



Report of : Executive Member for Health and Adult Social Care

Meeting of	Date	Agenda Item	Ward
Executive	6 July 2010	B1	All
Delete as appropriate	<u>Exempt</u>	Non exempt	

SUBJECT: CAMDEN AND ISLINGTON MENTAL HEALTH FOUNDATION TRUST ANNUAL REPORT FOR ISLINGTON 2009/2010

1. Synopsis

- 1.1 The Camden and Islington NHS Foundation Trust (the Trust) is celebrating its second year as a Foundation Trust and this year has again seen a number of service developments and progress with our active service user involvement agenda. The Section 75 Agreement improves the partnership with the Council and NHS Islington so that people with mental health problems are better supported. This report covers the services provided by the Trust only and not those provided by Primary Care.
- 1.2 The Trust has introduced new models of care to provide more support to service users, such as liaison services and improving access to psychological therapies, and plans are on target for the Trust's restructure in the move to Service Line Management in late 2010.
- 1.3 Service users are at the heart of Trust activity and in the service user survey the Trust performed well above its neighbours achieving some of the top results in London. The national staff survey shows that the Trust has a highly committed and motivated workforce, with a high level of staff satisfaction and staff that value the Trust's commitment to work life balance.
- 1.4 This year the Trust was awarded excellent/excellent ratings by the Care Quality Commission and its Monitor risk rating remained green for governance. These are the highest ratings available and the Trust continues to strengthen financial management along with service delivery and quality of service user experience in Camden and Islington.
- 1.5 A progress report on the Mental Health Champions' work programme was taken to Trust Board summarising the three year programme which has now been completed.

2. Recommendations

- 2.1 To endorse the achievements in delivering mental health and substance misuse services and delegated social care functions by Camden & Islington NHS Foundation Trust in 2009/2010.

- 2.2 To note the positive improvement in social inclusion and mental health outcomes for many Islington residents as a result of the close partnership working and Trust governance.

3. Background

- 3.1 In 1998, the Council agreed to enter into partnership with NHS Trust mental health services through the joint management of community mental health teams. In April 2002, the partnership was extended further and the operational management of all directly provided adult mental health services transferred to the Trust under a S31 agreement (now Section 75). In 2007/08, the former Camden and Islington Mental Health and Social Care Trust became the first Care Trust in the country to successfully achieve NHS Foundation Trust status.
- 3.2 When the Trust was formed, a number of services provided by the local authority became part of the Care Trust and remain part of the Foundation Trust today. Governance arrangements set out in the constitution of Camden and Islington NHS Foundation Trust provide several mechanisms to ensure strong governance of the Council's delegated social care functions. This annual report is an additional mechanism to strengthen the governance of the Council's delegated social care functions. A service specification and service level agreement are negotiated annually between the Council and the Trust, and monitored quarterly.
- 3.3 These arrangements reflect the continuing priority which the Council gives to improving mental health services so as to meet the high levels of mental health need in Islington (appendix 1) through a joined up collaborative partnership. The strength of the partnership ensures dialogue is consistently focused on an informed understanding of the needs of mental health service users and those using substance misuse services. This also ensures a shared commitment to continuous service improvement.

4. Achievements in 2009/2010

4.1 Strong governance arrangements

The Trust Board of Directors is responsible for ensuring that the Trust is well-governed, provides high quality services, meets performance targets and co-operates well with partners (i.e. complies with its legal terms of authorisation by Monitor). Under a transition plan agreed with Islington and Camden Councils, councillor influence is strengthened through Governor Status. In 2009/10 the Council was represented through Trust Governors Cllr Martin Klute and Cllr George Allan. Richard Arthur was appointed Chair of the Board in March 2009, and in 2009/2010 the Board appointed one new Non-Executive Director in Cha Patel.

4.2 Service User Satisfaction Survey 2009

In 2009, the Care Quality Commission (CQC) carried out a survey of patients, aged between 18 and 65, who had undertaken an inpatient stay between July and December 2008. The survey asked people about their experiences of acute inpatient mental health services along the pathway from admission to leaving hospital, including areas such as the care and treatment they received, their day-to-day activities and relationships with staff.

The Trust scored the highest in London for the overall rating of care as very good or excellent. Based on this survey, the Trust also scored higher than the national average for our knowledge of patients and their previous care on admission to hospital, ward cleanliness, confidence in the nursing staff, patients being treated with respect and dignity, patients having access to an out of hours telephone number and the percentage of service users undertaking a talking therapy while in hospital.

The Trust had the second highest response rate in London and this response rate was also much higher than the national average. This is significant as a higher response rate is associated with stronger validity of the survey results. Of the 30 questions within the survey, the Trust scored highly in 21 areas. An action plan has been developed on those areas in which we scored below the national average.

Throughout December 2009, the Trust conducted an additional 28 day pilot survey using patient experience measurement tools (PETS). A kiosk tool was set up in the reception area at the Highgate Mental Health Centre, and portable devices were used on the Rosewood Unit and Dunkley Ward at the Huntley Health Centre. The tool asked a series of questions for patients and carers and results of the pilot have been produced and presented within the Trust. Problems identified with the pilot have been addressed and throughout 2010/2011 the Trust will implement a programme of PET surveys with detailed analysis on the response and feedback from service users.

4.3 **Social Care Leadership**

In December 2009 the Trust began a personal budgets pilot on behalf of Islington Council, working with colleagues from Housing and Adult Services. This was in order to test the appropriateness of the generic Self Assessment Questionnaire (SAQ) and Resource Allocation Schedule (RAS) developed by the Council, in providing services for people with mental health problems. By April 2010, 30 mental health users had completed the SAQ and were in the process of developing Individual Support Plans which in turn will lead to individual budgets for many of these service users.

Over the last twelve months the Trust has worked closely with Children's Services to improve joint working and communication between the two services. A number of events have taken place to bring staff members together and a revised working protocol has been developed. Since 2008, the Trust has also provided two members of staff who work in the Islington Think Family Service. This is a time limited, Department of Children, Schools and Families (DCSF) funded project working in the North of the Borough with a small number of families experiencing parental mental health and childcare issues. The project is intended to pilot joint working and act as an exemplar for the two services.

Following amendments to the Mental Health Act in 2008, health professionals can now be warranted by the Council to act as Approved Practitioners under the Act. In 2010/11 in partnership with the Council a number of Mental Health Nurses will be trained as AMHPs and if successful presented to the Council for approval.

4.4 **Substance Misuse Services**

2009/10 saw work continue in developing and consolidating a focused complex needs role for the Trust's Substance Misuse Services (SMS) within the wider borough delivery partnership. The reconfigured IDASS (Islington Drug and Alcohol Specialist Service) team provides a complex needs assessment and on-going case management service to those clients with service-matched complex needs.

IDASS is now the partnership treatment service for clients receiving on-going support from adult mental health services, recently discharged prisoners, pregnant women and those with physical and/or mental health concerns or other complicating health, social or behavioural issues. The interface arrangements between the IDASS team and our local partner providers continues to be actively managed to ensure that clients benefit from the most appropriate, needs led service provision, and as reflected in our service delivery contracts.

The Trust has committed significant monies in 2009/10 to allow for the reconfiguration of the IDASS team into two newly refurbished and redecorated sites at Holloway Road and Gray's Inn Road, while the IDASS alcohol team has continued to expand the level of psychiatric and psychological assessments available to our partner providers.

2009/10 also saw the start of the Trust's IDTS (Integrated Drug Treatment System) delivery in HMP Pentonville. Within a consortium health delivery model (in partnership with NHS Islington; and Barnet, Enfield and Haringey NHS Trust), the Trust's IDTS program has seen a rapid and sustained increase both in the numbers of prisoner patients receiving specialist, needs-led specialist support and on the continuation of this treatment upon discharge back to the community. Notable is the significant increase in the numbers of prisoners in drug treatment within Pentonville, and since the Trust has taken over this contract activity has more than

doubled and continues to increase as a more comprehensive substance misuse service is embedded within the prison healthcare unit.

Progress has continued in 2009/10 to ensure that drug service users are retained in treatment for 12 weeks or more and waiting times for drug services have consistently remained under 2 weeks. Further work has been completed this year in further embedding the TOP (Treatment Outcome Profile), a national treatment outcome tool developed by the National Treatment Agency. The Treatment Outcome Profile (TOP) is a validated tool to be used at the start of treatment and in care plan reviews and reported through the National Drug Treatment Monitoring System (NDTMS). Trust services successfully developed and implemented an improvement plan to ensure that TOP data was collected and reported as required, and performance continues to improve on this measure.

4.5 **Carers**

During 2009/10 the Trust continued to host the Mental Health Carers Partnership Group. The Group is comprised of carers, representatives from carers' organisations in Camden and Islington, both local authorities, and the Trust. It is currently in the process of updating the successful Mental Health Carers Directory for publication in summer 2010, and in 2009 hosted a well received seminar on confidentiality in mental health, bringing together carers, service users and staff members to explore this contentious issue.

4.6 **Mental Health Spot Purchasing Budget**

During 2009/10 the Out of Area Reviewing Officer continued to ensure robust reviewing processes are in place for those cared for outside the borough. Further success has been achieved in using direct payments creatively with a total of £83k spent, and at the year end there were 19 service users receiving direct payments. The budget outturn was a break-even position on a £2.1m gross expenditure budget, excluding an increase to the S117 provision to allow for potential interest payments in the future. This was an improvement on the £88k overspend position in 2008/09, and was achieved through the use of an added £100k budget from the Council to offset market inflation and demographic pressures, as well as the use of newly commissioned supported accommodation placements. This is demonstrated in the reduction of residential care placements from 45 in March 2009 to 39 placements at the end of March 2010.

In 2010/11, the budget will be reduced by £60k efficiency savings. Savings will be achieved in 10/11 through the full year effect of replacing residential care placements with the increased supported accommodation placements at Davenant Road and Turle Road. The residential care homes at Hanley Gardens and Caledonian Road (paid through the MH Pool) have also recently deregistered. The budget of £216k from the savings in rent (now being paid through Housing Benefits) has been transferred from the MH Pool to the MH Spot Purchasing budget. This will be used primarily for any extra domiciliary care required to meet client needs above the block staffing provision and any increase in S117 client usage at the provision.

4.7 **Approved Mental Health Professional Work (AMHP)**

In 2009/2010, 403 AMHP assessments were undertaken under the Mental Health Act in Islington. This level of activity is consistent with previous years. These assessments determine whether a person is compulsorily admitted to, or detained (sectioned) in hospital. Of these, 309 (77%) lead to a compulsory admission to hospital and 27 (7%) lead to an informal admission, which means that the patient voluntarily chose to remain in hospital for treatment. Following assessment the remaining 16% were not considered to require admission, most going on to receive ongoing support from community services. 7% of assessments were undertaken on people living outside the London Borough of Islington. Appendix 2 shows the outcomes of the 403 assessments completed.

4.7.1 **Demographic Issues**

These 403 assessments were undertaken for 337 separate individuals in 2009/10. Of these 337 people, 152 (45%) were women, 7 (2%) were under 20 years of age and 68 (21%) were over 60 years of age. Black people living in Islington and people from minority ethnic groups remain over represented both in the people assessed and those admitted to hospital. 81% of those assessed from BME backgrounds were formally admitted after the assessment,

compared with 72% of those from a non-BME ethnic group. Appendix 1 graphically represents the ethnicities and ages of those assessed in 2009/2010 and compares these with the Borough of Islington population makeup.

4.7.2 **Criminal Justice**

In partnership with NHSI, in April 2009 the Trust took on a three-year contract to provide mental health and substance misuse services in HMP Pentonville. This service complements our existing diversion services at Tolpuddle Street Police Station and Highbury Magistrate's Court. It allows people with mental health problems, some of whom are from Islington, to be diverted to more appropriate NHS care at each stage of the Criminal Justice system. The Trust's aim is that mentally ill prisoners in Pentonville should be able to receive care similar to that available to Islington residents in our inpatient units.

4.7.3 **Guardianship**

At the 1st April 2010 there was one Islington resident subject to a Guardianship Order. Three residents were discharged from Guardianship during the year and there was one new application that also ended during the year.

4.7.4 **Workforce**

In April 2010 there were 35.75 FTE AMHPs warranted by Islington Council, 4.45 of these are working for the Emergency Duty Team, 2.0 in Adult Services and the remainder are seconded to the Trust. This is an increase in 2.0 from April 2009, following the training and approval of the two Social Workers in Adult Services. These staff members have been specifically dual trained to deal the complex interaction of the Mental Health Act and deprivation of liberty powers from the Capacity Act, in planning care for some service users.

The workforce has low turnover rates, helping to retain high levels of experience and knowledge in the service. Over the past year, two AMHP's retired or left the service, and have now replaced through the training of existing staff and through recruitment. Workforce planning continues to be a challenge for the service and whilst we currently have sufficient AMHPs to provide the service, a number are due to retire over the next three years. All our AMHPs are currently Registered Social Workers.

4.7.5 **Properties**

As a part of the Trust's Estates Strategy and the Local Authorities SMART Working Initiative, in May 2010 the Trust moved two Community Mental Health Teams from an LBI owned building at Halliford Street, to the Southwood Smith Centre, a Trust own building, freeing up the Halliford Street site for Children's Services use. Southwood Smith offers an accessible location for users of the two CMHTs who provide services to residents in south Islington. In addition to this, the contract for the Trust purchase of 1 Lowther Road which holds two further Community Mental Health Teams was purchased by the Trust in June 2010.

4.8 **Staff Survey 2009**

The 2009 Care Quality Commission's (CQC) survey marked the 7th annual survey of NHS staff. The survey provided 40 key findings about staff completing the survey, and provided the Trust with information about the views and experiences of employees that will help to improve the working lives of staff and the quality of care for patients in Islington. The responses were summarised by the CQC and provide the Trust with benchmarked information about the results, compared both locally and nationally.

The Trust scored the best of any London Trust and considerably higher than the national average in staff satisfaction and commitment to work life balance, two very important areas. The Trust also scored the best in London for staff agreeing that their roles makes a difference to patients, that staff work in a well structured team environment, staff witnessing the lowest number of errors, near misses and incidents and the lowest percentage of staff experiencing discrimination at work.

The Trust's response rate was also significantly higher than any other London Trust, at 72%, a further 3% improvement on last year's response rate, and a significant 21% above the national

average response rate. The higher the response rate the more valid the responses, so the fact that the Trust has further improved on an already excellent response rate gives further credence to the high scoring results. The key message from this survey is that the Trust has scored highly in the most important areas, with the overall majority of results well above national and London results.

4.9 **Race Equality and Diversity**

In early 2010, the Changing Outcomes Reference Group was established to oversee the Changing Outcomes Programme which aims to reduce the overrepresentation of Black, African and Caribbean service users accessing secondary mental health services. This Group is chaired by the Trust's Islington Borough Director, and includes representatives from local third sector organisations, community groups, service users, council members, NHS Islington and carers. As a part of this programme, the Black User Group based at Hanley Road has secured development funds of £5,000 for training and educational trips. Members of this group also sit on the Changing Outcomes Reference Group to ensure consistency and influence the strategy and direction of Changing Outcomes within the Trust.

On 31st March, 2010, the Trust participated in the Count Me In Census, a National Mental Health and Learning Disabilities Ethnicity census that includes all inpatients in mental Health services. The census provides 'better information' to be 'more intelligently used' as a building block of Delivering Race Equality, part of the government's 5-year plan to tackle discrimination in mental health services and within services as a whole.

In 2010 the Trust Board ratified a new Single Equality Scheme 2010-2012, which sets out plans for ensuring service users experience equality of access and opportunity for maximum recovery in an environment where their dignity, individuality, preferences and needs are met. The Scheme also provides a framework for managers and staff to ensure that current and potential employees are treated with dignity and respect in a non-discriminatory way regardless of their background.

Equality and Diversity training is mandatory for all Trust staff and a large training schedule was actively pursued in early 2010, significantly increasing the numbers of staff now up to date with this and other mandatory training requirements.

4.10 **Learning Disabilities**

The Islington Learning Disability Partnership (ILD Partnership) was established in 1998 to provide high quality health and social care services for people with a global learning disability in Islington, and their carers. The Partnership brings together professional staff from Islington Adult Social Services, NHS Islington (Providers) and Camden & Islington NHS Foundation Trust under a Section 75 partnership agreement. The Council is the provider, lead commissioner and host for the pooled budget.

The Health Care Team is key to the partnership achieving many of the outcomes for people with learning disabilities laid down in the Government's Valuing People Now White Paper.

In March 2009, the Parliament and Health Service Ombudsmen released *Six Lives: The provision of Public Services to people with Learning Disabilities*, an independent report based on six investigations brought to the public's attention by Mencap. This report outlines three key recommendations of reviewing effectiveness and capacity of services for people with learning difficulties, ensuring regulatory framework and performance monitoring of services with respect to learning disabilities and guidance for the Department of Health to monitor and ensure compliance and progress against the report's recommendations. This report has been a key driver within the Trust and in partnership with local commissioners in ensuring adequate, effective and accessible local services for those with a learning disability in Islington.

Key achievements in 2009/10 include local development on the Learning Disabilities Toolkit which is used to monitor the performance of the twelve indicators as required for the annual Care Quality Commission health check. Much progress has been achieved since our last report, in achieving the required standards. All of the indicators were reported as green for 2009/10, and the remaining two were amber rated and are expected to be green by July 2010.

There is now a robust infrastructure to monitor Learning Disabilities partnership arrangements including the toolkit and the Learning Disabilities Healthcare self assessment. There are identified leads and quarterly forums with Camden and Islington Learning Disabilities service heads, chaired by the Trust Borough Directors. There is also senior representation from the Trust in Learning Disabilities partnership board arrangements, to work collaboratively in ensuring the development and implementation of robust service delivery and planning.

A new Asperger's Syndrome Diagnostic and Consultation Service was commissioned in autumn 2009 to deliver a local service to residents of Camden and Islington. This initiative is led by Islington Learning Disabilities Partnership and the Trust, supported by local joint commissioners. Previously, this service was provided out of area.

The Trust is working closely with the Partnership to ensure robust implementation of the requirements as indicated in the Autism Act 2009. In addition, the lead Learning Disabilities Consultant Psychiatrist is leading the implementation of Attention Deficit Hyperactivity Disorder (ADHD), National Institute for Health & Clinical Excellence (NICE) guidelines across the Trust.

4.11 **New Horizons**

In December 2009 the Government launched New Horizons: A Shared Vision for Mental Health, which sets out a cross-government programme of action with the aim to improve the mental health and well-being of the population and improve the quality and accessibility of services for people with poor mental health. The new strategy proposes a number of areas to target mental health and well being, including making everyone's mental health better, spreading an understanding of mental health and ensuring sufferers are not treated unfairly, increasing access to early intervention, providing services & treatments that meet individuals' needs, working with councils, the NHS & others to ensure comprehensive mental health care, making it easier for young people to get help beyond 18, improving resource utilisation and service access and giving people a say in the care given.

The Trust hosted an event in June 2010 and with local commissioners will work to fully implement improvements put forward in this new national strategy for mental health.

4.12 **Care Quality Commission Performance Ratings**

As part of the CQC annual health check, the Trust received a rating of 'excellent' for both use of financial management and quality of services in 2008/9. This was an excellent achievement and one achieved by only three mental health trusts in London and a further ten nationally.

For Financial management, the Trust was awarded a rating of 'excellent,' maintaining the score received in 2007/8. This is the highest score available. For Quality of Services, the Trust was awarded a rating of 'excellent', an improvement on the rating for 2007/8 and was one of only four Trusts in London to achieve this rating. The Trust was able to declare compliance for all of the standards for better health and met all standards for safety and cleanliness, keeping the public healthy, waiting to be seen, dignity and respect and good management. Eleven of the twelve standards of care were met, the only standard for which Trust 'under-achieved' was assessment against the Learning Disabilities 'Green-light tool-kit'. This standard has since been achieved.

4.13 **Mental Health Care of Older People (MHCOP)**

2009 has seen the embedding of revised community mental health team and memory assessment and treatment services for older people take place. The memory assessment service, from a 'low key' beginning has proved to be a very busy service which has been well evaluated by service users and their carers. Changes in the community team have streamlined services across the borough with no discernable impact upon the level of service provided. Both services are operating to near full capacity.

The National Dementia Strategy was launched in 2009. The Trust is working closely with commissioners in Islington to meet the challenging agenda set by the requirements of the

strategy. Additional funding has been received from commissioners to develop two new nurse dementia nurse liaison posts, one based at the Whittington Hospital and the other at University College Hospital. Both nurses work half of their time in the community providing an in reach service to nursing and residential home staff and residents.

2009 also saw the public consultation take place in relation to Islington's 'Joint Strategy for Older People's Mental Health'. Representatives from MHCOP are part of the borough working group charged with overseeing the implementation of the strategy.

5. Trust Service Performance

5.1 Financial Performance

A pooled budget is in place between the Council and the Trust for staffing and care services. A service specification and service level agreement are in place and jointly monitored quarterly by the Council and the PCT. The PCT commissions the NHS services provided by the Trust. The pooled budget for health and social care services in Islington was overspent by £149,997 during the financial year and the Trust has taken on this liability.

Table 1 – Summary of C&INHSFT Pooled Budget

Trust Service Area Funded:	Annual Budget (£000)	Actual Expenditure (£000)	Variance (£000)
Health	23,513	23,656	143
Social Care (LBI)	4,064	4,066	2
Total	27,577	27,722	145

5.2 Key Social Care Performance Indicators

In 2009/2010 the Trust has continued to focus on improving the data quality held regarding social care functions and has again worked closely throughout the year with the Adult Social Services Performance Team to further refine the reporting processes. The Trust is now confident that the information reflected in the Social Services Reporting system is of an excellent data quality. This year the Trust met all 3 targets set at the beginning of 2009/2010 by the local authority. Please see Appendix 4 for a detailed breakdown of the Trust's performance by service user group and performance this year against previous years.

5.2.1 Commissioning for Quality and Innovation

The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of providers' income conditional on quality and innovation. 2009/2010 saw the first year of CQUIN performance and a service quality improvement plan implemented locally by commissioners within the Trust and the Trust worked hard to ensure all additional funding was secured through this means. The Trust met all 6 payment linked targets in full and has worked with local commissioners to further develop incentive payments linked to service improvements for 2010/2011. Appendix 3 provides a full breakdown of Islington's end of year performance against these new service quality linked CQUIN measures.

6. The Cost Improvement Programme

6.1 The Cost Improvement Programme (CIP), launched in 2007 with the aim of delivering financial savings of £11.5 million over a three year period across the Trust, has been successfully completed. The majority of the planned projects delivered their financial targets in each of the financial years between 2007/08 and 2009/10. Savings of £3.0 million were planned to be achieved in 2009/10, the final year of the period, and these savings were broadly delivered. A new series of CIP schemes are being developed and implemented from 2010/11 onwards.

7. Implications

7.1 Financial Implications

The Mental Health budgets for 2009/2010 have been reviewed, reconciled and agreed between the council and the Trust. The pooled budget is fully operational. The Trust is responsible for ensuring effective financial and performance management although the Council will continue to be accountable for both financial and performance management. It is therefore critical that robust monitoring and reporting continues, including the regular provision of timely and accurate financial and performance information. The Council will need to ensure that the Trust's Cost Improvement Programme targets are achieved without impacting on the levels and quality of social care service provision.

7.2 Legal Implications

Section 75 of the National Health Service Act 2006 provides for a range of partnership arrangements including pooled budgets and the delegation of functions, to be entered into between the Council and NHS bodies. The Camden and Islington NHS Foundation Trust, formerly the Camden and Islington Mental Health and Social Care Trust were designated as a Care Trust under section 45 of the Health and Social Care Act 2001.

The mental health responsibilities of Islington Council are exercised by the Trust although the council remains accountable for the quality of the services, the proper use of funds contributed and for ensuring compliance with Best Value.

7.3 Environmental Implications

The Trust acknowledges the important role that the NHS can play, through its constituent organisations, in improving sustainability and combating climate change. Adopting sustainable approaches to all that the Trust does is not only socially responsible but makes commercial sense as waste and inefficiency increase operating costs, either directly or through reduced productivity. As a result improved sustainability performance is a Trust priority and this year the Board have approved an interim Environmental Strategy to provide a framework for this improvement.

7.4 Equality Impact Assessment

People with mental health problems suffer a recognised and significant disadvantage in society. The work of mental health services attempts to reduce the stigma and discrimination experienced by this group. Integrated health and social care services are considered best practice for service delivery to this client group. This also covers older people experiencing mental health problems.

8. Conclusion and reason for recommendation

- 8.1 Camden & Islington NHS Foundation Trust working in partnership with Islington Council continues to provide high quality mental health services to the people in Islington. Its creation is an innovative structural solution to partnership arrangements for mental health services. The Council retains accountability for mental health provision in Islington and this annual report provides an additional and complementary method for the Council to monitor and be informed about mental health in Islington.

Background papers:

- Foundation Trust Priorities 2006/07/08/09/10
- Islington Foundation Trust Business Plan 2006/07/08/09/10
- Islington Foundation Trust Performance Report 2006/07/08/09/10
- Islington Joint Strategic Needs Assessment 2009/2010
- Mental Health Annual Report 2004/05/06/07/08/09
- New Horizons: A Shared Vision for Mental Health (Dec 2009)
- Section 75 Agreement
- Service Level Agreement 2004/05/06/07/08/09/10
- Six Lives: The Provision of Public Services to People with Learning Disabilities (March, 2009)

- The One Islington Corporate Plan: 2006-2009

Final Report Clearance

Janet Burgess

Signed by Executive Member for Health and Adult Social Care

Date: 24/6/10

Received by Head of Democratic Services

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Appendix 1

Aims and Benefits of the Section 75 Partnership Agreement

The aims and benefits of the partnership between the Council and the Trust are:

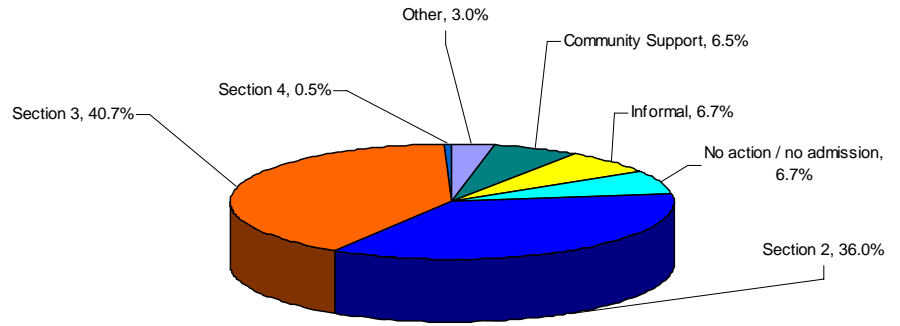
- To deliver excellent mental health care and substance misuse services to the residents of Islington in line with the NHS Plan, National Service Frameworks (NSF), the Islington Mental Health Strategy and other national, regional and local strategies.
- To promote the independence of service users and carers, and the full participation of service users in the planning of their care, as this is fundamental to the work of the Trust.
- To ensure progressive improvement in service user access, experience, choice, involvement and continuity of care by being a single organisation with a wide range of expertise and skills available.
- To provide equality of access to ensure that services meet the varied needs of local residents and are sensitive to the particular needs of those from ethnic and minority communities.
- To provide access to all mental health services through a single route.
- To bring social inclusion into the core of the Trust's business, building stronger, healthier and safer communities by being enriched by the local authority's community leadership responsibilities.
- To provide a governance and accountability framework which improves effectiveness strengthens performance and quality of service. This brings best value for money and clinical governance frameworks together.
- To operate as an innovative organisation attracting high quality staff and through this provide the best possible service.

Mental Health in Islington

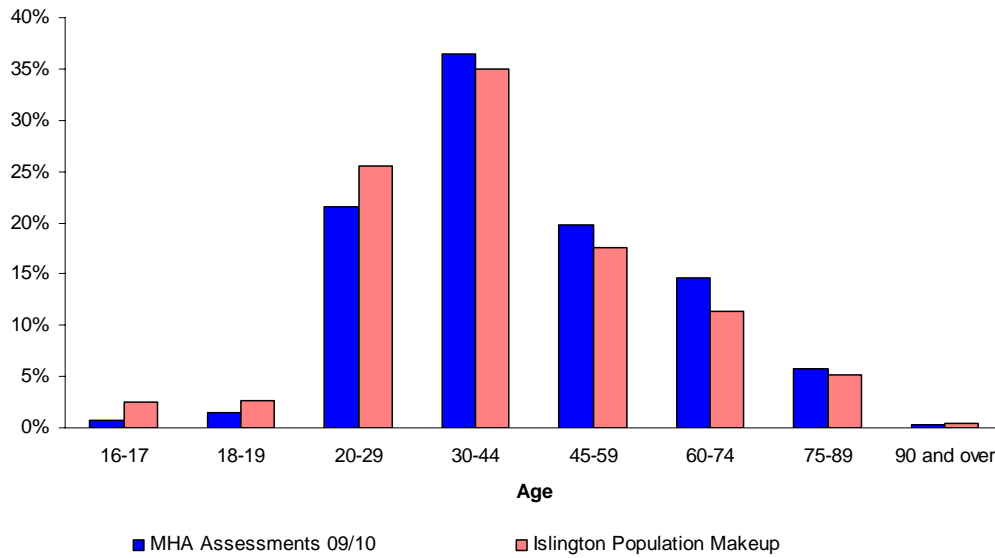
National surveys show that 1 in 6 adults have common mental health problems such as anxiety, depression and phobias. Half of all women and a quarter of all men will be affected by depression at some time in their lives. 1 in 200 adults have severe and enduring mental health problems such as schizophrenia. The incidence of mental ill health is much higher in London and Islington has one of the highest levels of need for mental health services in London. Mental health need is closely correlated to deprivation. Patients with psychotic disorders on primary care registers in Islington were 1.4% (2,986) of the total registered population in 2008/09. This is double the national average of 0.7% and significantly higher than averages for other deprived London PCTs (1.1%). Deaths due to suicide and undetermined injuries in 2006-08 in Islington were higher than the London and national average.

Appendix 2: Mental Health Act Assessments 2009/2010

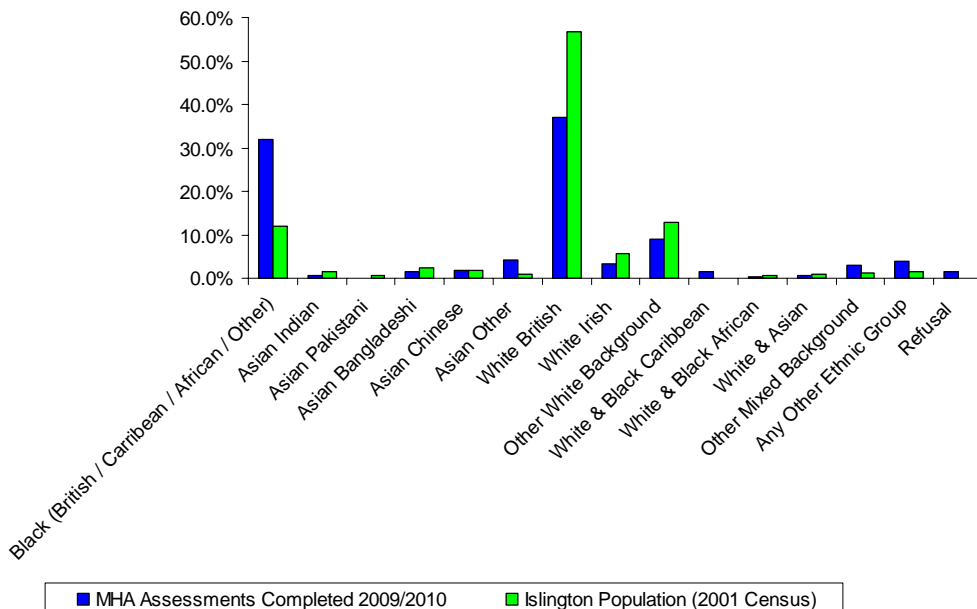
Mental Health Act Assessment Outcomes 2009/2010



Mental Health Act Assessments by Age against Islington Population Makeup



2010/2011 Mental Health Act Assessments compared with Islington Population



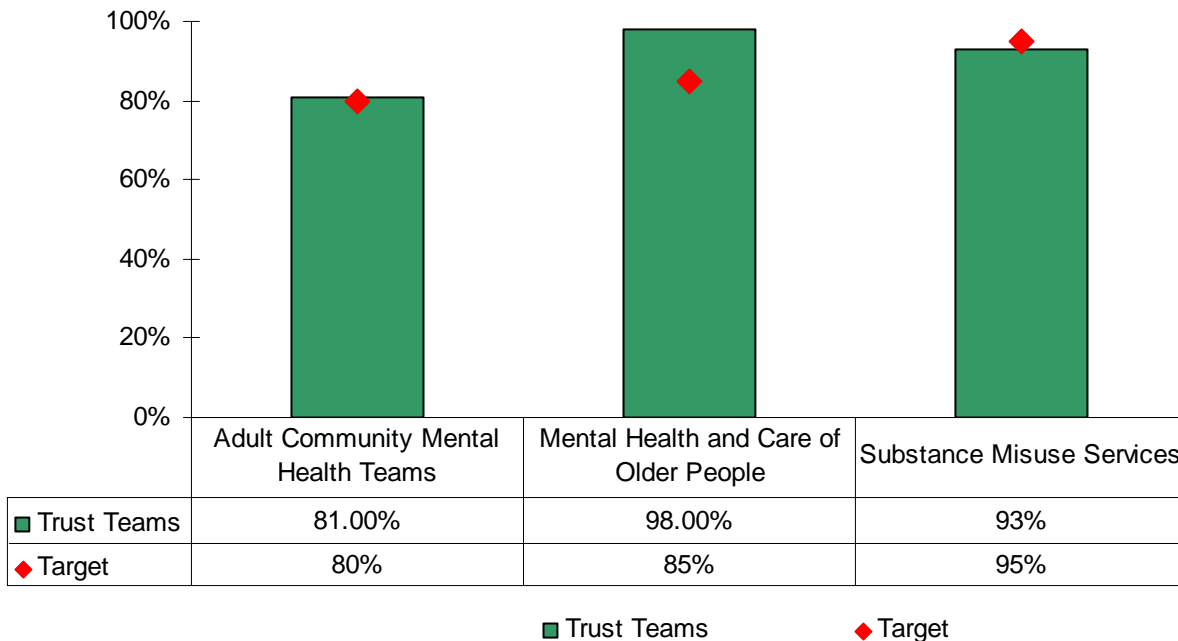
Appendix 3: Trust Performance against CQUIN targets 2009/2010

CQUIN - Service Quality Improvement Plans 2009/10 (Islington)								
		£	Target	Q1	Q2	Q3	Q4	Annual
2	Number of safeguarding alerts and number of alerts leading to investigations	*	N/A	2 out of 4	8 out of 15	1 out of 5	Data issue - LBI	To be reported
3	% of all FT SUIs reported to clinical governance leads of NHSC and NHSI and responsible commissioner for patient, including general pattern and trend.		100%	100%	100%	100%	100%	100%
5	Completeness of FT coding for ethnicity of service users		95%	86%	87%	92%	96%	90%
6	All inpatients to have physical health check during admission	*	80%	68%	96%	95%	93%	88%
7a	Number of service users (inpatient and under CTO) offered IMHA		N/A	8%	18%	37%	35%	21%
7b	% of users then accepting IMHA		N/A	-	-	-	-	-
9	% of patients answering 'excellent' or 'very good' to the questions 'how would you rate the care you received?'	*	Better than 2008? Top 25%	The Islington score was 43% (Trust score being 54% in 2008). This score was below the national average (48%) but the Trust score was the highest of any London trust.				
10	% of patients answering 'yes definitely' to the question 'were you involved as much as you would have liked in the decisions about your care and treatment?'		Better than 2008? Top 25%	The Islington score was 42% (Trust score being 45% in 2008). This score was above the national average (32%). We do not currently have comparator information with other London trusts.				
11	% of patients answering 'yes all the time' and 'yes definitely' to the question 'were you treated with respect and dignity'		Better than 2008? Top 25%	For psychiatrists - 72% (against 85% for Trust in 2008 and 69% national average) For nurses - 60% (against 84% for Trust in 2008 and 55% national average)				
12a	% of service users in inpatient settings provided with assessment of substance misuse issues		N/A	75%	75%	82%	80%	78%
12b	% of service users in inpatient settings with substance misuse issues identified who had a management plan	*	65%	94%	91%	81%	88%	89%
14a	% of service users (MHCOP) with Malnutrition Universal Screening Tool (MUST) completed during admission		N/A	100%	97%	98%	87%	96%
14b	% of service users (MHCOP) with MUST completed within 72 hours of admission		75%	65%	91%	95%	67%	80%
15	% of service users who have had at least 1 TOP during the quarter as a proportion of the total number of clients treated (also DQ measure 10)		80%	49%	69%	63%	65%	62%

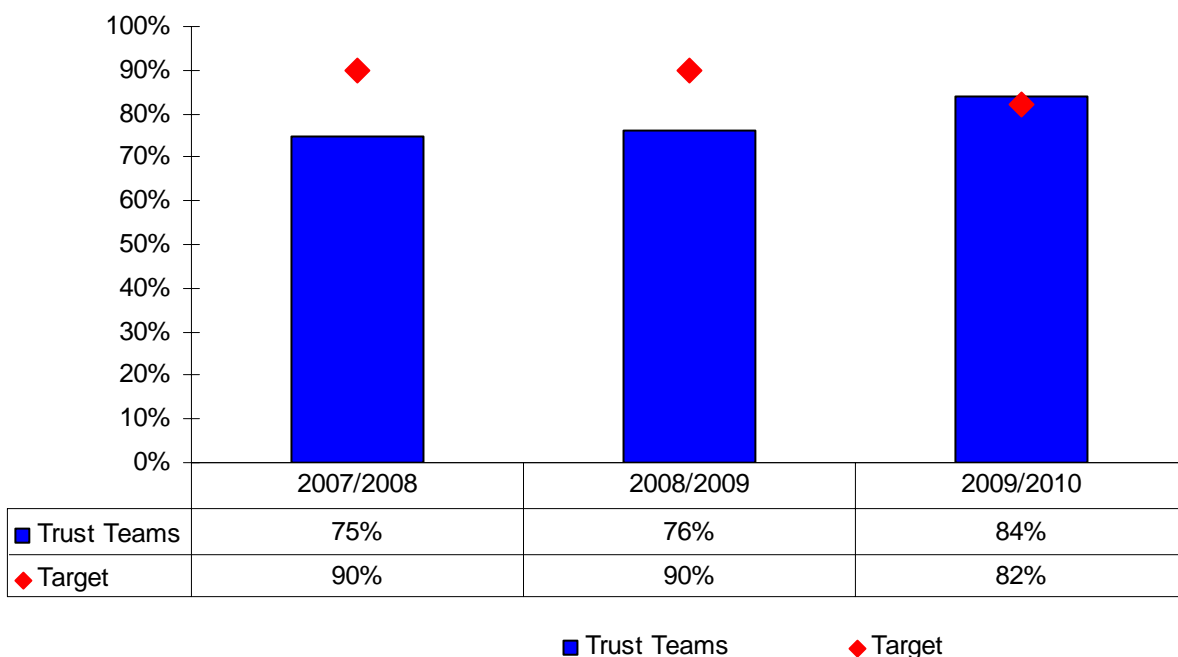
		£	Result / Outcome
1	Consistency of practitioner performance: Quality marker: FT to report on the standards of performance that it expects from its nursing and medical staff, and how it assesses and monitors these standards.	*	The threshold for this indicator is for the Trust Medical Director to meet with the Med Director of NHS Islington on an annual basis to discuss such performance standards. This meeting took place on 4th February 2010.
4	To develop a method of measuring the percentage of patients (inpatients/ community) supported in giving up tobacco.		Development work has been undertaken to create a facility for recording this information on RiO. This facility is now in place and guidance/instruction for clinicians is being provided through the finalisation of RiO standard operating procedures.
7	To develop a method of measuring the numbers of services users (inpatients and under community treatment orders) that have been offered IMHA and number of service users who have accepted IMHA.		For measuring the numbers of people offered IMHA, there is an issue currently with recording referrals made by service users and carers as the advocates have had difficulty identifying whether a referral was for an IMHA or general advocacy as the same staff provide both services.
8	Establish a process to report all under age admissions to adult psychiatric wards, bearing in mind that by 2010 no 16/17 year olds should be admitted to an adult psychiatric ward (unless such an admission is in accordance with their needs).		It has been Trust policy for several years that the admission of 16 or 17 year olds to adult inpatient wards is to be considered as a serious incident and reported to Clinical Governance as such within 24 hours. Such an admission has not occurred within the last four years.
13	Establish a process to collect and report baseline activity data for the Memory assessment service. (Referrals, assessments, discharges and caseload).		Memory Service activity has been recorded on RiO from 21 September 2009. Report Manager is able to report on Referrals, Discharges and active number of clients in the service. All data is cross checked and validated every quarter by the Business Manager in liaison with Memory Service Manager and admin.
16	To establish a Service User Satisfaction measure in Substance Misuse Services that demonstrates good patient care.		The SMS Business & Performance Manager is developing a method for measuring user satisfaction through RiO. This will be implemented once RiO is rolled out to SMS teams.
17	Establish protocols between MH and LD service to clarify and ease the pathway for service users to enable ILDP service users to access mainstream MH services where appropriate.		The draft protocol is now being consulted upon by stakeholders.

Appendix 4: Performance Indicators

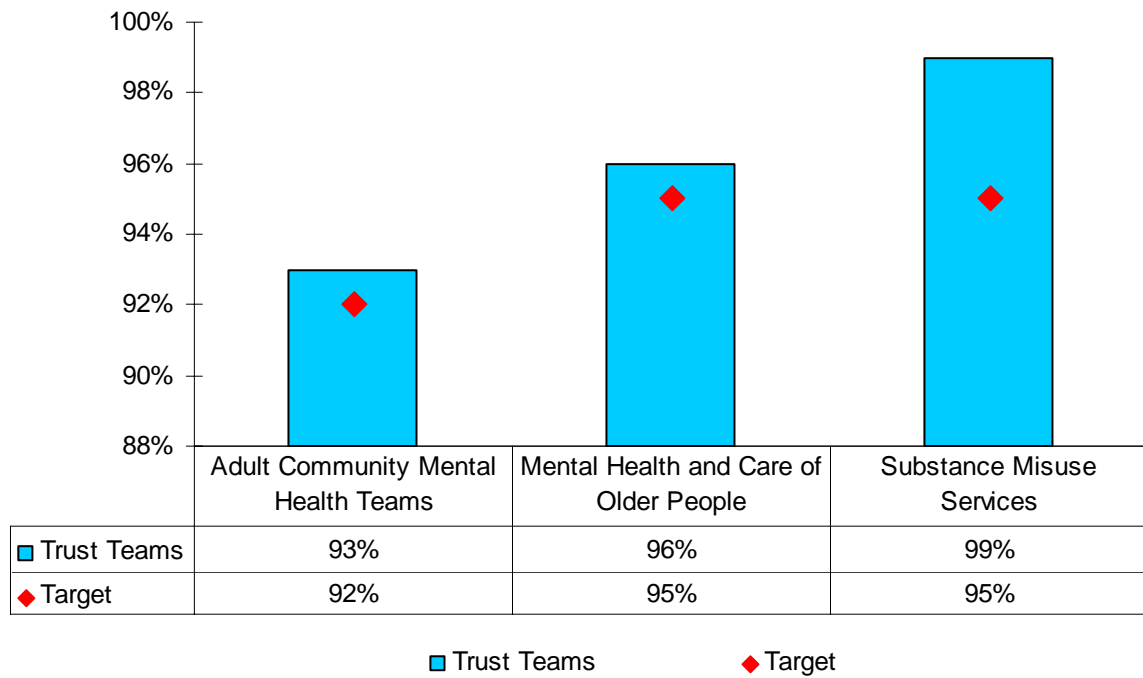
Timeliness of Social Care Assessments (N1 132):
Assessments completed within 28 days of first contact



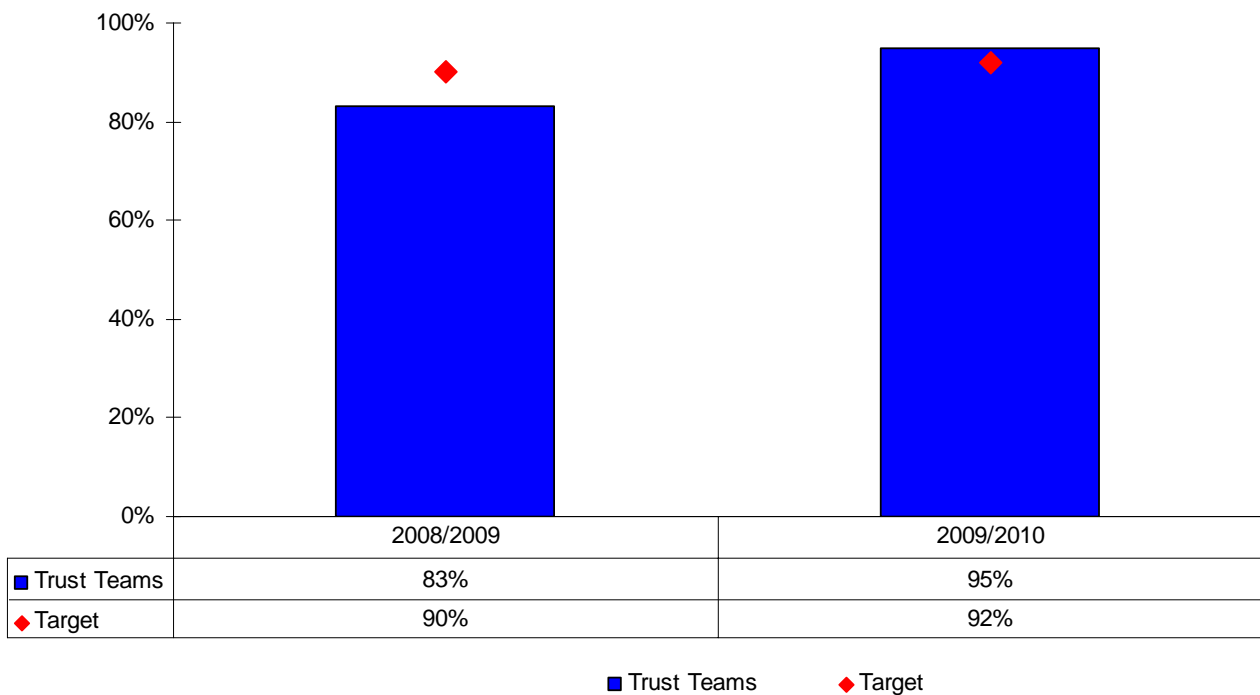
Timeliness of Social Care Assessments (NI132):
Assessments completed within 28 days of first contact



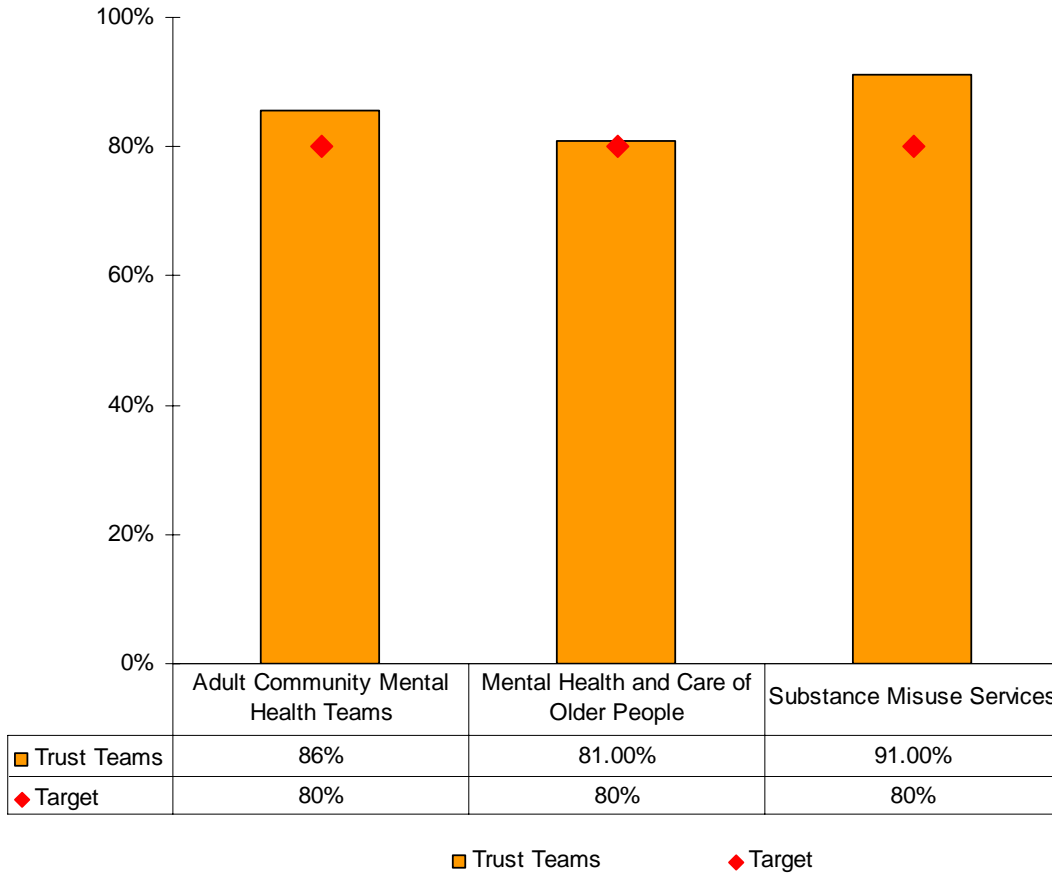
Timeliness of Social Care Packages following assessment
(% services in place within 28 days)



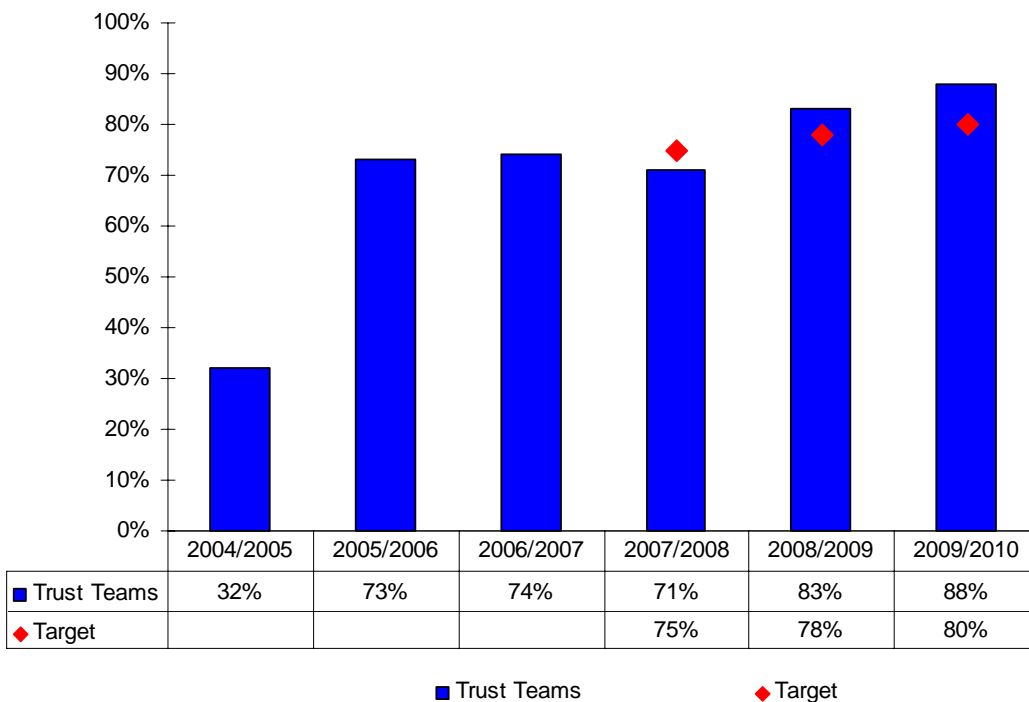
Timeliness of Social Care Packages Following Assessment (NI133): Comparison with 08/09



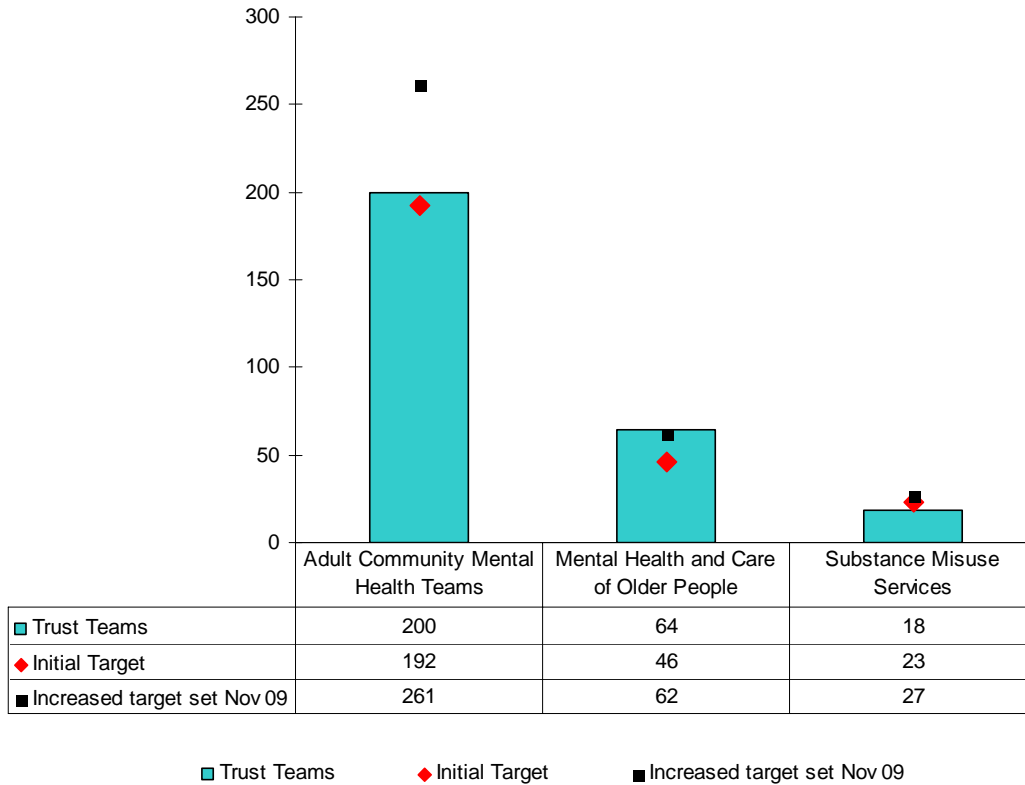
% Clients in receipt of a review during the year



% Clients in receipt of a review during the year

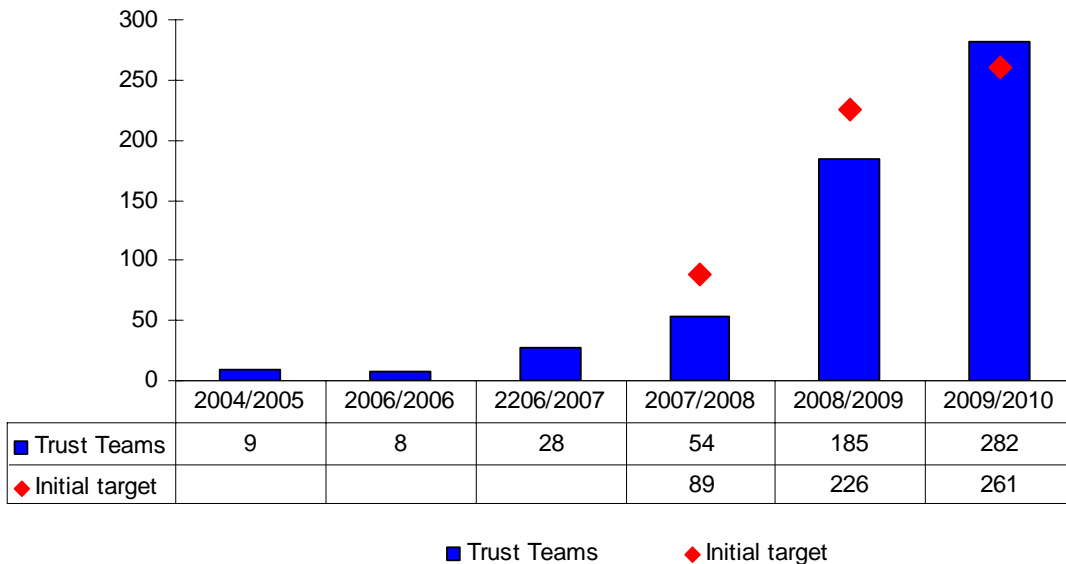


Number of Carers receiving a service or advice and information during the year

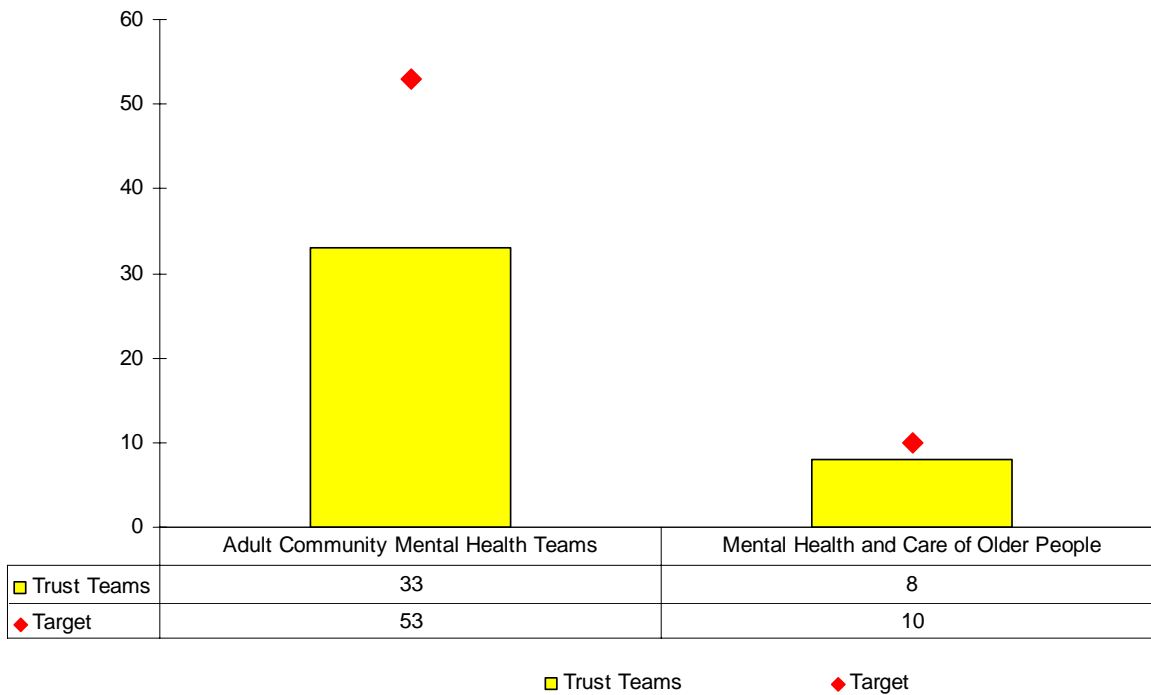


Note: The local authority increased the carer's target from 15% to 23% in November 2009. The Trust met the original target agreed in March 2009, as indicated by the red diamond in each graph. MHCOP also met the new elevated target.

Number of Carers receiving a service or advice and information during the year

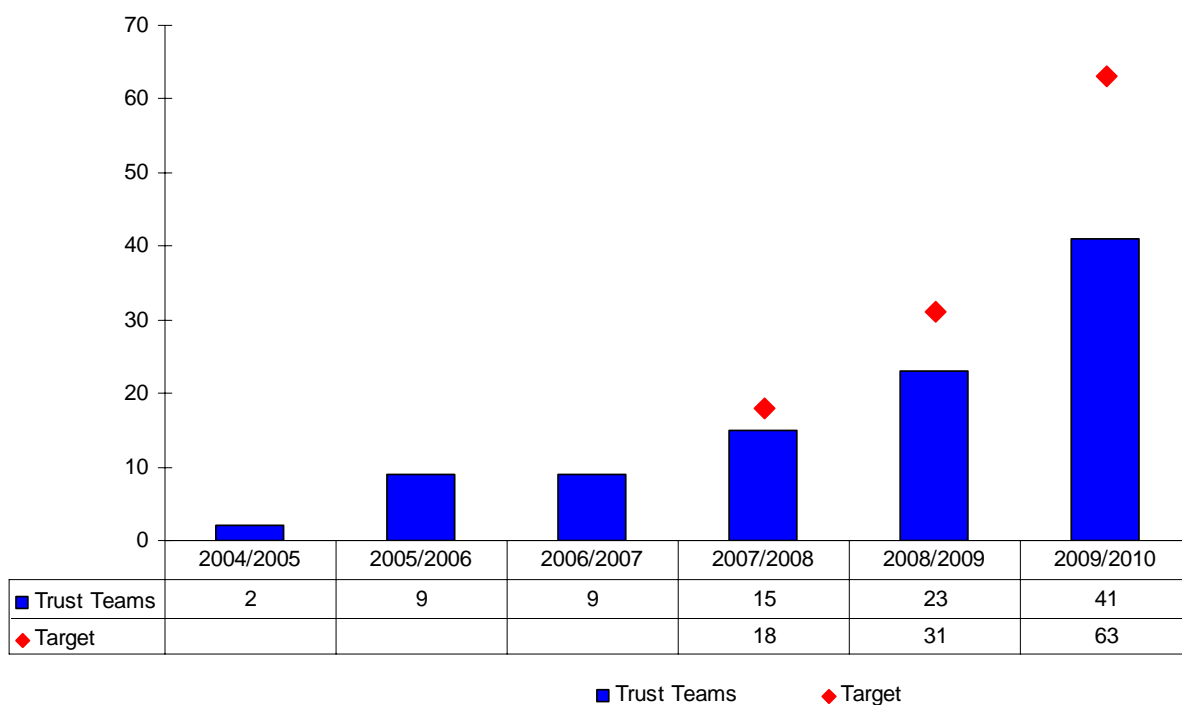


Number of service users with Direct Payments (by team)



Note: Although the target was agreed at a total of 63 Direct Payments at the beginning of the year, the Trust participated in a personalised budgets pilot throughout the 2nd half of the year. In September 2009 it was agreed with the local authority that no more direct payments were to be issued as those service users eligible would now be assessed for an individual budget. This pilot has been successful and over 35 service users have now been assessed. Many of these will go on to receive an individual budget in 2010/2011 pending the streamlining of the social services panel which has thus far delayed the process somewhat for Trust service users. Ongoing work is taking place around personalisation in partnership with the local authority.

Numbers of Service User receiving a Direct Payment



Appendix 5:

Progress against Foundation Trust Strategic Goals 2007/12

1. Continually improve outcomes and enhance recovery for service users and their families	
Sub Goals & Timelines	Progress to date
All services will have outcome-based measures in place by 2009/10, with further refinement beyond 2010	Mental Health Clustering Tool will be fully implemented by end of 10/11. Pilot project at Elthorne CMHT complete and staff training on HONOS PBR has commenced
Information systems that effectively capture outcomes and develop analytical capacity will be put in place 2008/09 and 2009/10	RiO fully implemented along with the reporting suite; Ongoing work taking place to ensure DQ and Standard Operating Procedures in place across the Trust
Full and swift adoption of National Institute for Clinical Excellence (NICE) requirements and research based recommendations – ongoing	Ongoing
Further development of feedback systems from service users and carers – ongoing	Patient Experience Trackers (PETS) pilot complete and report presented to Board; PETs have now been commissioned for rollout in 10/11
Improve the experience of over represented groups, particularly women and people from BME communities – ongoing	Changing Outcomes Group established - Ongoing
2. Continue to build and develop a skilled and effective workforce	
Sub Goals & Timelines	Progress to date
Year on year improvement in levels and quality of supervision and appraisal – ongoing over 5 years	Supervision audited via Balanced Scorecards: NHS staff survey results monitor compliance
Improve the mapping, matching and delivery of clinical and practice skill development to service needs – ongoing over 5 years	Service Line Management due for implementation 2010 - Ongoing
Build management and leadership capacity – ongoing over 5 years	Service Line Management due for implementation 2010 - Ongoing
Improve communication involvement and engagement with staff in service strategy, performance, development and changes – ongoing over 5 years	Service Line Management due for implementation 2010 - Ongoing
Proactively use the talent in staff groups from all diverse staff communities – ongoing over 5 years	Service Line Management due for implementation 2010 - Ongoing
3. To better provide for commissioner needs and be their provider of choice	
Sub Goals & Timelines	Progress to date
Improve intelligence gathering of commissioners needs and ensure all commissioners have primary relationship manager	Jackie Drury (Islington Director) and Sarah McIlwaine (Senior Commissioning Manager) act as primary relationship managers between the Trust and local Commissioning team

Year on year improvement in CQC assessment and performance targets	In 2009/2010 the Trust received excellent/excellent rating from the CQC, the highest available. Continue to ensure robust finances and excellent service delivery in order to maintain this
Improve communication and information between the Care Trust and primary care	Service Line Management due for implementation 2010 which will foster this relationship. Delivery of IAPT service has strong links with Primary Care
Clarify and agree the care pathways between the Care Trust and primary care 2007/08 and 2008/09	Service Line Management due for implementation 2010 which will foster this relationship. Delivery of IAPT service has strong links with Primary Care
4. To provide more accessible, local services which support healing and respect for service users	
Sub Goals & Timelines	Progress to date
Improved quality of inpatient environment through re-provision of Camden inpatient services (adult and older people) in modern, well-designed buildings and reduced number of sites (approved business case in 2008/09, buildings delivered by 2011).	On target
Improve access and safety of our sites through increased compliance with 6 key facets – targets for end 2007/08 and 2010/11	Implemented
To improve service access with more accessible information and initiatives such as contact points	On target
To improve 'customer care' at service sites	On target
4. To manage the Trusts resources efficiently and effectively	
Sub Goals & Timelines	Progress to date
Delivering CIP (Cost Improvement Programme) to timetable	On target
Greater community site consolidation – targets for 2007/08 and 2010/11	Lowther Road purchase agreed
Deliver improved efficiency and cost targets outlined in Estates strategy	On target
To develop a plan for a mental health version of service line reporting – 2007/08 and 2008/09	On target
6. To expand services in areas where the expertise of our staff is essential to mental health and allied service delivery	
Sub Goals & Timelines	Progress to date
Develop business development and marketing capacity 2007/08	On target
Develop Low secure provision – in place by 2008/09	LSU will be opened late 2010
Win tender for Prison (Holloway & Pentonville) detoxification service and in-reach teams – Tender late 2007/08	Contract secured and service delivery commenced April 2010
Camden Crisis beds in place by 2008/09	Implemented
Expansion of Post Traumatic Stress service 2007/08	On target