SUBJECT: 2015/16 Annual Report Section 75 (National Health Service Act 2006)
Partnership Agreement between Camden and Islington Mental Health
NHS Foundation Trusts and Islington Council

1. Synopsis

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

The Trust was largely on or near target for its performance indicators which relate to Adult Social Care Outcome Framework. There is room for improvement with regard to undertaking reviews of care plans, particularly for carers in contact with the Adult Community Mental Health Teams. However, long term admissions to nursing and residential services remain relatively stable, demonstrating that people are being supported in the community, and access to employment targets were exceeded.

Safeguarding policies for adults and children and Mental Capacity policy were refreshed in 2015, in line with changes to national legislation and guidance. The implementation of new legislation and policies required implementation and a refreshed training programme. This training fell behind schedule during 2015/16, and in June 2016 the CQC identified some concerns with regard to safeguarding processes within the Trust. These issues are being actively addressed to ensure that mandatory training compliance targets are met and processes are changed to support the recommendations in the report.

Approved Mental Health Professional duty service has been under some pressure during 2015/16, both in terms of capacity which has reduced due to staff changes and increasing demand. 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 proportion (28%) of those accessing the service were not in contact with services at the time of referral. There are a disproportionate number of men requiring an AMPH intervention at 56%. Those with a white ethnicity are the highest proportion accessing the service at 51% followed by Black British at 28.5%. These two groups account for 79% of the people requiring AMPH interventions.
Positive steps forward have been the introduction of a re-commissioned ambulance service for non-emergency care to reduce the time waiting for transport at community based Mental Health Act (MHA) assessments and also the introduction of specific cluster Sergeants to help co-ordinate police assistance at community based MHA assessments.

The CQC inspection was critical of the safety and facilities in the Health Based Places of Safety (HBPS) provision and there can be delays for assessment and admission to acute mental health beds across London due to the increased demand.

Social work staffing remains stable within the Trust and there have been a range of staff development initiatives over the last two years. Significant achievements have been the recruitment of the Divisional Social Work Leads in most divisions and the development of a social work research group. However some areas of the strategy have been delayed due to implementation of the changes required due to the Care Act.

2. Recommendations

To note the report.


2.2 The Section 75 agreement between the Trust and the Council is undergoing a refresh which is expected to be complete by the end of 2016. This refresh will provide an opportunity to review the monitoring arrangements of the agreement and to bring a greater focus to areas requiring improvement.

2.3 Of particular note are the areas of concern highlighted by the CQC. Work is already underway to address these issues the action plan will be closely monitored to ensure the timely delivery of the plan. Safeguarding training is already well advanced. A priority area for development is a new Health Based Place of Safety which will comply with the latest standards and good practice.

2.4 The greater demands made of the Approved Mental Health Professional service need careful consideration and review. Planned initiatives such as improved early intervention and support in primary care could help reduce the need for crisis and Mental Health Act assessment and admissions. The Trust held a Crisis Hothouse Event to look at best practice and areas for improvement in September 2016. The findings and recommendations of this event when published should be used to look for areas of improvement for the service.

3. Implications

3.1 Financial Implications

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

In 2015/16 the service ended the financial year with a small underspend of 2.4% (£76,000); driven almost entirely by slippage on recruitment against workforce vacancies. At this time there are no additional expected pressures on these budgets for 2016/17.

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

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

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

3.3 **Environmental Implications**

3.3.1 None.

3.4 **Resident Impact Assessment**

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

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

**Final report clearance:**

Signed by:  

24 November 2016

Executive Member for Health and Social Care

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