

**Annual Report 2015-16**

**Mental Health and Substance Misuse Partnership Agreement**

**London Borough of Islington and Camden and Islington Mental Health NHS  
Foundation Trust**

## Introduction

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

- Assessment and care management as defined in section 46 of the NHS and Community Care Act 1990,( now subsumed into the Care Act 2014)
- Provision of care and support packages which may include residential or nursing home placements, community support care packages and Self Directed Support through the use of Direct Payments.
- Provision of Personal Budgets
- Provision of day activities for adults and older people to support their personal outcomes
- Provision of multi- disciplinary community support teams
- Adherence to a range of other legislation such as Safeguarding
- Mental Capacity Act and the Human Rights Act.

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

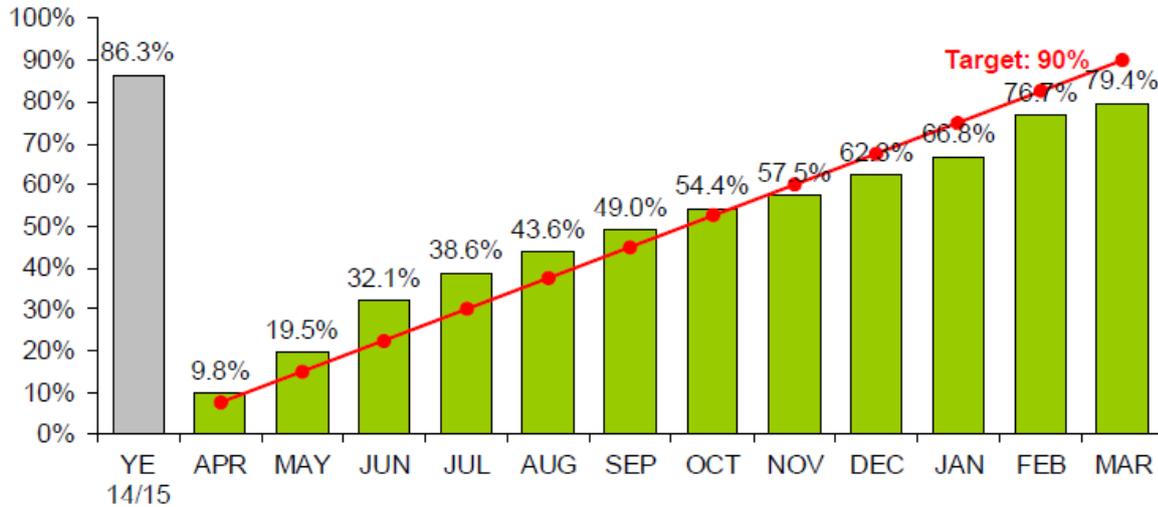
The report summarises performance within the mental health and substance misuse services against Key Performance Indicators, outlines work on Safeguarding and reports on the workforce related to the partnership arrangements.

## Performance Indicators: 2015/16

This section details the mental health and substance misuse care group performance against key performance indicators in 2015-16.

### Percentage of Mental Health Trust clients to receive a review on at least an annual basis

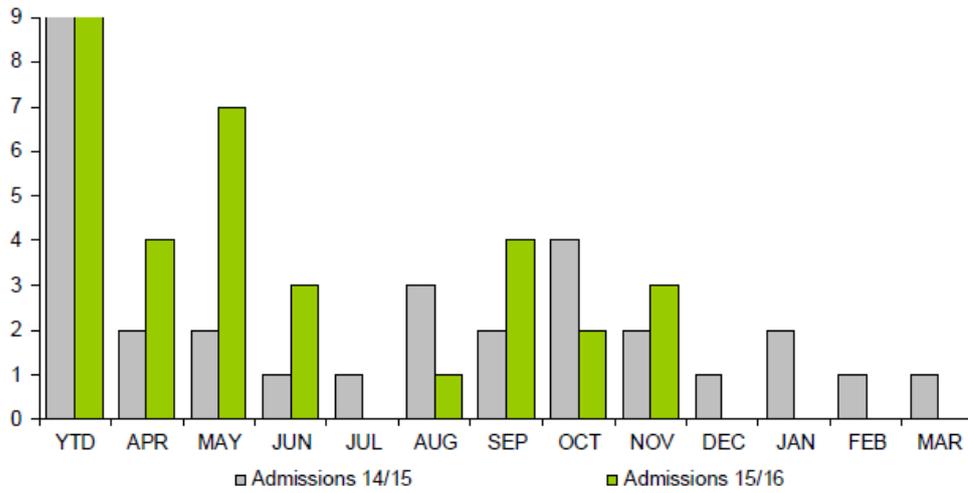
Review performance has remained steady during the year, although the year end position has not delivered the 90% target level.



Reviews 15/16	YE 14/15	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Target		7.5%	15.0%	22.5%	30.0%	37.5%	45.0%	52.5%	60.0%	67.5%	75.0%	82.5%	90.0%
ACMHT Performance	80.3%	7.1%	15.2%	27.7%	33.2%	38.3%	44.0%	50.2%	53.3%	56.7%	60.2%	73.3%	76.8%
SAMH Performance	99.3%	12.8%	21.7%	32.3%	46.3%	51.1%	56.9%	61.2%	66.0%	76.7%	85.6%	88.6%	86.3%
SMS Performance	115.1%	50.0%	84.2%	97.6%	85.5%	86.7%	87.1%	83.6%	81.7%	87.5%	95.8%	86.6%	90.5%
Total Number of Service Users	950	773	784	801	859	880	883	903	919	925	941	979	1002
Overall Performance	86.3%	9.8%	19.5%	32.1%	38.6%	43.6%	49.0%	54.4%	57.5%	62.3%	66.8%	76.7%	79.4%

We have therefore reviewed the internal process for reviews for the 2016-17 financial year, with the aim of ensuring that the 90% target is exceeded.

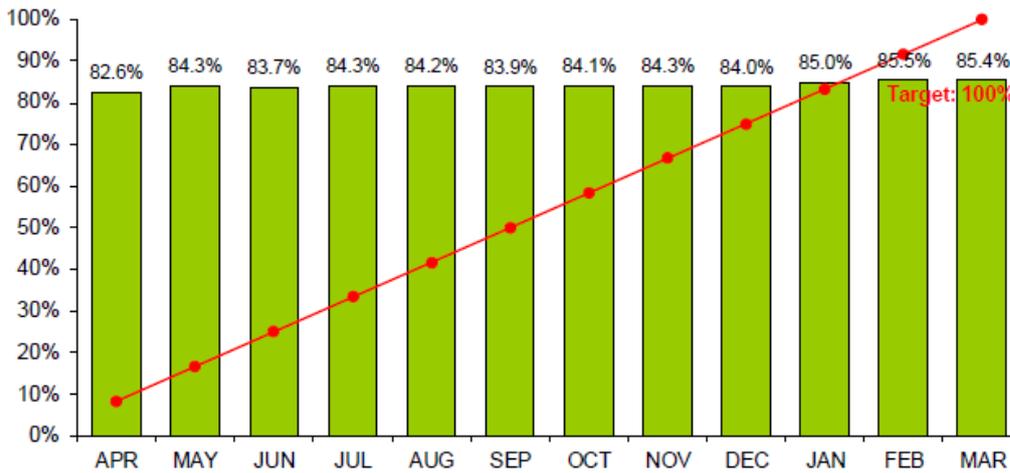
Broadly the same number of Islington residents have been admitted to residential and nursing care placements, with a slight increase in the number of younger adults admitted, and corresponding decrease in the number of older adults admitted. Please note there is not missing data between December and March 2016, there were no admissions.



Resi and Nurs		YTD	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
ACMHT	Admissions 15/16	13	4	3	2	0	0	2	0	2	0	0	0	0
	Admissions 14/15	9	1	2	0	0	2	1	0	1	1	0	0	1
SAMH	Admissions 15/16	11	0	4	1	0	1	2	2	1	0	0	0	0
	Admissions 14/15	13	1	0	1	1	1	1	4	1	0	2	1	0
MH	Admissions 15/16	24	4	7	3	0	1	4	2	3	0	0	0	0
	Admissions 14/15	22	2	2	1	1	3	2	4	2	1	2	1	1

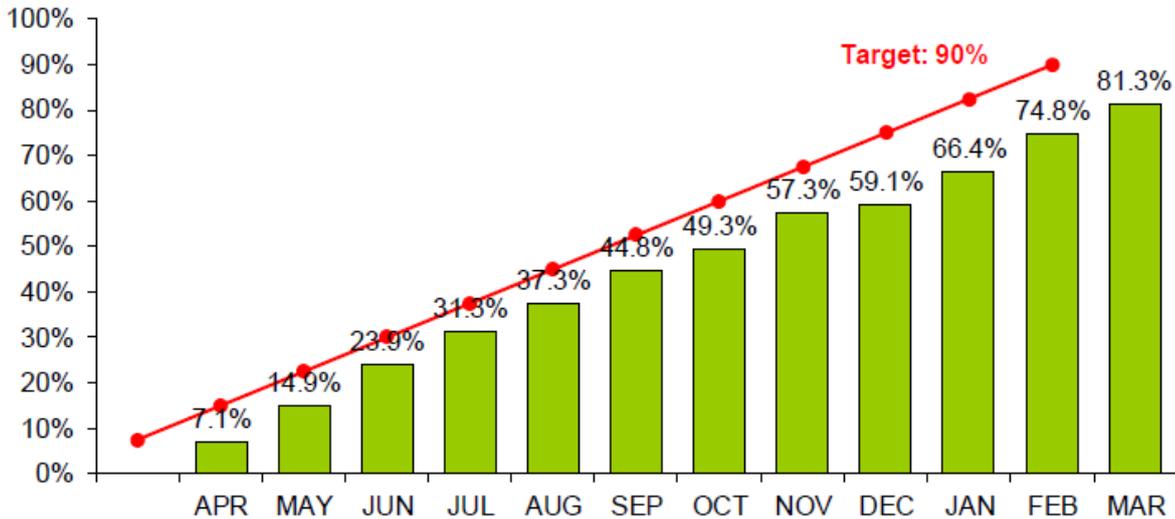
### Personalisation and Recovery.

Performance in relation to self directed support and direct payments has remained steady during the year with a significant number of people supported to live as independently as possible within the community.



SDS clients	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Target	8.3%	16.7%	25.0%	33.3%	41.7%	50.0%	58.3%	66.7%	75.0%	83.3%	91.7%	100.0%
ACMHT Performance	81.5%	84.1%	83.7%	83.8%	83.8%	84.2%	84.8%	85.3%	85.5%	85.5%	85.7%	85.0%
SAMH Performance	90.1%	89.5%	89.1%	89.2%	89.8%	89.4%	89.0%	89.1%	89.2%	89.2%	89.0%	89.7%
SMS Performance	65.0%	66.7%	65.4%	70.8%	68.0%	58.3%	56.0%	53.8%	48.3%	60.9%	69.6%	72.7%
Total Number of CBS Service Users	419	433	443	445	457	459	459	464	482	467	470	473
Overall Performance	82.6%	84.3%	83.7%	84.3%	84.2%	83.9%	84.1%	84.3%	84.0%	85.0%	85.5%	85.4%

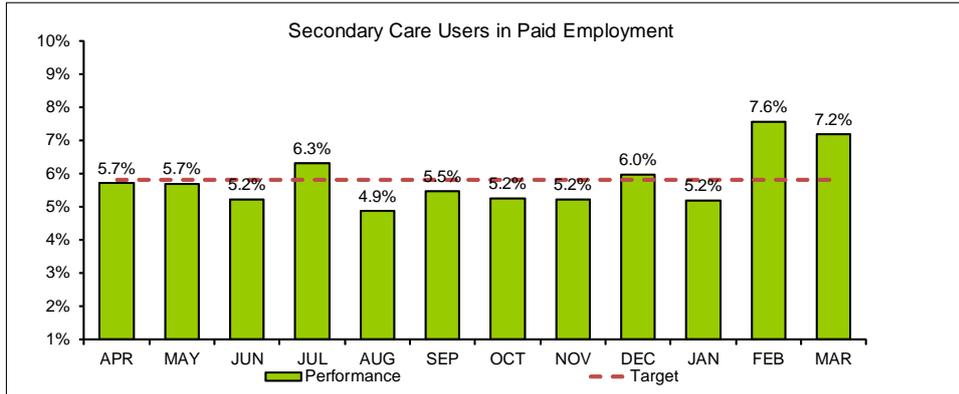
Support for carers has also continued to be an area for focus, with 81% of carers receiving a carers review during the year. However this is below the 90% target so we will continue to work on this area in 2016/17.



Carers Assessments & Reviews		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Target		7.5%	15.0%	22.5%	30.0%	37.5%	45.0%	52.5%	60.0%	67.5%	75.0%	82.5%	90.0%
ACMHT Performance		6.7%	9.5%	14.2%	17.4%	22.0%	25.7%	31.1%	38.8%	40.8%	45.8%	53.6%	60.7%
SAMH Performance		9.1%	31.8%	72.7%	118.2%	136.4%	165.2%	156.0%	172.0%	169.2%	184.6%	196.2%	196.2%
SMS Performance		10.0%	58.3%	64.3%	64.3%	71.4%	85.7%	86.7%	86.7%	86.7%	106.7%	120.0%	133.3%
Total Number of CBS Carers		196	202	205	208	209	212	217	218	220	220	222	224
Overall Performance		7.1%	14.9%	23.9%	31.3%	37.3%	44.8%	49.3%	57.3%	59.1%	66.4%	74.8%	81.3%

### Adults in contact with secondary mental health services (under CPA) in employment

This measure has seen improvement throughout the year, with the continued provision of support towards employment, including the work of the Recovery College and the pathway towards employment supported by Hillside Clubhouse. The mental health service has also been well engaged in work in Islington on the development of an Individual Placement Support service. A research trial on individual placement support started in autumn 2016, hosted in the Trust, and will provide additional input to people with mental health problems in the borough.

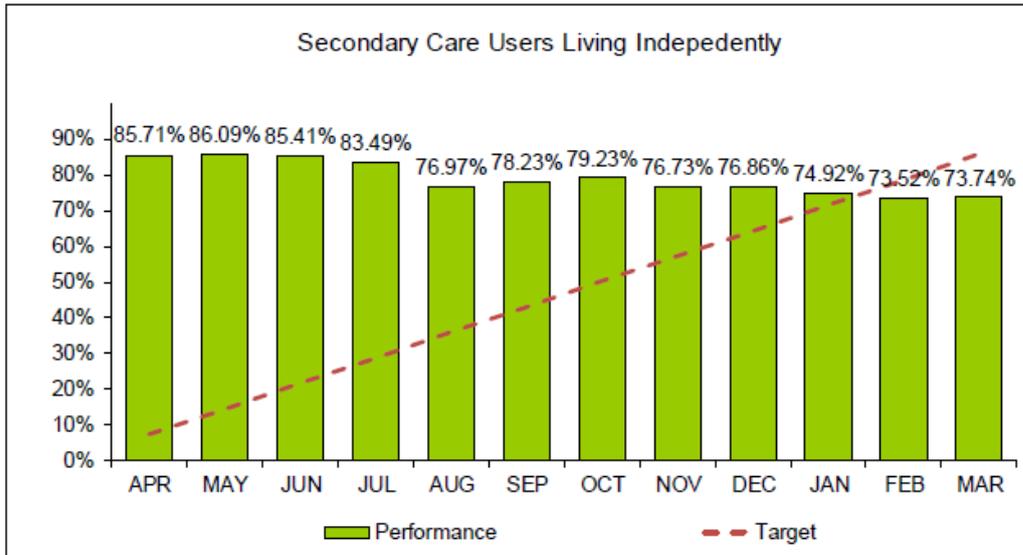


	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>Target</b>	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%	5.8%
<b>Paid Employment</b>	56	54	49	61	50	55	52	51	57	50	93	77
<b>Service Users</b>	980	949	939	969	1029	1006	992	980	955	965	1231	1074
<b>Performance</b>	5.71%	5.69%	5.22%	6.30%	4.86%	5.47%	5.24%	5.20%	5.97%	5.18%	7.55%	7.17%

### Adults in contact with secondary mental health services in settled accommodation

Across mental health and substance misuse, there have been continued good rates of settled accommodation and there continues to be joint working between mental health and housing staff to support people in settled accommodation within the borough. We believe that the drop in rates represented on the graph below is a result of some data quality issues within the Carenotes system rather than an actual decrease in rates of settled accommodation, and work is under way to try and address these issues.

There has also been a significant amount of work undertaken to support people who have no recourse to public funds – a group that appears to be increasing in number within mental health services in the borough. The Trust has established a specific working group to try and address the needs of this group of service users across both Camden and Islington.



	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
<b>Target</b>	7%	14%	22%	29%	36%	43%	50%	57%	65%	72%	79%	86%
<b>Independently Living</b>	840	817	802	809	792	787	786	752	734	723	905	792
<b>Service Users</b>	980	949	939	969	1029	1008	992	980	955	965	1231	1074
<b>Performance</b>	85.71%	86.09%	85.41%	83.49%	76.97%	78.23%	79.23%	76.73%	76.86%	74.92%	73.52%	73.74%

## Safeguarding

The Trust Safeguarding Adult policy was revised in July 2015, in line with the Care Act, and the Safeguarding Children Policy was reviewed and revised following updates to “Working Together to Safeguard Children” and the London Child Protection procedures. The Trust Mental Capacity Act Policy was also revised in December 2015 in line with national guidance.

### Activity

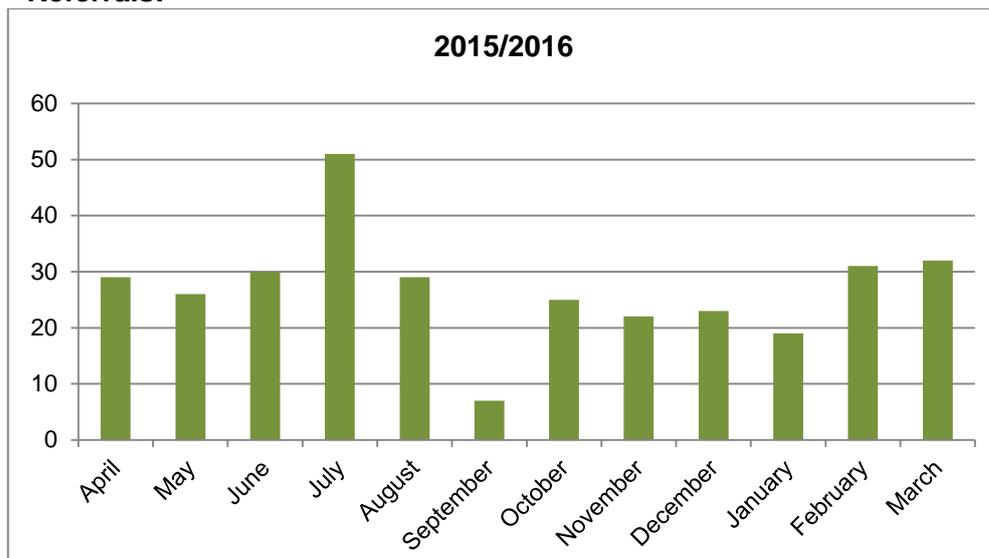
In total, 111 referrals were raised by mental health services in relation to Islington residents, with 9 of these being repeat referrals.

Actions and achievements in 2015/16	What difference did these achievements make to customers?
<p>Represented on the Multi-Agency Safeguarding Hub for children.</p> <p>Partner in multi-agency safeguarding children practice case file audits.</p>	A more integrated approach, including adult mental health input to the screening and assessment of referrals.
<p>Represented on the Islington Multi-Agency Risk Assessment Conference.</p>	A more integrated approach to working with cases of domestic abuse.
<p>Introduction of regular safeguarding forums in divisions across the Trust</p>	Personalised safeguarding practice for service users
<p>Embed a culture of awareness of domestic and sexual violence within the Trust.</p>	Staff are able to offer advice and support to victims of domestic and sexual abuse. MARAC referrals from the Trust have increased. Close working between the Local Security Management Specialist, Named Doctor for safeguarding children and Safeguarding manager has been essential to offer support to service users making such disclosures, and staff working with them
<p>Worked to embed safeguarding in the Trust governance arrangements, via DATIX incident reporting and regular performance monitoring in senior management meetings</p>	Consistent approach to safeguarding throughout the organisation
<p>Participated in multi-agency audit of safeguarding adults cases.</p>	Improvements in practice evidenced in Adult mental health teams, with particular areas of strength relating to protection planning, and ascertaining the adults’ views regarding the risk they faced.
<p>Continued to implement the “Awareness Raising of Domestic and Sexual Abuse (ARDSA)” project.</p>	Develop a culture of asking about domestic and sexual violence and abuse, with specific training on this as well as session on harmful practices. The White Ribbon event was attended by over 100 staff as well as partner agencies.

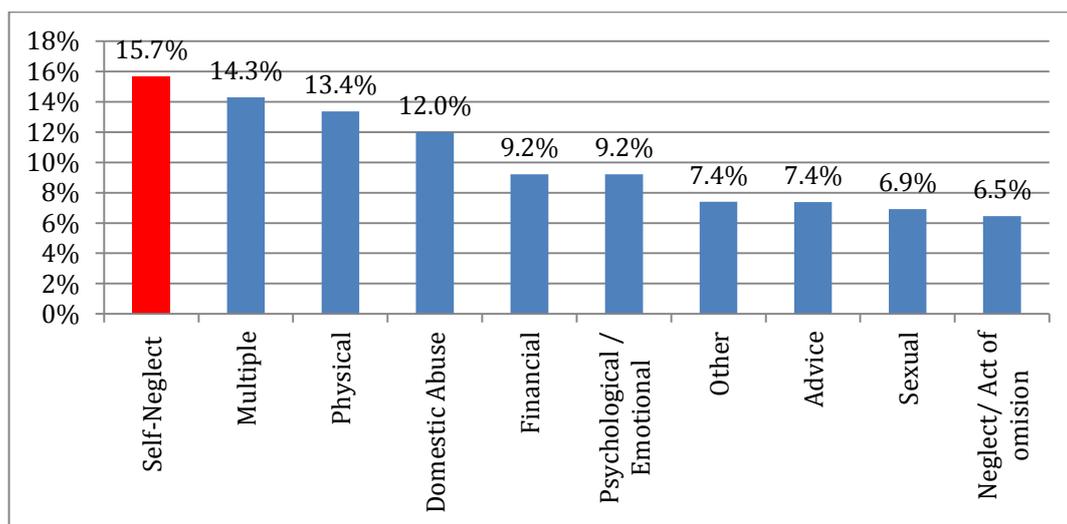
At the same time, the Trust also received a significant increase in referrals of Safeguarding Adults referrals of people not known to service, and these have been managed through the Camden and Islington Advice and Assessment team.

In 2015/2016 the AAT has processed an average of 27 pieces of safeguarding work per month (compared to an annual number of just over twenty in the previous year), with the majority falling in the category of self-neglect, which was a new category identified by the Care Act and demonstrates that work with local partners has raised awareness of this issue.

## Referrals:



## Category of alleged abuse



Further work is required to ensure that capacity is available to address these referrals alongside the GP, police and self referrals that are also managed at this point of access to mental health services in the borough.

## Case Reviews

Working closely with partner agencies and Islington Safeguarding Adults Partnership Board and Local Safeguarding Children Board, we have been involved in one Serious Case Review for a child. There were no Domestic Homicide Reviews involving Trust service users during the year.

Learning from Serious Case reviews and Domestic Homicide reviews is reviewed within the quarterly Safeguarding Committee, and as part of the Trust's clinical governance processes. The Safeguarding Committee is chaired by the Director of Nursing and People (who also attends the SAPB), and we also have a named Non-Executive Director for safeguarding.

## Safeguarding Training and Professional Development

Following the adoption of revised inter-collegiate guidance on safeguarding children training requirements, Trust compliance figures for safeguarding training showed a significant reduction during the year (against an 80% target rate).

The position during the year was as follows:

### *Safeguarding Adults*

Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	92%	95%	94%	94%
Level 2	95%	91%	67%	82%
Level 3	97%	98%	83%	83%
Level 4	82%	100%	100%	100%

### *Safeguarding Children*

Level	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Level 1	92%	95%	95%	94%
Level 2	95%	55%	42%	56%
Level 3	97%	39%	23%	62%
Level 4	84%	80%	100%	100%

A revised training programme is now in place, with associated trajectories, to deliver a compliant training position by December 2016 across the whole range of Child and Adult Safeguarding requirements. Progress against this is report both to the Trust Clinical Quality Review Group and the Safeguarding Board.

Whilst not in the 2015/16 financial year it is important to note the findings of the Care Quality Commission (CQC) inspection in June 2016. The CQC overall rating for the Trust was 'requires improvement'<sup>1</sup>. There were specific safety concerns raised with regard to safeguarding. The inspection found that safeguarding was not always given sufficient priority, and the processes for managing safeguarding referrals could be improved particularly with regard to out of hours safeguarding alerts. Staff were unclear of how to raise safeguarding referrals out of hours and this had led to a delay in safeguarding referrals been acted upon. In addition there were incidents where staff did not always record safeguarding information appropriately and clearly.

The Trust and the Council take the CQC inspection findings very seriously. A comprehensive action plan has been developed to address the findings of the report, which is monitored frequently and regularly by the Trust, the Council and the Clinical Commissioning Group.

---

<sup>1</sup> <http://www.cqc.org.uk/provider/TAF>

## Finance

	<u>Annual Budget</u> £	<u>Budget (YTD)</u> £	<u>Actual + GRNI (YTD)</u> £	<u>Variance (YTD)</u> £	<u>Variance (YTD)</u> %
<b>LBI Admin Mgt Subtotal</b>	235,180	235,180	239,908	4,728	2.0%
<b>LBI Rehab &amp; Recovery Subtotal</b>	2,020,666	2,020,666	2,073,425	52,759	2.6%
<b>LBI Acute Services Subtotal</b>	108,238	108,238	57,161	(51,077)	-47.2%
<b>LBI Community Mental Health Subtotal</b>	407,300	407,300	381,894	(25,406)	-6.2%
<b>LBI Services for Ageing Mental Health Subtotal</b>	245,178	245,178	180,323	(64,855)	-26.5%
<b>LBI SMS Subtotal</b>	116,903	116,903	124,897	7,994	6.8%
<b>TOTAL LBI</b>	<b>3,133,465</b>	<b>3,133,465</b>	<b>3,057,608</b>	<b>(75,857)</b>	<b>-2.4%</b>

Overall, the service ended the financial year with a small underspend of 2.4%, driven almost entirely by slippage on recruitment against workforce vacancies.

## Approved Mental Health Professionals

Islington Approved Mental Health Professional Duty service operates from Monday to Friday from the First Floor, East Wing, St. Pancras Hospital. It is co-located with the Camden AMHP service and the AMHP management team, which includes the AMHP training manager. One duty administrator provides support to both services and a locum 0.5 admin is also currently in post.

Due to the volume of work in both boroughs and the recommendation from the AMHP Review last year a dedicated duty manager for Islington was successfully recruited and started in post on 11<sup>th</sup> April 2016.

The service is run via a rota and draws AMHPs from across the mental health teams and also adult social care. The aim is to have three AMHPs on duty per day, undertaking both planned and emergency work across the borough. There are currently 23 warranted Islington AMHPs available for the rota reduced from 26 last year. There have been a considerable number of staffing changes that means we currently are unable to rota 3 AMHPs per day; however there is a plan in place to address this. The reduction in the number of AMHPs can mean that the duty AMPHs have to support other teams in their work that would not normally fall in the responsibly of the duty system. The AMHP managers offer advice and support to all AMHPs regardless of whether their work is within teams or as part of the duty service.

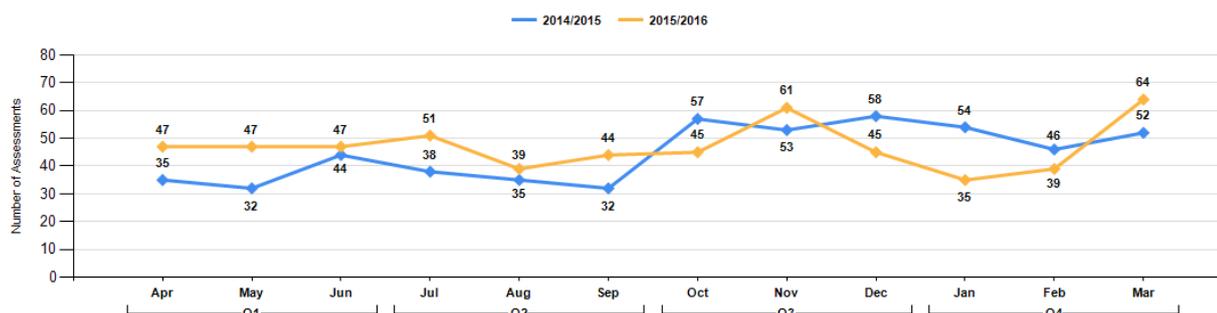
The volume of work is widely variable. On a day to day basis the number of assessments completed can range from 0 to 8. There are approximately 10 assessments per week. It is estimated that 12.5% of these assessments required planned police assistance. However, a number of assessments do not actually take place as the person is assessed prior to the planned date or sometimes the assessment is cancelled. We have undertaken a number of assessments where we have called the police as an emergency. We will record these more accurately as well as the number of warrants applications.

This report includes only completed assessments and therefore does not include the referrals that do not result in a completed assessment or repeated attempts. Due to the high number of police assisted assessments, a duty AMHP attends court approximately once a fortnight to support the police in their work in the community.

## Data

The total number of Mental Health Act assessments undertaken during the year 2015/16 was **564** compared with **536** in 2014/2015. In common with most other boroughs this is an increase on previous years. An element of this used to be a data recording issue as three years ago data was not collected properly as Islington was not a centralised service but this would no longer be a contributory factor. The table below shows a substantial increase between February and March 2016.

## Number of AMHP Assessments [Islington only] in Year April 2015 to 31 March 2016

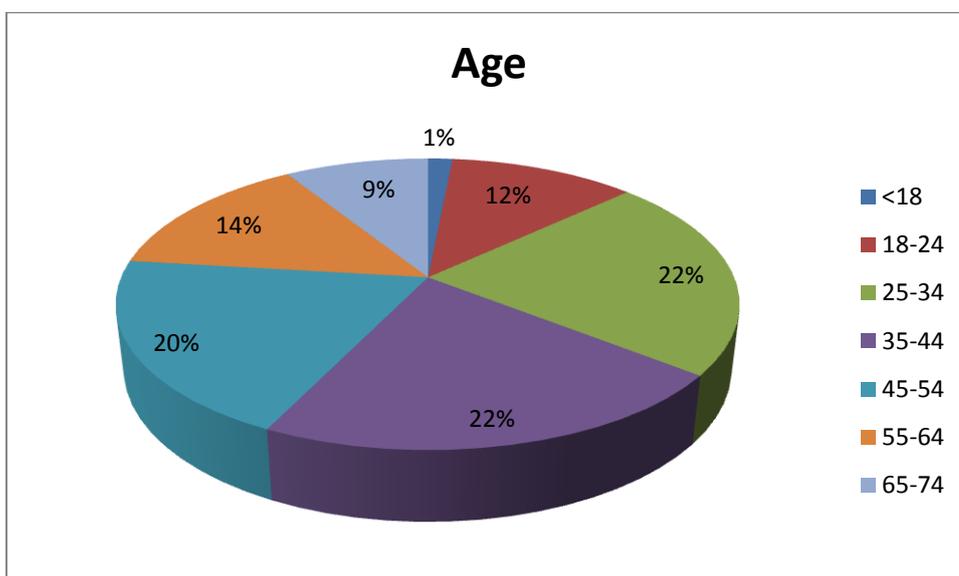
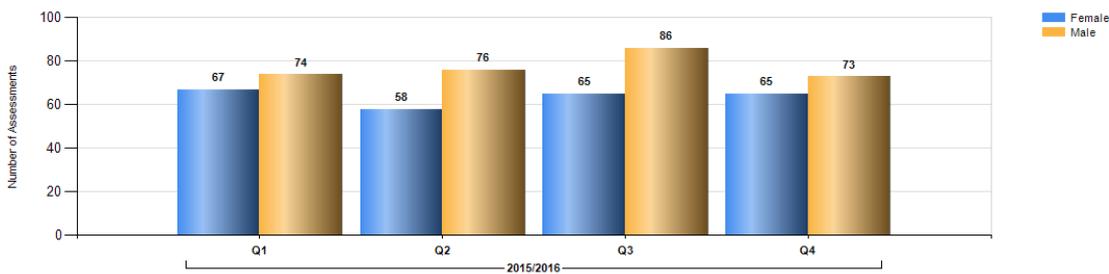


	Quarter	Q1			Q2			Q3			Q4		
Patient Borough	Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Islington	2014/2015	35	32	44	38	35	32	57	53	58	54	46	52
	2015/2016	47	47	47	51	39	44	45	61	45	35	39	64

Islington has the highest prevalence of people diagnosed with serious mental illness in London at just less than 1.5% which is significantly higher than London and England averages (QOF, 2011/12). Around 20% of people over 18 diagnosed with a psychotic disorder have bipolar disorder and the remaining 80% are diagnosed with psychoses, including schizophrenia. A significant number of people suffer from depression, the highest in London.

Out of the total number of assessments, 44% are women and 56% are men (compared to 50:50 last year). Every quarter shows more men assessed than women.

### Number of AMHP Assessments Gender- 01 April 2015 to 31 March 2016



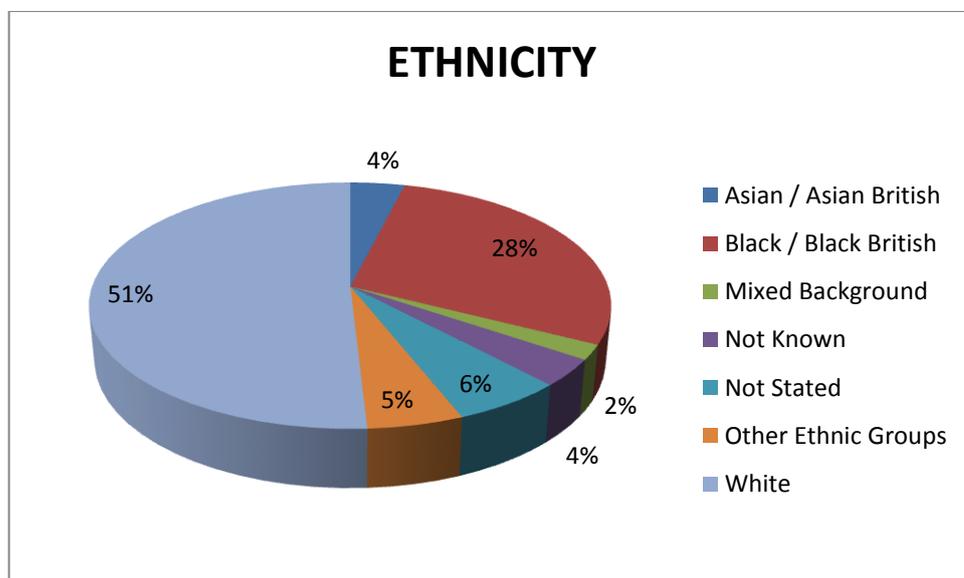
Age	<18	18-24	25-34	35-44	45-54	55-64	65-74	75+
No.	8	61	119	114	104	75	47	36
%	1.5%	11%	21%	20%	18.5%	13%	8.5%	6.5%

Information has been requested regarding the ages of under-18s as this more appropriately identifies CAMHs service users. The spread of the age range of those being assessed demonstrates the diversity of needs and also the skills and knowledge required to undertake AMHP work in Islington.

The numbers of adults with mental health conditions is expected to increase over the next 15 years. There are likely to be approximately an extra 5,500 cases in Camden and Islington, based on population growth estimates. Common Mental Disorders will make up the majority of the increase, but the number of people with dementia will see the largest percentage change. In the long term, it is predicted that the number of people with dementia will double by 2050 with the fastest percentage growth expected amongst people aged 85 and over.

Based on current estimates of population change, and the proportion of children living in social housing remaining constant, the number of children with any mental health condition in Islington is expected to grow by an estimated 570 cases by 2030 (3,760 in total). (*Healthy Minds, Healthy lives: Widening The Focus on Mental Health. Camden and Islington Annual Public Health Report 2015*).

## Ethnicity



	Asian / Asian British	Black / Black British	Mixed Background	Not Known	Not Stated	Other Ethnic Groups	White
Number	22	161	11	20	34	29	287
%	4%	28.5%	2%	3.5%	6%	5%	51%

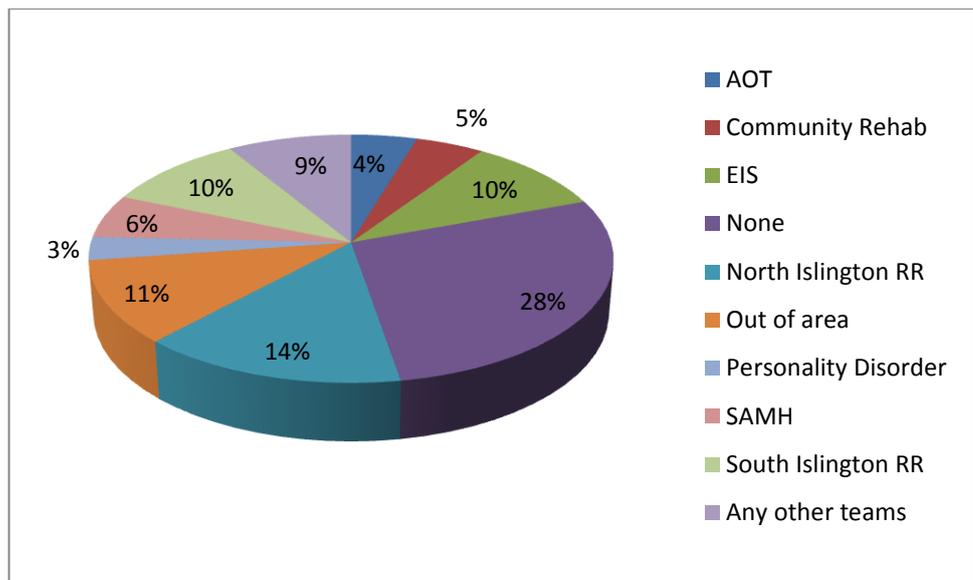
In 2014/15 49% of those assessed were White British which was the highest percentage, this has increased in 2015/16 to 51% followed by Black British at 28.5%. These two groups account for 79% of the people requiring AMPH interventions. Asian/Asian British at 4% White – any other background at 17%, Black African at 13%

and Asian British at 7%. Broad ethnic groups have been reported as Islington's population is very diverse and there are many smaller groups which are 1% of the total number. However, it would be useful to identify which groups are greatest in number if particular populations are increasing. These figures are drawn from the mental health case management system, it should be noted that these categories are sometimes not self-defined.

Islington has an ethnically diverse population: less than half (48%) of residents describe themselves as White British, which is slightly higher than the London average (45%). Islington's population has become more diverse since 2001, when 57% of Islington residents described themselves as White British. This was slightly lower than London (60%) average at that time.

### Mental Health Advice and Assessment by Service User's Team

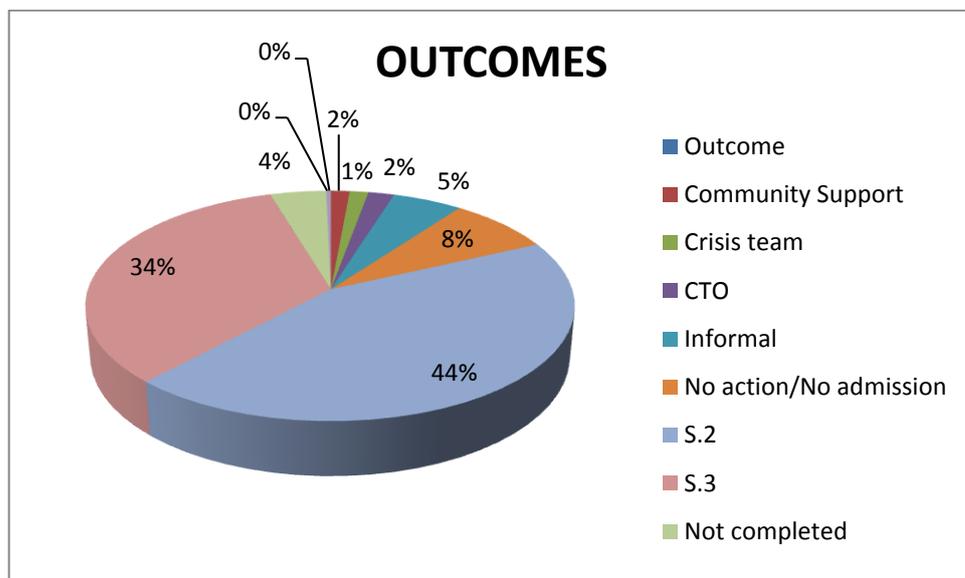
Of those assessed the largest percentage (28%) were not under the care of any local mental health service at the time of referral (the same percentage as last year). This figure is high and warrants further investigation. The next highest is North Islington R&R (14%) and then Out of Area assessments, which have increased significantly from last year's figure. These assessments will mostly be from Whittington A&E, Tolpudde police station, British Transport police and the prisons. One of the two local prisons has recently closed but as we do not complete very many assessments in prisons this should not have a major impact on the figures.



<b>AOT</b>	<b>26</b>
<b>Community Rehab</b>	<b>27</b>
<b>EIS</b>	<b>56</b>
<b>None</b>	<b>158</b>
<b>North Islington Recovery and Rehabilitation Service</b>	<b>82</b>
<b>Out of Area</b>	<b>61</b>
<b>Personality Disorder</b>	<b>17</b>
<b>SAMH</b>	<b>32</b>
<b>South Islington Recovery and Rehabilitation Service</b>	<b>56</b>
<b>Any other teams</b>	<b>49</b>

## Outcomes

These figures are broadly similar to last year. 77% of those assessed were admitted formally (compared to 76% last year and the year before). This figure should always be reasonably high if filtering and consideration of alternatives is rigorously considered prior to a Mental Health Act assessment taking place. In addition 5% of were admitted informally, which is almost the same as last year. However, 8% of those were assessed and not admitted nor a community alternative recorded which is slightly lower than last year.



Outcome	No.
Outcome	
Community Support	8
Crisis team	8
CTO	11
Informal	30
No action/No admission	45
S.2	247
S.3	189
Not completed	24
S136 discharge	2

## Police Waits for Community Mental Health Assessments

2015/2016									
Patient's borough	Waiting time days	Q1		Q2		Q3		Q4	
		Number of Patients	%						
Islington	[0-5] days	1	7.69	2	10.53	6	28.57	3	13.64
	[6-10] days	2	15.38	4	21.05	2	9.52	8	36.36
	[11-15] days	3	23.08	4	21.05	4	19.05	4	18.18
	[16-20] days	1	7.69	4	21.05	5	23.81	1	4.55
	More than 20 days	6	46.15	5	26.32	4	19.05	6	27.27
	<b>Total</b>		<b>13</b>	<b>99.99</b>	<b>19</b>	<b>100.00</b>	<b>21</b>	<b>100.00</b>	<b>22</b>

Compared to 2014-2015's figure of 64%, 62.5% of assessments in 2015-2016 were not completed within 10 days. Compared to 2014-2015 when 31% waited for more than 20 days in 2015-2016 the percentage has lowered to 28%.

A year ago dedicated police Sergeants were allocated to the four Islington clusters reducing the waiting times to some extent. An Islington duty manager has recently been appointed and is currently building good working relationships with the police to reduce these requests for community mental health assessments further.

From mid-April 2016 the new London Ambulance Service transport system started in Camden and Islington. This has already proved to be a great success in reducing the waiting times for transport, particularly for community based MHA assessments.

The CQC inspection was critical of the safety and facilities in the Health Based Places of Safety (HBPS) provision staffed by Camden and Islington Foundation Trust in Whittington and Royal Free Hospitals in July 2016. Following the inspection work has been underway to make immediate improvements in the provision and to plan for the development of a new dedicated HBPS in line with the standards set out in London's Healthy Partnership guidance also published in July 2016. This included potential relocation of the sites and the gathering of more detailed data specifically in relation to assessment waiting times. Unfortunately there are often delays to admission to acute mental health beds across London due to the increased demand.

Islington Emergency Duty Team (EDT) provisional figures for 2015 -2016 are 283 assessments and 174 admissions. In comparison, the previous year EDT completed 190 assessments and admitted 120 people. This means in the last year there have been approximately 49% more MHA assessments completed by Islington EDT, but the rate of 'conversion' from assessment to detention stayed relatively level at 63% in 2014/15 and 61% in 2015/16. This figure does not take account of all the MHA assessments EDT were contacted about but they could not start because no beds were available.

Islington not only has a busy police station (Tolpuddle) but also Highbury Magistrates court diversion, Pentonville prison (HMP Holloway has closed this year) and Brewery Road British Transport Police. These all generate referrals for Mental Health Act assessments. Court Diversion is currently largely covered by an Islington AMHP seconded to Barnet, Enfield and Haringey Mental Health Trust Liaison and Diversion service. These assessments are not recorded in this report.

Overall the number of completed Mental Health Act assessments continues to rise in Islington. This may in part, be due to better data recording but will also reflect increasing numbers of assessments that most boroughs are experiencing. A significant percentage of service users assessed were not in contact with services at the time of referral. This report demonstrates that AMHPs in Islington are required to be highly skilled in order to respond to the high number and diversity of assessments.

Positive steps forward have been the introduction of the re-commissioned ambulance service for non-emergency care to reduce the time waiting for transport at community based MHA assessments and also the introduction of specific cluster Sergeants to help co-ordinate police assistance at community based MHA assessments.

The information for this report is derived largely from the dashboard. However, there remain data quality issues in both the accurate inputting and the information drawn from the new case management system Care Notes. The presentation, accessibility and accuracy require further work to ensure the dashboard provides easily available reports that demonstrate all AMHP activity.



## Workforce

### Establishment

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

There has been a concerted effort to obtain greater transparency and accountability with regard to system and process of managing staff information between the Trust and LBI. There is a process in place to develop this further and it will form part of the refreshed S75 agreement.

### Social Work Strategy

The Social Work strategy written in January 2014 seeks to re-position social work within health and to reinforce the values and skills of social work within the Trust.

Both the College of Social work and the Care Act provided a useful context for the strategy to position itself, setting out six main areas:

- **Workforce Development**-enhancing skills and confidence, and developing clear career development plans and working with the Local authority to achieve this. Monitoring appraisals, supervision and training for social work staff
- **Leading the profession and managing practice** – clarifying lines of accountability, improving practice, ensuring that high standards are maintained, and becoming leaders in social care audit and embracing a culture of learning.
- **Delivering outcomes** – effective measurement of social work interventions, with the focus on engagement, empowerment and personalisation, and using technological advances to improve outcomes
- **Leading on personalisation** – building the skills and confidence needed to lead on implementing a whole systems approach to personalisation.
- **Promoting and embedding safeguarding and managing risk** – continuous professional development and training to ensure that skilled, confident practitioners assess and manage risk, manage complex safeguarding situations, and leading safeguarding investigations.
- **Promoting the profession** – developing the skills and tools to challenge and reverse negative perceptions of social work in the media and in the general public.

An ambitious action plan accompanies the strategy and although there are some successes in implementing it there are also areas where there has been slippage. The Trust and Local Authorities are looking for opportunities to work together and become more joined up for example with regard to greater integration of health and social care in primary care settings. Of equal significance is investment in developing a more inclusive approach to service-users and carers, to co-produce service improvements and re-design, in Islington this has been through the 'Making it Real Board'. The development of the Principal Social Workers Network offers opportunities to strengthen and develop the role of social work.

## **Key achievements**

Since 2014 there have been some key achievements. These are:

### **a) Workforce Development-**

- All staff receive professional supervision
- Head of Social Work and Social Care part of Principal Social worker network and working in partnership with Adult Social Care
- Joint workshops between Adult Social Care and Mental Health- Head of Social Work is a member of both Local Authority workforce development groups
- Succession planning for managers- led by the Divisions
- Workforce scoping and succession planning for AMHPs- led by the AMHP training manager
- Students offered placements , and staff given opportunities to train as Practice Assessors and Educator in each Borough
- Regular Social Work forums on a quarterly basis
- All newly qualified staff supported under the Assessed, Supported Year in Employment (ASYE)

### **b) Leading the Profession and managing practice in each Division**

- Divisional Social Work Leads – 4 out of 6 positions appointed
- Review of the AMHP Duty Service model- Both Boroughs now run in parallel
- Location of AMHP Services- now co-located
- Shared AMHP Duty Management team structure- separate Duty Managers for each Borough but both can provide cross cover
- All social workers have an annual Appraisal- this is managed within Divisions
- Improved and streamlined funding panel processes- Head of Social Work and team managers are all members of the panel. Senior managers and professional Lead in the Trust also chairs the panel.
- Funding panels focus on an assets based approach and achieving outcomes
- Safeguarding manager substantively appointed.

### **c) Leading on Personalisation**

- Champions, for Think Local Act Personal Campaign.(TLAP) and LBI 'Making it Real Board' – Divisional Social Work Leads are members
- Review quality of support planning- newly created Review Team has audited this and designed training for all teams- March 2016
- All staff attend funding panel and are coached how to present- team managers and review team provide support.
- Local Authority Resources Directory accessible for all Care Coordinators
- Equality and Diversity Lead appointed to ensure E&D issues included in all services and interventions
- More joined up practice with Local Authorities - In Camden this is the Long term care finders team, and in Islington there are stronger links with Commissioners

### **d) Promoting / embedding Safeguarding and managing risk**

- Risk management training has been reviewed for all staff seconded to the trust and is mandatory.
- Safeguarding Adult and Children training has been reviewed so that for safeguarding adults the training now includes the new categories in the Care Act and for Safeguarding children the training now aligns with Working Together 2014 and the Intercollegiate Document.
- Joint Managers meeting with Children's Social Care- the Trust has a member of staff based in the LBC MASH, and the Head of Social Work attends the LBC MASH board.
- Engagement and support for Kids time- this is still a well-used resource which front line staff refers to in both Boroughs. The Head of social work has also attended two meetings.
- Review the performance management of safeguarding- Teams use the balanced score cards, and basic reporting is captured on Datix (the system used to report serious incidents) and reported through local authority systems.

#### **e) Promoting the Profession**

- All staff are encouraged to attend the Social work research group, and two staff have become more involved in undertaking pieces of research
- Social workers attend the borough Annual conferences and this year Substance Misuse Services Lead social worker is presenting at Camden Safeguarding Board Conference.
- The Trust prepared an application for the first cohort of the 'Think Ahead' programme, even though the final decision was not to progress in 2015 intake.
- Social workers have been supported to attend various conferences on Co-Production, Community Care, AMHP Leads, and TLAP.

#### **Challenges/Unresolved issues**

Some areas of implementing the action plan have not been possible due to the rapid changes in health and social care landscape, for example the College of Social Work dissolved in 2015, and new initiatives to achieve financial savings and improve partnership working. The impact of the Care Act and increased reporting on Safeguarding procedures, Domestic and Sexual Abuse, FGM, and Prevent have also taken priority over implementing other areas of the strategy.

There have been some on-going challenges which require more work to make them run smoothly, these are mainly:

- Improvements with processes for monitoring of staff configuration and recruitment
- Access to Local authority data bases
- Facilitating Access to Trust Electronic Patient records
- Trust staff having access to local Borough Resources

The strategy, now in its second year, requires renewed focus to align with the Trust's and local authority strategic priorities. Continued work is required to ensure that social work as a profession within the Trust becomes more visible at every level within the partnership organisations. The appointment of all the Divisional Social work Leads will be a big step in helping to achieve this.

#### **Priorities for 2016-17**

These are the priorities for the coming year:

- a) Planned Social work audits- for example, supervision, appraisals,
- b) Developing social work research
- c) Induction programme for newly recruited Social workers
- d) Review opportunities for workforce development–Think Ahead

- e) Review the balance of social workers across teams against delivery of social care outcomes
- f) Appoint champions to lead and support service-user and carer involvement

## **Summary**

The report has summarised performance in relation to the Section 75 Agreement with London Borough of Islington during the 2015/16 financial year. This has been a challenging year, with significant changes to elements of service, and financial pressure.