough of Islington and the Trust and will shape the programme of work over the next financial year.

Summary

The report has summarised performance in relation to the Section 75 agreement with the London Borough of Islington during the 2014/15 financial year, as well as reporting on Mental Health Act activity and workforce. There remain areas to be addressed in relation to Carers Assessments, as well as continued work on the development of the AMHP service in the borough. Progress in relation to Safeguarding, and continued performance in relation to accommodation indicators has also been identified in the context of significant demand pressures during the year.



Report of: Executive Member for Health and Wellbeing
Executive Member for Children and Families

Meeting of:	Date	Ward(s)
Executive	22 October 2015	All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Annual Report on the Partnership between Islington Council and Islington NHS Clinical Commissioning Group, 2014-15

1. Synopsis

- 1.1 Islington Council and the NHS in Islington have a long and successful history of working in partnership. The rationale for the joint commissioning of health and social care services is to produce better outcomes for vulnerable Islington residents than could be achieved by the Council and the Clinical Commissioning Group (CCG) alone.

This report refers to the partnership agreement between Islington Council and Islington CCG via a Section 75 agreement (National Health Service Act 2006).

Islington Council is signed up to other Section 75 Agreements with Whittington Health and Camden & Islington Foundation Trust. This report does not cover those, but rather the agreement to jointly commission services with Islington CCG.

- 1.2 Children and Adults Joint Commissioning supports the delivery of the Health and wellbeing priorities:
- Ensuring every child has the best start in life,
 - Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
 - Improving mental health and wellbeing, and
 - Delivering high quality, efficient services within the resources available.

There are three key drivers:

1. *Effective* care and support for vulnerable people, who often need support from more than one service, is integrated and well-co-ordinated

2. *Value* (outcome over cost), can be produced, for the Council and the CCG, by pooling investment in 'pooled' budgets, managed by a joint commissioning management structure. Gaps or weaknesses in one part of the system of services, often affects services in another part.
 3. *Sustainable* services are more likely when services work well together. The NHS and Islington Council face rising demand, growing expectations and increasing financial constraint. By developing and using joint commissioning levers, more sustainable delivery models can be developed.
- 1.3 This report will describe the main service developments for both Children's and Adults' Services and provide assurance on the value produced by the pooled budgets and the joint commissioning arrangements in 2014-15. A separate report will be provided for the Better Care Fund Section 75 arrangement.

2. Recommendation

- 2.1 This report is primarily for assurance and to be noted.

3. Adult Services

3.1 Pooled Budgets

Section 75 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.

During the financial year ending 31 March 2015, five adult pooled budgets were in operation between Islington Council and Islington CCG, and hosted by the Council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services and Mental Health Care of Older People. The breakdown of contributions is in appendix 1.

The summary revenue position for 2014-15 is shown below.

Table 1: 2014/15 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2014/15 Gross Budget (£)	2014/15 Actual Outturn (£)	2014/15 Actual Variance (£)	LBI share (£)	NHS (£)
Intermediate Care (Delayed Transfer of Care)	6,737,000	6,442,193	(294,807)	(159,195)	(135,612)
Learning Disabilities	29,241,700	29,244,361	2,661	2,342	319
Mental Health Commissioning	4,564,000	4,557,250	(6,750)	(3,578)	(3,173)
Carers Pooled Fund	1,055,300	860,853	(194,447)	(176,948)	(17,499)
Mental Health Care of Older People (MHCOP)	5,370,000	5,331,213	(38,787)	(22,109)	(16,678)
Gross Expenditure	46,968,000	46,435,870	(532,130)	(359,487)	(172,643)

3.2 Adult Joint Commissioning

A 'Peer Review' of Islington's Joint Commissioning arrangements took place in 2014, as did a review of the 'Use of Resources' by Joint Commissioning. These have informed a proposed re-structure

of Joint Commissioning arrangements that aims to more coherently align budgets to joint commissioning teams responsible for pathways and high level outcomes.

The Section 75 Partnership Agreements between the CCG and the Council for Adult Commissioning has been tightened and we will complete a full review within 2015/16. A performance review group (the Review Group) oversees the implementation of Islington's Joint Commissioning Strategy through the agreement of an annual joint work programme. The Joint Commissioning Strategy will be refreshed in 2015-16 to produce a high level joint work programme to inform the monitoring plan.

4. Review Of Adult Service Developments

4.1 Older People and Mental Health Care of Older People

This pool provides a funding contribution to two care homes with nursing: Highbury New Park (HNP) and Muriel Street which specialise in the provision of nursing care for older people with dementia and mental health ill health. They work to:

- support local hospitals avoid and delay hospital admissions
- avoid delayed transfers of care and
- provide good quality care in the community following discharge from hospital.

All care homes in Islington are delivering care to residents with increasingly complex conditions and a greater range of co-morbidities. A Lead Nurse post supports partnership working into and across all care homes by co-ordinating support from Social Care, GP's, the Integrated Care Ageing Team (ICAT) and wider multi-disciplinary teams (MDTs). As a result of this approach, significant achievements in 2014/15 are noted below:

- Islington's care homes contributed to a 26% reduction in hospital admissions
- Care homes have a low incidence of pressure ulcer acquisition
- Falls management and care planning is supported by the MDT
- 85% of care home residents died in their place of choice
- No infections were contracted in either of the care homes funded by the pooled budget.

The two care homes with pooled budget funding are rated as fully compliant by the Care Quality Commission (CQC) with HNP achieving its rating in June 2014 and Muriel St in December 2014.

In 2014/15, work took place in the following areas to ensure the quality of care remained high on the agenda for care homes.

- Development and implementation of a nursing audit tool
- Implementation of detailed quality performance reporting on clinical care
- Unannounced visits were introduced in 2014 to ensure consistency of good quality care at all times
- Enhanced medicines management
- Development of procedures and training to manage deteriorating residents
- Focus of training and workforce development
- Multidisciplinary review meetings

Dementia remains a priority area for Islington Council and the CCG. Whilst diagnosis rates remain high when compared to national rates, we want to ensure that people with dementia access support services as early as possible post diagnosis rather than when they are in crisis. Some parts of the dementia service pathway may be more effective than others. Joint Commissioning will review dementia services in 2015/2016.

Commissioned care homes will be supported to work towards the vision outlined in the NHS 5 Year Forward Plan with particular emphasis on treating people in a safe environment, protecting them from avoidable harm and helping people to recover from episodes of ill health or following injury. Key priority areas in 2015/16 include:

- Hospital avoidance by ensuring appropriate use of non-elective admissions from care homes
- Compassionate care in practice project to ensure that compassion is embedded in practice and to ensure care home staff support understand and make a stand for compassionate care.
- Kissing it Better is a relatively simple notion that will utilise volunteers to support activities and seek to improve their impact within the care home setting.
- Ensuring safer staffing skills mix in care homes through robust monitoring against the increasingly frail and complex residents living in care homes.
- Enhancing the clinical skills of care home staff to undertake more complex clinical duties such as phlebotomy, insulin and warfarin administration. This would enable visiting district nurses to use their clinical skills in areas where there may be greater need or demand.
- Sharing good practice and lessons learned across care homes through the Care Home Managers' clinical forum locally to discuss concerns and to agree sign off for collectively agreed actions. The forum remains the primary setting through which clinical objectives are taken forward.

4.2 Intermediate Care and Rehabilitation

Intermediate care is a priority area for the CCG and the Council. The pooled budget invests in a range of integrated services to help people avoid going into hospital unnecessarily, help people to be as independent as possible after a stay in hospital, and to prevent people from having to move into a residential home until they really need to.

Throughout 2014-15 Islington Council and Islington Clinical Commissioning Group jointly funded a variety of 'at home' and 'bed based' clinical rehabilitation services as well as reablement services including:

Reablement

- Enablement – Building resilience for older people
- Carelink - 2 hour therapy rapid response
- Reablement – Reducing Dependence
- Mental Health Reablement – Reducing dependence

At home based intermediate care

- REACH therapeutic rehabilitation

Bed based intermediate care

- CNWL - St Pancras Inpatient rehabilitation
- Whittington - Cavell Ward - 4 beds (winter pressure 2014/15)
- Whittington - REACH bed based therapeutic rehabilitation (at St Anne's and Mildmay)
- Blackberry - St Anne's nursing home (10 Beds)
- Notting Hill Housing - Mildmay high support housing (12 Beds)

In 2014 Barchester Homes who provided bed based intermediate care beds at Cheverton Lodge gave notice to the Council for 2014/15. A new service was commissioned at St Anne's nursing home opening in February 2015 with social work and therapeutic input from REACH.

Islington did not take part in the National Audit of Intermediate Care in 2014, but have submitted data in 2015 which will enable us to benchmark against others. A detailed review of the Intermediate Care pathways is near completion. This will be informed by pilots of new models and better ways of working. Of particular focus has been is a crisis response service. A cost effective rapid response service is identified as critical to supporting people effectively. There is a proposal to implement a service in 2015.

4.3 Mental Health

Mental Health and wellbeing are priority areas for both the Council and the NHS, and is one of the four priorities of the Health and Wellbeing Board.

The forward procurement plan for the 'pooled' budget (2013/16) aligns services in outcome based portfolios to support driving value by realising opportunities for supply side cost efficiencies and synergistic efficiencies. In 2014/15:

- A successful step down forensic mental health pilot service was procured with the contract aligned to Forensic Mental Health Residential Care.
- A successful mental health enablement pilot was procured aligned with the wider contract for Mental Health Day opportunities.
- The residential care service for older people who have misused alcohol was procured at excellent value
- The mental health employment support service continued to perform exceptionally well, exceeding its targets and this contract will be extended in 15/16 for another year

New Models of Care developed in 2014-15 included:

- a. *Self-Management* The Recovery College launched in 2014.
<http://www.candi.nhs.uk/recoverycollege>
- b. *Primary Care Mental Health* was piloted to strengthen capacity and support a more sustainable mental health system. Embedded psychiatry, psychiatric nursing and psychology in GP practices will be rolled out across Islington in 2015-16.
- c. *Early Intervention Psychosis* New investment ensured all people who experienced psychosis for the first time were seen in two weeks, and this included people over 35. Islington is one of the first places in the country to achieve this.
- d. *Lost Years of Life* - Collaborative working between users, providers and commissioners to address the fact that people living with psychosis are dying up to 20 years younger than their peers, has developed a new model that puts users firmly at the centre of a system. It is intended to commission the new service in 2015.
- e. *Enhanced Psychiatric Liaison* was implanted at the Whittington with significant impact on quality and length of stay, readmission rates and access to specialist intervention
- f. Islington's '*Crisis Concordat*' action plan received commendation from the Care Minister responsible and has delivered: 24/7 Crisis Support, A&E linked additional acute mental health beds, an in depth review of Crisis House leading to service improvement Commissioning intentions for 2015-16 include: 24/7 direct access to Crisis Teams for the police and GPs, and patients, a 24/7 Mental Health Intermediate Care Service with peer support and additional acute bed capacity with an independent review of the acute care pathway

Driving up quality and value is core to commissioning activity. Service development work in 2014-15 included:

- On-going work to understand the increase in completed suicides of people known to services through thematic reviews
- Improved access to treatment with no patients waiting longer than 10 weeks for treatment for complex depression and trauma, services for ageing and mental health, and personality disorder; and waiting lists cleared for Post-Traumatic Stress Disorder, especially important in a community where significant levels of violence have been experienced by women and refugees
- Delivery of all Improving Access to Talking Therapies Targets for 2014-15 (including wait times), access targets, including for people from BME groups and a recovery rate of 47%.

4.4 Learning Disability and Autism

The Learning Disability 'pooled budget' has faced significant pressures each year from demographic demand and the cost of services. The cost of demographic pressure in 2014/15 was estimated as £1.7m. Management plans delivered a saving of £500k in 2014/15.

Service quality assurance is provided by the national Self Assessment Framework (SAF) tools. These were completed for Learning Disabilities and for people with Autism and presented to the Health and Wellbeing Board during the year. They showed that Islington generally performed well, with many areas improving since 2013/14. A small number of areas had changed negatively compared to 2013/14. Improvement plans will ensure that gaps are clearly identified and addressed. This is particularly the case for people with Autism where new statutory guidance will be reflected in local plans.

Achievements in 2014-15 and priorities for 2015-16 include:

- *Supported Accommodation* provides opportunities for people with learning disabilities and/or autism to live in their own 19 new tenancies. The balance of residential care to supported accommodation has now substantially shifted with approximately 170 tenancies, to 102 residential care placements. Three further schemes are being developed in Islington, to provide an additional 40 supported tenancies. The priority will be to ensure a robust process is in place to achieve quality outcomes, including offering people placed out of borough the opportunity to return, whilst achieving efficiencies wherever possible. Developing the market to ensure provide expertise is a priority
- *Shared Lives which* recruits carers to support people with learning disabilities in a family environment and provides personalised support and good value for money compared to residential care and supported accommodation received further investment in partnership with Camden Council. In 2015-16 a business case to recommend expansion of this scheme as an “invest to save” scheme will be developed based on efficiency outcomes demonstrated elsewhere
- *Special Educational Need and Disability Reforms (SEND)* (Children and Families Act 2014) apply to all children and young people (up to 25 years of age), identified with a special educational need or disability and aims to ensure transition pathways are effective. A Joint Transition Programme Board oversees work to ensure young people will be supported in achieving the four ‘Preparing for Adulthood’ outcomes: employment, independent living, good health, and community inclusion
- *Employment* outcomes remain good for people with learning disabilities with an additional 19 people placed in paid employment against a total of 58
- *The Family Carers’* reference group continues to ensure they have a voice
- *Improving health outcomes* for people with learning disabilities is a priority and there has been an increase in the number of people receiving health checks. The current health improvement plan has been refreshed to drive further progress and includes a more targeted approach.

Autism is an area facing significant demographic pressure. Services for people with autism who also have a learning disability are well established but the needs of people with autism who do not have a learning disability have been less well known. There has been progress in the following areas:

- A new jointly commissioned diagnostic service is now well established. Works are underway to develop a post diagnosis pathway with Camden Joint commissioners
- Autism awareness training and more advanced training for frontline professionals is a statutory requirement. Work is required to ensure that a workforce development plan is being implemented, however training has been provided to a broad spectrum of professionals
- An improvement plan is being developed aligned to gaps identified in the SAF and the governance arrangements are being reviewed to ensure local leadership and accountability for implementation of the Autism Act and associated strategy and statutory guidance.

Transforming the care and treatment of people living in Assessment and Treatment Units (ATUs), continues to be robustly monitored by NHS England and NHS London in response to Winterbourne View.

- In December 2013 six Islington adults were being treated in out of borough services. On 12th February 2015 there were four people, with three completed Care Treatment Reviews
- The accommodation strategy aims to ensure that supported housing options are actively being explored and developed to meet the needs of the remaining four people
- Further work is needed to understand why people are being admitted to local treatment and assessment services. Ensuring appropriate local housing solutions will continue to be a priority.

4.5 Carers

Islington Carers' Hub, the main commissioned service for carers, continues to successfully identify and support carers in Islington through their partnership work, particularly with the health service. The Hub has worked with 14 GP practices in the three years of operation.

The Hub Manager has continued to promote carers' needs within the health sector through presentations organised for staff. Strategic links have been developed to raise the profile of carers. This has been achieved through active memberships on seven boards including Camden and Islington Foundation Trust (C&IFT), Carers' Partnership and Dementia Navigator Steering Group, Making it Real Board, CCG Mental Health Advisory Group and the Third Sector Forum, Health-watch Islington Steering Group and the Islington Community Network Committee.

In 2014, Islington Council won a national award from Working Families for the staff carers' forum. The forum has supported staff carers through influencing policy to make it more carer friendly, offering toolbox talks for managers of staff carers, bringing in experts to discuss health conditions and much more. A key priority for the Hub in 2015/16 will be to take this nationally recognised model and extend this work across local businesses in Islington.

The Hub successfully identified 481 new carers in 2014/15 bringing its total membership to 1430 carers' Much of the success in identifying these new carers' has been as a result of developing strong partnerships with GPs and other stakeholder organisations including C&IFT Dementia Navigator Service and Help on Your Door Step. £25,000 from the flexible breaks fund was distributed to 121 families equating to approximately 60 awards. The fund offers carers and their families, who aren't eligible for health and social care funding, an opportunity to take a break from their caring role. Of note, 11 of these awards were offered to palliative carers.

Following the implementation of the Care Act 2014, the carers' offer in Islington was reviewed in 2014/15 to ensure the Council would meet its duties under the Act. Going forward, the main priority in 2015/16 will be to retender the Hub service which will include some of these duties as stipulated in the Care Act. The Hub contract, funded by a pooled budget arrangement, will be going out to tender with a contract value of £350,000 per annum, an increase of £70,000 increase from the previous year. The budgetary increase will ensure the following:

- that the new provider will undertake all low level carers' assessments
- a focus on prevention by identifying and engaging with hidden carers in the community.

5. Children's Services

5.1 Pooled and non- pooled budgets

In Children's Services there are no pooled budgets. The Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

In 14/15 the Strategy and Commissioning Division, as a separate entity within the Local Authority Children's Services, was disbanded. The Children's Partnership Commissioning Team was renamed the Children's Health Commissioning team and this has continued to be located within the local authority ensuring good linkages between health and local authority commissioning including Public Health. The CCG's Director of Commissioning took over line management of the team which now links to the Children's Services Management team through a regular health focussed meeting together with Public Health every 6 weeks.

As before, and unlike in Adult services, health and social care are commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission health services funded by the CCG or the local authority and to do so working closely with Public Health, other local authority partners and schools. This is particularly important in relation to the commissioning of speech and language and other paediatric therapies, services for children with disabilities, child and adolescent mental health services and health services for vulnerable children including children looked after and

those known to the Youth Offending Service.

In 2014/15 the local authority contributed £127,558 towards the cost of this team and the CCG contributed 175K.

Aligned budget: Within Children's Services there is also an 'almost' pooled budget referred to as an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities. Decisions about funding of these placements are made by a Joint Agency Panel (JAP) which is attended by a member of the Children's Health Commissioning team and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 14/15 continued to function effectively. However, whilst fewer numbers of young people came through the panel there was a significant increase in both the complexity and cost of placements, hence the overall cost of placements increased by 165K in 14/15 compared to the previous year. The overall outturn in 14/15 was 4.1m with a standard split operating across agencies such that the outturn for each agency was as follows: CCG - 1.34m, Education – 868K, Social Care – 1.6m and ILDP 318K.

5.2 Children's Health Strategy

A key piece of work in 14/15 was the development of the Children's Health Strategy led by the CCG and Public Health. This was signed off by the CCG in January 2015 and the Health and Wellbeing Board in April 2015 and sets out the direction of travel for Children's Health Services in Islington for the next 5 years.

Children's Integrated Care

The Children's Health Commissioning Team leads on the Children's Integrated Care Programme and central to this is ensuring that children's health care is managed in the community where it is safe to do so. This has required close collaboration between primary, community and acute (hospital) services as well as linking up with local authority partners as needed.

Key projects that supported this in 14/15 were:

- Commissioning and development of an asthma kite marking project in schools enabling schools to have the correct policy, care plans, training and emergency procedures in place, so that children with asthma can remain safe whilst at school.
- Establishment and development of Children's Nurses in Primary Care – one for each of the 4 GP localities. This has strengthened paediatric capacity within primary care.
- Establishment of Children's Multi-disciplinary Team teleconferencing bringing together an extensive core team of professionals once a month to discuss up to 10 children that would benefit from a multidisciplinary team discussion, including those with multiple A&E attendances. The core team includes the child's GP, a paediatrician, community nurse, school nurse, health visitor, pharmacist, Families First and SHINE. In 14/15 44 children were the subject of an MDT teleconference.
- Establishment and development of a Hospital @ Home enabling acutely sick children to have their care managed at home with intensive support. The project started in August 2014 and by the end of 14/15 159 children were treated by Hospital @ Home for a range of acute conditions that would have otherwise been treated in hospital. The service has had regular positive feedback from both the professionals and the families that have used the service.

5.3 Children's Community Health Services

The Children's Health Commissioning Team has worked with Public Health to support the safe transitioning of Health Visiting and the Family Nurse Partnership from NHSE to the local authority by October 15. Key performance indicators for health visiting such as breastfeeding and immunisation rates improved in 14/15 and were above the London average and the DH Annual Review of FNP was very positive.

Since April 2013 Public Health has been responsible for commissioning school health, sexual health and drug and alcohol services for young people. The Children's Health Commissioning Team has continued to collaborate with Public Health in these areas as needed so as to mitigate against health services becoming fragmented.

In 14/15 the team assisted Public Health in a review of the school nursing service particularly in relation to children with long term and medical conditions. Findings from the review indicated that the care for children with long term and medical conditions is variable and there are gaps in the service. The CCG is currently working with Public Health to look at ways of addressing this.

Input into the monitoring of the Whittington Health contract

Most community health services for children in Islington are provided by Whittington Health and the Children's Health Commissioning team inputs directly into the monitoring of the overall contract with Whittington Health in relation to these services and in particular those that the CCG directly commissions which include the following:

- **Services for Children with Additional Health Needs** such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics and Community Nursing
- **Services for Disabled Children** including the Integrated Disabled Children's Service and the Aiming High for Disabled Children programme
- **Child and Adolescent Mental Health Services (CAMHS)** and
- **Integrated Health teams** working within the Targeted Youth Support and Looked After Children's Services.

The team also undertakes a series of engagement/monitoring meetings regarding the above and involves the local authority partners in these as needed. Hence the S75 is enabling the local authority to have more direct involvement in the monitoring of the Whittington health contract than would otherwise be the case. The value of the children's element of the contract with Whittington Health for community services is in excess of £13.5million.

Some of the **achievements** in 14/15 are as follows:

- The decision to jointly fund speech and language therapy posts in mainstream schools between the CCG and schools Forum has had a really positive impact on the delivery of services into mainstream schools. Schools are now in receipt of ongoing provision which enables both indirect intervention but also development of whole school approaches to support language and communication skills in schools. The 14/15 Annual SLT report to the Schools Forum was well received.
- The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the Special Educational Needs and Disability (SEND) reforms. In 14/15 an integrated panel was set up with Commissioners from each agency to agree Education Health and Care (EHC) assessments and plans. This panel is enabling partner agencies to make joined up decisions with the potential to maximise resources and deliver shared outcomes. As a part of this work in September 2014 a digital public facing local health offer went live.
- In accordance with the Department of Health recommendations, personal health budgets were made available for children eligible for continuing health care funding from October 2014 and since this date 3 children have been in receipt of a personal health budget. To ensure processes are joined up the team has worked closely with the personalisation team to ensure the alignment of systems and

processes around personal budgets.

- The Schools Forum continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Childrens Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions when required. Feedback from Children's Centres and schools has been consistently positive.
- In 2014/15 the Children's Health Commissioning Team worked with CAMHS and Adult Mental Health services to develop a parental mental health service – Growing Together which has been funded by the CCG. This has brought together CAMHS and Adult mental health clinicians to work in Children's Centres and other venues to provide clinical interventions to parents and children where the parent's mental health is having a negative impact on their children's mental health.
- A CCG funded nursing post was introduced as part of a range of health services provided within the YOS to ensure that all young people coming into the YOS have a comprehensive health assessment. This had previously been identified as a gap. Children's Commissioning chaired a Health sub-group of the YOS management board throughout 14/15 and although improvements can be demonstrated, the production of robust health performance data continues to be a challenge.
- The CLA health team continued to perform well in meeting the statutory health targets in relation to health assessments (initials and reviews) and immunisation rates for children looked after.
- In 14/15 the CCG agreed to fund CAMHS in Children's Centres (175k) in support of the Council's financial strategy. This was further to 691K additional CCG investment in children's health services which took effect that year.

5.4 Children's User and Carer Involvement

The Children's Health Commissioning team leads on ensuring that children and young people and their carers are involved in the design and delivery of health services, linking in with Healthwatch, Public Health and other partners as needed. Below are some examples of activities in 14/15:

- In November 2014, 4 young people were involved in the interview and selection process for a new Participation Officer within the Children's Health Commissioning team.
- 29 children and young people were involved in the initial development of the Children and Young people Health Strategy and 9 were contacted in latter stages to ensure that their views had been accurately represented.
- You're Welcome is a 'mystery shopping' programme to ensure that health services are 'young people friendly'. In 2014/15, 3 Children's Centres, a sexual health centre and a GP practice were involved in the programme.
- A Youth Health Trainers pilot project ran from July 2013 to January 2015. The aim was to offer apprenticeships to young people to work with other young people on improving their health outcomes. 3 full time apprentices who were NEET (not in education, training or employment) were recruited and trained to provide peer to peer health promotion. Two of the apprentices obtained permanent jobs as a direct result of their apprenticeships.

5.5 Safeguarding Children

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 75 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 health services referred to in this report.

The Head of Children's Health Commissioning is a member of the NHS Islington Child Protection Committee and the team reports to the Committee on child protection issues in relation to different

community services on a rolling programme

6. Conclusion

- 6.1 The partnership between Islington CCG 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 2015/16.

2014 was again a year of achievement. We have continued to use models of care to develop new ways of working and will continue to strengthening the offer around individuals and their families.

Efficiency and effectiveness remains top of the agenda as the Council and CCG manage financial constraints and demand pressures. Planning and delivering services within a strong joint commissioning approach will help mitigate risks and ensure that we continue to deliver quality seamless services to our local residents.

7. Implications

7.1 Financial implications

There are no direct financial implications from this report.

Any financial implications arising need to be considered and agreed as necessary by the Council and/or the Clinical Commissioning Group (CCG).

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council or the Clinical Commissioning Group (CCG).

7.2 Legal Implications

Section 75 of the National Health Service Act 2006 provides powers for the Islington Clinical Commissioning Group (the CCG) to exercise specified local authority functions and for the council to exercise specified functions of the CCG. A partnership agreement pursuant to section 75 has been established between the CCG and the council setting out the respective aims and obligations of the partners. Governance arrangements relating to the partnership agreement are set out within the terms of the partnership agreement.

The council's constitution requires the Executive: to be responsible:

- To be responsible for the regular monitoring of joint commissioning arrangements and joint management of services in relation to adult social care services (Responsibility for functions, council Constitution, Part 3, paragraph 4.6(i)).
- To act on the Council's behalf in any joint governance arrangements for the delivery or commissioning of children's and community care services with the National Health Service (Responsibility for functions, council Constitution, Part 3, paragraph 4.2(i)).

7.3 Environmental Implications

There are no environmental implications

7.4 Resident Impact Assessment

A Resident Impact Assessment has not been completed because the activities in this report seek to advance equality of opportunity, to minimise disadvantages and meet needs in particular for disabled persons' and encourage people to participate in public life.

8. Reasons for the recommendations / decision

8.1 The report is for assurance and note only.

Appendices

- Appendix 1- Adult Pooled Budgets

Final report clearance

Janet Burgess

Signed by: Executive Member for Health and Wellbeing **Date:** 7 October 2015



Signed by: Executive Member for Children and Families **Date:** 9 October 2015

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Adult Pooled Budget

Pooled Budgets

Central government has recognised the importance of pooled budgets as a mechanism for planning and delivering integrated and coordinated services, and is increasingly requiring Councils and CCGs to work together in this way.

Section 75 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. Contributions can come from two or more local authorities and NHS bodies who agree the aims and objectives of the joint investment fund in line with local needs and priorities. Pooled budgets support the implementation of joint commissioning strategies.

During the financial year ending 31 March 2015, five adult pooled budgets were in operation between Islington Council and Islington CCG, and hosted by the Council

- A pooled budget for *Learning Disability Services* has been in operation for the last eleven years. The total gross budget for the pool was £29.2m in 2014/15. The Council's contribution to the pooled budget was £25.7m and Islington CCG's contribution was £3.6m. The proposed net increase to the total pooled budget for 2015/16 is £550k. The Islington CCG share of this increase is £67k and the Council's is £483k in 2015/16.

In common with most other local authorities and CCG's, the Learning Disability pooled budget has continued to face significant pressure year on year, both in terms of the demographic demand for and cost of services. Management action plans have been developed to secure efficiencies in 2015/16.

- A pooled fund for *Intermediate Care*, established in 2003, seeks to prevent and reduce delays in discharge from hospitals for Islington residents. The total budget was £6.74m in 2014/15. The Council's contribution was £2.07m and the CCG's contribution £4.64m in 2014/15. It should be noted that a third pooled budget partner, Whittington NHS Trust, provides an additional £30k 'contribution in kind' to the pool. The investment from each organisation will remain the same for 2015/16 and commissioners will implement the recommendations of a review of services.
- A pooled budget for *Mental Health* Commissioning of adult care began operating in April 2004. The total budget was £4.564m in 2014/15. The Council's contribution to the pooled budget was £2.41m and the CCGs was £2,154 in 2014/5. The proposed net increase to the total pooled budget for 2015/16 is £70k. The Islington CCG share of this increase is £33k and the Council's is £37k in 2015/16.
- 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 unpaid carers by integrating the service delivery between Health and Social Care. The total budget was £1.1m in 2014/15 and will remain at that level for 2015/6. The Council's contribution to the pooled budget was £960k in 2014/15 and Islington CCG's contribution was £0.1m. There will be no change to these levels in 2015/16.
- 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 £5.37m in 2014/15 and will be £5.47m in 2015/16. The Council's contribution to the pooled budget was £3.036m in 2014/15 and will be £3,093m in 2015/16. Islington CCG's contribution was £2.334m in 2014/15 and will be £2,378m in 2015/16, a net increase of £101k. This pool is hosted by Islington Council.

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Governance and
Human Resources
Town Hall, Upper Street
London N1 2UD

Report of: **Chair of Policy and Performance Scrutiny Committee**

Meeting of	Date	Ward(s)
Executive	22 October 2015	All

Delete as appropriate	Non-exempt	
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Subject: Best Team – Report of the Policy and Performance Scrutiny Committee

1. Synopsis

- 1.1 This report requests that the Executive receive the recommendations in relation to the scrutiny review on the Best Team.

2. Recommendation

- 2.1 To receive the report of the Policy and Performance Scrutiny Committee.
- 2.2 That the Executive Member's response be reported to a future meeting of the Executive, having due regard to any relevant implications.

3. Background

- 3.1 In March 2015 the Policy and Performance Scrutiny Committee commenced a scrutiny into the Best Team.

The aim of the review was to establish the extent to which the BEST team currently assists residents that need help securing employment, including those who are young, over the age of 50, parents, sick/disabled, ex-offenders, and BME residents.

The detailed objectives of the review are included in the attached report.

4. Implications

4.1 Financial Implications

The proposals in the review need to be costed before a response is made by the Executive.

4.2 Legal Implications

Relevant legal implications will be considered as part of the response to the review.

4.3 Environmental Implications

There are no environmental implications at this stage. Any environmental implications will be identified as part of the Executive Member response.

4.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The Committee has had regard to any equalities implications and resident impacts identified by witnesses during the course of the review. Details of any such implications are set out in the appended report. A Resident Impact Assessment has not been completed as the Executive is only asked to receive the report at this stage. The impact on residents will need to be fully considered as part of the Executive Member response to the review, at which point a Resident Impact Assessment will be completed if required.

5. Conclusion and reasons for recommendations

The Committee have made a number of recommendations that it is hoped will improve support for residents who need help securing employment and it is hoped that these will be adopted by the Executive.

Final Report Clearance
Signed by

Councillor Troy Gallagher

Date

Report author: Peter Moore
Tel: 020 7527 3252
E-mail: peter.moore@islington.gov.uk

Policy and Performance Scrutiny Review

REPORT OF THE POLICY AND PERFORMANCE SCRUTINY COMMITTEE EXECUTIVE SUMMARY- REVIEW OF BUSINESS EMPLOYMENT AND SUPPORT TEAM (BEST)

London Borough of Islington
September 2015

CHAIR'S FOREWORD

In view of concerns expressed by some residents concerning the service offered by the BEST team and the fact that this would shortly be merged with the Islington Learning and Working service, the Committee decided to carry out a short scrutiny review to see how the new service could learn lessons from BEST and improve the offer to residents.

Whilst the Committee heard evidence that the BEST team had worked well in a number of ways, it also felt that there were a number of areas that could be improved upon. These are particularly in relation to offering training and support to applicants, publicising the services on offer and also publicising its achievements in finding sustainable work. This would help encourage residents to seek assistance and our recommendations relating to the youth employment agenda will also assist young people to enter and experience the world of work, through collaboration with businesses.

The Committee feel therefore that there is the need to engage with partners and businesses to develop these opportunities and to develop a strategy to be able to do this.

The Committee has also made a number of other recommendations that it feels will enhance the service to residents, encourage sustainable employment and a positive experience in the workplace and requests that these be adopted by the Executive.

BEST Team Scrutiny Review

Aim

To establish the extent to which the BEST team currently assists residents that need help securing employment, including those who are young, over the age of 50, parents, sick/disabled, ex-offenders, and BME residents.

Evidence

The review ran from March 2015 until September 2015 and evidence was received from a variety of sources:

1. Presentations from witnesses – Two witnesses who had been assisted by the BEST team
2. Presentations from council officers – Lela Kogbara – Assistant Chief Executive, Strategy and Partnerships, Nicky Freeling, Business Engagement and Employment Support Manager
3. Presentations from local community based partners/Agencies which use the services of BEST to support their clients– Ken Kanu, Help on Your Doorstep, Sheri Lawal – Choices

Main Findings

The Committee commenced its review on 2 March, however on 1 April 2015 the BEST service was merged with Islington and Working, as part of the new Learning and Skills and Employment section within the Chief Executive's Department.

The Committee focused on identifying the gaps in the BEST service provision to unemployed residents, reviewing the plans in place to fill gaps, as part of implementing the recommendations of the Employment Commission, and to make recommendations that can be taken on board by the new Learning, Skills and Employment team.

The BEST team was established in January 2012 to operate a Single Employer Face, as recommended by the Islington Fairness Commission. It acted primarily as an employer facing service that sought to coordinate efforts to get more employers to recruit disadvantaged residents, as well as encouraging corporate social responsibility to support employability through activities, such as mentoring.

Following the recommendations of the Islington Employment Commission, a team has now been introduced to implement these recommendations and this team is drawn mostly from existing resources.

The Council has also successfully bid for approximately £2M from the London Enterprise Panel (New Homes Bonus top-slice), to provide resources until March 2017, to support the employment agenda. This has meant that the Council has resources to develop the work of BEST, Islington Working for Parents and careers work in Children's Services.

Consultation has been completed on a new organisation structure to deliver the ambitions of the Employment Commission. The result is that BEST will be merged with Islington Learning and Working from 1 April 2015 to form a new Learning, Skills and Employment service. This new structure brings together the strategic business engagement functions, the job brokerage and

recruitment functions and the front line employment support functions, together with Adult and Community Learning.

The Committee, given the new structure, focused on what lessons could be learnt from the BEST team experiences and how they can be incorporated, in order to build on its' progress to ensure the new service is a success for residents and assists them into sustainable employment.

The Committee received evidence concerning the new service, named the i Work team, which is funded for the next 2 years, to work closely with Job Centre Plus and other partners to provide a strong targeted approach, with the objective of supporting long term unemployed and ESA claimants into employment.

The service includes 10 Islington Council coaches, incorporating job brokerage, which is tailored to meet client needs and aspirations. Brokerage is intended to link to growth sectors and be sector led. Supporting the Council delivery is a formal partnership of organisations, working across a series of community locations, to support ESA and long term unemployed claimants into employment. Through this partnership the i Work team will work closely with a cadre of partner coaches, operating as a team across Islington and developing models of best practice.

The i Work service is located within the Learning Skills and Employment service, which offers a wider range of specialist support, including adult learning, employer engagement, youth employment and apprenticeships.

The Committee received information on the performance of the BEST team and the candidates placed into paid positions by BEST over the period 2012-15.

The Committee noted that 16-24 year olds were consistently the largest age range amongst successful candidates and whilst the number of over 40's assisted by BEST into jobs is low, it has increased from 2012/13 and BEST have undertaken work in the past year to increase the number of residents aged 45+ that have secured paid employment. This has included partnership working with Adult Community Learning, in order to run a series of workshops, providing targeted employability to this group.

The employment situation of people with learning disabilities is particularly concerning. Only about 10% have paid work, despite the fact that many learning disabled people complete work focused college courses and this group do a great deal of unpaid work experience. In view of this, a pilot was set up in 2012, to show that people with a learning disability could be employed and play an active part in the local labour market and this had focused on 18-24 year olds, but did not exclude others, who were job ready. It was agreed that paid employment would not necessarily have to be full time, as even a small number of hours worked, can have a very positive impact for someone with a learning disability.

The project saw some successes and 26 residents over a two year period with learning disabilities entered paid work and a project to support parents and assist them in guiding learning disabled children into employment was launched in February 2014. Considerable work also took place to improve support systems for people with learning disabilities and a database is maintained which can identify residents with learning disabilities, aged 18-24, and the services that support them.

The BEST team, in 2014/15 also supported 81 parents of children, aged 0-15, into employment. Of these, 66 were lone parents, who had been out of work for more than 2 years. The average age of this cohort of parents is 36.

The Committee noted that there were 1.3 jobs for every resident in Islington and there is a need to persuade employers to give young people a chance. However, some employers kept raising the

qualifications for jobs and employers were also able to recruit skilled staff from an increasingly global market.

The Committee considered evidence that some groups had proved difficult to get into employment, such as those with mental health disorders, and that some residents were being excluded from employment, as they had BME names. It was noted that even within the Council there is a lack of advancement for BME staff to higher graded posts. Measures to address this are being taken by instituting an inspiring leadership programme for BME staff, which applied to all grades.

During the Committee's questioning of the witnesses that had been assisted by the BEST team, the Committee welcomed the evidence that these particular witnesses had felt that they had received excellent assistance from the team and overall their experience had been good. It was also noted that the new iWork team that has been established would be more client facing, whilst still dealing with employers, which had not previously taken place.

The Committee were pleased to note that the Council were now training and employing apprentices, so that they can, after a year, move onto business opportunities and links were being made with employers so that the apprentices were work ready and could be employed by businesses after this first year. In addition, discussions were taking place with Job Centre Plus, to see whether some of the functions of the JCP could be linked with the iWork team, with more of a focus on residents with a disability in the future.

The Committee were concerned that the employment being found is low skilled and low paid and we were informed that initially there had been a focus on low paid entry jobs, however where there are Section 106 monies available there is an opportunity to create more jobs across the salary range. In addition, the new job brokerage arrangements will be more suited to matching people with particular skills.

Members of the Committee did however note comments that the BEST team had in some instances been unable to offer job seekers the support that they needed to succeed in submitting successful applications and to sustain work. The Committee noted that there had been an issue of capacity in the BEST team to assist all the unemployed residents in the borough. This was because the BEST team were not client facing, and there was no other client facing service in operation, apart from the parent team who could only work with parents of children under 15.

The Committee welcomed the introduction of the new i Work team, which will provide a service for those who need it most, adults unemployed for 6 months or more, people in receipt of Employment Support Allowance (ESA), and of the new youth employment team, which will support young people who want to go into apprenticeships or other form of workplace learning.

The Committee also considered evidence from Choices, a counselling and advisory support service, who had worked with the BEST team and also with the Job Centre, mostly with claimants on ESA, who were not work ready. Choices were of the view that there needed to be more part time work available to assist these clients. Choices also stated that they held sessions for young people in mock interview situations and filmed them, in order that they can improve their performance at interviews.

The Committee were of the view that the Council should support a work experience programme for residents to gain skills and confidence, with a view to developing these residents ability to move into paid sustainable employment. This scheme should be known as the 'GET SET FOR WORK' scheme and focus on training and a positive experience in the workplace.

As the scheme develops, this should be promoted with local businesses to encourage similar work experience schemes with other large employers, and in particular to strongly encourage council

contractors, as well as VCS organisations, that are in receipt of Council funding, to offer such opportunities.

The Committee also received evidence from Help on Your Doorstep which is an organisation that assists over 1500 residents per year, and employment has been its' main focus. The Committee heard evidence that Help on Your Doorstep works across Islington and is an outreach service that links in with the voluntary and public sector. It is a door knocking service that seeks to engage residents and offers assistance with housing, financial advice, employment issues, welfare rights etc. and signposts them to appropriate services, and residents could also call one of its 5 community based offices.

The BEST team were Help on Your Doorstep's main referral partner for employment support however Help on Your Doorstep did not keep precise details of those clients obtaining employment. There had been challenges to this process and the BEST service had acted as a brokerage for pre-screening and assessment, however those assisted did not often receive feedback. Where feedback from employers was provided it was not always sufficient to support clients to improve their interview performance. The Committee noted that it is felt that there is a need for good quality feedback to be given to applicants, in order to boost their confidence when applying for jobs, whether they were successful or not.

The Committee welcomed the work carried out by organisations, such as Help on Your Doorstep, in contacting 'hard to reach' residents. In order to ensure that the new offer reaches those who need it, the proposed new case loading service established should work closely with partners, such as Help on Your Doorstep, ward partnerships and the Voluntary and Community services (VCS) hubs across the borough and should set up a network of employment practitioners and key strategic partners. This will ensure good practice is shared and that there is equal access to services for residents, wherever they live. The Committee are of the view that the VCS hubs should be encouraged to involve and support similar groups in their areas, forming employment clusters. There should also be the creation of focus groups, in order to ensure residents are able to feedback about the services offered so that, if necessary, improvements can be made.

In addition, Councillors could act as 'mystery shoppers' and champions of employment services, assessing the services at the point of entry, and this would enable the quality of the service offered to be monitored and its effectiveness assessed. Take up of services can be monitored and data shared with key partners in order to ensure that rigorous evaluation and analysis of services and their impact takes place.

The Committee were of the view that not all apprenticeships, both from external organisations and within the Council itself, were satisfactory and led to sustainable employment. One of our recommendations particularly addresses this, including provision for a 2 year offer to 16 year olds wishing to engage in work based learning, up until the school participation age.

The Committee also considered that the Council apprenticeships on offer should also provide a way into sustainable employment and the new youth employment team should work with local employers to promote the same principles.

The Committee consider that the team should also target local employers to offer part time opportunities. This should include Saturday work, which is recognised as a means by which young people can gain experience of the work place, and should especially target groups of young people most at risk of becoming NEET or engaging in illegal earnings.

The Committee were also of the view that, given the large number of construction projects taking place in the borough, there should be opportunities for apprenticeships and work placements to be made available, especially for women, given the shortage of female workers in the construction industry.

In addition, the Committee was of the view that there should be a strong communications strategy established, in conjunction with the Council's communications team and ward partnerships, to ensure that good case studies of residents finding work and being assisted are disseminated widely, in order to influence job seekers and to encourage employers to follow good practice.

Conclusion

The Committee have made a number of recommendations, set out below, that is felt will improve the offer to residents to enable them to enter into employment and also made recommendations that will assist in making young people more ready for work.

This offer will need the assistance of other partners and organisations to deliver it successfully and there is a need to ensure that the availability of this service is publicised effectively.

Recommendations

1. Young People

The Committee are of the view that not all apprenticeships work well and progress to further employment. This is the case in some of the external apprenticeships sourced by BEST and some of the internal apprenticeships organised within the Council.

The Committee therefore recommend-

1. That the Council's apprenticeship programme is revised to ensure that it offers a set of excellent opportunities to Islington young people. The offer should include some 2 year offers to 16 year olds wishing to leave school at the end of year 11 and to engage in work based learning up until the school participation age of 18
2. That all Council apprenticeship opportunities should be designed to offer a real pathway into sustainable employment i.e. with meaningful job roles, strong line management and also opportunities to gain a wide breadth of experience
3. That the new youth employment team, within the learning, skills and employment service, will also work with local employers to promote the same principles, using the Council's programme as a model of good practice
4. That, in order to gain experience of work, the team should develop a campaign targeting local employers to engage with the youth employment agenda, through offering part time employment opportunities for young people from the age of 14 upwards. 'Saturday' jobs are a recognised way that young people gained the work ethic, received earnings and learnt the 'soft skills' that employers say are lacking in young people. This campaign should also target groups of young people most at risk of becoming NEET or engaging in illegal earnings

2. Adults

The Committee heard evidence that adults often failed to access the jobs brokered by BEST because they were not sufficiently job ready, or lack relevant work experience.

The Committee therefore recommend that –

1. A work experience programme be developed for residents to gain skills and confidence, supported by the Council, with a view to developing these residents ability to move into sustained employment. This Council programme should be known as 'GET SET FOR WORK' and focus on training and a positive experience in the work place
2. As the Council's own programme develops, Council officers should promote the scheme with local businesses to encourage similar work experience schemes with other large employers
3. Council contractors should also be strongly encouraged to offer these opportunities, together with local VCS organisations, in receipt of Council funding

3. Personalised support

The Committee, in view of the evidence that they considered, did not feel that the BEST service was best able to offer job seekers the support they needed to succeed in applications and to get into sustainable work.

The Committee therefore support that the new service, the i Work team, which has been established should offer a case loading service to those who most need it, adults unemployed for six months or more, people in receipt of ESA, and that the youth employment team will support young people who want to go into apprenticeships, or other forms of work based learning

The Committee recommend that -

- 1. It be ensured that this offer reaches those who need it, and the service should work closely with partners across the borough, particularly with Help on Your Doorstep, ward partnerships and the VCS hubs, and should establish a network of employment practitioners and key strategic partners, to ensure that good practice is shared and that there is equal access of services to residents wherever they live in the borough. The VCS hubs will be encouraged to involve and support smaller groups in their areas, forming employment clusters**
- 2. Focus groups should be organised to ensure residents are able to feedback about services offered**
- 3. Councillors should act as ‘mystery shoppers’ and champions of employment services, assessing the quality of provision at the point of entry. This will assist in maintaining and monitoring quality**
- 4. Officers should monitor the take up of services using efficient data capture systems, and agree to sharing this information with partners to ensure that rigorous evaluation and analysis of services and the impact can be assessed**
- 5. A strong communications strategy be developed, working in conjunction with the Council’s communications team and ward partnerships, to ensure that good case studies and information are disseminated, which will help to influence job seekers and encourage employers to follow good practice**

MEMBERSHIP OF THE POLICY AND PERFORMANCE SCRUTINY COMMITTEE – 2014/15 and 2015/16

COUNCILLORS 2014/15

Councillors:

Councillor Troy Gallagher (Chair)
Councillor Una O'Halloran (Vice-Chair)
Councillor Gary Doolan
Councillor Michael O'Sullivan
Councillor Martin Klute
Councillor Kaya Makarau-Schwartz
Councillor James Court
Councillor Rakhia Ismail
Councillor Olly Parker
Councillor James Court
Councillor Satnam Gill
Councillor Jenny Kay
Councillor Osh Gantly

Substitutes:

Councillor Alice Perry
Councillor Alex Diner
Councillor Gary Heather
Councillor Raphael Andrews
Councillor Paul Smith
Councillor Clare Jeapes
Councillor Jilani Chowdhury
Councillor Richard Greening
Councillor Robert Khan
Councillor Nick Wayne
Councillor Flora Williamson
Councillor Mouna Hamitouche MBE

COUNCILLORS 2015/16

Councillors:

Councillor Troy Gallagher (Chair)
Councillor Una O'Halloran (Vice Chair)
Councillor Gary Doolan
Councillor Michael O'Sullivan
Councillor Martin Klute
Councillor Kaya Makarau-Schwartz
Councillor Caroline Russell
Councillor Rakhia Ismail
Councillor Jenny Kay
Councillor Dave Poyser
Councillor Raphael Andrews
Councillor Jilani Chowdhury
Councillor James Court

Substitutes:

Councillor Alice Perry
Councillor Clare Jeapes
Councillor Nick Wayne
Councillor Flora Williamson
Councillor Mouna Hamitouche MBE
Councillor Theresa Debono
Councillor Alex Diner
Councillor Alice Donovan
Councillor Satnam Gill
Councillor Robert Khan
Councillor Paul Smith
Councillor Nurullah Turan

Acknowledgements: The Committee would like to thank all the witnesses who gave evidence to the review.

Officer Support:

Peter Moore – Democratic Services

Lead officer/s- Lela Kogbara – Assistant Chief Executive Strategy and Partnerships, Nicky Freeling, Business Engagement and Employment Support Manager

APPENDIX A – SCRUTINY INITIATION DOCUMENT

SCRUTINY REVIEW INITIATION DOCUMENT (SID)	
<p>Review: Business and Employment Support Team (BEST)</p> <p style="text-align: center;"><i>Note that with effect from 1 April 2015 BEST will be merged with Islington Learning and Working to as part of the new Learning, Skills and Employment section within the Chief Executive's Department.</i></p>	
Scrutiny Review Committee: Policy and Performance	
Director leading the Review: Lela Kogbara	
Lead Officer: Ellen Ryan and Pete Courtie	
<p>Overall aim:</p> <p>Establish the extent to which BEST currently delivers for residents that need help securing employment including those who are young, over the age of 50, parents, sick/disabled, ex-offenders, BME.</p>	
<p>Objectives of the review:</p> <ul style="list-style-type: none"> • Identify gaps in BEST provision to unemployed residents • Review plans in place to fill gaps as part of implementing the recommendations of the Islington Employment Commission • Make recommendations to be taken on board by the new Learning, Skills and Employment service • To review the lessons learnt from the BEST team to ensure that a more effective service is provided to residents and to look at social mobility in the borough and how this can be improved 	
<p>How is the review to be carried out: (Use separate sheets as necessary for 1-4 below)</p> <p>Scope of the Review</p> <p>Types of evidence will be assessed by the review: (add additional categories as needed)</p> <ol style="list-style-type: none"> 1. Documentary submissions: <ol style="list-style-type: none"> i) Overview of BEST work to date ii) BEST performance data iii) Labour market information 2. It is proposed that witness evidence be taken from: <ol style="list-style-type: none"> i) BEST managers and officers ii) Apprentices placed with external organisations iii) Young people looking for apprenticeships and/or jobs iv) People with learning disabilities that have applied for jobs through BEST – a sample of those that have been successful and those that have not 	

3. Visits
None

Additional Information:

BEST was established in January 2012 to operate a Single Employer Face as recommended by the Islington Fairness Commission. It is primarily an employer facing service that seeks to coordinate efforts to get more employers to recruit disadvantaged residents as well as encouraging Corporate Social Responsibility (CSR) to support employability through activities such as mentoring.

The Islington Employment Commission report was launched on 26 November 2014. It made recommendations in three areas:

- Creating change for people who need it - expanding and improving the support for available to Islington people to get, keep and enjoy their job;
- Employers creating change - enabling employers to recruit better locally
- Creating change for the next generation - ensuring that all young people get the support they need to confidently pursue their ambitions and get the careers they deserve

In addition there were messages to Government to devolve employment services to the local level, make youth careers a priority and take vocational education seriously.

A team is now in place to implement the recommendations of the Employment Commission, which is mostly drawn from existing resources.

The council successfully bid for approximately £2m from the London Enterprise Panel (New Homes Bonus top-slice) to provide resources until March 2017 to support the employment agenda. This has meant that the council has resources to develop the work of BEST, Islington Working for Parents and careers work in Children's Services.

Consultation has been completed on a new organisation structure to deliver the ambitions of the Employment Commission. The result is that BEST will be merged with Islington Learning and Working from 1 April 2015 to form a new Learning, Skills and Employment service. The new structure brings together the strategic business engagement functions, the job brokerage and recruitment functions and the front line employment support functions together with Adult and Community Learning.

Programme

Key output:	To be submitted to Committee on:
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1. Scrutiny Initiation Document	02 March 2015
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2. Final Report	17 September 2015
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Report of: **Chair of Environment and Regeneration Scrutiny Committee**

Meeting of	Date	Ward(s)
Executive	22 October 2015	All

Non-exempt

Subject: Communal Heating Scrutiny Review

1. Synopsis

- 1.1 This report requests that the Executive receive the recommendations in relation to the Communal Heating scrutiny review, following completion of the scrutiny. An update on the recommendations set out in the report will be provided to a future meeting of the Executive.

2. Recommendation

- 2.1 To receive the report of the Environment and Regeneration Scrutiny Committee.
- 2.2 That the Executive Member's response be reported to a future meeting of the Executive, having due regard to any relevant implications.

3. Background

- 3.1 In October 2014 the Environment and Regeneration Scrutiny Committee commenced a scrutiny to examine the effectiveness of the current communal heating provision in Islington.

4. Implications

4.1 Financial Implications

The proposals in the review need to be costed before a response is made by the Executive.

4.2 Legal Implications

Relevant legal implications will be considered as part of the response to the review.

4.3 Environmental Implications

There are no environmental implications at this stage. Any environmental implications will be identified as part of the Executive Member response.

4.4 Resident Impact Assessment

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

The Committee has had regard to any equalities implications and resident impacts identified by witnesses during the course of the review. Details of any such implications are set out in the appended report. A Resident Impact Assessment has not been completed as the Executive is only asked to receive the report at this stage. The impact on residents will need to be fully considered as part of the Executive Member response to the review, at which point a Resident Impact Assessment will be completed if required.

5. Conclusion and reasons for recommendations

- 5.1 The Communal Heating Scrutiny Review concluded that work was taking place to improve the heating provision for residents. The committee hoped the recommendations of the scrutiny review would further improve heating provision for residents.

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ISLINGTON

Communal Heating Scrutiny Review

REPORT OF THE ENVIRONMENT AND REGENERATION SCRUTINY COMMITTEE

London Borough of Islington
September 2015

EXECUTIVE SUMMARY

Communal Heating Scrutiny Review

Aim

To examine the effectiveness of the current communal heating provision in Islington.

Evidence

The review ran from October 2014 until September 2015 and evidence was received from the following witnesses:

- Garrett McEntee, Technical Services Manager, Capital Improvement Team
- Bryony Willett, Head of Housing Partnerships and Communities
- Andrew Ford, Energy Advice Manager
- Jonathan Graham, Head of Policy at the Association for Decentralised Energy (ADE)
- Councillor James Murray, Executive Member for Housing and Development

Main Findings

1. In Islington, 4,268 homes in 48 blocks were connected to communal heating systems. The council's current policy for communal heating was agreed in October 2010 following consultation with residents and it took into account residents' preferences. The council had a preference for retaining or replacing communal heating. Heating was provided for 18 hours per day, 36 weeks per year between October and May. Within this period heating was provided between 6am and midnight. Following consultation in 2015 it was decided to continue with this policy. However Spa Green and Kings Square estates would have additional provision due to the poor thermal performance of these blocks.
2. There were a number of benefits to communal heating. It helped to support the council's Fairness Commission objectives included in the current Islington Corporate Plan i.e. decent, suitable and affordable homes. The installation of communal heating systems made homes easier to keep warm and more affordable to heat. Communal heating systems helped to break the cycle of fuel poverty where a household had to spend over 10% of its income on energy costs. It was estimated that 8.1% of households in Islington were living in fuel poverty. It was generally recognised that communal heating, in conjunction with decentralised energy schemes would provide a more economical source of heating and hot water than individual boilers.
3. A communal heating system consistently used less energy than an individual heating system by a range of 7.5% to 11%. There was a consistent heating supply to properties with communal heating. Communal heating provided the opportunity to pass savings obtained from bulk gas purchase back to residents.
4. Communal heating reduced the risk of illnesses associated with condensation or dampness. Condensation and dampness could have significant negative health impacts, especially for the very young, the elderly and those with long term health conditions.
5. There were a number of disadvantages to communal heating. It required significant up front capital investment costs with the potential to generate substantial bills for leaseholders living in the blocks where works were carried out. Complex engineering projects led to long lead in times.

6. It was difficult to provide a fair and equitable service where blocks varied considerably in terms of energy requirements and a balance had to be achieved between service provided and energy costs and carbon dioxide emissions.
7. There was not the same level of individual control with communal heating as there was with individual heating systems. Heat meters could give residents the ability to control their heating levels. However there were significant costs associated with heat meters and there were problems with the meters failing. In the future, it was anticipated that improvements in technology would improve the performance of heat meters.
8. Communal heating systems could be subject to catastrophic failure as each plant could serve a significant number of residents and this could create hardship for residents. Reaction times to breakdowns or failures could be slow due to the complexity of the infrastructure equipment. The council had a risk management plan in place. There was a capital investment programme, a reactive and monthly planned preventative maintenance programmes and boilers were serviced annually. Despite communal heating systems requiring significantly higher up front capital investment, their lifetime costs were lower than where individual heating systems were installed.
9. Since 2010, improvements had been made which meant some communal heating boilers could now turn on and off in response to outside temperatures.
10. Council properties generally had the highest energy efficiency, followed by social housing, owner occupied housing and then private rented housing. The council was committed to improving energy efficiency within available resources and there was a need to prioritise energy efficiency measures.
11. The council had invested over £100m in improving the energy efficiency of its stock over the past ten years. All cavity walls had now been filled, all F and G-rated boilers had been replaced, some solar panels had been installed, thousands of lofts and flat roofs have been insulated, solid wall insulation has been installed and double glazing has been installed in the majority of council homes. The council was currently developing an Energy Efficiency Investment Strategy that would prioritise £5m of additional investment in energy efficiency over the next seven years. Examples of this could include more double glazing, external wall insulation and improved heating controls. The evidence base informing this strategy was in development but the principle would be that investment was directed to where it was needed most and where it could have the biggest impact.
12. Work would take place to improve communication with residents on communally-heated estates about the responsible use of communal heating systems This would include information about how to use heating controls to ensure residents were not over-heating their homes and were not opening windows instead of turning heating down. Making the case for this involved educating residents that if everyone used less, heating costs would go down for everyone.
13. Compensation was currently applied automatically to tenants' rents account when there has been a loss of communal heating service for three days or more. Tenants did not have to apply for this - the payment was applied automatically applied. The payment was calculated based on the daily charge for communal heating (e.g. three days loss of heating would result in three days' cost being compensated). It was recommended that the policy be amended to provide compensation following a two day loss of heating and that the compensation should be increased in line with the increased cost of electric heating compared to communal heating.
14. District heating was common in other European countries. It was most common in Scandinavia, Germany and Sweden. There were currently 405,000 dwellings in the UK with

district heating and 4% of heat demand was met by district heating schemes. There was a Government ambition to grow district heating to meet 14% of heat demand by 2030, where suitable. However district heat not the right solution in all places. It worked best in urban areas with high density. There were 50,000 dwellings on modern district heating schemes and new build and retrofit planned projects would provide district heating to a further 50,000-60,000 dwellings. 377,000 dwellings had been put on district heating systems as a result of block heating refurbishment. This equated to 2% of dwellings. There was potential for 3-8million dwellings to have district heating. District heating was growing at about 10% per year. There was much investment in London through the London Plan and ECO delivery.

15. The Heat Network Code of Practice set minimum technical standards and obligations for all parts of the supply chain. Training and accreditation schemes were planned. The Department of Energy and Climate Change supported this programme with grant funding. The Heat Metering and Billing Regulations required building level meters to be installed by the end of 2016. Meter visibility and accuracy was required and bills would have to be linked to usage. The council had considered the implications of the 2014 EU Energy Efficiency Directive for Islington's Housing Service and this included the need to procure a heat metering supplier and operator.

Conclusion

The committee heard evidence about communal heating schemes in the borough, the benefits and drawbacks of these and the work which was taking place to improve the heating provision for residents. The committee hoped the recommendations of the scrutiny review would further improve heating provision for residents.

Recommendations

1. That qualitative research be carried out to ask different groups of residents, such as those in work and those at home during the day, how they would use their heating if heat metering was introduced.
2. That consideration be given to amending the policy on compensation following a loss of heating service to provide compensation following a two day loss of heating. Also, that consideration be given to increasing compensation in line with the increased cost of the temporary electric heating provided, compared to communal heating costs had there been no disruption to the service.
3. That work take place to improve communication with residents on communally-heated estates about the responsible use of communal heating systems.
4. That the council continues to apply for ECO Funding for appropriate schemes.
5. That the council works towards meeting the EU Energy Efficiency Directive.
6. That officers include an update on the positioning of thermostats and sensors, a review of the changes made during the year, plus details of the number of residents with and without heating controls in the 12 month report back.

MEMBERSHIP OF THE ENVIRONMENT AND REGENERATION SCRUTINY COMMITTEE

COUNCILLORS - 2014/15

Councillors:

Councillor Court (Chair)
Councillor Diarmaid Ward (Vice-Chair)
Councillor Doolan
Councillor Gantly (until February 2015)
Councillor Heather
Councillor Jeapes
Councillor Russell
Councillor Turan
Councillor Nick Ward

Substitutes:

Councillor Kay
Councillor O'Sullivan
Councillor Alice Perry
Councillor Rupert Perry
Councillor Shaikh
Councillor Smith
Councillor Wayne

COUNCILLORS – 2015/16

Councillors:

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Councillor Diarmaid Ward (Vice-Chair)
Councillor Debono
Councillor Doolan
Councillor Hamitouche
Councillor Heather
Councillor Jeapes
Councillor Russell
Councillor Spall

Substitutes:

Councillor Kay
Councillor Diner
Councillor Alice Perry
Councillor Poyser

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Zoe Crane – Democratic Services

Garrett McEntee, Technical Services Manager, Capital Improvement Team

Bryony Willett, Head of Housing Partnerships and Communities

1. Introduction

- 1.1 In Islington 4,268 homes, in 48 blocks, were connected to communal heating systems. The council's current policy for communal heating was agreed in October 2010 following consultation with residents and it took into account residents' preferences. The council had a preference for retaining or replacing communal heating. Heating was provided for 18 hours per day, 36 weeks per year. Heating was turned on during late September and was turned off at the end of May. Within this period heating was provided between 6am and midnight.
- 1.2 Some blocks with specific issues had agreed variations to the communal heating policy e.g. in some blocks it was not possible to install cavity wall insulation so the properties did not retain as much heat as properties which were more insulated. Providing heating for more than the current 36 weeks per year would result in an additional cost and increased carbon dioxide emissions.
- 1.3 In the London Plan, the Mayor of London's focussed on becoming more self-sufficient in relation to energy needs. The Plan required new major developments to have energy systems installed in accordance with the following hierarchy:
 - 1) Where heating or cooling networks existed, developments should connect to them
 - 2) Consideration should be given to a site wide combined heat and power network
 - 3) Consideration should be given to a system providing communal heating and cooling.
- 1.4 Under the council's Planning Strategy all new build developments were required to contribute to the development of decentralised energy schemes including connection to current district heating networks where these existed within the proximity of the development.

2. Findings

Benefits to Communal Heating

- 2.1 There were a number of benefits to communal heating. It helped to support the council's Fairness Commission objectives included in the current Islington Corporate Plan i.e. decent, suitable and affordable homes. The installation of communal heating systems made homes easier to keep warm and more affordable to heat. Communal heating systems helped to break the cycle of fuel poverty where a household had to spend over 10% of its income on energy costs. It was estimated that 8.1% of households in Islington were living in fuel poverty.
- 2.2 It was generally recognised that communal heating, in conjunction with decentralised energy schemes would provide a more economical source of heating and hot water than individual boilers.
- 2.3 There was an opportunity to utilise energy from existing combined heat and power (CHP) plant. Heat generated from CHP was pumped to local housing estates connected to communal heating systems. An example of where this was in use was the Bunhill Phase 1 "Energy Centre" CHP plant. This would help to address the targets set in the Energy Conservation Act 2000 to eradicate fuel poverty by 2016 and help to reduce the levels of greenhouse gas emissions (34% of 1990 levels by the year 2020 and 80% by 2050).
- 2.4 Paying a flat rate meant that tenants could budget more easily which helped to address the impact of fuel poverty on vulnerable and low income residents and helped to mitigate the

worry of heating costs. Heating and hot water costs were included in the monthly service charge spreading the cost across the entire year as opposed to just the winter months when there was increased demand for heating.

- 2.5 A communal heating system consistently used less energy than an individual heating system by a range of 7.5% to 11%. There was a consistent heating supply to properties with communal heating. Communal heating provided the opportunity to pass savings obtained from bulk gas purchase back to residents.
- 2.6 Communal heating reduced the risk of illnesses associated with condensation or dampness. Condensation and dampness could have significant negative health impacts, especially for the very young, the elderly and those with long term health conditions.

Issues with Communal Heating

- 2.7 There were a number of disadvantages to communal heating. It required significant up front capital investment costs with the potential to generate substantial bills for leaseholders living in the blocks where works were carried out. Complex engineering projects led to long lead in times.
- 2.8 It was difficult to provide a fair and equitable service where blocks varied considerably in terms of energy requirements and a balance had to be achieved between service provided and energy costs and carbon dioxide emissions.
- 2.9 There was not the same level of individual control with communal heating as there was with individual heating systems. Heat meters could give residents the ability to control their heating levels. However there were significant costs associated with heat meters and there were problems with the meters failing. In the future, it was anticipated that improvements in technology would improve the performance of heat meters.
- 2.10 Communal heating systems could be subject to catastrophic failure as each plant could serve a significant number of residents and this could create hardship for residents. Reaction times to breakdowns or failures could be slow due to the complexity of the infrastructure equipment. The council had a risk management plan in place. There was a capital investment programme, a reactive and monthly planned preventative maintenance programmes and boilers were serviced annually. Despite communal heating systems requiring significantly higher up front capital investment, their lifetime costs were lower than where individual heating systems were installed.
- 2.11 Residents raised a number of concerns as follows:
 - They had not been consulted on the communal heating policy. The Chair requested that officers look into how the agreements were put in place, whether the consultation was conducted correctly and if this was not the case, look at the feasibility of reopening the agreements.
 - They were not kept updated about communal heating policies and communications from the teams responsible for the mechanical and engineering service could be improved.
 - There were frequent problems with communal heating systems and heating could be erratic. A resident advised the committee that on the Stafford Cripps estate, the heating was not turned on until mid October, when it was on it was operating at a low level and it would often go off during the times it was supposed to be on.
 - They had no control over the temperature of the heating.

- Concerns were raised about the position of the thermostat controls in properties within Braithwaite House. Officers explained that thermostats had been placed in the hall of the property which was generally the usual position for thermostats. However it was noted that some of the flats were on two levels and it was possible that the thermostats could be more effective if placed at a median level within the property. A pilot would be undertaken whereby a thermostat would be moved to the median level and this would be monitored for a couple of weeks to test the performance of the thermostat.
- Concern was raised that the costs of communal heating were not shared equally. Council tenants paid the borough average and leaseholders paid the block average.
- Concern was raised that residents did not receive a proportionate rebate when their heating was not working and would only receive a rebate once the heating had not been on for three separate days.
- Concern was raised that those on low incomes found it difficult to pay for their heating and hot water and if they did not pay the money, it was treated as rent arrears. They could therefore be evicted and taken to court because they had not paid their bills. Officers were asked to investigate whether this was national policy or whether Islington had any control over this. Those with individual heating systems were not subject to rent arrears for not paying their heating bills.
- Concern was raised about whether communal heating was more energy efficient than individual systems. Officers presented a lifetime cost benefit analysis case study of a block of 110 flats with communal heating which showed that gas consumption over 30 years was significantly lower than it would be if the block had individual boilers.
- Concern was raised that there could be some people with communal heating who paid more than the national average for their heating. Until the statistics for the 48 blocks with communal heating was known, the extent of the issue would not be known. Officers advised that the Bunhill scheme had saved money and this saving had been passed on to residents.
- Concern was raised that the 2010 borough wide consultation results were not broken down by estates. Officers advised that the next consultation could be broken down by estate.
- A member of the public raised concern about Kings Square Estate having heating for 24 hours a day instead of the standard 18 hours. This would be investigated by officers.
- A member of the public suggested that communal heat could use provided from biomass or renewable energy. An officer responded that the Bunhill Heat and Power Scheme - Phase 2 would capture heat from the Transport for London system. There were some biomass boilers but these were more expensive than gas. One or two boilers were being replaced each year.
- A member of the public queried the legal basis for the way tenants and leaseholders were charged. The officer advised that legally leaseholders had to be charged on a block by block basis. The council had made a policy decision to charge tenants differently and there was no legislation governing tenant charges.
- A member of the public raised concern about their energy usage not decreasing following insulation works and the installation of controls. Officers would look into this.

Islington's Communal Heating Systems

- 2.12 Plant rooms were connected to the Building Management System (Trend System). Systems were monitored remotely to identify working temperatures, breakdowns and performance. Concerns were raised about the position of the Trend Building Management sensors in the plant rooms. If these were repositioned, they could provide more accurate data on the

system performance which at the moment sometimes resulted in inaccurate information being passed to residents. Officers advised that this aspect of the Trend System was currently being reviewed to see where improvements could be made.

- 2.13 It was highlighted that the Trend Building Management system which connected plant rooms to the Building Management System could be improved to provide a more responsive service and more accurate information where failures in plant occurred. Sensors in the plant rooms monitored performance e.g. by monitoring water temperature within the system. These were not working as well as they could so there was a need to improve the communication between the plant rooms and the internal team. This could involve repositioning the sensors within the plant room. A report would be published and costs for any improvements would have to be agreed before any work could be undertaken.
- 2.14 The forward plan included a seven year future programme of works with an asset management plan to help identify and prioritise future works. There would be joined up thinking with other programmes of work. Feasibility, condition assessment and lifespan criteria would help to identify changing needs and requirements. There would be stakeholder involvement in future programmes.
- 2.15 The forward plan provided an opportunity for better inclusion from stakeholders and an opportunity to avoid major breakdown failure. It provided a process to move work into the capital programme, identify projects at the right time and provided an opportunity to review potential areas of risk with the planned maintenance team. There was a need to listen to resident groups and tailor services to meet resident requirements.
- 2.16 It was not possible for residents living in blocks with communal heating to opt out of the communal heating and install their own boilers.
- 2.17 The maintenance contact cost the council £1.5million each year. Work on the communal system on the Finsbury Estate including relocating the boiler house, renewing the pipework and installing radiators and controls in 328 flats cost £3.1million.
- 2.18 In relation to major breakdowns, there was a register of vulnerable residents living in the 48 blocks where there was communal heating and there was an out of hours team on standby to address this in the event of a catastrophic breakdown. Support was also available from the maintenance contractor team and the internal repairs team.
- 2.19 The council undertook cavity wall insulation, loft insulation, reduced the number of F and G rated properties and undertook solid wall insulation. Whereas cavity wall insulation was relatively quick and easy to undertake with minimal disruption to residents, solid wall insulation was harder and caused more disruption. The council regularly applied for ECO funding. It had recently been used for the Holly Park Estate solid wall insulation.

Findings from a review of the communal heating system

- 2.20 In response to feedback from some residents that they sometimes felt the temperature was too low in June and September. Consultation took place in 2015 on extending the heating season into June and earlier in September when the outside temperature dropped below a certain level. Not all of the council's communal boiler houses were able to be programmed in this way so the consultation was only sent to 1781 residents where the boiler houses had this option. 447 people responded. 51.4% of these of these opted for no heating in June and September and the majority of residents did not respond to the consultation at all, which may have suggested that they were in favour of no change. Following the consultation the Executive agreed to continue the current policy to provide communal heating for 36 weeks per year (October to May). This would not apply to the Spa Green and Kings Square estates.

- 2.21 To assess thermal performance at Spa Green and Kings Square, the council undertook an exercise to assess the energy efficiency of its communally heated housing. This affected whether the buildings stayed warm overnight in winter and during cooler weather in the summer when the heating was turned off. This exercise demonstrated that due to their construction Spa Green and Kings Square lost a lot more heat than the other communally heated estates, with Spa Green being the least able to retain heat. Feedback from a summer heating hours pilot and the recent consultation as well as complaints about heating also confirmed that residents on these estates felt colder than residents in other communally heated properties. Following the exercise the Executive agreed the provision of heating to the Spa Green and Kings Square estates in June and September (when additional temperatures dropped below 16degrees centigrade), at no additional charge, due to the poor thermal performance of these blocks, which was significantly below that of other estates. It was also agreed that the additional charge for overnight heating to Spa Green residents would cease and that current residents would be refunded the amounts paid for overnight heating from 1 April 2011. This would improve fairness by helping to ensure that all residents in communally heated properties stayed warm throughout the year and that all tenants paid the same for their heating service.
- 2.22 Since 2010, improvements had been made which meant some communal heating boilers could now turn on and off in response to outside temperatures.
- 2.23 The plant room water sensors would be repositioned where necessary to give the optimum reading of water temperature. This work would be undertaken under the existing contract responsible for maintenance and repair. This contract cost £1.5m per year.
- 2.24 When system and plant upgrades took place, existing controllers could be changed to 3G routers where appropriate. This would improve the communication with plant rooms to provide a more responsive service. Funding was in place to progress this work to some of the blocks with a history of poor performance.
- 2.25 Work would take place to improve the Trend Building Management System and increase training for in-house staff if further funding was obtained.
- 2.26 The council had a different approach to calculate charges to tenants and leaseholders for communal heating. Tenant services were charged on a pooled basis so all tenants in the same property size paid the same regardless of which estate they lived on. Legally the council could not pool leaseholder charges so they were calculated by taking the yearly fuel costs of the boiler house which serviced each leasehold property and dividing this by the number of properties that received heating from that boiler. In practice this meant there was almost always a difference between tenant and leaseholder charges for heating.

Evidence from Jonathan Graham, Head of Policy at the Association for Decentralised Energy (ADE)

- 2.27 Jonathan Graham, Head of Policy at the Association for Decentralised Energy (ADE) gave a presentation on District Heating and Heat Consumers. He advised the Committee that the ADE had more than 90 members which included local authorities, housing associations, university campuses, industrial manufacturers and energy suppliers and it was funded by members. The ADE vision was “for an energy system that was dictated by the consumers needs rather than one that dictated to them, creating a more local, efficient and less costly energy system”.
- 2.28 District heating was common in other European countries. It was most common in Scandinavia, Germany and Sweden. There were currently 405,000 dwellings in the UK with district heating and 4% of heat demand was met by district heating schemes. There was a Government ambition to grow district heating to meet 14% of heat demand by 2030, where suitable. However district heat not the right solution in all places. It worked best in urban

areas with high density. There were 50,000 dwellings on modern district heating schemes and new build and retrofit planned projects would provide district heating to a further 50,000-60,000 dwellings. 377,000 dwellings had been put on district heating systems as a result of block heating refurbishment. This equated to 2% of dwellings. There was potential for 3-8million dwellings to have district heating. District heating was growing at about 10% per year. There was much investment in London through the London Plan and ECO delivery.

- 2.29 32 university schemes had been completed and 17 more were planned. 64 hospital schemes had been completed with a further 20 schemes possible. Local authority led development required authorities to undertake energy master planning, address planning requirements, conduct brokering, procuring, operating and owning heat networks and direct ECO funding. Emerging schemes included Leicester City Council, Newport City Homes Limited, Manchester – Media City, Newcastle - Riverside Dean, Stoke and Association of Greater Manchester Authorities. London schemes included Olympic Park and Stratford City, Southwark SELCHP, Guildhall, Bastion House and London Central Markets, Pimlico District Heating, Bloomsbury Heat & Power, Kings Cross, Barkantine Heat and Power, Greenwich Millennium Village, Shoreditch and Bunhill in Islington. Established schemes with growth potential included Birmingham, Nottingham, Shetland Heat, Energy and Power, Southampton City Council, Woking, Sheffield, Milton Keynes and Aberdeen Heat & Power.
- 2.30 Benefits of district heat included being able to access a wider range of heat generation technologies, being able to generate heat more efficiently, lower energy costs, reduce labour and maintenance costs as well as CO2 emissions. It also helped to tackle fuel poverty and cold homes.
- 2.31 Challenges included high heat network losses which added to costs and could cause overheating, systems not being designed to exploit value from CHP electricity sales, capital cost cutting ('value engineering') resulted in higher running costs, there could be poor communication between contractors, district heat suppliers and building managers/network operators and a lack of transparency between network operators and customers.
- 2.32 The Heat Network Code of Practice set minimum technical standards and obligations for all parts of the supply chain. Training and accreditation schemes were planned. The Department of Energy and Climate Change supported this programme with grant funding. The Heat Metering and Billing Regulations required building level meters to be installed by the end of 2016. Meter visibility and accuracy was required and bills would have to be linked to usage.
- 2.33 The Heat Trust was a voluntary scheme designed to ensure customers received a comparable level of standard as on gas or electricity services. It was open to all customers with direct relationships with the heat supplier. The initial scheme might not be compatible with housing association or local authority schemes if heat was not sold directly to customers. The scheme would be launched in September 2015.
- 2.34 Ways to ensure high quality district heating included setting minimum design standards set by the Code of Practice, ensuring technical expertise in planning and using the Heat Trust, where appropriate. Any planning measures should aim to apply to all technologies. These measures should help provide residents with the highest quality housing and heating.

Heating Costs

- 2.27 Tenants and leaseholders both paid for the cost of gas needed to provide communal heating. The council had a different approach to calculating charges to tenants and leaseholders for communal heating. This was because there was a different legal framework for these two groups. Other service charges, such as caretaking, were also calculated

differently. Tenants' service charges were calculated on a pooled basis because it was considered to be the fairest and simplest way as all tenants in properties of the same size paid the same charge regardless of which estate they lived on.

- 2.28 The Housing Act 1985 specified that councils could not 'pool' leaseholders' charges so leaseholders' heating charges in Islington were calculated by taking the yearly fuel costs of the boiler house that serviced each leasehold property and dividing this by the number of properties that received heating from that boiler. In practice this meant that there was almost always a difference between tenant and leaseholder charges for heating. On some estates tenants paid more than leaseholders and on other estates leaseholders pay more than tenants.
- 2.29 There was a timing difference between the times when tenant and leaseholder charges were set for the coming year. Tenant charges were based on gas usage in the previous year plus an estimate of the change in the cost of gas. Leaseholder charges were based on the actual cost of gas from two years ago plus an estimate of the increase in the cost of gas for the coming year. In the financial year 2014/15 these timing differences meant that tenants with an average charge of £604, paid more than leaseholders, with an average charge of £520.
- 2.30 Providing communal heating cost the council less than expected in 2014/15. If at the end of a year there was a significant surplus in the communal heating account, tenants would be given a rebate. This was likely to be approximately £100 for 2014/15 bringing the average tenant charge to approximately £500. The rebate to tenants would be apportioned according to the amount the tenants paid and paid to the rent account. Even without the rebate, differences between tenant and leaseholder charges would even out in the following years because the tenant heating account was ring-fenced. Whilst leaseholders' charges would be adjusted to reflect any actual increase in the cost of gas in future, tenants' charges would not increase because they paid more in the 2014/15 financial year. The net position over the last ten years was that tenants receiving communal heating had paid approximately £400k less than the actual cost of the service.
- 2.31 The council calculated all tenant services charges on a pooled basis. For communal heating, the pooled system meant that on some estates tenants pay more than leaseholders for the services they received but on other estates leaseholders paid more than tenants. It was not recommended that the council offered tenants the option of de-pooling their heating charge. This went against the principle of all tenants sharing equally in the cost of services. If tenants' charges were calculated on a block by block basis there would be significant variances in the tenants' charges with charges on some estates going down and charges on other estates going up. It was likely that estates with lower than average per unit costs of heating would opt to leave the pool – pushing the price up for those tenants who were still part of the pool.
- 2.32 To bring tenants and leasehold charges into line would require a total re-working of the way tenants' and leaseholders' service charges were calculated. The administrative cost in calculating tenants' service charges on the same basis as leaseholder charges would be significant because costs would have to be adjusted on a block by block basis for all residents not just 25 percent of properties. Also, leaseholders were currently billed annually for their heating (and other service charges) at the start of the year and many choose to pay monthly by direct debit. Previous consultation had shown that many tenants preferred to pay their heating costs on a weekly basis.
- 2.33 Significant administrative and programming costs would be incurred if tenants' heating charges were adjusted throughout the year to reflect changes in the cost of gas. On a quarterly basis the council would need to write to all tenants advising them of the changes,

programme the income control database, work with the energy team to forecast future energy prices and adjust charges. The estimated cost of this in officer time and mail-outs was £30,000 - £50,000 per year, or £10 – £15 per tenant. This would reduce any rebate or reduction in charges. Further, less than 20% of tenants paid by direct debit. Other tenants would need to manually adjust any standing orders or other payments for what would often be a small change in charges.

- 2.34 Giving the option of residents paying for the amount of heating they individually used would require the installation of heat meters. The installation of heat meters was not a simple process like the installation of an electricity smart meter. In many cases it required the significant modification of heating pipework.
- 2.35 In the social housing sector the view of individual heat metering differs between providers. Some other large heat network operators such as Sheffield Council, Nottingham Council and Peabody Housing Association had recently decided to move to individual metering in all properties. Others, such as Aberdeen, were currently committed to maintaining a flat rate charge.
- 2.36 There were a number of potential positives and negatives of individual heat metering, as set out in the table below. The key positive was that some residents would save money because they would use less heating. However, there would be increased costs (installation, billing management, meter repair) which would offset these savings. Based on an annual fixed cost of £135¹ tenants in a two bedroom property would have to reduce their heating usage by more than 20% to see a financial benefit from heat metering. DECC guidance estimated that residents reduced their usage by 20% following installation of heat meters which would mean that, on average, households would not see a saving. Heating costs for certain groups of more vulnerable residents, such as older people and families with small children at home, might increase as a result of heat metering, because usage would not go down but costs would go up². Fixed costs would increase significantly if meters and controls were installed as a standalone project rather than as part of a system upgrade. In these cases annual fixed costs were estimated at £290 which would mean residents' usage would need to reduce by more than 40% to see a financial saving.

¹ This is made up of £450 for meter installation and a ten year meter lifespan (as advised by DECC), £80 for billing and payment management (as advised by DECC) and £10 for meter servicing. Experience from Sheffield is that installation costs are £550 per unit and experience from Nottingham is that servicing costs are £50 per property per year.

² DECC have carried out research into the heating habits of different groups which estimates hours of heating for different groups, for example people out during the day use their heating for an average of 7 hours whilst those in during the day average at 10 or 16 hours. This does not correlate with our own consultation when the preferred option was for 18 hours of heating even where reduced heating hours would reduce cost.

Potential positive	Potential negative
Gives residents more choice over when to have their heating on.	Residents at risk of fuel poverty choose to under-heat their homes causing issues such as ill health and increased risk of condensation in the property.
Some residents' heating costs would reduce because they would only pay for the heating they use, and most people would choose to have their heating on for less than the current 18 hours per day. Estimated reduction in usage is 15 - 30% following metering. (DECC assume 20%).	The annual cost of installing, managing payment and maintaining for individual meters would be approximately £135 per property per year (£45 for installation (1/10 th of the total cost), £80 for managing payment and £10 for maintenance). The assumption is that this would be included in the heat charge –cancelling out the savings from using less heat.
If residents used less heating CO2 emissions would also reduce. Also it may free up capacity in our existing boiler houses – potentially allowing new buildings to be added to existing networks.	The capital cost of installing heat meters is estimated to be £450 per unit, and meters are assumed to have a ten year lifespan. Costs would increase if modifications to controls/pipework were required. The total cost across all unmetered communally-heated properties is estimated to be a minimum of £2m.
	Ongoing maintenance of individual heat meters would be required. Access to carry out this maintenance has proved difficult on the council's two estates with individual heat meters.
	The cost of installing individual heat meters would be rechargeable to leaseholders
	Heating costs for some of the most vulnerable residents, for example the elderly or those with small children at home, may increase as a result of heat metering.

- 2.37 The council had a policy to put all service charges together on one account as this was the simplest way to charge tenants. Support was provided to those struggling to pay housing costs.
- 2.38 Refunds to those who had no heating for three or more consecutive days were put on the resident's rent account.
- 2.39 Islington's properties were generally smaller than the average property and residents used 25% less heating than the national average. If individual boilers were installed, it would cost approximately £800 to run a boiler, servicing would cost approximately £70 and call out charges/ repairs would be extra. The national average time heating was on per day was 9.5 hours, 5.5 months per year. Communal heating was usually on for 18 hours per day, 8 months a year. If tenants had communal heating on for 9.5 hours, 5.5 months a year, they would pay less for their communal heating than they would if they had an individual boiler, however, due to communal heating being on for 18 hours per day, 8 months per year, they paid a few percent more. Residents had been consulted on the timings for communal heating and had chosen for heating to be on for 18 hours per day.

- 2.40 Council properties generally had the highest energy efficiency, followed by social housing, owner occupied housing and then private rented housing. The council was committed to improving energy efficiency within available resources and there was a need to prioritise energy efficiency measures.
- 2.41 Concern was raised that tenants had no incentive to use energy in an efficient way under a communal heating system and tenants paid more to heat buildings which were energy inefficient. Officers advised that many residents had controls to turn their heating off or down and that although this would not reduce in a reduction in their bill, if all tenants did this, it would.
- 2.42 The Department of Energy and Climate Change had looked at the costs associated with individual heat meters. Energy costs could reduce by 15-20% with a change in behaviour. The meters cost approximately £300, however this did not include the modifications to pipework which could be significant. Access to properties was required for installation, servicing and maintenance.
- 2.43 Most people who were fuel poor lived in D or E rated properties. The council had few F and G properties and the cost of improving these would be substantial. Most F and G homes were in the private rented sector.

Potential Improvements/Policy Options

- 2.44 Improving the energy efficiency of communally-heated estates to help tenants feel warmer and reduce gas usage and hence costs

The council had invested over £100m in improving the energy efficiency of its stock over the past ten years. All cavity walls had now been filled, all F and G-rated boilers had been replaced, some solar panels had been installed, thousands of lofts and flat roofs have been insulated, solid wall insulation has been installed and double glazing has been installed in the majority of council homes. The council was currently developing an Energy Efficiency Investment Strategy that would prioritise £5m of additional investment in energy efficiency over the next seven years. Examples of this could include more double glazing, external wall insulation and improved heating controls. The evidence base informing this strategy was in development but the principle would be that investment was directed to where it was needed most and where it could have the biggest impact.

- 2.45 Improving communication with residents on communally-heated estates about responsible use of communal heating systems

This would include information about how to use heating controls to ensure residents were not over-heating their homes and were not opening windows instead of turning heating down. Making the case for this involved educating residents that if everyone used less heating costs would go down for everyone.

- 2.46 Reviewing the assumptions around heating and hot water usage and around the 'bedroom weightings' for heating and hot water charges

At the moment tenants just receiving heating from hot water systems were charged 60% of what other tenants receiving heating and hot water paid. This was a historical best estimate based on information at the time. This assumption would be reviewed to a more evidence-based position.

The heating charges for tenants were based on technical estimates of the amount of energy used by each property size in Islington. This was compared to national averages provided by Department of Energy and Climate Change (DECC). Applying these national averages would increase charges for larger properties and reduce charges for smaller properties. This was not recommended because costs would increase for larger households who might be struggling financially.

Heating charges for leaseholders were based on the average for a two-bed property, to which 10% percent was added or deducted for each room that the property had above or below this. This would be reviewed to assess whether leaseholder heating charges should be apportioned in the same way as tenants across different property sizes.

2.47 Getting a better understanding of how tenants might respond to heat metering

There was a lack of robust data predicting how tenants would respond to the installation of heat meters in terms of reducing hours of heating and potentially under-heating their homes. It was recommended that qualitative research be carried out over the summer to ask different groups of residents, such as those in work and those at home during the day, how they would use their heating following the introduction of heat metering.

2.48 Continually reviewing the benefits of heat metering on a scheme by scheme basis

The benefits of heat metering varied significantly in different situations, for example residents in well insulated blocks were likely to see bigger savings, and savings would go up as the cost of fuel increased because the differential between fixed costs and variable costs would grow. Costs of heat meters could reduce over time as their use became more common, whereas metering would not be recommended in blocks with a construction type that was prone to condensation. It was recommended that the option of installing heat meters be reviewed on a scheme by scheme basis as new communal heating systems are installed, and that residents were involved in the decision through the major works consultation process. The decision about whether to install meters would be based on the availability of funding, cost of meter installation, likely cost savings for residents, like impact on vulnerable residents, and the ability to protect the building from damp and condensation following meter installation.

2.49 Changing the policy on compensation following loss of heating service

Compensation was currently applied automatically to tenants' rents account when there has been a loss of communal heating service for three days or more. Tenants did not have to apply for this - the payment was applied automatically applied. The payment was calculated based on the daily charge for communal heating (e.g. three days loss of heating would result in three days' cost being compensated). It was recommended that the policy be amended to provide compensation following a two day loss of heating and that the compensation should be increased in line with the increased cost of electric heating compared to communal heating.

2.50 Providing more clarity about what would happen if the cost of heating had been lower than the amount charged to tenants at the end of the year

The tenant communal heating account was a ring-fenced account. This meant that the money that tenants paid in for their heating could only be used to pay for the cost of communal heating. The council was committed to setting heating charges that were affordable to residents and as far as possible were protected from big fluctuations in energy

prices. Charges were set based on an estimate of the cost of gas for the coming year. Sometimes, as has happened in 2014/15, gas actually cost less than and therefore there was a surplus in the communal heating account. Any surpluses at the end of any year would either be refunded to tenants or rolled forward to offset future increases in the cost of gas. In deciding between these options the council would consider whether fuel costs were likely to increase significantly in the coming years and whether the refund would be significant to warrant the administration around this.

3. Conclusion

The committee heard evidence about communal heating schemes in the borough, the benefits and drawbacks of these and the work which was taking place to improve the heating provision for residents. The committee hoped the recommendations of the scrutiny review would further improve heating provision for residents.

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Report of: Executive Member for Finance and Performance

Meeting of:	Date	Ward(s)
Executive	22 nd October 2015	

FINANCIAL POSITION AT 31st AUGUST 2015

1. SYNOPSIS

- 1.1 This report presents the forecast outturn position for 2015-16 as at 31st August 2015. Overall, the forecast is a £3.5m General Fund overspend including corporate items. The Housing Revenue Account (HRA) is forecast to break-even over the year. It is forecast that £109.4m of capital expenditure will be delivered in 2015-16.

2. RECOMMENDATIONS

- 2.1. To note the overall forecast revenue outturn for the General Fund of a £3.5m overspend, and that in the event of an overall overspend at the end of the financial year this would be funded from the one-off corporate contingency reserve in the first instance. **(Paragraphs 3.1 and 4.11, Table 1 and Appendix 1)**
- 2.2. To note that the HRA is forecast to break-even over the financial year. **(Paragraph 3.1, Table 1 and Appendix 1)**
- 2.3. To note the latest capital position with forecast capital expenditure of £109.4m in 2015-16. **(Paragraph 6.1, Table 2 and Appendix 2)**

3. CURRENT REVENUE POSITION: SUMMARY

- 3.1. A summary position of the General Fund and Housing Revenue Account is shown in **Table 1** with further detail contained in **Appendix 1**.

Table 1: General Fund and HRA Forecast Outturn

	VARIANCE Month 5 (£000)
<u>GENERAL FUND</u>	
Finance and Resources	0
Chief Executive's	(289)
Core Children's Services (Excluding Schools)	455
Environment and Regeneration	1,648
Housing and Adult Social Services	1,337
Public Health	0
Net Departments	3,151
Corporate Items	356
TOTAL PROJECTED (UNDER)/OVERSPEND	3,507
<u>HOUSING REVENUE ACCOUNT</u>	
NET (SURPLUS) / DEFICIT	0

4. GENERAL FUND

Finance and Resources Department (zero variance)

- 4.1. The Finance and Resources Department is currently forecasting a break-even position.

Chief Executive's Department (-£0.3m)

- 4.2. The Chief Executive's Department is currently forecasting a £0.3m underspend. This is due to staff vacancies within the Governance and Human Resources division that are not to be recruited to this year (-£0.2m) and additional legal fee income (-£0.1m).

Children's Services (General Fund: +£0.45m, Schools: -£2.1m)

- 4.3. A (+£0.45m) overspend is forecast for the General Fund (non-schools) Children's Services budget. This includes a number of pressures against demand led specialist services that materialised in 2014-15 and are continuing into 2015-16, especially in relation to unaccompanied asylum seeking children (£0.35m) and special guardianship orders (+£0.2m). Further overspends are forecast against the new remand framework (+£0.35m), Children Looked After placements (+£0.35m), leaving care costs (+£0.2m), secure accommodation costs (+£0.2m) and in the Disabled Children's Team (+£0.1m). There is a further pressure of (+£0.1m) in relation to the in-year reduction in Youth Justice Grant. These overspends, totalling (+£1.85m), have been partly offset fully by forecast underspends totalling (-£1.4m) across the Learning and Schools and Partnerships and Support Services divisions.

Schools (-£2.1m)

- 4.4. A Dedicated Schools Grant (DSG) underspend of (-£2.1m, 1.2% of DSG) is forecast. This is in the main due to the carry forward of Early Years DSG funding from 2014-15

that will be used to smooth in expected Department for Education (DfE) funding reductions for the statutory entitlement for free childcare for deprived 2-year olds from 2015, now that funding is allocated to local authorities based on take-up.

Environment and Regeneration (+£1.6m)

4.5. The Environment and Regeneration Department is currently forecasting a (+£1.6m) overspend. This is after corporate savings of (+£0.5m) being applied to the structural overspend arising due to the Government shelving plans to introduce locally set licensing fees. This is a net-nil impact overall as the Environment and Regeneration Department overspend is reduced, in respect of this applied funding by the same amount. The main variances are as follows:

4.5.1. (+£0.3m) due to not implementing in full the withdrawal of the door to door recycling in estates in previous years.

4.5.2. (+£0.35m) delays in re-providing the new refuse fleet pending various pilots and the introduction of a new operating model.

4.5.3. (+£0.25m) loss of grant income from North London Waste Authority (NLWA) following price reductions for recyclable materials.

4.5.4. (+£0.1m) required to keep public conveniences open following a decision to keep facilities open – future funding to be met from advertising concession contract income.

4.5.5. (+£0.6m) structural budget issues within the Public Protection division: (+£0.2m) relating to staff budgets and non-staffing budgets around IT / licensing costs; (+£0.1m) unachievable Houses in Multiple Occupation (HMO) licensing income; (+£0.1m) staff costs that were part funded by 'Smoke-free' grant that is no longer received; (+£0.1m) relating to deteriorating income streams on DVD / music rentals and hall lettings; and (+£0.1m) across various other income streams.

Housing and Adult Social Services (+£1.35m)

- **Adult Social Care (-£0.05m)**

4.6. Adult Social Care is currently forecasting a small underspend (-£0.05m). Within this position, there is a (+£0.6m) pressure relating to a delay in the achievement of the saving to reduce grants to voluntary and non-statutory services, offset by a (-£0.6m) non-recurring underspend due to delay in implementation of Care Act projects.

- **Housing General Fund (+£1.4m)**

4.7. The Housing General Fund continues to be impacted by increased demand for temporary accommodation (TA) and the increased cost of supplying it, exacerbated by ongoing changes to the housing benefit regulations and the changes to the welfare support system. This has resulted in a net financial pressure of (+£1.5m) in 2015-16 of which the majority is due to not being able to secure nightly booked accommodation at rates that are below or equal to the Local Housing Allowance. This is offset partly by staffing underspends across the department (-£0.1m).

Public Health (zero variance)

4.8. Public Health is funded via a ring-fenced grant of £25.4m for 2015-16. The grant is currently forecast to be spent in line with the overall allocation, with any underspend at year-end ring-fenced and carried forward to the following year earmarked for Public Health. However, there is a risk that this position will change upon confirmation of the in-year Government cuts to the public health grant.

Corporate Items (+£0.4m)

- 4.9. The Council continues to follow a successful Treasury Management Strategy of shorter-term borrowing at low interest rates. The current forecast is that this will save the General Fund (-£1.8m) in interest charges over the financial year. The Treasury Management Strategy is kept under constant review to ensure that available resources are optimised and the longer-term interest rate position reviewed.
- 4.10. These savings are offset by:
- 4.10.1. Pump-priming one-off investment to accommodate the move of the Area Housing Office at Old Street to Finsbury Library (+£0.5m) and to identify new opportunities for maximising the Council's income (+£0.2m), including the collection of business rates.
 - 4.10.2. Corporate savings of (+£0.5m) being applied to the structural overspend in Environment and Regeneration arising due to the Government shelving plans to introduce locally set licensing fees. This is a net-nil impact overall as the Environment and Regeneration Department overspend is reduced, in respect of this applied funding, by the same amount.
 - 4.10.3. (+£0.2m) relating to a settled claim against 3 privately owned mature London Plane trees that had been proven to cause subsidence. Due to strong public support, the Council argued for retaining the trees and won the appeal for the trees to be retained. The claimants then proceeded with repairs of £350k. The Council have fought this and negotiated down from an initial claim of £350k to a settled claim of £190k.
 - 4.10.4. (+£0.8m) uncontrollable pressure due to the Council's statutory duty to provide assistance to all destitute clients who are Non-European Union nationals and can demonstrate need under Section 21 of the National Assistance Act, 1948. This is commonly referred to as No Recourse to Public Funds (NRPF).

Contingency Reserve

- 4.11. There is a one-off corporate contingency reserve of £3.5m to provide some resilience against any short-term budget pressures arising from savings risks or changes in Government policy. In the event of an overall General Fund overspend at the end of the financial year this would be funded from the corporate contingency reserve in the first instance.

5. HOUSING REVENUE ACCOUNT

- 5.1. The HRA is forecast to be balanced in 2015-16. The variances are as follows:
- 5.1.1. Non-recurring impact of repairs re-integration (+£1.4m), partially offset by lower than anticipated expenditure on In-House Repairs Team sub-contractors (-£0.5m) and lower expenditure relating to voids (-£0.5m).
 - 5.1.2. Other HRA non-recurring pressures including improvements to open spaces and CCTV and heating refunds in respect of 2014-15 (+£0.9m).
 - 5.1.3. Other HRA recurring pressures including lower than budgeted rent, service charges and other income (+£0.6m) and the impact of welfare reforms (+£0.7m).
 - 5.1.4. *The above pressures of (+£2.6m) are offset by:*
 - 5.1.5. Additional commercial property income and reduced management costs (-£1.0m).

- 5.1.6. Lower than budgeted PFI contractual inflation (-£0.7m).
- 5.1.7. Higher than budgeted Right to Buy administration grant income due to higher than anticipated Right to Buy sales (-£0.3m).
- 5.1.8. Increase parking income arising from the increase in charges for non-residents and the diesel levy (-£0.3m).
- 5.1.9. Higher than budgeted commission from Thames Water (-£0.2m).
- 5.1.10. Reduced energy costs (-£0.1m).

6. CAPITAL PROGRAMME

- 6.1. It is forecast that £109.4m of capital expenditure will be delivered by the end of the year. This is set out by department in **Table 2** below and detailed at **Appendix 2**.

Table 2: 2015-16 Capital Programme by Department at Month 5

Department	2015-16 Capital Budget	2015-16 Forecast Expenditure	Forecast Slippage (to)/from Future Years
	(£m)	(£m)	(£m)
Housing and Adult Social Services	68.7	63.9	(4.8)
Children's Services	18.3	18.3	-
Environment and Regeneration	23.0	22.7	(0.3)
Finance and Resources	4.5	4.5	-
Total	114.5	109.4	(5.1)

Forecast Slippage

- 6.2. Under the Council's financial regulations, approval of slippage over £1m on an individual capital scheme is a function of the Executive. Slippage is reported to Executive for approval at months 4, 8 and 12.
- 6.3. New Homes Programme (£4.8m) – The second quarterly review in 2015-16 indicates deliverable new homes capital expenditure of £23.9m in 2015-16, resulting in potential slippage of £4.8m into future years. The Council remains on target to deliver 500 social rented new builds by 2019.

7. IMPLICATIONS

Financial Implications

- 7.1. These are included in the main body of the report.

Legal Implications

- 7.2. The law requires that the Council must plan to balance its spending plans against resources to avoid a deficit occurring in any year. Members need to be reasonably satisfied that expenditure is being contained within budget and that the savings for the financial year will be achieved, to ensure that income and expenditure balance.

Environmental Implications

- 7.3. This report does not have any direct environmental implications.

Resident Impact Assessment

7.4. A resident impact assessment (RIA) was carried out for the 2015-16 Budget Report approved by Full Council. This report notes the financial performance to date but does not have direct policy implications, so a separate RIA is not required for this report.

Background papers: None

Responsible Officer:
Mike Curtis
Corporate Director of Finance and Resources

Report Author:
Martin Houston
Strategic Financial Advisor

Signed by



14 October 2015

Executive Member for Finance and
Performance

Date

Appendix 1 - Revenue Budget Monitoring 2015-16 Month 5

GENERAL FUND					
Department / Service Area	Original Budget £'000	Current Budget £'000	Forecast Outturn £'000	Variance Month 5 £'000	Variance Month 4 £'000
FINANCE AND RESOURCES					
Corporate Director of Finance and Resources	(62)	1,103	1,103	0	0
Property Services	(1,800)	(373)	(373)	0	0
Digital Services and Transformation	562	(1,500)	(1,500)	0	0
Financial Management	(5,732)	(1,623)	(1,623)	0	0
Financial Operations	6,911	6,569	6,569	0	0
Internal Audit	588	596	596	0	0
Total	467	4,772	4,772	0	0
CHIEF EXECUTIVE'S DEPARTMENT					
Chief Executive	(16)	0	0	0	0
Governance and Human Resources	1,140	330	41	(289)	0
Strategy and Community Partnerships	5,478	6,279	6,279	0	0
Total	6,602	6,609	6,320	(289)	0
CHILDREN'S SERVICES					
Learning and Schools	27,763	25,942	23,202	(2,740)	(2,635)
Partnerships and Support Services	9,292	11,597	10,877	(720)	(720)
Targeted and Specialist Children and Families	36,889	38,697	40,517	1,820	1,300
Total	73,944	76,236	74,596	(1,640)	(2,055)
ENVIRONMENT AND REGENERATION					
Directorate	(1,387)	(1,385)	(1,385)	0	0
Planning and Development	2,484	2,642	2,687	45	0
Public Protection	9,685	10,565	11,145	580	551
Public Realm	19,782	21,262	22,285	1,023	1,025
Total	30,564	33,084	34,732	1,648	1,576
HOUSING & ADULT SOCIAL SERVICES					
Temporary Accommodation (Homelessness Direct)	1,391	1,391	2,906	1,515	1,527
Housing Needs (Homelessness In-Direct)	2,000	2,000	1,926	(74)	(52)
Housing Benefit	880	880	880	0	0
Housing Strategy & Development	231	231	168	(63)	(56)
Housing Administration	2,291	1,944	1,944	0	0
Housing General Fund Total	6,793	6,446	7,824	1,378	1,419
Adult Social Care	30,917	30,133	30,115	(18)	(18)
Integrated Community Services	13,554	13,537	12,914	(623)	(623)
Strategy & Commissioning	30,355	30,393	30,993	600	600
Adult Social Services Total	74,826	74,063	74,022	(41)	(41)
HASS Total	81,619	80,509	81,846	1,337	1,378

Appendix 1 - Revenue Budget Monitoring 2015-16 Month 5

Department / Service Area	Original Budget £'000	Current Budget £'000	Forecast Outturn £'000	Variance Month 5 £'000	Variance Month 4 £'000
PUBLIC HEALTH					
NHS Health Checks	371	371	355	(16)	0
Obesity and Physical Activity	1,009	1,009	993	(16)	0
Other Public Health	(20,739)	(20,557)	(20,611)	(54)	0
Sexual Health	8,273	8,392	8,541	149	0
Smoking and Tobacco	786	786	716	(70)	0
Substance Misuse	8,466	8,347	8,376	29	0
Children and Young People	1,834	1,834	1,791	(43)	0
	0	182	161	(21)	0
Less Projected Ring-Fenced Schools Related Underspend	0	0	2,095	2,095	2,055
Less Projected Ring-Fenced Public Health Underspend	0	0	21	21	0
GROSS DEPARTMENT TOTAL	193,196	201,392	204,543	3,151	2,954
CORPORATE ITEMS					
Corporate and Democratic Core / Non Distributed Costs	16,675	15,130	15,130	0	0
Other Corporate Items	4,204	3,956	5,312	1,356	1,356
Corporate Financing Account	(16,129)	(16,129)	(17,929)	(1,800)	(1,800)
Levies	22,247	22,247	22,247	0	0
Transfer to/(from) Reserves	14,293	7,890	7,890	0	0
Specific Grants	(16,103)	(16,103)	(16,103)	0	0
Core Government Funding / Council Tax	(218,651)	(218,651)	(218,651)	0	0
No Recourse to Public Funds	268	268	1,068	800	800
Corporate Items Total	(193,196)	(201,392)	(201,036)	356	356
TOTAL NET OF CORPORATE ITEMS	0	0	3,507	3,507	3,310

Appendix 1 - Revenue Budget Monitoring 2015-16 Month 5

HOUSING REVENUE ACCOUNT(HRA)						
Department / Service Area	Original Budget	Current Budget	Latest Actual	Forecast Outturn	Variance Month 5	Variance Month 4
	£'000	£'000	£'000	£'000	£'000	£'000
Dwelling Rents	(162,778)	(162,778)	(67,917)	(162,778)	0	278
Non Dwelling Rents	(1,708)	(1,708)	(1,597)	(2,508)	(800)	(800)
Heating Charges	(2,357)	(2,357)	(833)	(2,017)	340	340
Leaseholders Charges	(9,348)	(9,348)	(3,895)	(9,348)	0	0
Other Charges for Services and Facilities	(3,870)	(3,870)	(1,061)	(4,642)	(772)	(772)
PFI Credits	(22,855)	(22,855)	(9,522)	(22,855)	0	0
Interest Receivable	(2,044)	(1,544)	0	(1,544)	0	0
Contribution from General Fund	(852)	(852)	0	(852)	0	0
Gross Income	(205,812)	(205,312)	(84,825)	(206,544)	(1,232)	(954)
Repairs and Maintenance	29,748	29,748	13,502	30,248	500	500
Revenue Contribution to Capital	10,359	10,359	0	10,159	(200)	(200)
General Management	48,803	47,327	13,633	49,059	1,732	1,454
PFI Payments	40,114	40,114	20,430	39,414	(700)	(700)
Special Services	15,530	17,006	5,211	16,906	(100)	(100)
Rents, Rates, Taxes and Other Charges	739	739	332	739	0	0
Capital Financing Costs	56,769	56,269	0	56,269	0	0
Bad Debt Provisions	750	750	0	750	0	0
HRA Contingency	3,000	3,000	0	3,000	0	0
Gross Expenditure	205,812	205,312	53,108	206,544	1,232	954
Drawdown from HRA Balances	0	0	0	0	0	0
Net (Surplus) / Deficit	0	0	(31,717)	0	0	0

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Appendix 2: Capital Monitoring 2015-16 Month 5

	2015-16 Budget Monitoring						
	Original Budget	Budget Changes During the Year	Revised Budget	Forecast Outturn	Forecast Re-profiling (to)/from Future Years	Expenditure to Date	% Budget Spent to Date
	£m	£m	£m	£m	£m	£m	£m
CHILDREN'S SERVICES							
Dowery Street Pupil Referral Unit	3.3	(0.3)	3.0	3.0	0.0	0.2	5%
Early Years Two Year Old Places	1.0	0.0	1.0	1.0	0.0	0.3	25%
Mechanical Schemes	0.0	0.9	0.9	0.9	0.0	0.0	1%
Moreland Primary School	6.1	2.2	8.3	8.3	0.0	0.5	6%
Newington Green Primary School Refurbishment	0.3	0.6	0.9	0.9	0.1	0.4	41%
Other	0.0	1.1	1.1	1.1	0.0	0.0	0%
Primary Bulge Classes	0.2	0.1	0.3	0.3	0.0	0.2	53%
Primary Capital Scheme	0.0	0.4	0.4	0.4	(0.0)	0.1	16%
Sacred Heart Primary School Extension Grant	1.3	0.0	1.3	1.3	0.0	1.3	100%
The Bridge Free School	3.7	(3.0)	0.7	0.7	0.0	0.0	0%
Windows Scheme	0.3	0.1	0.4	0.4	0.0	0.1	18%
Total Children's Services	16.1	2.1	18.3	18.3	0.0	2.8	16%
ENVIRONMENT AND REGENERATION							
Boiler Replacement Programme	0.0	0.1	0.1	0.1	(0.0)	0.0	58%
Combined Heat and Power	3.4	(1.8)	1.6	1.6	(0.0)	0.2	10%
Disabled Facilities	0.6	0.5	1.1	1.1	0.0	0.3	27%
Energy Saving Council Buildings	1.9	0.0	1.9	1.4	(0.5)	0.0	0%
Greenspace	0.8	0.8	1.6	1.6	0.0	0.2	11%
Highways	1.4	0.2	1.6	1.6	0.0	0.3	20%
Ironmonger Row Baths	0.0	0.2	0.2	0.2	(0.0)	0.0	18%
Leisure	3.4	(0.4)	3.0	3.2	0.2	1.4	47%
Other Energy Efficiency	2.2	(2.1)	0.1	0.1	0.0	0.0	0%
Planning and Development	2.1	(1.9)	0.3	0.3	0.0	0.0	19%
Private Sector Housing	1.5	(0.4)	1.1	1.1	(0.0)	(0.0)	-1%
Traffic and Engineering	3.6	0.7	4.3	4.3	0.0	0.4	8%
Vehicles	8.5	(2.4)	6.1	6.1	0.0	0.6	10%
Total Environment and Regeneration	29.4	(6.4)	23.0	22.7	(0.3)	3.5	15%
HOUSING AND ADULT SOCIAL SERVICES							
HOUSING							
Housing Improvements	40.3	(1.1)	39.3	39.3	0.0	7.7	20%
New Build	40.8	(12.1)	28.7	23.9	(4.8)	7.6	27%
Total Housing	81.1	(13.1)	68.0	63.2	(4.8)	15.3	23%
ADULT SOCIAL SERVICES							
Adaptations	2.6	(2.6)	0.0	0.0	0.0	0.0	0%
Care Services	1.0	(0.3)	0.7	0.7	(0.0)	0.0	6%
Total Adult Social Services	3.6	(2.9)	0.7	0.7	(0.0)	0.0	7%
Total Housing and Adult Social Services	84.8	(16.1)	68.7	63.9	(4.8)	15.3	22%
FINANCE AND RESOURCES							
Digital Transformation	1.5	3.0	4.5	4.5	0.0	3.0	67%
Total Finance and Resources	1.5	3.0	4.5	4.5	0.0	3.0	67%
TOTAL CAPITAL PROGRAMME	131.8	(17.4)	114.5	109.3	(5.1)	24.7	22%

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Report of: Executive Member for Environment and Transport

Executive	22 10 15	Ward(s): All
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SUBJECT: Recovery of abandoned Luggage Trolleys and Shopping Trolleys

1. Synopsis

- 1.1 Abandoned shopping trolleys blight the local environment and can lead to further littering and fly-tipping.
- 1.2 The Council currently collects approximately 100 shopping trolleys a month that have been abandoned on our streets and housing estates.
- 1.3 The Council can adopt statutory powers that would enable it to collect abandoned shopping trolleys and luggage trolleys from land open to the public, return them to the owner and to recover the Council's reasonable costs of doing so.
- 1.4 This report provides details of the relevant legislation, outlines the proposals and provides information on the resource implications. The report also sets out the responses to a formal consultation and seeks agreement to formally adopt the relevant statutory powers.

2. Recommendations

- 2.1 To note the outcome of the consultation and to agree that the statutory powers to deal with abandoned shopping trolleys and luggage trolleys under section 99 and Schedule 4 of the Environmental Protection Act 1990 shall apply to the Council's area with effect from 25 January 2016.
- 2.2 To agree the charging structure and arrangements for implementation of a trolley retrieval service as set out in paragraph 3.11 of this report.

3. Background

- 3.1 Shopping trolleys of all descriptions, but mainly supermarket shopping trolleys, are routinely found abandoned across the Borough. Up to 100 are collected by the Council each month with many more remaining uncollected. Shopping trolleys are also the subject of regular complaints from residents. Abandoned trolleys not only look unsightly, but can be left in roads creating traffic hazards, abandoned on housing estates, can attract anti-social behaviour including fly tipping and generally detract from the local environment.
- 3.2 Shopping trolleys are often damaged beyond repair, full of rubbish or left abandoned in locations that make collection difficult. These factors can mean there is little benefit in owners recovering them. The local authority is able to follow the legal notice processes contained within the Environment Protection Act 1990 (the 'EPA'), but with no power to recover the costs involved in trolley retrieval from the owners.
- 3.3 The Council also relies on the goodwill of local stores recovering their own trolleys and putting measures in place to prevent them from being taken out of the environs of the store in the first place
- 3.4 Schedule 4 of the Environmental Protection Act 1990 (EPA) does however enable local authorities to adopt powers enabling them to take enforcement action against the owners of trolleys and to resolve problems associated with abandoned trolleys.
- 3.5 These powers can be summarised as follows:
- They apply to abandoned trolleys found in the open air.
 - This does not include land from where the trolley originated (e.g. supermarket car parks), or which is designated for trolleys (trolley stores), or with respect to luggage trolleys, to rail/tram/bus stations or airports.
 - A trolley abandoned on public land may be seized and removed to such place under the authority's control as it thinks fit. On occupied land, a trolley may only be removed with the consent of the occupier, or after expiry of a 14 day notice served on the occupier if consent is not forthcoming.
 - A seized trolley can be sold or disposed of after six weeks.
 - If the owner of the trolley is known, the local authority must advise the owner that the authority has removed the trolley and where it is being kept and that if it is not claimed, the authority may dispose of it.
 - If the owner claims the trolley, the local authority must deliver the trolley back to the owner on payment of such charge as the authority requires.
- 3.6 The above enforcement powers are only available to the Council if it formally adopts schedule 4 of the Environmental Protection Act (1990). The Council has conducted a formal 90 day consultation with persons and representatives of persons who appear to the Council to be affected by the schedule. Letters were sent to all local supermarkets and their Head offices, to other outlets which may use trolleys and to representative bodies, the British Retail Consortium, Association of Town Centre Management and the Association of Convenience stores. Only one response was received, from Sainsbury's PLC, and this is attached at Appendix 1A, though the response did not object to the adoption of the powers by the Council. The Council's response is at Appendix 1B. If a resolution to adopt is passed, the Council must advertise that fact in a local newspaper. The Council can then implement the powers in Schedule 4 three months from the date of the resolution.
- 3.7 The Clean Neighbourhoods and Environment Act 2005 (CNEA) further amended the EPA so as to additionally enable local authorities to recover their costs whether the owner wants it back or not. The process remains the same but the new provision states that after the specified retention

period of 6 weeks, if the owner of the trolley is known, that person can be charged for its removal, retention and disposal. The owner has no choice in this and the charge is payable on demand and is recoverable as a debt. This means that where the owner of the trolleys is known, authorities will be able to recover their costs incurred in removing, storing and disposing of those trolleys.

- 3.8 It is proposed that the Council formally adopts Schedule 4 of the Environmental Protection Act 1990 which facilitates the collection of abandoned trolleys from open land, the return of them to the owner and the recovery of the costs of doing so.
- 3.9 Currently, abandoned trolleys are collected and treated as waste and therefore incur a cost to the authority. The main costs of the process as envisaged are those of collection, storage and return. Further costs will be incurred by staff carrying out the legal searches and paperwork. As the legislation suggests that cost recovery is a major driver in this new process, it is envisaged that after a settling-in period the scheme would become self-financing.
- 3.10 If all trolleys are dealt with using the cost recovery process described, and based upon an assumption that 80% of trolleys will have identifiable owners, it is estimated that each return or disposal would incur a cost of between £120.00 and £230.00 (dependent on early collection/storage/disposal).
- 3.11 After an analysis of the real projected costs, the following charging structure for the trolley retrieval service is recommended:
- Collection fee - £70.00
 - Admin fee - £35.00
 - Storage fee - £15.00 per week (maximum 6 weeks)
 - Disposal fee - £35.00

4. Implications

4.1 Financial implications:

The service would be undertaken by utilising existing resources within the Cleaner Streets Programme. The service may generate a small income stream for the Council and this will be used to offset any administrative costs incurred.

4.2 Legal Implications:

The Council may resolve to adopt Schedule 4 of the Environmental Protection Act 1990 which provides powers for local authorities to deal with abandoned shopping and luggage trolleys. The schedule would come into force in Islington on the day specified in the resolution which must be at least 3 months from the date the resolution is passed. Notice of the passing of the resolution must be published in a local newspaper circulating in Islington.

In deciding whether to adopt the provisions, the Executive should take full and proper account of the response received to the consultation

Under paragraph 4 of Schedule 4, any charges must be fixed at a level sufficient taking one financial year with another, to cover the cost of removing, storing and disposing of trolleys

4.3 Environmental Implications:

The collection of abandoned luggage trolleys will improve the general street scape within Islington. Trolleys that need to be disposed of will be treated as scrap metal and sent for recycling at licenced treatment facilities.

4.4 Resident Impact Assessment:

The Council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The Council has a duty to have due regard to the

need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment has been completed and is available on request. No significant negative impacts were identified.

5. Conclusion and reasons for recommendations

- 5.1 The Executive is recommended to adopt the provisions of Schedule 4 of the Environmental Protection Act 1990, in order to deal with abandoned trolleys in Islington.

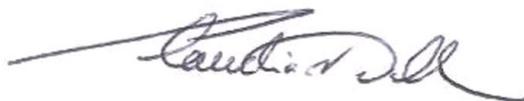
Appendices:

Appendix 1A/B consultation correspondence

Background papers: None

Final report clearance:

Signed by:



14 October 2014

Executive Member for Environment and Transport

Date

Report Author: John Mooteealoo
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Environment and Regeneration
Public Realm
Street Environment Services
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W www.islington.gov.uk

Date

Dear Site/Store Manager,

Formal Consultation on Islington Council proposals to deal with abandoned shopping & luggage trolleys.

**Environmental Protection Act 1990 – Sec 99 and Schedule 4
Clean Neighbourhood and Environment Act 2005**

Islington is a vibrant and growing place in which to live, visit or do business and spends a significant amount of money each year keeping the Borough clean and tidy for the benefit of all. We take many different actions and work with numerous partners in order to achieve this.

One specific problem in many communities is that caused by shopping trolleys, and other types of trolley which have been taken away from their site and abandoned somewhere in the local neighbourhood.

The Environmental Protection Act 1990 (EPA), Schedule 4 contains powers which formally allow a local authority to seize and remove abandoned trolleys, retain them and then sell or dispose of them. The authority cannot remove trolleys from private occupied land without the consent of the occupier or without having informed the occupier by Notice that it intends to remove the trolley. If an owner wishes for the trolley to be returned, they may ask for the trolley to be returned at a cost. Schedule 4 of the EPA provides further details if you are interested. This can be found at:
www.opsi.gov.uk/acts/acts 1990

The Clean Neighbourhood and Environment Act 2005 now adds to the EPA and brings the opportunity for the Council to collect, remove and dispose of an abandoned trolley. The Council can then charge the owner for the costs of removal, storage and disposal. This charge is payable on demand and can be recovered as a statutory debt.

As a user of trolleys, it will become important that you actively prevent/minimise trolley losses, as it could add a significant cost burden to your business. Such steps as coin deposit mechanisms, or magnetic wheel braking are 2 ways that may help to reduce losses.

At the moment, Schedule 4 of the EPA does not apply to Islington. Abandoned trolleys are simply collected and dealt with as waste.

Islington Council is to seek a resolution that Schedule 4 of the EPA applies to the whole of its area. Under Section 99 of that Act, this letter is consulting you on these proposals. It is proposed to actively use these powers and Islington Council would seek to recover the costs of recovery, storage and disposal of abandoned trolleys from the trolley owners in the future. The costs are as yet not known, but will reflect the actual costs of collection, administration, storage, staff costs and overheads.

If you have any observations or comments to put forward you have the opportunity to do so in writing to the address below. These should be received before XX XX 2014.

Yours Faithfully

Kenny Wilks

A handwritten signature in black ink, appearing to read 'Kenny Wilks', with a stylized flourish at the end.

Head of Street Environment Services

Our Ref: Legal Services/JH/Islington
Your Ref:
Tel/fax
Email: [redacted]@sainsburys.co.uk

Sainsbury's Supermarkets Ltd
33 Holborn
London
EC1N 2HT

Telephone 020 7695 6000
Fax 020 7695 7610
www.sainsburys.co.uk

FAO Kenny Wilks
Head of Street Environmental Services
London Borough of Islington
The Exchange
Watkinson Road
London
N7 8DE

12 May 2014

Dear Mr Wilks

Sainsbury's Supermarkets Ltd – Islington
Environmental Protection Act 1990
Clean Neighbourhood and Environment Act 2005

Thank you for your letter in relation to your proposed charges for the return of shopping trolleys.

As a responsible retailer, the retrieval of abandoned trolleys is an issue which Sainsbury's takes very seriously. You will be aware that the guidance on shopping trolley management issued by DEFRA emphasises that local authorities and trolley owners should work together and enter into voluntary agreement where possible.

Given that Sainsbury's already has policies in place in relation to trolley management, we would be interested in agreeing with you a trolley collection scheme.

The DEFRA guidance sets out clearly that under the EPA 1990 local authorities can agree a retailer's scheme for collection. This would normally include agreeing a time limit for retrievals. If collections are made in accordance with the retailer's scheme then an additional charge should not be imposed.

You will appreciate that the varying locations and types of Sainsbury's stores means that we cannot implement a "one size fits all" method and the policy does therefore differ across stores. It is recognised within the DEFRA guidance that this is likely to be the case. In stores where it is possible, we have an electronic 'gate keeper' system which uses electro-magnets to prevent trolleys from being removed from our premises. In addition we generally contract with a third party to retrieve trolleys found outside the store or enter into an agreement with the local authorities to use its own trolley collection scheme.

In all cases, if we are notified of trolleys found outside the boundaries of a store they are retrieved as a priority. The DEFRA guidance suggests a maximum of 72 hours for retrievals on land and we would always seek to carry out retrievals well within this time period.

Registered office as above
Registered number 3261722 England
A subsidiary of J Sainsbury plc

You can live well for less than you thought at
Sainsbury's based on price perception data

 100% post consumer waste recycled paper

In our Islington store we contract with a third party, Trolleywise, to retrieve trolleys 5 days a week and we would be interested in entering into a voluntary agreement with you.

Given our willingness to work with you in agreeing a trolley management scheme, we would question whether trolley seizure under the EPA 1990 and a proposal to charge £105 per trolley returned to us (including administration charge and assuming we collect immediately) is necessary or appropriate in accordance with the guidance.

Should you decide that the use of statutory powers is more appropriate than a partnership approach, we would also request that you provide a breakdown of how the proposed charge of £230 (£70 for collection, £35 administration costs, £15 storage fee per week and £35 disposal fee, totalling £230 for an unclaimed trolley), which should reflect the average cost of recovering a trolley, has been reached.

I look forward to hearing from you shortly and would be grateful if you could address your response to me.

Yours sincerely



**Retail Law Advisor
Legal Services
Sainsbury's Supermarkets Limited**

Sainsbury's Supermarkets Ltd
33 Holborn
London
EC1N 2HT
FAO [REDACTED]

Environment and Regeneration
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1 Cottage Road
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E kenny.wilks@islington.gov.uk
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Date 9 June 2014

Dear [REDACTED]

RE: Sainsbury's supermarkets Ltd – Islington

**Environmental Protection Act 1990 – Sec 99
Schedule 4 Clean Neighbourhoods and Environment Act 2005**

Thank you for your letter of 12th May in relation to my proposal for charging for the return of abandoned shopping trolleys. Please accept my apology for late reply – I have been on annual leave.

I am pleased to hear that Sainsbury's takes the abandonment of shopping trolleys seriously and that you have taken steps to retrieve any trolleys that are taken away from your stores and left on the streets of Islington to become a nuisance for local people.

Your retrieval scheme in Islington may date back to 2007 when Islington first wrote to businesses including Sainsbury's about the problem of abandoned trolleys. Since then it would seem that more Sainsbury stores have opened within Islington – and that there are now 8 stores around the borough.

I note the reference to your contracted trolley retrieval scheme and that abandoned trolleys are retrieved 5 days per week and in accordance with the DEFRA guidance of 72 hours maximum for trolley retrievals on land.

(I have been contacted by your contractor - Trolleywise – but felt it inappropriate to speak to them although they said they had permission to speak to me on behalf of Sainsbury's).

Without knowing the precise details of your retrieval scheme – my first thought is that the collection times are quite 'loose' and trolleys could be on Islington's streets for up to three days before they are collected. As the retrieval scheme is based over 5 days – I assume no collections are made at the weekend when trolleys are likely to be removed from stores and later abandoned.

You also state 'that if Sainsbury's are notified of trolleys found outside the boundaries of a store they are retrieved as a priority' – who is it that you expect to notify you – shoppers, residents, the Local Authority?

What happens if you don't receive a notification – is this the nub of the problem?.

Unfortunately the problem of abandoned shopping trolleys is becoming an issue and I need to consider the most appropriate way to tackle the problem. Current legislation would enable me to recover abandoned trolleys from Islington streets and pass the financial burden of doing so back to the owners.

If businesses have robust deterrent or trolley collection schemes in place then the abandonment of trolleys should not pose too much of a problem for them nor the residents of Islington.

This is my preferred option and one that I will be presenting to our Members in due course. Your letter and my reply will be included in my report on the consultation exercise.

With regard to the breakdown of the proposed charges – this is the actual cost of each of the elements when provided by a third party contractor.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kenny Wilks', with a long horizontal flourish extending to the right.

Kenny Wilks

Head of Street Environment Services



Report of: Executive Member for Health and Wellbeing

Meeting of:	Date	Ward(s)
Executive	22 October 2015	All

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THE APPENDIX TO THIS REPORT IS NOT FOR PUBLICATION

SUBJECT: Contract Award for Alcohol Misuse Residential Care Service for Older Men

1. Synopsis

- 1.1 This report summarises the outcome of a procurement process in respect of a mental health residential care service for older men with alcohol misuse needs and recommends awarding the contract to St Mungo's Broadway
- 1.2 The service to be provided is a Care Quality Commission (CQC) registered residential care service for twelve older men with alcohol misuse needs, commencing 1 April 2016. It is a 3-year block contract with the option of three 12-month extensions. The annual value of the contract is £368,000.
- 1.3 The Council Executive agreed the procurement strategy in respect of this tender on 6 March 2014. The initial procurement was unsuccessful, and a waiver to negotiate the contract for a further year was agreed on 11 February 2015. The tender has since been repeated and the Executive is now asked to agree the outcome of the procurement process.

2. Recommendation

- 2.1 To agree the award of a contract to St Mungo's Broadway to deliver the Older Men Alcohol Misuse Residential Service, commencing 1 April 2016, for a period of three years with the option of three 12-month extensions, at an annual value of £368,000.

3. Background

- 3.1 The contract being awarded is for a CQC-registered residential care service for men over the age of 45

with a significant history of alcohol misuse and homelessness. The contract is for 12 placements. Most residents in the current service have alcohol-related dementia (Korsakoff's Syndrome). The average age of the twelve men in the existing service is 64, ranging from 50 to 73 years of age.

- 3.2 The current service is provided by St Mungo's Broadway and delivered from 2 Hilldrop Road, Islington N7 0JE. This contract expires on 31st March 2015. The building is owned by St. Mungo's Broadway, from which it operates a 29-unit residential care home for older men with a history of alcohol-misuse and homelessness. The service will continue to be provided from this location from the start of the new contract.
- 3.3 The contract being awarded is for a 3-year block contract with the option of three 12-month extensions for 12 placements (single rooms). The service must be registered with the CQC as a residential care home and meet all relevant regulations in the operation thereof, including building regulations.
- 3.4 The annual value of the contract is £368,000. The total value of the contract including all extensions is £2,208,000.
- 3.5 In 2014/15, a procurement took place for this service, with an annual contract value of £298,000. No bids were received and through communication with providers, it was ascertained that this was due to budget pressures. A waiver was approved on 11 February 2015, allowing for the extension of the current contract to March 2016 with an increased budget of £368,000 per annum. Funding has been identified to maintain the new contract at the revised price.
- 3.6 The current tender was carried out as a one-stage 'open' procedure. Five expressions of interest were received. One provider submitted a completed tender. Those who did not submit a tender cited budget pressures and property requirements as the reasons for not proceeding.
- 3.7 The tender submitted was evaluated to determine the Most Economically Advantageous Tender on the basis of 70% quality and 30% cost.
- 3.8 There are no TUPE implications associated with this contract. Islington Council's London Living Wage policy applies to this contract.

4. Implications

4.1 Financial implications

Islington Council and Islington Clinical Commissioning Group (ICCG) have a pooled budget agreement in place for the provision of commissioned services for Adults with Mental Health issues.

The Older Men's Alcohol Misuse Residential Care Service is currently funded through the Mental Health Commissioning Pool and the award of the contract for £368k p.a. to St Mungo's Broadway represents a total contract value of £2.2m over the maximum possible life of the contract.

This award should not create a pressure for the Council or for ICCG.

Providers will be required to ensure that all staff working on this contract are paid at least the London Living Wage.

Any TUPE cost implications that may arise from this tender will have to be met by existing resources outlined above.

4.2 Legal Implications

The Council has a duty to make arrangements for providing residential accommodation and care for persons who by reason of illness and disability are in need of care and attention which is not otherwise available to them (section 21 National Assistance Act 1948 (as amended)). The Council may discharge that duty by making arrangements with private providers of residential accommodation for those assessed to need it (section 26 of the 1948 Act). Accordingly the council may enter into a block contract with a provider(s) to secure the supply of a residential care service for older men with alcohol misuse needs (section 1 of the Local Government (Contracts) Act 1997). The procurement strategy for this

contract was approved by the Executive on 6 March 2014.

This contract was procured under the Public Contracts Regulations 2006. The threshold for application of the Public Contracts Regulations 2006 was £173,934. The value of the contract to be let is above this threshold. However the provision of residential accommodation and care is a Part B service within the Regulations. Part B services do not need to comply with the full requirements of the Regulations including publication of an advertisement in OJEU. However, there is a requirement under EU rules for part B services to be procured in compliance with the principles of equal treatment, non-discrimination and fair competition which, according to EU case law can only be satisfied by sufficient advertising. The council's Procurement Rules require contracts over the value of £100,000 to be subject to competitive tendering.

This contract has been procured in accordance with the Council's Procurement Rules and the Public Contracts Regulations 2006. Accordingly the Executive may approve the appointment of the contractor as recommended in the report. In making this decisions the Executive should have regard to the attached appendix and be satisfied as to the competence of the chosen tenderer and that the tender prices represent value for money for the Council.

4.3 **Environmental Implications**

An Environmental Impact Assessment was completed on 20 December 2013 prior to approval by the Executive for this procurement and is available upon request. The only significant environmental impact of the contract to be procured is the energy use of the residential home which will be affected by the energy efficiency of the property including insulation levels and type of heating system. The contractor shall have formal energy and environmental policies demonstrating good practice in the management of buildings used for delivering the contract.

4.4 **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

4.5 An Equality Impact Assessment (EIA) was completed on 20 December 2013 prior to approval by the Executive for this procurement and is available on request.

4.6 The EIA identified potential adverse impacts based on age and gender because this tender is for older men. This decision was made because the service is for a particular group of residents with specific care needs. The impact on age is that the service is for those over the age of 45. The impact on gender is that this service is for men. This means that the service will care for men over the age of 45.

4.7 From a clinical care perspective, and for general safety and care provision reasons, it is better to create a male-only residential care service for this particular client group.

4.8 The men being placed in this residential service have entrenched behaviours related to alcohol-misuse coupled with a history of homelessness; they may present with challenging behaviours. Most will have a cognitive impairment (Korsakoff's Syndrome) as a result of lengthy periods of intense alcohol misuse. It would not be appropriate from a care perspective to have women placed in this same environment.

4.9 The impact relates only to age and gender; it does not relate to any of the other protected characteristics. Other residential care services are already commissioned for those not targeted for this particular residential care service. This means that for adults under the age of 45 or female, other specific treatment and residential care placements already exist.

5. Reasons for the recommendations / decision

- 5.1 The current contract for 12 placements for men over the age of 45 with a significant history of alcohol misuse and homelessness expires on 31 March 2016.
- 5.2 There continues to be a need in Islington for this type of residential care service. The Council has an obligation to meet the needs of those assessed as having eligible care needs under its eligibility criteria, which has been specified using the eligibility framework set out in the Care and Support (Eligibility Criteria) Regulations 2014.

Appendices

- Appendix A: Result of the Evaluation of Short Listed Tenders **[Exempt and not for publication]**

Final report clearance

Janet Burgess

Signed by: Executive Member for Health and Wellbeing

Date: 7 October 2015

Report Author: Natalie Arthur, Joint Commissioning Manager
Tel: 0207 527 8175
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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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