

Report of: Executive Member for Health and Social Care

Meeting of:	Date	Ward(s)
Executive	8 December 2016	All

Delete as appropriate	Exempt	Non-exempt

SUBJECT: Annual Report on the Partnership between Islington Council and Islington NHS Clinical Commissioning Group, 2015-16

1. Synopsis

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

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

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

1.2 Children and Adults Joint Commissioning supports the delivery of the Health and wellbeing priorities:

- Ensuring every child has the best start in life,
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
- Improving mental health and wellbeing, and
- Delivering high quality, efficient services within the resources available.

There are three key drivers:

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

2. *Value* (outcome over cost), can be produced, for the Council and the CCG, by pooling investment in 'pooled' budgets, managed by a joint commissioning management structure. Gaps or weaknesses in one part of the system of services, often affects services in another part.
3. *Sustainable* services are more likely when services work well together. The NHS and Islington Council face rising demand, growing expectations and increasing financial constraint. By developing and using joint commissioning levers, more sustainable delivery models can be developed.

1.3 This report will describe the main service developments for both Children's and Adult's Services and provide assurance on the value produced by the pooled budgets and the joint commissioning arrangements in 2015-16. A separate report will be provided for the Better Care Fund Section 75 arrangement.

2. Recommendation

2.1 This report is primarily for assurance.

It is recommended that Islington Council and Islington Clinical Commissioning Group note this report.

3. Adult Services

3.1 Pooled Budgets

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

During the financial year ending 31 March 2016, six adult pooled budgets were in operation between Islington Council and Islington CCG, and 5 were hosted by the Council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services, and Mental Health Care of Older People. The breakdown of contributions is in appendix 1.

The summary revenue position for 2015-16 is shown below.

Table 1: 2015-16 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2015-16 Expenditure (£)
Intermediate Care (Delayed Transfer of Care)	6,643,474
Learning Disabilities	29,782,050
Mental Health Commissioning	4,634,000
Carers Pooled Fund	893,526
Mental Health Care of Older People (MHCOP)	5,471,000
Better Care Fund	17,093,000
Gross Expenditure	47,424,050

*£1.295m of BCF funding is included within the Intermediate Care and Carers pools at £1.2m and £95k

3.2 Adult Joint Commissioning

In addition to the pooled budgets integrated workforce arrangements, through the Adult Strategy & Joint Commissioning department, ensure that there is a joined up approach to health and care across all commissioned services, including those not funded through pooled budgets.

During 2015 the Adult Strategy & Joint Commissioning department underwent a re-organisation, resulting in a more integrated Strategy & Joint Commissioning structure.

The new structure has:

- improved the effectiveness of joint commissioning arrangements through better alignment of portfolios to reflect resident and service user experience
- ensured that the department has sufficient capacity to respond to the additional duties introduced by the Care Act and can begin to extend a commissioning approach to all services, including in-house services and those spot purchased
- strengthened collaboration across and beyond the department

4. Review Of Adult Service Developments

4.1 Older People and Mental Health Care of Older People

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

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

All care homes in Islington are delivering care to residents with increasingly complex conditions and a greater range of co-morbidities. A Lead Nurse is located within the joint commissioning team and supports partnership working into and across all care homes by co-ordinating support from Social Care, Continuing Healthcare, GP's, the Integrated Care Ageing Team (ICAT) and wider multi-disciplinary teams (MDTs).

The two care homes with pooled budget funding were rated as "Good" (fully complaint) by the Care Quality Commission (CQC) during 2015-16, with Muriel Street achieving its rating in May 2015 and Highbury New Park achieving its rating in February 2016. Whilst the overall CQC ratings for these homes indicate that the care being delivered meets the required national minimum care standards, the unannounced visits co-ordinated by the Lead Nurse in conjunction with other health and social care professionals have concerns.

The unannounced visits in 2015-16 highlighted a number of themes:

- concerns about clinical leadership
- insufficient proactive clinical risk management
- inconsistent record keeping

- lack of consistent application of Deprivation of Liberty Safeguards conditions in clinical practice
- frequent management changes leading to an inability to sustain improvements

Robust action plans were put in place and led to improvements in all areas but we remain concerned about the sustainability of these improvements due to regular changes in management in both homes. We are continuing to meet with the homes and their provider organisation on a monthly basis until we are assured that the operational and clinical leadership is sufficiently stable to ensure that recent progress is fully embedded.

Over the course of the year three areas were identified for particular focus:

Pressure ulcers

There was a 50% higher comparative incidence of low grade pressure ulcers in 2015-16 (for all care homes in the borough) than in 2014-15, but there was no increase in high grade pressure ulcers. The majority of the high grade pressure ulcers reported in 2015-16 were acquired outside the care home. Work is underway to improve analysis of grade classification, individual residents, and whether incidents were avoidable or unavoidable.

Falls within homes

Over the course of 2015-16, the number of falls in care homes increased in comparison to 2014-15 but the proportion of falls that resulted in hospital attendances or admissions remained very low. Safeguarding alerts (which have reported falls as the key reason or contributing factor) and subsequent learning from investigations have highlighted a gap in knowledge that would enable a more proactive approach in the management of falls. The Lead Nurse has worked closely with the care homes throughout the year to improve their approach to preventing falls.

Hospital admissions

The incidence of hospital admissions from care homes remained comparable to previous years. The majority of these were reported as unavoidable by the care homes, due to significant changes in the resident's condition; e.g. the resident became unwell during an outpatient appointment. Where hospital admissions were deemed to be avoidable, it was evident that escalation plans had not been adhered to. The Lead Nurse has been working with care homes to ensure that these plans are fully utilised.

As a result of the quality monitoring, a number of quality improvement initiatives have been implemented during 2015-16. These initiatives have been developed in part to address gaps in the delivery of effective and safe care, but primarily to continue to improve the experience of residents in the homes.

During 2015-16 our focus has been on developing:

- A more skilled qualified and unqualified workforce in care homes, for example the roll out of a Diabetes awareness training programme
- A more integrated workforce in the local health and social care system
- Extended clinical skills, for example training in the management of syringe drivers to support residents nearing their last years of life
- Care closer to home for residents, for example Advanced Care planning sessions for staff

- A more positive resident experience, for example the continued delivery of the “Kissing it Better” initiative

We know that Islington’s model of support to care homes compares well with care homes in the national Vanguard sites in that each care home has a named GP and receives on-going and regular input from a specialist multi-disciplinary team.

Recruitment and retention remains an area of concern across all the care homes in Islington and this continues to limit the scope to implement additional improvements. All of Islington’s care homes struggle to recruit and retain high quality staff. Over the last six months, half of our care home managers have resigned from their posts for a combination of reasons. Gaps and inconsistency in both management and clinical leadership are a significant risk to the provision of good care. This impacts on effective working relationships with the wider MDT and on the sustainability of improvements made as a disproportionate amount of time is focused on quality assurance rather than quality improvement.

In order to mitigate this, the MDT continues to provide high quality integrated training and supervision to care home staff and the Lead Nurse is fully engaged with local workforce development programmes to ensure that both short and medium term mitigations are being implemented. There are currently opportunities through the Islington and Haringey Wellbeing Programme to look at new models of care for Care Home provision and this will be explored during 2016-17.

Dementia remains as a priority area for Islington Council and the CCG. Whilst diagnosis rates remain high when compared to national rates, we want to ensure that people with dementia access support services as early as possible post diagnosis rather than when they are in crisis. Some parts of the dementia service pathway may be more effective than others. We are reviewing dementia services in 2016-2017.

Commissioned care homes will be supported to work towards the vision outlined in the NHS 5 Year Forward Plan with particular emphasis on treating people in a safe environment, protecting them from avoidable harm and helping people to recover from episodes of ill health or following injury. The following actions are in development and planned for 2016-17:

- Bespoke staff training for areas identified in action plans, for example on site falls training, pressure ulcer prevention and grading classification training, continence management training
- Implementation of NICE guidance NG27 (2015) and piloting an integrated Care pathway to establish a Hospital Transfer Pathway ‘Red bag’ initiative between acute and care homes setting
- Roll out of student nurse placements following evaluation of current placements and the development of a learning environment for other learners
- Increased uptake of facilitated clinical supervision with all homes participating by the end of 2017
- To establish Clinical Incidents Learning workshops across all care homes to facilitate shared learning and continuous improvement
- Review of the falls pathway, including falls prevention, across Islington led by CCG and LBI Commissioners with support from Public Health and providers
- Care Home contract key performance indicators to be reviewed to ensure they reflect our priorities, can be more accurately measured and enable better national benchmarking.

4.2 Intermediate Care and Rehabilitation

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

Throughout 2015-16, Islington Council and Islington Clinical Commissioning Group jointly funded a variety of 'at home' and 'bed based' clinical rehabilitation services as well as reablement services including:

Service category	Service	Provider	Description & Skill set
Crisis response (Rapid Response)	Rapid Home Care	LB Islington	Domiciliary Care service that can be "turned on" by the acute hospital and delivered for a maximum of 3 days.
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	10 rehabilitation beds in a nursing home setting
	Mildmay	Notting Hill House Trust	12 rehabilitation beds in an extra care sheltered setting
	Cavell Ward	Whittington Health	4 temporary step down beds (winter funding 2015-16)
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.

Home Based Intermediate Care

REACH provide home based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing. They also support the bed based providers, screening referrals from both acute and community settings. The service was particularly challenged in 2015-16. During the year they experienced significant increases in their waiting times and a backlog of referrals built up. The service is expected to see all new referrals within 6 weeks yet the average waiting time during the year has been 61 days. A combination of management actions and short term investment from the Local Authority enabled the service to bring the waiting times and backlog down during the winter but these have risen again since. Further work is being done with the Whittington to address this to ensure that patients aren't deteriorating or losing rehabilitation potential as a result of the long waiting times.

Intermediate Bed Based Care

Intermediate bed based care is provided at three sites, and has continued to play a key role throughout the year in supporting those with the most complex physical rehabilitation needs; also supporting hospital discharges from the Whittington and UCLH. The units have historically managed their own triages and admissions but it has become clear that this has meant that the available beds have not always been utilised most effectively. To that end, a single point of access is being setup to manage referrals into the Intermediate care beds and will be operational from late November 2016.

This will lead to the following benefits:

- patients will be more likely to be placed in the most appropriate bed to meet their needs
- bed capacity will be maximised with greater utilisation of the community beds and fewer waits for the inpatient beds
- health related delayed transfers of care will be reduced

Reablement

Islington Council provides a Reablement service to people in their own homes for up to a period of 6 weeks, usually following a period of illness or injury. The majority of people receiving these services are older adults but the service is offered to all Islington residents 18 years and over who meet the eligibility criteria. The length of time service users spend with the service is dependent on their rehabilitation goals and progress against these; these are actively monitored on a regular basis. Referrals into the service are considered for all people leaving hospital or entering social care via Islington's Access Service.

All residents in receipt of adult social care services are also considered for referral to reablement during the review of their care packages. Social workers assess whether they would benefit from reablement interventions in order to increase their independence.

The Reablement service receives an average of 52 referrals and sees an average 108 people in the service every the month. Over the last year, the 'Improving Reablement programme' has sought to ensure that it provides a quality service that delivers greater independence for residents and is value for money. During 2015-16, significant progress has been made to improve analysis of service effectiveness and target work to make improvements. This will continue to be a significant piece of work during 2016-17.

The vision for intermediate care going forwards

A detailed review of Intermediate Care was completed in 2016. Through this process commissioners engaged with all stakeholders in order to review current capability and capacity.

The review highlighted that the Islington intermediate care system has evolved over time and whilst some elements work well, the system as a whole could be significantly improved. Providers were not found to be able to demonstrate outcomes or value consistently enough and there was a lack of confidence in the sustainability of the system.

During 2016-17, the intermediate care system is being redesigned, in partnership with LB Haringey and through the Wellbeing Programme, in order to develop a more sustainable, integrated and outcomes focused system that delivers greater value and better meets patient and resident needs.

4.3 Mental Health

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

The forward procurement plan for the 'pooled' budget (2015/16) aligns services in outcome based portfolios to support driving value by realising opportunities for supply side cost efficiencies and synergistic efficiencies. In 2015/16:

- A new *Talking Therapies Service* was commissioned to sit alongside IAPT (Improving Access to Psychological Therapies) but offering services to more hard to reach groups such as, refugees, those who have suffered abuse, or bereavement. Contract to commence Sept 2016.
- *Primary Care Mental Health* was piloted in 9 practices to strengthen capacity and support a more sustainable mental health system. This includes embedding psychiatry, psychiatric nursing and psychology in GP practices evaluation suggests that reductions are achieved in secondary care and GP satisfaction is high.
- *Early Intervention Psychosis* service was extended to over 35 year olds. Islington was one of the first areas to achieve this.
- *Enhanced Psychiatric Liaison* continues to be available at the Whittington with significant impact on quality and length of stay, readmission rates and access to specialist intervention.
- *Perinatal service* provision was extended to provide a service at UCHL
- A new *Wellbeing Service* was commissioned to deliver outreach and one-to-one support to hard to reach groups in order to raise awareness of mental wellbeing and increase access to mental health services. The service builds on the development of previously commissioned Community Development and Mental Health Champions services, forming partnerships with a range of community organisations, and recruiting volunteers to promote good mental wellbeing within their local communities. The new service was jointly commissioned with Public Health. Contract commenced July 2016.
- *Three 24-hour supported housing services* were re-commissioned, with capacity to support 25 adults as they recover from a period of mental illness and regain independent living skills. Two of the services continue to be delivered from existing locations at Turle Road and Davenant Road, whilst one service was moved to premises on Caledonian Road, offering higher quality and better value. Contracts commenced April 2016.
- A *residential service supporting homeless older men with alcohol-related dementia* was re-commissioned, with capacity to support 12 adults. This is a well-established service, which

continues to be delivered from Hilldrop Road. Contract commenced April 2016.

Priorities for 16/17 include:

- *Lost Years of Life* - Collaborative working between service users, providers and commissioners to address the fact that people living with psychosis are dying up to 20 years younger than their peers, has developed a new model that puts users firmly at the centre of a system. Camden and Islington Mental Health Foundation Trust were awarded the contract as the lead provider. This contract shifts the emphasis to achieving better health outcomes for patients across both mental and physical health.
- As part of the development of 2 year contracts with NHS services from April 17- March19 a new emphasis will be given to transformation of services and achievement of outcomes. This will include a greater emphasis on Primary Care Based mental health services for all mental health conditions, robust crisis services and appropriate use of inpatient facilities.
- Review and re commissioning of intermediate care services such as Day Centres, Crisis House and Reablement service to ensure that individuals are supported when in crisis and hospital admission is avoided where possible.
- Supported accommodation will be reviewed alongside a wider strategic review of all supported accommodation pathways by joint commissioning. Mental Health re-procurement is planned for early 2017.
- Mental health is a key priority in Haringey and Islington Well Being Partnership and work has begun on closer working to seek opportunities for efficiencies and improved health and wellbeing for residents.
- North Central London's Sustainability and Transformation Plan. The plan is likely to include initiatives to develop the approach in:
 - Crisis care and Female Psychiatric Inpatient Unit
 - Primary care based mental health services
 - Mental health liaison at emergency departments
 - Perinatal and CAMHS provision
 - Improve community resilience including early detection and employment initiatives

Driving up quality and value is core to commissioning activity. Service development work in 2015-16 included:

- On-going work to understand the increase in suicides of people known to services through thematic review.
- Commissioned an independent review of Acute and Crisis system for mental health, as part of our work to understand and find solutions to very high inpatient bed occupancy levels in the borough. An action plan has been developed to progress the findings.

4.4 Learning Disability and Autism

The learning disability 'pooled budget' commissions the Islington Learning Disabilities Partnership (ILDLP) 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, provided by London Borough of Islington, Camden & Islington NHS Foundation Trust (C&IFT) and Whittington Health NHS Trust. Learning disabilities is undergoing a programme of developments to improve the quality of services while meeting demographic pressures and savings requirements. ILDP is experiencing demographic pressures, estimated to be £1.8m in 2016/17. A significant part of this is an increase in complexity of

need and an increase in the number of people with learning disabilities in need of continuing health care.

During 2015-16 pooled budget expenditure on residential, nursing and continuing care decreased, whilst personal budgets and spending on social inclusion activities increased. This evidences Islington's commitment to choice and control and supporting people to meaningfully engage in their local community.

A CQC Inspection of C&IFT's services in February 2016 made special mention of learning disability services covered by the trust. The inspectors highlighted the excellent integrated multidisciplinary working taking place in a complex environment which delivers consistent positive outcomes for service users.

Achievements in 2015-16 include:

- Successful implementation of Care Act requirements; including development of the local market to support the wellbeing and preventative agendas and responding to new statutory expectations.
- The successful piloting and embedding of a 'Health Hub' based at ILDP run by the Learning Disability Nursing Team. The hub supports service users who don't feel comfortable accessing mainstream primary care services and carrying out desensitisation work on specific issues.
- Providing assurance in response to the Mazars Report (Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust April 2011 to March 2015). Islington has volunteered to be part of the London Learning Disability Mortality Review Pilot to further review pathways and ensure best practice is embedded across the service
- Significant increase in the number of DOLs assessments completed to ensure service users are safeguarded and supported in the least restrictive way
- Continued progress towards getting more people into employment - in 15-16, 18 people with learning disabilities started work for the first time
- Securing approximately 70 units of supported living accommodation in the borough that will be ready for occupation in a phased roll out 2017-2019 and will enable people with learning disabilities to live more independent lives within the borough
- The launch of the 'Move On' Project - an operational team with a remit to consider the least restrictive options to support individuals living in out-of-borough residential placements

Priorities for 2016-17 include:

- Continued work to improve access to primary care and other health services, including improving the number of GP annual health checks taking place & ensuring all health services are reasonably adjusted to the client group.

- Improving choice and diversity in the market and ensuring providers are prepared for the increasing complexity of need amongst service users
- Increasing the proportion of service users living in settled accommodation and reducing the use of residential care, nursing care and hospital care (see Transforming Care section)

Autism

Autism continues to be an area facing significant demographic pressure. We know that the needs of people with autism who also have a learning disability are well catered for by ILDP, however we recognise that the needs of people with autism who do not have a learning disability are less well known and there is risk of people 'falling through the gaps' of service eligibility criteria.

Areas of good practice include:

- A clear diagnostic pathway through a well-established diagnostic service for ASD and ADHD jointly commissioned with Camden
- The development of a bi-monthly autism partnership board, attended by a wide range of stakeholders across the local authority, CCG and externally, to oversee work to improve the health and wellbeing of people with autism
- Availability of autism awareness e-learning for all staff working in the field of adult social care in Islington

Priorities for 2016-17 include:

- Returning the 2016 autism self-assessment framework (SAF) and co-producing an action plan with the partnership board to deliver against identified gaps
- The launch of the Islington Autism Project (IAP) in October 2016 - the team, consisting of one senior practitioner and one support worker, have a specific remit around supporting people with autism who don't have a learning disability and reviewing how we can sustainably meet the needs of this cohort going forward

Transforming Care

Transforming Care is the program of work initiated in the aftermath of the abuse exposed at the Winterbourne View hospital in 2011.

The population defined within the national policy literature in relation to Transforming Care is very broad: "people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging" and therefore includes:

- adults and children
- people with autism who do not have a learning disability
- people with a mental health condition who may have a secondary diagnosis of a (mild) learning disability or autism

The term “challenging behaviour” describes behaviour of such intensity, frequency, or duration, as to threaten the quality of life and/or the physical safety of the individual or others. 10 to 15% of people with learning disabilities nationally express challenging behaviour.

The vision for people with learning disabilities or autism was set out by the national Winterbourne View Joint Improvement Programme, and remains relevant:

“Everyone, with no exception, deserves a place to call home. Person by person, area by area, the number of people with learning disabilities and autism in secure hospitals or assessment and treatment settings will permanently reduce. At the same time local community based support and early intervention will improve to the point it will become extremely rare for a person to be excluded from the right to live their life outside of a hospital setting.”

However, since 2011-12, despite significant work in Islington, as across London and across England, the original overarching vision of Transforming Care has not been fully realised. Overall there has been some good progress in Islington to address the issues highlighted by Winterbourne View. There are good partnerships, good joint working between social care, health partners and providers and we have the resources in place to ensure every in-patient receives high quality care planning, including discharge planning. We plan with children’s services to identify, assess and plan for young people at risk as they become adults. However, like most areas, we have not seen a significant and permanent reduction in inpatient numbers, which have remained relatively static, as discharge rates have not out-paced admission rates. NHS England (NHSE) have issued a raft of guidance and best practice literature from 2012-2016, including a commissioning framework in late 2015 “Building the Right Support” and an associated National Service Model. 48 Transforming Care Partnerships (TCPs) were set up across England to deliver 3 year plans to re-shape services to meet local needs with community services that would enable in-patient beds to be reduced by 50%. This included 6 “fast-track” areas (none were in London).

Our next steps are to develop strategic actions to ensure that we have the resources in place to achieve these aims. Our strategic actions will focus on ensuring that we support this population with effective community services that promote their independence and well-being and reduce the risk of hospital admission. Much of this work is being planned at a North Central London (NCL) level which is our Transforming Care Partnership (TCP), with an NCL TCP plan recently completed and achieving assurance from NHSE. There is an Implementation Group driving this work with a Programme Board which started in July 2016 to oversee progress.

The NCL TCP consists of the CCGs and local authorities of Haringey, Enfield, Barnet, Camden and Islington. LB Islington and Islington CCG are part of the NCL TCP which has agreed a 3-year high level plan to transform services. This sets out how we will address the gaps and achieve our aspirations for Transforming Care, jointly across NCL. It includes:

- Commissioning services that prevent crisis and hospital admission, such as family support, crisis intervention and positive behaviour support
- Improving our discharge planning processes by learning from good practice and implementing it in NCL

- Developing the workforce – making sure staff have the right training and skills to better support people and their carers
- Increasing people's choice and control in the way their care is delivered, by using personal health budgets, personal budgets and direct payments
- Looking at housing options – using innovation and shared frameworks across NCL
- Working with organisations and providers to ensure there are high quality local services
- Making sure we have really good contracts, in particular with hospitals and housing services, so that people using them are kept safe and that their needs are met
- Making sure that services for children, adults and young people are joined up so that people get the right support as they get older
- Making sure people have access to information, advice, guidance and support at the right time and in the right place
- Improving processes for pre-admission care and treatment reviews and admission prevention registers so that professionals are identifying those at risk early enough to think about alternatives to admission.
- Making sure children's services support young people and their families to develop their independence and skills in preparation for adulthood
- Development of local resources so that fewer people are placed and/or educated outside of the area where they live.

By March 2019 we aim to reduce our use of hospital beds to care for people with learning disabilities and/or autism by 50% across NCL in line with the ambitions set out in Building the Right Support.

Priorities for Islington in 2016-17:

- Ensuring that each individual in-patient with learning disabilities has a care co-ordinator to ensure the appropriateness of placement, and to ensure that every one receives high quality care planning, including discharge planning.
- Ensuring that patients in our mental health system who may also have a learning disability and/or autism are identified and included in the Transforming Care programme, with the equivalent oversight and scrutiny.
- Embedding good practice guidance which states that people with learning disabilities and/or autism should be able to access the full range of mental health services and that there should be agreed pathways and joint working to supporting people who have learning disabilities and/or autism and mental health needs.
- There needs to be a clear strategy for learning disabilities and autism to ensure suitable services are

available and that reasonable adjustments are made in mainstream services for this client group.

- Ensuring Islington is capable and resourced to meet the needs of an increasingly complex client group, as more people are being supported in the community in less restrictive settings, who pose a risk to services, the community and themselves.
- Ensuring that we align work with children's services on Transforming Care at a strategic and operational level, including planning at an individual level and ensuring young people are supported to transition to adult services

4.5 Carers

Since being re-commissioned in November 2015 and transferring to Age UK Islington (AUI) the Islington Carers' Hub (ICH), the main commissioned service for carers, has continued to identify and support carers in Islington through partnership work and has continued the positive work started by the previous provider Carers UK. Because the re-commissioning occurred in the middle of the 2015-16 financial year, the following data represents an amalgamation of the achievements of the two providers.

During 2015-16, strong links have continued with health services, with ICH working with 16 of the 34 GP practices in the borough; working with them to identify and contact carers. Recent outreach work with the River Place and Elizabeth Avenue surgeries enabled contact with 250 carers across both practices who were sent an ICH information pack. The ICH is also actively involved in various boards and sub-groups run by the Council and health and care providers, including but not limited to Healthwatch Islington, the Dementia Navigation Steering Group, the Recovery College Steering Group and the Carers' Assessment Partnership.

During the year ICH has successfully identified 376 new carers taking its total membership beyond 1700.

The Flexible Breaks Fund (FBF), which enables carers and families to take a break from their caring roles, continues to be awarded to carers and families of carers who do not qualify for formal support from health and/or social care. In 2015-16, £25,000 from the FBF was distributed to 119 families equating to approximately 51 awards. 24 of these awards were offered to 13 palliative carers and their families. The FBF is a legacy of pre-Care Act provision and is therefore less necessary now that all carers have access to an assessment and support from either the Council or the ICH. The Council and AUI are therefore looking at options to re-purpose the funding for more general provision that will benefit more carers. This is currently in consultation with carers.

ICH delivers information and advice services, signposting carers and their families to services that can offer additional support. Some of this work is undertaken via the distribution of newsletters and e-bulletins that are sent to ICH's network of carers. In 2015-16 two newsletters were distributed, along with 27 e-bulletins. ICH also conducts face-to-face meetings and home appointments. In 2015-16, ICH undertook 288 meetings and 27 home appointments.

The re-commissioning of ICH within the year was in part in order to support Islington's compliance with the new requirements of the Care Act to offer advice, support and assessment to carers. Within this new remit, ICH now conducts low-level carers' assessments. This work began in January, and 35 assessments were completed between then and the end of March 2016. A further priority for the new

service has been to focus on prevention by identifying and engaging with hidden carers in the community. To address this, ICH has analysed its own data and compared this with a variety of local data sources including Census information. This has identified key target groups of hidden carers. These include:

- Male carers, who represent just over a third of newly registered carers.
- Young adult carers, who as in many other boroughs, are often not known to services.
- LGBT carers, who have until recently not been looked for or seen as a distinct category. All ICH staff have now received LGBT awareness training

This work has also highlighted that three wards – Hillrise, St Mary's and St Peters – are consistently under-represented on the database. Work will continue to make relevant partnerships in these (and other) specific wards in order to improve registration with and support from the ICH.

Priorities for Islington in 2016-17:

- To work with all GP surgeries in the borough.
- To re-focus the FBF funds to increase provision for carers
- To increase the identification and engagement of hidden carers:
 - conduct focus groups with newly registered male carers to support understanding of barriers to engagement
 - closer joint working with Family Action who run Islington's young carers service
 - enhancement of ICH's offer and outreach work to LGBT carers
 - To increase the identification and engagement of carers in Hillrise, St Mary's and St Peter's wards

4.6 Better Care Fund

The Better Care Fund follows a different format to the other pooled arrangement in Islington. This is due to the Better Care Fund's history as a national initiative aimed at supporting health and care transformation and integration.

Nationally, the Better Care Fund represents the largest financial incentive for the integration of health and social care. The government requires Clinical Commissioning Groups and local authorities to pool budgets and to agree an integrated spending plan. Nationally the government supported this change through carving out £3.8 billion in 2015/16 and an additional £3.9 billion in 2016/17.

In Islington, the Better Care Fund has been an extension of the established culture of integrated working. The Better Care fund has played two key roles through enabling integrated care transformation and protecting adult social care provision.

In June 2016, the Better Care Fund for Islington was formally signed off by NHS England for 2016/17. The submission received positive feedback from the central team in regards to the joined up approach demonstrated by Islington.

The Better Care Fund enables resources for a range of services and new transformation initiatives. The key areas enabled in 2015/16 and 2016/17 are:

- Roll out of the **Integrated Networks**- The networks are community based multi-disciplinary team meetings of key health and care professionals. The aim of the networks is to identify and put in

wrap around care plans/packages for the most complex and vulnerable people in the community
The Networks provide an early foundation for integrated health and care in the local health and care system and include a mechanism in which to align the following areas into a delivery vehicle:

- Rapid response
 - Co-ordinated care for those most in need (through integrated health and care teams)
 - Prevention and early intervention
 - Proactive, long term care
- Creation of Voluntary Sector **Locality Navigators**. The navigators from Age UK Islington perform an important function for signposting and navigation for service users which could be encouraged to further promote personalisation, wellbeing and consider areas such as loneliness. This includes providing 'Wellbeing Prescriptions' to service users to support the proactive, preventative approach to care.
 - **Protecting Adult Social Care**- the Better Care Fund provides additional funding to Adult Social Care. In Islington, this has enabled protection of services and provision of care packages to people who meet eligibility criteria. The funding of this area supports the whole health and care system. London Borough Council has maintained access to services through the Better Care Fund and implemented all the requirements of the Care Act including wellbeing principles.
 - Integrated Digital Care Record – 'CareMyWay- Personal and Professional'. The Better Care Fund has enabled the development of the integrated digital care record between health partners (hospitals, GPs, mental health, community services) and childrens/adults social care.
 - Establishment of a Community Education Provider Network and a integrated care training programme to enable a **skilled workforce** that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts.
 - Implementation of **innovative blended roles** to enable medics and other professionals to work across organisational boundaries. This has included a new blended social care role with expertise in housing.
 - Expansion of **Practice Based Mental Health Service** to provide mental health assessment and interventions more closely within primary care. This helps ensure parity of esteem and access to people with mental health needs.

The impact of these investments and funding allocations are monitored through a range of metrics. The Better Care Fund Metrics are set nationally with two areas where local metrics can be selected. The metrics are set as system indicators rather than granular indicators of impact of individual initiatives. The Integrated Care Programme has a more in depth dashboard for specific local interventions.

Overall, Islington is performing better than statistical neighbours around areas such as Delayed Transfers of Care; non elective emergency admissions and admissions to residential and nursing care. Islington is continuing to work together to further improve performance and analyse areas where there has been a year on year increase.

The ambition for 16/17 and beyond is to continue to embed integrated working using a whole systems approach. This includes identifying opportunities to work together, implementing new ways of working, reviewing impact and continue to be nationally leading health and care economy for integrated working.

5. Children's Services

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 by the CCG's Director of Commissioning with a dotted line to LBI's Head of Partnerships and Support Services. The team links into the Children's Services Management Team through a regular health focussed meeting together with Public Health every 6 weeks which is also attended by the CCG Director of Commissioning.

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 2015/16 the local authority contributed £130,200 towards the cost of this team and the CCG contributed £176,000.

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

Decisions about funding of these placements are made by a Joint Agency Panel (JAP) which is attended by a member of the Children's Health Commissioning team and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 15/16 has continued to function effectively. The overall outturn in 15/16 was £4,076,916 with a standard split operating across agencies such that the outturn for each agency was as follows: CCG – £1,267,959, Education – £883,667, Social Care – £1,514,507 and ILDP £410,783.

5.2 Children's Health Strategy

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 guides the work of the team and partners, setting out the direction of travel for Children's Health Services in Islington over the next 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 and the team are currently developing an annual update on the plan.

5.3 Children's Integrated Care

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

Key projects that supported this in 15/16 were:

- The asthma friendly school nurse post: The school nurse is delivering an asthma friendly programme to all schools in Islington, which includes implementation of an asthma policy, care plans, training, asthma register and emergency procedures. 29 out of the 64 Islington schools have completed the asthma friendly school programme.
- 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 certain long term conditions. Over 200 children were seen by the service in 15/16.

- **Children's Multidisciplinary Team Teleconference:** The Children's MDT Teleconference brings together an extensive core team of professionals once a month to discuss up to 10 children that would benefit from a multidisciplinary team discussion, including those with multiple A&E attendances. The core team includes the child's GP, a paediatrician, community nurse, school nurse, health visitor, pharmacist, Families First and SHINE. In 15/16 34 children were discussed at the Children's MDT teleconference. An evaluation of the service took place in 15/16 and the recommendations are being rolled out in 16/17.
- **Hospital @ Home:** Hospital @ Home enables acutely unwell children to have their care managed at home who would otherwise be treated in hospital. The project started in August 2014 and by the end of 15/16, 347 children were treated by the Hospital @ Home service. The service was evaluated by UCLP in 15/16. The outcome of the evaluation was extremely positive and the service is being seen nationally as best practice.

5.4 Children's Community Health Services

The Children's Health Commissioning Team has worked with Public Health to support the safe transitioning of Health Visiting and the Family Nurse Partnership from NHSE to the local authority by October 15. Key performance indicators for health visiting such as breastfeeding and immunisation rates improved in 2014-15 and were above the London average and the DH Annual Review of FNP was very positive.

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

During 2015-16, the children's health commissioning team has been working closely with Public Health to roll out recommendations from the school nursing review.

5.5 Input into the monitoring of the Whittington Health contract

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

Services for Children with Additional Health Needs such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics, Community Nursing, Continuing Care and Palliative 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. The value of the children's element of the contract with Whittington Health for community services is currently being disaggregated.

5.6 Some of the achievements in 15/16 are as follows:

- The decision to jointly fund speech and language therapy posts in mainstream schools 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 15/16 Annual SLT report to the Schools Forum was well received and this work has really support our integrated approach to delivery of Education, Health and Care Plans in Islington.

- The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the Special Educational Needs and Disability (SEND) reforms. In 14/15 an integrated panel was set up with Commissioners from each agency to agree Education Health and Care (EHC) assessments and plans as well as continuing care assessments and personal (health) budgets. This panel is enabling partner agencies to make joined up decisions with the potential to maximise resources and deliver shared outcomes across Education, Health and Social Care. The panel has enabled a very joined up approach to EHCP's but also to SEND Joint Commissioning. The Joint Commissioning Sub Group is chaired by The Head of Children's Health 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.
- In accordance with the Department of Health recommendations, personal health budgets (PHBs) were made available for children eligible for continuing care funding from October 2014 and since this date all children with a continuing care package have been offered a PHB and to date 4 families have taken this up. Currently the team are working to roll out the offer of PHBs to C&YP who have palliative care needs and are in receipt of respite services. To ensure processes are joined up the team has worked closely with the children's personalisation team to ensure the alignment of systems and processes around personal budgets. The CCG contributes to a post within the team to support the establishment and on-going monitoring of these budgets.
- 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.
- In 2014/15 the Children's Health Commissioning Team worked with CAMHS and Adult Mental Health services to develop a parental mental health service – Growing Together - funded by the CCG. This has brought together CAMHS and Adult mental health clinicians to work in Children's Centres and other venues to provide clinical interventions to parents and children where the parent's mental health is having a negative impact on their children's mental health. In 15/16 the CCG commissioned a review of this service with a particular remit to consider the interface of the service with other services available in Islington to promote integration and collaboration.
- 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. These services have been well received and enabled a far more comprehensive delivery of health services to this group of YP. Children's Commissioning continue to convene and chair a Health sub-group of the YOS management board which has overseen improvements however the production of robust health performance data continues to be a challenge.
- The CLA health team continued to perform well in meeting the statutory health targets in relation to health assessments (initials and reviews) and immunisation rates for children looked after.
- The Children's Health Commissioning Team have led on the development of Islington's Local CAMHS Transformation Plan 2015 - 2020, which is currently being refreshed. 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 most recently ensuring robust crisis care pathways are in place. The Team will be working closely with Children's Social Care this year to look at the delivery of CAMHS services to Children Looked After (CLA) to ensure we are maximising the use of the dedicated resource for CLA.
- Camden and Islington Young Carers Service delivered by Family Action – The team are responsible

for the ongoing monitoring of the current contract in partnership with Camden.

- Early Help Mentoring for vulnerable children provided by Chance UK – The team also lead on the monitoring of this joint contract between Islington Children’s Services and Safer Islington Partnership and facilitated an additional contract from the Preventing Youth Violence funding.
- SEND Community Support Service – Funded through Children’s Social Care, Education and Adult Services, children’s health commissioners led the procurement for this new service which commenced in April 2016.

5.7 Children’s User and Carer Involvement

The Children’s Health Commissioning team leads on ensuring that children and young people and their carers are involved in the design and delivery of health services, linking in with Healthwatch, Public Health and other partners as needed. Below are some examples of activities in 15/16:

- A young person engagement group was created in 15/16 called Youth Health Platform. Youth Health Platform has had a core membership of up to 14 young people aged 13 – 21 years. The group has been involved in a number of important engagement activities to support the teams commissioning including the design of the Islington Children and Young People’s Health Strategy, the digital hand held records, CAMHS Transformation Plan, youth mental health charter, Direct Action procurement and re-procurement of the SEND community support.
- A new Parent Champion initiative has been developed in partnership with education in which parents of children with SEND are trained to undertake peer to peer research with other parents. Three information sessions were held across three different days and times which nine parents attended. Of these, six parents decided to take up the positions of Parent Champions and have successfully been recruited, inducted and trained. The parent consultants have been instrumental in the recent review of our Autism Assessment and Diagnostic Pathways which was undertaken by The National Autistic Society.
- In 15/16, three Children’s Centres and our local sexual health service achieved the ‘You’re Welcome’ status for their ability to be ‘young people friendly’ in relation to young parents

5.8 Safeguarding Children

The close partnership working between Islington CCG and Islington Council in relation to the above is covered in the Islington Safeguarding Board Annual report. Under this Section 75 arrangement, the Children’s Partnership Commissioning Team has worked closely with the Islington CCG Designated Doctor and Nurse for Child Protection in supporting the CCG in ensuring that safeguarding arrangements are appropriately taken into account in the monitoring of health services referred to in this report.

The Head of Children’s Health Commissioning is a member of the NHS Islington Safeguarding Committee and the team reports to the Committee on child protection issues in relation to different community services on a rolling programme

6. Conclusion

- 6.1 The partnership between Islington CCG and Islington Council continues to ensure an integrated approach to service commissioning and delivery to meet the needs of vulnerable residents in a co-ordinated and seamless way. This report demonstrates some of the benefits over the last year for both children and adult and highlights some of the priorities for 2016-17.

2015-6 was again a year of achievement. We have continued to use models of care to develop new ways of working and will continue to strengthening the offer around individuals and their families.

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

7. Implications

7.1 Financial implications

There are no direct financial implications from this report.

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

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

7.2 Legal Implications

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

The council's constitution requires the Executive:

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

7.3 Environmental Implications

There are no environmental implications

7.4 Resident Impact Assessment

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

8. Reasons for the recommendations / decision:

Report is for assurance and note only.

Signed by:



Date: 24 November 2016

Executive Member for Health and Social Care

Appendices

- Appendix 1- Adult Pooled Budgets
- Appendix 2 - Joint Commissioning Strategy for Special Educational Needs and Disability

Report Author: Jess McGregor, Assistant Director Strategy & Commissioning
Sheron Hosking, Head of Children's Commissioning
Tel: 020 7527 8158
Email: jessica.mcgregor@islington.gov.uk