

Report of: The Corporate Director of People's Directorate

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| Health and Wellbeing Board | Date: 4th November 2020 | Ward(s): All |
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SUBJECT: Islington Health and Social Care Section 75 Arrangements: Annual Report 2019/20.**1. Synopsis**

Islington has a strong history of collaborative partnership working for the benefit of local people. Under Section 75 of the NHS Act 2006 Local Authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, the aim of this is to improve services for residents and patients. The formation of, and ongoing use of Section 75 agreements reflects Islington's ongoing commitment to a whole system partnership approach. An approach which will support the Borough Partnership, Fairer Together, arrangements as they continue to develop.

Islington has Section 75 agreements covering adults and children's commissioning through the following arrangements:

- Commissioning partnership agreements between London Borough of Islington (LBI) and Islington Clinical Commissioning Group (ICCG) that covers pooled budget arrangements for Mental Health, Intermediate Care, Carers, Children's Services, Learning Disabilities, Mental Health Care of Older People, and the Better Care Fund
- Commissioning of primary care-delivered Public Health Services (known as 'locally commissioned services' by ICCG on behalf of LBI and a commissioning partnership agreement between LBI and ICCG that covers sexual health (including termination of pregnancy).
- Provider partnership arrangement between LBI and Whittington Health for delivery of community equipment.
- Provider partnership arrangement between LBI and Camden and Islington Foundation Trust (C&T) for delivery of mental health Care Act and social care responsibilities.

The Health and Wellbeing Board is responsible for overseeing the delivery of the Section 75 agreements to ensure they are operating effectively and having maximum impact. In relation to the commissioning Section 75 arrangements, this report includes the objectives of each pool, key achievements from 2019/20, and priorities for 2020/21.

For the provider Section 75 arrangements, the reports details key achievements and plans for 2020/21.

2. Recommendations

The Health and Wellbeing Board is asked to:

- To note the progress in 2019/20 between health and social care under Section 75 arrangements including key achievements
- To note priorities for 2020/21 and receive future annual reports on these arrangements

3. Background

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

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

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

Islington Joint Commissioning teams manage and support the commissioning Section 75 arrangements. These posts work collaboratively across ICCG and LBI to maximise the value of integration and budget flexibility. The senior joint commissioning posts are jointly funded between the two organisations. Islington CCG and the Council remain committed to the Islington Joint Commissioning function and team for 2020/21. The North Central London CCGs merger and discussions about future commissioning functions in LBI may influence the ongoing arrangements for local joint commissioning. Executive officers from LBI and NCL CCG are currently meeting to discuss these arrangements.

For the provider Section 75 arrangements, LBI has joint forums with Whittington Health to oversee the delivery of equipment services, which has an overarching board that meets quarterly.

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

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

During the financial year ending 31 March 2020, seven adult pooled budgets were in operation between Islington Council and Islington CCG: Intermediate Care, Learning Disability, Transforming Care, Mental Health Commissioning, Carers Services, Mental Health Care of Older People and the Better Care Fund.

The summary revenue position for 2019-20 is shown below.

Table 1: 2019/20 Islington Council and Islington CCG Pooled budget summary table

| Section 75 agreement | 2019/20 Gross Budget (£) | 2019/20 Projected Outturn (£) | 2019/20 Projected Variance (£) | LBI (£) | NHS (£) |
|--|--------------------------|-------------------------------|--------------------------------|------------------|----------------|
| Intermediate Care (Delayed Transfer of Care) | 6,560,000 | 6,350,550 | (209,450) | (113,103) | (96,347) |
| Learning Disabilities | 35,499,232 | 37,492,164 | 1,992,932 | 1,747,801 | 245,131 |
| Transforming Care | 809,300 | 1,273,213 | 463,913 | (46,292) | 510,204 |
| Mental Health Commissioning | 4,845,716 | 4,845,716 | - | - | - |
| Carers Pooled Fund | 1,055,300 | 854,862 | (200,438) | (182,399) | (18,039) |
| Mental Health Care of Older People (MHCOP) | 7,035,590 | 7,043,078 | 7,488 | 4,268 | 3,220 |
| Better Care Fund* | 32,400,377 | 32,400,377 | - | - | - |
| Gross Expenditure | 88,205,515 | 90,259,960 | 2,054,445 | 1,410,275 | 644,169 |

*Total BCF fund is £34.715m. Funding streams of £1.2m, £95k, £182k and £1,020m are included directly in Intermediate Care, Carers, Mental Health Commissioning and Learning Disabilities respectively.

Table 2: 2019/20 Islington Council and Whittington Health Pooled budget summary table

| Section 75 agreement | 2019/20 Gross Budget (£) | 2019/20 Projected Outturn (£) | 2019/20 Projected Variance (£) | LBI (£) | NHS (£) |
|---------------------------------------|--------------------------|-------------------------------|--------------------------------|---------|---------|
| ICES (Integrated Community Equipment) | 900,000 | 1,094,763 | 88,969 | 44,485 | 44,484 |

Variance in planned expenditure is shared between health and social care on a proportionate basis, based on percentage commitment to the pool.

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

5.1 Pooled and non-pooled budgets

Whilst there are no pooled commissioning 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 and the CCG, has highly developed well-established linkages between health and local authority commissioning including Public Health. The direct management of the team is provided jointly by the CCG's Director of Integrated Commissioning and LBI's Director of Strategy and Commissioning. The Assistant Director of Joint Commissioning for CYP and Disability took on responsibility in 18/19 for developing an All Age Approach to Disability with a specific focus on Progression to Adulthood; so now has a remit across both adults and children's commissioning within LBI's People Directorate.

Unlike adults, children's health and social care provision is commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission 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 social, emotional wellbeing and mental health (SEMH) services and health services for vulnerable children: including services within the Pupil Referral Units, children looked after, young carers and those known to the Youth Offending Service /Targeted Youth Support.

In 2020/21, the actual local authority cost towards the cost of this team is £188,418 and the CCG actual cost is £245,874.

Aligned budget: Within Children's Services there is also an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities. Decisions about the funding of these placements are made by a Joint Agency Panel (JAP) which is attended by the AD for Joint Commissioning and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 2019/20 has continued to function effectively. The overall outturn in 19/20 was £3,642,817 with a standard split operating across agencies such that the outturn for each agency was as follows: CCG – £1,257,600, Education – £764,991 and Social Care – £1,502,133.

5.2 Children's Integrated Care

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

Key projects supported in 19/20 were:

- **Asthma Friendly Schools:** which achieved coverage across the majority of schools and all the children's centres in Islington. To achieve Asthma Friendly status, schools and children's centres must achieve 5 standards including, implementation of an asthma policy, care plans, training, asthma register and emergency procedures. Formal evaluation of this programme of work in 18/19 demonstrated significant impact on the health and well-being of pupils in those schools. The programme has received national recognition for its work and impact on CYP. In 2019/20 the programme was extended to cover allergy in schools. Allergy Friendly Schools status includes the implementation of an allergy policy care plans, training, allergy register and emergency procedures.

The programme also supports schools to safely purchase and store spare adrenaline auto-injectors. There are plans in 20/21 to include eczema.

- Paediatric Primary Care Nurses: The children's nurses continue to deliver clinics in primary care to improve health and wellbeing outcomes for children with eczema, asthma, viral induced wheeze and constipation. They also continue to deliver an asthma review 48 Hours following an attendance/admission into Secondary Care.
- Hospital @ Home: has continued to embed itself locally enabling acutely unwell children to have their care managed at home who would otherwise be treated in hospital. In 19/20, the service expanded its scope to include referrals from Midwives for babies with jaundice, enabling an avoided attendance and admission into hospital.

Most community health services for children in Islington are provided by Whittington Health monitoring of these services includes the following:

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

5.3 **Key 19/20 achievements**

Social and Emotional Mental Health (SEMH)

The expanded SEMH community based counselling, therapeutic and emotional wellbeing service offer commenced from June 2019, with the new integrated SEMH CPA, into the existing Children's Service Contact Team (CSCT), going live from Sept 30th 2019. As a result of the SEMH CPA partnership working and expanded community offer, waiting times into central CAMHS had reduced, from an average of 18 weeks to 7.8 weeks by the end of Jan 2020. Waiting times into the community therapeutic and emotional wellbeing offer were just 6 weeks or less.

The SEMH offer includes:

- Therapeutic, counselling and Emotional Wellbeing Services provided by Barnardo's, The Brandon Centre, the Targeted Youth Support Counselling Service and Isledon.
- Social prescribing and digital options, including online counselling (Kooth) and voluntary and community sector (VCS) universal provision
- Whittington Health Child and Adolescent Mental Health Service (CAMHS)

Bringing stability to the SEMH pathway and support to the third sector CYP Emotional Wellbeing Provider Network. This brings together professionals from the breadth of provision to share best practice and develop local resources to support CYP.

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

The Schools Forum have continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Children's Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions when required. Islington has also developed a framework to support schools' thinking in relation to mental health and resilience: iMHARS (Islington mental health and resilience in schools www.islingtoncs.org/imhars). As of end of January 2020 43 schools (66%) have used the iMHARS framework to improve practice and develop a whole-school approach to mental health.

Implementation of the Islington Trauma Informed Practice for PRUs, Primary schools and Partners project (iTIPS) to develop their trauma-informed practice, within a whole-school approach, has been achieved in 100% of the pilot schools (5 primary and new river college), plus additional schools in Wave 2 (6 primary and 2 secondary schools), and Wave 3 (a further four primary and one secondary).

We have now begun to pilot 'Tiny TIPS' with Early Years – involving two children's centers and one nursery school and have also supported some of Youth and Community's TIPS work. In addition to our CAMHS in children's centre offer and parent and baby psychology service, we have developed our Growing Together service, which provides highly skilled interventions for families across the borough, for parents with mental health issues and their children (1 – 5 years old) with their own emotional wellbeing needs.

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

Islington's Social, Emotional and Mental Health (SEMH) Service Offer and Mental Health Support Teams (Trailblazer).

In June 2019 Islington CCG and partners (including Islington Council, Whittington Health CAMHS and schools) were successful in their application to join Wave 2 of the MHST programme, providing additional funding (c. £900K per annum) to support children and young people's mental health and emotional wellbeing.

MHSTs will provide additional early intervention for children and young people with emerging mild to moderate (pre-CAMHS) mental health and emotional wellbeing issues, such as anxiety, low mood, behavioural difficulties or friendship issues. In addition to direct work with children and families the teams will also support school staff in whole school approaches to supporting positive mental health and resilience. The model includes all primary (47) and secondary (11)

schools and the pupil referral unit (PRU) and alternative provision, thereby covering the whole mainstream population of pupils across Islington, including school-based 6th form.

Special Educational Needs and Disability (SEND)

The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the SEND reforms. This integrated approach to SEND across the CCG and LBI will be central to positive outcomes in the forthcoming SEND Joint Inspection, preparation for which is managed through the Progression to Adulthood Board.

The Islington Additional Needs and Disability Service (IANDS) provides therapy services, under 5's Autism Diagnostic Service, the Muscular Skeletal service, the early year's development team, nutrition and dietetics. The service continues to achieve good outcomes for children and young people, which are documented at quarterly engagement meetings with commissioners.

There are issues with the waiting times for the Social Communication Team, who complete the autism assessments for under-5s – pre-Covid wait times had risen to 28 weeks for under 5's by March 2020. Referrals for the service continue to increase, and 85% of those assessed are diagnosed, demonstrating that the team are assessing appropriately.

Mainstream therapies in schools (mainstream and special school) are also experiencing increasing referrals of children and young people with additional needs, and the complexity of the need has also increased. A review of these services is currently underway, with an aim of remodelling the service to enable it to meet the ever-increasing demand.

Personal Health Budgets

Personal Health Budgets are becoming more widely used across children's services, and now includes children looked after and care leavers with mental health needs, continuing care, Transforming Care, wheelchairs and through the SEMH emotional wellbeing service. This has included additional support for YP being discharged from Tier 4 provision. Where relevant and appropriate the budgets are joined with education and/or social care. We continue to see good outcomes from Personal Health Budgets.

Children and Young People's Transforming Care

Transforming Care is a national programme to reduce the time spent in hospital settings for people with a learning disability or autism, which often leads to poor outcomes. This has been expanded to include work to prevent admission of people with learning disabilities and/or autism to inpatient settings; including hospital and long-term residential placements for children and young people, as well as work to discharge long-stay patients. The programme further expanded in April 2019, and now includes Health Checks for children with a learning disability (LD), STOMP/STAMP (prevention of the over-medication of children and young people with LD and/or autism), and LeDaR (learning disability mortality review).

Work on Learning Disabilities and Autism in 2019/20 included:

- Ongoing embedding of the Transforming Care Prevention and Support Service (TCaPS) - an independent evaluation demonstrated positive outcomes for families accessing this service – the aim is to secure ongoing funding following the demonstration of the positive impact

- STOMP/STAMP awareness raising, including a lunch and learn session with colleagues across adults and children's health and social care
- Liaising with primary care to improve LD register data, ensuring reach to all those eligible for Annual Health checks
- A bid to NHS England for further funding across North Central London for Key Working services, aiming to expand support to those young people with LD and/or autism in Tier 4 hospital settings, or those who have escalated to crisis level and are at high risk of a Tier 4 admission.
- Autism training across children's health and social care services, provided by Ambitious About Autism, to increase knowledge of Autism across the services

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

The All-Age LD and Autism Board has been established, jointly looking at all areas of the LD and Autism Programme across adults and children's.

Progression to Adulthood

A Progression to Adulthood Strategy was signed off by the Progression to Adulthood Board in February 2020; to transform provision to ensure LBI services and approach are equitable and consistent for all cohorts of young people with Care Act Eligible needs.

COVID-19 has affected the delivery of the strategy but work is recommencing now. A key achievement has been the funding of a one-year pilot to establish a new transitions team and an extension of SEMH offer to young people up to 25 years. The new team will offer transitional support to young people with Autism, Social Emotional Mental Health Needs, Physical/Hearing/Visual/Sensory Impairments and complex health needs. The team will ensure Care Act Assessments are undertaken in a timely way to build on young people's strengths, to maximise their potential and independence; and to plan further ahead to meet the needs of young people as they meet maturity. The extended provision will offer wrap around/step down therapeutic support that is not available within adult social care.

Coronavirus (COVID-19)

In the initial stages of the Covid-19 pandemic, many children's services rapidly transformed to meet the demands of the crisis. All non-urgent elective activity was stopped, children's inpatient services were relocated to Great Ormond Street and UCH A&E services were redirected to Whittington Health; to increase capacity for the rapidly expanding adult Covid-19 inpatient activity.

The pandemic also led to significant transformation in the children's community services, where non-urgent activity was either decreased or stopped and many services where possible changed to virtual contact.

The NCL CAMHS Out Of Hours team worked collaboratively with local crisis teams including the Islington CAMHS Adolescent Assessment Outreach team (AAOT) which has continued to deliver a face to face service throughout the pandemic. Business contingency plans were rapidly developed for our most vulnerable families, including those with continuing care needs, disability, autism and learning disabilities. These plans were created in close

partnership with our Local Authority colleagues. The Continuing Care team, that provides care for our most medically vulnerable children, worked closely with social care colleagues, agencies and Hospices to ensure children remained well at home, preventing admissions into hospital. The Continuing Care Team stopped all assessments and implemented virtual contact with families. The carers were provided with PPE and training.

The community nursing service created a community nursing hub at the Northern Health Centre, to increase capacity within the service, reducing demand on hospital inpatient services. The community nursing service also worked as a network across NCL, so that out of Borough services could meet demand and ensure early discharge from hospital. The Hospital @ Home service proved to be invaluable during this period, as it enabled both early discharge and preventing an admission, for acutely unwell children.

The Islington Additional Needs and Disabilities Service at the Whittington moved to virtual support for families, providing therapy to those where this was a possibility. However, this is not possible for everyone, and has led to unequal access to these services for families. Not all families have the technology needed to do this, and other work and family responsibilities will have affected the ability to participate virtually.

The Social Communication Team, which completes Autism assessments for under-5s, was severely impacted. Waiting times have increased to 42 weeks, with ongoing delays to assessments; whilst the team have implemented virtual assessments where possible (these are not suitable for all cases), and have re-implemented face-to-face clinics, the rate of assessment is not able to meet the demand, as well as reducing the backlog.

The SEMH CPA has continued to operate virtually which has been very effective. All the SEMH therapeutic, counselling and emotional wellbeing services have continued to offer interventions virtually, either by video link or telephone. Additional in reach emotional wellbeing support was offered by the Isledon Emotional Wellbeing Service and the new Mental Health Support Teams for schools.

COVID-19 Restoration

The Covid-19 restoration phase is now upon us and much work is taking place to restore services and ensure system readiness for a second surge in Covid-19. Locally Whittington Health has opened up its inpatient services and will remain open, if a second surge were to happen and UCH's inpatient services and A&E are to remain on redirection through the coming months.

The Community Nursing Services have returned to their usual service offer, but the Community Nursing Hub will be rapidly reinstated again if there is a second surge in Covid-19. The Continuing Care Team have also returned to their usual offer, visiting families in their homes and reinstating assessments.

Two of the main services where there has been a significant impact are the Social Communication Team (under 5's autism diagnostic service) and the Mainstream Therapy teams that work in the schools. The Social Communication Team during the early Covid period aimed to complete as much pre-assessment work as possible. They have restarted clinic assessments, although they are not able to see as many children as they were pre-Covid due to the need to clean and maintain health and safety within the clinic. They are also trialling virtual assessments for some children, although this is not suitable for all.

Mainstream therapies have implemented summer clinics to reduce backlog, as well as the ongoing provision of virtual therapy sessions. When the schools go back in September, they will be restart their work in schools, although again, due to health and safety measures required.

The CYP restoration work is ongoing and developing, and commissioners are working with their counterparts across North Central London to align plans and improve services which have had to change their delivery model due to Covid wherever possible. In addition, local conversations between commissioners and providers are taking place regularly to continue to develop the action plan and ensure that we are supporting families as best we can. We are also working with local safeguarding leads to ensure that services are doing all they can to identify and support vulnerable children.

The SEMH therapeutic, counselling and emotional wellbeing services have begun to deliver some face to face interventions for those YCP identified as priority. This has included CYP who did not wish to engage virtually, CLA and high risk CYP. Where possible all these SEMH providers are trying to ensure that at least one face to face meeting with CYP whom have received only virtual interventions to date before they reach the end of their service intervention. All outcomes of SEMH referrals (excluding clinical detail) are communicated back to referrers.

Children and Young People's Participation and Engagement

Participation and engagement has continued to be a central point to the Children's Joint Commissioning Team (CJCT). The CCJT have maintained the standard of ensuring that children and young people, and their parents/carers, are central to the development of commissioning and service improvement.

The level of engagement carried out with Children and young people has increased due to the utilization of multiple engagement methods/tools. The team will continue to promote and carry out further initiatives that will successfully engage CYP and their parents/carers to influence the direction and quality of the services available to them.

6. Adults Commissioning Section 75 Agreements: Year in Review

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

6.1 Intermediate Care – Value £6.560 million

Objective of the Pooled Arrangement

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

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

TABLE 3: Joint funded Intermediate Care Services

| Service category | Service | Provider | Description & Skill set |
|-------------------------------------|------------------------------|--------------------------|---|
| Home based Intermediate Care | REACH home based | Whittington Health | Home based multi-disciplinary therapy including physiotherapy, occupational therapy, and nursing |
| Bed based Intermediate Care | REACH bed based Therapy Team | Whittington Health | Bed based multi-disciplinary therapy including physiotherapy, occupational therapy and nursing supporting Mildmay and St Anne's |
| | St Pancras Rehab Unit | CNWL NHS Trust | 21 inpatient rehabilitation beds |
| | St Anne's Nursing Home | Forest Healthcare | 10 rehabilitation beds in a nursing home setting |
| | Mildmay | Notting Hill House Trust | 12 rehabilitation beds in an extra care sheltered setting |
| Reablement | Community Enablement | Age UK | Short term interventions to increase independence and wellbeing for Islington residents 55 years and older |
| | In-house Reablement service | LB Islington | Reablement care to people in their own homes for a period of up to 6 weeks |

Key Achievements in 2019/20

Key achievements in 2019/20 include:

- Integration of the Hospital Social Work team, and the Discharge to Assess (D2A) and Reablement Teams into one Integrated Discharge Service.
- Establishment of a system discharge offer in Islington that is seven days a week, 08.00 – 20.00, enabling timely discharges from our acute hospitals into our intermediate care beds and the community.
- Embedding the D2A principles in Islington and successfully providing same day and next day discharges from the acute, across the seven days.
- Re-establishing all 10 St Anne's beds as intermediate care rehab beds.
- Established pathway between rapid response and LBI Reablement enabling seamless transition of patients from service into ongoing Reablement. Service outreached into Integrated Networks, shadowed London Ambulance crews, and supported the A&E front door challenge, to promote and inform referrers of the rapid response offer. This resulted in increasing referrals from GPs, LAS and community sources.
- Embedding the Care Home Trusted Assessor role within the discharge service, to support timely discharges of patients into care homes.
- Investment in the falls service to continue the offer for 19/20 and 20/21
- Implementation of the Reablement and Carer DN medication pathway enabling home care workers to support

The advent of the COVID-19 crisis resulted in urgent work across LBI, Whittington and the CCG in redesigning how existing intermediate care resources and capacity were utilised, to support discharges and flow from acute hospitals. It also paused the reablement service with a knock on affect being experienced in terms of more high cost packages of care and the expectation that there will be higher numbers of people in long-term care. This will have a significant impact on LBI Adult Social Care budgets, there is a working group looking at how to adapt the approach should there be a resurgence in COVID-19.

Priorities for 2020/21

The priority for the Islington Intermediate Care Pool in 2020/21 is to continue the transformation of Intermediate Care services to modernise the Islington offer, in the context of a COVID-19 environment. This will include the following:

- Enable discharge services funded via the Intermediate Care pool to effectively support and deliver the COVID-19 initiatives and changed ways of working
- Establish an integrated health and care offer in the community that includes Intermediate Care, the Integrated Discharge Service, REACH, District Nursing services and Whittington Rapid Response and works closely with revised Discharge Arrangements
- Review of existing intermediate care beds in the context of COVID-19, NCL bed bases and Islington bed needs for nursing and extra-care
- Review of the current intermediate Care pool arrangements
- Review arrangements with Whittington Health with regard to historic posts funded through the intermediate care pool and potentially through the CCG community contract
- Review arrangements for LBI reablement service.

6.2 Learning Disabilities and Autism

Objective of the Learning Disabilities Pooled Arrangement – Value £35.499 million

Services for young people and adults with global learning disabilities; core areas of spend are broadly:

- Islington Learning Disability Partnership (ILDP) – an integrated health and social care team, including:
 - Social care team provided by London Borough of Islington
 - SLA with Whittington Health for speech & language therapy and physiotherapy
 - SLA with Camden and Islington Foundation Trust for all other health professionals
- Commissioned services – supported accommodation, community support, and consultation
- Directly-provided services
- Spot Purchasing
- Personal budgets / direct payments

Key Achievements in 2019/20

Learning Disabilities

Learning disabilities (LD) continues to undergo a programme of developments to embed strengths-based working and maintain high quality service provision, whilst meeting demographic pressures and achievement of better value for money.

In 2019/20 the estimated demographic pressure was £1.085m. This can largely be attributed to increasing complexity of need, with particular pressures around managing complex physical health (continuing healthcare) and supporting people with dual diagnosis mental health needs within community settings.

ILDPS have continued to strengthen the integrated health and social care offer that LD residents receive via the implementation of multi-disciplinary network meetings for their most complex individuals. This has reduced duplication and re-focused the work around outcomes.

The team have benefitted from additional consultant psychiatry resource, in recognition of the high prevalence of dual diagnosis LD and mental health. This has enabled effective partnership working with C&I services to manage mental health needs in the community, as well as the review of all residents with prescribed anti-psychotic medications in line with the STOMP¹ agenda. GP liaison meetings have also been re-established to further develop the relationship between ILDP and primary care; working towards a shared understanding of the needs of the LD population.

The pooled budget funds a range of accommodation-based services. As part of a process that started back in 2018, all in-borough supported living services are being re-procured using a new contract model. The re-procured services have a core provision, with a flexible element on top which is personalised to the needs of each individual tenant. The flexible element is funded with a form of direct payment, known as an Individual Service Fund (ISF). This gives the service user choice and control over how their support is delivered and by whom. This new method of contracting affords greater transparency of what is delivered and ensures that services are tailored to need. Seven services were re-procured during 2019/20; delivering savings against the original contract values.

Alongside this, ILDP's social care team have been scrutinising care packages, to ensure all LD support is strengths-based, personalised and equitable. These activities have reduced overspend on the pooled budget from £1.56 million at the start of 2019-20 to £0.73 million at the start of 2020-21 (a reduction of £0.83 million).

The pooled budget funds a service targeting social inclusion and consultation services that ensure that the voices of service users and family carers are heard throughout service design and delivery. Over the course of the year, service users and family carers were involved in all tendering activity as co-evaluators, as well as co-chairing the Learning Disability Partnership Board and its subgroups.

There are a range of directly-provided services for adults with learning disabilities, including accommodation-based services, day provision and employment support. These continue to deliver positive outcomes for residents and the operational teams are committed to driving quality and efficiency improvements within these services. The employment subgroup of the partnership board were pleased to report that 19 adults with learning disabilities into paid employment during the year.

¹ Stopping the over medication of people with learning disabilities

During the initial months of the Covid-19 pandemic, commissioning and operational teams worked to implement a range of measures to support individuals and providers manage the crisis. These included, but were not limited to:

- High-risk list compiled to identify those needing most pro-active input
- Welfare check phone calls to those on the risk list
- Virtual services delivered by ILDP
- Support to providers via weekly check-ins, access to PPE, access to Public Health guidance, a daily local update email

The measures required and support available has subsequently evolved as the pandemic has continued. We were fortunate to report no LD deaths related to Covid-19 in 2019/20.

Autism

Autism, without a co-morbid learning disability, continues to be an area facing demographic pressure, particularly in the young adult population. There is recognition that this cohort often 'fall between the cracks' of eligibility criteria for mental health and learning disability teams. Two social workers were recruited into the locality teams to work specifically with this cohort and bring the necessary specialism and capacity into the teams. This is an area for further development in 2020/21.

Islington's Autism Partnership Board met in October of 2019 and agreed a proposal to spend the remainder of the year coproducing an all-age autism strategy. Charitable organisation: Ambitious About Autism have been commissioned to lead a coproduction group of service users and family carers and to engage wide-ranging professionals in the development of the strategy. The coproduction group met four times prior to the outbreak of Covid-19. The pandemic stalled further progress with the strategy, but this will be a priority for 2020/21.

Transforming Care

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

Transforming Care is well-embedded within ILDP and engagement within the community mental health teams is improving. There is strong finance and senior management support across operations and commissioning at both the local authority and CCG. In 2019/20, we held five community reviews, four of which avoided an admission or readmission.

Our adult CCG-funded inpatient figures for 2019/20 were as follows:

| | Admissions | Discharges | Inpatients at year end |
|----------------|------------|------------|------------------------|
| LD | 1 | 1 | 3 |
| Autism, non-LD | 2 | 1 | 2 |

6.3 **Mental Health Commissioning – Value £4,846 million**

Objective of the Pooled Arrangement

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

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

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

Key Achievements in 2019/20

- Effective utilisation of accommodation services. For the majority of accommodation services, placements are being fully utilised, with voids filled rapidly and low levels of Delayed Transfers of Care.
- An All Age Mental Health Partnership with stakeholders from the social care, commissioning, service users, public health, the Trust and voluntary and community sector was launched. The Partnership Board brings together previous separate children and adults Boards and will develop initiatives to prevent mental illness and promote good mental health for children and adults.
- The new Mental Health Recovery Pathway service provided by Islington Mind was launched in June 2019 bringing together day opportunities, reablement, psychosocial support and an out of hours crisis café.

Priorities for 2020/21

- COVID-19 has obviously presented with a range of challenges for the delivery of services and the impact on people's mental health. There have been changes in services this year to accommodate this:
 - Accommodation services moved to remote assessments and facilitated more rapid discharge from hospital
 - The Recovery Pathway service moved to remote working and virtual groups and one to one telephone support, closer links were made with the wider VCS to support people with other areas such as access to food and medicine delivery
 - The crisis house service changed to be a step down from hospital service to support early discharge and greater support was given at home by the Crisis Home Recovery and Treatment service to avoid voluntary admissions often previously accommodated in crisis houses
 - We established and are piloting a single point of access to the wider VCS offer with Manor Gardens for adults social care and the Mental Health Trust
- The All Age Mental Health Partnership Board identified 5 key priorities for work to meet the challenge of COVID and development of the Borough Partnership:
 - Crisis prevention and response; including re-launch of the crisis café

- Expand emotional and psychological support to residents of Islington
- Improve access to mental health support 16 – 25
- Better access to support to address health inequalities with a specific focus on BAME
- Develop and embed social and emotional support for CYP and their families

We are also restarting work paused due to COVID, specifically a review of residential and supported accommodation pathway, ensuring that we have the right type and quality of services to meet the complexity of needs of local residents.

6.4 **Carers – Value £1.055 million**

Objective of the Pooled Arrangement

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

The pool funds primarily the Islington Carers Hub (ICH) service. This service was commissioned in April 2009 to provide a comprehensive information, advice and guidance service to all unpaid carers living in Islington or with a caring responsibility for someone with care and support needs living in the borough. The service is currently provided by Age UK Islington under contract until February 2022.

Key Achievements in 2019/20

- Hidden carers reached was 3060 at the end of March 2020 which represents 16% of the estimated carer population of 18,700 (Census 2011 data)
- 92% of carers who received a service in 2019/20 were fully satisfied with the support they received from the carers hub
- All KPIs for ICH were either met or exceeded
- ICH delivered regular drop in surgeries at GP practices to raise awareness of unpaid carers and to promote the support available for carers
- Carers Week celebrated carers through a range of carer focused activities across the Borough
- The HealthEIntent project includes unpaid carers to ensure exploration of the ability to share data between GP systems and ICH to widen the carer hub offer to carers known to GP practices
- Carer's offer initial review completed to ensure that the Islington Carer's offer is fit for purpose
- Work initiated to develop a co-produced strategy and service specification with carers.

Priorities for 2020/21

Covid has presented a range of challenges for unpaid carers and for the services and support designed to support their wellbeing and meet their needs, leading to the following work and priorities:

- ICH have been very proactive in adapting its services and reaching out to carers to provide support and guidance and access to opportunities during the Covid pandemic. The number of carers they have engaged with during this quarter suggests increased need during this time and ICH's ability to respond to this demand, albeit using alternative methods to reach and respond to carer needs
- ICH have carried out telephone wellbeing checks and are planning for face to face support to resume where required
- ICH led on Carers Week events in June 2020 coordinating a range of virtual carer focused activities in partnership with the council and voluntary sector partners including Centre 404.
- ICH agreed to be the distributors of PPE for any unpaid carers requiring it. Most carers do not require PPE but the offer is there should carers require it
- ICH did a media release in April promoting the work of the carers hub to increase visibility of hidden carers and to promote the contribution carers make
- ICH have worked closely as part of the council and CCG's humanitarian response effort to ensure residents get the support they need during Covid

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

- Increase the number of 'hidden carers' from current level of 3,060 carers registered with Islington Carers Hub (ICH) to provide outreach support to more of the estimated 18,700 carers in the Borough
- Work with community services such as CAB and GP practices to co-ordinate a targeted campaign aimed at carers to increase awareness of the service and their available provision/support
- Plan and deliver a varied and engaging programme of activities for Carers Week and Carers Rights Day.
- Establish information sharing agreement between NHS and LB Islington so that data on carers held on GP systems can be shared with Islington Carers Hub (this was a priority last year but the HealthIntent work has not yet been completed, of which this is a part)
- Develop a joint carers strategy for Islington, coproduced with carers, with agreed shared priorities across the Council and CCG working in partnership with the ICH, voluntary sector and carers. This was due to start in early 2020 but was put on hold due to Covid and lack of commissioning capacity.

6.5 **Mental Health Care of Older People – Value £7.036 million**

Objective of the Pooled Arrangement

The main objective of the Mental Health Care of Older People (MHCOP) pooled arrangement is to provide high-quality care and support for older people, including specialist care and support for older people with dementia and/or mental health needs.

This pool provides a funding contribution to three care homes block commissioned by the Council – Highbury New Park, Muriel Street, and St Anne's – which specialise in the provision of nursing care for older people with dementia and mental health ill health. They work to:

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

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

In addition to this, the pool funds the Highbury New Park dementia specialist day centre, a provision also commissioned from Care UK in 2003. This service works to:

- Support people living with dementia to maintain wellbeing
- Offer respite to family carers of people living with dementia.

Key Achievements in 2019/20

- Highbury New Park and St Anne's have maintained high quality services as reflected in 'Good' Care Quality Commission (CQC) comprehensive inspection outcomes. Both services were rated 'Good' overall as well as in every individual domain.
- Commissioners have worked closely with Muriel Street to drive improvements following previous concerns and the home has now moved out of its mandated Quality Improvement Plan and phased admissions requirements in recognition of improvements made.
- All three MHCOP-funded care homes have supported timely hospital discharges and hospital admission rates from Islington care homes have been relatively low.
- Muriel Street have recently won a National Care Award 'Best for sporting, social, or leisure activities' in recognition of its lifestyles offer for residents.
- Stable leadership in place across the care facilities homes during period of market instability and national provider failure.

Priorities for 2020/21

Moving forward, commissioners will work with providers to:

- Support ongoing management of COVID-19 issues and the development of new ways of working to meet resident needs in line with Public Health guidance.
- Support and sustain improvement at Muriel Street, which is currently rated as 'Requires Improvement' by the CQC, with a view to attaining a 'Good' rating.
- Establish more robust and consistent quality and contract management processes and procedures.
- Improve the day centre offer and utilisation at Highbury New Park – commissioners are exploring different options for achieving this, including potential collaboration at North Central London (NCL) level.
- Continue to support the development of connections to relevant local organisations (e.g. local arts and voluntary sector organisations) to improve resident quality of life.

COVID-19 and MHCOP-funded services

COVID-19 has had a significant impact on all older people's care homes, including those funded by the MHCOP pool. All three care homes have continued to operate throughout the pandemic and have adapted robustly to new ways of working. The Highbury New Park Day Centre closed in March 2020 with alternative support offered to residents who would usually access it. Day centre staff have been reassigned to support the commissioned in-borough Care UK care homes.

There have been COVID-19 resident cases in all three care homes – the majority of which were in the initial peak of the pandemic in late March to early April. Since mid-April the number of cases reported in all care homes, including the MHCOP funded ones, significantly declined from the initial peak and there has been a shift from symptomatic cases to identification of asymptomatic cases through whole home testing. Regular whole home testing commenced in these homes in August/September 2020 via the National Portal – commissioners continue to monitor this and are continuing to work closely with LBI Public Health and providers to ensure all appropriate precautionary and remedial measures can be taken in a timely way to keep residents and staff safe and well.

Over the course of the pandemic, older people's care homes have enacted a range of infection prevention and control measures to keep residents and staff safe and well, including implementation of:

- Enhanced personal protective equipment (PPE)
- Visitation restrictions
- Enhanced cleaning regimes
- Measures to reduce staff movement across multiple sites
- Social distancing and precautionary isolation

The robustness of the infection prevention and control measures at St Anne's was recognised in a very positive targeted inspection report published by the CQC in August 2020.

LBI and local health partners have supported the homes extensively throughout the pandemic, including through:

- Provision of bespoke public health and infection prevention and control advice, support, and guidance.
- Provision of clinical support through the local multi-disciplinary support offer – including digital support and in-person support, as relevant.
- Provision of PPE when it has not been available through usual supply routes.
- Provision of hospital discharge support via the Trusted Assessor Nurse to support safe and effective admissions and transfers.
- Provision of additional financial support – via the Infection Control Fund and in response to wider financial pressures.

LBI and wider public sector continue to work with system partners on the basis of lessons learnt to develop initiatives and monitor prevention and outbreaks of COVID infections within care homes, and other services.

6.6 Better Care Fund – Value £32,400 million

Objective of the Pooled Arrangement

The Better Care Fund (BCF) is a nationally mandated pooled fund to support health and care integration. The Better Care Fund in Islington acts as a funding source to enable integrated working and initiatives across the borough. NCL CCG (Islington directorate) is the host of the BCF.

Islington has a strong history of partnership working, commitment and energy to implement whole systems of integrated care, for the benefits of the local community. Since 2015 Islington has pooled investment from the BCF and additional CCG and LBI funding into a S75 arrangement.

The requirements for the Better Care Fund are set nationally as per the Better Care Fund guidance.

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/795314/Better_Care_Fund_2019-20_Policy_Framework.pdf). Guidance for 2020/21 has been delayed due to the COVID-19 crisis and has not yet being published.

It has been confirmed by NHS England that local areas should consider existing schemes as rolled over and schemes (existing and/or new) should support existing metrics and the COVID-19 response. Islington's BCF 2020/21 schemes have being revised and some additional schemes have been proposed to be support our DTOC challenges.

Key Achievements in 2019/20

- The successful completion of the Proactive Ageing Well Service pilot for preventative intervention for frailty, and recommissioning of the service to roll out across the whole Islington borough.
- The Discharge to Assess, Reablement and Home Care, and Hospital Social Work offer has been successfully integrated into the new Integrated Discharge Service (IDS).
- As a result of the COVID-19 crisis and the released government Discharge Requirement guidance, the IDS worked hand in glove with Whittington Community services and our two key acute hospitals, UCLH and Whittington Hospital, resulting in a collaborative discharge offer for delivering seven day a week, 08.00 – 20.00 discharges to residents in Islington.
- The Rapid Response service has delivered an increased 30% additional activity to reduce the number of preventable admissions attending A&E and or being admitted. This was a result increasing confidence in the service by referrers, and developing additional pathways with 111 hubs, and out of hour services, and developing a pathway for COVID-19 cases.

Priorities for 2019/20

- Enable BCF schemes to effectively support and deliver the COVID-19 initiatives and changed ways of working
- Establish an integrated health and care offer in the community that provides an urgent crisis and recovery response for residents in Islington, in line with the NHS Long Term Plan, and aligns with the government's discharge guidance. This offer will be accessed via a single point of access and include Intermediate Care, the Integrated Discharge

Service, REACH and Stroke rehab, District Nursing services and Whittington Rapid Response.

- Strategically link the initiatives in the BCF into the ICS and locality work
- Promote a granular understanding of the initiatives that the BCF supports and how these initiatives support the delivery of the nationally mandated outcome measures
- Capture how the granular BCF pooled arrangements interface with the other pooled arrangements and historical joint funding arrangements (particularly around the proposed transfer of some functions in the Intermediate Care pool to the BCF)
- Review priority initiatives funded through the Better Care Fund in terms of effectiveness, value for money and wider support to the Islington System

7. Whittington Community Equipment Service

The Integrated Community Equipment Service (ICES) contract is currently delivered by Medequip. The contract has an end date of 30.03.2021, and has currently activated one year of the extension, until April 2022.

The ICES service is procured through a Pan-London Consortium, led by Kensington and Chelsea, consisting of 21 London Boroughs.

Aims of the Community Equipment pooled budget

Community equipment enables residents to return home as quickly as possible after a hospital stay or to remain independent in their own home, due to home adaptations and equipment that enhance their wellbeing.

A range of professionals across health and adult social care access community equipment on behalf of residents, based on assessed needs.

An Integrated Community Equipment Board oversees the community equipment budget, monitors spend, considers and makes recommendations on the long term options to ensure community equipment provides value for money and any contract we are part of remains fit for purpose.

20/21 priorities

The priorities include:

- Review the allocation of the ICES Budget and improve the management of the S75 pooled arrangement.
- Undertake internal governance sign off for the Community Equipment Service, as part of our relationship with London Consortium regarding re-tendering of the new contract from April 2022.
- There appears to be lower spend between March and June in 20/21 compared with the same months in 19/20. A review will be conducted to review these costs and to contact prescribers to ascertain if there were any behavioural / service user changes during the Covid months and any useful learning to inform future priorities.
- The Integrated Community Equipment Board will consider long term options appraisal for community equipment to ensure equipment enhances wellbeing and supports residents to live independently, as well as providing good value for money and an efficient offer.

8. Implications

8.1 Financial Implications

The summary revenue position for all of the Section 75 pooled budgets is detailed in Table 1 in this document. 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).

8.2 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)).

8.3 Resident Impact Assessment

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

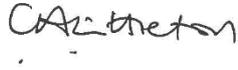
Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

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

9. Conclusion and reasons for recommendations

Report is for assurance and note only.

Signed by:



Corporate Director People

Date 22/09/20



Paul Sinden, Chief Operating Officer, North Central London CCG Date: 23/10/20

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