



AGENDA FOR THE HEALTH AND WELLBEING BOARD

Members of Health and Wellbeing Board are summoned to a meeting, which will be held in Committee Room 1, Town Hall, Upper Street, N1 2UD on **6 November 2019 at 1.00 pm.**

Enquiries to : Jonathan Moore
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Despatched : 29 October 2019

Membership

Councillors:

CLlr Richard Watts (Chair)
CLlr Janet Burgess MBE
CLlr Kaya Comer-Schwartz

Islington Healthwatch:

Emma Whitby, Chief Executive

Islington Clinical Commissioning Group:

Tony Hoolaghan, Chief Operating Officer
Dr Jo Sauvage, GP and Chair
Dr Imogen Bloor, GP and Vice-Chair
Sorrel Brookes, Lay Vice-Chair
Jennie Williams, Director of Nursing and Quality

NHS England:

Dr Helene Brown, Medical Director **(nv)**

Officers:

Julie Billett, Director of Public Health
Carmel Littleton, Corporate Director – People
Katharine Willmette, Director of Adult Social Services

NHS Providers:

Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust **(nv)**
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust **(nv)**

Voluntary Sector Representative:

Katy Porter, Chief Executive, Manor Gardens Welfare Trust **(nv)**

Islington GP Federation:

Michael Clowes, Chief Executive Officer **(nv)**

Quorum is 4 voting members including one CCG representative and one councillor.
(nv) indicates non-voting members of the Board.

A.	Formal Matters	Page
1.	Welcome and Introductions	
2.	Apologies for Absence	
3.	Declarations of Interest	
	<p>If you have a Disclosable Pecuniary Interest* in an item of business:</p> <ul style="list-style-type: none"> • 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. <p>In both the above cases, you must leave the room without participating in discussion of the item.</p> <p>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.</p> <p>*(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.</p> <p>This applies to all voting members present at the meeting.</p>	
4.	Order of Business	
5.	Minutes of the previous meeting	1 - 6
B.	Discussion/Strategy items	Page

1.	Development of the Integrated Care System in North Central London and Islington	7 - 18
2.	Islington Health and Social Care Section 75 Arrangements: Annual Report 2018/19	19 - 66
3.	Safeguarding adults in Islington in 2018/19 - a review of key achievements and priorities going forward	67 - 114
4.	Healthwatch Islington Work Plan 2019/20	115 - 124

C. Questions from Members of the Public

To receive any questions from members of the public.

D. Urgent Non-Exempt Matters

Any non-exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

E. Exclusion of Press and Public

To consider whether, in view of the nature of the remaining items on the agenda, any of them are likely to involve the disclosure of exempt or confidential information within the terms of Schedule 12A of the Local Government Act 1972 and, if so, whether to exclude the press and public during discussion thereof.

F. Urgent Exempt Matters

Any exempt items which the Chair agrees should be considered urgently by reason of special circumstances. The reasons for urgency will be agreed by the Chair and recorded in the minutes.

G. Confidential/Exempt Items for Information

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The next meeting of the Health and Wellbeing Board will be on 25 March 2020

Please note all committee agendas, reports and minutes are available on the council's website:
www.democracy.islington.gov.uk

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London Borough of Islington

Health and Wellbeing Board - Wednesday, 20 March 2019

Minutes of the meeting of the Health and Wellbeing Board held at Committee Room 1, Town Hall, Upper Street, N1 2UD on Wednesday 20 March 2019 at 1.00 pm.

Present: Cllr Richard Watts, Leader of the Council (Chair)
Cllr Janet Burgess, Executive Member for Health and Care
Cllr Kaya Comer-Schwartz, Executive Member for Children, Young People & Families
Clare Henderson, Director of Commissioning, Islington CCG
Sorrel Brookes, Lay Vice-Chair, Islington CCG
Julie Billett, Director of Public Health
Carmel Littleton, Corporate Director of People
Emma Whitby, Chief Executive, Healthwatch Islington
Siobhan Harrington, Chief Executive, The Whittington Hospital NHS Trust
Angela McNab, Chief Executive, Camden and Islington NHS Foundation Trust
Katy Porter, Chief Executive, Manor Gardens Welfare Trust
Michael Clowes, Chief Executive Officer, Islington GP Federation

Also Present: Jess McGregor, Director of Adult Social Care
Sam Rostom, Programme Director for Children and Young People, North Central London Sustainability and Transformation Partnership
Alan Caton, Independent Chair of the Islington Safeguarding Children Board

Councillor Richard Watts in the Chair

12 WELCOME AND INTRODUCTIONS (ITEM NO. A1)

Councillor Watts welcomed everyone to the meeting and introduced Councillor Comer-Schwartz, who had recently been appointed as the Executive Member for Children, Young People and Families.

13 APOLOGIES FOR ABSENCE (ITEM NO. A2)

Apologies for absence were received from Tony Hoolaghan (substitute: Clare Henderson), Dr Jo Sauvage, Jennie Williams and Katharine Willmette.

14 DECLARATIONS OF INTEREST (ITEM NO. A3)

None.

15 ORDER OF BUSINESS (ITEM NO. A4)

The Chair advised that Item B4, North Central London System-Wide Paediatric Asthma Plan, would be considered after Item B1.

16 MINUTES OF THE PREVIOUS MEETING (ITEM NO. A5)

It was agreed to amend the tenth bullet point of Minute 8 as follows:

- A member of the Board commented on the importance of advice services being accessible to all. It was noted that some BME communities, and particularly those whose first language was not English, may be further delayed in accessing such services.

RESOLVED:

That the minutes of the meeting held on 22 November 2018 be agreed as a correct record and the Chair be authorised to sign them, subject to the amendment as outlined above.

17 HEALTH AND CARE INTEGRATION IN ISLINGTON (ITEM NO. B1)

Jess McGregor, Director of Adult Social Care, and Clare Henderson, Director of Commissioning for Islington CCG, introduced the report which provided an update on health and care integration in Islington.

The following main points were noted in the discussion:

- Islington Council had worked in close partnership with the local health sector for a number of years. However, it was considered that further coordination and integration would support the development of high quality place-based health and care services. This would be beneficial to local residents and would also ensure the most efficient use of resources.
- The North Central London (NCL) Sustainability and Transformation Partnership (STP) had proposed the further join-up of certain services at NCL level. However, it was thought that further join-up at borough level would help to improve population outcomes and generate efficiencies locally.
- It was commented that, whilst it made sense for certain acute services to be delivered at cross-borough level, it was generally more effective for health and care services to be delivered as local as possible, as this allowed services to be more responsive to local needs. The Board noted that the needs of Islington residents were different to those of other NCL boroughs.
- The Board considered which health services would be best delivered at NCL level. A member of the Board suggested that it may be feasible for certain back-office services such as workforce development and ICT, as well as certain specialist health services, to be delivered effectively at NCL level. In response, some members expressed concern at implementing NCL-wide ICT systems and support services, noting that such projects did not always achieve the efficiencies expected and could hinder the development of services locally.

- A member of the Board emphasised the benefits of joint commissioning and commented that a stronger focus on working with local health provider organisations would be beneficial.
- A member of the Board suggested that delivering some preventative work at NCL level could be valuable. In response, it was advised that responsibility for prevention must sit at local level, however it may be sensible for a common approach to certain preventative programmes to be implemented across borough boundaries.
- The Board queried if Islington could operate an Integrated Care System at a local level, with Islington Council, NHS organisations and others taking collective responsibility for local resources. It was suggested that a local Integrated Care System could be developed faster than a NCL-wide system and would lead to favourable outcomes for residents and local services.
- It was highlighted that local voluntary and community sector organisations had a range of expertise and would welcome the opportunity to develop a closer partnership with statutory services.
- It was agreed that the Chair would write to the NCL STP setting out the Board's views on health and care integration.

RESOLVED:

- (i) That the Chair write to North Central London Sustainability and Transformation Partnership setting out the Board's views on health and care integration;
- (ii) That the letter be circulated to all members of the Board.

18

NORTH CENTRAL LONDON SYSTEM-WIDE PAEDIATRIC ASTHMA PLAN (ITEM NO. B4)

Sam Rostom, Programme Director for Children and Young People at North Central London Sustainability and Transformation Partnership, introduced the report which sought endorsement for the NCL system-wide paediatric asthma plan.

The following main points were noted in the discussion:

- Islington had a particularly high rate of asthma-related hospital admission and a pro-active system-wide approach was needed to supporting those with asthma.
- Workshops had been held with professionals and families across North Central London. These sessions had been useful and as a result five objectives had been proposed to support children, young people and families living with asthma. The Board noted the five objectives and the actions proposed to implement them.
- It was commented that some families did not have a detailed understanding of the triggers of asthma. The Board noted the importance of clear and consistent communication.

Health and Wellbeing Board - 20 March 2019

- Each NCL borough had a local lead working on the implementation of the plan. Progress against the plan would be monitored at borough level.
- It was suggested that engagement with schools and head teachers would be helpful. It was advised that the plan would be raised at the next NCL Directors of Children's Services meeting.
- A member of the Board emphasised that economic and social factors were significant determinants of health and wellbeing. The member suggested that health colleagues could engage with social housing providers and private landlords on the housing factors that affected asthma. However, the Board also noted that any plan needed to take into account the realities of the borough's housing stock and the limited housing resources available.
- It was suggested that factors which affect asthma could be communicated to council staff working with children and families, as they could be able to provide advice on issues such as ventilation and smoking.
- It was noted that the plan would be formally launched at conference on World Asthma Day, 7th May 2019.
- It was suggested that a range of partners could be invited to contribute to implementation plans developed at locality level.

RESOLVED:

- (i) That the approach being taken across north central London to improving outcomes for children with asthma be endorsed;
- (ii) That the development and delivery of complementary NCL and local system-wide asthma plans focused on common strategic outcomes be supported.

19 ANNUAL PUBLIC HEALTH REPORT 2018 (ITEM NO. B2)

Julie Billett, Director of Public Health, introduced the Annual Public Health report. The focus on the 2018 report was on healthy ageing and the value and contribution that older people make to their communities. The report emphasised the need to create age-friendly environments and societies.

The Board noted that the number of older people would increase in coming years and demand for services would likely increase. Partnership work with voluntary sector organisations supporting older people would be vital to address this challenge.

The Board welcomed the report and its focus on older people's health and wellbeing. A number of minor revisions were proposed, including an explanation of the opportunities presented by integrated care, an explanation of how the factors that contribute to poor physical health are connected, and stylistic amendments.

It was suggested that partner organisations and services should be invited to respond to the report's recommendations.

RESOLVED:

That the Annual Public Health Report be noted.

20

**ISLINGTON SAFEGUARDING CHILDREN BOARD ANNUAL REPORT
2017/18 (ITEM NO. B3)**

Alan Caton, Independent Chair of the Islington Safeguarding Children Board (ISCB), introduced the report which set out the progress of the ISCB in 2017/18.

The following main points were noted in the discussion:

- Safeguarding children was a complex and challenging task, however everybody had a responsibility to ensure that children and young people in Islington were safeguarded.
- Demand for safeguarding services had increased over recent years and this trend continued in 2017/18.
- During 2017/18 the ISCB had been the subject of an Ofsted review and was judged to be "good".
- The ISCB worked to coordinate safeguarding activity in the borough and ensure its effectiveness. The ISCB had focused on three key areas over the past year: addressing the impact of neglect on children, including to help children become more resilient; addressing the consequences and harm suffered as a result of domestic violence, parental ill-health and substance abuse; and identification of children who are vulnerable to sexual exploitation and holding perpetrators to account.
- The Board noted the risks associated with private fostering arrangements and the need for the local authority to be made aware of such arrangements. It was thought that more could be done to identify such arrangements.
- The Board noted the risk of child sexual exploitation and the work underway to engage with children and young people on CSE related issues.
- The ISCB was concerned about county lines drug dealing and the impact this was having on vulnerable young people. It was commented that services working with young people who had been groomed into such activity needed to take a trauma-informed approach.
- Safeguarding arrangements were required to be amended following the publication of a new statutory framework. The revised arrangements would be implemented by September 2019 at the latest. However, it was advised that it was not intended to significantly alter arrangements in Islington, which were already considered to be successful.
- It was noted that, under the new safeguarding arrangements, some Serious Case Reviews would be carried out at national level.

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- A member of the Board highlighted the importance of engaging with children and young people and planning services in response to their experiences.
- Members of the Board who also attend ISCB meetings welcomed the work of the ISCB and emphasised that all partners in Islington had a strong commitment to the safety of children and young people.

RESOLVED:

That the Islington Safeguarding Children Board Annual Report be noted.

MEETING CLOSED AT 2.30 pm

Chair



Report of: The Corporate Director of Public Health and Director of Strategy and Commissioning, People Directorate

Health and Wellbeing Board	Date: 6th November 2019	Ward(s): All
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SUBJECT: Development of the Integrated Care System in NCL and Islington.

1. Synopsis

1.1 Islington has a strong history of collaborative partnership working for the benefit of local people as evidenced by our pooled budgets, joint teams and shared ambition. Since the publication of the NHS Long Term Plan in January 2019 we have been cogniscent of the need to work together as a system to review and strengthen our integrated arrangements in the context of a changing landscape.

This report serves an update on that work and should be read long side our Annual Section 75 reports.

The detail of this update is to be found in Appendix 1 – Integration in Islington.

2. Recommendations

- 2.1** The Health and Wellbeing Board is asked to:
- To note the progress made since March 2019 towards the development of an Islington Borough Partnership

3. **Financial Implications:**

There are no direct financial implications from this report.

Legal Implications:

There are no direct legal implications from this report

Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There are no direct environmental implications from this report. The impacts of the integrated care systems are assessed at the time that projects and policies are approved.

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.

Conclusion and reasons for recommendations

Report is for assurance and note only.

Appendices

- Appendix 1 - Integration in Islington – an update

Signed by:



Corporate Director of Public Health and
Director of Strategy and Commissioning,
People Directorate

Date 16/10/2019

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ISLINGTON

In partnership with



Islington

Clinical Commissioning Group

Health and Care Integration in Islington – an update

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Health & Wellbeing Board – November 2019

Jess McGregor, Julie Billett & Clare Henderson

Integration – A recap on the March 2019 Health & Wellbeing Board

1. We discussed

- Our long standing history of positive collaboration around health and care integration in Islington
- Our 2017-18 Annual Section 75 reports
- The changing NHS context – Integrated Care Systems
- The changing local context – The NHS Long Term Plan, Localities & Primary Care Networks

We agreed

- To draft a letter from whole Health and Wellbeing board in response to the Islington Intergreat event setting out our ambitions for the Integrated Care System for Islington
- To begin to develop new ways of working locally to bring this ambition to life

Integration – An update on the last 6 months

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Integreat response
 – April 2019

January 2019 saw the publication of the NHS Long Term Plan setting out the aspiration of integrated care systems. This indicated that the role of what was the North Central London Sustainability & Transformation Programme (NCL STP) would change as we move towards an integrated care system (ICS) at a 5 borough level, with local borough facing partnerships.

Following the Integreat workshop in February 2019 we agreed as a borough system to submit our response to the NCL proposals for how that ICS should develop.

The principles underpinning our shared ambition

- the borough is the basic unit of health and care integration
- strengthened public/resident voice at all levels
- 5 borough strategic planning and commissioning, where it is appropriate
- Care pathway development should be underpinned by evidence, best practice, and the local context
- 5 borough outcomes must be built from the bottom up
- Prevention must be rooted and driven at a borough level
- Public Health has an important role to play across the system
- Adult Social Care, and its markets, will continue to be governed at a borough level
- Our ambitions are whole population & all age
- Wider local government services, representing the wider determinants of health must be integral

Our next steps

- the locality programme will be the bedrock of borough and locality delivery
- we will develop an Islington Joint Strategic Resource Assessment
- we will develop a single Islington population health and wellbeing outcomes framework
- These will enable us to develop a joint, medium term strategic financial plan and delivery strategy

H&WB Development
session – July 2019

Our Crossroads

- We are leaving the “as is” whatever happens
- We must strengthen and hardwire what matters most to us in our Islington focus or risk losing influence over the local
- The new world will require us to work differently
- Systems thinking vs Organisational thinking
- Resourcing the system to move towards prevention

A declaration of the possible

- the best place in the country for prevention and early intervention in health and wellbeing.
- We will:
 - oversee all the wider determinants of health
 - Enable new ways of working – between our staff and residents
 - Ensure equality of access and outcome
 - create a place where people feel supported but are enabled
 - make tangible differences to residents & patients
 - finally deliver our long “dreamed about” integration

How?

- Keep it simple with minimal bureaucracy
- Keep a broad and inclusive approach

Governance implications

- Consider proposals for new governance arrangements for a Local Borough Partnership

How do we shift to a system that acts together to improve resident outcomes and overall system sustainability, even where this may be counter to individual organisational interests, and/or require ceding of some control

Integration – An update on the last 6 months

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NCL Integrated Care System design work – May – Oct 2019

The NCL Integrated Care System Design task and finish group has met five times and has concluded the initial phase of design work.

This has resulted in:

- Working agreement on the levels for particular functions (including enabler functions)
- Agreed chapter on integration for the NHS Long Term Plan
- Self assessment of borough maturity matrix and emerging development plans for boroughs
- An agreed work plan for NCL wide work

At the same time, at a borough level, work has been ongoing to develop integrated care partnerships and form shadow arrangements.

NHS England has approved the 5 CCGs to merge as a single CGG across NCL in April 2020.

These pieces of work will support further clarity on the vision, through working with partners to set out the cross cutting aims for what we want to achieve by April 2020 and April 2021.

Borough Partnership Development Group – monthly

Workstreams progressing

- Joint Strategic Finance Assessment – Siobhan Harrington
- Comms, Engagement & Participation Strategy – Tony Hoolaghan
- Governance Task & Finish Group – Jess McGregor & Clare Henderson

Key developments

- Legal & constitutional constraints mean that the Health & Wellbeing Board can't be our Borough Partnership decision making body. Therefore:
 - We will propose a new governance structure
 - We will need to review the Health & Wellbeing Board in light of this
- We are keen to build our partnership around a life course approach underpinned by a focus on
 - The best start in life
 - Living Well
 - Ageing Well
- We are keen to establish a closer, and more formal connection, between the Borough Partnership and the Localities programme
- We are keen to get our shadow Borough Partnership up and running

Integration – An update on the last 6 months

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Localities Programme

What have we done?

Established a prototype for a new multi-disciplinary team for the North Locality, co-located at Newington Barrow Way and aligned with the new North Primary Care Network

Engaged staff at all levels across the partnership through a really enthusiastic and dynamic 'Ground Work' group

Run a range of positive events including marketplace events and walking tours

Started thinking about how to extend work to the South and Central localities

What have we learnt?

- Organic "bottom up" approach really helpful for encouraging creativity and ensuring buy in
- Staff appreciate opportunity to build relationships across disciplines and organisations
- Work to date has been focused primarily on "vulnerable adult" cohort
- Need to ensure much clearer governance and workplan going forward – addressing both operational delivery and wider systems leadership – to ensure clear and tangible benefits for local people

For the next phase, we need to both accelerate and expand the work

- Build on the learning – bottom up, multi-disciplinary teams which join things up for local people
- Set out clear and compelling narrative that describes both what we are trying to achieve and how we will get there
- Deliver shift towards greater early intervention and prevention
- Provide a framework for major systems change including health & care integration plus the forming of a new relationship with civil society/local communities
- Establish clear governance and accountability

Integration – Moving Forward for a Fairer Islington

- For the next phase of health and care integration in Islington, we want to accelerate the pace of change.
- This will build on our experience to date to establish an integrated approach at every level of business starting from vision and strategy and extending to operational delivery at the front line to generate improved outcomes and experiences for residents.

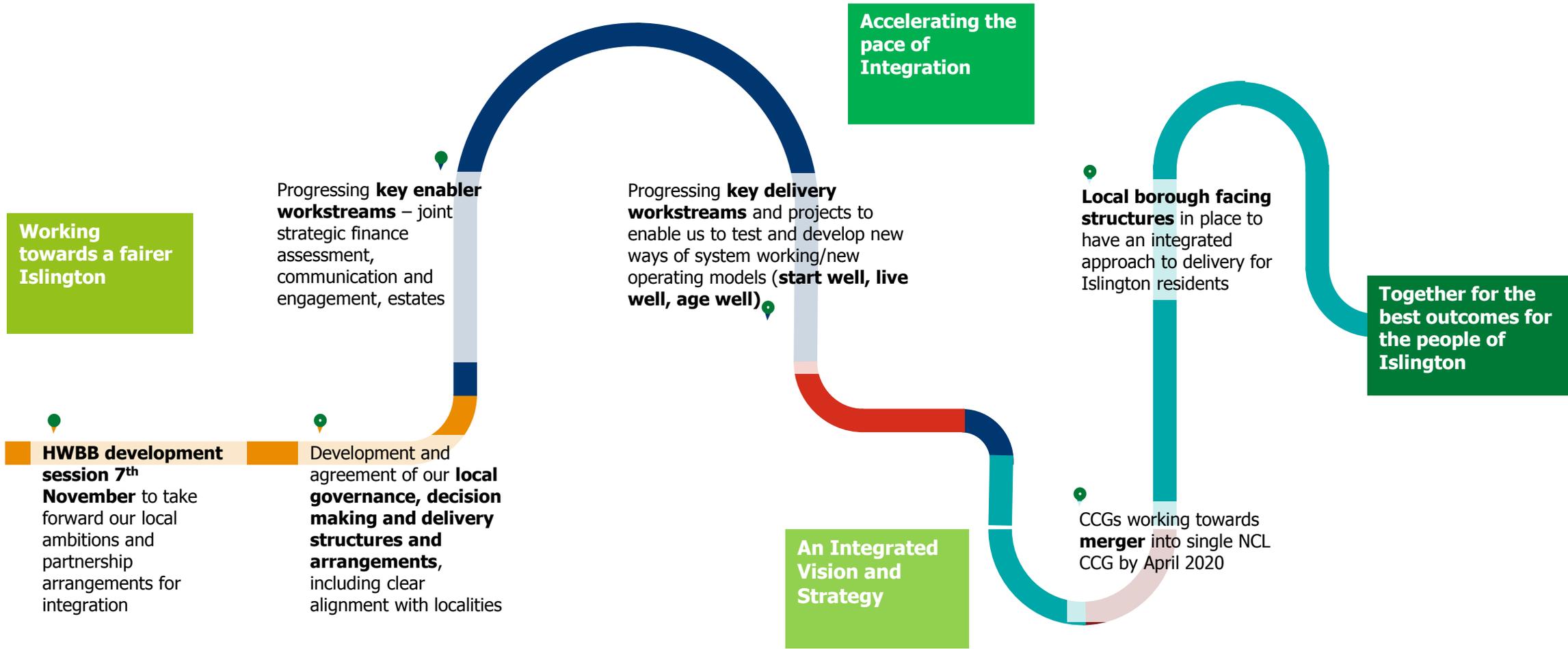
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The new North Central London (NCL) arrangements help to make the case for us:

- whilst acute commissioning will increasingly take place across the five boroughs
- this leaves community health services to be commissioned in a more integrated way at borough level



Integration – High Level Road Map



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Report of: The Corporate Director of Public Health and Director of Strategy and Commissioning, Adult Social Care.

Health and Wellbeing Board	Date: 6th November 2019	Ward(s): All
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SUBJECT: Islington Health and Social Care Section 75 Arrangements: Annual Report 2018/19

1. Synopsis

1.1 Islington has a strong history of collaborative partnership working for the benefit of local people. Under Section 75 of the NHS Act 2006 Local Authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, the aim of this is to improve services for residents and patients. The formation of, and ongoing use of Section 75 agreements reflects Islington’s ongoing commitment to a whole system partnership approach.

Islington has Section 75 agreements covering for adults and children through the following arrangements:

- Commissioning partnership agreement between London Borough of Islington (LBI) and Islington Clinical Commissioning Group (ICCG) that covers pooled arrangements for Mental Health, Intermediate Care, Carers, Children’s Services, Learning Disabilities, Mental Health Care of Older People, and the Better Care Fund
- Commissioning of primary care-delivered Public Health Services (known as ‘locally commissioned services’ by ICCG on behalf of LBI and a commissioning partnership agreement between LBI and ICCG that covers sexual health (including termination of pregnancy)
- Provider partnership arrangement between LBI and Whittington Health.
- There is an additional provider partnership arrangement between LBI, and Camden and Islington Foundation Trust (CIFT). A report on this arrangement will follow at a later date.

The Health and Wellbeing Board is responsible for overseeing the delivery of the Section 75 agreements to ensure they are operating effectively and having maximum impact.

For the commissioning Section 75 arrangements, this report includes the objectives of each pool, key achievements, and priorities for 2019/20. The Better Care Fund has additional requirements to be ratified by the Health and Wellbeing board for 2019/20 planning purposes. This report details the planning assumptions for this financial year.

For the provider Section 75 arrangement LBI and Whittington Health, this report details key achievements and plans for 2019/20.

2. Recommendations

2.1 The Health and Wellbeing Board is asked to:

- To note the progress in 2018/19 between health and social care under Section 75 arrangements including key achievements
- To note priorities for 2019/20 and receive future annual reports on these arrangements
- To ratify the Better Care Fund 2019/20 Islington plan

3. Context

3.1 Under Section 75 of the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, the aim of this is to improve services for residents and patients. Section 75 (S75) agreements allow for Local Authorities and health to pool funding to develop improved services and to maximise resources.

Section 75s are a tool to facilitate joint working to improve outcomes for residents and can act as a key enabler for integration. The legal flexibility to pool budgets provides a clear opportunity for local health and social care organisations to form integrated services. Evidence suggests that integrated management structures and services have several beneficial outcomes for users and can make efficiency savings by avoiding duplication.

For Islington, a joint ICCG and LBI group, called the Section 75 and Better Care Fund meeting, manage the commissioning Section 75 arrangements. This group receive quarterly Section 75 progress reports. The progress reports allow the group to oversee the joint commissioning of the services within the Section 75 agreements including risks and mitigations, finances and commissioning intentions (including the end dates of the agreements themselves). The group makes recommendations to the relevant decision making bodies in the CCG and the Council or officers for future joint arrangements.

Islington Joint Commissioning teams manage and support the commissioning Section 75 arrangements. These posts work collaboratively across ICCG and LBI to maximise the value of integration and budget flexibility. The senior joint commissioning posts are jointly funded between the two organisations. Islington CCG and the Council remain committed to the Islington Joint Commissioning function and team for 2019/20. The North Central London CCGs merger may influence the ongoing arrangements for local joint commissioning.

For the provider Section 75 arrangements, LBI has joint forums with Whittington Health and CIFT to oversee the delivery of services. The key aspect of the Whittington Health/LBI

Section 75 is community equipment, which has an overarching board that meets quarterly. For Mental Health the Adult Mental Health Section 75 Partnership Board meets quarterly.

4. Summary Revenue Position: Adults Commissioning and Provider Section 75 agreements

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a 'pooled' fund.

During the financial year ending 31 March 2019, six adult pooled budgets were in operation between Islington Council and Islington CCG, and hosted by the Council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care Fund.

The summary revenue position for 2018-19 is shown below.

Table 1: 2018/19 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2018/19 Gross Budget (£)	2018/19 Outturn (£)	2018/19 Actual Variance (£)	LBI (£)	NHS (£)
Intermediate Care (Delayed Transfer of Care)	6,798,900	6,584,076	(214,824)	(116,005)	(98,819)
Learning Disabilities	32,530,300	34,358,705	1,828,405	1,603,511	224,894
Dysphagia SLT lead post	27,000	27,000	0	0	0
Mental Health Commissioning	4,449,000	4,422,214	(26,786)	(13,661)	(13,125)
Carers Pooled Fund	1,055,300	872,702	(182,598)	(166,164)	(16,434)
Mental Health Care of Older People (MHCOP)	5,962,400	5,935,783	(26,616)	(15,171)	(11,445)
Better Care Fund*	27,151,000	27,151,000	0	0	0
Gross Expenditure	77,973,900	79,351,480	1,377,580	1,292,510	85,070

*Total BCF fund is £29.466m. Funding streams of £1.2m, £95k and £1,020m are included directly in Intermediate Care, Carers and Learning Disabilities respectively.

Table 2: 2018/19 Islington Council and Whittington Health Pooled budget summary table

Section 75 agreement	2018/19 Budget (£)	2018/19 Outturn (£)	2018/19 Actual Variance (£)	LBI (£)	NHS (£)
ICES (Integrated Community Equipment)	900,000	1,040,425	140,425	70,212	70,212

Variance in planned expenditure is shared between health and social care on an equal basis.

5. Children's Commissioning Section 75 Agreements: Year in Review

The following section provides an overview of the Children's Section 75 agreement, key activities and achievements delivered in 2018/19 and priorities for 2019/20.

5.1. Pooled and non- pooled budgets

Whilst there are no pooled budgets in children services, the Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

The Children's Health Commissioning team, located within the local authority, but who also work into the CCG, have developed well established linkages between health and local authority commissioning including Public Health. The direct management of the team is provided Jointly by the CCG's Director of Commissioning and Integration and LBI's Director of Strategy and Commissioning. The Assistant Director of Joint Commissioning for CYP and Disability took on responsibility in 18/19 for developing an All Age Approach to Disability with a specific focus on Progression to Adulthood; so now has a remit across both adults and children's within the Peoples Directorate. The team links into the People's Directorate Management Team (PDMT) through a regular health focussed meeting together with Public Health every 6/8 weeks.

Unlike adults, children's health and social care provision are commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission health services funded by the CCG or the local authority and to do so working closely with Public Health, other local authority partners and schools. This is particularly important in relation to the commissioning of speech and language and other paediatric therapies, services for children with disabilities, child and adolescent mental health services and health services for vulnerable children: including services into the Pupil Referral Units, children looked after, young carers and those known to the Youth Offending Service / Targeted Youth Support.

In 2018/19 the local authority contributed £145,000 towards the cost of this team and the CCG contributed £182,000.

Aligned budget: Within Children's Services there is also an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities.

Decisions about funding of these placements are made by a Joint Agency Panel (JAP) which is attended by the AD for Joint Commissioning and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 16/17 has continued to function effectively. The overall outturn in 18/19 was £2,711,770 with a standard split operating across agencies such that the outturn for each agency was as follows: CCG – £976,237, Education – £569,472 and Social Care – £1,166,061.

Children's Health Strategy

- 5.2.** The Children's Health Commissioning Team has continued to focus on the delivery of the Children's Health Strategy. Developed in 14/15 the strategy has guided the work of the team and partners, setting out the direction of travel for Children's Health Services in Islington over a period of 5 years; to deliver improved health and well-being outcomes for children and young people and their parents and carers. Regular progress reports are made to the Children's Service Improvement Group. The Strategy has a strong focus on prevention and early intervention as well as ensuring we are effectively meeting the needs of vulnerable CYP.

Children's Integrated Care

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

Key projects that supported this in 18/19 were:

- The asthma friendly schools programme has achieved coverage across all schools: The school programme, includes implementation of an asthma policy, care plans, training, asthma register and emergency procedures. Formal evaluation of this programme of work in 18/19 demonstrated significant impact on the health and well-being of pupils in those schools. The programme has received national recognition for its work and impact on CYP
- Children's Nurses in Primary Care: The children's nurses are continuing to deliver clinics in primary care to improve health and wellbeing outcomes for children with a focus on supporting the Asthma 48 Hour review.
- Hospital @ Home: has continued to embed itself locally enabling acutely unwell children to have their care managed at home who would otherwise be treated in hospital. The project started in August 2014 and has continued to develop now extending its remit to work with babies who have feeding difficulties or are Jaundiced and require treatment.

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

- Services for Children with Additional Health Needs such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics, Community Children's Nursing, Continuing Care, Palliative Care, bladder and bowel, Audiology and Continuing Care.
- Services for Disabled Children including the Integrated Disabled Children's Service, Short Breaks Services and Assessment and Diagnostic services delivered from the Northern Health Centre.
- Child and Adolescent Mental Health Services (CAMHS) and

- Integrated Health Teams working within the Targeted Youth Support, Youth Offending Services and Looked After Children's Services

The team also undertakes a series of engagement/monitoring meetings regarding the above and involves the local authority partners in these as needed. Hence the S75 is enabling the local authority to have more direct involvement in the monitoring of the Whittington health contract than would otherwise be the case

18/19 achievements

Social and Emotional Mental Health (SEMH)

5.4.

The Children's Health Commissioning Team have led on the development of Islington's Local CAMHS Transformation Plan 2015 – 2020. This has led to a significant increase in funding within local services to develop local service provision and support progress towards national targets in relation to improving access, specialist provision and ensuring robust crisis care pathways are in place.

The first three phases of Islington's CAMHS Transformation Plan had a strong focus on increasing access, equity and capacity, with an aim to ensure all CYP reach the right service at the right time. This specifically included the broadening of the wider offer of early intervention for CYP with mild to moderate needs utilising a whole system approach. As a result of significant discussion with partners in social care, education and health and with CYP, parents and carers, a central point of access (CPA) model was developed for CYP to access all social, emotional and mental health services (SEMH). Operating from the principle of 'no wrong referral' the model extends beyond traditional CAMHS settings to improve access into a wide range of health, social and digital community-based services for local CYP, through a new multi-agency intake team.

The SEMH programme has now moved from consultation to implementation stage to integrate the CPA into the existing Children's Service Contact Team (CSCT) front door. There will also be significant additional local funding invested into the Third Sector to increase capacity by providing access for a minimum of 500 children and young people into community-based counselling and therapeutic services. This will include the development of a new emotional wellbeing service, which was requested by local YP.

In addition to expanding our workforce within the SEMH pathways we continue to support the third sector CYP Emotional Wellbeing Provider Network. This brings together professionals from universal services, including third sector organisations and CAMHS, to share best practice and develop local resources to assist with working with CYP.

We have worked closely with Children's Social Care this year to develop the delivery of CAMHS services to Children Looked After (CLA) to ensure we are maximising the use of the dedicated resource for CLA.

The Schools Forum have continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Children's Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions

when required. Feedback from Children's Centres and schools has been consistently positive. The SEND Joint Commissioning Sub Group monitor performance and impact of this service on CYP.

Islington has developed a framework to support schools' thinking in relation to mental health and resilience: iMHARS (Islington mental health and resilience in schools www.islingtoncs.org/imhars). iMHARS describes a whole-school approach to mental health and resilience. Schools are supported to use iMHARS to research their current practice; identify where things are working well, areas for improvement and reflect on what support is in place to meet the needs of all pupils; for the most vulnerable pupils, for those at risk, and preventative measures for all pupils.

In 18/19, thirteen schools across the borough engaged in an iMHARS review, Overall 52% of schools in Islington have used the iMHARS framework to improve practice and develop a whole-school approach to mental health. This includes 24/47 primary, 6/11 secondary and 4/6 special schools.

By the end of March 2018, fourteen schools were signed as part of the Islington Trauma Informed Practice PRUs, Primary schools and Partners project (iTIPS) to develop their trauma-informed practice, within a whole-school approach.

Schools are also further encouraged to explore 'what makes a healthy school' with their pupils, to mark the annual 'Time To Talk Day'. In 18/19, volunteers delivered Mentally Healthy Schools workshops to 38 classes across primary and secondary schools from local businesses in partnership with BIG Alliance. In the past two years, 84 classes have participated from 22 schools (34%).

In addition to our CAMHS in children's centre offer and parent and baby psychology service, we have developed our Growing Together service, which provides highly skilled interventions for families across the borough, for parents with mental health issues and their children (1 – 5 years old) with their own emotional wellbeing needs. In 18/19, the service supported 215 families, which included 437 individuals.

The CCG has continued to fund health services into the Youth Offending Service including a nurse (who also works into the Pupil Referral Unit) and a speech and language therapist. Mandatory speech and language screening was implemented for all YP entering YOS and this has resulted in better outcomes for some young people undergoing court proceedings.

SEND

5.5.

The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the Special Educational Needs and Disability (SEND) reforms.

The SEND Joint Commissioning Sub Group is chaired by The Assistant Director for Joint Commissioning and significant progress has been made over the past year in the implementation of the Joint Commissioning Action Plan. This integrated approach to SEND across the CCG and LBI will be central to positive outcomes in the forthcoming SEND Joint Inspection. Key focus of the work during 18/19 was the growing incidence of Autism and the subsequent impact on services and the development of services to meet the growing demand for Social and Emotional Mental Health (SEMH).

The jointly funded speech and language therapy posts in mainstream schools, funded (between the CCG and schools Forum) continues to have a really positive impact on the delivery of services into mainstream schools. Schools are now in receipt of ongoing provision, which enables both direct intervention but also development of whole school approaches to support language and communication skills in schools.

The Islington Additional Needs and Disability Service (IANDS) provides therapy services; this is provided in clinics, and across the schools in Islington, as well as children's centres. In addition, they provide the under 5's Autism Diagnostic Service, the MSK service, the early year's development team, and nutrition and dietetics.

The service continues to achieve good outcomes for children and young people, which are documented at quarterly engagement meetings with commissioners.

There are issues with the waiting times for the Social Communication Team, who complete the autism assessments – increased funding in 2017/18 reduced the waiting times from c. 37 weeks to 19 weeks (with a target of 18 weeks). Now that this additional funding has ended, the waiting times are starting to increase again. Referrals for the service continue to increase, although a high percentage of the referrals result in a diagnosis of autism (86%), demonstrating that referrals are appropriate. The high waiting times for autism diagnosis are an issue nationally, and Islington by comparison with other areas does well currently; however, it is likely the waiting times will increase again, as there is no sign of referrals slowing.

Personal Health Budgets

- 5.6.** Personal Health Budgets are becoming more widely used across children's services, and now includes children looked after and care leavers with mental health needs, continuing care, Transforming Care, and wheelchairs.

PHBs for children looked after and care leavers have been in place since September 2017, and there is positive feedback regarding the impact that they are having on the children and young people; outcomes include improving confidence and self-esteem, reduction in negative behaviours, improved relationships with foster carers and siblings, and improved overall mental health. The PHBs are supporting young people to have choice and control in this area of their life, something children in care don't often feel they have.

Personal Wheelchair Budgets were implemented this year, across adults and children's; this was a smooth transition, as Islington was already using the voucher scheme, which operated in a very similar way to PHBs.

A few cases in Transforming Care have benefitted from accessing a PHB; due to the complexity of the needs of these young people, PHBs offer an opportunity to be creative in meeting their needs outside of traditional services. For two of the cases, the PHB has been integral in preventing admission to Tier 4, and supporting the young person to remain at home.

CYP Transforming Care

- 5.7.** This includes the work to prevent admission of people with learning disabilities and/or autism to inpatient settings; including Tier 4 and 52 week residential placements for children and young people, and the work to discharge long-stay patients. This includes the overview of the Admission Avoidance Registers (AARs) and Care (Education) and Treatment Reviews (C(E)TRs).

Work on Learning Disabilities and Autism in 2018/19 includes:

- Securing funding to offer training across health, education, and social care professionals, plus parents and carers (including foster carers) on autism awareness and Positive Behaviour Support (PBS)
- Establishing the Islington PBS Service, IMPACT, to work with families where the child is on the edge of care due to their learning disability and/or autism, in the main related to behaviour that challenges; this service has worked with 5 families 12 months, with positive results
- Established the Transforming Care Prevention and Support Service (TCaPS), following a successful bid to NHS England for Accelerator Pilot funding; this is a Key Worker service which works with children and young people on the Admission Avoidance Register, to prevent escalation to crisis and improve quality of life of the families; this service has worked with 6 Islington families (it's an NCL service) in 6 months, again showing signs of positive results (both TCaPS and IMPACT will be evaluated formally, with the report available in 2020)

Overall, knowledge of Transforming Care is much more embedded within health, education and social care, leading to good outcomes for young people and their families.

Challenges include being able to identify children with autism and no learning disability before they reach crisis, and having the resources to effectively work with these young people, as well as the wider cohort, when they do become known to us.

Autism Locally Commissioned Service in Primary Care

- 5.8.** The Autism LCS will start from April 2019, and includes 4 elements:
1. Training for all GP practice staff (including non-clinical staff) on autism (this was completed by March 2019)
 2. Ensuring that people with a diagnosis of autism have been coded correctly on EMIS
 3. The development of an autism health check, for people with autism and no learning disability aged 14+ years
 4. Environment Checks of GP practices, co-developed with parents of children with SEND, to support GP practices to be more autism-friendly and accessible

19-25 Health and Transitions

- 5.9.** A piece of work has been commissioned, which will start in May 2019, to look at the health provision received by those with an EHCP aged 19-25 years old. The aim of this work is to better understand what health support this cohort are receiving, if it is appropriate and achieving good outcomes, and to better understand how we can improve this support for those in post-19 education.

Vulnerable Children

5.10. The team lead on ensuring that vulnerable young people with individual needs, such as mental health, receive appropriate packages of care that meet their specific needs. This includes spot purchasing packages of care for looked after children placed out of borough, as well as monitoring young people who are placed in T4 (adolescent psychiatric beds) to ensure they are discharged back to the community as soon as they are able with the right support in place from health education and social care. Our local Tier 4 panel comes together on a monthly basis with senior colleagues from Education, Health and Care and NHSE to review all cases and ensure appropriate support is in place to facilitate prompt, safe and effective return home with ongoing support in the community.

The team work closely with Social Care and Education for young people who are part of the Transforming Care Cohort. (Children and Young people with LD / Autism who also have mental health needs or behaviour that challenges). The team attends all Care and Treatment Reviews (CTRs) of young people in hospital beds and they convene and chair all community CTRs for young people who may be at risk of a hospital admission or placement in a residential home / school. The AD for Joint Commissioning is responsible for maintaining the 'At Risk of Admission Register', a register that is based on consent, which enables us to regularly review and maximise community provision to support these YP and their parent's carers to prevent admission where possible.

In partnership with both adults and children's providers and commissioners, a Transition Protocol to support transition into adult mental health services from CAMHS has been developed and published.

The CLA health team continued to perform well in meeting the statutory health targets in relation to health assessments (initials and reviews) and immunisation rates for children looked after Children's User and Carer Involvement

Participation and engagement remains a central point to the Children's Joint Commissioning Team. Extensive engagement work has taken place with local CYP, parents and carers and service providers to inform and develop our emotional wellbeing and mental provision for local CYP and their families. Through partnership work and joint working we have been able to reach a range of children and young people from diverse backgrounds. This has been achieved through workshops, projects, outreach and focus groups.

In February 2018, a CAMHS CYP Redesign Group was established. The aim of the group was for young people to provide their expertise concerning the re-design of the Emotional Wellbeing and CAMHS offer. The feedback from young people indicated that services should be transparent and inclusive of the social issues that children and young people experience, therefore they were in agreement of renaming the offer to CYP Social emotional and Mental Health (SEMH) Services.

Additional to this group, young people from City and Islington College and Tech City College took part in informal discussions and provided feedback. All the feedback from these groups alongside feedback from parents and carers, informed the new service re design model. This was then presented to a wide range of stakeholders which included YP and parents and carers during a three-month consultation period.

In July 2018 the Peer Power Youth Engagement Project was commissioned to improve and enable young people, across the Youth Offending Service (YOS), to express their views on how health services should be set up in order to best meet their needs. Peer Power's

approach is to employ peers to engage other peers in their projects. The project began with the youth engagement team members based in the Youth Offending Team (YOT) and Targeted Youth Support (TYS); with the aim of building relationships with the teams, supporting engagement of young people on caseloads, and seeing young people attending the venue for appointments. It was successful in engaging with over 100 young people and gaining their views and experiences about how services might be embedded within the TYS and YOT approach.

The Participation Officer joined up with Family Action to pilot a Special Educational Needs and Disability (SEND) Consultancy Group. The SEND consultation took place with 5 SEND students from The Courtyard School, a free school for pupils with special educational needs. The pupils who attend the school have a diagnosis of autism spectrum disorder and/or speech, language and communication needs.

In February 2019 Young people aged 11-16 were engaged in "Health My Way" which consisted of a series of interactive workshops that aimed to gain their insight on Asthma. The tools used varied to ensure the participants were able to gain new skills and share their expertise simultaneously. For example, 'Speakers Corner' entailed public speaking, speech writing and evaluating each other's strengths and weaknesses. However, the result was a range of speeches detailing why Asthma was important to them and how they would improve the services that are made available to them. This was delivered in collaboration with Arsenal in the community, who provided a personal video recorded by Arsenal players which encouraged the young people and a free tour of the stadium.

In December 2018 the Participation Officer worked with public Health to consult children and young people about the implementation of a Social Prescribing Pilot which aims to support CYP to access services across Islington. This engagement took place at the Northern Health centre and The Lift. Young people received vouchers for their participation and agreed to engage further in the evaluation of the service.

Adults Commissioning Section 75 Agreements: Year in Review

6. The following section provides an overview of each Adult's pool, key activities and achievements delivered in 2018/19 and priorities for 2019/20.

Intermediate Care – Value £6.798 million

Objective of the Pooled Arrangement

- 6.1. The main objective of the Intermediate Care pooled budget is to have joint planning and oversight of the Islington Intermediate Care offer. The pooled budget invests in a range of integrated services to help people avoid going to hospital unnecessarily, help people be as independent as possible after a stay in hospital and to prevent people from having to move into residential home. Through working jointly, the aim is to reduce delayed transfers of care across the borough through improvement of Intermediate Care Services, better acute hospital processes, and joint monitoring of progress.

LBI hosts the Intermediate Care Pooled Budget. Table 3 sets out the range of services funded through the pooled arrangement.

TABLE 3: Joint funded Intermediate Care Services

Service category	Service	Provider	Description & Skill set
Home based Intermediate Care	REACH home based	Whittington Health	Home based multi-disciplinary therapy including physiotherapy, occupational therapy, and nursing
Bed based Intermediate Care	REACH bed based Therapy Team	Whittington Health	Bed based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing supporting Mildmay and St Anne's
	St Pancras Rehab Unit	CNWL NHS Trust	21 inpatient rehabilitation beds
	St Anne's Nursing Home	Forest Healthcare	5 rehabilitation beds in a nursing home setting
	Mildmay	Notting Hill House Trust	12 rehabilitation beds in an extra care sheltered setting
Reablement	Community Enablement	Age UK	Short term interventions to increase independence and wellbeing for Islington residents 55 years and older
	In-house Reablement service	LB Islington	Reablement care to people in their own homes for a period of up to 6 weeks
	Mental Health Reablement	Camden & Islington NHS Foundation Trust	Short term interventions to prevent hospital admissions and facilitate safe and timely discharge from inpatient services.

Key Achievements in 2018/19

Islington Intermediate Care system is continually developing and refining to optimise capacity. Key achievements in 2018/19 include:

- Expansion of Integrated Community Assessment Team to support intermediate care beds such as St Anne's and additional pharmacy capacity to support care homes medicines management
- Additional investment in rapid response capacity and hours of operation. Established pathway between rapid response and LBI Reablement enabling seamless transition of patients from service into ongoing Reablement. Service outreached into Integrated Networks, shadowed London Ambulance crews, and supported the A&E front door challenge, to promote and inform referrers of the

rapid response offer. This resulted in increasing referrals from GPs, LAS and community sources.

- Implementation of borough wide discharge to assess pathways expanding offer to enable all hospitals to refer Islington patients.
- Implemented a single point of access for discharge to assess with integrated Whittington Health and Social Care workforce.
- Expansion of discharge to assess pathway 1 to Saturdays and bank holidays, and expansion of pathway 3 to enable home first or bedded unit options for patients.
- Investment in Speech and Language support for discharge to assess pathways
- Implementation of pharmacy role in discharge to assess and Reablement and pharmacy role (this element is LBI initiative from Reablement funds but we should highlight it)
- Implementation of Care Home Trusted Assessor role to support timely discharges of patients into care homes.
- Investment in the falls service to continue the offer for 18/19.
- Implementation of the intermediate care bed sharing agreement with Camden and Haringey enabling Islington to access additional beds.

Priorities for 2019/20

The priority for the Islington Intermediate Care Pool in 2019/20 is to continue the transformation of Intermediate Care services to modernise the Islington offer. This will include the following:

- Establish a Health and Care Intermediate Care Central Intake Function
- Agree number and location of intermediate care beds in Islington
- Align rapid response and community functions with emerging requirements from NHS England Ageing Well programme.
- Refine Discharge to Assess services to increase the Home First offer

Learning Disabilities – Value £32.53 million

6.2. Objective of the Pooled Arrangement

The learning disability 'pooled budget' commissions the Islington Learning Disabilities Partnership (ILDPP) which is an integrated health and social care team that provides for the holistic needs of young people and adults with a diagnosis of global learning disabilities. The social care team is provided by London Borough of Islington, and the clinical team is provided by a combination of Camden & Islington NHS Foundation Trust (C&IFT) and Whittington Health NHS Trust.

Key Achievements in 2018/19 Learning Disabilities

Learning disabilities continues to undergo a programme of developments to maintain the quality of service provision, whilst meeting demographic pressures and savings requirements.

In 2018/19 the estimated demographic pressure was £1.5m. This can largely be attributed to increasing complexity of need, with particular pressures around managing complex physical health (continuing healthcare) and supporting people with dual diagnosis mental health within community settings.

Reflecting on the intensive review that took place in 2017/18 in order to identify areas for improved efficiency and effectiveness, ILDP have implemented multi-disciplinary network meetings for their most complex individuals. This has reduced duplication and re-focused the work around outcomes. ILDP have also been scrutinising care packages, to ensure support is personalised and equitable across the service, with a particular focus around transition packages for young people. Over the financial year, this has generated £507,043 of cashable savings, as well as £264,200 in cost avoidance efficiencies.

The pooled budget supports the commissioning of a range of accommodation-based services. A Dynamic Purchasing System (DPS) was procured in April 2018, via which all commissioned supported living services are being re-tendered over a two-year time period. The services are being re-procured using a new model of contracting that introduces a core service, with a flexible element on top which is personalised to the needs of each individual tenant. The flexible element is funded with a form of direct payment, known as an Individual Service Fund (ISF). This gives the service user choice and control over how their support is delivered and by whom. This new method of contracting affords greater transparency of what is delivered and ensures that services are tailored to need. All four of the services re-procured during 2018/19 delivered a saving against the original contract value.

In response to the LD accommodation needs assessment, there is recognition of a growing need for good quality supported accommodation in the borough for people with learning disabilities, to enable people to remain living in their communities and reduce reliance on expensive out of borough placements. In 2018/19 we secured planning permission for a new supported living development in the St Peters Ward. Commissioning also brought on line a new development of ten units of supported accommodation on the City Road.

The pooled budget also supports consultation services that ensure that the voices of service users and family carers are heard throughout our service design and delivery, as well as a service targeting social inclusion. Working in partnership with the providers, they were able to deliver a saving of £45,871.80 in 2018/19, whilst still maintaining the quality and level of service provided. Over the course of the year, service users and family carers were involved in all tendering activity as co-evaluators, as well as co-chairing the Learning Disability Partnership Board and its subgroups.

There are a range of in-house services for adults with learning disabilities, including accommodation-based services, day provision and employment support. Operational management have oversight of these services and work with the teams to drive quality and efficiency improvements.

Autism

Autism, without a co-morbid learning disability, continues to be an area facing significant demographic pressure. There is recognition that this cohort often 'fall between the cracks' of eligibility criteria for mental health and learning disability teams. From a social care perspective, it has been clarified that this cohort are the responsibility of the North and South locality teams. Further work is required to ensure there is the capacity and capability within these teams to meet our duties in this area. Further work is also required to reduce the significant wait times for a diagnostic assessment.

Islington’s Autism Partnership Board continued to meet throughout 2018/19, with a wide-ranging membership of professionals, experts by experience and family carers. The board has held themed meetings on a variety of key areas, seeking to understand the local challenges and co-design solutions.

There is not currently a dedicated budget for this cohort or any dedicated commissioned services.

Transforming Care

Transforming Care is a national programme of work led by NHS England. It is a key priority for NHSE and has a significant level of scrutiny attached to it. The programme relates to people with learning disabilities and/or autism who also have challenging behaviours and/or a mental health condition; focussing on ensuring they are not inappropriately admitted to specialist hospital care and are supported to live in their community wherever possible. If an admission does take place, placements are scrutinised for quality and there is a regular review framework to ensure discharge planning is prioritised.

Transforming Care is well-embedded within ILDP and engagement within the community mental health teams is improving. There is strong finance and senior management support across operations and commissioning at both the local authority and CCG. In 2018/19, we held 4 community reviews, three of which avoided an admission or readmission and one resulted in a short, voluntary admission.

Our CCG-funded inpatient figures for 2018/19 were as follows:

	Admissions	Discharges	Inpatients at year end
LD	3	4	4
Autism, non-LD	4	5	2

Overall, since the start of the programme, inpatient numbers have fallen, as well as average lengths of stay.

In November 2018, a 23-year old man with LD and severe autism was discharged to his own adapted property in the community with a bespoke package of support; having spent 5 years under section. This young man’s case has been noted as one of the most complex in England. The success of his discharge to the community is a result of robust joint working between ILDP, commissioning, LBI housing, the support provider, the receiving borough and NHSE.

By the nature of the work to enable some of our most complex people to live in their community, as opposed to a hospital setting, Transforming Care creates a budgetary pressure for both the Local Authority and CCG. A dedicated cost centre has been established to capture costs in relation to this area of work. This cost centre sits outside of existing pooled budget arrangements and cost sharing arrangements are agreed on a case-by-case basis. In recognition of the additional pressure created by people moving out of forensic hospital settings, NHSE have released some funding to local authorities and CCGs for patients discharged from NHSE-commissioned placements from April 2018 onwards.

Mental Health Commissioning – Value £4.449 million

Objective of the Pooled Arrangement

- 6.3.** Islington has the highest number of people with serious mental illness in the country. The main objective of this pool is to ensure that social care systems are appropriately funded to meet Care Act requirements and provide services that can alleviate the pressures on health and providing Islington with a rich offer for mental health service users.

The services in the commissioning pool focus on three key areas:

- Prevention of re-occurring mental ill health including relapse
- Provision of supported housing and residential care
- Provision of statutory functions such as Independent Mental Health Advocacy

Key Achievements in 2018/19

In 2018/19, a key achievement was effective utilisation of accommodation services. For the majority of accommodation services, placements are being fully utilised, with voids filled within a reasonable timeframe after a service user has moved on. These accommodation services include:

- Hilldrop Road residential care home supports older men with alcoholism and Korsakoff's syndrome, and is delivered by St Mungo's Broadway. This service has continued to grow in quality with a CQC inspection, May 2018 resulting in a rating of 'Good', which is a steady increase since 2016.
- Highbury Grove Crisis House provides short-term accommodation (up to 14 days) for up to 12 adults who are experiencing a mental health crisis and who need 24-hour support or support at night. This is considered a prevention service as its primary remit is to prevent admissions into acute inpatient services, and to support people to manage their mental health within a community setting.

The implementation and refinement of the Recovery Pathway in Islington was a key achievement. A suite of services were commissioned and embedded to help Islington adult residents who are in need of support to maintain or prevent further deterioration in their mental health. This support helps residents avoid unnecessary hospital admission or other secondary care intervention and provides the necessary support to enable a recovery from a mental illness and to develop greater self-management of their mental health. These services, coproduced with service users, to provide personalised support building on people's strengths, assets and interests, increase connectivity with the local community to reduce loneliness, and support people when they are facing a mental health crisis. The new service provided by Islington MIND launched on 1st June 2019.

Priorities for 2019/20

- The development of an all age mental health strategy which can clearly set out Islington's vision for preventing mental illness and promoting good mental health for children and adults. The oversight of this strategy will be under a new Partnership Board for Mental Health with stakeholders from the Council, health and the voluntary and community sector.

- Supported accommodation offer review, ensuring that we have the right kind and quality of services to meet the needs of local residents.
- Further integration: The NHSE Long Term Plan for mental health will see a huge growth in mental health services over the next 5 years, it will vital that Council services are considered alongside these changes to continue to deliver a strong integrated all age approach.

Carers – Value £1.055 million

Objective of the Pooled Arrangement

6.4.

The main objectives of the pool are to ensure that there is joined up health and social care support for unpaid carers and that the needs of carers are recognised and understood by health and social care statutory agencies, the wider voluntary sector and the community at large. The pool is also held for the funding of carers personal budgets across all customer groups' i.e. older adults, learning disability, mental health and physical disability.

The pool funds primarily the Islington Carers Hub (ICH) service. This service was commissioned in April 2009 to provide a comprehensive information, advice and guidance service to all unpaid carers living in Islington or with a caring responsibility for someone with care and support needs living in the borough.

Key Achievements in 2018/19

- Hidden carers reached continued to increase to 3,175 in the first quarter of 2019-20 which now represents 17% of the estimated carer population of 18,700 (Census 2011 data)
- Carers celebrated through Carer Week events coordinating a range of carer focused activities across the Borough
- Carer's offer review initiated to ensure that the Islington Carer's offer is fit for purpose and aligned across the People's Directorate. This includes establishing a transition protocol under the young carer's strategy.

Priorities for 2019/20

The priorities for Carer's Pooled arrangement in 2019/20 are:

- Increase the number of 'hidden carers' from current level of 3,175 carers registered with Islington Carers Hub (ICH) to provide outreach support to more of the estimated 18,700 carers in the Borough
- Working with our community hubs/services to co-ordinate a targeted campaign aimed at carers to increase awareness of the service and their available provision/support
- Establish information sharing agreement between NHS and LB Islington so that data on carers held on GP systems can be shared with Islington Carers Hub
- Develop a joint carers strategy for Islington to agreed shared priorities across the Council and CCG working in partnership with the ICH and voluntary sector.
- Develop a transition working protocol to assist young carers in transition to be supported into adulthood.

Mental Health Care of Older People – Value £5.962 million

Objective of the Pooled Arrangement

6.5. The main objective of the pooled arrangement is to provide high-quality care and support for older people, including specialist care and support for older people with mental health needs. The NHS and LBI established this pooled arrangement following historic closure of Care Home facilities.

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

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

The services were commissioned in 2003, on a long-term basis with Care UK, a private sector provider, with contracts running to March 2029 and June 2030, respectively. In May 2019, Forest Healthcare were commissioned to provide 15 Mental Health Nursing Beds at St Anne's Care Homes, to accommodate residents who had been cared for and supported at the now-closed Stacey Street Care Home.

Key Achievements

- Ongoing improvements for residents of care homes such as:
 - Reduced pressure ulcers (reduced by 22% 2015/16-18/19)
 - Reduced unnecessary hospital admissions from care homes
- Care UK Care Homes in the borough moving out of provider concerns processes
- Successful transfer of residents from Stacey St to St Anne's to have accommodation that was fit for purpose to meet resident needs
- Staff participating in various workforce development initiatives such as the Capital Nurse programme
- Stable leadership in place across the care facilities homes during period of market instability and national provider failure
- Establishment of community partnerships between care providers and local communities such as Muriel St Care home have an intergenerational programme with a local primary school

Priorities for 2019/20

Moving forward, commissioners will work with providers to:

- Support and sustain improvement at Muriel Street, which is currently rated as 'Requires Improvement' by the CQC, with a view to attaining a 'Good' rating.
- Establish more robust and consistent quality and contract management processes and procedures.
- Improve relationships with local mental health services to benefit residents and develop practice.
- Improve the day centre offer and utilisation at Highbury New Park – commissioners are exploring different options for achieving this, including potential collaboration at North Central London (NCL) level.

- Support the development of connections to relevant local organisations (e.g. local arts and voluntary sector organisations) to improve resident quality of life.
- Mitigate the impact of Brexit – The UK’s impending departure from the EU presents potential risks to staff recruitment and retention in an already pressurised sector, and potential risks to EU citizens using the services.

Better Care Fund

Objective of the Pooled Arrangement

6.6.

The Better Care Fund (BCF) is a nationally mandated pooled fund to support health and care integration. Islington has a strong history of partnership working, commitment and energy to implement whole systems of integrated care, for the benefits of the local community. Since 2015 Islington has pooled investment from the BCF and additional CCG and LBI funding into a S75 arrangement. The requirements for the Better Care Fund are set nationally as per the Better Care Fund guidance. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf)

The Better Care Fund in Islington acts as a funding source to enable integrated working and initiatives across the borough. Islington CCG is the host of the BCF.

Key Achievements in 2018/19

Islington BCF has enabled recognised examples of integration innovation and best practice. For example the BCF has enabled:

- Test and learn opportunities for GP Federation through localities
- Nationally recognised frailty services – Integrated Community Assessment Team service and the North CHIN moderate frailty services
- Age UK navigators- forerunners to social prescribing
- Community research and navigation
- Development of improved models of community based rapid response services

Islington BCF has also enabled the Implementation of the High Impact Change Model through these initiatives:

- Discharge to assess pathways to enable people to be discharge from hospital in a timely way
- Trusted Assessor model to reduce delays for people who require care from a residential facility
- Rapid response services for the people of Islington to receive medical assessment, treatment and care in the home environment to avoid unnecessary hospital attendance or stays.

Islington BCF has protected adult social care (ASC) for whole system benefit through directly supporting ASC to provide services such as reablement, domiciliary care, carers support, and residential placements.

Priorities for 2019/20

The Islington Better Care Fund is an enabler for integration. The Islington BCF aligns with North Central London Partners programme of work and emerging Integrated Care

System plans. Working consistently across North Central London enables Islington residents to have a consistent care experience.

The priorities for 2019/20 include:

- Ensuring the Better Care Fund aligns to the ambitions set out in the NHS Long Term plan including enabling initiatives such as social prescribing, development of primary care networks, enhanced support for Care Homes
- Utilising the BCF is a core enabler to the Islington Adult Social Care Plan and the local Ageing Well plans to continue to protect adult social care and have a joined up offer for vulnerable groups in Islington.

For the Better Care Fund in 2019/20, the national requirements for planning were requested from Health and Wellbeing Boards in late September 2019 from NHS England. Islington was required to demonstrate fulfilment of the four national BCF conditions.

These are:

- (i) Plans to be jointly agreed
- (ii) NHS contribution to adult social care to be maintained in line with the uplift to CCG Minimum Contribution
- (iii) Agreement to invest in NHS commissioned out-of-hospital services, which may include 7-day services and adult social care
- (iv) Managing Transfers of Care: A clear plan for improved integrated services at the interface between health and social care that reduces Delayed Transfers of Care (DToC), encompassing the High Impact Change Model for Managing Transfers of Care. As part of this all Health and Wellbeing Boards adopt the centrally-set expectations for reducing or maintaining rates of DToC during 2019-20 into their BCF plans.

The other noteworthy change for the 2019/20 Better Care Fund was the requirement for the pre-existing Local Authority grant for winter pressures (£1.285m) to be pooled into the BCF which increased the size of the pool as shown below. Key sections of the planning requirements are included in Appendix 3 and 4.

Objective of the Joint Arrangement

7. Joint Commissioning of sexual health and termination of pregnancy

The s75 agreement includes two commissioning posts (Senior Commissioning Manager and Commissioning Manager) who lead on the local development and commissioning of sexual health (SH) and termination of pregnancy (TOP) services. These posts are funded from LBI's Public Health Grant but are employed by ICCG. Both posts are based within the LBI Public Health team, but work across both organisations in developing local strategies, planning, implementing and monitoring services. In line with statutory organisational responsibilities and national commissioning guidelines, sexual and reproductive health services (screening and treatment) are funded from the Public Health Grant and the TOP services from ICCG budget. Our joint commissioning arrangements are designed to ensure an integrated approach to the commissioning and provision of all sexual and reproductive health services for Islington residents.

Locally Commissioned Services

Public Health commissions a number of services that are delivered by Islington general practices and community pharmacies. These services, known as 'locally commissioned services (LCSs)' cover behaviour change services and support for residents, such as stop smoking and NHS Health Checks, drug misuse treatment and emergency hormonal contraception. These services are funded through the PH Grant. As part of the agreed variation to the s75 agreement in 2017, Islington CCG leads the commissioning of these LCS on behalf of Public Health and takes on the responsibility for developing and entering into the contracts for these services with pharmacies and GPs, and for making payments to pharmacies and general practice under these contracts. The monitoring, management and interventions (as described in the specifications) are the responsibility of public health.

The total value of the public health commissioning s75 agreement was £0.898m in 2018/19

Key Achievements in 2018/19

Sexual Health

Islington Public Health leads on the commissioning of integrated sexual health services (ISHS) on behalf of the North Central London (NCL) partnership, which includes Islington, Camden, Barnet and Haringey. Key achievements in this area for 2018/19 include:

- The signing off of the new ISHS contract with Central and North West London NHS Foundation Trust (CNWL) who are the preferred provider after a tender process.
- The successful launch of the PrEP trial across CNWL services as part of a national pilot. PrEP or pre-exposure prophylaxis, reduces the risk of HIV infection.
- Sexual health commissioners have refreshed local work on teenage pregnancy, coordinating and developing a partnership action plan for implementation from 2019/20 onwards.

Termination of Pregnancy (TOP)

Islington is the commissioning lead for TOP services on behalf of NCL. In 2018/19 sexual health commissioners worked closely with quality leads at the CCG to ensure that

abortion services are working effectively and safely. This has included managing the repercussions from BPAS, a sub-contractor, pulling out of a local contract impacting on system capacity. These issues have now been resolved.

Locally Commissioned Services

The following GP Locally Commissioned Services (LCS) were commissioned in 2018/19: smoking cessation, NHS Health Checks, sexual health, long acting reversible contraception (LARC) and substance misuse. These services are accessed by a significant number of Islington residents. The key outputs for 2018/19 include:

- 6,417 people took up the offer of an NHS Health check through their GP (42% take up of checks amongst those offered).
- 220 residents were treated for sexually transmitted infections in general practice
- 650 patients received Long Acting Reversible Contraception (LARC)
- 236 patients received treatment for opiate use under the drug misuse LCS.
- 310 people (41.5% of those who accessed the service) successfully stopped smoking in Islington as a result of the support received through their GP via this LCS.

Priorities for 2019/20

Sexual Health

Work is continuing to embed the complex and significant transformation of sexual health services. A key part of this transformation is encouraging greater take up of the Sexual Health London on-line service for screening and treatment of some infections. Commissioners are working with CNWL to develop the use of the on-line service including SMART kits, which are used for self-sampling in specific cohorts, in order to free up capacity in clinics.

In addition, commissioners are reviewing and developing arrangements for increasing access to Long Acting Reversible Contraception (LARC) services in primary care. The aim is to free up sexual health clinic capacity at the specialist services, while reducing waiting times and increasing take up of LARC for Islington residents.

Due to high demand, the PrEP trial was expanded by a further 60% in April 2019. There is current discussion about increasing trial places by a further 40% (i.e. doubling the original allocation of trial places for Islington clinics). NHSE fund the drugs but other costs are borne by the sexual health system (commissioners and trusts). Commissioners are working with CNWL and the Sexual Health London service to ensure that on-line testing is available to those partaking in the PrEP trial to mitigate the cost impact, but also to improve patient experience.

TOP

TOP services remains a volatile area for commissioning and there are known issues which may affect delivery in the future, such as falling numbers of doctors trained to perform late term terminations. Commissioners are working with the providers to identify and mitigate against any such risks to delivery in future.

LCS

The key focus of work in 2019/20 is to review and further develop the LCS offer in primary care, with a specific focus on LARC, NHS Health Checks and smoking, to improve access and also the take up of offer by residents (NHS Health Checks in particular). In addition, commissioners are working with ICCG on the future procurement strategy for LCS, aligning plans with the ICCG's overall approach to these services in future, particularly in light of the development of Primary Care Networks. Primary care delivery of public health services remain a key part of the overall Public Health Service offer in Islington.

Annual Section 75 Provider report Whittington Health and LBI

This report covers the main achievements of during the financial year of 2018/19 in the provision of integrated services for adults and older people and identifies the key priorities for 2019/20.

KEY AREAS OF ACHIEVEMENT 2018-19

8. Integrated Locality Team Working - Where we are now

In 2018/19 monthly Risking Risk meetings started in the North and South localities. These are teams of health and social care professionals who work together in a joined-up way to support patients and service users with rising levels of risk within the community. These are for patients not subject to the Integrated Networks and includes representation from; adult social care, community matrons, community therapy teams, mental health and substance misuse services, district nurses and staff supporting the integrated networks.

8.1.

Islington Council has established a base for a prototype in the north of the borough for locality working at Newington Barrow Way and has now begun co-locating services. The North Community Locality Social Care team have already moved to this location alongside the REACH North team. The REACH South team continues to be co-located with the South Locality team at Calshot Street in Kings Cross. Although there are no integrated processes the teams do offer each other support and advice as required. All teams continue to work together to ensure that the services are delivered in partnership where possible and are sustainable and able to respond to the increasing number of people being supported to remain in their own homes and independent for as long as possible. The future aim is to revisit the integration agenda at a later date within the Intermediate Care Strategy Programme.

Discharge to Assess pathways have been implemented and are exceeding targets for all care pathways. Referrals are received via an integrated single point of access where all referrals are triaged before progressed to the most appropriate pathway.

Collaboration between Whittington Health and Islington continues in the following areas:

- Integration in line with healthcare priorities
- The implementation of discharge to assess
- The implementation of the Rising Risk locality based integrated care meetings (North and South)
- Growth in the use of Enhanced Telecare services
- Growth in the number of GPs involved with the integrated network meetings

Integrated Care Networks (INC)

8.2.

Whittington Health operationally manages the Islington integrated networks (multiagency teams wrapped around primary care) through the Integrated Network Coordination (INC) infrastructure. There is a borough wide commitment to the INC service. Whittington Health has been a central part to the implementation of the Integrated Networks across Islington. The roll out of the programme began in February 2016 and Whittington Health have operationally managed and provided the ongoing infrastructure for the Integrated Networks. There are now 8 Integrated Networks running across Islington with all GP practices now participating. Whittington Health also provide the community matron service to the Integrated Networks who form part of the core Integrated Network team alongside GP's, mental health, social services, Age UK and secondary care. The service is fundamental in Whittington's vision of providing integrated care.

Last year the expectation moving forward was for the CHINs (now called PCNs) to be developed, reducing the current 12 networks to 3. Having only three networks would have meant the quality of the patient discussion would be dramatically reduced. Therefore, we successfully transitioned the 12 networks to 8. The INC networks, except for one practice, were already aligned with the Primary Care Networks introduced in July 2019. This practice was successfully moved to their new Network.

We continue to provide the Adult and children's teleconferences 1 per month and 3 times per month, respectively.

We have also successfully started recruiting patients to the research project in collaboration with London School of Hygiene and Tropical Medicine. We have not reached, yet the expected target so an application to extend has been approved by the HRA.

In January 2019 we successfully started the Rising Risk meetings. This group focuses on the care-coordination of those who are a rising risk as a preventative strategy to prevent patients on this level becoming high risk and requiring INC intervention.

In February 2019 INC began working in partnership with ED to facilitate the High Intensity User Group (HIU) where with an MDT approach we work together to create management care plans on Coordinate my care (CMC) to reduce frequent attenders to the A&E department.

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

Discharge to Assess

Discharge to Assess (D2A) is operating as a standard referral pathway for people who are medically optimised and ready to be discharged from hospital, to have their social care and therapy needs assessed at home or other community setting rather than on the ward. This approach to discharge has helped improve patient flow through the hospital, ease demand on hospital beds and staff, make better use of our community services and deliver better overall outcomes for patients.

8.3.

Patient outcomes the approach supports include the following examples:

- Lower risk of getting a hospital acquired infection
- Retain independence for longer
- Less reliance on long term care and receive care that is most appropriate to their needs
- Likely to live longer.

Implementation and expansion in Islington

The D2A service is offered to patients from University College London, Whittington Health, St Pancras and Royal Free hospitals at present, and involves the use of an agreed North Central London (NCL) referral form for all pathways.

D2A, which is operated by Islington's Single Point of Access (SPOA) team, has continued to expand in 2018/19 to work in line with hospital discharges and improve patient

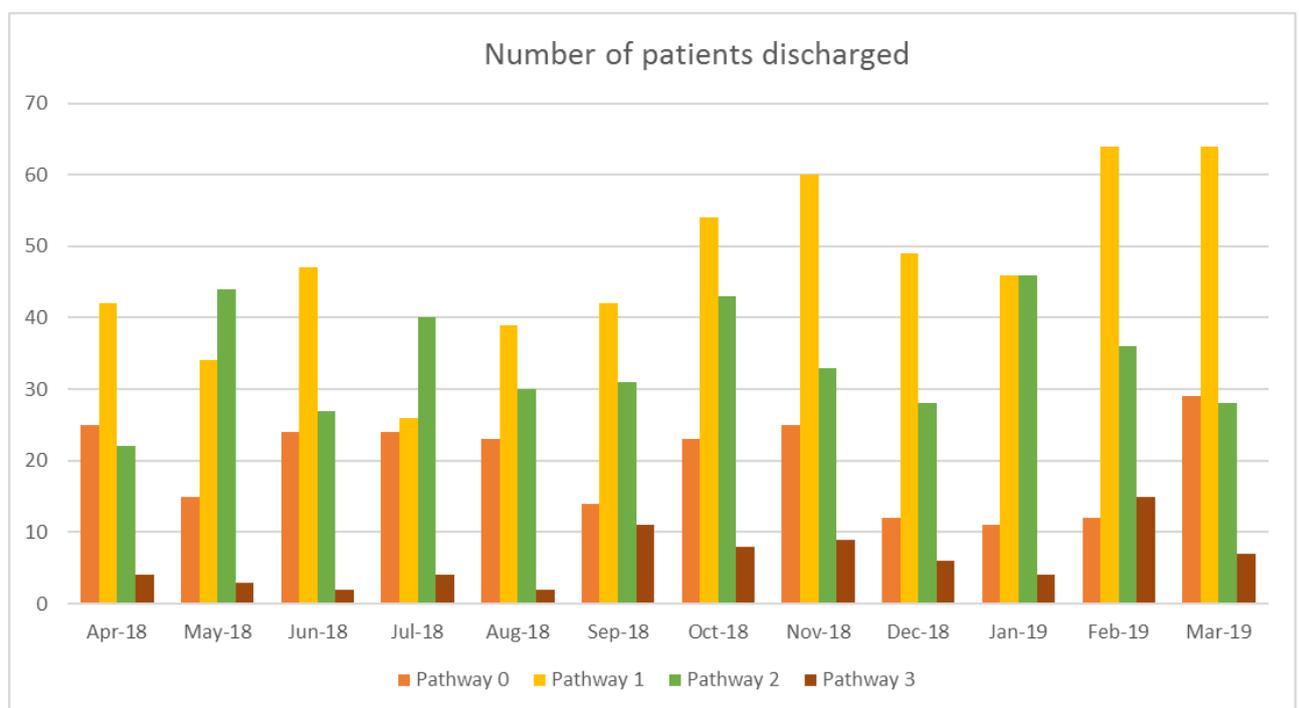
outcomes by increasing daily capacity for referrals and extending to a 6-day service (for Pathway 0 and 1).

D2A developmental work involving the local authority, CCG and NHS is also continuing within the wider NCL group via participation in the NCL Improvement Discharge Group which re-commenced in September 2019.

Impact in Islington

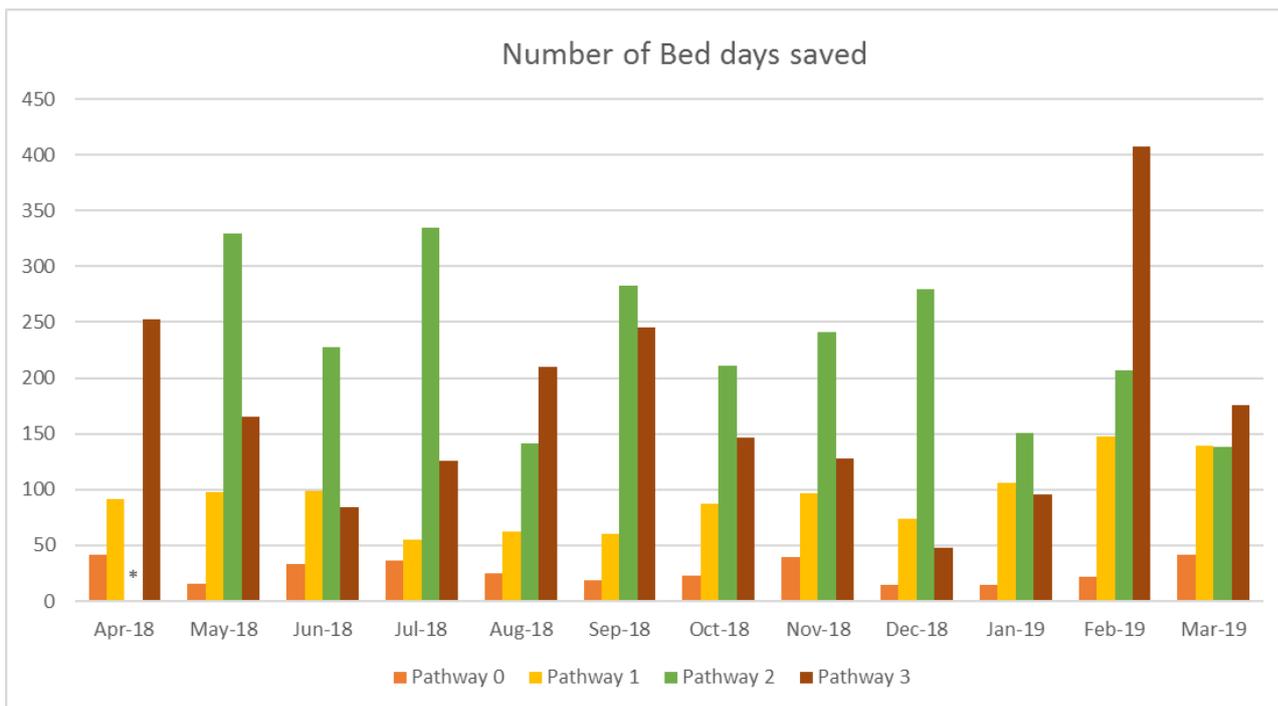
The key metrics for assessing the impact of D2A programmes is the number of patients discharged and hospital bed days saved per patient.

The below graph indicates the number of patients discharged via Pathways 0-3 per month in 2018/19.



The total number of patients discharged via pathways was 1287 in 2018/19 (not able to be compared to 2017/18 as D2A pilot commenced in Dec 2017).

The below graph indicates the number of bed days saved via Pathways 0-3 per month in



2018/19.

The methodology for bed days saved in Pathway 2 was agreed with NCL partners and reporting commenced in May 2018.

A total number of bed days saved in Pathway 0 were 325, 1116 in Pathway 1, 2544 in Pathway 2 and 2084 in Pathway 3. These figures suggest D2A continues to have a significant impact on patient flow pressures in hospitals and reducing Delayed Transfers of Care.

Strong collaborative work between CCG, health and social care partners remains crucial to the successful delivery of D2A and future developments of these pathways.

Admission Avoidance

8.4. Islington developed and launched the Admission Avoidance pathway in November 2018. This was created with an aim to provide an easier and faster referral route for service users who required social care support following a brief period of Rapid Response. The Rapid Response service is available to residents who present to A&E (and do not require admission) or those who experience a sudden decline in health and can have their conditions managed at home with an integrated health team. If social care support is required once they are medically well, the team can then refer to Adult social services via Admission Avoidance pathway. The Admission Avoidance pathway is operated by the existing SPOA team and consists of a Physiotherapist, Case manager and Social worker.

A total of 23 of service users have come through this pathway (Nov 2018 to 31 March 2019): 11 required Reablement and 7 required long-term support (5 were re-admitted into hospital). Consistent joint working and training between Whittington Health and local authority frontline staff on completing timely assessments and reviews has ensured these service users are transitioned into the appropriate social care provision whilst remaining in their homes and in the community.

Delayed Transfers of Care

8.5. The graph included here is drawn from monthly NHS England DTOC SitRep data and presents data for all delays (NHS, Social care and Joint delays) in Islington during 2018/19. Finalised published data for ASCOF indicator 2C will be published in the beginning of November 2019 and may differ slightly from figures presented here.

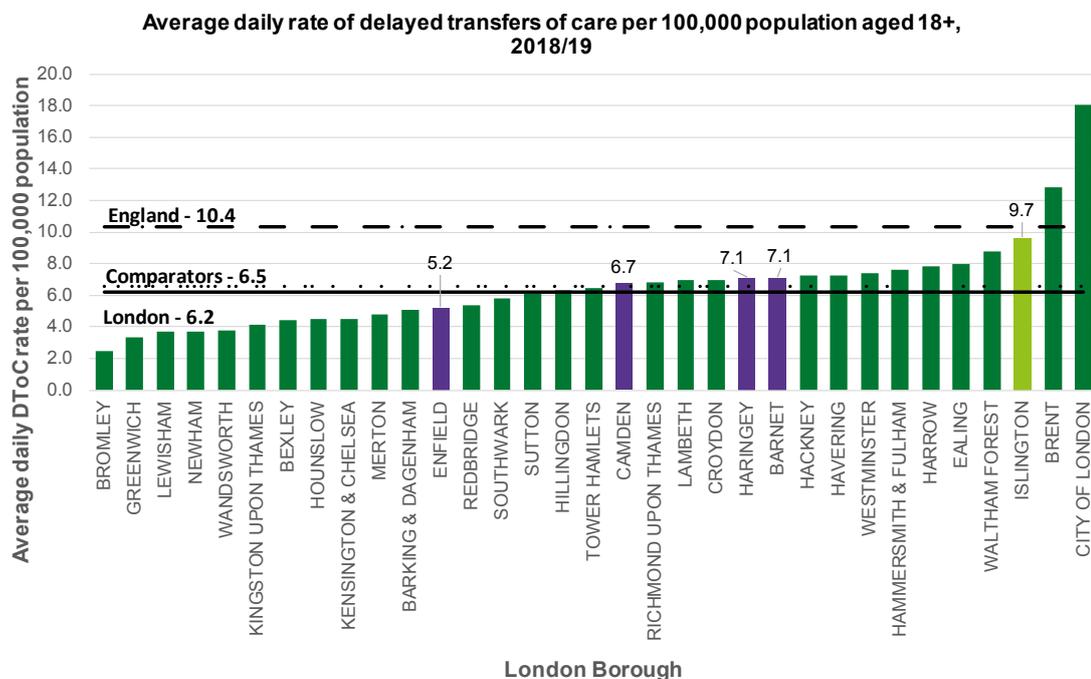
Islington's individual performance has slightly declined across the period, at an average of 9.7 daily delays per 100,000 patients, compared to 9.2 in 2017/18. The London and England averages have reduced in 2018/19, meaning that comparatively, Islington's performance has declined slightly.

2018/19 continued to be a challenging period across both health and social care in Islington. Challenges in the social care provider market had an effect over the winter including the consequences of the failure of Allied Care and the need to re-provide care packages for service users. There have been a number of embargos on care homes in borough as a result of safeguarding and quality concerns. In addition to this the demand for adult social care continues to rise nationally and locally alongside an increase in the acuity of service users being supported by adult social care.

Action has been taken to reduce delayed transfers of care during the year and going forward into 2019/20 including:

- Ensuring that all D2A pathways are fully utilised
- Work to improve the housing and homelessness pathway at the Whittington
- Weekly multidisciplinary MADE calls focussing on unblocking and resolving current delays
- Development of a Funding without Prejudice Agreement between the Council and CCG (operational in 2019/20)
- Setting up an Outflow Working Group as part of the Islington A&E Delivery Board System Improvement Plan.

Improving both DTOC performance and length of stay in hospital for our residents continues to be an absolute priority going forwards both at an operational and strategic level.



Note: Finalised published data for ASCOF indicator 2C will be published in November 2019 and may differ slightly from figures presented here.
Source: Monthly NHS England DToc SitRep 2018/19, ONS 2018 mid-year resident based population estimates

Avoiding Hospital Admission

- 8.5.** Evidence shows that older people ‘decompensate’ and lose their independence during an extended hospital stay. Hospitals are an unfamiliar environment and patients lose their routine impacting on their ability to keep active and maintain muscle strength. There is a continued focus on supporting and caring for people at home in line with current clinical best evidence if they do not need an admission for acute medical care.

The **Specialised Therapy and Rapid Treatment Team (START)** based at the Whittington Hospital is a team of therapists working in the Emergency Department, Clinical Decision Unit, Acute Assessment Units and Ambulatory Care aims to work with key partners to prevent unnecessary admission to hospital.

The aim of the team is to screen all patients who require therapy intervention as part of a full MDT assessment within 12 hours of admission. The assessment will determine the needs of the person and if they can be supported to return home safely. Early therapy assessment and intervention can significantly reduce the time the person is in hospital for reducing the risk of decompensation and hospital acquired infection.

The team along with colleagues in the Emergency Department aim to identify frail patients who require comprehensive geriatric assessment as early as possible. Using the frailty pathway, patients can be directed to the most appropriate place to receive the assessment and intervention they require. Ideally this occurs in the Ambulatory Care Department where staff works closely with the Specialist Frailty Nurse or where a person’s medical needs are such that they require admission the team can recommend transfer to a Care of Older People Specialist Ward.

From November 2018 there has been a full time senior Occupational Therapist working in the Emergency Department. This post works closely with the London Ambulance Service (LAS) to receive comprehensive handover of patients aged over 75. These patients are

then seen in Rapid Assessment in conjunction with a Senior Medical Doctor and triaged to the most appropriate place to receive the assessment and treatment they need. The Rockwood score is used as a determinant of a person's frailty and any patient scoring 5 and above will be directed to the frailty pathway to receive a Comprehensive geriatric assessment (CGA- Medical, Nursing and Therapy assessment) in the Ambulatory Care Centre.

This post has shown positive gains in reducing long waits in A&E for patients over 75. More frail older people are having their needs assessed in a timely way and working with Rapid assessment community-based teams they can be discharged to have their follow up care and support at home using the "Home First" approach. When a person does require admission the CGA completed ensure they are being directed more appropriately to the right ward to receive the treatment they need.

A new Consultant has been appointed to work specifically with the Frailty Service and an additional Senior Occupational Therapist will be recruited to build on the current success of the frailty pathway and ensure we can provide a robust service to both A&E and the Frailty pathway

The START team work closely with local Rapid Response Teams, Social Services and Reablement to support people following a short stay on the acute assessment units. Equipment that is required to promote independence, maintain function or improve safety can be rapidly accessed through a loan provider or via local pharmacy's using a prescription system.

The team also includes a technician who can undertake further assessment in the home environment immediately post discharge, for example, to complete a home safety check, falls hazard assessments and practice with new equipment in the home setting, assess for non-urgent equipment such as bathing aids or outdoor mobility equipment and make onward referrals to both statutory and voluntary sector services when required.

These initiatives are successfully minimising time people spend in hospital, supporting them to remain as independent as possible and providing the support they need to remain in their own homes.

We have continued to progress the Discharge to Assess works both with our community and social service colleagues in Islington (and the in the wider NCL network). Hospital therapy staffs are now able to refer patients into one of 4 pathways depending on the patient requirements and this has become main stream as far as capacity within the pathways allows.

Care Home Lead Nurse for Quality Assurance.

The Lead Nurse continues to support collaborative and partnership working into and across the homes. Her focus remains:

8.6.

- on developing positive, collaborative working relationships;
- monitoring the quality of care delivered;
- bridging gaps in knowledge, ensuring that concerns with practice preventing good care are addressed proactively
- engaging relevant professionals to build a systematic response that is implemented and sustained.

In the past year the Lead Nurse has been supporting local implementation of the NHS England, Enhanced Health in Care Home experience from the New Care Models Programme. This is mainly concerning the work of the Healthy London Partnership into the following areas:-

- Seasonal Readiness
- Harnessing Digital Technology
- Workplace Training & development
- Medication Optimisation in Care Homes
- Enhanced Primary Care for Care Homes

All care homes in Islington were inspected by the Care Quality Commission (**CQC**) over 2016/17. Bridgeside Lodge achieved the highest possible rating of 'Outstanding' from the CQC whereas Cheverton Lodge, St Anne's, Stacey St and Highbury New Park have maintained a 'Good' rating following their respective inspections.

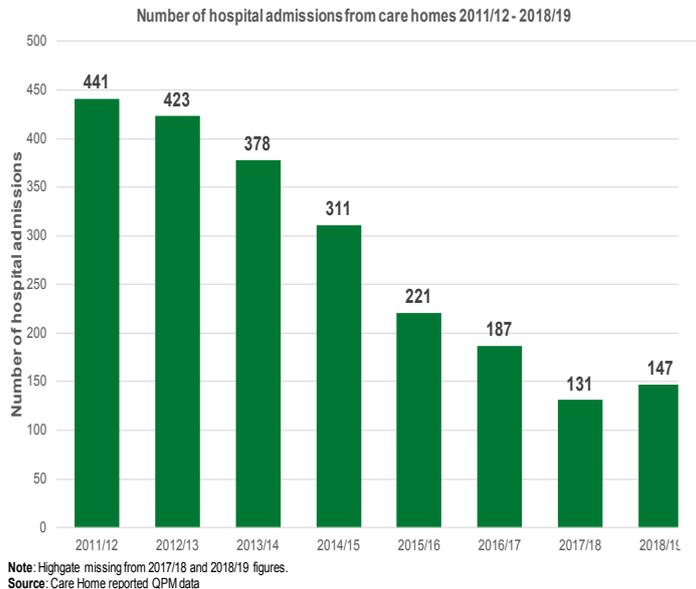
In contrast, two homes Muriel St and Lennox House operated by Care UK have been highlighted by the CQC as 'Requiring improvement'. Both homes have experienced recurring issues that have been underpinned by a lack of consistent, stable management and clinical leadership. Consequently, the homes had been unable to maintain levels of care, environmental standards and a quality of life for their residents. The resulting outcomes noted from scheduled monitoring of the homes and emerging serious safeguarding concerns led to the implementation of the Provider Concerns Process (**PCP**) for both homes over 2017/18. The PCPs are now closed for both homes remain under close scrutiny to ensure progress made to date is sustained.

The Highgate provides spot placement to Islington residents. The recent CQC inspection has found the home to be good. The home had previously received a required improvement rating. The council quality monitoring, however, highlighted a number of quality issues and the home has been until recently under a PCP. The needed support is being offered, and work is underway with the home to support its compliance to standards required to deliver safe and responsive care.

Currently, all Care Homes have permanent Home Managers in post and for the exception of one home, clinical leads. This has enabled an effective working relationship with the GP and the wider MDT to manage the increasingly frail and complex residents and support the sustainability of the training and input being provided into the homes.

Hospital admissions

The incidence of hospital admissions from care homes** as illustrated below continues to reduce in comparison to previous years.



	Overall number of falls	Percent difference on previous year
2011/12	441	
2012/13	423	-4%
2013/14	378	-11%
2014/15	311	-18%
2015/16	221	-29%
2016/17	187	-15%
2017/18	131	-30%
2018/19	147	12%

Incidence of hospital admissions [** includes data from extra care sheltered housing schemes]

Islington care homes reported the majority of these admissions as unavoidable, and due to significant changes in the resident's condition i.e., the resident became unwell, and the outcome of the clinical assessment indicated the need for the hospital admission. In the case of falls, better post falls assessment and management has resulted in remarkable reductions in the number of falls incident resulting in hospital transfer

Where hospital admissions were deemed to be avoidable, treatment escalation plans were typically not in place or the home had been advised to convey the service user to hospital primarily by the out of hours GP service. Consequently, work is underway to ensure that the local GP and specialist palliative care nurses supporting the home implement comprehensive End of Life Care Planning (Advanced Care Plans- **ACP**) and Treatment Escalation Plans (**TEP**). The general trend remains in the right direction as increasing numbers of TEPs and ACPs are likely to lead to a reduction in hospital admissions, should a service users condition deteriorate.

The use of 111 systems and the 'Are You Concerned about a Resident?' poster has been fully introduced. The poster highlighted provides service information and contact details to escalate clinical concerns both within and out of hours. It also provides clear directions for staff when to call out an ambulance. Within this context, staff are required to refer to the Treatment Escalation Plan before the ambulance call out. This is to ensure that individual wishes are well represented in end of life care plans.

The development of enhanced clinical skills, e.g. management of syringe drivers and urinary catheterisation to arrest the need to admit residents for catheter change or use of syringe drivers are well embedded. Bespoke staff training for areas identified in action plans are supporting patient-centric pathway based approaches to education, improve workforce planning and provide support to care home providers. This is to help develop a more skilled workforce that can meet the challenges of providing care to residents with

complex health and social care needs. Also, the following initiatives aim to prevent avoidable hospital admission

The Lead Nurse continues to provide representation and input to relevant forums. It is to ensure that Islington care homes are informed and engaged/contribute to quality related initiatives, both locally and nationally.

Islington Trusted Assessor Model

The Trusted Assessor was appointed in January 2019 with direct support by the Lead Nurse Through the implementation of the role, there has been noted reduction in the numbers and waiting times of people awaiting discharge from hospital to a suitable care home in the borough speedily, effectively and safely.

The model of the Trusted Assessor in Islington was co-designed with the home managers and deputies and clinical lead of the care home and has enabled the success of the role. The Trusted Assessor for Islington is a senior nurse with community experience. The remit of the function has focussed mainly in the transfer of new and unknown resident to the care home and support avoidance of DTOC.

The remit of the role includes: -

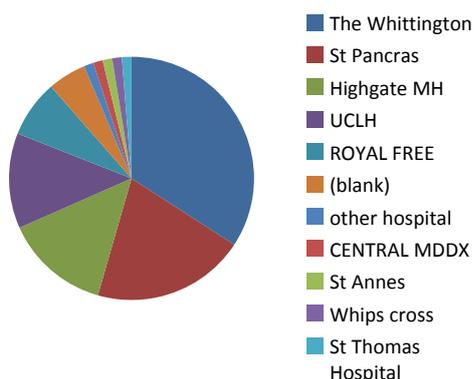
- The supporting of existing residents returning to a care setting after a period of hospitalisation. While the level of care the provider can offer will be known, it remains
- essential to assess the level of care need of the returning resident. This is in case this has changed significantly from pre-hospitalisation.
- Act as an advocate to ensure that patient choice and family/carer views are well taken into account.
- In some cases, the Trusted Assessor offers support during the transition period towards
- settling the resident into the home
- Working in close collaboration and clinical standard monitoring in support of the Lead Nurse role

The following graphs demonstrate the impact of the Trusted Assessor role to date.

No. of visits by hospital

Row Labels	Count of Referrals
The Whittington	27
St Pancras	16
Highgate Mental Health	11
UCLH	10
Royal Free	6
(blank)	4
Central Middlesex	1
St Anne's	1
Whips Cross	1
St Thomas Hospital	1
Other	1
Grand Total	79

Total No. of Visits by Hospital



Numbers showing outcome of referrals to Islington Care homes

Table showing time of referral to review and transfers arranged to Islington Care Homes

Numbers and graph illustrating source of referrals to Islington Care Homes

Outcome by Status

Row Labels	Count of Referrals
Admitted to CH	39
Inappropriate care type referred to other	17
No TA cover	9
On hold	5
Needs not able to be met at LBI - DTOC escalate	4
(blank)	3
No vacancy	2
Grand Total	79

Also, patient experience and feedback, which have been positive, are used to monitor the effectiveness of the assessment

process. Feedback from patients, family and carers are regularly collected to review the efficacy and input of the service.

Row Labels	Average of Assessed and closed by TA (Days)
Highgate MH	0.7
St Pancras	1.4
The Whittington	0.7
UCLH	0.6
Grand Total	0.9

Quality Improvement Initiatives

In support of safe and high quality of care, several quality improvement initiatives, i.e., Red Bag Scheme and Care Home use of NHS mail have been implemented over the year. These initiatives continue to be developed in part to address gaps identified and to improve quality of communication, care and experience of residents in the homes and hospital. It is also to empower and support the care homes to manage within the home, the increasingly complex needs of its service users. This serves to reduce the likelihood of hospital admission and contribute to reductions in length of stay and delayed discharge from hospital. The focus of 2018/19 is to sustain these initiatives and ensure that care homes are featured in cross sector and CapitalNurse initiatives.

The Lead Nurse has played a leading part in Overseas Nurses working as Carers Project and the CapitalNurse Nurse Exchange Programme. These programmes aim to both support

staff development and equip the care home manager with the skills to better influence integrated working across our health and social care sector.

Home Managers Clinical Care Improvement Group (HMCCIG)

The group was set up in 2014 and continue to meet bi-monthly.

The aim is to work collaboratively with the wider MDT, i.e., SALT, Dietician, OT, Physiotherapist Team, Tissue Viability Nurses, Service for Ageing and Mental Health, District Nursing, and other relevant resource. The primary aim is to deliver and sustain clinical changes that have been implemented and proposed by specialist groups. Clinical concerns are highlighted and addressed at the forum.

Despite the pressure on funding in education, the focus has been to use existing resources to promote greater access for care home staff concerning education and training. The Community Education Provider Network (CEPN), the Capital Nurse objectives and North Central London Sustainability Transformation Plan offer clear mechanisms for enabling close collaboration between providers across professional and organisational boundaries

PLANNED DEVELOPMENTS

Developing the locality-based model with GPs

One of the key objectives for Whittington Health is to “integrate care with partners and promote health and wellbeing.” The INC service strives to achieve this in the way we workday today. Working with our partners at C&I, UCLH, GP practices, Age UK, GP Federation, London Ambulance Service, and LBI is just the beginning. INC is currently working on building closer relationships with Homerton Hospital, Royal Free Foundation Trust and London Ambulance Service. This is to enable the INC core team to better understand an assist a patient’s Health and Social care journey.

We are also working closely with the patient experience team to develop volunteer roles to assist patients to attend hospital appointments; especially those who have difficulty accessing public transport but are not eligible for hospital transport and/or taxi cards and those who have cognitive impairment but are not eligible for a care coordinator.

- 8.7.** INC are working on updating their record keeping and moving to electronic ways of working, this is so all staff will be able to see the MDT work being completed, to ensure the patients record is complete and enable reporting on the various MDTs we facilitate.

We are also working to review the administration team skill mix in order to align the team administrators with their own Primary Care Network; this is to support the Whittington PCN senior team. One of our INC Lead admin is also leading on the CMC QI project which should be completed and in place across the trust in the coming months. We will continue to link into the Homeless Working Group, attend MADE each week and regularly attend team meetings across adult service to inform colleagues of the various MDT support options available to their patients.

Intermediate care

The vision for Intermediate Care in Islington will continue to be developed during 2019/20:

- A much simpler system with a single point of access that can be accessed regardless of location of the patient
- Combined with changes to the discharge pathways, to work on a 'home first whenever possible' principle and have an emphasis on preventing people being unnecessarily admitted to hospital and increasing independence
- Placed based community urgent response and intermediate care teams will support out of hospital services to quickly tailor the level of support, in response to changing level of need of the person
- Delivery of the new national standards for Urgent Community Response (within 2 hours for urgent care and 2 days for accessing intermediate care/reablement services).

The following components have been set out to deliver this vision;

- 8.8.**
- Co-located single access point and triage point for all clients requiring home based or bed based intermediate care/rapid response services
 - One flexible team providing home based rapid response and bed based or home based rehab/reablement including nursing, therapies and social care/reablement elements
 - Integrated staffing and management structure across Islington.
 - Streamlined post discharge pathways into neighbourhood based services to support people maintain their independence and participation in the community
 - Service is potentially co-located
 - One operational budget for intermediate care (long-term aim)
 - Same IT system (longer-term aim)

Discharge to assess

One of the local authority's Adult Social care priorities for 2019-21 is to create a single contact point which all patients and residents, including those from hospital and community settings, will access for social care support. The first phase involves the integration of the existing SPOA and Hospital Social Work teams which will create a single referral point for all hospital discharges. This will improve response times, reduce confusion within hospitals, improve communication between partners, and create consistency in assessment and service provision. It is hopeful that this in turn will improve efficiencies including Delayed Transfers of Care and patient outcomes. This project is planned to be live before the end of 2019.

The table below outlines the current scope of the pathways and the future scope once integration of the first phased of the SPOA becomes operational:

8.9.

Pathway	Current scope	Future scope (by end of 2019)
0	Patients requiring a restart to an existing package of care (POC)	None.
1	Patients with Reablement potential or therapy only needs.	Patients requiring a review of their existing POC, a new POC or (social care provisioned) residential / nursing care.

2	Patients requiring bed-based intermediate care.	None.
3	Patients who have triggered positive Continuing Health Care (CHC) checklists and have nursing needs requiring up to 24-hour nursing care in a residential setting.	Patients who have triggered CHC but do not have nursing needs that require residential support.

CONCLUSION

The strong partnership working between Islington Social Services and the health services within Whittington Health NHS Trust continues to move in a positive direction. Ongoing work such as Discharge to Assess will further develop local and locality services that are truly 'joined up' and delivered in a way that offers integrated care and support, to the benefit of Islington residents.

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

8.10.

Implications

Financial Implications:

There are no direct financial implications from this report.

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

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

Legal Implications:

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

9.1. The council's constitution requires the Executive:

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

9.2.

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.

Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

9.3. There are no major environmental implications associated with the production of the Annual Section 75 reports. Some of the future priority areas of the report may have an impact if taken forward, which will be assessed as they come forward for approval as policy changes.

Conclusion and reasons for recommendations

Report is for assurance and note only.

Appendices

- 2019/20 Better Care fund trajectories and planned expenditure
- Public Health Planned Budget

9.4. **Signed by:** 



9.5

Corporate Director of Public Health and
Director of Strategy and Commissioning,
Adult Social Care

Date

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Appendix 1 : Better Care Fund 2019/20 Planned Expenditure and Trajectories

Trajectories

	19/20 Plan	Overview Narrative
Total number of specific acute non-elective spells per 100,000	Achievement of the NHS set trajectories to reduce Non Elective Emergency admissions	Despite the pressures of a growing and aging population with increasing health needs, Islington has set NEA target below 18/19 trajectories. This is due to Islington's strong approach in community prevention and proactive early intervention, and ongoing work with acute providers and system partners to manage avoidable admissions and flows in, through and out of acute hospitals.

population		<p>We will continue our collaborative approach with HWB health, care and VCS partners to ensure that our residents have access to community assets and supports to self manage the health and wellbeing, and when there is a deterioration, to access timely appropriate advice via our pharmacies, VCS, local authority and health services, for selfcare or active intervention to enable them to remain healthy in the community.</p> <p>We will focus on enable our local authority and health providers to complete the integration for rapid response prevention, discharge to assess and intermediate care pathways, and our social care pathways into a single point of access and offer. We will continue the development of alternate care pathways for community crisis response and simplify discharge pathways from acute and rehabilitation hospitals.</p>
Delayed Transfers of Care per day (daily delays) from hospital (aged 18+)	16.0	<p>Islington has experienced ongoing pressures on bed capacity within our acute system, with ongoing demand for beds creating pressure on discharging patients earlier on in their admission.</p> <p>We will invest the additional winter pressures grant funds on increasing discharge to assess capacity, doubling up homecare packages to support people at home, access to care home beds including short term care home placements, increasing capacity in the social care workforce, including social workers and OTs.</p> <p>As part of the emerging single point of access (bringing together the hospital social work team, reablement and discharge to assess), we expect that the ongoing commitment to deliver the HICM and the integration of our health and care community prevention and discharge offers will reduce the increasing demand placed on acute beds, and improve the flow from these beds, easing the pressure placed on existing beds and the system. This will support the implementation of the funding without prejudice protocol</p> <p>Our ongoing collaborative work with emerging PCNs will be an enabler to support the full integration expected in the NHS England Long Term Plan around localities and placed based, which will support people to remain healthy and well in the community for longer, and reduce the need for an acute bed.</p>

		18/19 Plan	19/20 Plan	Comments
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Annual Rate	619	620	Adult social care has implemented a new assurance process at the start of Q1 19/20 to address the rise in residential placements seen over the past 2 years. This assurance process includes senior management review and implementation of a strengths based approach to consideration of care options. This appears to have had a positive impact in reducing the
	Numerator	130	134	
	Denominator	21,003	21,608	

				number of new admissions. We expect to maintain the rate of admissions in 19/20, although the numbers of admissions will be higher due to an increase in the population. Additionally over the long-term Commissioning are looking to review the balance of provision with a view to increasing the supply of high quality Extra Care Housing provision as an alternative to residential placements. This year that means we are completing an Extra Care Housing Needs Assessment and will develop a commissioning strategy. New units are not likely to come online for a number of years.
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		18/19 Plan	19/20 Plan	Comments
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	Annual (%)	95.0%	95.0%	Islington commissions more reablement POCs and rehab than what this current metric reflects. Islington will undertake further review of our existing Reablement and rehab pathway activity and how this target is currently captured. We will update the BCF on whether we are able to improve the accuracy and target for this metric
	Numerator	152	152	
	Denominator	160	160	

Financial Arrangements Better Care Fund 2018/19 and 2019/20

	2018/19	2019/20
Local Authority Contribution (Disability Facilities Grant)	£1,584K	£1,709K
Local Authority Contribution (Improved Better Care Fund)	£10,157K	£12,790K
Total Minimum CCG contribution * as per operating plan submission	£17,730K	£18,929K (£18,047K submitted as part of the 2019/20 operating plan)

		Minimum contribution to ASC through this contribution is 6,663K and OOH spend of £5, 379K
Winter Pressures Grant (ASC grant)	£1,285K (previously not included in Better Care Fund reporting)	£1,285K
TOTAL	£29,470K	£34,715K

Scheme Level Breakdown- Islington Better Care Fund

Scheme ID	Scheme Name	Brief Description of Scheme	Scheme Type	Commissioner	Provider	Expenditure (£)
1	Protection of Adult Social Services	These funds are utilised by LBI to maintain the frontline residential based services	Other	LA	Private Sector	£3,563,500
1	Protection of Adult Social Services	These funds support Welfare rights	Other	LA	Local Authority	£119,000
1	Protection of Adult Social Services	These funds are utilised by LBI to maintain the frontline community based services	Community Based Schemes	LA	Local Authority	£4,298,000
2	Reablement	Reablement service	Intermediate Care Services	CCG	Local Authority	£1,200,000
3	Public Health Prevention	Funds community schemes to transform prevention and interventions services led by PH	Community Based Schemes	CCG	NHS Community Provider	£150,000
4	Care Act	These funds are utilised by LBI to deliver the requirements of the Care Act	Care Act Implementation Related Duties	LA	Local Authority	£663,000
5	Disabled Facilities Grant	DFG related schemes	DFG Related Schemes	LA	Local Authority	£1,709,575

6	Community Capacity	Step down and Step up beds, and funding without prejudice	Intermediate Care Services	CCG	NHS Community Provider	£1,375,938
7	Out of Hospital Services	Community based schemes	Community Based Schemes	CCG	NHS Community Provider	£2,500,000
8	Rapid Response	Prevention of admission service	Intermediate Care Services	CCG	NHS Community Provider	£520,000
8	Rapid Response	Prevention of admission service	HICM for Managing Transfer of Care	CCG	Local Authority	£192,800
9	Discharge to Assess	Offer supporting early discharge from hospital	HICM for Managing Transfer of Care	CCG	Local Authority	£125,000
9	Discharge to Assess	Offer supporting early discharge from hospital	HICM for Managing Transfer of Care	CCG	Local Authority	£225,000
9	Discharge to Assess	Offer supporting early discharge from hospital	HICM for Managing Transfer of Care	CCG	NHS Community Provider	£611,000
9	Discharge to Assess	Offer supporting early discharge from hospital	HICM for Managing Transfer of Care	CCG	NHS Community Provider	£341,000
10	Integrated Networks	PCN footprint MDTs to proactively manage high risk patients and high health users (including A&E), in the community	Integrated Care Planning and Navigation	CCG	NHS Community Provider	£495,000

11	Locality Navigators	Offer social prescribing and navigation	Prevention / Early Intervention	CCG	Charity / Voluntary Sector	£378,000
12	Peer Coaches	Peer coaching for clients with SMI and physioal long term condition	Prevention / Early Intervention	CCG	NHS Mental Health Provider	£150,000
13	Frailty Services	Services to support complex frail older people in the community including care home. Includes consultant geriatrician, falls and MDTs across borough footprint	Community Based Schemes	CCG	NHS Community Provider	£1,677,800
13	Frailty Services	Services to support complex frail older people in the community including care home. Includes consultant geriatrician, falls and MDTs across borough footprint	Community Based Schemes	CCG	Charity / Voluntary Sector	£46,600
14	Carers support and education	Range of services educating and supporting carers of clients	Carers Services	CCG	NHS Community Provider	£246,000

15	Stroke Services	Community navigation, long term support and intervention services	Community Based Schemes	CCG	Charity / Voluntary Sector	£135,000
16	Long Term Conditions	Schemes to manage long term conditions of COPD, diabetes, cardiac, and medicines management	Community Based Schemes	CCG	NHS Community Provider	£205,000
17	Community Prevention	Community prevention and wellbeing schemes	Community Based Schemes	CCG	Charity / Voluntary Sector	£80,000
18	PHB	Personalised Health Budgets	Personalised Budgeting and Commissioning	CCG	NHS Community Provider	£50,000
19	Funding for Social Care	Funding for social care to deliver services	Other	LA	Private Sector	£12,372,275
19	Winter Pressures	Reablement/intermediate care places in persons own home, additional domiciliary care packages, improved equipment services to speed up turnaround times and other interventions to minimise delayed discharge.	Other	LA	Local Authority	£1,285,889

Appendix 2 : Planned Budget – Public Health Commissioning

Service Name	Budget (£) 2018/19	Budget (£) 2019/20
Public Health Commissioning Posts (sexual health)	130,000	150,000
LCS Sexual Health (GP)	70,000	90,000
LCS LARC (GP)	65,000	78,000
LCS Methadone and Buprenorphine (Drugs Misuse) (GP)	140,000	100,000
LCS NHS Health Checks (GP)	295,000	295,000
LCS Smoking Cessation (GP)	45,000	45,000
LCS Smoking Cessation (Pharmacy)	110,000	90,000
LCS Emergency Hormone Contraception (Pharmacy)	43,000	43,000
TOTAL	898,000	891,000

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Report of: Director of Adult Social Services

Health and Wellbeing Board	Date: 6 November 2019	Ward(s): All
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Delete as appropriate		Non-exempt
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SUBJECT: Safeguarding adults in Islington in 2018/19 – a review of key achievements and priorities going forward

1. Synopsis

- 1.1 This report sets out highlights and progress of the council's leadership of adult safeguarding arrangements in the borough.
- 1.2 The published Annual Safeguarding Adults Review 2018-19, attached as appendix A, describes this in more detail.

2. Recommendations

- 2.1 To receive the Annual Safeguarding Adults Review and the contents of this report
To commend adult social services staff for their commitment to preventing abuse where possible and responding to concerns of abuse or neglect of vulnerable Islington residents.

3. Background

- 3.1 Under the Care Act 2014, Islington Council has a statutory responsibility to lead the borough in safeguarding adults.
- 3.2 Key achievements:
 - We were selected by the Office of the Public Guardian (OPG) to pilot a scheme to raise awareness in the borough around Lasting Powers of Attorney. Lasting Powers of Attorney are an important preventative protection against financial and other types of abuse for

people who lose the ability to make decisions about their finances, health and wellbeing. This collaboration with the OPG will continue into the next financial year.

- As part of its strategy, the Board continues to encourage partner organisations to focus on the link between homelessness and risk of abuse and neglect. Islington Council has taken active steps to reduce the homelessness crisis by recruiting to a number of additional posts. Grants also allowed the Council to open up winter shelters providing additional bed spaces for rough sleepers.
- A Safeguarding Adults Review (SAR) into the care of Mr Yi was commissioned jointly by the Safeguarding Adults Boards in Islington, Lambeth, Newham and Hackney under Section 44 of the Care Act 2014. The SAR report was published in August 2019 and the Islington Safeguarding Adults Board is working on an action plan to implement recommendations and learning from the review.
- 157 organisations in the borough have signed up to the Hate Crime pledge to help support the reduction in hate crime, which includes disability hate crime.
- Our service user and carer subgroup continues to run successfully and is positively influencing the decisions of the Safeguarding Adults Board.
- During Safeguarding Awareness month in June, we held a series of events with pop-up information stalls at various places in the borough.
- Over the past year, a new safeguarding structure has been introduced in the police service which means that Islington now has dedicated safeguarding police officer posts.

The annual report further details progress on delivering the first year of Islington Safeguarding Adults Board's 3-year strategy and annual plan (2018-2021). The strategy has been aligned with those of the Safeguarding Adults Boards in the North Central London cluster (Enfield, Haringey, Camden and Barnet). The Boards within the cluster have been collaborating where it makes sense to do so, such as holding a joint Challenge event around Board assurance work.

3.3 The review compares the statistics from 2018/19 with the previous year 2017/18. There has been a 15% increase in safeguarding adults concerns on the previous year (from 3,618 to 4,159).

However, safeguarding enquiries (carried out under Section 42 of the Care Act 2014) have decreased since last year (from 479 to 435). This means that in roughly 9 out of 10 cases (90%) people we were worried about, when we looked into it we decided not to progress it to a formal safeguarding enquiry. The low conversion rate is as a result of adjustments we have made to our safeguarding processes so that they are more aligned with requirements set out in the Care Act 2014. This year ADASS have produced additional guidance to assist local authorities when making decisions about whether or not a safeguarding concern should proceed to a section 42 statutory enquiry. The new guidance sits exactly alongside Islington Council's current ways of working. We are one of the few councils in London that works this way and it is really good news because it means we have been interpreting the law correctly and we do not need to make substantial changes to our procedures now that this new guidance has been issued. Islington's conversion rate is recognised across the London region to be proportionate and appropriate. Other local authorities will now start to record much lower conversion rates also as they embed this guidance into their practice.

Our referral rates for concerns remains at a level we are comfortable with, it reflects the impact of awareness raising on members of the public, service users, carers and professionals. We will always expect a difference between the number of concerns received and the number of enquiries undertaken due to the specialist nature of safeguarding work and changes in case law, best practice and pan London policies.

We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners.

3.4 The three most common types of abuse in Islington during the last year were neglect, financial and psychological abuse. The pattern for financial abuse and neglect has been noted in previous

years. For example, the proportion of neglect cases at 30% remains similar to last year's at 33%. But cases of psychological abuse have exceeded the number of physical abuse cases which usually formed the third highest category of abuse in previous years. Last year only 14% of cases involving psychological abuse reported were taken to enquiry whereas this year 24% of those cases were taken forward. This may be as a result of more awareness about identifying and reporting hidden forms of abuse amongst staff and service users. Additionally, psychological abuse can also occur alongside any of the other categories listed above.

3.5 There were no cases that involved formal enquiries into any suspected cases of modern slavery or sexual exploitation of adults with care and support needs. We are working to raise awareness of these types of abuse. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these fairly new types of abuse. In the last year we did not carry out formal enquiries into any suspected cases of sexual exploitation or modern slavery. As the signs of modern slavery and sexual exploitation can be hard to spot, the Board will continue to raise awareness about these hidden types of abuse.

3.6 During the year, the Board's subgroup considered 7 referrals, but 6 referrals did not meet the threshold for a Safeguarding Adults Review (SAR) under Section 44 of the Care Act 2014. The only SAR that was conducted and published during the year, related to Mr Yi.

3.7 **Key national developments**

- The Stalking Protection Act came into force in March 2019 support us to protect people at risk of stalking
- The Liberty Protection Safeguards are due to replace Deprivation of Liberty Safeguards (DoLS) in October 2020. We continue to be one of the few local authorities with no backlogs on DoLS and are well-placed to transition smoothly into the new law.
- Taking action against human trafficking and modern slavery continues to be a top priority nationally and internationally.

4.1 **Financial Implications:**

The Safeguarding Adults Unit's 2018/19 gross expenditure outturn was £1.287m. The following contributions were received:

- £87k was funded through the Islington Clinical Commissioning Group (ICCG)
- £5k was received from the London Metropolitan Police towards the Islington Safeguarding Adults Board (with a further £500 from the London Fire Brigade).

The Safeguarding Adults Unit's 2019/20 gross expenditure budget is £1.363m.

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

4.2 **Legal Implications:**

There are no legal implications arising as a direct result of the SAB annual report. The report has been prepared in accordance with the Council's statutory duty under the Care Act, Schedule 2 (Safeguarding Adults Boards) which requires the SAB to as soon as feasible after the end of each financial year publish an annual report on the matters specified at paragraph 4 of the Schedule.

Paragraph 4.1 (a – g) of Schedule 2, Care Act 2014 details the type of information which must be included with the SAB annual report; this includes details of what it had done that year to achieve its objectives; what it has done during that year to implement its strategy; the findings of the reviews arranged by it under section 44 (safeguarding adults reviews) which have concluded in that year; the reviews which are ongoing in that year; what it has done during that year to implement the findings of reviews arranged by it; where it decides not to implement a finding of a review arranged by it, the reasons for this decision.

When finalised, the SAB is under a duty to send a copy of the report to various individuals/organisations including the Chief Executive, leader of the local authority; the local policing body; the Local Healthwatch organisation and the Chair of the Health and Well-being Board (paragraph 4.2., Schedule 2, Care Act 2014).

4.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There are no major environmental impacts associated with the Safeguarding Adults Board. Minor impacts such as transport-related emissions and office-based resource usage (energy, paper etc) are managed by staff by actions including not printing documents unless absolutely necessary, using video-conferencing and encouraging walking, cycling and the use of public transport. Some work has the potential to benefit the environment, such as reducing fire risk or referring service users to the SHINE service, which gives advice to residents on saving energy.

4.4 Resident Impact Assessment:

Please retain this standard paragraph and add relevant text about specific impacts and mitigation below:

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.

Appendix B of the full annual review (Attached as Appendix A of this report) sets out the equalities impact of our work to safeguard adults.

5. Conclusion and reasons for recommendations

- 5.1 The annual safeguarding review sets out the main achievements in safeguarding vulnerable and disabled adults in Islington and details our aims for achieving our strategy and annual plan.

Appendices

Appendix A: Islington Safeguarding Adults Board Annual Review 2018-19

Appendix B: Islington Safeguarding Adults Board Annual Review 2018-19 summary

Background papers:

- Supporting Adults at risk in need of accommodation based support - Report into the Safeguarding Adults Review of Mr Yi - Prepared by Fiona Bateman, Independent Author - November 2018
<https://www.islington.gov.uk/~media/sharepoint-lists/public-records/adultcareservices/information/adviceandinformation/20192020/20190823yisarreportaugfinal.pdf>

Signed by:



Katherine Wilmette
Service Director (Adult Social Services)

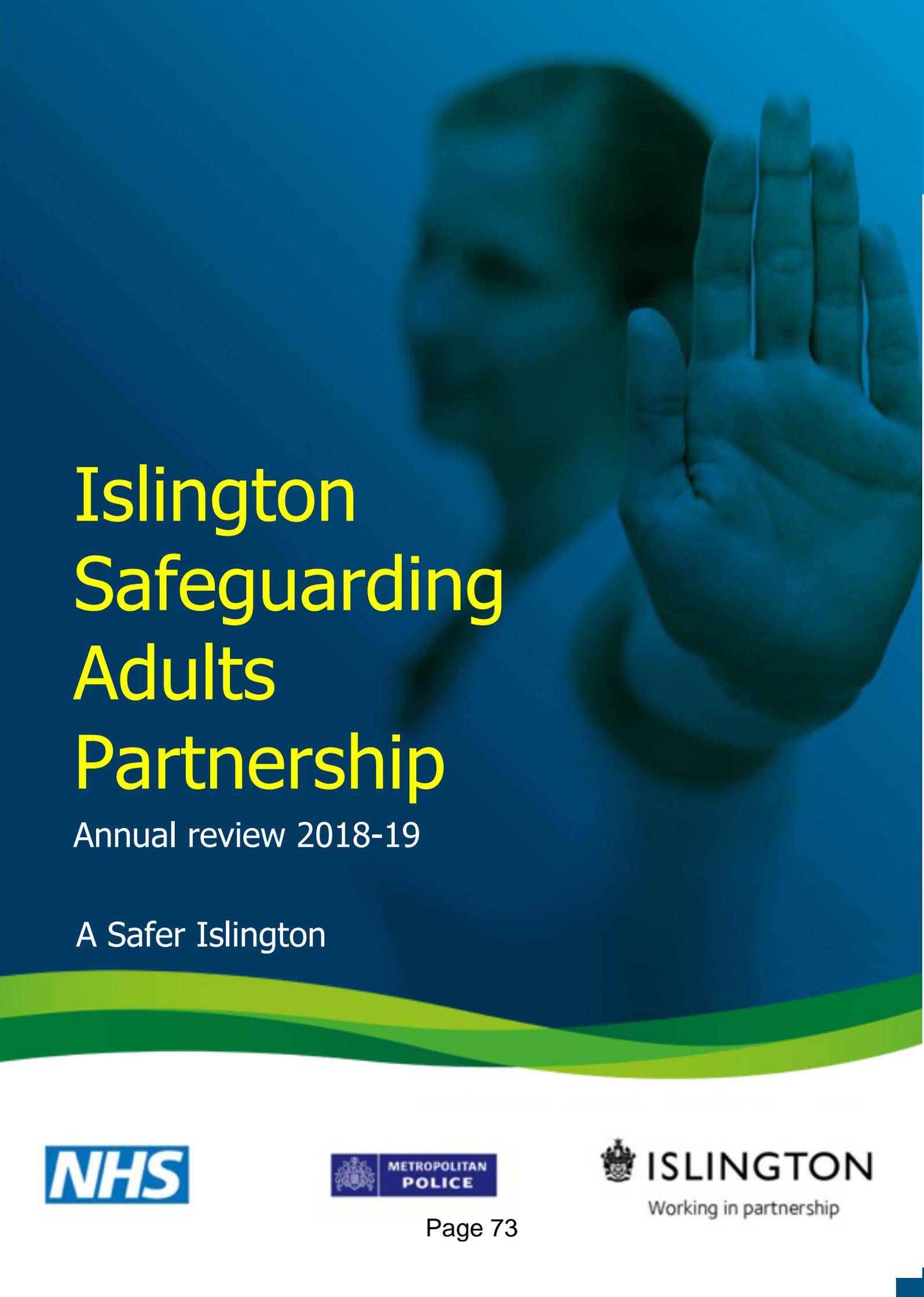
Date 20 September 2019

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Islington Safeguarding Adults Partnership

Annual review 2018-19

A Safer Islington



Working in partnership

Foreword

I am pleased to be introducing my third Annual Report for 2018-19. This report seeks to capture the actions of the Safeguarding Adults Board's partner organisations and the work of the Board's sub groups to progress the wellbeing and safety of the adults at risk. I hope it will inform all interested partners and residents who share this commitment.

Our Board is composed of a diverse group of partner providers in the health, care, justice, housing, voluntary and emergency services who engage with adults in need. The Board has welcomed a number of new members and thanked departing members for their contributions to its safeguarding endeavours.

With training and awareness raising we seek to encourage people to raise their safeguarding concerns and indeed the number of referrals remains high and is increasing. Nationally, there remains fragility in the care home and domiciliary care sectors related to intense funding pressures. Locally Health and Social Care Commissioners are continuing to regularly monitor the safeguarding practices of these providers. When required incidents of concern are investigated and follow up actions monitored. All in leadership positions need to redouble their lobbying of Central Government to act with urgency to produce the policy for Social Care which has been repeatedly delayed, directly impacting upon the safety of our most vulnerable citizen.

Through presentations and workshops the Board was informed of community safety concerns such as institutional and sexual abuse of people with a learning disability and gangs and knife crime in the community and prison.

Highlights in this year's programme included training on modern day slavery and the Mental Capacity Act which continues successfully. A service user drama group – "Your Life, Your Say" performed a play on making safeguarding personal to social care staff and commissioners. They will perform it again this year to service users and carers.

On behalf of all board partners I would like to thank the chairs of our board sub groups for progressing the range of activities covered in this report. In this year we have strengthened the work of our Safeguarding Adult Review (SAR) Sub Group, making progress on the action plan for the SAR for Ms BB and Ms CC and initiating a SAR with three other boards into the actions responding to Mr Yi who died in September 18. The Board has challenged itself in regard to inconsistent membership and progress in our Quality, Audit and Assurance Sub group and into the delays in establishing an inter board task & finish group for Training and Cultural Improvement.



The Board is in the second year of its three-year strategy from 2018 - 21. In the last quarter of the year in a Board challenge event and workshop with the four Boards serving North Central London we reviewed our priorities. There will be a renewed focus on improving responses to people at risk of homelessness or living on the streets. We will focus on supporting those young adults aged 16 to 25 who are vulnerable to financial and sexual exploitation and gang related activities.

Our thanks go to Eleanor Fiske, Sobia Masood, Aysha Sparks and Afsa Ahmed who support the Board. Thanks too to the council and health commissioners who continue to resource the board's work.

The Board is grateful to committed staff and members of the public who raise their concerns so that these can be checked. Ultimately, securing the highest levels of safety for vulnerable adults relies on vigilance by all in our community.

James A. Reilly
Independent Chair
July 2019

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About us

We are a partnership of organisations in Islington all committed to achieving better safeguarding for adults.

All our work is centred on safeguarding adults with care and support needs from any kind of abuse and neglect.



Who makes up the partnership?

Age UK Islington – Andy Murphy, Chief Executive Officer

Camden and Islington NHS Foundation Trust – Linda McQuaid, Interim Director of Nursing

Camden and Islington Probation Service – Mary Pilgrim, Senior Probation Officer

Care Quality Commission – Duncan Paterson, Inspection Manager

Community Rehabilitation Company- Kauser Mukhtar, Acting Assistant Chief Officer

Crown Prosecution Service – Borough Prosecutor

Healthwatch Islington– Chief Executive, Emma Whitby

HMP Pentonville, Richard Sarsby, Head of Operations

Independent Chair – James Reilly

Islington Clinical Commissioning Group – Jenny Williams, Director of Nursing and Quality

Islington Clinical Commissioning Group - Dr Sarah Humphrey, Named GP for Safeguarding

Safer Islington Partnership – Jan Hart, Service Director for Public Protection, Islington Council

Islington Council – Maggie Kufeldt, Interim Corporate Director for Housing and Adult Social Services

Islington Safeguarding Children Board – Wynand McDonald, Board Manager

London Ambulance Service NHS Foundation Trust, Islington – Patrick Brooks, Community Involvement Officer

London Fire Brigade, Islington – Gary Squires, Borough Commander

Metropolitan Police, Islington – Treena Fleming, Detective Superintendent

Moorfields Eye Hospital NHS Foundation Trust – Tracy Lockett, Director of Nursing & Allied Health Professionals

Notting Hill Pathways – Irina Goodluck – Operations Manager

Single Homeless Project – Liz Rutherford, Chief Executive

Voluntary Action Islington – Guljabeen Rahman, Chief Executive

Whittington Health NHS Trust – Sarah Hayes, Deputy Chief Nurse

Introduction

This review looks at what we, the Islington Safeguarding Adults Board, have done in the last year to safeguard adults in Islington.

Our work centres on helping those adults most at risk. Anyone can be vulnerable to abuse or neglect. But adults with care and support needs may need help and support to keep safe.



Safeguarding in the headlines

Concern about homelessness continues, with many regions reporting increases in homeless people in recent years. Islington has been no exception. Under the Homelessness Reduction Act 2017 rough sleepers have a right to help from their local authority. In response, Islington has been putting services into place to address not just rough sleepers, but also adults with other multiple and complex needs. Islington have set a new four-year homelessness and rough sleeping strategy which includes innovative work to prevent and reduce homelessness and work toward ending rough sleeping.

Islington council was successful in a bid to the Ministry of Housing for funding for additional posts to support the homelessness crisis. These included a street population coordinator, complex needs outreach worker, no recourse to public funds outreach worker, move on worker and housing first co-ordinator. Islington council was also granted additional funds to open a temporary cold weather shelter, in conjunction with Camden council. This service opened on 7 January 2019 and provides seven bed spaces for rough sleepers.

Islington council has extended the outreach contract with St Mungo's until 2020 and also fund park guard support for regular shifts. The council worked with a consortium of agencies, offering support for them to open a temporary shelter which provided fifteen additional bed spaces.

Tackling domestic violence continues to be in the limelight and a new Bill in the shape of Stalking Protection Act came into force in March 2019. This makes provision for protecting persons from risks associated with stalking. This will help build on the work Islington council is already doing in conjunction with the police to protect victims and survivors.

A housing and domestic violence and abuse specialist has also been recruited to help Islington council with this work and Housing will be working jointly with Children's Services on the new 'Keel Project', a new multi-disciplinary team tasked with developing a new approach to tackling domestic violence and abuse with families in Islington.

Islington Council has also signed up to the 'Make a Stand' Pledge, a commitment to supporting survivors and tackling domestic abuse.

Mental health has rightly started to receive more public attention, both nationally and internationally. This year we saw the government announce new legislation to reform mental health care. Issues



such as suicide prevention, mental health prevalence in prisons, use of seclusion, rising mental health detentions and other related issues are coming under the spotlight. Top priority this year has been focusing on women's mental health and the government outlined better care principles for women experiencing mental ill health which consider individual and gender specific needs.

Steps towards reforms to deprivation of liberty safeguards legislation are due to come into force on 1 October 2020.

Taking action against human trafficking and modern slavery continues to be a top priority for the UK Government. Modern Slavery can be hard to spot. As a result, Islington council is continuing to deliver training locally to equip managers and front-line staff to pick up on the subtle signs and report concerns so that we can bring the gang-masters and human traffickers to justice. Around 300 people have been trained to date.

Involving service users in their care has been and continues to be a top priority for staff at Islington. Much work has gone into the work teams have been doing this year to promote the Making Safeguarding Personal approach and ensure that safeguarding adults should be person centred and outcome focused.

You said, we did

We listened to what you had to say. You asked us to do more to raise awareness about safeguarding adults and seek out people who might be harder to reach.

So, we dedicated the month of June to raising awareness about adult abuse and neglect at various places in the borough.

Community outreach

Holding events in the community is an essential part of what we do. Through face-to-face conversations with local people, we raise awareness about how to spot adult abuse and neglect and what to do about it. Given the opportunity to discuss abuse and neglect, people often open up and share concerns about themselves or a family member.

Over a cup of tea or through an interactive drama group session, we explore concepts about dignity and wellbeing in an accessible way with local residents. Although resource and time intensive, these community outreach activities can have a lasting impact on people's awareness and understanding of abuse and neglect.

Safeguarding awareness events were held at

- Islington Carers Hub - Carers Week – Opening event at Islington Town Hall
- Alsen Day Centre on World Elder Abuse Awareness Day
- Notting Hill Housing- Mildmay Street
- Notting Hill Housing- Mildmay Park
- Elfrida Society service users
- Elfrida Society- for their User led monitoring group who visit residential homes for adults with learning disabilities



Information is also shared electronically with members of the community. This keeps those who may not often leave their homes for various reasons involved. It also helps us keep them up to date with any current issues such as information about local telephone or internet scams helping us to keep them safe.

A service user drama group called Your Life, Your Say delivered a play on Making Safeguarding Personal, MSP, to Islington commissioners and contract officers. This was presented at the Resource for London centre which was well received by staff. This provided useful insight to commissioning services in how service users should be involved in their care in Islington. The plan is to present another drama based on Making Safeguarding Personal to service users and carers at the next service users and carers awareness raising event.

About our strategy

Good intentions are not enough to make a difference. A plan of action is needed.

Our strategy sets our long-term direction. This section gives an overview of the wide range of actions we took towards fulfilling our new joint three-year strategy to safeguard adults in Islington & Camden.



Joint strategy with Camden

No adult with care and support needs should live in fear of abuse or neglect. This simple vision underpins our strategy, together with the six pillars of safeguarding set out in the Care Act guidance, namely:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

We have renewed our joint strategy with Camden's Safeguarding Adults Board and have been working on it since April 2018. Through this joint strategy we will be able to focus on the same broad objectives, but with flexibility for each Board to tailor their own annual delivery plan according to their local need.

Prevention strategy

The Care Act 2014 recognises the value of prevention work. Multi-pronged, co-ordinated effort over a long time is needed to effect a culture change around the safety and well-being of adults with care and support needs. That's why we had a complementary but separate prevention strategy. We have substantially achieved all the main objectives around:

- Preventing fire deaths/injuries
- Preventing choking
- Preventing fraud and scams
- Preventing isolation
- Preventing carer stress
- Preventing pressure ulcers
- Preventing domestic violence

A successful partnership requires good teamwork. Without the energy, commitment and enthusiasm of our partner organisations, we could not achieve the objectives of our strategies. For their time, energy and resources, we sincerely thank our partner organisations. Their specific achievements are set out in the next section.

Partnership working

**Altho
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gton**





Council leads on safeguarding adults in Islington, all of our partners are expected to, and do, contribute to our joint strategy with Camden and our local prevention strategy.

Islington Clinical Commissioning Group

The CCG is promoting a range of ways for patients and carers to feedback their views both publicly and privately. This helps ensure that the views of service users and carers are taken on board and acted upon.

A new website for use by GP's is in development. The website is a space to update GPs about a range of developments in safeguarding and allows access to training across the Borough.

Moorfields Eye Hospital NHS Foundation Trust

The trust has improved carer support and a new Carers policy has been approved and launched along with an easy read version. Patient information screens across the trust now include details of support available both internally & externally. The Alzheimer's Society and carers delivered a presentation to the Trust's safeguarding champions, and information on carers was included in the safeguarding newsletter for staff.

Safeguarding champions were embedded across the Trust as an additional resource to support staff and achieve excellent safeguarding practice. The safeguarding team facilitates regular training, supervision & consultation with the champions, and a broad range of comprehensive training was delivered by the team, external organisations, service users & carers.

Mental Capacity Act practice improved across the trust as a result of increased face to face level three training compliance, the development of an MCA flowchart, and the review of MCA templates and consent forms to ensure they are user friendly and support full legal compliance.

This section sets out how our partners have gone about achieving our strategic aims.

Learning from a section 42 enquiry and a Domestic Homicide Review was incorporated into safeguarding training to all staff and disseminated in a range of formats across the trust, including presentations at clinical governance half days to services across the network sites, a presentation to the trust Board, and a Schwartz round.

London Metropolitan Police

The police work closely with Trading Standards and the Royal Mail to make referrals for vulnerable people, particularly the elderly, who have been victims of postal scams. They have just commenced a trial with the specific aim of reducing repeat victims. Everyone over 65 years of age will receive a visit from police and other services to help prevent crime. Training has also been provided around scams and other elderly specific crime types, including lottery scams and bogus charity scams, to staff so they are well equipped to raise awareness around those issues in their day to day jobs.

The Met Police has introduced the Vulnerability Assessment Framework which has helped improve the awareness, reporting and referral of vulnerability. There are clear strategies and standard operating procedures in place for the police response to vulnerable adults that promotes their wellbeing through the relevant referral and support mechanisms.

Over the past year, a new safeguarding structure has been introduced to the Met Police Service, which sees clear leadership and ownership for safeguarding matters at a senior level.

London Fire Brigade (LFB)

LFB continue to raise safeguarding referrals with



Islington Adult and child services. A pilot project is currently live which provides additional support via home visits to vulnerable residents.

The delivery of the information sharing project with the London Ambulance Service to provide Home Fire Safety Visits to high risk hoarders, has been embedded into core business.

LFB has developed a training package for all personnel which features the 'Making Safeguarding Personal' principle. The training also provides staff with a clear working understanding of the Mental Capacity Act. The package complies with both the Care Act and London multi-agency policy and procedures, and ensures all LFB personnel receive initial and regular refresher safeguarding training.

Local data is drawn from London-wide and borough-based sources to inform decision making. National data is sourced from other fire and rescue services and from central government.

Camden & Islington Mental Health Foundation Trust

C&I are now using Mosaic and LAS as the primary performance and recording platforms for safeguarding adult concerns. There is now a regular Multi-Agency Safeguarding Adults Documentation Meeting which aims to develop a richer performance scorecard for the Board and its partners.

C&I have incorporated access to advocacy and service user information and advice into safeguarding adults training at Trust Induction for all new starters.

C&I will continue to be a party to the mental health service user forum and will endeavour to build on this partnership arrangement to ensure the voice of the service user is heard and that services are developed within a spirit of coproduction.

The Trust fully subscribes to the Making Safeguarding Personal and the Think Family initiatives when addressing all areas of abuse and neglect.

Although the Trust is commissioned to deliver adult services the Trust actively seeks to ensure the welfare of all children whose parents, guardians, and adult carers are in receipt of services provided by the Trust.

Islington Council

The Council's Corporate Plan 2015-19 included commitments to, i) improve community safety, ii) support vulnerable residents and carers and iii) help residents to live healthy, independent lives through partnership working including with the Safeguarding Adults Board. The plan has a specific target to reduce hate crime, including disability hate crime. Currently 375 people and 157 organisations have signed up to the borough Hate Crime pledge. 422 people have undertaken the free online hate crime training. More focus needs to be on young people now to undertake this. Prevent briefings delivered to at least 250 internal staff and at least 60 specialised briefings given by request to various community groups. These include Freedom from Torture, Gallop and Arsenal security staff.

There are now over 60 safe havens in Islington, with the details of these on Islington council website and promotion of these going on across key groups.

Many high risk vulnerable victims have been supported through the Community MARAC in 2018/19 – all receiving positive outcomes ranging from referrals to specialist support and undertaking joint visits through to the rehousing of vulnerable people where required. The partnership work undertaken by the Community MARAC demonstrably reduced the risk to both vulnerable victims and perpetrators and is seen as delivering a best practice approach in London.

There is a high level of corporate commitment to safeguard adults from abuse. As the lead organisation on the safeguarding adults board, the council is very actively involved in implementing and improving safeguarding and wellbeing for adults at risk in Islington. A large part of the board's plan is carried out by the council.



There is an organisational culture of reporting safeguarding concerns. The Council's commitment to this is reflected in all job descriptions specifying safeguarding responsibilities and safeguarding policies.

The Council sends out an annual survey to service users and carers, which includes specific questions about feelings of safety and commissioned services. Analysis and feedback from this survey is presented to senior management meetings and informs divisional priorities.

The number of service users being invited to attend their own safeguarding meetings or express their own views /express wishes if they can't attend has increased. The Safeguarding Adults Unit has been promoting the use of advocacy through the Leaders in Safeguarding meetings and the Practitioner forums.

The community safety team has also delivered 6 effective projects this year to raise awareness of Prevent and safeguarding issues. These include:

- BRAVE -building resilience against violent extremism
- PARENTZONE -programme to support parents monitoring their children online
- EQUALTEACH developing critical thinking in young people
- Shadow Games – an interactive play on extremism
- Small Steps to raise awareness of Far Right issues and how they recruit/ radicalise (100 trained)
- Over 100 Madrassa teachers trained in both Prevent & safeguarding as part of a teacher training course.

HMP Pentonville

The outcomes overall for safeguarding have improved this year. Safeguarding has become part of the basic training for prison officers. Preventing/ managing self-harm and dealing with violence remains priority.

HMP Pentonville is in advanced stages regarding commissioning a much improved social care service. This is currently being tendered and should be in place for April 2020.

HMP Pentonville has developed links with another borough and undertaken the first joint complex case review for someone who was due to be released into their community shortly. This was very successful and is a model the prison would like to develop with other complex cases and with other local boroughs although access to most other boroughs (outside London Borough of Islington) is challenging.

Single Homeless Project (SHP)

All SHP staff receive mandatory safeguarding training and all clients are issued with a bespoke safeguarding information leaflet. SHP operates with an integrated safeguarding and risk management casework system and staff are required to raise safeguarding concerns on the system within 24 hours.

SHP has updated its safeguarding policy and practice in relation to identifying and tackling domestic abuse, online abuse and cyberbullying this year.

SHP staff raised 108 safeguarding concerns on behalf of its clients across Islington and Camden in 2018-19 and worked in partnership with clients and key stakeholders to resolve safeguarding issues.

Healthwatch

Healthwatch has taken the safeguarding adults leaflets to various events to promote awareness raising across the community.

Notting Hill Housing Group

In April 2018 Notting Hill Housing (NHH) merged with Genesis Community Housing to form Notting Hill Genesis (NHG). NHG continues to recognise the importance of good safeguarding practice to all its



customers. This year NHG has been working across the organisation to ensure robust reporting, increased awareness and effective multi agency working in relation to safeguarding. NHG have developed a self-neglect protocol to support staff managing complex cases of self-neglect and have launched a concerns line for NHG contractors to enable them to easily raise concerns which they have following maintenance visits to customers' homes. NHG will be integrating all aspects of safeguarding, including training, reporting and policy and procedure over the next year to support colleagues to access appropriate support for vulnerable adults and children living in NHG homes. NHG work with other housing associations through the Safeguarding in Housing Forum to promote learning throughout the sector, regular awareness raising campaigns are held and all customer facing staff attend mandatory safeguarding training.

NHG have recently signed up to the Make a Stand Pledge on Domestic Abuse and next year will be raising awareness and improving practice around all forms of Domestic Abuse. NHG will seek to further increase awareness across the business with a programme of targeted campaigns for both staff and customers. NHG regulated services will be implementing the new Liberty Protection Safeguards to ensure NHG most vulnerable customers rights are supported.

Age UK

Staff has good awareness around processes for and application of safeguarding practice. There are regular reviews at management team sessions and regular training and supervision is provided. These reviews lead to changes in practice. Teams are proactive in raising issues and alerts. As an additional layer, all case work includes a quality assurance stage by team managers to proactively monitor for safeguarding issues (amongst others).

London Ambulance Service

Updates from the London Ambulance Service are reported via the Brent Safeguarding Adults Board. The LAS safeguarding annual report for 2018-19 was not available on their website at the time of

publishing this report.

National Probation Service (NPS)

The National Probation Service in Camden & Islington ensures that all staff complete mandatory adult safeguarding training, this training is refreshed every two years to ensure that staff are up to date in their knowledge. Other mandatory training completed by staff linked to adult safeguarding are unconscious bias, disability awareness, equality and diversity, LGBT awareness. Staff are also actively encouraged to undertake at least two pieces of training provided by the Safeguarding Board or other partners. In the last year staff have also had Modern Day Slavery, Female Genital Mutilation, Women and gangs and Extremism briefings.

Identification of vulnerable adults starts at the Court stage before sentencing. Probation service works closely with the mental health liaison and diversion service and make referrals where appropriate. Also at Court stage maturity assessments have been introduced as part of overall risk assessment, we already have in place colleagues from substance misuse services on hand to make drug and alcohol assessments where applicable. A pan-London Transgender board with specialists who input on appropriate sentencing if an individual is at risk of a custodial term exists.

NPS utilises home visits on service users subject to statutory supervision to identify safeguarding concerns and if applicable, to refer to partners such as Adult Social Care, Police or London Fire Brigade. Work has been done to ensure staff are aware of the escalation process for referrals if the concerns have not been allayed.

In order to drive good practice around safeguarding, NPS have introduced a number of management lead roles around safeguarding, and as well as attendance at the Safeguarding boards, there has been representation at the Autism forum. Working in partnership in a range of multi-agency panels such as MAPPA, MARAC, MASH and Prevent, this provides a holistic approach to both safeguarding and risk management. This year NPS secured a grant to provide extra support for 18-25 year olds in Camden & Islington, working with St Giles Trust.



Again an intervention around safeguarding resulted in a family being moved out of Borough.

Safeguarding continues to be a priority for the NPS – with the strap line “Preventing victims by Changing Lives”

Whittington Health NHS Trust

Whittington Health has led on developing and delivering multi-agency and multi-disciplinary training across three Community Education Partnership Networks (CEPNs).

Making Safeguarding Personal is part of the safeguarding adults training within Whittington.

Whittington Health has excellent relationships with key partner agencies on the local safeguarding adult boards. This means there are clear processes for escalating safeguarding adult concerns to ensure the safety of local residents and their family carers. Whittington Health has run ‘learning together’ events for some time now, which look at the learning from serious incidents. These events are advertised for all partner agencies to attend.

Use of the Mental Capacity Act continues to be an area for the Trust to concentrate on. Whittington Health has provided leadership in this area by devising and leading on an innovative training programme for a wide range of agencies across three safeguarding adult boards. The range of attendees crosses care home staff, GPs, police officers, as well as social workers, nurses, occupational therapists, physiotherapists and speech and language therapists.

Health partners of the Safeguarding Adults Board have also published their annual reports for 2018/19 which can be found here:

[Whittington Health NHS Trust](#)

[Camden and Islington NHS Foundation Trust](#)

[Moorfields Eye Hospital NHS Foundation Trust](#)

[Islington Clinical Commissioning Group](#)

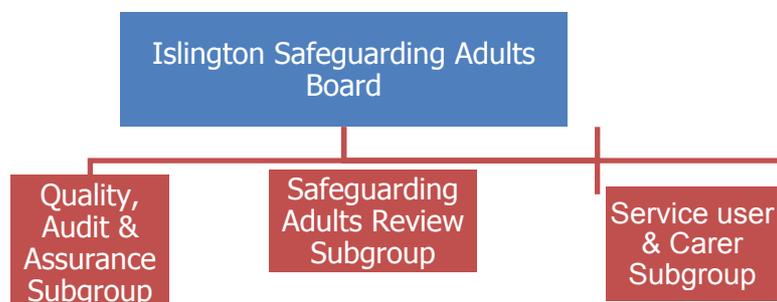
Islington Health and Well-being Board has oversight of this Safeguarding Adults Board annual report. Further information about democratic services can be found [here](#).

Summary

The above specific achievements by no means represent all that partners have achieved towards safeguarding adults. For many of our partner organisations, safeguarding adults is routine and core to their every-day work.

Subgroups

While the Board oversees the implementation of its strategy, the subgroups carried out much of the actual work. They are the engines behind the Board. This section sets out the achievements of each subgroup.



1. Quality, Audit & Assurance

The purpose of the Quality Audit & Assurance Subgroup is to support the Islington Safeguarding Adults Board to take a strategic overview of the quality of safeguarding activity from partners providing care to adults with care and support needs in Islington. QAA subgroup also has oversight over performance and ensures that there are adequate monitoring systems in place. It promotes the importance of prevention and early intervention. The QAA subgroup focused on a range of topics over the year including:

- Making Safeguarding Personal
- Mental Capacity Act
- Pressure ulcer leaflet for carers
- Data quality dashboard

The QAA subgroup also been overseeing the work from the action plan of the Safeguarding Adults Review for Ms BB and Ms CC and ensuring that the learning from this has been embedded in practice by partners who may or may not have been involved in this case.

David Pennington
Chair
Quality, Audit & Assurance Subgroup



2. Safeguarding Adults Review

2018-19 saw the Safeguarding Adults Review subgroup finalise the case action plan for Ms BB and Ms CC, and final reports for the case of Ms DD and Mr Yi submitted to the Board. Multi-agency workshops will take place for two other cases being reviewed by this subgroup. Since January 2018 one new case involving a homeless person was brought to the subgroup. The SAR criteria was not met. A full review of the SAR terms of reference and Framework is underway which will be finalised in 2019-20

DCI Lily Benbow
Chair
Safeguarding Adults Review Subgroup



3. Service User & Carer

This subgroup involves service users and carers from Islington who meet every 3 months to talk about the work the safeguarding adults board is doing and suggest ways of improving services for adults with care and support needs. The subgroup is becoming more involved in the work of the Board and setting its own direction. Discussions have been wide-ranging and have included:

- Gangs/knife crime in young adults
- Gangs in prison
- Learning disability and the Learning Disability Mortality Review programme (LeDeR)
- Advocacy
- Transition
- Sexual abuse/ sexual exploitation

The Care Act says that local councils must involve people in decisions about their care and support needs. A representative from PohWer advocacy is now present at the subgroup meetings at the request of the service users and carers in this subgroup. This is also especially helpful as work around Making Safeguarding Personal has started within this group. The PohWer advocate helps reinforce that support is available to make sure the voice of service users can be heard even if they are unable to speak for themselves. The subgroup is regularly invited to feedback on their experiences of safeguarding and quality of care and this in turn helps to strengthen and improve our safeguarding processes.

Jo Holloway/ Pooja Dhar co-chairs
Service User & Carer subgroup





North Central London (NCL) Safeguarding Adults Board Task and Finish groups

Islington Council has been working with the local councils to help build better working relationships and help establish and maintain consistency. Work has been carried out through the North Central London (NCL) cluster involving the London Boroughs of Camden, Haringey, Barnet and Enfield safeguarding adults boards. Three task and finish groups have been identified as follows:

1. Prevention task and finish group which is being led by Islington and Barnet
2. Learning and culture change which is being led by Camden and Haringey
3. Audit and Assurance group which is being led by Enfield and Barnet

These task and finish groups are still finding their feet. The focus of the task and finish group that Islington are leading on with Barnet safeguarding adults board will be around young adults transitioning.

Experiences and Statistics

The human cost of abuse and neglect cannot be measured. The statistics that we collect only tell part of the story and this should be borne in mind when looking at our data.

But statistics are useful for pinpointing our strengths and highlighting areas for further analysis or development.



1. Experiences

No statistic can capture the pain and suffering, the fear and distress that abuse and neglect can trigger. That's why it's important we look behind the statistics at the human experience. We do this in a number of ways – through auditing case files, seeking feedback from people after a safeguarding case has been closed, analysing complaints and engaging with the public.

Listening closely to our service user and carer subgroup is also invaluable. Through their willingness to talk candidly about their experiences, we are able to reflect on and improve our practice across the partnership.

2. Statistics

Some people experience multiple forms of discrimination and disadvantage or additional barriers to accessing support. We continue to monitor data on various groups to ensure that the needs of all victims are met.

This year's report contains data captured only by Islington Council. It is important, however, that we monitor statistics and trends from a variety of sources. This is to assure ourselves that adults with care and support needs are safeguarded in a range

of settings, such as police cells and hospitals. We will continue to work with our partner organisations to share data in a transparent and secure way. Our recently agreed London-wide information sharing agreement is a step further in the right direction toward being able to safely share aggregate data and get a clearer picture of trends and activity across the borough.

3. Safeguarding Concerns

When someone reports a concern about abuse or neglect of an adult with care and support needs, it is known as a 'safeguarding concern'.

4. Safeguarding enquiries



In 2018/19 we had 435 **safeguarding enquiries** (10% of the total concerns raised)

Even when we don't go ahead with a Section 42 enquiry, every point of interaction with a victim offers an opportunity for positive intervention and a chance to give support. We frequently signpost those people to appropriate sources of support.

Case example

Laura was a keen gardener and attended a day centre where she led on a gardening session for other residents three times a week. She had been found wondering, dehydrated, inappropriately dressed and confused. Laura was diagnosed with early on-stage of dementia in 2013. Her mental cognition started deteriorating, and she was becoming more confused. She stopped attending the day centre.

She was picked up by the police after being reported missing by her daughter. In hospital, she was treated for a urine tract infection and discharged home with a package of care including 3 nights and 3 visits a day. Initially Laura was declining support, she was becoming increasingly agitated and non-engaging. Laura did not understand why she had "people coming over to her flat" and taking over her "life" as she could do everything by herself.

A number of no reply/missing person reports were received from her support worker. Laura was often found on the door step of her previous house where she used to live with her husband. Laura's daughter found the experience very stressful, asked for a review and suggested that her mother might benefit from moving to sheltered accommodation to prevent or minimise the risks of wandering around.

A review of Laura's package of care took place and multidisciplinary team meeting met to review her case. Laura was also involved in decision making about her care plan and what would work for her. She said she would like to access the community and asked to be matched with a support worker who had a similar interest e.g. gardening

During this time, Laura also returned to the day centre and had taken up a gardening class. She seemed to be settled, and her wandering around had completely stopped. Laura's well-being and independence had also improved. As she only required support with accessing her community, she was still independent with all her personal care, meal preparation and housework duties. Her relationship with her daughter also improved and they seemed to be enjoying Sunday's lunch together.

5. Safeguarding concerns to enquiries 'conversion rate'

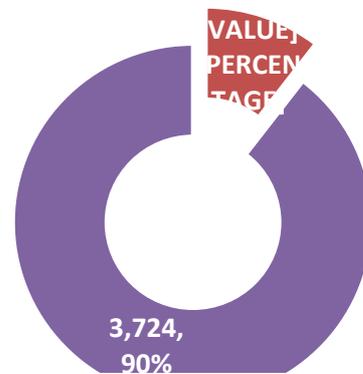
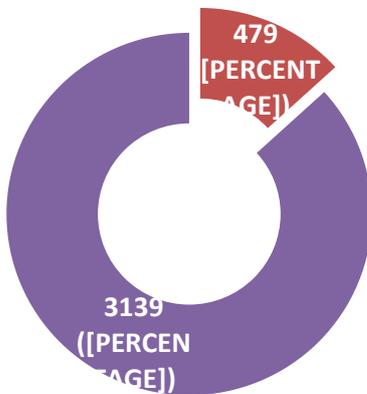
15% increase in concerns from last year

Previous year (2017-18)

This year (2018-19)

■ Safeguarding enquiry ■ No enquiry

■ Safeguarding enquiry ■ No enquiry



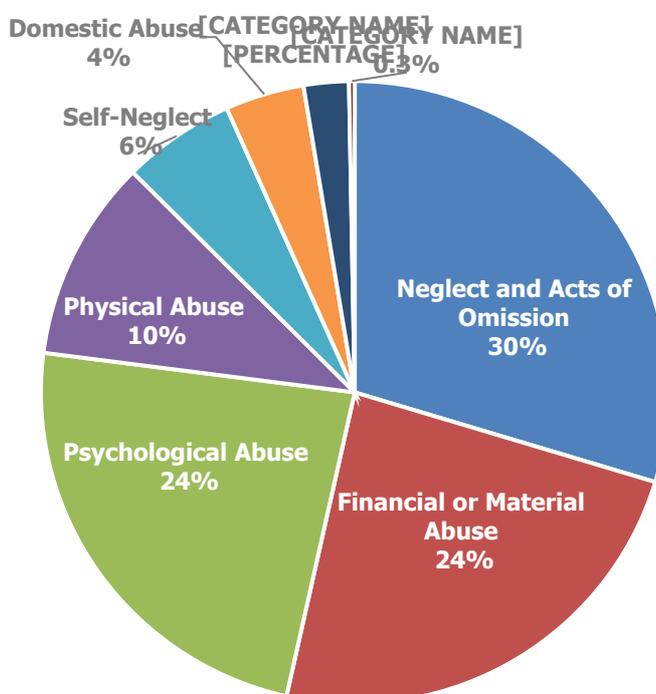
We continue to carry out regular case file audits to make sure that thresholds are being applied appropriately and proportionately by practitioners. ADASS has recently released some guidance on this which confirms the good practice around decision making, reporting and recording taking place at Islington Council already. This can be found [here](#).

At the time of publishing this report, the national data for 2018/19 has not been published so it is not yet possible to benchmark our data against that of other areas. The national data for the previous year 2017/18 is available on the [NHS Digital website](#).

6. Types of abuse

The different types of abuse about which we made safeguarding enquiries during 2018-19 are shown in the chart below. When we look into a safeguarding concern about an adult, we often discover there is more than one type of abuse taking place.

Enquiries by type of abuse, section 42 and other



The chart above shows that over the course of the 2018-19 year, the three most common types of abuse we made enquiries into were neglect, financial abuse and psychological abuse. The pattern for financial abuse and neglect has been noted in previous years. For example, the proportion of neglect cases at 30% remains similar to last year's at 33%. But cases of psychological abuse have exceeded the number of physical abuse cases which usually formed the third highest category of abuse in previous years. Last year only 14% of cases involving psychological abuse reported were taken to enquiry whereas this year 24% of those cases were taken forward. This may be as a result of more awareness about identifying and reporting hidden forms of abuse amongst staff and the public. Additionally, psychological abuse can also occur alongside any of the other categories listed above.

There were no cases that involved formal enquiries into any suspected cases of modern slavery or sexual exploitation of adults with care and support needs. We are working to raise awareness of these types of abuse. Our recording systems have also been modified so that it is easier to collect data and monitor trends in these



fairly new types of abuse. The signs of modern slavery and sexual exploitation can be hard to spot; the Board will continue to raise awareness of what to look out for. Islington council has also been providing in-house training on modern slavery and human trafficking which still continues. This has been very successful.

Modern Day Slavery training course:

"I have been to many human trafficking trainings before but this was the best I had ever had!"

Safeguarding Adult's refresher training course:

"The presentation was very engaging and of a high standard. It was very useful having multiple agencies participating as an opportunity to share experience and understand differing roles"

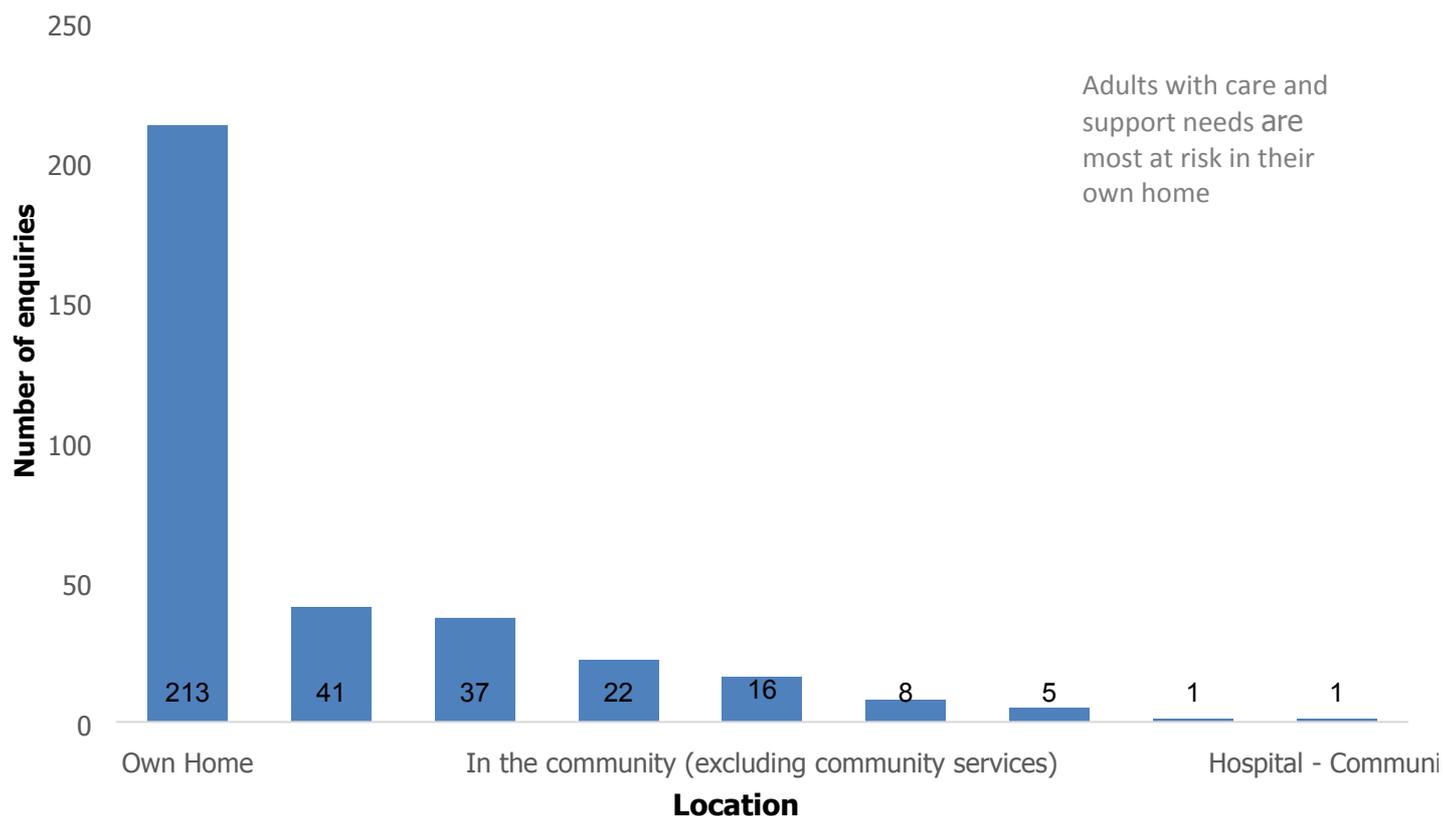


Feedback on training from participants



7. Where abuse took place

Number of enquiries by location, section 42 and other

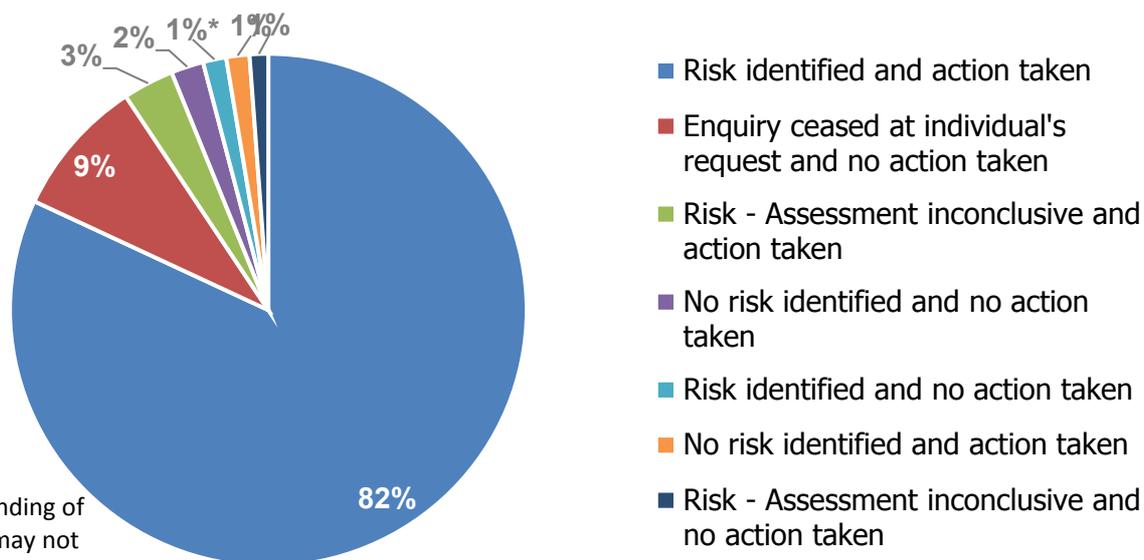


Abuse and neglect in care homes and hospitals tend to grab headlines. Because of this you might assume that a lot of abuse and neglect takes place in care homes and hospitals. But, the graph above shows the opposite – that more than half of all cases of abuse and neglect take place in the person’s own home. This is not just true in Islington – it’s a similar picture across the country.



8. Action we took

Actions we took to help the adult



*Due to the rounding of figures, figures may not total 100%

The graph above is based on the safeguarding enquiries that were closed in 2018-19. In nearly all of the cases we took some kind of action.

We identified and took action in 82% of the cases as opposed to only 49% in the previous year. This is a very positive outcome as a result of the changes we have made to our recording systems recently and the training provided to all teams within adult social care and the mental health trust. Recording the actions, we took for all cases is now a mandatory field in our recording system.

The most common action is increased monitoring of the adult. Increased monitoring could include family and friends agreeing to visit an isolated adult more often. Or it could be a community nurse visiting patient at home regularly to check for pressure sores.

A wide range of other actions were also used. They included referrals to counselling, staff training, applications to the Court of Protection, change of appointee and restricting access to the person causing risk. In some cases, the concerns are serious enough for the Police to prosecute or caution the person who caused harm.

In 1% of the cases we took no action. But before reaching the decision to take no action, we would have assessed the risks and agreed that there was no ongoing risk to the adult.

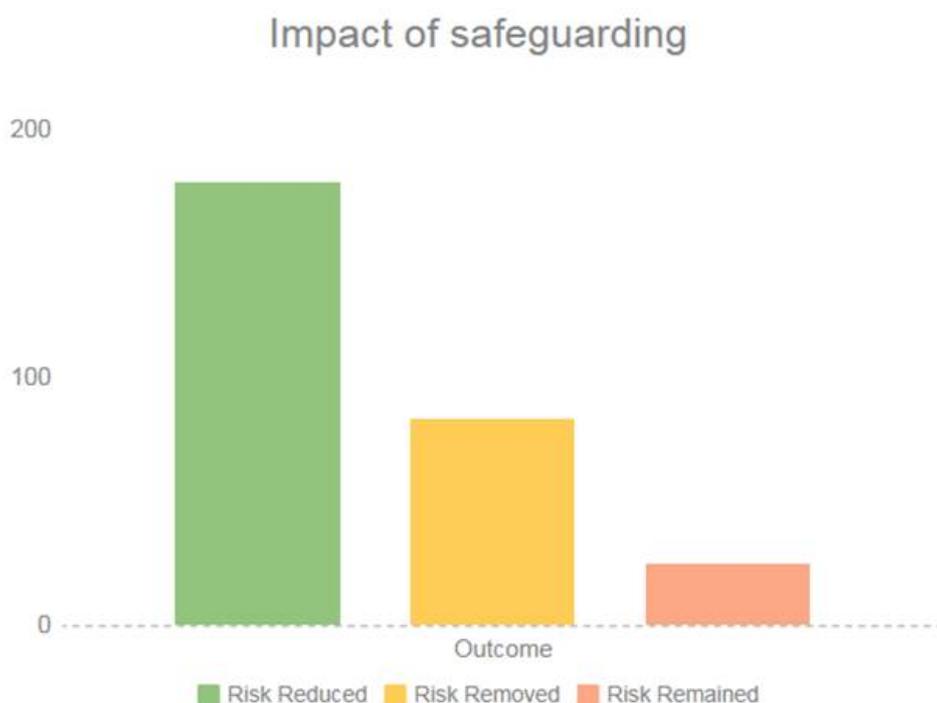
In 9% of the cases, the adult told us they did not want us to take any action. Wherever possible, we make safeguarding person-centred and follow their stated wishes. Occasionally, the risks to other people are too great and we have to take action against someone's wishes. If this needs to happen, we carefully explain the reasons for our decision to the adult involved.



9. The impact of safeguarding

The purpose of safeguarding is to help people feel safer. One of the ways we measure this is by looking at our safeguarding actions to see if we have reduced the risk of future abuse or neglect happening. The chart below shows that in most cases, our actions have either removed or reduced the risk of harm.

In only very few cases the risk remains. Usually this is the adult's choice. We always check first that the adult has the mental capacity to make decisions about the risk, is comfortable with the risk and understands the possible consequences of not taking steps to reduce the risk. We also factor in risks to other adults or children and whether the person causing harm is a paid professional.



This graph is based on the number of closed Section 42 enquiries in 2018-19 and not the overall number of enquiries. This is because some enquiries take longer than others to investigate and are currently being investigated at the time of writing this report.

10. Making safeguarding personal

Putting the victim first is becoming an important concept in criminal justice. So, it is also with safeguarding adults. Person-centred working, known as 'Making Safeguarding Personal (MSP)' is called for by the Care Act 2014. We've been working with practitioners and board partners to encourage them to adopt this crucial concept in the way they work with people at risk of abuse and neglect.

How do we know that staff are working in a person-centred way? Statistics alone will never give a clear picture of whether safeguarding enquiries have been carried out in a person-centred way. Only auditing case files and seeking feedback from people who have been through a safeguarding enquiry can really tell us. That's why our Board's Quality, Audit & Assurance subgroup together with our Service User & Carer subgroup are important mechanisms for overseeing the implementation of MSP across all partner organisations.

Islington Council – Adult Social Care has overall responsibility for all safeguarding enquiries. Adult Social Care has made changes to its internal reporting system to ensure that making safeguarding personal is captured as part of every enquiry.

At the safeguarding concern stage the adult (or their representative) is asked whether they want this concern to progress to a safeguarding enquiry and what outcome they want from the enquiry. The concern is also risk assessed and depending on this, it is progressed to a safeguarding enquiry.

We know from research nationally that being safe is only one of the many things people want for themselves. They may have other priorities too. That's why it's important we take the person's views into account.



To help us achieve this, every Safeguarding enquiry has a set of seven 'I' statements that the adult at risk (or their representative) is requested to respond to during and towards the end of the enquiry. These statements not only address the issues of safety but also of choice, control, respect and justice.

We also record whether we were able to achieve the adult's preferred outcome. Our data from previous years shows us that we need to continue transforming practice and shifting work cultures to make our safeguarding work truly personalised. In the year ahead, we will be working with staff to explore more ways of enhancing an adult's choice and control as part of a safeguarding enquiry.

The previous year's data shows that we achieved either fully or partly the adult's preferred outcomes from the safeguarding enquiry. It shows that practice is transforming to keep the adult at the centre of all we do. People's preferences are indeed being taken into account.

Embedding a MSP approach to working is a priority for the year ahead.

11. Safeguarding Adults Reviews

Sometimes when an adult with care and support needs has died or been seriously injured, services could have worked together better to prevent it happening. If we think that might be the case, we carry out a safeguarding adults review (SAR).

SARs are all about learning lessons – not about blaming.



We have continued to work on the action plan to address the learning from the Ms BB and Ms CC case which was published few years ago. Much of the work that was recognised as useful learning from this review has been completed. Although it needs to be ensured that this good work is embedded into practice to ensure good practice continues.

Learning from safeguarding adult reviews from other local boroughs is also shared with all members of the safeguarding adults board. This ensures learning from neighbouring boroughs can be embedded into practice to avoid similar situations happening locally and help maintain good practice.

Islington has recently been involved in a joint SAR with 3 other London boroughs involving the case of a homeless man, Mr Yi, who unfortunately died. A full report can be found [here](#). Islington is currently working towards an action plan to address the learning and recommendations that have come out from this case.

MR YI SAR RECOMMENDATIONS

STRATEGY

Make sure the local homelessness strategy addresses those at risk of chronic homelessness

PRACTICE

Update the policy, procedures and guidance for practitioners to take into account duties under the Mental Capacity, Human Rights and Equalities law when working with the Housing Act and Care Act

RESOURCES

Consider and measure the impact that public sector cost-cutting has had on preventative, person-centred interventions for the chronically homeless

ASSURANCE

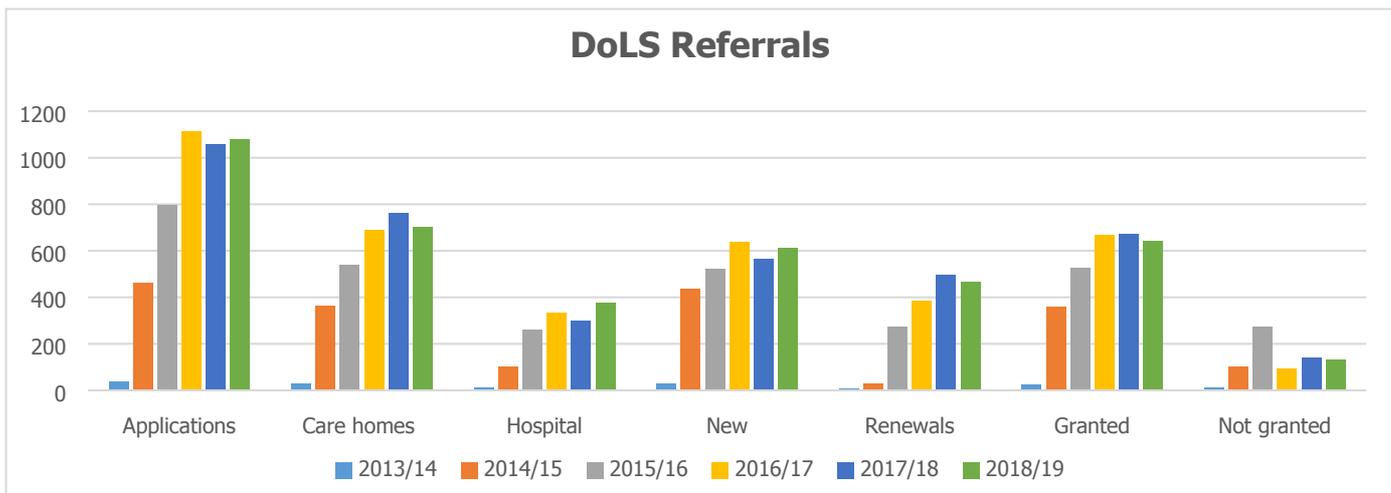
Seek assurance that any civil legal action involving the council or housing providers actively considers whether the adult 1) is at risk of abuse and neglect and/or 2) has capacity to litigate.

TRAINING

Seek assurance that commissioning and housing staff are trained effectively on statutory duties to identify, report and prevent abuse to adults at risk.

12. Deprivation of Liberty Safeguards

All adults should be free to live life as they want. If someone's freedom is taken away in a hospital or care home, or restricted in another way, there are laws and rules to make sure it is done only when really necessary and in their best interests. The rules are known as Deprivation of Liberty Safeguards (DoLS). We monitor how these safeguards are used in Islington.

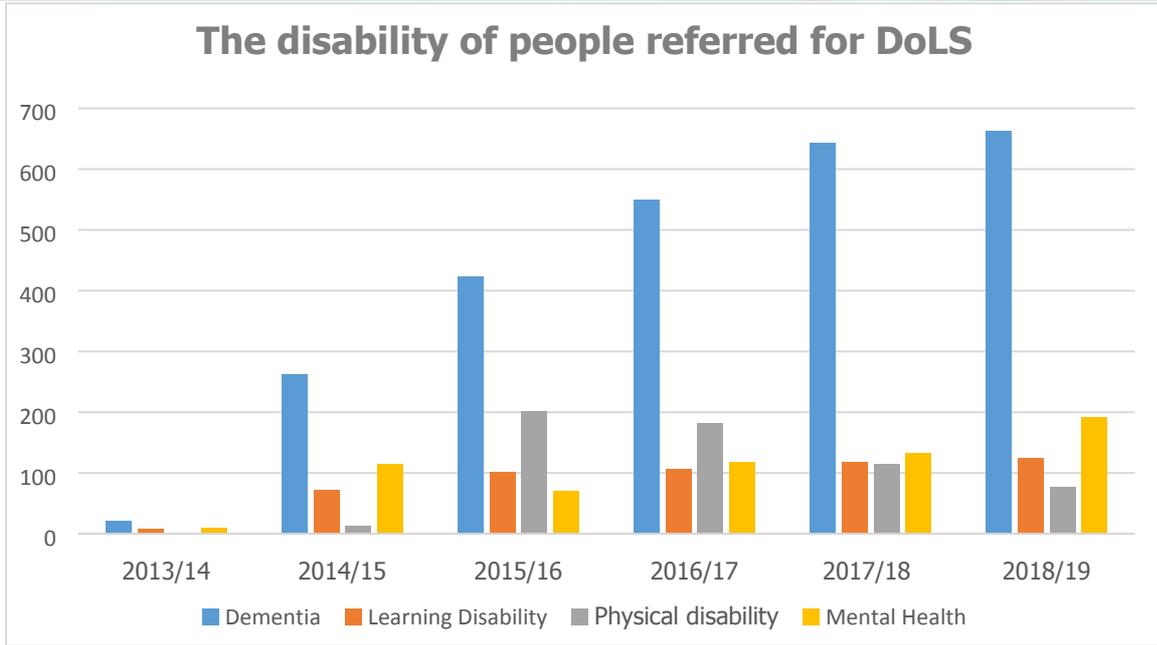


It has now been five years since the land-mark Supreme court ruling, known as '*Cheshire West*', and the significant widening entitlement to the DoL Safeguards. The huge increase in DoLS referrals following this ruling has flattened out and the overall increase for 2018-19 was just 2%.

We believe this flattening off of referrals is positive and reflects the fact that all (or very nearly all) of our residents in residential care, who should be on a DoL and receiving the appropriate safeguards are subject to one.

We saw a large increase of referrals from hospitals this year, particularly the Whittington Hospital who made 44% more DoLS referrals than the previous year.

Residential care homes and hospitals are far more aware, knowledgeable and compliant with the DoLS legislation than before and this is reflected in the speed and appropriateness of their referrals and implementation of conditions.



The majority of referrals (64%) were on behalf of people who had Dementia. This is a small increase on previous years. Referrals for people with mental health needs have increased from 133 to 192 (more than 40%).

Islington DoLS team does not have any back logs. The average time scale for completion of a DoL from receipt to authorisation is 20 days which compares favourably with the London average which is 68 days. The National average is 138 days.

Every person with a DoL authorisation in place has a Relevant Person’s Representative (RPR) appointed to monitor the DoL. We have systems in place to monitor conditions and ensure the RPR’s are visiting the relevant person regularly and follow up non-compliance with the relevant RPR’s.

Proposed new DoLS scheme:

Under the proposed new Liberty Protection Safeguards (LPS) scheme and proposed changes to the Mental Capacity Act 2005,

- the process will be more streamlined
- it will apply to people over age 16
- it will apply everywhere (not just care homes and hospitals)

- allowances for people with fluctuating mental capacity will be made
- greater safeguards for people will be made before they are deprived of their liberty.
- the person’s wishes and feelings will be emphasised more

Steps towards reforms to deprivation of liberty safeguards legislation are due to come into force on 1 October 2020.

13. Lasting Power of Attorney

Since December 2018, Islington has been the pilot borough for the campaign by the Office of the Public Guardian (OPG) to raise awareness around Lasting Powers of Attorney (LPA).

The aim of the campaign is to raise awareness, dismiss some of the myths and to reach parts of the community who might not have felt LPAs were relevant to them. The OPG has identified that one of the barriers to people putting in place an LPA is cost. The leaflet we have been distributing highlights that depending on the person's financial circumstances, it could be free to register the LPA. In the borough this campaign has been supported by Islington Council, Whittington Health, Islington CCG and Age UK Islington.

The Mental Capacity Act (2005) highlights the importance for all adults, including those with care and support needs, to plan for their future. This includes deciding who should make decisions about finances, health and social care and medical treatment should they ever lose capacity to make these decisions for themselves. This is achieved by putting in place a LPA for finance and a separate LPA for Health and welfare.

It can be difficult to think about the future, but it can also be reassuring to the person to know that someone who knows them understands their wishes and preferences and has the legal power to make a decision in their best interests should they lack the capacity to do this.

Since December, we have been raising awareness about LPA's at community events, for example at carers events, in our care



homes, through the work of Age UK Islington, at Whittington Hospital and with Islington GP's. We have talked about LPAs to health and social care staff in the borough at workshops and in training. Islington Life, Council magazine delivered to every home in the borough features LPA's in the Spring 2019 edition.

Next steps

We are proud of what we've achieved in the last year. But as we look ahead, there is so much more to be done. There is no single solution to ending adult abuse and neglect. Tackling it requires a multi-pronged approach with all partner organisations working together in Islington.
Our new 3-year strategy

Our new strategy is aligned with the strategies of four of our neighbouring boroughs: Camden, Barnet, Haringey and Enfield. Although each Safeguarding Adults Board faces unique challenges and circumstances, there's more that unites than divides us.

There are clearly many initiatives we can work together on to achieve greater impact. Additionally, many of our partners fed back that they were duplicating work across borough boundaries. In times of constrained resources, it makes sense to join forces where we can. Aligning only some of our strategic aims gives each Board flexibility to also tailor its own strategy according to local needs.

We wanted to make sure that the strategy truly reflected the views and aspirations of residents, service users, carers and professionals. To ensure meaningful consultation and 'voice-led' development of our strategy, we involved a range of stakeholders right from the beginning of the process and continued to engage with them throughout the process. We started with a blank slate. We listened to what local people and professionals had to say and wherever possible, we gave greater weight

to service users' and carers' opinions about what our focus should be.

approach with all partner organisations working together in Islington.

You can read our strategy on our website [here](#).

In order to achieve our strategic objectives, the Board partners will agree detailed work programmes every year to harness their



resources and contributions in our combined effort to tackle and prevent abuse and neglect in Islington.

Our plan for next year is available to download [here](#).

Making Safeguarding Personal

We want the person we safeguard to be at the centre of everything we do. Their wellbeing must be priority in our approach. Every person is an individual and whenever possible we must tailor our responses to reflect that person's priorities. We've made a good start on this but there's more to be done. If we work together, we can bring about the culture-shift needed to truly embrace this way of working across agencies and within our communities.



It takes time, energy and resources to shift culture, but we are committed to delivering changes in practice.

Mental Capacity Act legislation

We will be watching with interest legislative developments relating to Deprivation of Liberty Safeguards and the Mental Capacity Act. The proposals herald significant changes in the way we work and we will ensure that we are well prepared to adopt new systems and procedures in response.

Learning

The QAA Subgroup of the Safeguarding Adults Board will continue to ensure that learning from any safeguarding reviews is embedded in practice by partners for not only those agencies that were involved but also encourage all partners to sign up to the learning. This will help implement best practice in all organisations.

Listening

Your views are important to us. We are committed to listening to what our community has to say. If you want to share your views with us, please get in touch. Our contact details are at the back of this report.

Appendix A

Making sure we safeguard everyone

Equality and diversity matter to us. We want to make sure that everyone who needs to be safeguarded is and that we are not missing people from particular groups.

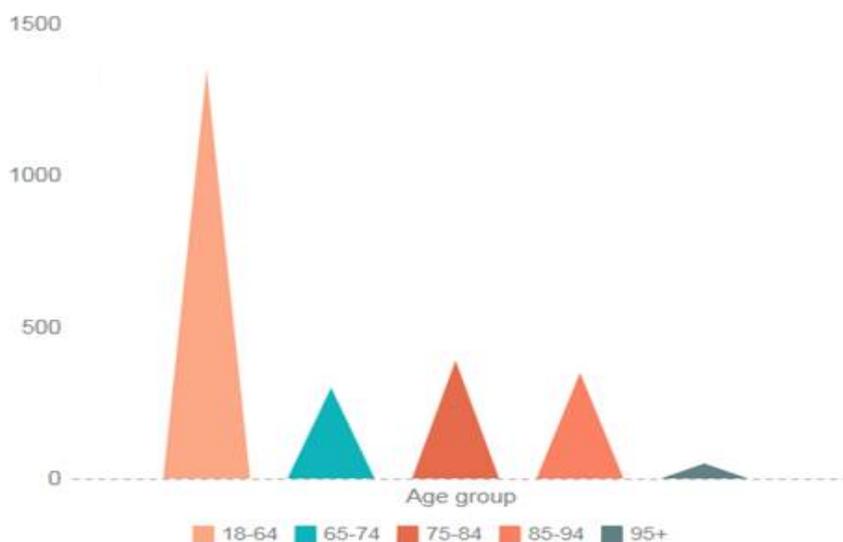
Keeping a watch on who needs safeguarding in Islington also helps us target our services at the right groups.



In this part of our review we look at how the Islington population is represented by the people who had safeguarding concerns raised about them.

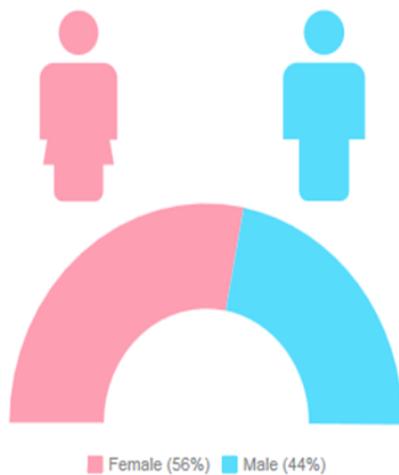
With their consent, we capture information about their age, sex ethnicity, sexuality, mental capacity and service user category. Having a clear overall picture of who we are safeguarding and where there are gaps, helps us to decide where to focus our attention in the future.

Ages of adults we safeguarded



The chart above shows that this year (as in previous years) there were a lot of safeguarding concerns about people over 65 years of age. This is consistent with national and international research which shows that the older an adult is, the more at risk of abuse they become. Therefore, it appears we are continuing to do well in encouraging people to come forward and report suspected abuse of older people.

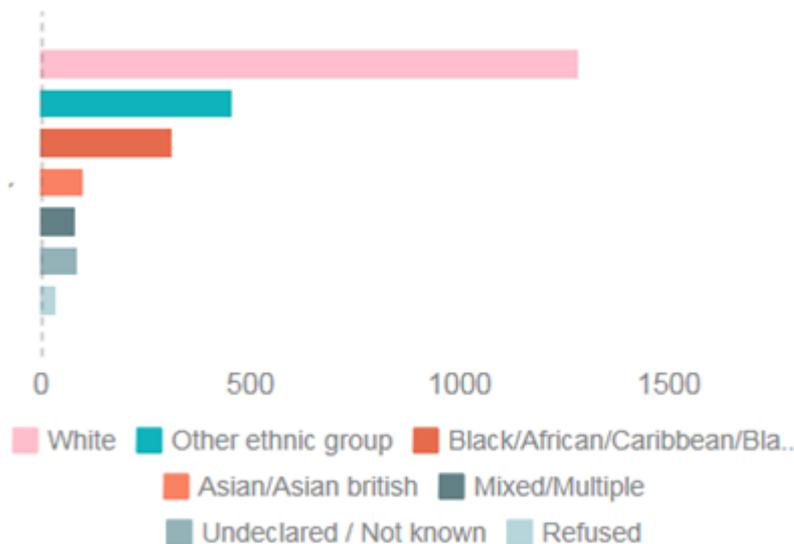
Gender of adults who had safeguarding concerns raised about them



This chart shows the same gender proportions to last year. There were more concerns reported about women than men. It is difficult to know whether this is because women experience more abuse or whether abuse of women is more commonly reported than abuse of men. National research (Scholes et al, 2007) found that women are more likely than men to experience domestic abuse than men.

There were no safeguarding concerns about people who identified themselves as transgender. This may be explained by transgender adults being a statistically small group of people (estimated to be 0.1% of the population). It may also be because transgender adults chose not to disclose this information to us.

Ethnicity of adults who had safeguarding concerns raised about them



The data in the chart above shows that concerns were raised for people from a range of ethnicities during the year. From in-depth analysis in previous years, it seems that concerns were least likely to be raised about people who described themselves as being of Chinese or Bangladeshi ethnicity. We have translated leaflets into Chinese and Bangladeshi. We will continue to promote safeguarding adults through these leaflets and engage with these communities to ensure that safeguarding concerns are not being missed. Different ethnic groups have slightly different proportions of adults with care and support needs. For example, the average age varies across ethnic groups in Islington. In an ethnic group where there is a higher proportion of older people, we would expect to see more safeguarding concerns for that group.

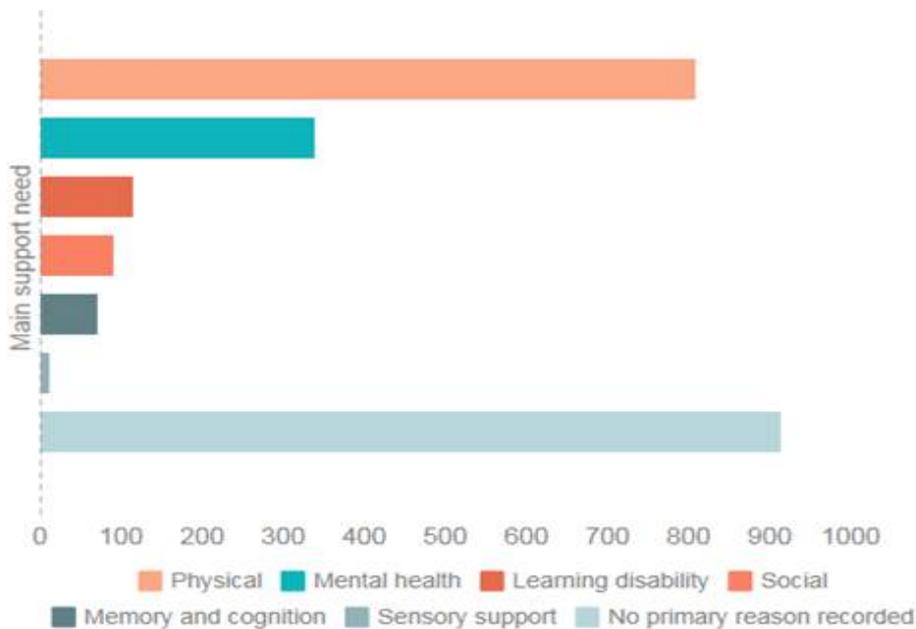


Sexual orientation of adults safeguarded during the year

The government estimates that roughly 6% of the UK population is lesbian, gay or bisexual. Although the department of health does not require us to collect and report on sexual orientation, in recent years we have started asking some of the adults we safeguard about this. We will work towards creating an environment where staff feel confident about asking questions about sexual orientation and the adults concerned feel safe disclosing their sexual orientation.

Even though our data is not complete, there may be enough data to suggest that lesbian adults are under-represented in safeguarding enquiries. We will continue to work in this strand of equality and diversity and will engage with partner organisations including Stonewall Housing. This will allow us to get a better understanding of any barriers this group may experience in accessing safeguarding support. We will also look to deliver training on this aspect of social work practice.

Main support need of adults who had concerns raised about them

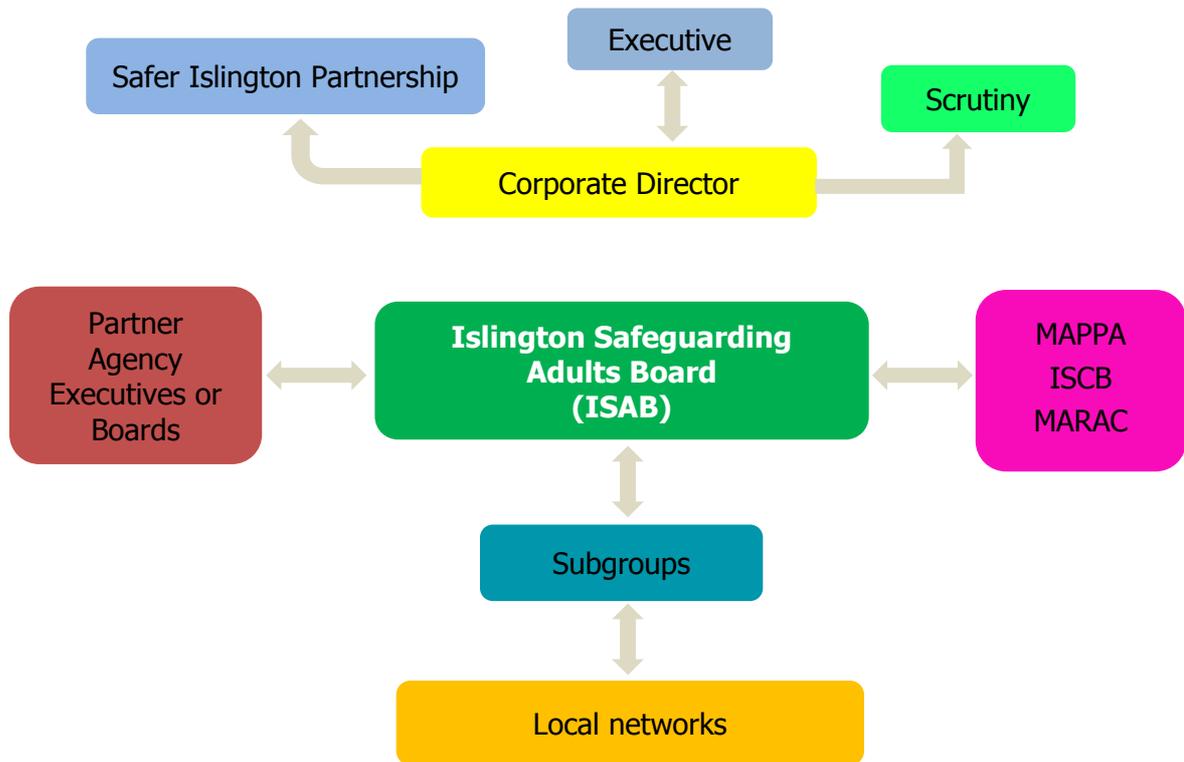


The above chart shows the main care or support needs of the adults who had safeguarding concerns raised about them. There continue to be more safeguarding concerns raised about adults with physical support needs than any other group of people. This is similar across the country. The chart shows that few concerns raised for people whose main need was that they care for someone else. It suggests we need to continue raising awareness amongst carers and organisations that support carers.

Appendix B

How the partnership fits in

The picture below shows how the Islington Safeguarding Adults Board (ISAB) fits in with other organisations and partnerships. The arrows and lines show who reports to whom.



Council	All elected councillors. It is the lead body for the local authority.
Executive	Eight councillors who are responsible to the council for running the local authority.
Scrutiny	This is a group of 'back bench' councillors who look very closely at what the council does
Safer Islington Partnership	This is a group which looks at crime and community safety. It involves the council, police, fire service, voluntary sector and others.
Corporate Director	People Services- is responsible for setting up and overseeing the ISAB.
ISAB	Islington Safeguarding Children's Board works to safeguard children in the borough.
MARAC	Multi-Agency Risk Assessment Conference. This group responds to high risk domestic abuse.

Appendix C

Who attended our board meetings?

Engagement from our partners is essential. While much of the work goes on behind the scenes, it is important for our partners to take part in the meetings. We hold quarterly Board meetings and an annual challenge event. This year's challenge event was held with four

neighbouring boards: Camden, Enfield, Barnet and Haringey Safeguarding Adults Boards. We also held a local Challenge event for our Safeguarding Adults Board members. The table below sets out the organisations that were represented at the board meetings and subgroup meetings throughout the year.

Islington Safeguarding Adults Board Meetings	Board Meeting 30-May-18	Board Meeting 11-Jul-18	Board Meeting 31-Oct-18	NCL Challenge event 12-Dec-18	Board Meeting/local Challenge 12-Feb-19
Partner Organisation					
Independent Chair	●	●	●	●	●
Islington Council	●	●	●	●	●
Islington Safeguarding Children's Board	●	●	●	A	A
Safer Islington Partnership	A	●	●	A	A
Islington Clinical Commissioning Group	●	●	●	●	●
Moorfields Eye Hospital NHS Foundation Trust	●	●	●	●	●
London Fire Brigade	A	A	A	A	●
Camden & Islington Foundation Trust	●	●	●	●	●
Whittington Health	●	●	●	●	●
Police	●	●	●	A	●
Community Rehabilitation Company (CRC)	A	A	A	A	A
Probation	●	●	A	●	A
London Ambulance Service	A	A	A	A	N
Co-Opted Organisation					
Age UK Islington	●	●	A	A	A
Notting Hill Pathways	A	●	A	A	●
Healthwatch Islington	●	●	●	A	A
Single Homeless Project	●	A	●	A	N
Attendees					
Care Quality Commission (CQC)	A	A	A	A	A
NHS England	A	A	A	A	N
London Borough of Islington Councillor	A	●	A	A	●
General Practitioner	A	●	A	A	N
Family Mosaic Housing rep	N	N	N	A	N
Prison	●	●	●	A	A
Voluntary Action Islington	n/a	●	A	A	A

Key



= Present A = Apologies no substitute

N = No apology/ substitute recorded



C = Does not attend; receives papers only

N/a = not applicable



Quality, Audit and Assurance Subgroup	Subgroup Meeting 07-Feb-18	Subgroup Meeting 13-Dec-18	Subgroup meeting 27-Feb-19
Partner Organisation			
Chair (Clinical Commissioning Group)			
Islington Council			
Whittington Health	N		
Moorfields Eye Hospital NHS Foundation Trust			A
Islington Commissioning	A	A	
Camden and Islington NHS Foundation Trust			A
Notting Hill Housing	N	A	
Police	NA		A

Safeguarding Adults Review Subgroup	Subgroup Meeting 26-Jun-18	Extraordinary Subgroup Meeting 15-Aug-18	Subgroup Meeting 19-Sep-18	Subgroup Meeting 22-Jan-19
Partner Organisation				
Chair (Police)				
Islington Council				
Islington Learning Disabilities Team		N	A	A
Healthwatch	N	A		A
Single Homeless Project	A			
Islington Clinical Commissioning Group				
Islington Social Care and Rehab	A	N	A	A
Independent SAR Author	N	N	N	A
Age UK	A	N	N	A
Camden and Islington NHS Foundation Trust			A	
Whittington Health				

Appendix D

How is our Board resourced?

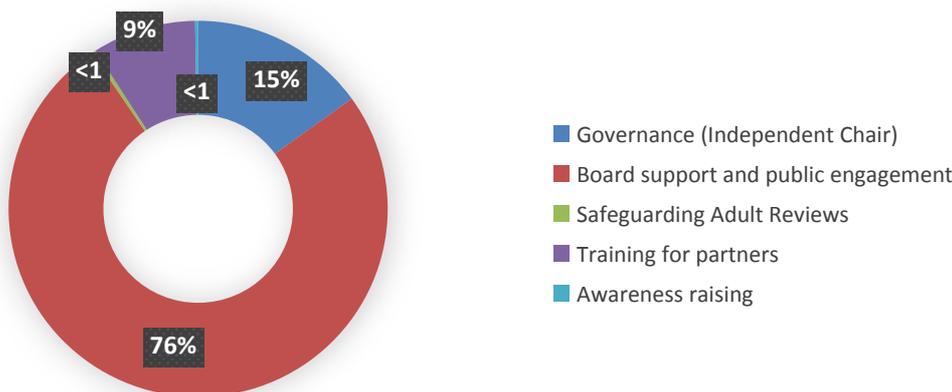
Primary responsibility for safeguarding adults rests with Islington Council. But all Board partners are expected to contribute to the resources of the partnership.

Who gave money to the board



As the above chart shows, Islington Council financed 97% of the costs of the Safeguarding Adults Board in Islington. Islington CCG makes a significant contribution to the Council's functions relating to the Mental Capacity Act and Deprivation of Liberty Safeguards work in the borough that in part contribute to the Board's safeguarding aims. Discussions continue with other Board partners regarding future funding and resources.

How we spent the money



It cost roughly £195,400 to support the work of the Board during the year. This is a decrease of 3.3% from last year's expenditure. A significant amount of the basic awareness around MCA/DoLS, community DoLS and modern slavery training have been delivered by in-house staff which helped to save on costs for external trainers. Some training has also been delivered online via e-learning modules. This included training on domestic violence, safeguarding adults at risk in Islington, and some MCA/DoLS training which have had a positive update. Some members of the public also completed this training.

Appendix E

Our impact on the environment

The work of the Safeguarding Adults Board has a low impact on the environment in Islington. Environmental impacts include fuel use for vehicles visiting service users, carers and their family and other general office impacts such as paper and energy use. Wherever possible we try to minimise the impact on the environment. For example, wherever we can we avoid printing documents and send out electronic versions instead to reduce paper and energy use. From time to time we hold 'virtual' meetings on line to cut our travel impact.

Sometimes our work also highlights opportunities to reduce household environmental impacts. For example, we might refer adults at risk to the Seasonal Health Intervention Network (SHINE). SHINE gives energy saving advice to residents. Not only does this help the environment, but it also reduces fuel poverty and improves the health and wellbeing of residents in Islington.

For more information about SHINE, click [here](#).



Appendix F

Jargon buster

Abuse

Harm caused by another person. The harm can be intended or unintended.

Adult at risk

An adult who needs care and support because of their age, disability, physical or mental health and who may be unable to protect themselves from harm

Care Act 2014

An Act that reforms the law relating to care and support for adults.

Clinical Commissioning Group (CCG)

CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Channel Panel

Channel is multi-agency panel which safeguards vulnerable people from being drawn into extremist or terrorist behaviour at the earliest stage possible.

CRIS

This is a Police Crime Database. The CRIS database acts as a case management system for logging and recording crimes.

Community Risk Multiagency Risk Assessment Conference (CRMARAC)

A multi-agency meeting where information is shared on vulnerable victims of anti-social behaviour. The aim is to identify the highest risk, most complex cases and problem-solve the issues of concern.

Deprivation of Liberty Safeguards (DOLs)

The process by which a person lacking the relevant mental capacity may be lawfully deprived of their liberty in certain settings or circumstances. It operates to give such a person protection under Article 5 of European Convention on Human Rights (right to liberty and security).

Sometimes, people in care homes and hospitals have their independence reduced or their free will restricted in some way. This may amount to a

'deprivation of liberty'. This is not always a bad thing – it may be necessary for their safety. But it should only happen if it is in their best interests.

The deprivation of liberty safeguards are a way of checking that such situations are appropriate.

Female Genital Mutilation

Female Genital Mutilation involves any kind of procedure that partly or total removes external female genitals for non-medical reasons and without valid consent.

LeDeR

The LeDeR programme is a review of the deaths of people with a learning disability to identify common themes and learning points and provide support to implement these.

Making Safeguarding Personal

A way of thinking about care and support services that puts the adult at the centre of the process. The adult, their families and carers work together with agencies to find the right solutions to keep people safe and support them in making informed choices.

Mental Capacity Act (MCA)

The Mental Capacity Act (MCA) 2005 applies to everyone involved in the care, treatment and support of people aged 16 and over living in England and Wales who are unable to make all or some decisions for themselves. The MCA is designed to protect and restore power to those vulnerable people who lack capacity.

Merlin

Merlin is a database used by the Police to report persons who have come to notice due to any of a number of risk factors, such as going missing. Merlin is used to refer those concerns to partner agencies, such as mental health services.

Neglect

Not being given the basic care and support needed, such as not being given enough food or the right kind of food, not being helped to wash.



Safeguarding Adults Board

Councils have a duty to work with other organisations to protect adults from abuse and neglect. They do this through local safeguarding boards.

Safeguarding Concern

Any concern about a person's well-being or safety that is reported to adult social services. Safeguarding concerns can be reported by members of the public as well as professionals.

Safeguarding Enquiry

A duty on local authorities to make enquiries to establish whether action is needed to prevent abuse, harm, neglect or self-neglect to an adult at risk of harm.

Seasonal Health Interventions Network (SHINE)

SHINE aims to reduce fuel poverty and seasonal ill health by referring a resident on to a number of services. For example, it includes referrals for energy efficiency advice and visits, fuel debt support, falls assessments, fire safety and benefits checks.

RADAR meetings

A meeting which looks at the quality of care being provided in care homes, care in your home and hospitals for older people in Islington. The meeting helps us to share information on services to improve the quality of care for service users.

Prevent

Prevent is part of the Government's counter-terrorism strategy. It involves safeguarding people and communities from the threat of terrorism and extreme views.

Section 136 of Mental Health Act 1983 (Mentally disordered person found in a public place)

This law is used by the police to take a person to a place of safety when they are in a public place. The police can do this if they think the person has a mental illness and is in need of care.

Section 135 of Mental Health Act 1983 (Warrant to search for and remove patients)

This law is used by the police to take someone to a place of safety for a mental health assessment.

Section 5 of Mental Health Act 1983 (Application in respect of a patient already in hospital)

This law is used by a doctor or Approved Mental Health Practitioner (AMPH) to stop an adult from leaving a hospital in order to treat them in their best interest.

Section 6 of Mental Health Act 1983 (Application for admission into hospital)

This law is used by a doctor or AMHP to admit an adult to hospital in order to treat them in their best interest.

Workshop Raising Awareness of Prevent (WRAP)

A specialist workshop created by the Government to help health and social care professionals understand the Government's strategy on Prevent.

Appendix G

What should I do if I suspect abuse?

Everybody can help adults to live free from harm. You play an important part in preventing and identifying neglect and abuse.

If you suspect abuse or neglect, it is always safer to speak up!



If you suspect abuse of a vulnerable adult, please contact:

Adult Social Services Access and Advice Team

Tel: 020 7527 2299

Fax: 020 7527 5114

Email: access.service@islington.gov.uk

You can also contact the **Community Safety Unit** (part of the police)

Tel: 020 7421 0174

In an emergency, please call 999.

For more information:

<https://www.islington.gov.uk/community-safety>

For advice on **Mental Capacity Act & Deprivation of Liberty Safeguards** contact:

Tel: 0207 527 3828

Email: dolsoffice@islington.gov.uk

For more information, click [here](#)

All the people whose faces you can see in the photographs in this review have agreed for their images to be used. We hope you enjoyed reading this review. If you would like to let us know your thoughts, please email: safeguardingadults@islington.gov.uk or write to us at:

Safeguarding Adults Unit, Islington Council, 3rd Floor, 222 Upper Street, Islington, London, N1 1XR



Report of: Chief Executive, Healthwatch Islington (an independent organisation, part-funded by London Borough of Islington)

Health and Wellbeing Board	Date: 6th Nov 2019	Ward(s): All
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Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Healthwatch Islington Work Plan 2019/20

1. Synopsis

- 1.1 The attached report gives an update on Healthwatch Islington’s work plan for the current year (April 2019 to March 2020), and progress to date.

2. Recommendations

- 2.1 To receive the report on our Work Plan and progress.

3. Background

- 3.1 Healthwatch organisations exist across the country to gather people’s views on health and social care and influence commissioning and provision. They are funded by the Department of Health through the Local Authority. Healthwatch Islington is a local charity and works in partnership with a number of other community organisations in order to try and hear from a diverse range of residents.

4. Implications

- 4.1 **Financial Implications:**
None – the report is for noting only.
- 4.2 **Legal Implications:**
None – the report is for noting only.

4.3 **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:**

Healthwatch Islington has environmental impacts and carbon emissions related to its use of offices (energy, water and paper use and waste generation) and travel. The organisation aims to minimise its environmental impact by reducing printing, using local services, and public transport (or walking).

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 we are not part of the council. We try to be as diverse as possible in our reach, working with partner organisations but also having a presence in a range of other settings for residents who are not connected to organisations. We particularly seek out people who may be more vulnerable.

5. **Conclusion and reasons for recommendations**

5.1 N/A

Appendices

- Healthwatch Islington Annual Report 2018/19.

Background papers:

- N/A

Signed by:



Chief Executive

Date 13th September 2019

Report Author: **Emma Whitby, Chief Executive**
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Healthwatch Islington Plan 2019-20 - progress to date

Theme	Numbers to engage	Aims of this work	Activity	Measures/ Indicators	Partners	Equality and Diversity - key groups	
Dementia	25 - 30	Healthwatch has a better understanding of people's experiences of dementia services.	Workshops with residents to share information and discuss what's needed.	Attendees highlighted that although they had worries about dementia (themselves or for family member) they weren't aware of pathway.		Arachne, Islington Somali Community	Multiple deprivations, BME, low income, caring roles, limited English, disability and/or long term health conditions
	50 - 150	Residents know more about dementia, the diseases, the causes, the ways to prevent some types of dementia. What can we capture on groups knowledge building from this. Linking in with University College Researchers and Dementia Friends at Alzheimer's Society.	Workshops with residents to share information and discuss what's needed.	So far residents report having learned about the condition and its causes.		Arachne, Islington Somali Community, Islington Bangladesh Association, UCL Research Partners, Alzheimer's Society	Multiple deprivations, BME, low income, caring roles, limited English, disability and/or long term health conditions
	25 residents and 5 staff (at least)	See how the oral health needs of residents with dementia are met. Promote the borough's oral health offer.	Visit homes and speak to staff, residents and carers to gather a picture of provision.	A report that offers insight or recommendations/ Feedback from commissioners		Care home providers and council	Care home residents (older people/ disabilities)
Inform the Long-Term Plan consultation	130 (so far)	Healthwatch has a better understanding of people's experiences and attitudes to healthcare (note that social care is excluded).	Visits to GP surgeries - to connect with people who may not be part of organised groups. We also hosted a patient group meeting on this subject.	A report that offers insight or recommendations/ Feedback from commissioners.		Local GP practices	Self-selecting depending on who is using the service that day.
Building Design and Organisational Culture - informed by the views of young people	15	Commissioners and providers are more informed about young people's views when planning new developments (in particular Camden and Islington Foundation Trust and Moorfields).	Surveys, service visits, interviews with healthcare professionals	Feedback from commissioners and providers/ Service specifications/ Building plans.		City and Islington College	16 - 18 year olds, primarily from refugee and migrant communities.
Social Prescribing - find out about awareness of NHS social prescribing and experiences of NHS social prescribing	150 residents	Residents are more aware of their rights, Healthwatch and commissioners have a better understanding of needs. We hope to inform the model for social prescribing as this is upscaled through Primary Care Networks	Series of focus groups and workshops (9 of each).	Outputs and ToC indicator on what changed.		Diverse Communities Health Voices (DCHV)	People from BME backgrounds
Provide timely, relevant, accurate information about health and care services to local residents.	400 residents	Deliver phone-based service to at least 200 residents . Develop out-reach programme of presentations to local community groups to a) signpost and b) capacity build partners knowledge. Continue to door knock with Help On Your Doorstep (reach at least 200 more residents).	Phone-based signposting and series of presentations in a range of settings.	Satisfied users/ empowered partners.		HOYD, DCHV and a wide range of new partners (will develop further partnerships when we recruit)	Open access (though we aim to reach people who are likely to need more support)
Whittington Health Estates Strategy - the Trust is running a pre-consultation and we aim to inform this discussion	100	Increase Whittington's understanding of community needs.	Gather views to inform the pre-consultation stage of the Whittington's Estate Strategy consultation.	Outputs/ range of partners and ToC indicator on what changed.		Elfrida, Manor Gardens, Community Language Support Services, Arachne, Disability Action in Islington	People who are likely to experience more barriers.
GP Access - (primary care, what's available, what's new, how is on-line booking working for those that have used it)	100	Residents are more able to navigate services.	Series of small events - still in design phase as waiting for update on some commissioned services.	Participants report having a better understanding of key themes presented.		CCG (for up-to-date information on the offer)	

Digital Inclusion - increase access to digital skills for local community	90 residents (Cloudesley) and 40 residents (Clarion)	Residents are better able to access information and to self-care	Series of sessions with local partners aimed at families covering phone/ internet use for improved well-being and also to use basic school apps.	Participants show increased skills and confidence in internet, and awareness of local services		Diverse Communities Health Voices (DCHV)	BME families (sick and in poverty for Cloudesley, Clarion tenants for Clarion).
Evaluating local projects, how they meet need, what they have learned	In discussion	Increase understanding of potential unmet need in the borough.	Series of focus groups and interviews.	Learn about the experience of vulnerable groups using specific, temporarily funded services (because their needs are not met elsewhere)		For Cloudesley with Maya Centre, Centre 404	People with mental health needs, people with Learning Disability and/ or Autism, Carers

Other partnerships

Islington Borough User Group - Service User Voice		Increase capacity of partners who promote service user voice (base on the DCHV model)	Deliver a bespoke training programme and hand over a training package.	Participants feel more confident to represent the user voice in statutory service meetings.		IBUG	People with mental health needs
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On hold due to staffing changes/ recruitment and/or funding

The needs of Children and Young People - learning more about what this group needs	To re-consider when all staff back in post.	Healthwatch Islington has a better understanding of community need.	Staff and volunteers meet key partners to scope needs. Build on the work of QMUL.	To discuss once scoping completed			
Mental Health Transition - supporting a partnership to develop a pathway for young adults with mental health needs	Looks unlikely we will get funding.	Develop a model to improve care and support for 18 - 25 year olds with Mental Health Needs	Monitor and evaluate a pilot project delivered by key regional partners.	Young people with mental health needs stay better engaged during transition to and beyond adult mental health services.		IBUG, LAWRS, IBAL	18 - 25 experiencing MH needs

Update on 2019/20 Work Plan

1. Introduction

Healthwatch organisations are set up to influence the commissioning and provision of local health and care services.

We work in partnership with a range of local community organisations to increase our reach and statutory partners to increase our influence.

Community partners include: Arachne, Community Language Support Services, Eritrean Community in the UK, Help On Your Doorstep, Islington Bangladesh Association, Islington Borough User Group, Islington Somali Community, IMECE, Kurdish and Middle Eastern Women's Organisation, Jannaty, Latin American Women's Rights Service, Manor Gardens Welfare Trust and we are always looking to develop new partnerships.

We develop our work plan through conversations with our volunteers, Board and partners and try to bring together what is important to residents, and to commissioners and providers.

2. The themes in 2019/20

The NHS Long Term Plan

NHS England commissioned Healthwatch England to carry out work on the Long-Term Plan. Healthwatch England then asked each local Healthwatch to talk to residents about the plan.

To make this as meaningful as possible to residents, we focussed on dementia (one of the themes) and on general opinions on health and social care.

We recognise that the borough has done a lot of good work to achieve a high diagnosis rate of dementia but from talking to residents discovered that some don't realise that memory loss is something to talk to your GP about. So we've been promoting the dementia pathway. We've also run a series of workshops with the Biomedical Research Centre and University College London Hospital on recognising the signs of dementia, lifestyle factors that can affect our chances of contracting some forms of the condition.

We are a member of the Dementia Friendly Communities Steering Group and will be linking dementia friends with our local partners to help spread awareness of the condition.

We also went to local GP practices to talk to residents about health and care more broadly. We held a Patient Group meeting for the CCG on this topic. We have shared our findings with colleagues at the Sustainability and Transformation Partnership and should have feedback this by the time of the Board meeting.

We will also use our statutory 'Enter and View' power (the right to visit publicly funded services) to see how care home residents with dementia are supported with

their oral health. We know commissioners have put a lot of effort in to providing support in this area and want to see what that is like for residents.

Consultations on Estates

As partners will be aware, there are plans for several new facilities to be built in the borough. We want to ensure that local people's views feed in to these great opportunities.

We submitted a partnership response to the Moorfields consultation.

We gathered the views of 16 - 18 year old students at City and Islington College on what makes health and care spaces welcoming.

We ran a series of pre-consultation focus groups and surveys with BME residents, people with physical and Learning Disabilities to inform the Whittington Health estates work.

Social Prescribing

We gathered the views of Black and Minority Ethnic residents on the concept of Social Prescribing and asked them about their awareness of services. Not surprisingly, awareness of this offer was low, though many felt they had experienced social prescribing style services from a range of community organisations. We hope this evidence will inform the model for social prescribing going forward.

GP Access

Still the most common thing that residents will talk to us about is access to general practice services. We will be running a Patient Group for Islington CCG on primary care access in November 2019 and highlighting the range of new services coming to GP practice. We also plan to take this information out to a range of community settings.

Signposting and navigation

One of the Healthwatch roles is to provide local residents with advice and information about local health and care services. We continue to navigate people through the system, supporting them to access what they need, and where appropriate to raise concerns or make a complaint.

Digital Inclusion

We continue to deliver workshops (on a small scale because of funding) to support local residents to become more confident on-line and more able to access a range of information and activities with the aim of them becoming more digitally and socially included.

Evaluation of other community organisations' work

Back in 2016 Manor Gardens approached Healthwatch Islington to carry out an audit of their Bright Beginnings project, a great initiative supporting new parents from migrant communities and funded by the National Lottery.

Seeing this report, local funder Cloudesley approached us to deliver some evaluation support to local organisations funded through their 500 years of Cloudesley Legacy Fund.

These kind of projects will help us to better understand needs, and potential unmet needs, within the borough.

Supporting other partners' user involvement

We have run some training for partners Islington Borough User Group on the role of Service User Representatives in meetings.

Our work would not be possible without the tireless efforts of our volunteers, the support of partners (both in the community and within commissioning), and our committed staff team.

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