



Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	15 January 2014	B1	All

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SUBJECT: London Borough of Islington’s Strategic Plans 2014/15

1. Synopsis

- 1.1 This report outlines the approach that the London Borough of Islington will take towards the commissioning of social care and health and wellbeing services in 2014/15. This covers specifically the areas of Adult Social Care, Children’s Services and Public Health. The key themes that define the approach to commissioning are:
- 1.2 A transformation in the way that services are delivered to ensure that the priorities set by the Health and Wellbeing Board can be achieved, whilst delivering the efficiencies required to meet the Council’s savings targets between 2014/15 and 2016/17.
- 1.3 Working closely with Islington Clinical Commissioning Group to make the best use of joint resources and continue the development of joined up health and social care services.
- 1.4 Focus on services that support people to maintain good health and independent living for longer, including preventative and rehabilitative approaches.

2. Recommendations

- 2.1 To approve the direction of travel for commissioning within the local authority.
- 2.2 To note the requirements for the Health and Wellbeing Board to agree the plans for the Integration Transformation Fund.

3. Background

3.1 Adult Social Care

3.1.1 Three Strategic Priorities will inform the approach to commissioning in Adult Social Care in 2014/15:

- A. The Adult Social Care transformation programme
- B. The development of more integrated services between social care and health, underpinned by Islington's status as a Pioneer site for integrated working.
- C. Preparing for the requirements of the Care Bill.

The approach to these priorities is summarised below.

3.1.2 These strategic approaches will support the delivery of the Health and Wellbeing Board's priorities, particularly supporting those people living with long term conditions and those with mental health support needs.

3.1.3 The Adult Social Care Transformation "Moving Forward" programme will continue the good progress made in Islington to date in developing more personalised services which are focussed on supporting people to maintain independence. This includes:

- Procuring homecare services which offer people more choice and flexibility about how and when their service is provided. Pending agreement by Executive, the new service will be in place by June 2014.
- Developing an Older People's Housing Strategy, which will support the development of more community-based alternatives to residential and nursing home care.
- Continuing to develop supported living accommodation within Islington for people with learning disabilities to enable people to return to live in the borough who are placed in residential establishments elsewhere.

3.1.4 Islington is one of 14 national sites who were successful in their bids to become

Pioneers for Integrated Care. The Integrated Care Pioneer Programme is a joint initiative between Islington Clinical Commissioning Group and the London Borough of Islington, in partnership with key providers such as Whittington Health, the Camden and Islington NHS Foundation Trust and University College Hospital London. Some of the areas that the programme will focus on include:

- Preventative approaches: This includes developing the approach to reablement and rapid response services, which prevent the unnecessary admission of people to hospital and enables people to be properly supported in a joined-up way when they leave hospital.
- More joined up working: The approach will be to move away from a focus on the organisational integration of health and adult social care services, to services which join up the right mix of professional expertise around the needs of an individual. This will lead to the development of integrated community services around the four GP localities in Islington. These developments will take place between 2014 and 2016.

3.1.5 The approach to more joined-up working will be supported by the Integrated Transformation Fund, which underpins the requirement for Clinical Commissioning Groups and Local Authorities to develop joint plans to improve health and social care outcomes for people in their area. There is a requirement for the Health and Wellbeing Board to approve local plans for the use of the Integrated Transformation Fund by the end of March 2014, although additional monies will not be included in the fund until 2015/16. Islington is well-positioned to develop these plans, with a strong history of joint commissioning between the NHS and Adult Social Care, and the existence of substantial pooled budgets. Further details on the Fund can be found in appendix A.

3.1.6 The Care Bill is the most substantial change to Adult Social Care legislation since 1948. The bill requires a number of developments from Adult Social Care Commissioning by April 2015. These include:

- The need to ensure that information and advice services on adult social care are commissioned for all residents, including those who pay for their own care.
- The development of public market position statements, which describe the requirements and expectations of commissioners of providers to develop services to meet the social care needs of adults in the borough.
- Ensuring that services for family carers are fit for purpose, as the bill requires local authorities to meet the needs of family carers which are identified through assessment.

3.2 **Children's Services**

3.2.1 Children's Service adopted a four year financial strategy for the period 2011-2015. The priorities set out in the Children and Families Plan are:

- Improving key outcomes by 19 and narrowing the gap through outstanding health services, schools and children's centres
- Ensuring play, youth and leisure opportunities for children and young people
- Transforming early intervention and prevention support for vulnerable children and families
- Ensuring children are safe at home, at school and in the community

3.2.2 Major commissioning decisions were taken at the beginning of the four year cycle in order to implement system reform as soon as possible in the cycle to provide as great a period of stability as possible for users and key staff. This is particularly important in relation to staff working with the most vulnerable families, where consistency and stability of good quality staff is key to enabling improvements in outcomes for families.

3.2.3 The catalyst for the changes was the Community Budget for Families with Multiple Needs. Islington was selected as a National Pathfinder in 2011. The aim of the Community Budget is to:

- build on Child Poverty work and Family Support Strategy
- build on strengths of partnerships in children's services
- target support for families with multiple risk factors
- embed a 'whole system approach'
- implement change at Universal/Targeted/Specialist services
- co-ordinate use of multi-agency resources
- re-design services to deliver joined-up support for families
- develop locality-based approaches linking with children's centres, schools and primary care services
- integrate the Troubled Families Programme

3.2.4 Services were decommissioned and resources refocused to address the key outcomes defined. New specifications were agreed and services commissioned accordingly.

3.2.5 The focus of commissioning in this year has been on contract monitoring and evaluation of impact of services. An evaluation report into the first year of the Families First programme has just been completed and will provide a focus for continued action to achieve improvements and greater impact.

3.2.6 Islington has recently been selected to be one of the 20 national Early Intervention Place Pioneers by the Early Intervention Foundation. This will enable us to benefit from support and challenge particularly around the robustness of the evidence base and business case for continued investment in early intervention

- 3.2.7 For 2014/15, therefore, there are no significant commissioning decisions being taken. The focus of work this year will be on engaging stakeholders on future service and commissioning priorities in preparation for the 2015-19 spending period.

3.3 Public Health

- 3.3.1 The Council's public health spend is driven by the Health and Social Care Act 2012 which places a duty on local authorities to promote the health and wellbeing of their population and reduce health inequalities. The act mandates the delivery of the following services, all of which are commissioned or provided by the public health directorate:
- **Sexual health services**, including testing for and treatment of sexually transmitted infections and contraception (excluding HIV treatment and termination of pregnancy).
 - **NHS Health Checks**: preventative health checks to reduce the risk of cardiovascular disease and diabetes.
 - **Local Authority role in health protection**: local authorities are required to ensure plans are in place to protect the health of their population and also have a supporting role in infectious disease surveillance and control and in emergency preparedness and response.
 - **Public health advice**: local authorities are responsible for providing population health advice, information and expertise to Clinical Commissioning Groups to support them in commissioning health services that improve population health and reduce health inequalities
 - **National Child Measurement Programme**: a programme to measure and weigh all children in reception and year six.
- 3.3.2 Besides these mandated services, local authorities have significant freedom to choose how best to invest resources to deliver improvements in health and wellbeing. The ring-fenced Public Health grant has a number of conditions on its use, which state that the grant must be used for services to improve public health. Currently, the activities and services commissioned from the public health grant largely reflect patterns of spend established prior to the transition of Public Health from the NHS to local government, and legacy contracts inherited from the NHS. Relatively few of these contracts are due to end this year, but many more will end over the next two years.
- 3.3.3 Ensuring the public health grant is focused on delivery of the Health and Wellbeing Board's strategic priorities, delivering key health outcomes and value and supporting reductions in health inequalities in Islington, is a key objective of the directorate. Throughout the remainder of 2013/14 and in 2014/15, we are reviewing spend, activity and outcomes across all our major programmes as part of the Public Health Transformation programme. The Transformation Programme will focus on driving changes over the period 2015-19. Within the programme, there is an early focus on sexual health and substance misuse, which locally account for nearly two thirds of

total spend, as well as on health improvement schemes in primary care (GP practices and community pharmacies).

- 3.3.4 Through this Public Health transformation programme, we will seek to work with partners to innovate and develop new, more effective ways to improve health outcomes and reduce health inequalities in Islington. Specifically, we will:

Review the entirety of our approach in these major service areas, and developing evidence based models/pathways designed to meet the changing needs of our local population.

- Understand the strategic influences, creating synergy across portfolios and introducing new models of commissioning and contracting.
- Through active management of these financial flows and contracts, create opportunities for re-prioritisation and re-alignment of resources as required.
- Develop opportunities for integrated commissioning across departments and with partners, such as Islington CCG or the community and voluntary sector, creating maximum value in investments and release efficiencies; and developing new ways of working to deliver improved health outcomes.

- 3.3.5 Work has already begun to develop a joint approach across Camden and Islington to the re-procurement of young people's sexual health services during 2014/15, which should reduce duplication, address gaps in service, make the best use of the resources jointly available to enhance outcomes, and deliver efficiencies.

- 3.3.6 Islington Council's public health grant allocation in 2014/15 will be £25.43 million in 2014/15. This grant, whilst allocated to fund existing contracts in 2014/15, does support a range of activity-driven, tariff (or performance by results) based contracts. With the exception of sexual health services where attendances are rising significantly at the current time, the key challenge for public health services is often to ensure high uptake of preventive interventions, particularly for individuals and communities where the need is highest.

- 3.3.7 Our approach to improving health and reducing inequalities in Islington will continue to have a focus on those conditions, risk factors and wider determinants that make the greatest contribution to the gap in life expectancy; programmes to improve outcomes in mental health; and actions to support children and families to have the best start in life (the 'First 21 Months' programme). These involve active partnership with Islington CCG and others across the health and social care economy, with a systematic re-focusing of preventative services and interventions to ensure they are sufficiently targeted towards, and delivered at scale, particularly to communities and groups with greatest needs and vulnerabilities. This will include:-

- Increased targeting of stop smoking support and tobacco control work to population groups with greatest needs, e.g. some BME communities, those with serious mental illness.
- New approaches to increase the uptake of health improvement initiatives, such as new Exercise on Referral scheme with incentives to address key priority groups such as men, and a new programme of awareness and training in brief

interventions in alcohol aimed at non-specialist staff in council and community and voluntary sector services.

- Maintaining the high performance in NHS health checks locally, and working to more closely align our health improvement offers in primary care with other actions to improve diagnosis and long term conditions management, working with the CCG.

4. Implications

4.1. Financial implications

4.2. Adult Social Care

Islington Council's Adult Social Service department has a net expenditure budget of £83.79m.

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.

4.3. Children's Services

Islington Council's Children's Services department has a net expenditure budget of £84.57m.

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.

4.4. Public Health

Islington Council receives a ring-fenced Public Health grant from the Department of Health to fund the cost of its Public Health service. The current budget for 2013/14 is £24.74m with an increase for next year bringing the total funding for 2014/15 is £25.43m.

The Council's Public Health expenditure must be contained entirely within the grant funded cash limit indicated above. If any additional pressures are incurred management actions will need to be identified to cover this.

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.

- 4.5. 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. A key risk to all of the budgets above is a potential reduction in funding. Islington Council continues to be impacted by the reduction in Central Government funding and this is set to continue in future years. This is due to a combination of a cut in government grants, together with additional costs outside of the Council's control, for example, the changes in the borough's population meaning that more people need council services. As a consequence, savings will have to be identified across all departments to mitigate the reduction in funding.

4.6. Legal Implications

The Health & Social Care Act 2012 established clinical commissioning groups, whose functions include commissioning healthcare services for their registered populations. Other

services previously commissioned by primary care trusts are now the responsibility of other partners in the Health & Wellbeing Board, including the Council. The Act also gives the Council power to commission appropriate services to meet the needs of its residents.

4.7. Equalities Impact Assessment

This paper provides a report on the approach that the London Borough of Islington will take towards the commissioning of social care and health and wellbeing services in 2014/15. Reducing health inequalities is an underpinning principle across the Council's work and this report highlights some of the key measures that will be taken to reduce inequalities.

4.8. Environmental Implications

None identified

5. Conclusion and reasons for recommendations

To approve the direction of travel for commissioning within the local authority.

To note the requirements for the Health and Wellbeing Board to agree the plans for the Integration Transformation Fund.

Background papers: none

Attachments: none

Final Report Clearance

Signed by



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2014

Received by

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