



Camden and Islington   
NHS Foundation Trust

Appendix 1

**2014/15 Annual Report Section 75 (National Health Service Act 2006) Partnership Agreement between Camden and Islington Mental Health NHS Foundation Trusts and Islington Council**

## 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 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 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 residential, nursing and community care packages
- Provision of individual budgets, including Direct Payments
- Provision of day services for adults and older people
- Provision of community support teams
- Adherence to a range of other legislation such as Safeguarding (as per Care Act), 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, summarises the work of the duty AMHP service, outlines work on Safeguarding and reports on the workforce related to the partnership arrangements. The report covers the period of April 2014 – March 2015 – a period that has been one of significant financial pressure, increased demand for and awareness of mental health services, and preparation for the implementation of the Care Act. In relation to the latter, mental health and substance misuse services have been well engaged with preparations within the London Borough of Islington to ensure that staff are aware of the new legislation and its impact on a range of practice areas from eligibility to services to designing the tools to make sure all areas of practice in social care are Care Act compliant. Staff from each Division have attended Care Act training, and have also participated in creating some of the new forms and other tools in relation to eligibility, safeguarding, carers, personal budgets and S:117 aftercare. This work will be monitored and will be ongoing over the next year.

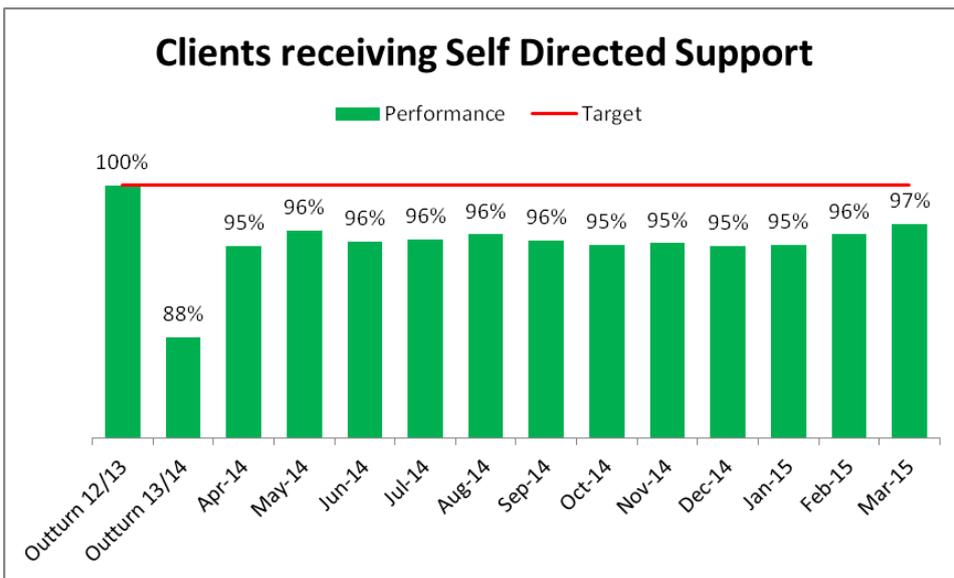
Performance monitoring and reporting is reviewed monthly with each Division by the Chief Operating Officer and, on a quarterly basis, this review includes the Chief Executive and the Director of Finance.

## Performance in 2014/15

This section details the mental health and substance misuse care group performance against key performance indicators in 2014-15. These are reported in comparison to previous years' data where appropriate, and against agreed targets.

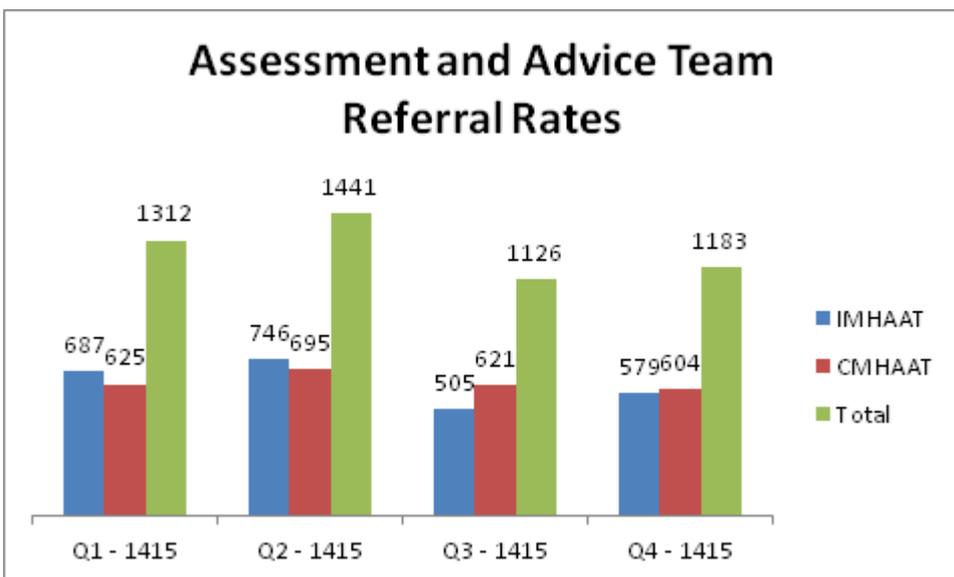
### Self-Directed Support

The target measure is for 100% of clients to receive self-directed support (excluding professional support-only services). 2014-15 has seen a substantial improvement in this measure, with performance now close to the 100% target.

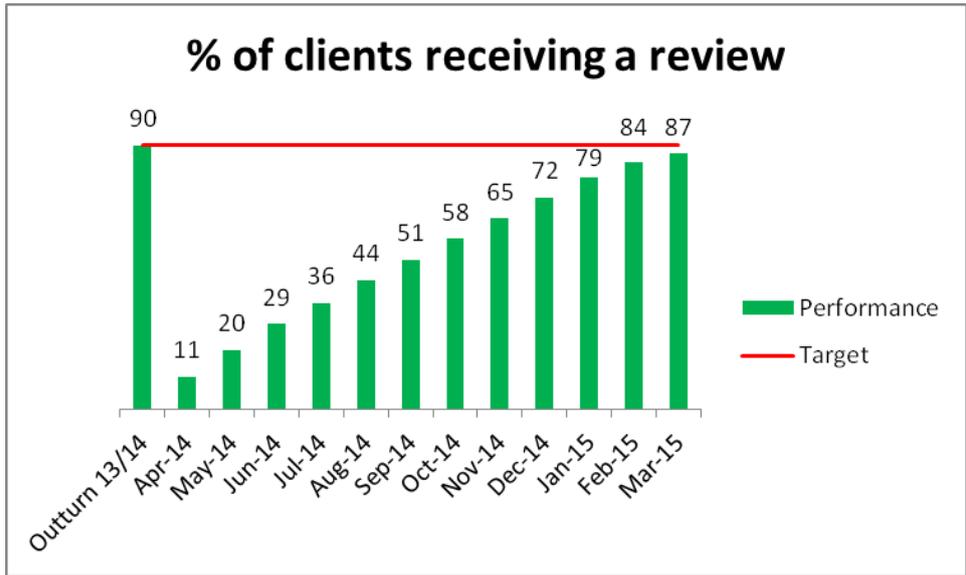


### Islington Mental Health Assessment and Advice Team (IMHAAT)

The Islington Assessment and Advice Team provide a single point of access to mental health services provided by the trust in Islington. Referrals to the team continued to rise in 2014-15 with local police becoming a significant source of referrals into the team.

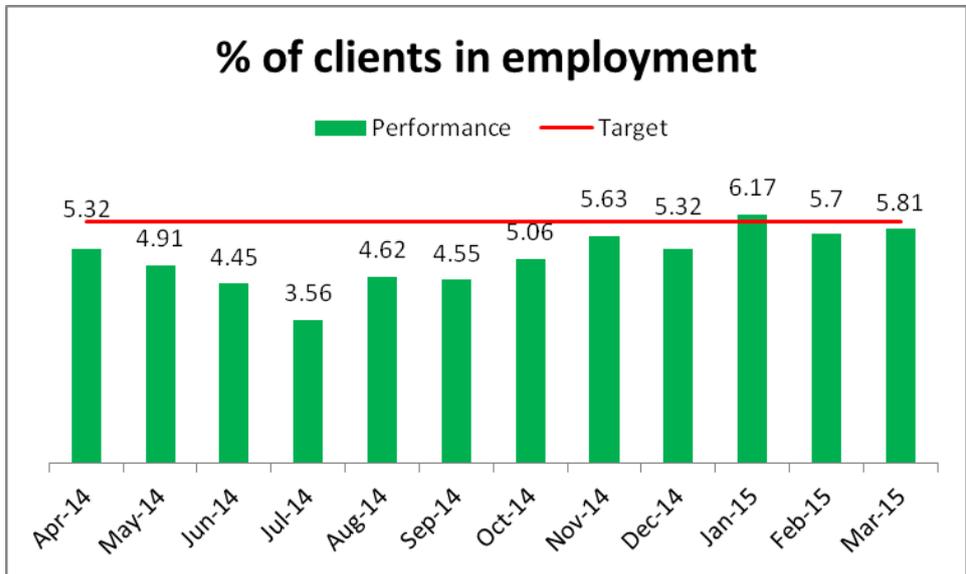


**Percentage of mental health trust clients to receive a review**



While this measure saw a slight drop compared to the previous year, the year-end total was just 3% outside the target range. During 2015-16, this will continue to be managed and monitored via monthly divisional performance meetings, with action plans implemented to make improvements where necessary.

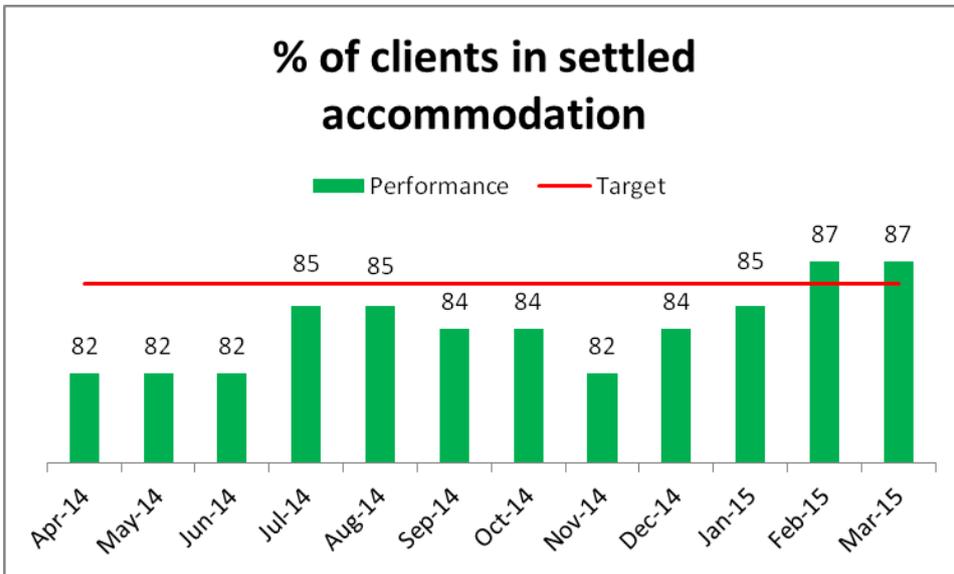
**Adults in Contact with Secondary mental health services in employment**



Performance on this measure has shown some improvement, particularly in the second half of the year. This was supported by a targeted ‘employment month’ in Recovery and Rehabilitation Services. Continued work to meet this target is underway, and included a designated employment fayre event in July 2015 that aims to build on the work of the Islington employment pathway, and the increased opportunities for employment related courses through the Recovery College. During 2015/16, the service will also be involved in Islington work with NHS England and the Department for Work and Pensions aiming to improve the employment of people with long term health conditions in the borough, as part of a national pilot process.

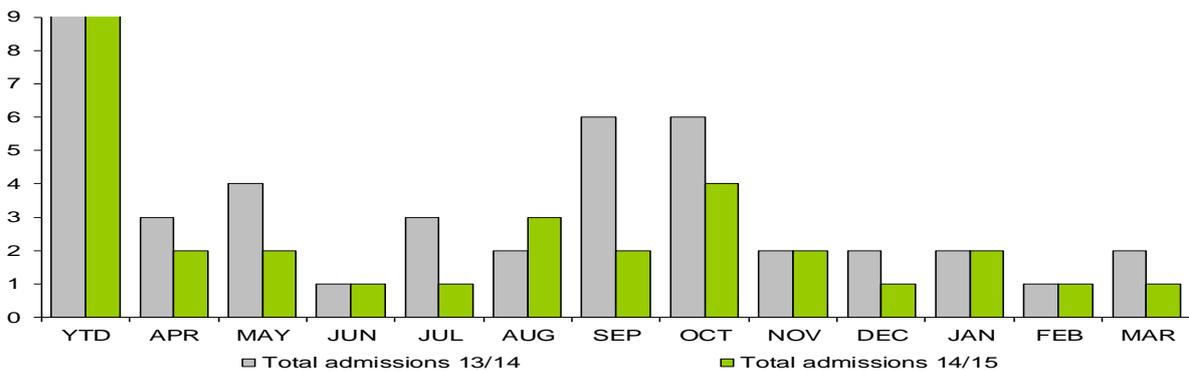
### Adults in contact with secondary mental health services in settled accommodation

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 in the borough, including a new joint post within the anti-social behaviour unit. The aim will be to improve this position still further during the coming year, recognising the importance of settled accommodation as a factor in people's health.



### Admissions to permanent residential care

Admissions to permanent residential care have also been contained at a reduced level compared to the previous year.

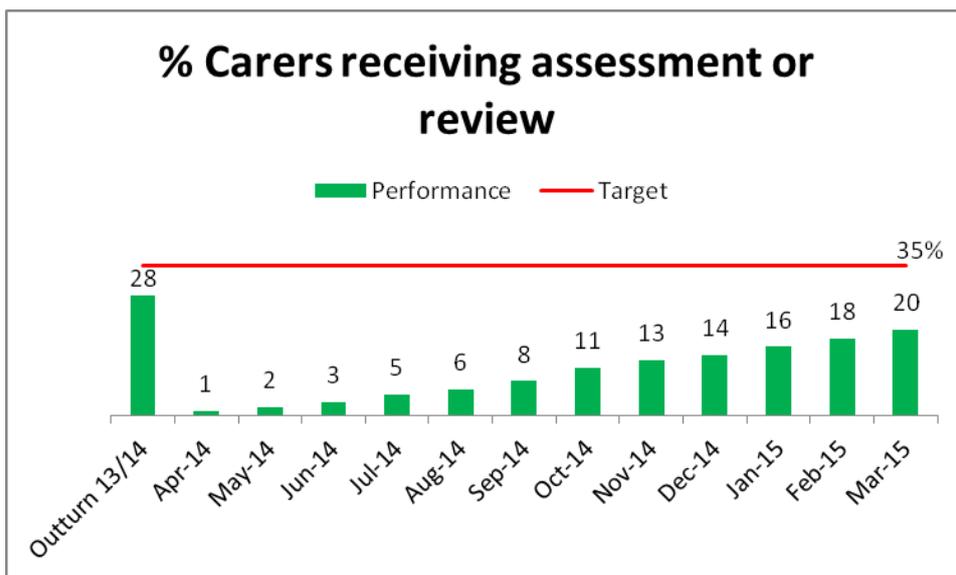


Resi and Nurs		YTD	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
ACMHT	Admissions 14/15	9	1	2	0	0	2	1	0	1	1	0	0	1
	Admissions 13/14	8	0	0	0	2	0	1	2	0	2	1	0	0
SAMH	Admissions 14/15	13	1	0	1	1	1	1	4	1	0	2	1	0
	Admissions 13/14	26	3	4	1	1	2	5	4	2	0	1	1	2
MH	Total admissions 14/15	22	2	2	1	1	3	2	4	2	1	2	1	1
	Total admissions 13/14	34	3	4	1	3	2	6	6	2	2	2	1	2

### Carers

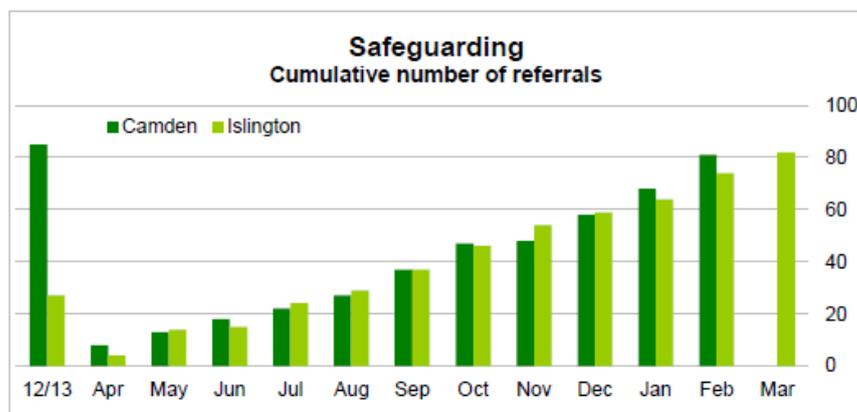
There have remained challenges in relation to achieving the target for carers' assessments in Islington, not least in substance misuse services, and specific audit work is being done to try and identify those Carers who have not been offered an assessment or support. In this client group we are also working with both Carers and Service Users to review how Carers identify themselves or are identified as such by those they care for.

Across services, we continue to run a Carers Partnership. This group meets every 8 weeks and its key areas of work over the next year will be: a review of the work on the Triangle of Care; the recruitment of further Carers' champion; communication in relation to the Care Act; and the revision of the Carers' Welcome Pack to alongside the carers page on the Trust website.



## Safeguarding

Safeguarding has continued to be a significant area of work over the last financial year, with 161 safeguarding alerts being received for Islington adult residents, of which 81 progressed to investigation.



Actions and achievements in relation to safeguarding are outlined below.

Actions and achievements in 2013/14	What difference did these achievements make to customers?
Lead partner in multi-agency safeguarding children practice case file audits on unborn children	This approach, to see the whole family rather than just service users known to the Trust, ensures we can continue to offer relevant support not only to service users, also to their carers and children. Identified areas of weakness and implementation of actions to improve outcomes for service users.
Increase numbers of staff able to undertake the Safeguarding Adult Manager (SAM) role by promoting the SAM training	The increase in suitably trained staff to undertake the SAM role has improved awareness of the safeguarding process within the Trust, and ensured service users receive appropriate responses to allegations of abuse.
Introduction of regular safeguarding forums in divisions across the Trust	Personalised safeguarding practice for service users
Embed a culture of awareness of domestic and sexual violence within the Trust.	Staff are able to offer advice and support to victims of domestic and sexual abuse. MARAC referrals from the Trust have increased.
Embedded safeguarding in the Trust governance arrangements, via DATIX incident reporting and regular performance monitoring in senior management meetings	Consistent approach to safeguarding throughout the organisation
Achieved a high level of staff compliance with safeguarding training provided internally for levels 1-3. Overall compliance at end of year is 90.6%	Improving awareness, knowledge and skill of staff to manage safeguarding case work effectively
Launched the "Awareness Raising of	Develop a culture of asking about domestic and

<p><b>Domestic and Sexual Abuse (ARDSA)”project.</b></p>	<p><b>sexual violence and abuse, with specific training on this as well as sessions on harmful practices. The White Ribbon event was attended by over 100 staff as well as partner agencies.</b></p>
<p><b>Recruited to a Mental Capacity Act lead for the Trust to deliver training and advice to service in relation to the operation of the Mental Capacity Act.</b></p>	<p><b>Improved application of the Mental Capacity Act, not least in relation to Deprivation of Liberty requirements following the Cheshire West judgement. At present 74% of all mental health requests for Deprivation of Liberty Safeguards are granted. This is higher than the rest of the borough, and we believe that this reflects increasing staff confidence in identifying those who are eligible for DoLs.</b></p>

Working closely with partner agencies and Islington Safeguarding Adults Partnership Board and Local Safeguarding Children Board, we have been involved in one Domestic Homicide Review in Islington, and one Serious Case Review for a child. The learning from both incidents has been 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***

All new staff complete a Trust induction and level 1 ‘safe and sound’ training. A safeguarding training strategy is in place and mandatory safeguarding training is delivered at levels 1 and 2 to identified groups of staff across the Trust. Training is performance managed within operational divisions, and quarterly staff compliance data is reported to the Trust Safeguarding Committee.

The Prevent agenda continues to be promoted within the Trust, and is part of both Level 1 and Level 2 training. In addition, Level 3 training offers a more in-depth look at our roles and responsibilities as a health provider. In addition to this, a new CQUIN for domestic and sexual violence has been agreed, compliance has been met and 421 staff have been trained since the programme started in September 2014.

End of year overall safeguarding training compliance was 90.6%.

## Approved Mental Health Professionals (AMHPs)

The Approved Mental Health Professionals (AMHP) Duty Service fulfils the Council's statutory responsibilities under the Mental Health Act 1983 (and amendments 2007) to undertake statutory assessments for Islington residents who may be formally 'detained' under a section, or admitted as 'informal' patients for a period of assessment and /or treatment. The Duty Service also provides advice to colleagues in the Borough, other professions within the Trust, and the wider community where there may be concerns for a person's mental health and safety, including risks they present to others or other issues where the Mental Health Act may be applied.

The Duty AMHP Service runs Monday to Friday between 9am -5pm and is based at St Pancras Hospital. The service base moved to St Pancras in March 2015. Staff have settled well into their new accommodation, and it is evident from their feedback that this new arrangement provides them with decent working conditions and easy access to support from managers, Safeguarding, and the AMHP Training Manager as well as legal advice from the Mental Health Law Hub.

The Emergency Duty Team takes all referrals that are made outside office hours, and on occasion may assist the daytime service where it has not been possible to complete an assessment in the office hours. These are usually negotiated by the Duty Manager and the EDT manager.

### Staffing

In Islington there are 26 AMHPs, 3 of whom are health employees from a nursing or OT background. In the last year, 3 staff have been trained and are due to join the rota, whilst 3 staff have been promoted to management positions and therefore offer less time to the rota. 3 AMHPs are currently on maternity leave. Each AMHP does one day of duty every three weeks out of four, whilst those who are managers provide one day per fortnight. When not on duty, the AMHPs are based in their community team offices working within multi-disciplinary teams. Carrying out a minimum of 5 Mental Health act assessments per year is also a requirement to retain their warrant.

The AMHP training manager and training administrator ensure that all staff keep their warrants up to date by completing 18 hours of 'Refresher training' every year. Before their warrant expires,( this is every five years unless otherwise specified) all AMHPs must sit an open- book law test , present a portfolio of work containing 3 AMHP reports and a reflective summary of each to demonstrate their experience and learning to a warranting panel.

### Number of Referrals and Performance

The number of Islington AMHP assessments (not including out of hours assessments) increased from 316 in 2013/14 to 536 in 2014-15. This is a significant increase which is due in part by an increased volume of work, but also improved data collection which has been possible since the introduction of the centralised AMHP service. The number of assessments per day is variable, and ranges from 0-8. On average there are 10 Mental Health Act assessments per week.

Of note is that these figures do not include Community Treatment Orders (CTOs), which enable supervised treatment in community settings and planned recall to hospital direct from community teams, meaning that a community Mental Health Act assessment does not need to be carried out in the same way. This area will be further reviewed of the course of

the year to consider the impact of this on the use of the Mental Health Act in the borough and to understand any emerging implications for service users and service teams.

Year	March 12	March 13	March 14	March 2015
Total nos of CTO's in C&I	84	113	149	161

### **Outcomes**

76% of those assessed under the Mental Health Act were admitted formally (compared to 77% last year). 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. There were more Section 2s than Section 3s which is now the usual pattern nationally. 6% were admitted informally which is the same as last year. However, 10% of those were assessed and not admitted nor a community alternative recorded. This figure requires further investigation to try and identify steps that can be taken to reduce this figure. There was no-one detained under Section 4 of the Mental Health Act. This is considered good practice.

### **Gender**

There has been an increase in the proportion of men assessed under the Mental Health Act. In 2013-14 it was a 50:50 split, and in the last year this has changed to more men (56%) being assessed (and detained) under the Mental Health Act as compared with 44% women.

### **Ethnicity**

In terms of ethnicity, 47% of assessments were undertaken for the White British population, 17% Black British, 17% White any other background, Black African 13% and Asian British 6%.

Islington has an ethnically diverse population: the 2011 Census self-defined broad category figures are White 68% (including non-British), Black 13%, Asian 9%, Mixed 6% and other 3%. Whilst rates of psychotic disorders are reported as higher in people from certain ethnic backgrounds, it would also appear from these data that there is an over-representation of black people who are assessed under the Mental Health Act. The intention is that this data should be reviewed in more detail (CTO details are not included for example) to try and ensure a better understanding of the factors behind these data, and what might be done to address them, not least as the opposite, interestingly, is the case in the neighbouring borough of Camden.

### **Age**

The largest number of assessments is carried out for those in the age group 35-44, 25.5%, and the age group 25-34 represents the second largest group at 21%.

### *Plans for 2015-16*

- To review how to increase the number of trained AMHPs on duty rotas and identify staff who could be put forward for training in 2015-2016.
- To improve data collection for CTO's on the Mental Health dashboard
- To collate statistics and workload from Emergency Duty Team (EDT).
- To improve data collection on the mental health dashboard for the diverse BME communities. And especially the more transient populations and those who are not residents in the borough.
- To continue to work with the Police and other services to conduct Mental Health Assessments at the earliest possible stage and to prevent delays
- To work with other agencies, commissioners and the Police to implement the Crisis Concordat

## Workforce

At the end of the year there were 47 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 renewed effort to obtain detailed workforce data from LBI. Representatives from the Trust's HR department have met with a representative from LBI HR to agree a way forward as attempts to source data from LBI have hitherto failed. Though employed by LBI, the Trust will be putting seconded staff onto our HR system in a seconded capacity so as to better monitor and report data and resolve the current issues with lack of data.

In all, the integrated teams employ about 130 staff (112.95 FTE). Turnover across all staff groups was at 12.2% for the rolling 12 months to March 2015 while the absence rate was 4%. 18 new employed joined in the year and there were 16 leavers. The vacant FTE rate at the end of the financial year was 12.2%.

## *The Social Work Strategy*

Midway through the year, a new Head of Social Work was appointed and commenced in post in November 2014. This strategy, approved by her predecessor and launched by the National Chief Social Worker, is now in the process of implementation. During the course of the year, the AMHP service has been centralised, a new AMHP training manager has been appointed, along with an AMHP administrator and duty manager and the social work forum has been re-established. Recruitment to Social Work lead posts is currently being progressed and permanent appointments to these are now expected in early autumn 2015.

## *Staff and Service User experience.*

The national staff survey was carried out by the Picker Institute during the year, with the service scoring higher than average when staff were asked whether or not care of patients was the organisation's top priority, and whether or not they would recommend the organisation as a place to work. The service has remained named as one of the top 100 places to work within the NHS.

The service also took part in the CQC Service User Survey. The results give each trust a rating of better, about the same or worse than other trusts. Encouragingly, C&I had no areas with 'worse' ratings, and 'better' ratings were given in seven areas:

- Person seen most recently understanding how mental health needs affect other areas of life;
- Receiving the help needed in a crisis;
- For people receiving treatments or therapies other than medicine, being involved as much as service user wanted in deciding what therapies to use;
- Help finding support for financial advice or benefits;
- Help finding support for finding or keeping work;
- Being supported in taking part in local activities; and
- Feeling hopeful.

These results show the Trust is performing well in comparison to other trusts on these measures. However, assessing patient experience is a complex process, and we still have

work to do in order to understand the experience of people using our services, and to ensure we make continuous improvements.

## Finance

The management of staffing budgets are delegated to the Trust. In the 2015/16 financial year, these budgets ended the year in a balanced position (underspend of £6,000) as set out below:

<b>LBI</b>	<b><u>Annual Budget</u></b>	<b><u>Budget (YTD)</u></b>	<b><u>Actual + GRNI (YTD)</u></b>	<b><u>Variance (YTD)</u></b>
<b>LBI Admin Mgt</b>	175,852	175,852	115,183	<b>(60,669)</b>
<b>LBI Rehab &amp; Recovery</b>	1,985,326	1,985,326	2,002,119	16,793
<b>LBI Acute Services</b>	132,387	132,387	155,383	22,996
<b>LBI Community Mental Health</b>	393,722	393,722	413,367	19,645
<b>LBI Services for Ageing Mental Health</b>	236,655	236,655	223,637	<b>(13,018)</b>
<b>LBI SMS Subtotal</b>	113,225	113,225	120,728	7,503
<b>TOTAL LBI</b>	<b>3,037,167</b>	<b>3,037,167</b>	<b>3,030,417</b>	<b>(6,750)</b>

## Priorities for 2015/16

In 2015/16, we will continue to work to deliver recovery focussed mental health services through providing personalised interventions that optimise choice and control for service users, whilst safeguarding them from harm and abuse. To do this, we will aim to deliver:

- More prevention
- More targeted support to recover and sustain recovery
- More joined up commissioning and delivery
- More Choice and Control
- More efficient use of resources

These priorities are reflected in the revised Section 75 Partnership Agreement being drafted between the London Borough of Islington and the Trust and will shape the programme of work over the next financial year.

## Summary

The report has summarised performance in relation to the Section 75 agreement with the London Borough of Islington during the 2014/15 financial year, as well as reporting on Mental Health Act activity and workforce. There remain areas to be addressed in relation to Carers Assessments, as well as continued work on the development of the AMHP service in the borough. Progress in relation to Safeguarding, and continued performance in relation to accommodation indicators has also been identified in the context of significant demand pressures during the year.