



**Resources Department
Town Hall, Upper Street, London, N1 2UD**

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held on Monday **28 January 2019 at 7.30 pm in Committee Room 4** (N.B. There will be a pre-meeting for Members of the Committee at 7.00 p.m. in Committee Room 3)

**Lesley Seary
Chief Executive**

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Despatched : 18 January 2019

Membership

Councillors:

Councillor Osh Gantly (Chair)
Councillor Nurullah Turan (Vice-Chair)
Councillor Martin Klute
Councillor Jilani Chowdhury
Councillor Tricia Clarke
Councillor Anjna Khurana
Councillor Kadeema Woodbyrne
Councillor Sara Hyde

Substitute Members

Substitutes:

Councillor Satnam Gill OBE
Councillor Mouna Hamitouche MBE
Councillor Angela Picknell

Co-opted Member:

Jana Witt – Islington Healthwatch

Substitutes:

Quorum: is 4 Councillors

A. Formal Matters **Page**

- 1. Introductions
- 2. Apologies for Absence
- 3. Declaration of Substitute Members
- 4. Declarations of Interest

If you have a **Disclosable Pecuniary Interest*** in an item of business:

- if it is not yet on the council’s register, you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent;
- you may **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, you **must** leave the room without participating in discussion of the item.

If you have a **personal** interest in an item of business **and** you intend to speak or vote on the item you **must** declare both the existence and details of it at the start of the meeting or when it becomes apparent but you **may** participate in the discussion and vote on the item.

***(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 of your expenses in carrying out duties as a member, or of your election; including from a trade union.

(c)Contracts - Any current contract for goods, services or works, between you or your partner (or a body in which one of you 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 you or your 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.

This applies to **all** members present at the meeting.

- 5. Order of business
- 6. Confirmation of minutes of the previous meeting 1 - 6
- 7. Approval of minutes of Joint Committee with Camden 7 - 12

8. Chair's Report

The Chair will update the Committee on recent events.

9. Public Questions

For members of the public to ask questions relating to any subject on the meeting agenda under Procedure Rule 70.5. Alternatively, the Chair may opt to accept questions from the public during the discussion on each agenda item.

10. Health and Wellbeing Board Update - Verbal

B. Items for Decision/Discussion

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11. UCLH Performance Update

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12. Executive Member Health and Social Care Annual Report

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13. Quarters 1/2 Performance Indicators

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14. Scrutiny Review - GP Surgeries - Witness Evidence - Verbal

15. New Scrutiny Topic - Adult Social Carers/Green Paper Social Care -
Presentation/SID

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16. Local Account

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17. Work Programme 2018/19

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The next meeting of the Health and Care Scrutiny Committee will be on 7 March 2019
**Please note all committee agendas, reports and minutes are available on the
council's website:**

www.democracy.islington.gov.uk

Agenda Item 6

London Borough of Islington
Health and Care Scrutiny Committee - Thursday, 15 November 2018

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 15 November 2018 at 7.30 pm.

Present: **Councillors:** Klute, Chowdhury, Clarke, Hyde and Khurana

1 ELECTION OF CHAIR (ITEM NO.)

In the absence of the Chair and Vice Chair it was proposed by Councillor Hyde and seconded by Councillor Khurana and –

RESOLVED:

That Councillor Klute be elected as Chair of the Committee for the remainder of the meeting

2 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

3 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillors Gantly (Chair), Turan, Woodbyrne and Jana Witt – Healthwatch and Councillor Chowdhury for lateness

4 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

5 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

6 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that the order of business would be as per the agenda

7 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:

That, subject on page 5 bullet point 7 to the deletion of the words - 'for social prescribing' and the insertion of the words 'patient activation service' - the minutes of the meeting of the Committee held on 11 October 2018 be confirmed and the Chair be authorised to sign them

8 CHAIR'S REPORT (ITEM NO. 7)

None

9 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the fire evacuation procedures and the procedures for questions and filming of meetings

10 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

None

11 **ALCOHOL AND DRUG ABUSE -UPDATE (ITEM NO. 10)**

Emma Stubbs, Senior Commissioning Manager, Public Health, was present at the meeting and made a presentation to the Committee. (Copy interleaved) Service user and Peter Kane and Dr.Liz McGrath were also present representing Camden and Islington NHS Trust, the service provider.

During the presentation the following main points were made –

- New estimates of the number of crack and/or opiate users (OCU's) and alcohol in Local Authorities were published in 2017. These prevalence estimates give an indication of the number of people in a local area that are in need of specialist treatment, and the rate of unmet needs gives the proportion of those not currently in treatment
- Cohort and estimated number – OCU's 2168, Islington Unmet need 55.5% and national unmet need 51.7%. Opiate cohort and estimated number 1749, Islington unmet need 45%, and national unmet need 43%. Crack cohort and estimated number 1642, Islington unmet need 58%, national unmet need 62%. Alcohol cohort and estimated number 3674, Islington unmet need 76%, and national unmet need 78%
- The Home Office estimated that in 2010/11 that the cost of illicit drug use in the UK is £10.7 billion per year. This figure includes 8% health service use, 10% enforcement, 28% deaths linked to eight illicit substances, and 54% drug related crime
- Research has shown that for every £1 invested in drug treatment there is £2.50 benefit to society and of those people engaged in treatment in 2015/16 if they had not been in treatment it would have cost the NHS an additional £1billion
- It is estimated that structured treatment prevented crimes in 2010/11, with an estimated saving to society worth £1billion in today's prices, and further money was saved from former drug users sustaining their recovery
- Impacts of substance abuse – Family history of addiction, socio-economic deprivation, homelessness, unemployment, poor working conditions and job insecurity, mental are more likely to use illegal drugs, poor mental health is linked to drug misuse and vice versa, and there are strong links between health inequalities and drug use, but the picture is complex
- Better Lives update – the Better Lives new adult Islington drug and alcohol service started on 1 April 2018
- Camden and Islington NHS Foundation Trust are the lead provider working in partnership with WDP and Blenheim
- There were significant logistical challenges in the first 6 months of operation, and Camden and Islington have invested significant amounts of money into refurbishing buildings, in order to give service users, their families and staff comfortable and welcoming environments in which to transform their lives
- As buildings have been refurbished, the services usually provided from these sites have had to be relocated elsewhere. This has caused some anxiety to service users, but through regular meetings, and by involving service users in planning, service users are now more aware of the reasons for the changes and are more comfortable with the plans
- All eligible staff have been transferred over to the new providers, and the remaining key vacant posts, such as the Borough Service Manager, have been successfully appointed to. Better Lives held a successful team building day to welcome all staff to the new service, and to clearly set out a vision for the new service

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- There has been positive feedback from partners about the proactive and flexible engagement of staff from Better Lives which includes: working alongside community safety colleagues in the Stroud Green area, attendance at a range of community events over the summer, including most recently StreetFests in Finsbury Park, the provision of services at the Floating Hub, as part of the GLA funded No Second Night Out pilot, working with Children's Services around the Keel Project (supporting families affected by DVA, mental health and substance misuse)
- New areas of work – Better Lives are launching a pilot project based in GP practices to work with people who are being prescribed benzodiazepines and opioids, and who may be showing signs of dependence. The project will support people with a medication review, and work with those who would like to reduce their reliance on medication
- In terms of borough performance, there has been a significant increase in the number of new service users entering treatment, compared to the same period last year: there has been an increase in the number of opiate users accessing treatment, and a 78% increase in the number accessing treatment for alcohol. New to treatment in Q1 2017/18 there were 78 opiate and 79 alcohol users, and in Quarter 1 2018/19, there were 111 opiate users and 141 alcohol users new to treatment, a significant increase
- Further positive signs include – Zero clients re-presenting to the service in Q1, following the completion of treatment, indicative of successful maintenance of recovery. An increase of people in treatment referred via criminal justice routes (Police, Courts, Probation, CRC), 20.8%, compared with 18% last year – this was an area of the pathway where it has been wanted to see improved engagement and referral for some time. There has been more Naloxene provided to at risk/vulnerable residents in Q1 and Q2 this year, than the same period of last year (78 kits compared with 36 last year)
- What is working well in relation to the family service – Referrals – during the first quarter of service delivery 2018/19 there has been a 167% increase in the number of referrals to the Better Lives Family service, (15 in Q1 2017/18, compared with 40 in the same quarter 2018/19. Also with regard to direct work with families, during the first quarter of service delivery 2018/19, 59 Islington families were being supported. During the same quarter 2017/18, 39 Islington families were provided with a service
- Performance looked to be similar for quarter 2
- In future the service would be looking to go into the community and family homes and for there to be safe areas for residents suffering from DV
- In relation to the transfer of buildings it was noted that the service had various ways of communicating with users, such as leaflets, adverts in bus shelters and word of mouth, which was often the most effective means of communication and there had been no drop off in engagement
- There had been more residents coming into treatment after referral since the service started
- Members welcomed the improvement in the service since the new contract had started and service users felt the service was working more effectively
- It was noted that work is also taking place with community safety colleagues and partners
- It was stated that the service was developed with service users and the service would continue to evolve to meet local needs
- A service user stated the most important improvement had been the contact with the key worker of clients
- In terms of families, as it had been shown that intergenerational family clients were presenting, there would be more of a focus on prevention strategies and there is work going on with Children's Services in this area

The Chair thanked Emma Stubbs, Dr.Liz McGrath, Peter Kane and the service user for attending

12

ANNUAL SAFEGUARDING REPORT (ITEM NO. 11)

Elaine Oxley, Housing and Adult Social Services, was present at the meeting, together with James Reilly, Independent Chair of the Adults Safeguarding Board.

During consideration of the report the following main points were made –

- The Board is composed of a diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services, all of whom engage with adults in need
- Work has taken place with the Board's sub groups to progress the well-being and safety of the adults at risk whom they serve. It had been particularly pleasing to work with the new service user group to explore the issue of social isolation and how to tackle it as it compounds the safeguarding risks confronting vulnerable adults
- A successful event was held with voluntary sector and provider commissioned services to launch a safeguarding policy toolkit to strengthen their governance arrangements
- Four training events were held to highlight issues regarding domestic violence, as this issue has gained national prominence over the past year. A more dynamic relationship has been forged with Pentonville Prison to better understand and support the safeguarding issues and efforts in the Prison
- Having substantially completed the actions relating to the past 3 year strategy, concluding in March 2018, the Board completed a very successful consultation with Islington residents and professionals to inform its new 3 year strategy, which it agreed for the period April 2018 to March 2021
- Through on-going training and more general awareness raising people are being encouraged to raise their safeguarding concerns, and indeed the number of referrals remains high, and is increasing. Health and Care Commissioners continually regularly monitor the safeguarding practices of the range of care providers they contract with. Where incidents of concern are raised they are investigated and follow up actions monitored
- New legislation on social care for older people is in the pipeline, and is expected later in 2018
- Key achievements included, together with the Board's service user and carer sub-group, a well-attended social isolation and safeguarding event. The service user and sub-group continues to explore the relationship between the social isolation and safeguarding risks
- It was noted that the Safeguarding Board met 4 times per year, and acts as an assurance and improvement Board, rather than a performance Board
- There is good engagement with service users and last year consideration was given to social isolation and financial exploitation
- Reference was made to paragraph 3.7 of the report, and that the Board's sub-group considered two new referrals as to whether they met the criteria for a Safeguarding Adults Review under section 44 of the Care Act 2014. One of these cases did not meet the threshold and the other was progressed to conclusion
- Members noted that where the Council was responsible for Adult Social Care it could have influence on the care provided and there were more concerns where self-funded care is purchased, particularly where mental frailty is concerned
- The Board worked closely with Healthwatch, who reported concerns and it was also stated that there are regular meetings with the CQC

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- Reference was made to the recent death of a carer by a care user, and it was stated that an immediate review was instituted, however it had been ascertained that the carer had died of natural causes
- After consulting widely, the Islington Safeguarding Board has developed a new 3 year strategy, and annual plan and this has been aligned with those of the Safeguarding Adults Boards in the North Central London cluster, Enfield, Haringey, Camden and Barnet
- The Homelessness Reduction Action Plan came into force to address increasing street homelessness. Homelessness and Safeguarding are inter-related on many levels. Homelessness can be a case of self-neglect, which in certain circumstances under the Care Act, may now require a safeguarding response and homelessness can put adults with care and support needs at greater risk of abuse, neglect and exploitation
- A Member enquired as to action being taken in relation to modern day slavery, and it was stated that the Board were trying to extend their reach out into the community to look into instances of trafficking and modern day slavery
- It was noted that family carers can now be offered professional support
- In response to a question it was stated that work is taking place with Care UK and there is a better relationship with management to sustain the improvements

The Chair thanked James Reilly and Elaine Oxley for attending

13

SCRUTINY TOPIC - GP SURGERIES - WITNESS EVIDENCE - VERBAL (ITEM NO. 12)

Rebecca Kingsnorth, Islington CCG, was present at the meeting and was accompanied by Michael Clowes and Dr. John McGrath, representatives of the Islington GP Federation.

During consideration of evidence the following main points were made –

- Each of the 32 GP practices are facing challenges of growing demand, a struggling workforce, evolving care needs and ageing premises
- The 32 GP practices are small businesses under contract to the NHS, but with significant variances – these include staff loyalty, resilience, efficiency, modernity, continuity, capability, scale, quality, patients, ambition, ethos, culture and care
- Islington GP Federation is a private limited company owned by all Islington GP's and was formed in January 2017
- The Islington GP Federation operates exclusively under NHS contracts, and related contracts such as Health Education England
- The Islington GP Federation will employ approx. 200 staff this month
- Islington GP Federation was set up to ensure Islington registered patients have free and equitable service, access to good, safe, value for money primary care, and to maintain financial viability of the federation, in order to achieve its primary goal
- Islington GP Federation builds GP scale capability and culture, enables GP resilience in Islington, and delivers new models of care
- At borough level there is integrated access e.g. i Hubs, GP retention schemes, variability reduction e.g. diabetes, finance, IG, QI, analytics resource and access to all patient records for direct care
- There are locality CHINS – locality-based preventative MDT's, multi-agency partnerships, technology-driven risk stratification, health and care social prescribing, and strong governance and leadership

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- All initiatives are founded on a bottom up design, QI methodologies, and good enough technology
- GP networks and neighbourhoods – there are 8 Network ambassadors, 8 practice based pharmacists, shared estate and workforce, 8 GP mentors, 8 MOT chronic groups, and patient and public participation
- GP practices require IG support, back office support, technology and tools, practice rescue and turnaround, clinical and administrative training, and GP retention initiatives
- Islington GP Federation presents a unified voice, promotes trust, a willingness to try, dependability, support and hope
- The Islington GP Federation was the NHS70 Parliamentary Award winner for Healthier Communities for showing a really proactive approach to assessing the health needs of the area they serve, including some of the hardest to reach communities, and working together with partners to put in place targeted programmes, which make a real difference to peoples' health and well-being
- It was noted that there is a national shortage of flu vaccine and that the Islington GP Federation had made a successful bid for Home Based vaccinations, and this will enable Whittington Health and District Nurses to do other checks, such as blood pressure checks at the same time
- It was noted that the Islington GP Federation felt that Islington is well placed to meet future challenges, and the iHUB and walk in centre offers improved the service to residents
- It was noted that the Federation was a limited company but funded through contracts, the principal ones being ENT, Gynaecology, and i HUBS
- The GP Federation seeks to co-ordinate the funding and best use of resources to support local GP's and to establish and to provide models of care, including preventative care, with partners
- The GP Federation stated that the risk is that it tries to do too many things and they were looking for sustainability, In addition, comparative data was being looked at in relation to appointments and how they are recorded and GP practices can bid for funding on an evidence based basis

The Chair thanked Mike Clowes, Dr. John McGrath, Imogen Bloor and Rebecca Kingsnorth for attending the meeting

14 **WORK PROGRAMME 2018/19 (ITEM NO. 13)**

RESOLVED:

That the report be noted

MEETING CLOSED AT 10.05 P.M.

Chair

Public Document Pack Agenda Item 7

London Borough of Islington/London Borough of Camden Health and Care Scrutiny Committee - Thursday, 29 November 2018

Minutes of the meeting of the Joint Health and Care Scrutiny Committee held at Islington Town Hall on Thursday, 29 November 2018 at 6.30 pm.

Present:

Councillors:
L.B. Islington -
Gantly Chowdhury,
Clarke and Turan
Councillors
L.B.Camden -
Berry, Kelly,
Pearson, Rhaman,
Tomlinson and
Higson

15 **INTRODUCTIONS (ITEM NO. 1)**

The Chair introduced Members and officers to the meeting

16 **ELECTION OF CHAIR (ITEM NO. 2)**

The Principal Scrutiny Officer opened the meeting and stated that it would be necessary to elect a Chair for the remainder of the meeting

After being nominated and duly seconded it was -

RESOLVED:

That Councillor Osh Gantly be elected Chair for the remainder of the meeting

17 **APOLOGIES FOR ABSENCE (ITEM NO. 3)**

Councillors Woodbyrne, Khurana, Revah and Hyde

18 **DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 4)**

None

19 **DECLARATIONS OF INTEREST (ITEM NO. 5)**

Councillor Higson declared a non-pecuniary interest in that she was an Elected Public Governor at Royal Free NHS Trust and an employee of Guys and St.Thomas's hospital NHSFT

Councillor Gantly also declared a non-pecuniary interest as an employee of NHS Digital

20 **ORDER OF BUSINESS (ITEM NO. 6)**

The Chair stated that the order of business would be as per the agenda

21 **CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 7)**

RESOLVED:

That the minutes of the meeting of the Committee held on 9 October 2018 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them

A Member stated that in relation to page 2 of the minutes that the Mayor of London had asked for a review of suicide rates in 4 Boroughs and that Islington was one of these

22 DEPUTATIONS - IF ANY (ITEM NO. 8)

None

23 PUBLIC QUESTIONS (ITEM NO. 9)

The Chair stated that any public questions would be taken when discussion took place on each individual agenda item

24 NOTIFICATION OF ANY ITEMS OF URGENCY BY THE CHAIR (ITEM NO. 10)

None

25 RESPONSE TO THE PROPOSAL TO TRANSFORM MENTAL HEALTH SERVICES IN CAMDEN AND ISLINGTON (ITEM NO. 11)

Consideration was given to the report of the Camden and Islington Clinical Commissioning Group and Camden and Islington NHS Foundation Trust. The response to the consultation document, and the additional information requested at the last meeting of the Committee was presented by Tony Hoolaghan, Chief Operating Officer Haringey and Islington CCG's, and by Dr.Vincent Kirchner, Medical Director at Camden and Islington Mental Health Trust. In addition, Angela Boon, Head of Engagement, Camden and Islington NSH Trust, Dr.Rathni Ratnavel, GP Mental Health Lead, Islington CCG, Malcolm McFrederick, St.Pancras Transformation Director, Camden and Islington Trust and Richard Lewin, Director of Integrated Commissioning, L.B.Camden were also present

A copy of a letter dated 11 October from Jill Britton from Islington CCG was also laid round

Tony Hoolaghan stated that there had been a full public consultation on the proposals and the results of the consultation were being presented to the Committee. He added that the comments of the Joint Committee on the consultation process would be welcomed.

The proposals for change had emanated from Camden and Islington NHS Foundation Trust, and the CCG had worked very closely with them

The proposals were to provide a modern purpose built in-patient facility at the Whittington Hospital site, and by developing 2 Community hubs, which would provide a mix of services with a third hub on the existing St. Pancras site

The consultation process had been assisted by the Consultation Institute, which is a not for profit organisation, and they had confirmed that the consultation that had taken place had been good practice.

It was noted that the consultation was carried out from 6 July 2018 to 12 October 2018, which was a fairly lengthy consultation time period, and there was provision made for print versions, braille, easy read versions, online, hard copies etc. The

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consultation document was also widely distributed, including to those on the Camden and Islington NHS Trust database

There had been also been engagement meetings with voluntary organisations, including hard to reach groups, Camden Healthwatch had been engaged and there had also been 42 engagement meetings held

Vincent Kirchner outlined the results of the consultation process, particularly highlighting the consultation results in relation to the moving of mental health beds from the St.Pancras site to the site by the Whittington Hospital, travel concerns, the Community hubs model and the locations of the hubs

It was stated that it was recognised that there is still work to do, particularly around the Greenland site location proposal

Members were informed that the Trust and CCG would continue to monitor and review the provision of mental health beds and to develop and co-produce the mix of services provided at the hubs

A Member expressed concern that there had been no consultation on the St. Pancras site and that there had not been a sufficient response, in her view, to the issues that had arisen following the previous meeting of the Joint Committee

Tony Hoolaghan stated that he would ensure a detailed response was sent in relation to the specific points raised at the previous meeting of the Joint Committee

The Joint Committee stated that they recognised the work that had taken place on the consultation and congratulated the CCG's and Camden and Islington NHS Trust on the extent of the engagement

It was stated that the CCG's would be meeting on 20 December to consider the results of the consultation process and agree the way forward

Members noted that this was a public meeting and that the notes of the meeting will be made available on the Trust and CCG's websites

A Member enquired whether employees of mental health services had been engaged in the consultation process and it was stated that there had been discussion with staff over many years, although only 5% of the survey responses had been from employees. It was added that it was felt that employees were aware of the need for change and employees would be involved in the future development of services to be provided

Discussion took place as to the accessibility by public transport to the Whittington site proposed and it was noted that discussions are taking place with TfL, and that the No4 bus and Archway station made the site fairly accessible and that the development of hubs would provide more local accessibility. In addition, the proposed site for the mental health beds is nearby to the Whittington A&E, which is on a fairly flat level site, and that there is a bus stop nearby. In addition, patients would be getting more community based facilities for treatment and less time as an in patient

In response to a question it was stated that work would continue on the development and site of the hubs, although it was noted that the Lowther Road site proposal was more popular than the one at Greenland Road, and the site for an additional Hub would continue to be looked at. There is a commitment to consult stakeholders and work with providers in relation to this

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Concern was expressed at the 18-25 year old age group, and it was stated that work is still being carried out to look at this population group, although it was noted that the under 18 age group were not covered by this proposal and was the responsibility of another service

Reference was made to the specific service in Camden relating to the 18-25 age group called the Mind the Gap, and that if Members required details of this they could be forwarded to them

In response to a question it was stated that there is a commitment to maintain the existing number of beds, but the intention is to provide additional services in the hubs, as it is felt that this is the most appropriate provision in most cases. Specialist teams would also be working in GP surgeries and further satellite sites would be looked at.

It was also noted that services would be developed with population growth in mind and the demographics of the borough, and stakeholders would be involved in such discussions. Models of care would be looked at and, if necessary there would be further engagement on that

Members were informed that Camden and Islington had a higher number on mental health inpatient's beds than other boroughs

Discussion took place on the Estates Strategy and it was stated that as the St.Pancras site is in a conservation area, discussions were taking place with Camden Planning Department

The Committee noted that with regard to the St.Pancras site, work was taking place with CNWL on the south wing of the site. However, it was anticipated that all services currently provided would be re-provided on the existing site or nearby. However, if there were significant changes proposed there would be further consultation

Reference was made to the Healthwatch Camden report and that this should be circulated to Members of the Committee

Concern was also expressed at whether there were significant numbers of children having to access treatment outside the borough and it was stated that this information would be provided to Members of the Committee

In response to a question it was stated that with regard to social housing at the St.Pancras site, that it was proposed that any surplus land on the St.Pancras site would be developed for housing, and social housing provided would be in accordance with the Mayor of London and L.B.Camden policies and that account would be taken of the consultation process

The Committee stated that they wished to congratulate the Trust and the CCG on the consultation process, and that they hoped that the provision of services in the Hubs would be community centred, and that the voluntary sector would be involved in such discussions

With regard to the Estates Strategy for the St.Pancras hospital site, Members expressed the view that, whilst patients and service users had been consulted on the proposals, the Estates strategy for the St.Pancras Hospital site was wider than this, and there was a need for the Trust to engage residents in the area and to achieve an excellent scheme, and the Committee felt that the same level of engagement should

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be applied and achieved, as had been carried out for the provision of mental health services

RESOLVED:

- (a) That the Chair of the JOHSC and the Joint Committee discuss the most appropriate way forward to deal with the issue of the Moorfields consultation relocation plans to the St.Pancras site
- (b) That the CCG be requested to circulate a full response to the letter sent to them, following the previous meeting of the Joint Committee held on 9 October 2018
- (c) That the Healthwatch Camden report, referred to above, be circulated to Members of the Joint Committee
- (d) That the Camden and Islington CCG be requested to liaise with Democratic Services to discuss progress on the St.Pancras site, and further consultation in relation to the Estates Strategy, with a view to reporting back to the appropriate Committee at a future stage
- (e) That the Joint Committee be provided with figures for the number of children being transferred outside the boroughs for mental health services

The Chair thanked Tony Hoolaghan, Vincent Kirchner, Malcolm McFrederick, Angela Boon, Dr.Rathini Ratnavel and Richard Lewin for attending

26 ANY OTHER BUSINESS (ITEM NO. 12)

Moorfields Proposals

A Member referred to the letter sent to Members in relation to the proposal to consider the Moorfields proposals at the Joint Committee

It was noted that there would be a full Public consultation on the proposals

Discussion took place and it was –

RESOLVED:

That the Chair of the JOHSC and the Joint Committee be requested to consider, with appropriate advice, the most suitable manner to consider this issue

MEETING CLOSED AT 8.15 p.m.

Chair

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University College London Hospitals NHS
Foundation Trust

Update on performance for Islington HSC

Simon Knight, Director of Planning and Performance

Our Hospitals

University College
Hospital



Royal National
Throat, Nose and
Ear Hospital



Elizabeth Garrett
Anderson Wing
(maternity
services)



University College
Hospital Macmillan
Cancer Centre



National Hospital for
Neurology and
Neurosurgery



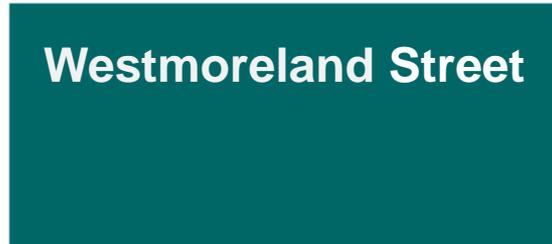
Hospital for
Tropical Diseases



Institute of Sport,
Exercise and
Health



Westmoreland Street



Eastman Dental
Hospital



Royal London
Hospital for
Integrated Medicine

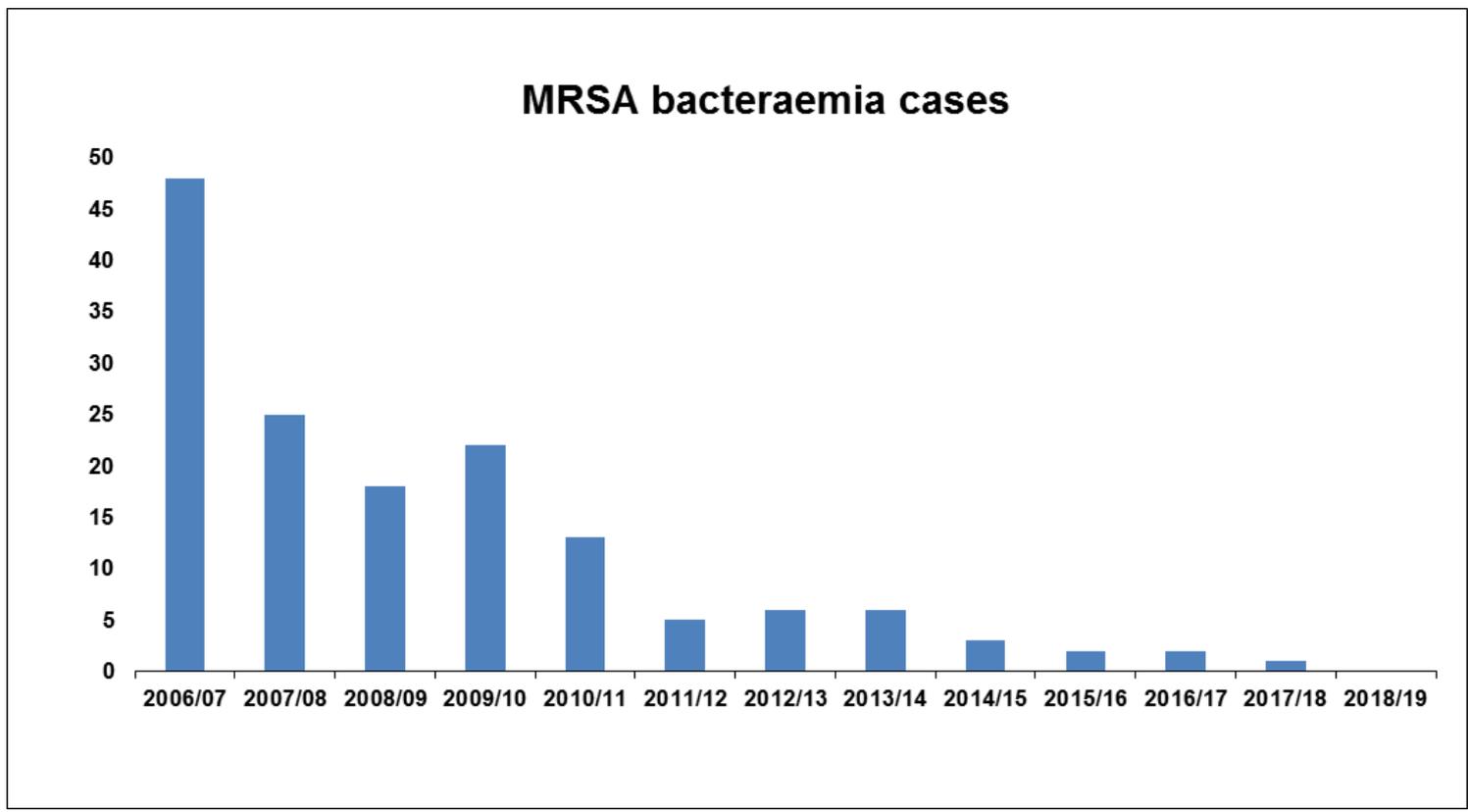


Performance against key targets

- Infection targets
- Patient surveys
- Referral to treatment times
- Cancer waiting times
- Waiting times in our emergency department
- Delayed transfers of care

MRSA management

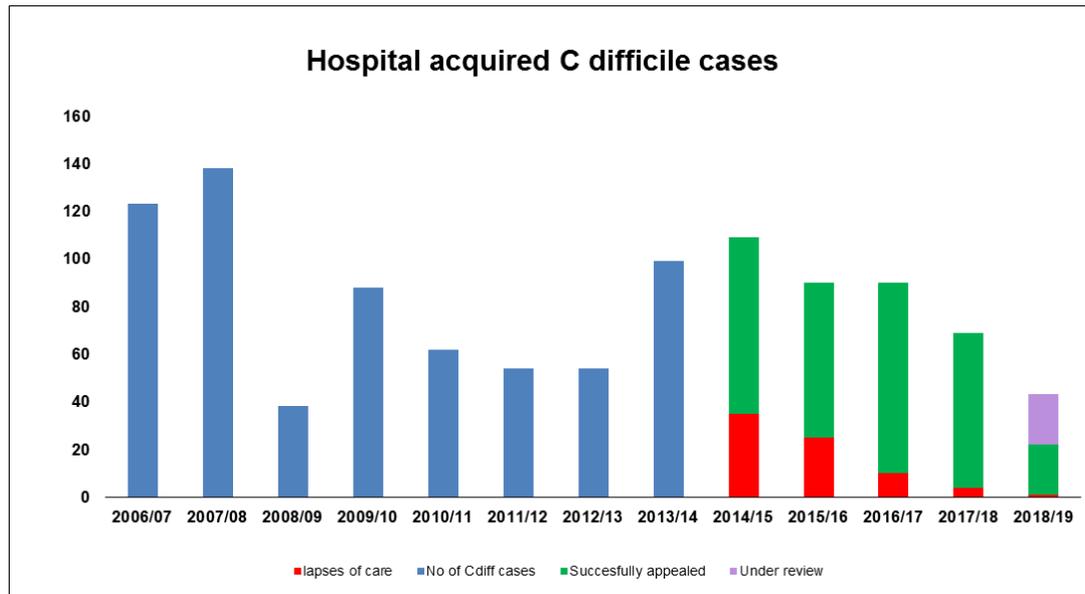
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*Year to date figure Nov17

Clostridium difficile

- We have reported 43 cases as at the end of November 2018 against year to date threshold of 62.
- One case found to be a lapse in care by the Trust.
- Our current worst case position is 22 cases against the November year to date threshold of 62.

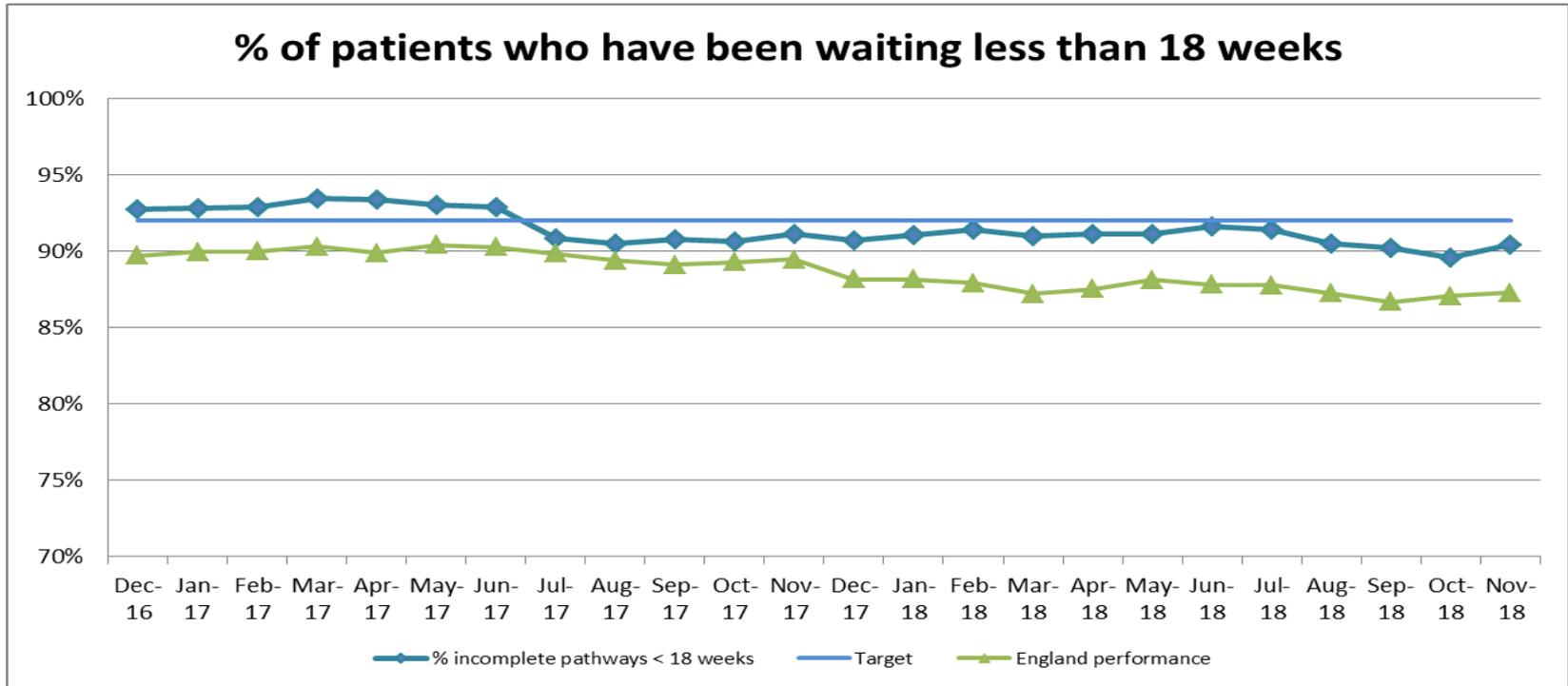


*Year to date figure Nov17

2017 Inpatient Survey

	Position against peers	Score	2016 scores (position)
UCLH	1	8.3	8.4 (1)
Guy's & St Thomas	2	8.2	8.3 (2)
Imperial	3	8.2	8.2 (4)
Royal Free	4	8.1	8.2 (3)
St George's	5	8.1	8.1 (5)
Chelsea & Westminster	6	8.0	8.1 (6)
Kings College	7	8.0	8.0 (7)
Bart's	8	7.7	7.7 (8)

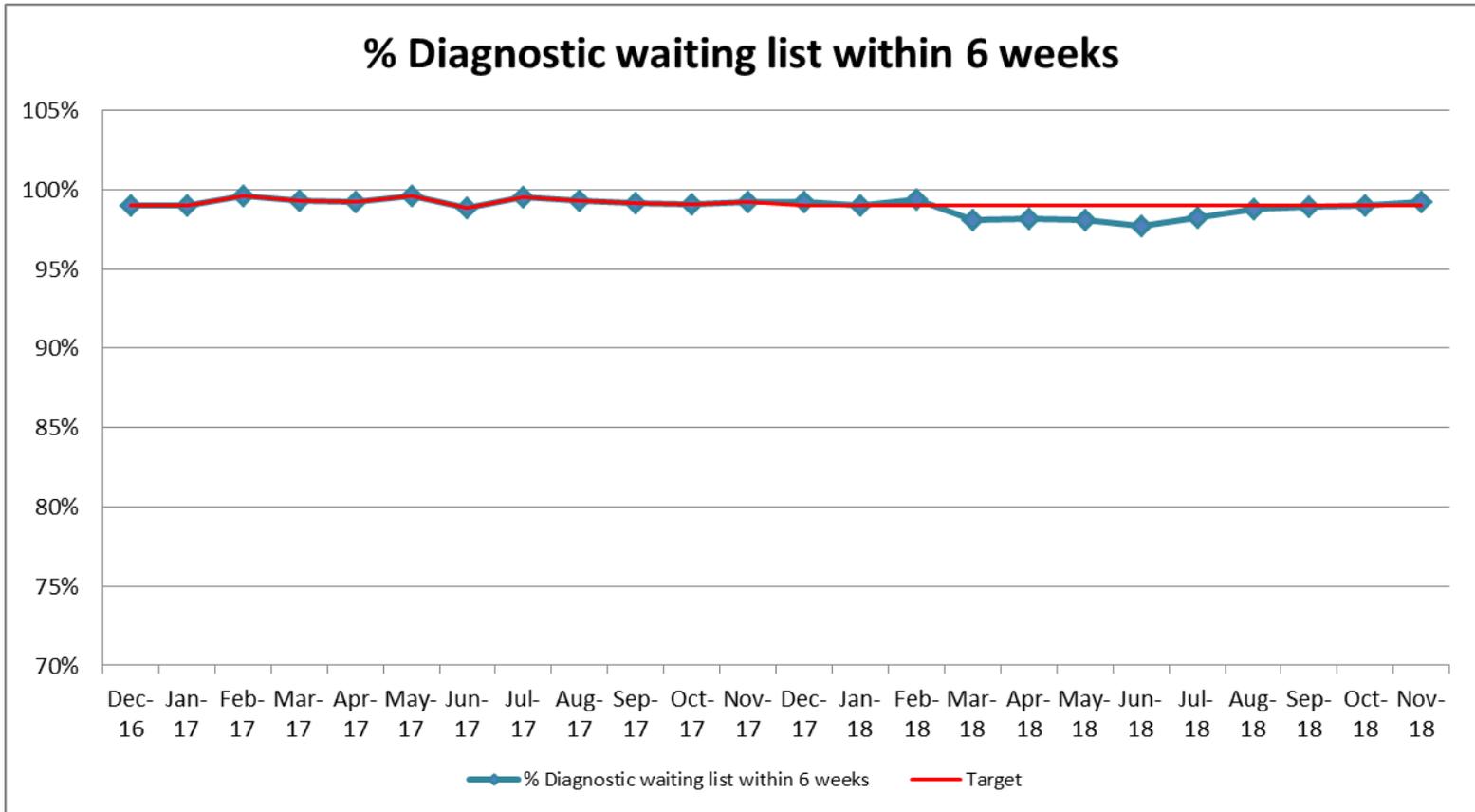
Referral to Treatment Time (RTT)



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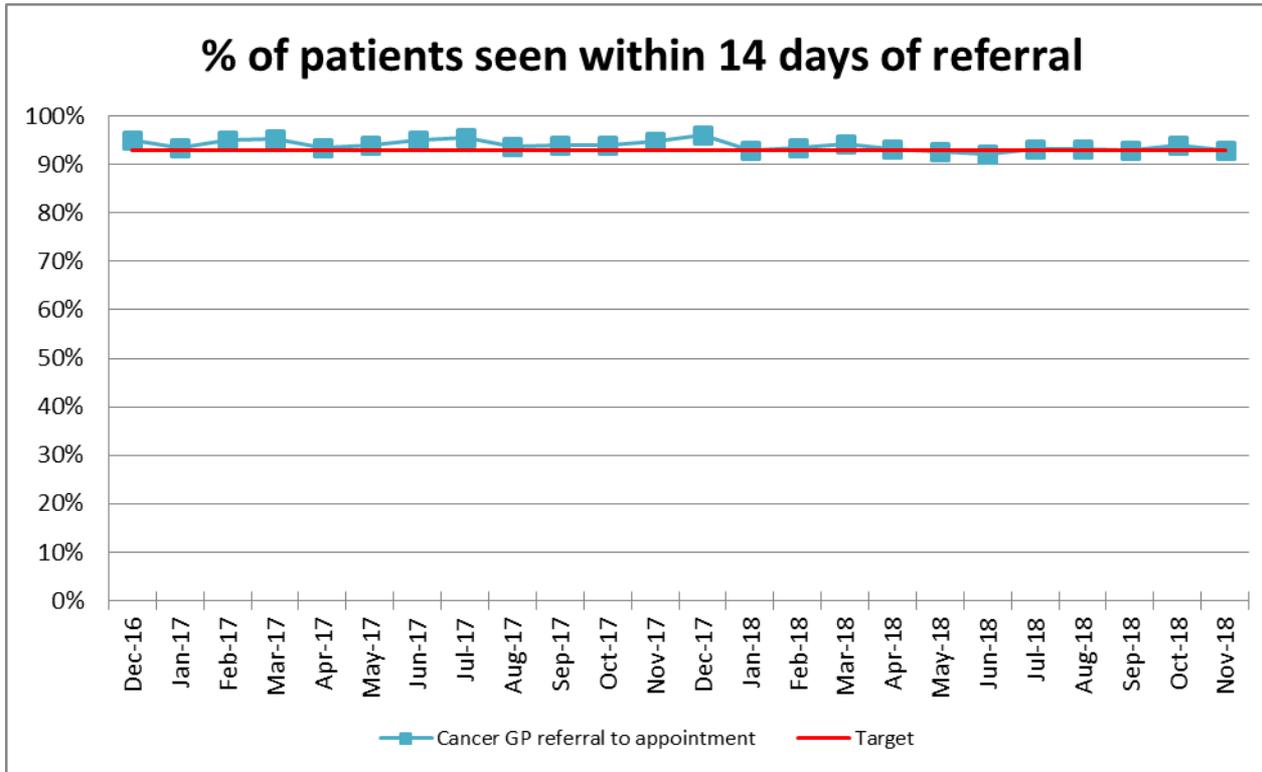
- We did not meet the standard in 2018. However, we continue to perform above national average.
- Performance has been particularly challenged by longer waiting times at the Eastman Dental Hospital and for national specialist services in neurosurgery and uro-gynaecology.
- We have a recovery plan in place to achieve the standard overall at trust level by March 2019.

Diagnostic waits



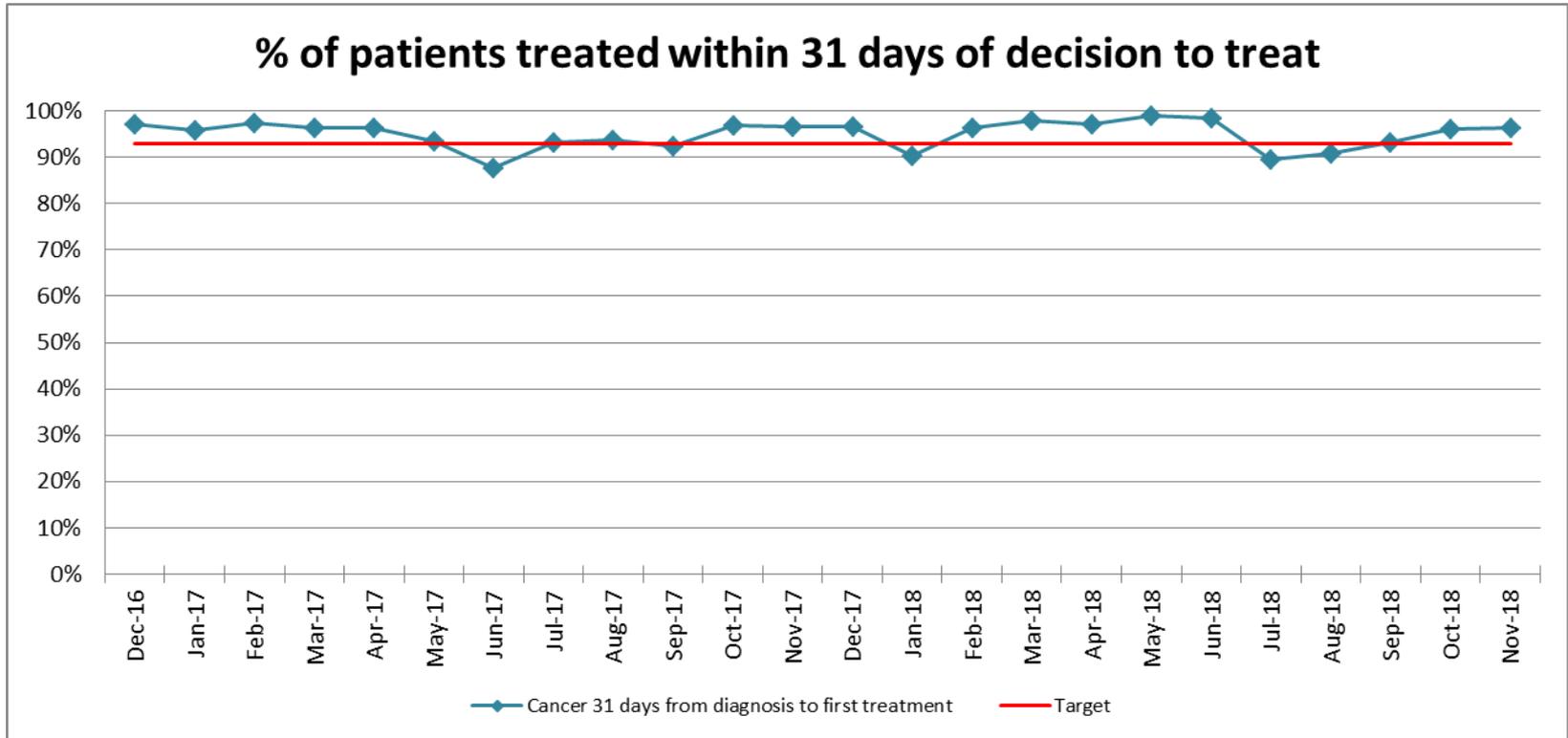
- This was driven by a combination of patient cancellations and DNAs due to the severe weather in March and scanner breakdown, as well as technical issues following upgrade of imaging software.
- We regained compliance from October 2018.

Access to timely cancer care



- We sustained performance against the two-week wait standard.

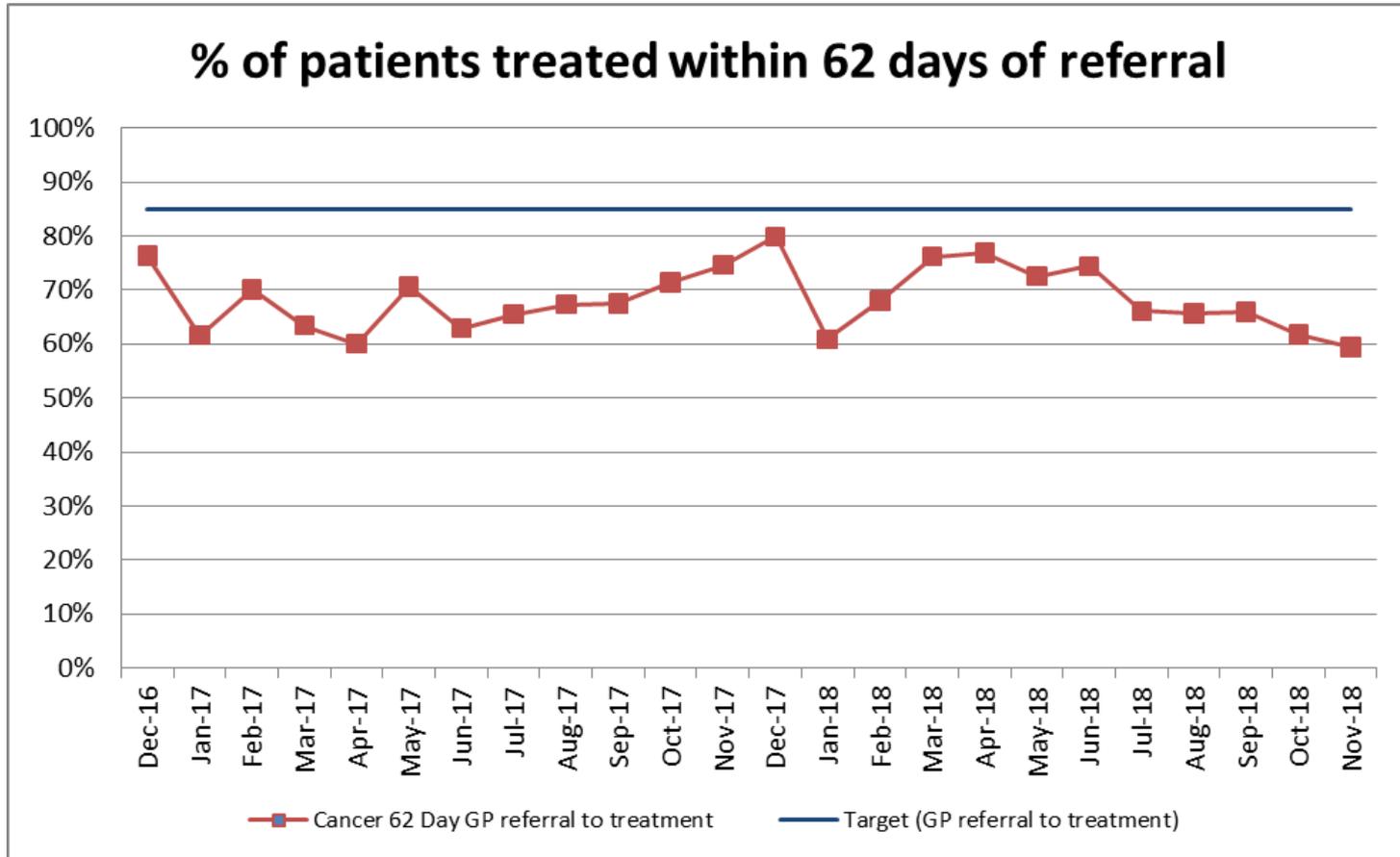
Access to timely cancer care



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- We met the standard in most months of the year.
- Months of under-performance driven by sector-wide surge in demand for robotic prostate surgery.
- Urology team increased capacity to reduce waiting times following surge.

Access to timely cancer care



Access to timely cancer care

- We have continued to experience challenges in delivering the 62-day treatment standard. The primary drivers and our actions in response outlined in table below:

Pathway	Drivers	Actions
Urology- prostate	<ul style="list-style-type: none"> Sector-wide surge in demand for robotic prostate surgery. High volumes of late referrals due to diagnostic capacity constraints at referring trusts. Demand and late referrals impacted our ability to provide surgery within breach for patients. 	<ul style="list-style-type: none"> Increased existing robotic surgery capacity, including evening, weekend and independent sector lists. Established further SLA in private sector. Since December, able to offer surgery within 17 days of a patient's decision to proceed.
Breast	<ul style="list-style-type: none"> Internal breaches as a result of breast diagnostic pathway following breakdown of the second mammogram machine. 	<ul style="list-style-type: none"> Implemented SLA with independent sector Successfully commissioned new second mammogram machine. Operational from November. Increased breast radiologist and surgeon staffing.
Head and neck	<ul style="list-style-type: none"> Internal breaches as a result of pathway complexity in head and neck where dental input is required prior to radiotherapy. 	<ul style="list-style-type: none"> Identified a dental consultant with dedicated responsibility. This has also reduced the length of the pathway by a week.

Our action plans are overseen by the joint UCLH and NHS Improvement cancer steering group, as well as the North Central London Task & Finish Group.

A&E access times

Type 1 performance	Q4 16-17	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	Q1 18-19	Q2 18-19	Q3 18-19
UCLH	88.4%	91.1%	88.3%	86.8%	86.0%	84.3%	85.0%	85.3% (as Nov 18)
London	80.6%	84.8%	85.1%	82.1%	81.0%	82.7%	82.6%	81.3% (as Nov 18)

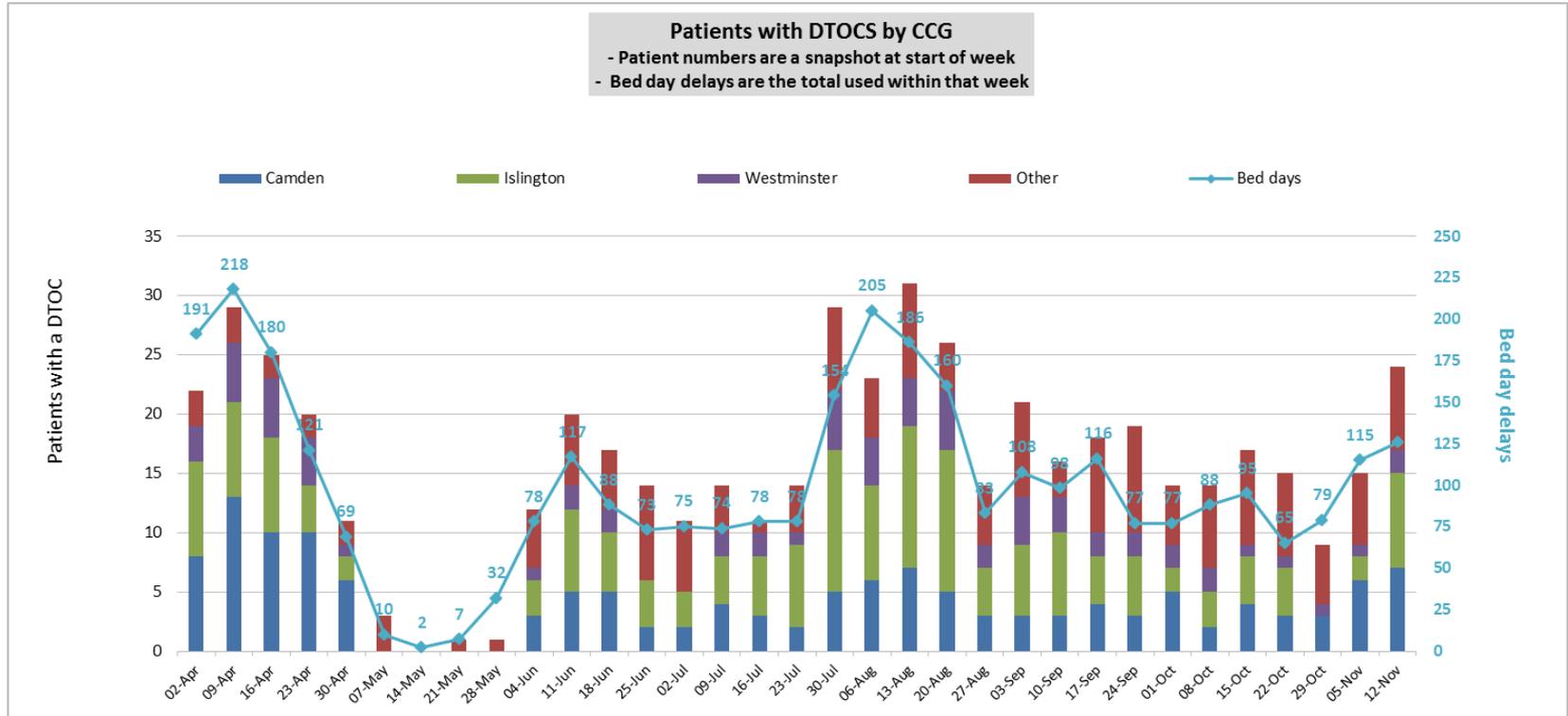
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- Waiting times in A&E continue to be challenged, as has been the case for many trusts.
- We continue to work closely with partners in Camden and Islington to address the multi-factorial issues through the A&E Delivery Board. This oversees our joint system improvement plan to deliver actions that will have maximum impact on improving processes within UCLH, as well as increasing discharges and admissions avoidance in the community.

Key actions include:

- Launch of rapid assessment and treatment model has led to substantial reduction in ambulance handover times.
- Revised staffing model for the urgent treatment centre to deliver more sustainable workforce through GPs and emergency nurse practitioner model.
- Reducing internal delays, using data from electronic patient flow tracking systems, as well as implementing weekly reviews of all patients with lengths of stay over 7 days.
- Reducing external delays through increased visibility, enhanced joint escalation processes and continuing increased use of 'discharge2assess pathways'.

Delayed transfers of care in 2018



- Camden and UCLH have improved shared understanding of demand for out of hospital services (shared with Islington).
- Good joint working with Camden on discharge to assess pathways and starting to replicate in other boroughs.
- Improved collaborative working with external partners to identify and resolve external delays.

Significant financial challenges

In 2018/19 the Trust is forecasting the Trust is forecasting a deficit of £6.2m before sustainability funding of £14.5m, a net position of an £8.3m surplus.

The financial challenge for 2019/20 is significant:

- estimated revenue costs of more than £20m for the introduction of the new patient administration system
- costs relating to the move of services into the Phase 5 building (estimated costs of £6m)
- loss of the final element of transition funding following the move of cardiac services to Bart's Health (£7.4m)
- loss of undergraduate training funding (£1.4m)
- efficiency factor of 1.6% built into the income we are paid.

Current in-depth review of the level of new expenditure required in 2019/20.

The Trust has also been working closely with NHSI to obtain relief (through reduced financial targets) to reflect some of our further funding losses.

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ISLINGTON

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HEALTH IN ISLINGTON: Key achievements

Clr Janet Burgess

Presentation to Health Scrutiny
November 2018

Agenda Item 12



Life expectancy

- Since 2004-06, life expectancy has **increased** in Islington for both men and women.
- Life expectancy at birth for men in Islington is now 79.5 years, an increase of 4.6 years since 2004. However life expectancy for men in Islington remains lower than the London average (80.4) and is **the 10th lowest amongst all London boroughs**.
- For women in Islington life expectancy is 83.4 years, which is statistically significantly lower than the London average (84.2), and is **the 8th lowest amongst all London boroughs**.

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Life expectancy at birth



Men	2004-06	2014-16	Percentage increase
Islington	74.9	79.5	6.1%
London	77.3	80.4	4.1%
England	77.2	79.5	3.0%



Women	2004-06	2014-16	Percentage increase
Islington	80.1	83.4	4.0%
London	81.8	84.2	2.9%
England	81.5	83.1	2.0%

Source: Public Health Outcomes Framework, 2018





Healthy life expectancy

- In Islington, men and women spend on average the last 18.6 and 20.5 years of life in poor health respectively.
- Healthy life expectancy (HLE) for men and women in Islington is statistically similar to London and England.
- For both men and women, the change in average healthy life expectancy since 2009 is not statistically significant, but both men and women in Islington have seen a greater increase in HLE compared to London and England.

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Healthy life expectancy at birth



Men	2009-11	2014-16	Percentage increase
Islington	56.8	60.8	7.2%
London	62.7	63.5	1.2%
England	63.0	63.3	0.5%



Women	2009-11	2014-16	Percentage increase
Islington	58.2	62.9	8.1%
London	63.8	64.4	1.0%
England	64.1	63.9	-0.3%

Source: Public Health Outcomes Framework, 2018





Islington's Health and Wellbeing Board priorities (2017-2020)

Ensuring every child has the best start in life

- Improving outcomes for children and families
- Driving integration across early childhood services
- Remaining focused on prevention and early intervention.

Preventing and managing long term conditions to enhance both length and quality of life and reduce health inequalities

- Addressing wider causes of poor health: particularly housing, employment and isolation
- Promoting and enabling healthier lifestyles
- Providing a collaborative, coordinated, and integrated care offer to residents

Improving mental health and wellbeing

- Increasing focus on mental health and wellbeing for children and families
- Increase employment opportunities and workplace health
- Focusing on reducing violence and the harm it causes
- Improving the physical health of people with mental health conditions
- Working better as a system to provide a better holistic service to people with multiple needs which include mental health
- Focusing on dementia
- Improving service access



ENSURING EVERY CHILD HAS THE BEST START IN LIFE





Key achievements – Best start in life

- § The September Bright Start Islington conference, attended by over 100 professionals, celebrated a year since the launch of a new model of holistic integrated early childhood and family services. The conference showcased the strong evidence base to this model across a broad range of services. By November, the move to full co-location of these health and local authority colleagues will be complete, working alongside each other in children's centres and health centres within three integrated area teams – Bright Start West, East and South.
- § Child health Clinics are now all open access in line with the universal principles behind Bright Start. This has meant the move of some GP Practice based clinics to alternative venues.
- § Health visiting services have maintained good coverage of the mandated universal developmental checks that underpin the Healthy Child Programme whilst making these organisational changes. In 17-18, new birth visits (NBV) were made to over 94% of families within 14 days of birth, and reviews at age 2 to 73% of families. These rates compare favourably with both London and England.
- § The successful pilot of the antenatal parenting programme, Journey to Parenthood, has resulted in sustainably embedding the programme within Bright Start, delivered by a range of partners including midwifery, family nurses and early childhood practitioners.
- § Bright Start is in the process of re-accreditation for UNICEF baby-friendly status (standards which support families with infant feeding and developing close, loving relationships with their babies). This will be the first time that Health Visiting and Children's Centres have applied for joint accreditation.



Bright Start Conference





Key achievements – Best start in life

- § Work in schools to address the impact of adverse childhood experiences continues with a further 12 schools adopting the iMHARS (Islington mental health and resilience in schools) framework and the introduction of iTIPS training and support for school staff (Islington trauma informed practices in schools). Schools that are working on iTIPS have seen decreases in exclusions and behavioural incidents.
- § The drive for Healthy school environments continues through the Healthy Schools programme. 30 schools have gained awards: 17 achieving bronze; 10 silver and 3 gold awards. Schools report a variety of impacts from this work including: tackling homophobia which has reduced stress levels and improved the well-being of LGBTQ students and staff; increasing physical activity opportunities leading to more pupils being engaged in sport and PE; addressing inconsistencies relating to food policy to reduce cake stalls; changing how birthdays are celebrated and implementing a cooking skills curriculum
- § The Healthy Early Years programme continues to expand, with settings in Islington amongst the first to convert their local accreditation to the new Healthy Early Years London standards



Key challenges – Best start in life

- § Childhood excess weight continues to be a challenge in Islington. In 2016/17 almost a quarter (22%) of children aged 4-5 years old were overweight. The rate has not changed significantly over the past 3 years and is currently similar to England and London. Amongst children aged 10-11 years old more than a third (38%) were overweight, similar to London but higher than England.
- § Parental issues continue to have a profound impact on children. Mental health was cited as a key factor in nearly 40% of social care assessments, domestic violence in 30% and parental substance misuse in over 20%.
- § Whilst the integration of health visiting and early childhood services is still not complete, significant operational progress has been made since the appointment of a dedicated service lead in February. Both practical (including IT, HR and premises) and attitudinal hurdles have been considerable, delaying the required re-structuring of the health visiting service. This is now timetabled for completion in November.





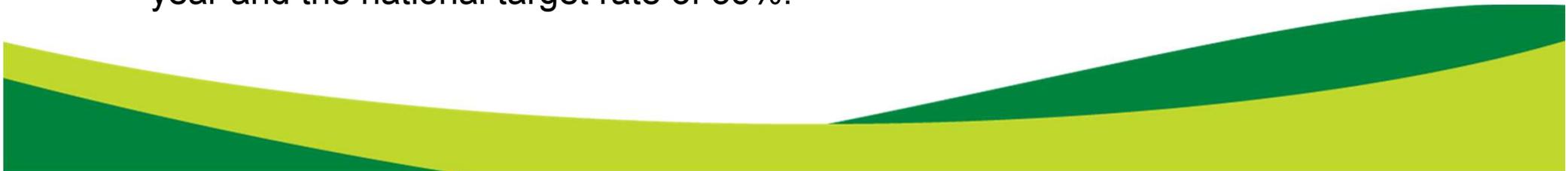
PREVENTING AND MANAGING LONG-TERM CONDITIONS (LTCS) TO ENHANCE BOTH LENGTH AND QUALITY OF LIFE AND REDUCE HEALTH INEQUALITIES





Key achievements – Long Term Conditions

- § There has been a continued reduction in early deaths from **heart disease, cancer and respiratory disease**. For cardiovascular disease, rates in Islington are now the same as London for the first time in 15 years
- § Adult participation in **physical activity** is higher in Islington than the national rate, and is similar to London. The proportion of adults that are **overweight** or **obese** in Islington is also lower than the national figure, but similar to London
- § Our **behaviour change services** continue to deliver a high quality, targeted offer to our residents. During 2017-18:
 - 7,700 residents received an NHS Health Check, exceeding the target of 6,700.
 - 3,500 residents accessed online information and advice around alcohol use, with over 1,500 of these completing online alcohol identification and brief advice screening.
 - 1460 Islington residents attempted to stop smoking and 745 successfully stopped. This represents a 51% stop smoking rate locally that exceeds rates for the previous year and the national target rate of 35%.



Key achievements – Long Term Conditions



ISLINGTON

- § The stop smoking service Breathe, has successfully supported residents from a wide range of communities in Islington to stop smoking. It is working closely with members of Islington's voluntary and community sector, training and supporting them be stop smoking advisors within harder-to-reach communities.
- § Islington has signed up to the Local Government Declaration on Sugar Reduction and Healthy Food which is one of a number of actions to reduce sugar consumption in the borough. This includes making every effort to improve the food environment by getting the right mix of hard and soft measures. Examples include restricting the sale of sugar sweetened beverages and work to encourage businesses to sign up to the Healthier Catering Commitment. The Sugar Smart Campaign has been launched and organisations such as Delaware North (catering company at the Emirates), GLL and Caterlink have pledged to take action.
- § We are also currently delivering two programmes with Haringey, National Diabetes Prevention Programme and British Heart Foundation high blood pressure detection and prevention, in collaboration with the local community, with specific focus on offering services in locations and times most convenient for hard-to-reach groups.
- § We hosted a Healthy Hearts business breakfast with employers from Camden and Islington to promote high blood pressure detection and prevention, and information about available lifestyle services.
- § We are working with our STP partners to reduce variation in management of atrial fibrillation (a key risk factor for stroke) and improving cancer screening rates in targeted groups using national cancer transformation funding.







Key challenges – Long term conditions

§ Islington has **higher needs than other London boroughs** :

- Despite drop, Islington's premature mortality rates from cancer is still above the London average
- Islington's smoking prevalence is higher than in London and England.
- The rate of hospital admissions for alcohol-related conditions in 2016/7 was the highest in London.
- Hospital admissions due to falls among 65-79 year olds are above London and England rates.
- Islington has 3rd highest rate of benefit claimants due to alcoholism in London in 2016.
- A third of all long term condition diagnoses locally are related to overweight and obesity.

§ **Cancer screening uptake in Islington is lower than the London and England averages** and increasing uptake remains a challenge.

§ There remain a significant number of people with **undiagnosed COPD, diabetes, heart disease and hypertension**.





IMPROVING MENTAL WELLBEING





Key achievements - Mental health

- § 5,132 people entered **Improving Access to Psychological Therapies (IAPT)** treatment in 2017/18 in Islington an estimated 16.5% of those estimated to have a common mental health problem. Just over 50% of those who enter treatment recover after treatment.
- § The Public Health funded **mental health promotion services** include mental health awareness training. In 2017/18 the service in Islington trained the following numbers of people:
 - adult mental health first aid training (MHFA) : 346
 - youth mental health first aid training (yMHFA): 41
 - mental health for managers and mental health awareness training : 363
- § There has been an overall **downward trend in suicide rates** in Islington over the last 10 years. A multi agency action plan to prevent suicides has been developed, including improved audit, working with the Metropolitan police to develop a rapid reporting system and postvention support for those bereaved by suicide.
- § **Training in suicide awareness** for non-clinical frontline staff in the borough has proved very popular. The Samaritans deliver a suicide awareness training called *Managing Suicidal conversations* for non-clinical frontline staff in the borough.
- § **Workplace mental health and wellbeing** have been a focus for Public Health this year, working with employers to raise awareness of their role towards ensuring that employees have access to the right policies, support and environments to positively impact their mental health and wellbeing. CMB have recently agreed a Council-wide action plan to improve the mental health of staff.

Challenges and Inequalities



ISLINGTON

- § The relationship between poor mental health outcomes and deprivation/ social disadvantage works in both directions; factors such as poor housing, poverty, unemployment and other causes of deprivation increase the risk of mental illness but are also caused or exacerbated by mental health conditions. In addition people with multiple and complex needs and those that face long term disadvantage and discrimination are at a higher risk of mental health conditions.

- § The Community Mental Health and Wellbeing service in Islington aims to promote awareness of mental health and mental wellbeing, challenge the stigma associated with mental illness, and increase access to mental health services across all Islington communities, and particularly within identified excluded communities for example black and ethnic minority groups, older people and men. This project has recruited 96 residents as Mental Health Champions.

- § The suicide prevention action plan has a number of key priority areas. One of these is a focus on specific risk groups and at risk locations. At risk groups include men, children and young people, older Irish people and women facing domestic violence. Public Health continue to work with local stakeholders around these issues.

- § Physical health and mental health are inextricably linked. Life expectancy is lower among people with some mental health conditions, and this is largely attributed to long term physical conditions. Younger people (aged 15 to 34 years) with SMI experience the greatest level of health inequalities. They are 5 times more likely to have 3 or more physical health conditions than the general population.

Transformation programmes



ISLINGTON

Substance misuse:

§ Better Lives, the new Islington drug and alcohol service started on the 1st April 2018. The lead provider for the service, Camden and Islington NHS Foundation Trust and Public Health, as the commissioner, have been working in close partnership to ensure a smooth mobilisation and transition to the new service.

§ The first 6 months have been challenging logistically. Camden and Islington NHS Foundation Trust are investing significant amounts of money into refurbishing buildings in order to give service users, their families and staff comfortable and welcoming environments in which to transform their lives.

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Whilst we are still in the very early stages of the new service, there are some promising signs with regard to performance. New entrants to treatment have shown significant increases compared to the same period last year, with around a 42% increase in the number of opiate users accessing treatment and around a 78% increase in the number accessing treatment for alcohol. The table below sets out the increase in number of new presentations for treatment compared with the same period last year.

New to Treatment	Q1 17/18	Q1 18/19
Opiates	78	111
Alcohol	79	141



Better Lives launch

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Sexual health:

- § The new, integrated sexual health service was commissioned for Islington, Camden, Barnet and Haringey, following a sub-regional procurement led by Islington on behalf of the councils. It combines services for HIV testing, Sexually Transmitted Infection testing and treatment and contraception into an integrated 'one stop shop' service. It includes additional health promotion and outreach services for vulnerable groups and training and support to primary care.
- § The new integrated offer has already resulted in a substantial increase in Long Acting Reversible Contraception (LARC) across North Central London, and the service has recruited more than 600 people into the national anti-HIV Pre-Exposure Prophylaxis IMPACT trial since October last year, which will support further reductions in new HIV infections.
- § A new London-wide sexual health clinical online service for HIV and STI self-sampling started a phased roll-out across London between January-July 2018. It is intended for people who do not have symptoms or other risks or vulnerabilities that should be seen in clinic. The service provides convenience of self-sampling at home as an alternative to the need for going to a clinic.
- § The introduction of the new service follows local and London-wide engagement work through waiting room and online surveys, together with focus groups. Surveys found: about half of clinic users did not report symptoms, but were seeking check-ups or testing for reassurance; and many would welcome alternatives to clinic visits such as online services. By mid-October, 3,665 Islington residents had ordered kits, with a return rate of 77%, and consistently high rates of positive feedback from users

Transformation programmes

- § The number of gay and bisexual men newly diagnosed with HIV in London dropped by 44%, from 1,415 in 2015 to 798 in 2017, and by 28% outside of London, from 1,618 to 1,167. Previously, diagnoses among gay and bisexual men had been increasing year on year from 2,820 in 2008 to 3,390 in 2015.



Developing place-based approaches to health and wellbeing

- § There is a growing understanding that no one organisation alone has the knowledge, skills and expertise to fully support residents health and wellbeing. That services and support should be wrapped around the places where people live and work, where it makes most sense to them.
- § Colleagues from across the Council and our NHS partners are working together to ensure that our organisations act as a system to support residents, based on residents', rather than organisations', needs, and that prevention and early intervention should be at the heart of the system.
- § Front-line staff from across the organisations will be engaged to ensure that barriers to working in an integrated way can be addressed.
- § In order to tackle wider determinants of health, an aim is to ensure residents are connected to existing support for their most pressing needs in the community through taking a social prescribing approach.



Areas of focus for the coming year

- § Addressing the high levels of alcohol related harm in the borough.
- § Using all of our levers to promote physical activity, access to healthy food and create environments that support health and wellbeing
- § Improving the physical health of those with mental health problems
- § Increasing the number of working age residents with physical or mental health conditions back into , or supported to remain in, employment
- § Tackling social isolation in vulnerable groups, such as older people, MH and LD
- § Addressing parental mental health in the early years and building resilience
- § Continue to work with partners across the health, care, VCS and beyond to develop integrated, place-based population health approaches focused on prevention, early intervention and building resilient individuals, families and communities



Appendix 1: Measuring progress against Islington's HWBB priorities



ISLINGTON

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		Islington			London average
		Time period	Value	3 year trend (where possible)	
Ensuring every child has the best start in life	Percentage of new births that received a visit within 14 days	2017/18	94%	➔ No change since 2016/17	94%
	Percentage of two year olds receiving a development check	2017/18	78%	➔ No change since 2016/17	62%
	Percentage of 5 year olds achieving a good level of development	2017	70%	⬆ Up from 58% in 2014	73%
	Percentage of 3-4 year olds accessing funded early education programmes	2018	86%	➔ No change since 2015	82%
	Percentage of Reception children who are overweight or obese	2017/18	22%	➔ No change since 2014/15	22%
Preventing and managing long term health conditions	Rate of 4 week smoking quits	2017/8	1,509 per 100,000		1,560 per 100,000
	Rate of hospital admissions for alcohol related conditions	2016/17	744 per 100,000	➔ No change since 2013/14	529 per 100,000
	Gap in employment rate between those with a long term health condition and overall employment rate	2016/17	20%	➔ No change since 2013/14	25%
	Under 75 mortality rate from cardiovascular disease considered preventable	2014-16	51 per 100,000	➔ No change from 2011-13	46 per 100,000
	Under 75 mortality rate from cancer considered preventable	2014-16	94 per 100,000	➔ No change from 2011-13	74 per 100,000
	Under 75 mortality rate from respiratory disease considered preventable	2014 -16	19 per 100,000	➔ No change from 2011-13	16 per 100,000
	Improving mental health	The number of people entering IAPT services as a proportion of those estimated to have anxiety and/or depression	2017	17%	➔ No change since 2014
Age standardised mortality rate from suicide and injury of undetermined intent		2015-17	9.5 per 100,000	➔ No change since 2012-2014	8.6 per 100,000
Gap in employment rate for those in contact with secondary mental health services and overall employment rate		2016/17	65%		68%

London Comparison:

Significantly better than London average
Similar to London average
Significantly worse than London average

Trend:

- ⬆ Significantly better
- ➔ No change
- ⬇ Significantly worse

Note: grey cells signify where comparisons cannot be made due to methodological changes to data sources.

Report of: Executive Member for Health and Social Care

Meeting of	Date	Agenda Item	Ward(s)
Health and Social Care Scrutiny Committee	15 November 2018		All
Delete as appropriate	Exempt	Non-exempt	

Report: Q1 and Q2 2018/19 Performance Report

1. Synopsis

- 1.1. Each year the Council agrees a set of performance indicators and targets which, enables the monitoring of progress in delivering corporate priorities and working towards the goal of making Islington a fairer place to live and work.
- 1.2. Progress is reported on a quarterly basis through the Council's Scrutiny function to challenge performance where necessary and to ensure accountability to residents.
- 1.3. This report provides an overview of progress in the first two quarters of 2018/19 (1 April 2018 to 30 September 2018) against corporate performance indicators related to Health and Social Care.

2. Recommendations

- 2.1. To note progress at the end of quarter two against key performance indicators falling within the remit of the Health and Social Care Scrutiny Committee.

3. Background

- 3.1. The Council routinely monitors a wide range of performance measures to ensure that the services it delivers are effective, respond to the needs of residents and offer good quality and value for money. As part of this process, the Council reports regularly on a suite of key performance indicators which collectively provide an indication of progress against the priorities which contribute towards making Islington a fairer place.

4. Implications

4.1 Financial implications

There are no financial implications arising as a direct result of this report.

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.

4.2 Legal implications

There are no legal implications arising from this report.

4.3 Environment implications

There are no significant environmental implications resulting from this report.

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 not been completed because this is a report providing information about performance at the end of quarter two 2018/19.

5. Adult Social Care

ADULT SOCIAL SERVICES									
Objective	PI No.	Indicator	Frequency	Q2 Actual Apr-Sept 18	Q2 Target Apr-Sept 18	Target 2018-19	On/Off target	Same period last year	Better than last year?
<i>Support older and disabled adults to live independently</i>	ASC1	Delayed transfers of care (delayed days) from hospital per 100,000 population aged 18+	Q	5.6	5.0	5.0	Off	N/A	N/A
	ASC2	Percentage of people who have been discharged from hospital into enablement services that are at home or in a community setting 91 days after their discharge to these services	Q	95.6%	95%	95%	On	96.1%	N
	ASC3	Percentage of service users receiving services in the community through Direct Payments	M	28.5%	37%	37%	Off	30.93%	N
<i>Support those who are no longer able to live independently</i>	ASC4	Number of new permanent admissions to residential and nursing care	M	67	67	130	On	51	N
<i>Reduce social isolation faced by vulnerable adults (E)</i>	ASC5	The percentage of working age adults known to Adult Social Care feeling that they have adequate or better social contact. (E)	A	N/A	N/A	75%	N/A	69.7%	N/A

Frequency (of data reporting): M = monthly; Q = quarterly; T = termly; A = annual B=Biennial

(E) = equalities target

Supporting independent living

5.1 Delayed transfers of care

DTOC delayed days are trending down since Q3 in 2017/18.

5.2 Local authority staffing in post and will be at full staffing capacity for winter following successful recruitment campaigns.

5.3 DTOC processes have been reviewed and supports strengthened within the local system, with daily DTOC teleconferencing calls for UCLH, and continued management attendance at the Multi-Agency Discharge Event (MADE), held twice-weekly with partners at Whittington Health and Haringey at the main acute trust.

5.4 In addition there are weekly heads of service/AD escalation meetings chaired by the local authority and CCG with the Whittington, UCLH and St Pancras to ensure that complex DTOC cases are resolved and there is a strategic approach in identifying themes and recurrent issues to be addressed and resolved. These strategies will be under constant review, collaboratively led by the CCG and local authority.

5.5 Discharge to home or community setting

We continue to be on track to meet our target in this area. Our Discharge to Assess project has continued to develop and the pathways are supporting patients with a range of needs. There has been an increase in demand for pathway 3 in particular, for patients who have triggered positive on the CHC checklist and have significant nursing needs. In addition, we have successfully implemented a community admissions avoidance offer working jointly with Whittington Health as commissioned by the CCG. The pathway has the capacity to provide short term (up to 6 week) social care support to up to 22 patients per month who have avoided admission through the support of the Whittington admissions avoidance clinical team. The pathway received its first two referrals in late November. This offer should provide an additional route to increasing the number of people supported at home or in an appropriate community setting going forward.

5.6 Work is underway across LBI and the CCG to expand the discharge to assess offer, with priority areas for short and medium/long term improvement identified. Short term developments include expansion to offer weekend working and a D2A offer for all hospitals in NCL footprint into Islington (e.g. Royal Free, Barnet). Medium term improvements include plans to develop a more formalised risk sharing agreement between the CCG and local authority to agree joint funding for patients awaiting outcome of DST in pathway 3.

5.7 There has been a very slight reduction in the percentage reported for this PI since Q3/4.

There could a number of factors contributing to this. It is true that as we've worked to implement D2A, we have seen an increase in the level of complexity in patients being supported at home, in pathway 1 in particular. The service is working with the hospitals to manage this and hospital recorded readmissions rates do not currently indicate any cause for concern for D2A patients but it may be that in the longer term this has had some small impact on performance in this area. We will monitor going forward and are currently undertaking some evaluation work to get a better understanding of outcomes achieved for D2A pathway 1 patients on discharge from reablement. Evaluation is also being completed through the Health and Wellbeing Partnership to identify the impact of the project on patient length of stay in hospital (as opposed to bed days saved which was previously the focus of health partners).

5.8 Direct Payments

Currently 28.5% of all Islington care and support is provided through DPs; this figure has decrease by 1.5% since the same period last year.

Feedback from the 2018 service user survey continues to showed that DP recipients felt that they had the most "choice and control over their care and support services" and had the highest percentage of those "extremely" or "very" satisfied with their service, which ties into our corporate value of Empowering service users.

Two key pieces of work are being taken forward to support the uptake of Direct Payments in Islington: the Spark a Solution mapping project, and the Personal Assistants (PA) Pathway proposal. The former has mapped out the entire DP set-up process to identify blockages and recommend areas of improvement. Within this is the PA Pathway proposal – Personal Assistants support better outcomes for service users and cost-effective delivery of services, and the proposed pathway would improve the recruitment, training and support offer for Personal Assistants across the borough.

In addition to this, we are partnering with an organisation called 'In-Control' who work with Councils to support them in increasing uptake of Direct Payments to make it the default choice, and looking at how to ensure the market is meeting the needs of those who choose Direct Payments. This is being taken forward on conjunction with the wider work around moving towards more locality-based ways of working, making the offer more relevant to where people live.

Admissions into residential or nursing care

5.9 The Council provides residential and nursing care for those who are no longer able to live independently in their own homes. The aim is to keep the number of permanent placements as low as possible, supporting more people to remain in the community. For the period of April-September 2018 a total of 67 new placements were made in residential and nursing care and whilst this is relatively high for this point in the year, we project to meet the overall target of under 130 placements for the year. Work is underway to review all placements; further detail will be available in the next quarter.

Reducing social isolation

5.10 Social isolation refers to a lack of contact with family or friends, community involvement or access to services. The next update for this indicator will be available in July 2019. The annual Social Care User Survey will be underway as of January 2019.

5.11 Reducing social isolation will be one of the key tenets of the Connected Communities provision currently being scoped and developed by officers from HASS, Children's Services, Public Health and the CCG. Still in its early stages, this provision will seek to re-envisage how residents first engage with adult social services, improve how we can support prevention and resilience through signposting or direct referring into community settings, and improve our advice and support services by better understanding what provision we have in our local mixed economy. The service will seek to be facilitative and enabling of strengths-based practice in social work and social prescribing in health settings; both these initiatives either directly or indirectly seek to reduce residents' social isolation.

5.12 As part of this work we will be seeking to better understand the borough's assets in relation to reducing social isolation for the 18-64 population, especially around what we commission (e.g. day services, befriending services, supported employment services) and the extent to which they meet residents' needs. A mapping exercise has taken place to help better understand what is currently operating and providing outcomes for social isolation in the borough (both commissioned and non-commissioned). Work will now start with the sector to show what we have and what providers can do to help assist and support in providing these outcomes.

6. Public Health

Objective	PI No	Indicator	Frequency	Actual Apr-Sept 18	Expected profile	2018/19 annual target	On/Off target	Same period last year	Better than last year?
Promote wellbeing in early years	PH1	Proportion of new births that received a health visit within 14 days	Q	94%	95%	95%	Off	93%	Y
Support people to live Healthy Lives	PH2	a) Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date)	Q	52% (Q1)	50%	50%	On	48%	Y
Effective detection of health risk	PH3	Percentage of eligible population (40-74) who receive an NHS Health Check	Q	3.4% (July-Sept)	3.3%	13.2%	On	3.7%	N
Tackle mental health issues	PH4	a) Number of people entering treatment with the IAPT service (Improving Access to Psychological Therapies) for depression or anxiety	Q	2533	2604	5,208	On	2421	Y
		b) Percentage of those entering IAPT treatment who recover	Q	52%	50%	50%	On	48%	Y
Effective treatment programmes to tackle substance misuse	PH5	Percentage of drug users in drug treatment during the year, who successfully complete treatment and do not re-present within 6 months of treatment exit	Q	16%	20%	20%	Off	18%	N
		Percentage of alcohol users who successfully complete their treatment plan	Q	29.8%	42%	42%	Off	34%	N
Improve sexual health	PH6	Number of Long Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services	Q	602	520	996	On	247	Y

Promote wellbeing in early years

6.1 Health Visiting continues to perform well on timely delivery of new birth home visits (NBV) within 14 days of birth. The local rate of 94% compares favourably with London (91%) and England (88%). A further 4% of children receive a NBV, but after the 14 day cut-off (for national reporting). Of the 42 infants who did not receive a visit within 14 days, 32 received a NBV after 14 days from birth, while 10 did not receive a visit, as they remained in hospital.

Reduce prevalence of smoking

- 6.2 Due to the time lag in smoking quitting data, Q2 data are not yet available. At the end of Q4 2017/18, the quarterly figure of 295 four week smoking quits against a target of 200 showed clear improvement on the previous quarter, and the end of year position was 742 against the annual target of 800. The quit rate at year end was 51%, over the 50% target. The service continues to perform well and in Q1, performance exceeded target.
- 6.3 Over half of all people who quit with the service were from key target populations with high rates of smoking. The service's outreach work continues to build good links with these key groups and communities, through work in and with community centres, markets, faith organisations and businesses. Partnership work with Octopus Communities is helping to build a team of trained smoking cessation volunteers. The service continues to focus on trying to improve engagement and quit outcomes amongst housebound smokers with respiratory conditions, and working with secondary care to increase the referral of smokers into community stop smoking support services.

Effective detection of health risk

- 6.4 In Q2, 1,700 residents received an NHS Health Check, providing them with tailored lifestyle advice and referral into services to reduce their risk of cardiovascular disease (CVD). This is above the quarterly target. One in every 20 NHS Health Checks identified someone at high risk of CVD (20% or greater chance of having a heart attack or stroke in the next 10 years). Among residents receiving an NHS Health Check through the community outreach programme, 65% of people who were overweight or obese and eligible for a referral to the adult weight management programme accepted the referral; one-third of smokers accepted a referral to the smoking cessation service.

Tackle mental health issues

- 6.5 The below target numbers of people entering IAPT services in Q2 is in line with anticipated seasonal fluctuations, owing to planned staff turnover during this period (psychological wellbeing practitioners (PWPs) in training move on from the IAPT service to the next stage of their development, and new trainee PWPs) join the service. Trainee clinical psychologists also start their placement with the service during this time, and are not yet operating with a full clinical caseload.) We expect to see numbers entering treatment increase in the next quarter.

Effective treatment programmes to tackle substance misuse

- 6.6 The focus for Q2 remained on mobilisation and embedding the new Better Lives service into the borough and establishing referral pathways and joint working arrangements with partners. The proportion of people who successfully completed treatment and do not represent within 6 months fell slightly in Q2. This is largely related to opiate service users who started treatment and then disengaged before 12 weeks. The number of alcohol service users starting treatment showed an increase on Q1 performance, however performance against this indicator is still off target. Both of these issues have been highlighted to the provider for improvement. Better Lives continues to encourage attendance and engagement from service users transferred from previous substance misuse providers, but who have not yet engaged with the new service. However, overall, Better Lives continues to attract greater numbers of people into treatment compared with last year.

6.7 The Family Service is integrating well into treatment services and is also seeing an increase in the numbers presenting. The focus for Q3 will be establishing the day programme and understanding why some individuals disengage with treatment in under 3 months

Improve sexual health

6.8 Performance has exceeded target for the number of women prescribed long acting reversible contraception in the first half of 2018/19. Long-acting reversible contraception, such as the contraceptive implant, is more effective than user dependent methods (such as the pill or condoms) in reducing unplanned pregnancies. Commissioners have been working closely with CNWL, the service provider, to fully mobilise the new service model, including the implementation of a pan-London e-service for people who are asymptomatic.

Report author(s)

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Final Report Clearance

Signed by

Received by

.....
Date

<p>SCRUTINY INITIATION DOCUMENT (SID)</p>
<p>Review: Adult (paid) Carers and the implications of the social care green paper on L.B.Islington</p>
<p>Scrutiny Review Committee: Health and Care</p>
<p>Director leading the review: Katharine Willmette</p>
<p>Lead officers: Mark Hendriks Senior Commissioning Manager</p>
<p>Overall aim:</p> <p>To review current position regarding paid Adult carers in Islington – funding, numbers, available support and effectiveness of services to properly support carers.</p> <p>To consider and assess the likely impact on paid carers of the (forthcoming) Green paper on Social Care and other implications on social care as a result of this Green Paper</p> <p>To advise on any changes that need to be implemented to the strategic direction and support for paid carers in Islington</p>
<p>Objectives of the review:</p> <ul style="list-style-type: none"> • To consider numbers and profile of paid Carers in Islington and consider any benchmarking data • To examine the requirements of contractors in respect of Adult Carers in terms of remuneration, risk assessment analysis for Adult Carers and users of the service, training, travel time, payment of LLW, and how specialist cultural /specialist needs are being met • To examine the area of Direct Payments • To examine current arrangements in place to support Islington carers. • To examine the effectiveness of the current arrangements • To examine the potential implications of the proposals within the social care green paper on carers in Islington • To consider any actions that may need to be taken in the light of the green paper or generally to ensure the Islington offer continues to properly support Islington carers who provide significant input to care and support within the borough. • To consider how local providers can be assisted to bid for contracts for Adult Social Care
<p>How is the review to be carried out:</p> <p><u>Scope of the review</u></p> <p>The review will focus on the overall support provided to paid Adult carers and its effectiveness in supporting them to provide care that is appropriate whilst maintain their own health and wellbeing. It will then focus on the possible implications for this support or otherwise of the forthcoming Green Paper and the implications of the Green Paper on other aspects on Islington social care provision</p> <p><u>Types of evidence</u></p> <p>1. Documentary evidence including:</p>

- a. DH guidance, advice and findings from reports published by specialist carer organisations
 - b. .
 - c. Service information in relation commissioned and directly delivered provision.
2. Witness evidence including presentations from:
- a. Paid Carers
 - b. Providers of services, including Care Contract Providers
 - c. LBI Commissioners/Telecare service
 - d. The NHS
 - e. Service users who are cared for within Islington as appropriate
 - f. Other Local /national subject matter experts., including
 - g. CQC
 - h. Robbie Rainbird – Charging Policy
 - i. Clarion Housing Association/Sheltered housing representative
 - j. Evidence on Direct Payments

Additional information:

Timescales: *(to be confirmed)*

28/01/2019 Initial Presentation and sign off of SID

March to September 2019 Witness Presentations

October to December 2019

January 2020 Final Report

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.

Joint Report of: Corporate Director of Housing & Adult Social Services and Corporate Director of Public Health

Meeting of:	Date	Ward(s)
Health and Care Scrutiny	January 2019	All
Delete as appropriate	Exempt	Non-exempt

SUBJECT: Islington Adult Social Care Report and Local Account

1. Synopsis

1.1. The Local Account is an annual report for residents of Islington. The report provides information about how well we are serving the residents of Islington compared with similar London boroughs and also provides feedback from the surveys of service users and carers.

2. Recommendation

2.1. Health and Care Scrutiny Committee are asked:

- Note the contents of the Local Account.

3. Summary

3.1. Adult Social Services are facing increasing pressures with reductions in funding at a time when the numbers of frail older people are increasing and there is a high incidence of people with long-term mental health conditions, along with a population of people with physical and learning disabilities who require specialist services.

3.2. In 2017/18, to help meet these challenges we:

- Start with what people can do and build on their strengths, focusing on the things that can work to overcome barriers which are preventing them from reaching their potential and having the best possible lives they can.
- Have been providing support to carers of people receiving adult social care through the provision of direct payments, advice and information, respite care, support groups, special events and the Flexible Breaks fund service.
- Been working to reduce social isolation by broadening the number of social contacts through innovative schemes with the voluntary sector, so people are better connected to things that can engender a sense of wellbeing and greater quality of life.
- Support independent living through direct payments and self-directed support; and by supporting service users to make their own informed decisions and choices.

3.3. The rest of the Local Account report includes statistics and information relating to characteristics of people receiving services, details of adult social care finances and safeguarding.

4. Implications

4.1. Financial implications

There are no financial implications arising as a direct result of this report.

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.

4.2. Legal implications

The Care Act 2014 ("CA"), which came into force in April 2015 placed a duty upon local authorities under s.1 to promote the well-being of individuals within its area; this duty extends to physical, mental and emotional well-being and applies to adults with care and support, their carers, children and young carers.

Section 2 of the CA 2014 places an obligation upon the local authority to provide services, facilities or resources to prevent and/or reduce care and support needs for adults within its area.

4.3 Environment implications

There are no significant environmental implications resulting from these reports.

1.1. Resident Impact Assessment

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

A Resident Impact Assessment has not been completed because these are reports providing information about performance and services in 2016/17.

Adult Social Care

Local Account for 2017-18



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**6. How do the services we provide
make a difference to our residents? 15**

Introduction

We are pleased to present the update of Adult Social Services in Islington for 2017/18. This report provides information about how we are serving the residents of Islington compared with similar London boroughs and also provides feedback from the surveys of service users.

Adult Social Services are facing increasing pressures with reductions in funding at a time when the numbers of frail older people are increasing and there is a high incidence of people with long-term mental health conditions, along with a population of people with physical and learning disabilities who require specialist services.

In 2017/18, to help meet these challenges we:

- Start with what people can do, what is important to them and what support they have within their own friends and family and wider community. We build relationships with people so that together different types of support can be considered, people can stay as independent as possible, be less socially isolated, and live the lives they want. Examples of this are supporting people to get involved with voluntary work, family members visiting regularly to avoid loneliness, provision of equipment and telecare so that people can continue to live in their own home.
- Have been providing support to carers of people receiving adult social care through the provision of direct payments, advice and information, respite care, support groups, special events and the Flexible Breaks fund service.
- Been working to reduce social isolation by broadening the number of social contacts through innovative schemes with the voluntary sector, so people are better connected to things that can engender a sense of wellbeing and greater quality of life.
- Support independent living through direct payments and self-directed support; and by supporting service users to make their own informed decisions and choices.

Janet Burgess

Executive Member for Health and Social
Care

Maggie Kufeldt

Interim Director of Adult Social Care
Services

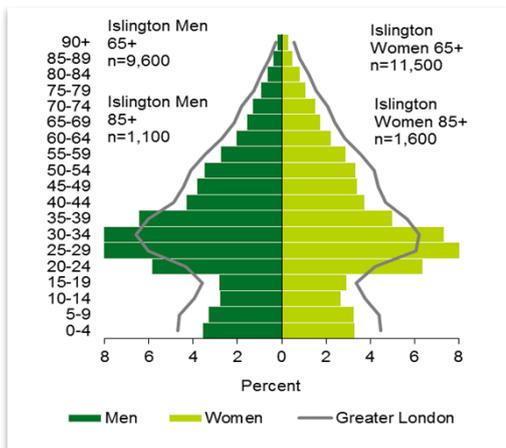
1. Key messages

- Islington's older population is expected to grow over the next 10 years. This growth will push up the demand for social care support due to the increased health risks associated with ageing.
- The growth in demand for social care from 18-64 year olds is attributable to people with a Learning Disability (LD) who need support. For those aged 65 years and over the growth in demand is down to personal social and physical care and cognition and memory needs.
- Carer numbers have fallen for the first time since 2014-15. In 2017-18, 745 carers were receiving support from Islington, compared to 850 carers in 2014-15
- Since 2015-16, there has been a steady decline in the rate of long term admissions to residential and nursing care homes among older people (65+) in Islington.
- Islington's proportion of successful reablement has consistently outperformed its comparator groups and London and England. Comparator groups are similar boroughs to Islington. Reablement is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury.
- In Islington there has been a consistently high uptake of direct payments amongst carers. Direct payments are payments for people who have been assessed as needing help from social services. For service users the uptake of direct payments is lower than its comparator groups.
- Islington experiences a higher rate of average daily Delayed Transfers of Care. This is when there is a delay in discharging a patient from hospital to an appropriate setting, such as their own home, residential nursing home or community hospital.
- For both people with learning disabilities and those with mental ill health who are in contact with secondary mental services, Islington's performance is below average for supporting these groups into paid employment, compared with similar authorities. However, for both groups, it does well in terms of support to live independently or with their family.
- The 2017-18 Service User Survey tells us that the overall social care-related quality of life score in Islington was 18.3, out of a maximum score.

2. Population overview

- Islington as a whole has a younger population relative to London.
- The distribution of 65+ individuals across Islington is generally consistent. A few areas, in particular Finsbury Park show has a greater proportion of 65+ individuals when compared to the other
- The older population will see a significant growth in the next 5 and 10 years. See Figure 1.
- The 65+ population in Islington will rise by 12% compared to 11% in London in the next 5 years. In the next 10 years it will rise to 28% compared to 27% in London.
- The 85+ population in Islington will increase by 18% in 5 years compared to 16% in London and in the next 10 years it will rise by 48% compared to 33% in London

Figure 1. Islington population compared to London



Source: Greater London Authority population projections, 2018

Relative needs of the Islington population are as follows:

Dementia

0.5%

of Islington's registered population (1,222 people) were living with dementia in 2017/18. This is similar to the London average at 0.5%

Serious mental illness

2nd highest

rate of serious mental illness in London. 1.5% of Islington's registered population (3,834 people) were living with serious mental illness in 2017/18.

Learning disabilities

7th highest rate of learning disabilities in London. 0.4% of Islington's registered population (1,032 people) were living with learning disabilities



Physical disability

33,400

Islington residents were estimated to be physically disabled in 2016/17

Sensory problems

1,100 Islington's residents (18+) were estimated to be deaf or hard of hearing in 2018

1,400 Islington resident population were estimated to have moderate or severe sight loss in 2018

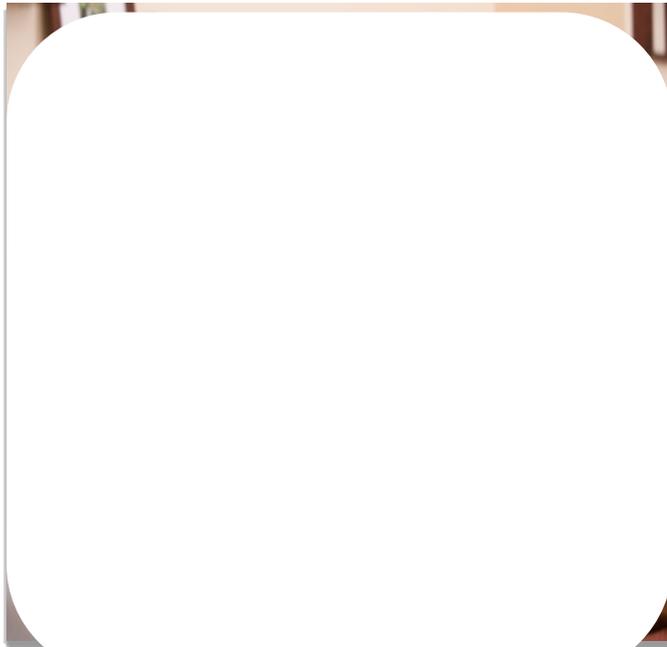
Carers

4,000 Islington residents were estimated to be completing more than **50 hours** of unpaid care in 2018

Source: QOF, 20/17/18, Family Resource Survey 2016/17, PHOF 2009/10, RNIB Sight Loss data 2016, Census 2011

3. A profile of service users

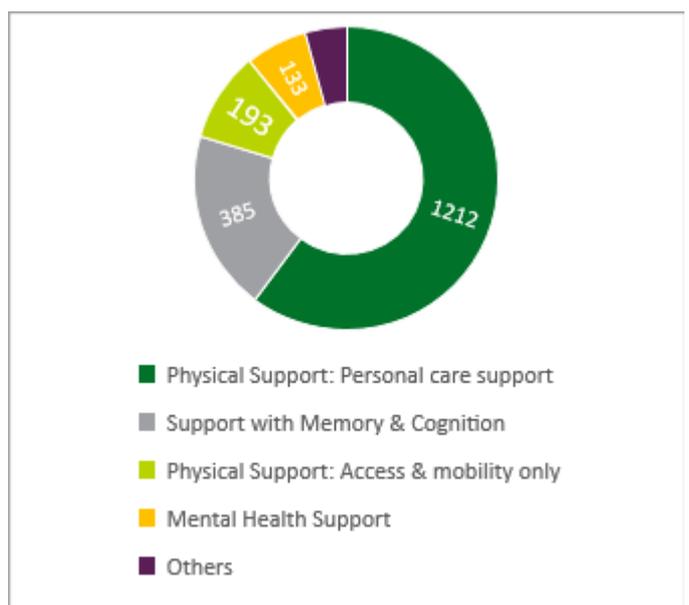
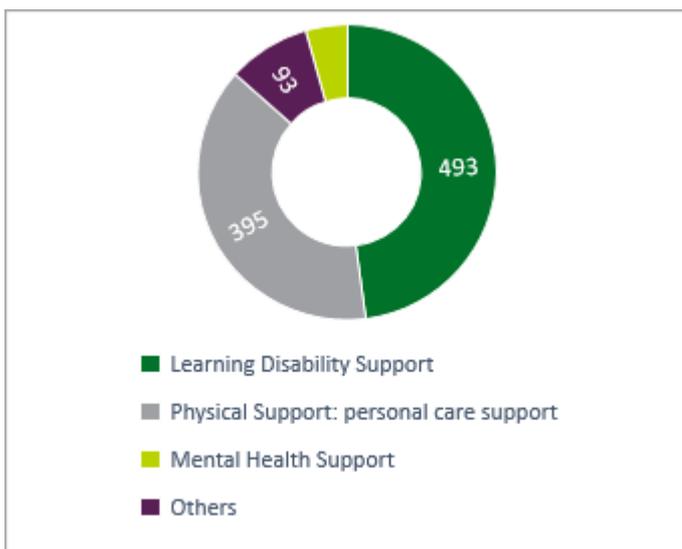
A profile of service users in Islington



- Most people are helped through short-term services, advice and information, or signposting on to other services, including voluntary sector services.
- Depending on the severity of a person’s health condition(s), at some stage in that person’s life, they may need long-term support. Figure 2 and 3 show the support needs of service users in 2017/18.
- For people aged 18-64 the primary support reason is learning disability and physical support whereas for people aged 65 and over the primary support reason is physical support for personal and social care and support with memory and cognition.

Figure 2. Long term support by primary support reason for 18-64 year olds in Islington, 2017/18

Figure 3. Long term support by primary support reason for those aged 65 and above, 2017/18



Source: Adult Social Care Activity & Finance: England 2017, NHS Digital

Support provided to carers

In 2017-18, Islington provided support to 745 carers, compared to 971 carers in 2016-17, a fall of 23%. The comparator groups, London and England average experienced the same falling trend in that year. See Figure 4.

Figure 4. Number of carers supported by Islington 2017/19



Source: *Adult Social Care Activity and Finance: England 2017-18*, NHS Digital

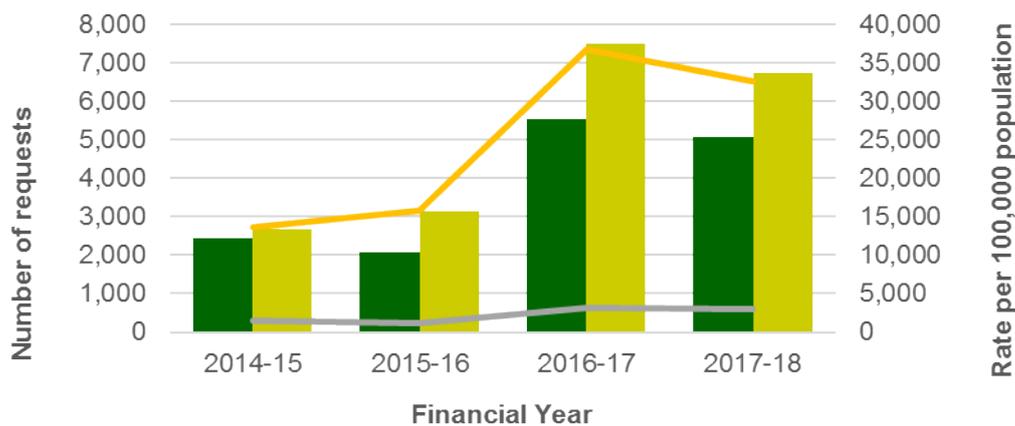
4. Facts about services and outcomes

Requests for support from new people



- In 2017-18, there were a total of 6,275 new requests for support received from people aged 65 years and older. These requests were received mainly from community settings (74%) followed by requests made through discharges from hospital among older adults (26%). See Figure 5.

Figure 5. Number and rate of requests for support received from new people, by age group.



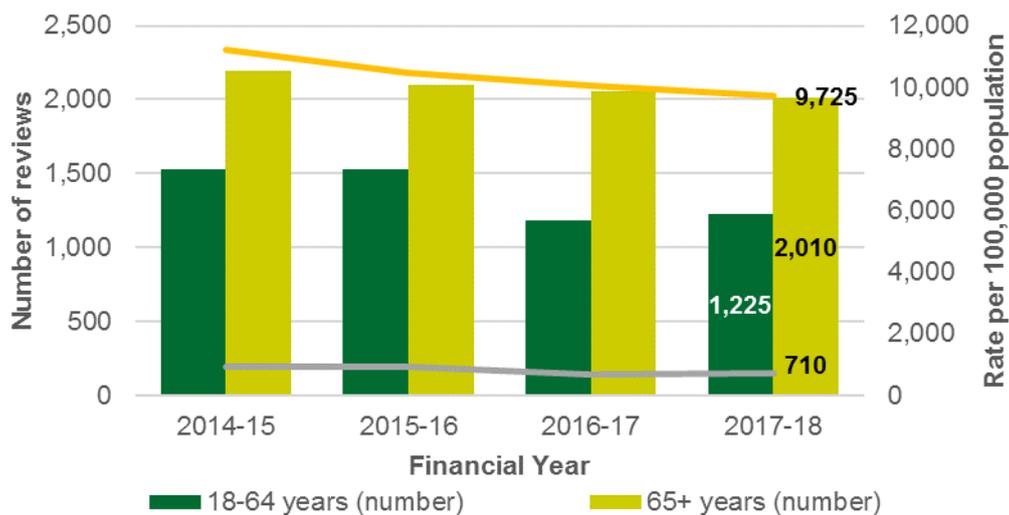
Source: Adult Social Care Activity & Finance: England 2017-18, NHS Digital

Long term care

- The rate of people accessing long term support has decreased over time in Islington. It dropped from 941 per 100,000 people in 2014-15 to 710 per 100,000 in 2017-18 among younger adults (18-64 years).

- Older adults had a steeper decline in the rate, from 11,201 per 100,000 in 2014-15 to 9,725 per 100,000 in 2017-18. However, it is higher than the London average of 7,255 per 100,000.
- There were a total of 1,227 people aged 18-64 year olds who were supported for long term needs in 2017/18. This is a 3 per cent increase from 2016-17 (1,187 people). Learning disability, personal care and mental health were the top 3 primary support reasons recorded in 2017/18. This was similar to 2016/17.
- There were a total of 2,010 people aged 65 and over recorded as needing long term support in 2017/18. This is a 2 per cent decrease from 2016-17 (2,055 people). Personal care support, support with memory and cognition, access and mobility and mental health support were the top 4 primary reasons for support recorded. This was a similar pattern to 2016/17.

Figure 6. Number and rate of people accessing long term support during the year



Source: Adult Social Care Activity & Finance: England 2017-18,

Direct payments to service users and carers

Figures 7 and 8 show the proportion of service users and carers receiving direct payments. In Islington there has been a consistently high uptake of direct payments amongst carers whilst for service users the uptake of direct payment is lower than its comparators, London and England.

Figure 7. Proportion of service users who receive direct payments by comparator groups

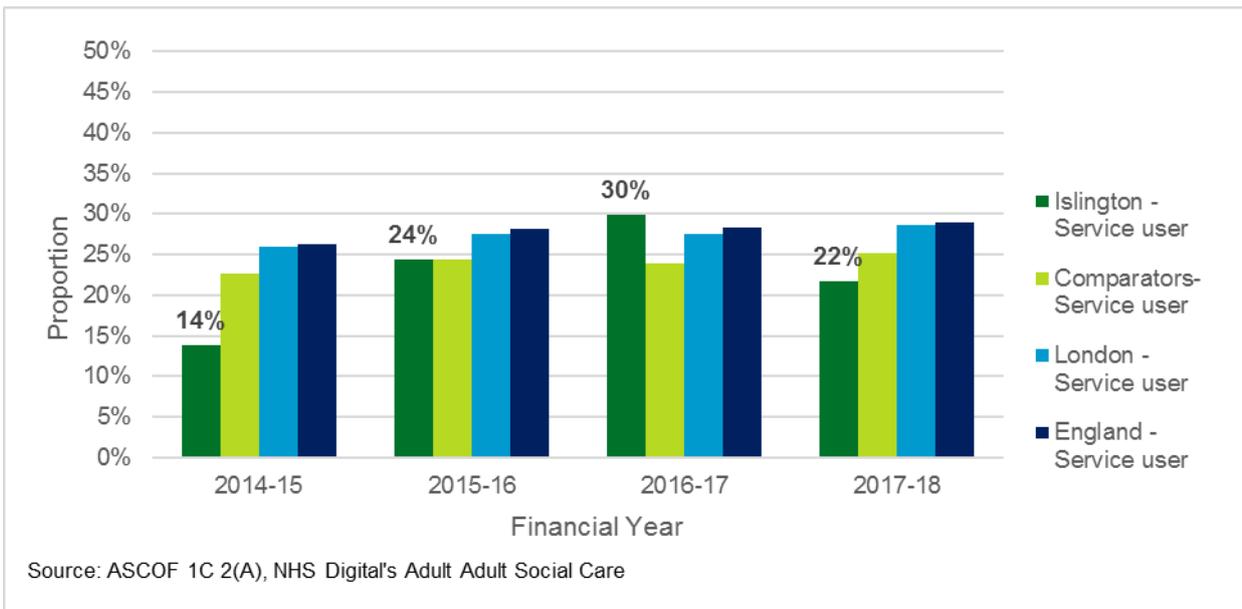
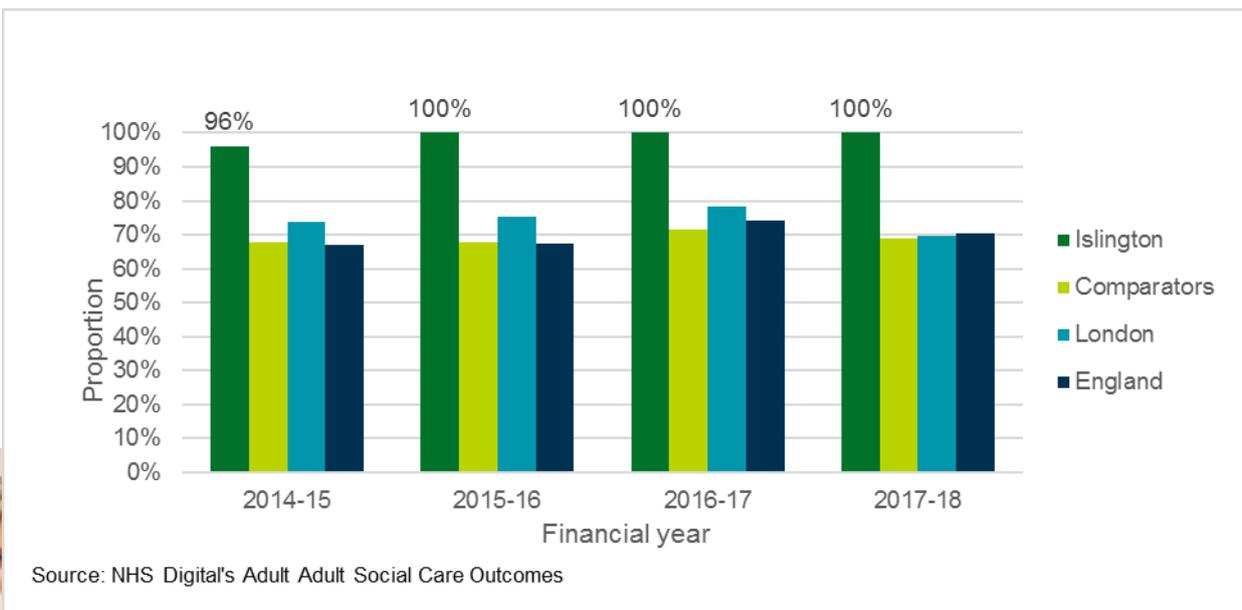


Figure 8. Proportion of carers who receive direct payments by comparator groups

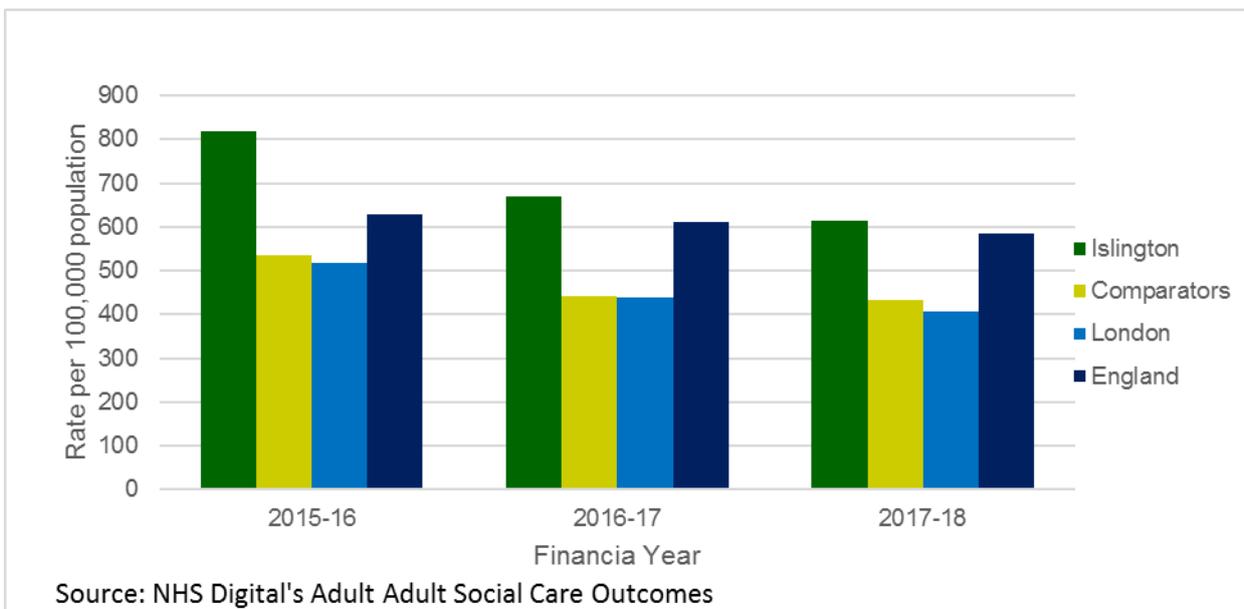


for people

Admissions to residential and nursing care

- There has been a decline in the rate of long term admissions to residential and nursing care homes among older people (65+) in Islington over the last three years. It dropped from 820 per 100, 000 in 2015/16 to 614 per 100,000 in 2017/18.
- The current rate is above our comparator boroughs (433 per 100,000) and London (406 per 100,000), but lower than England (586 per 100,000).

Figure 9. Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population

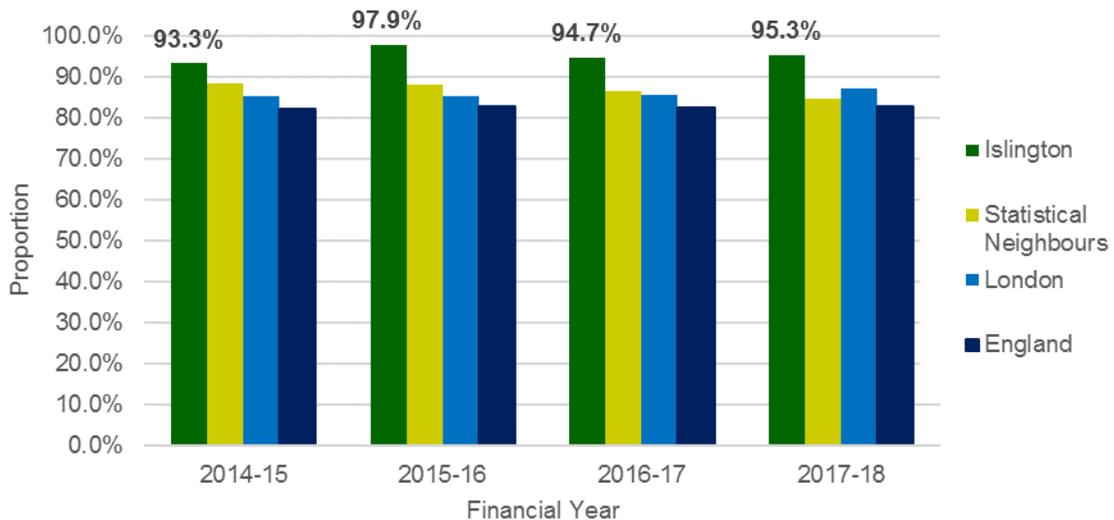


Reablement Services

- The Reablement and Home Support Service provides a range of home support services to support people to safely remain in their own homes following either hospital discharge or to prevent avoidable admission to hospital or the need for long term social care support. The service promotes personalisation, working collaboratively with people to promote independence and support people to achieve their outcomes through an 'enabling model of care'. The model involves a short period of support for up to 6-weeks of intensive input. This enables people to get back their independence following an illness or crisis which may have affected their confidence.

- Since 2014-15, Islington’s proportion of successful reablement has consistently been above its comparator boroughs, London and England

Figure 10. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services



Source: NHS Digital's Adult Social Care Outcomes Framework

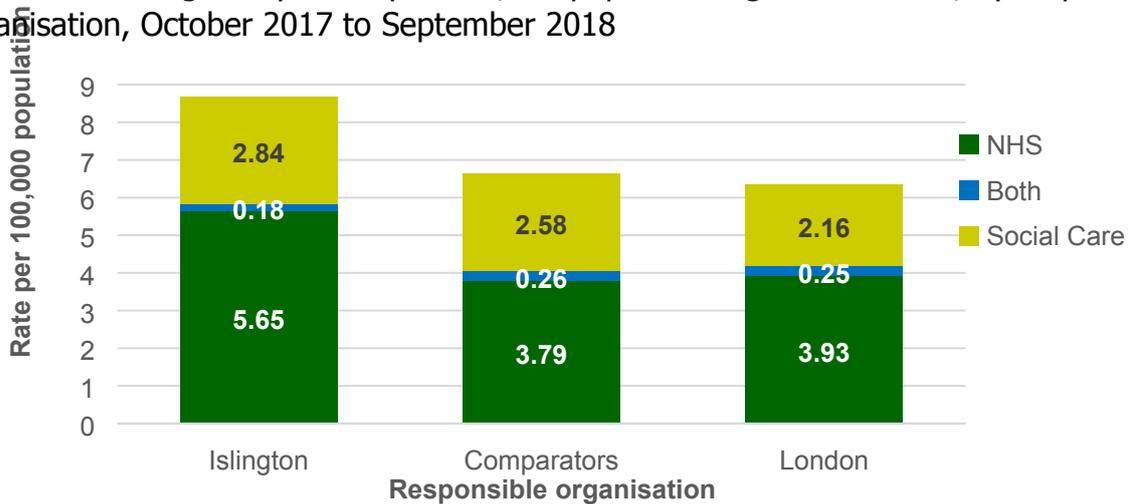
Delayed transfers of care (DTOC)



- Adult Social Care services also include joint services with Health. A key measure of success with this work at the interface of health and social care is a measure relating to delayed transfers of care. This is when there is a delay in discharging a patient from hospital to an appropriate setting, such as their own home, residential nursing home or community hospital.

- The rate of average daily DToC halved from 12 per 100,000 people in October 2017 to 6 per 100,000 in September 2018. It is now comparable to comparator boroughs (7 per 100,000) and London (6 per 100,000).

Figure 11. Average daily DToC per 100,000 population aged 18 or over, by responsible organisation, October 2017 to September 2018



Source: DToC, Oct 2017 to Sep 2018

6. How do the services we provide make a difference to our residents?

- Figures 12-13 show the proportion of service users with learning disabilities who are in paid employment and who are living in their own home or with family. These show that whilst Islington's performance is below average for supporting people with learning disabilities into employment, compared with similar authorities, it does well in terms of supporting adults with a learning disability to live in their own home or with their family.
- Figures 14 shows the proportion of people in contact with hospital mental health services who are in paid employment is lower compared to comparator boroughs.
- Figure 15 shows the proportion of people in contact with hospital mental health services living independently in Islington is better than comparator boroughs.

• Figure 12. Proportion of adults with a learning disability in paid employment

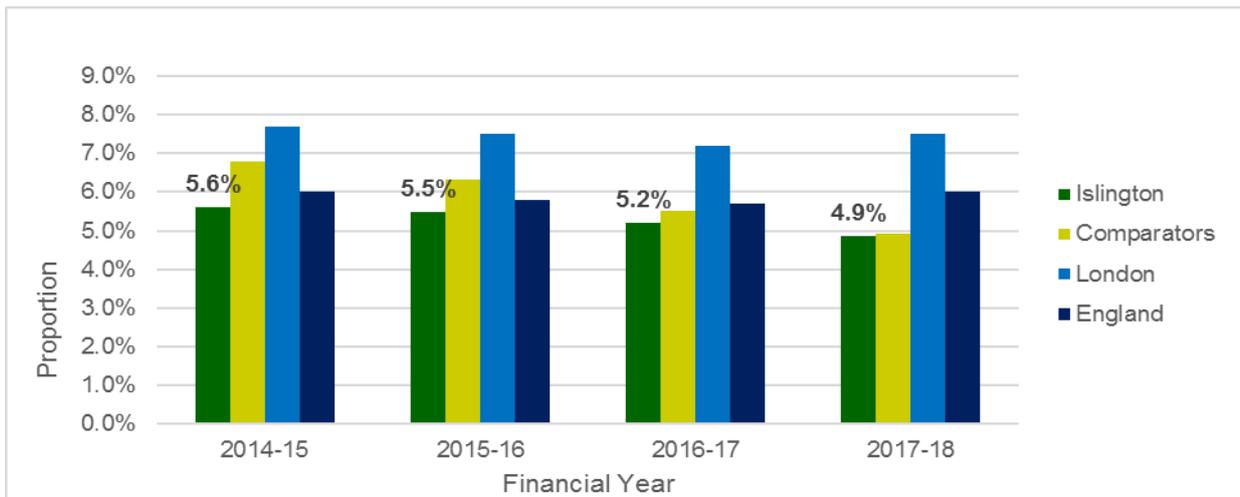


Figure 13. Proportion of adults with a learning disability who live in their own home or with their family

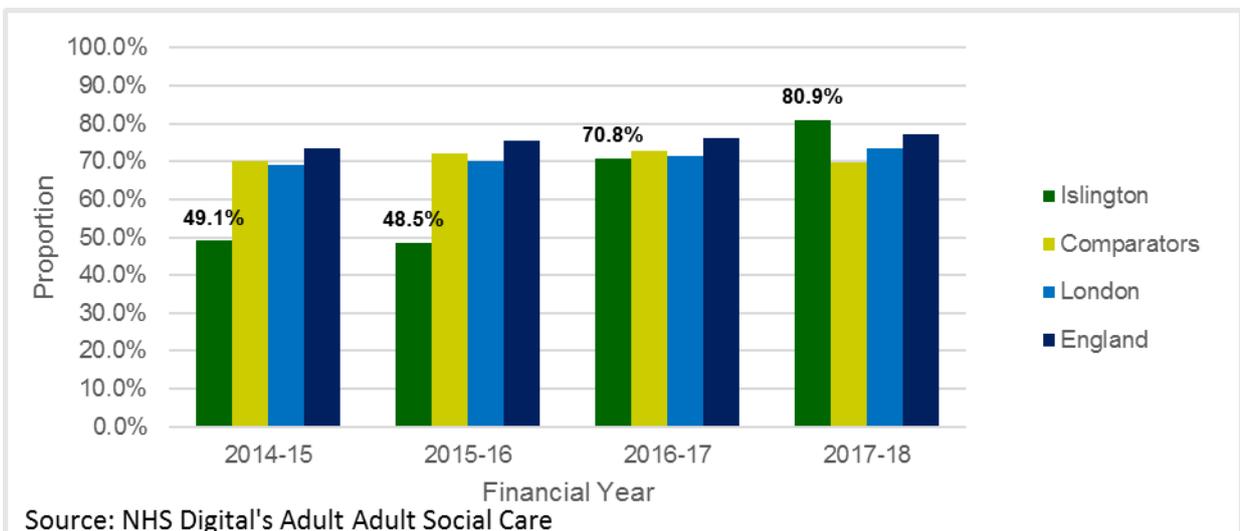
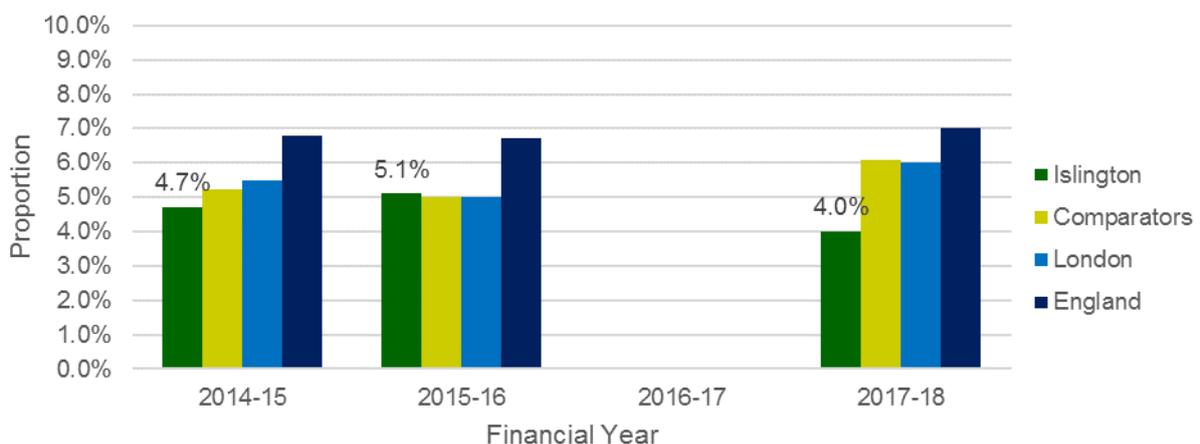
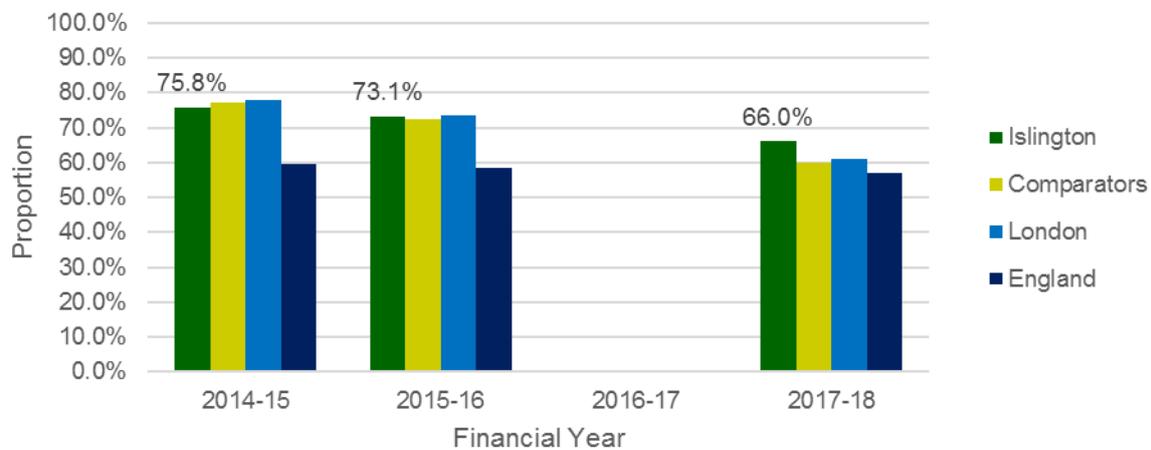


Figure 14. Proportion of adults in contact with secondary mental health services in paid employment



Source: NHS Digital's Adult Adult Social Care Outcomes Framework (ASCOF)

Figure 15. Proportion of adults in contact with secondary mental health services living independently with or without support.



Source: NHS Digital's Adult Social Care

Source: Adult Social Care Outcomes Framework (ASCOF), Department of Health (DOH)

NB: Data for 2016/17 are not available

User views

Each year a survey of adult social care service users takes place and every other year, a carer survey takes place. Below are details of results from these surveys for 2017/18:

- In 2017/18 the service user quality of life score was 18.3 out of a possible total of 24, a decrease from the 2016/17 score of 18.9
- 59% of service users responding to the survey reported that they felt safe compared to the London average of 66%.
- 42.5% of service users in Islington, compared with 41.4 % in London.
- 54.8% of those asked were either 'Extremely Satisfied' or 'Very Satisfied' with care and support services received from Islington, compared to 59.3% in London.
- 59.2% of Islington residents surveyed felt they had 'Enough choice over care and support services' in Islington, compared to 63.5% in London.

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HEALTH AND CARE SCRUTINY COMMITTEE – WORK PROGRAMME 2018/19

14 JUNE 2018

1. Camden and Islington Mental Health Trust - Performance update
2. New Scrutiny Topic – Decision on topics- Main review/mini review
3. Health and Wellbeing Board update
4. Work Programme 2017/18
5. Child Obesity
6. Membership, Terms of Reference
7. Moorfields NHS Trust – Performance update

12 JULY 2018

1. NHS Whittington Trust – Performance update
2. Scrutiny Review – GP Surgeries – Approval of SID/witness evidence
3. Health and Wellbeing update
4. Quarter 4 performance report
5. Work Programme 2018/19
6. Scrutiny Review – Health Implications of Damp Properties – 12 month progress report

02 OCTOBER 2018

1. Health and Wellbeing update
2. Work Programme 2018/19
3. Scrutiny topic GP surgeries – witness evidence
4. Whittington Estates strategy – update
5. London Ambulance Service – Performance update
6. IAPT Scrutiny Review – 12 month progress update
7. Healthwatch Annual Report/Work Programme
8. Walk in Centres

15 NOVEMBER 2018

1. Scrutiny topic – GP surgeries - witness evidence
2. Health and Wellbeing Update
3. Work Programme 2018/19
4. Alcohol and Drug Abuse update
5. Annual Safeguarding report

28 JANUARY 2019

1. Scrutiny topics – GP surgeries witness evidence
- 2 Health and Wellbeing update
3. Work Programme 2018/19
4. New scrutiny topics – SID/Presentation – Adult Carers/Green Paper Social Care
5. Local Account
6. Quarters 1 and 2 Performance Indicators/Executive Member Annual Report
7. UCLH Performance update

07 MARCH 2019

1. Moorfields NHS Trust - Performance update
2. Scrutiny Review – GP Surgeries – witness evidence
3. Health and Wellbeing update
4. Work Programme 2018/19
5. New Scrutiny Review – Social Care/Adult Carers witness evidence

01 APRIL 2019

1. Scrutiny Review - GP surgeries - Draft Recommendations
2. Scrutiny Review - Health Implications of Poor Air Quality – 12 month progress report
3. Health and Wellbeing update
4. Work Programme 2019/20
5. New Scrutiny Review –Eating Disorders/Presentation/SID
6. New Scrutiny Review –Social Care /Adult Carers – witness evidence

09 MAY 2019

1. New Scrutiny Review – Social Care/Adult Carers – witness evidence
2. Scrutiny Review – Eating Disorders – witness evidence
3. Health and Wellbeing update
4. Work Programme 2019/20
5. Walk in Centres update
6. Scrutiny Review – GP Surgeries – Final Report

FORTHCOMING MEETINGS

New Scrutiny Review – Social Care/Adult Carers – Witness evidence/Draft recommendations/Final report

New Scrutiny Review - Eating Disorders – witness evidence/Draft recommendations/Final report

Performance report – Quarters 3 and 4

Scrutiny Review – GP Surgeries – 12 month report back