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ISLINGTON

Governance and Human Resources
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH AND CARE SCRUTINY COMMITTEE

Members of the Health and Care Scrutiny Committee are summoned to a meeting, which will be held in on, **6 March 2017 at 7.30 pm.**

Stephen Gerrard
Interim Director of Law and Governance

Enquiries to : Peter Moore
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Despatched : 24 February 2017

Membership

Councillors:
Councillor Martin Klute (Chair)
Councillor Rakhia Ismail (Vice-Chair)
Councillor Jilani Chowdhury
Councillor Gary Heather
Councillor Michelline Safi Ngongo
Councillor Tim Nicholls
Councillor Una O'Halloran
Councillor Nurullah Turan

Co-opted Member:
Bob Dowd, Islington Healthwatch

Substitute Members

Substitutes:
Councillor Alice Perry
Councillor Dave Poyser
Councillor Clare Jeapes
Councillor Satnam Gill OBE
Councillor Angela Picknell
Councillor Marian Spall

Substitutes:
Olav Ernstzen, Islington Healthwatch
Phillip Watson, Islington Healthwatch

Quorum: is 4 Councillors

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The next meeting of the Health and Care Scrutiny Committee will be on 22 May 2017

Please note all committee agendas, reports and minutes are available on the council's website:

www.democracy.islington.gov.uk

London Borough of Islington

Health and Care Scrutiny Committee - Thursday, 12 January 2017

Minutes of the meeting of the Health and Care Scrutiny Committee held at on Thursday, 12 January 2017 at 7.30 pm.

Present:	**Councillors:**	Klute (Chair), Chowdhury, Turan, Ismail , Heather and Nicholls
Also Present:	**Councillors**	Burgess
	Co-opted Member	Bob Dowd, Islington Healthwatch

Councillor Martin Klute in the Chair

284 INTRODUCTIONS (ITEM NO. 1)

The Chair introduced Members and officers to the meeting

285 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Councillor O'Halloran and Councillor Nicholls for lateness

286 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

None

287 DECLARATIONS OF INTEREST (ITEM NO. 4)

None

288 ORDER OF BUSINESS (ITEM NO. 5)

The Chair stated that he would take agenda item B11 Scrutiny Review – IAP as the first item on the agenda and the remainder of the items would be considered as per the agenda order

289 CONFIRMATION OF MINUTES OF THE PREVIOUS MEETING (ITEM NO. 6)

RESOLVED:
That the minutes of the meeting of the Committee held on 17 November 2016 be confirmed as a correct record of the proceedings and the Chair be authorised to sign them

290 CHAIR'S REPORT (ITEM NO. 7)

The Chair stated that a report on the LUTS clinic had been laid round for Members and that he would be attending a meeting the following week to consider whether the additional resources were being provided in order to reinstate the service.

The Chair added that he had received late notification from the CCG of the transfer of gynaecology services from the Holloway Health Centre to the Whittington Hospital to reduce waiting times.

The Chair added that the JHOSC has been considering the Sustainability and Transformation plans and that there was unanimity amongst the North Central London sector that agreement could not be given to the plans at the present time.

It was also stated that Councillor Heather had circulated an e mail to Members concerning the next meeting of the Whittington Community Forum at which there will be a discussion on the Sustainability and Transformation Plan

291 PUBLIC QUESTIONS (ITEM NO. 8)

The Chair outlined the procedure for filming and recording of Public meetings

292 HEALTH AND WELLBEING BOARD UPDATE (ITEM NO. 9)

None

293 PRESENTATION UCLH (ITEM NO. 10)

Simon Knight UCLH was present and outlined the presentation to the Committee.

During consideration of the presentation the following main points were made –

- Key priorities include – to improve patient experience, maintain excellent mortality ratings, reduce the number of hospital acquired pressure ulcers, meet standards for how long patients wait from referral for their treatment, shorter waiting times for diagnostic tests, shorter waiting times for different stages of cancer pathways, shorter waiting times in emergency, delivering more efficient care so that financial targets can be delivered
- Waiting times in A&E have been challenging as has been the case for many trusts and a recovery action plan is in place and there is close working with Camden and Islington emergency care boards to address these issues. One of the main issues has been the high occupancy levels for beds at UCLH. Key actions include a new primary care service in the Emergency Department, additional step down beds at St.Pancras (opening on 16 January) and weekly senior level meetings with Camden and Islington partners to manage delayed transfers of care and discharging patients earlier in the day
- There are significant financial challenges and in 2016/17 there is around £11m forecast defecit. This is in line with the assigned control total and an improvement on the previous year when there was a £31 million defecit
- In 2017/18 UCLH are planning for a surplus position of £5.3 million
- This is within the context of significant financial challenges including a 2% tariff efficiency, loss of £3.1million education funding and an increase of £2 million in PFI costs. Discussions are taking place as to whether funding can be obtained to buy UCLH out of the PFI contract , which will deliver a significant financial benefit. Members felt that this would require a lot of upfront costs and whether this was feasible, however welcomed this approach
- There will be increased surgical capacity at the Tower and there will be more inpatient and other surgical capacity available

- In relation to attendances at A&E it was stated that there had been a national increase in attendance due to an ageing population and whilst this has not been experienced to the same extent yet at UCLH they expected this to increase in future
- It was stated that the Sustainability and Transformation Plan proposals may be able to assist in looking at other ways of dealing with problems with the service by sharing of services and better use of resources
- The GP service provided at UCLH was working well and helping to reduce attendances at A&E
- There were 30/40 patients at any one time in UCLH that did not need to be there and there is a need to continue to look at ways of reducing this by providing better care in more appropriate settings
- It was noted that there had been improvements in dealing with Islington on delayed discharges and this was welcomed

RESOLVED:
That the report be noted and UCLH provide, if possible, details of the costs of buying out the PFI contract and the long term savings to the hospital of doing this

The Chair thanked Simon Knight for attending

294 **SCRUTINY REVIEW - EFFECTIVENESS OF IAP - WITNESS EVIDENCE (ITEM NO. 11)**

Dr.Lucy Williams- Shaw, Service user involvement lead, was present and was accompanied by i COPE service users.

During consideration of their presentation the following main points were made –

- There was good user satisfaction with the service
- Service users are asked to fill in a Patient Experience Questionnaire at the end of their treatment
- A regular survey to contact people who have dropped out of treatment in I COPE is carried out to ask them about their experience of the service and the reasons that they did not continue with treatment
- Therapists regularly ask for feedback and informal complaints are recorded and these are reviewed regularly in management and team meetings
- There are feedback comment slips available in the waiting areas and a feedback e mail address advertised on the website and letters
- In terms of improving the service patient feedback is reviewed and discussed and any changes needed implemented
- A monthly poster is displayed in waiting areas regarding the feedback that has been received and how it is being acted upon
- Service users who are interested are encouraged to contribute towards the service
- Service users contribute towards i COPE by attending the advisory group where service developments are discussed and they can join the list of advisors and contribute to focus groups, answering surveys and getting involved with specific projects. In addition they can apply to work in a paid role as a peer well-being worker
- Service users provided feedback and helped recruit new staff by training to be interview Panel members

- 98.1% of service users would recommend i COPE to family and friends indicated by the Friends and Family test
- In response to a question it was stated that 48% of discharged patients completed the Patient Experience Questionnaire, however there were a number of factors that had prevented this from increasing however therapists were encouraged to request patients to fill in the form at their last session
- Feedback is also received by e mail and via a drop out survey and that an e mail address is included on all letters sent out and anonymous feedback forms are available in GP surgeries
- Service users gave evidence to the Committee that it had been easy for them to access the service and that their experience had been positive. One of the residents had attended the group session and one had attended individual sessions and both spoke about their experiences and that these were positive and that the treatment they had received had been effective
- The Committee noted that the maximum number of sessions permitted is 20 and the length of the sessions usually varied from 6 to a maximum of 20
- In response to a question it was stated that some evening sessions were available for appointments but the number that can be offered is constrained by other factors such as the opening hours of the premises used
- The Chair enquired whether it was felt that 6/10 sessions were considered sufficient to treat a patient and it was stated that it often depended on whether the patient wanted to engage, however if a patient had high level anxiety more sessions may be needed

The Chair thanked Dr.Williams-Shaw and the service users for attending

295 **SCRUTINY REVIEW - PATIENT FEEDBACK 12 MONTH PROGRESS REPORT (ITEM NO. 12)**

The Director of Public Health, Julie Billett was present together with Justin Roper, Islington CCG.

During consideration of the report the following main points were made –

- The Committee noted the progress on the recommendations and that the responses were positive, however there is a need to improve the response rates
- The CCG continues to monitor and discuss the FFT with providers throughout the year within the regular contract meetings. This includes focusing upon satisfaction levels and response rates
- The CCG did not only rely on FFT responses but also collected data from national surveys, GP feedback, quality control accounts, complaints and information from Healthwatch
- It was noted that the GP response rate is low, but that the FFT has only just been introduced in GP surgeries
- The Committee expressed the view that the FFT is a simple and straightforward way of collecting feedback
- Islington CCG felt that a 15% response rate did provide some validity to the process

RESOLVED:
That progress on actions being taken forward to address the recommendations of the Health and Care Scrutiny Committee be noted

The Chair thanked Justin Roper and Julie Billett for attending

296 PERFORMANCE STATISTICS (ITEM NO. 13)

Councillor Janet Burgess, Executive Member Health and Social Care, was present at the meeting. The Director of Public Health, Julie Billett was also present.

During consideration of the report the following main points were made –

- Reference was made to the delayed transfer of care figure which is behind target and Councillor Burgess stated that she would look into this as this did not correspond to her information
- In response to a question on direct payments it was stated that the paperwork and financial monitoring involved was putting some claimant off and Councillor Burgess stated that she would investigate this in order to see if it could be simplified
- In response to a question Councillor Burgess stated that she would also investigate the time limit for the assessment process
- Reference was also made to the problems of entitlement to benefit following leaving hospital and that this is being stopped when they were entitled to six weeks free care when leaving hospital and Councillor Burgess stated that she would investigate this. Bob Dowd stated that he would notify Councillor Burgess on specific examples he had where this practice had taken place

RESOLVED:
That the report be noted and that Councillor Burgess be requested to respond to the matters raised above

297 WORK PROGRAMME 2016/17 (ITEM NO. 14)

RESOLVED:
That the report be noted

MEETING CLOSED AT Time Not Specified

Chair

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Moorfields Eye Hospital NHS
NHS Foundation Trust

Islington Health and Care Scrutiny Committee

Review of 2016/17

Tracy Luckett, Director of Nursing and Allied Health Professions

Ian Tombleson, Director of Corporate Governance

6 March 2017

Contents

Moorfields

Who we are

2,000+ members of staff

22,000+ foundation trust members including staff

Confidence in our services

Staff **recommending** Moorfields as a place to receive treatment

95.3%

Staff **recommending** Moorfields as a place to work

74.6%

Results from the 2015 NHS Staff Survey

1st equal for overall staff engagement
2nd for staff satisfaction with the quality of work and care they are able to deliver

Patients & Productivity 2015/16

700,000+ patients seen each year

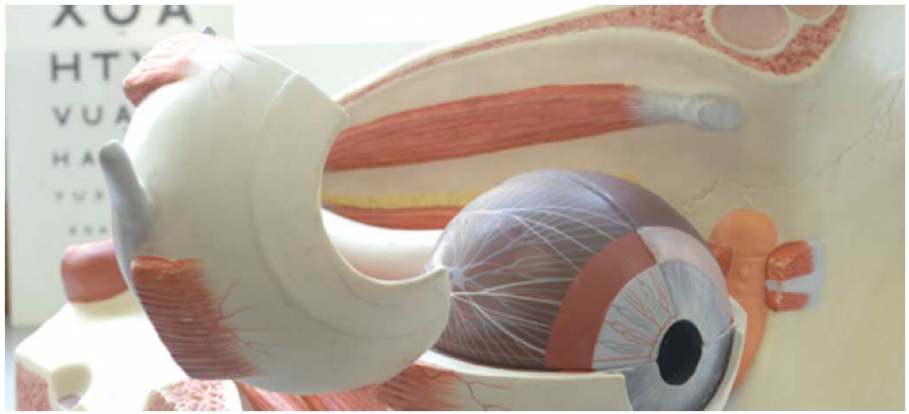
100,000+ visits to A&E

Inpatients	Outpatients
39,000	560,000+

170 Clinical studies of which 72 were clinical trials

3,647 Patients recruited for research studies

Turnover: £200m



CQC inspection May 2016

- **9-13 May:** Inspections across nine sites; City Road, St George's, Queen Mary's Roehampton, Croydon, Purley, Barking, Bedford, Ealing and Mile End.
- **14-26 May:** Unannounced inspections at various sites
- **Ratings:** CQC rate services in five domains:
    - Safe
    - Effective
    - Caring
    - Responsive to people's needs
    - Well-led

CQC inspection outcomes – 6 January 2017

- **Six reports:** Overarching report, City Road, St George's, Bedford, Outpatients and diagnostics, Surgical services
- **Overall rating:** **'Good'** with sub-elements:

CQC inspection – next steps

- **Report recommendations**: 78 recommendations grouped into 50 trust actions
- **Improvement plan:** Action plan progressing well
- **Wide range of actions:** From specific to larger estates based issues
- **14 March Quality Summit:** CQC led stakeholder summit to agree actions
- **Completing actions:** Many actions completed by Quality Summit and vast majority by end of year

Compliance with national targets 2016/17

- Key national targets (at the end of January):

  A&E: Again expecting around 100,000 this year. Consistently achieving >98% within four hours against 97.6% stretch target & >80% within three hours, which is better than 80% internal target

  RTT 18 (incomplete treatment pathway): Compliant against national target

  Cancer: Challenges to meeting some of the national targets consistently. Some due to patient choice.

  Readmission within 28 days following cancellation of surgery: Not achieved on 3 occasions

  Mixed sex accommodation: 23 (remains a challenge due to the ward environment)

  Infection control: Year on year no cases of MRSA or C Diff

Quality: Patient experience (1)

No national surveys this year (CQC or otherwise)

Local Surveys – patient feedback

- Patient (and family) satisfaction with emotional support for adnexal oncology
- Patient satisfaction with general oncology
- Patient satisfaction with complaints handling
- Patient satisfaction with nurse injectors

Quality: Patient experience (2)

- **Friends and Family test**

  Continues to be very good with results consistently >96% that would recommend Moorfields

  @1-2% would not recommend Moorfields - feedback is often about the length of the patient journey in clinic

  The 'Moorfields Way' - a cultural change programme continues -

  - Caring
  - Organised
  - Inclusive
  - Excellent

Quality: Patient experience (3)

- **Patient led assessment of the care environment (PLACE)**

  24 May 2016

  Cleanliness: ↑ 99.5% (98.6%) – national = 98%

  Privacy, dignity and wellbeing: ↑ 94.9% (92.4%) – national = 84.2%

  Condition, appearance and maintenance: ↑ 99.9% (96.0%) – national = 93.4%

  Dementia: ↑ 99.13% (90.8%) – national = 75.3%

  Disability: 87.5% (N/A) – national = 78.8%

  (figures in brackets are 2015/16 performance)

- **2016 Staff survey**

  Awaiting outcomes

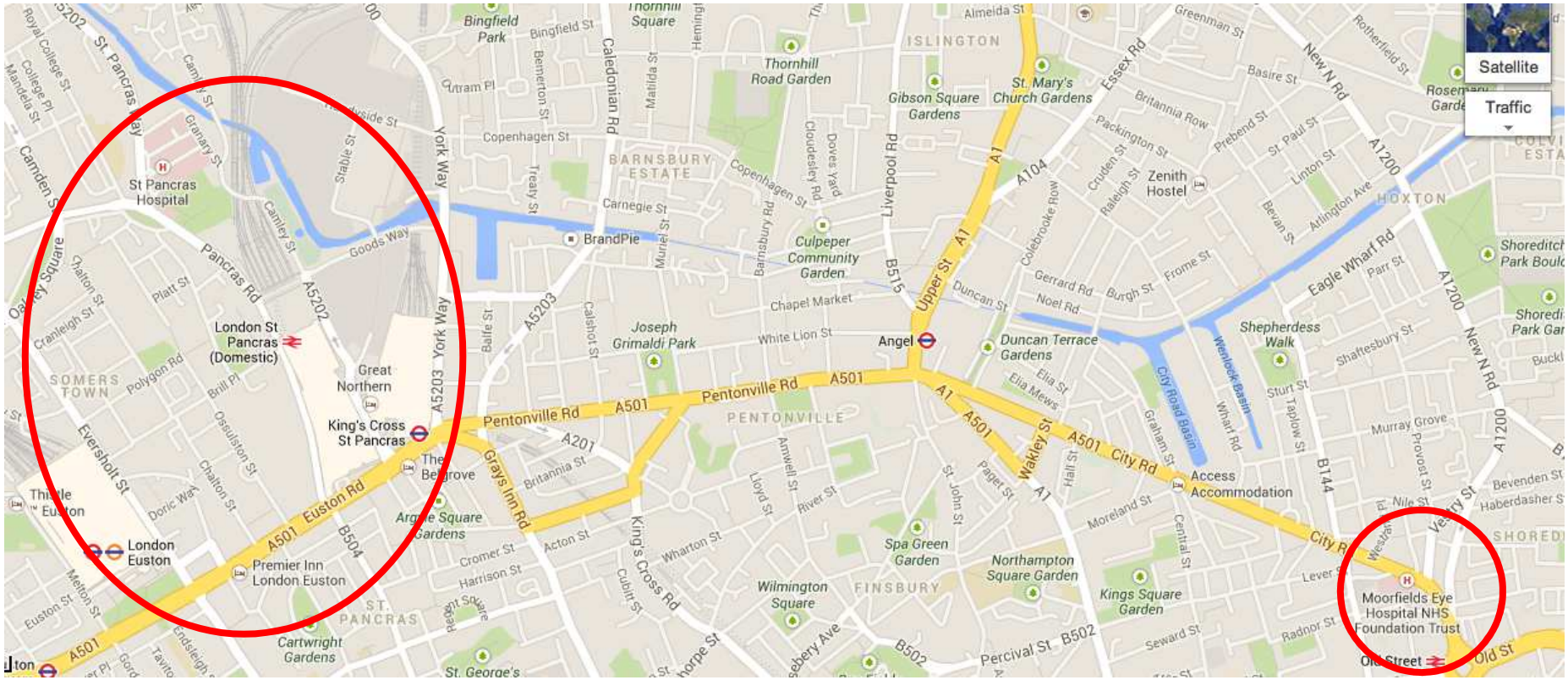
Quality: Patient experience (4)

- Patient engagement group
- Accessible Information Standard
- Expanding ECLO service
- Use of ‘floor-walkers’

Financial and other matters

- **Solid year financially**
  - January surplus forecast was £7.04M
  - Satisfactory delivery against CIPs and good commercial performance
- **Regulatory risk ratings expected to remain strong at year end**
- **Tough year next year**

A new centre of excellence



Our Future – Project Oriel

Moorfields Eye Hospital NHS
NHS Foundation Trust

Moorfields Eye Hospital and the Institute of Ophthalmology share a vision to construct a world-class facility in a single building, purpose-designed to seamlessly integrate:

- Clinical services
- Research
- Education
- Positive working environment

Benefits of preferred option:

- Purpose-built, highly flexible building offering full integration
- Close proximity to London's Research Quarter and MedCity with improved transport links and access
- Single phase of construction minimising disruption on patients, visitors and staff

Moorfields Eye Hospital NHS
NHS Foundation Trust

Thank you

Any questions?

NON-IAPT TALKING THERAPIES IN ISLINGTON

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Recap

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- Previous sessions focussed on IAPT service:
  - CCG-funded
  - National targets
  - ‘Stepped Care’ model
  - Evidence-based psychological therapies; Routine outcome monitoring; Regular, outcomes-focussed supervision
  - Example treatments: Cognitive Behavioural Therapy (CBT), Interpersonal Psychotherapy (IPT), Brief Dynamic Interpersonal Therapy (DIT), Couple Therapy for Depression, Counselling for Depression
  - Challenges include high prevalence and complexity of MH need locally, affecting recovery rates; additional national targets from 2017/18 including increased levels of access and support for people with Long Term Conditions

Non-IAPT Talking Therapies

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- Targeted service in response to local demand
- Three elements:
  - Black, Minority Ethnic and Refugee (BMER) communities
  - Child Sexual Abuse and Domestic Violence (CSA/DV)
  - Bereavement
- Jointly funded by Local Authority/CCG
- Delivered since 2012 – re-commissioned in 2016 with more formalised performance expectations
- £113,000 per annum
- Third-sector provider – Accept Consortium:
  - Nafsiyat; Women's Therapy Centre; Maya Centre; CCI&W Bereavement Service
- Time-limited service: 12 – 20 sessions

NHS Islington Clinical Commissioning Group

ISLINGTON

Service Remit

- To complement existing IAPT provision
- To support an increase in access to psychological therapy for identified under-represented communities, including: BMER, older adults, men and Lesbian Gay Bisexual and Transgender groups (LGBT).
- To provide counselling to those who have suffered a bereavement

How does the service differ from IAPT?

- Higher threshold – equivalent to Step 3 on IAPT stepped-care model
- Women-only element
- Access to therapists with a range of language skills
- Overcome cultural barriers by matching service users to therapists with the same background
- Non-NHS – helps to overcome barriers associated with fear of ‘formal’ MH services

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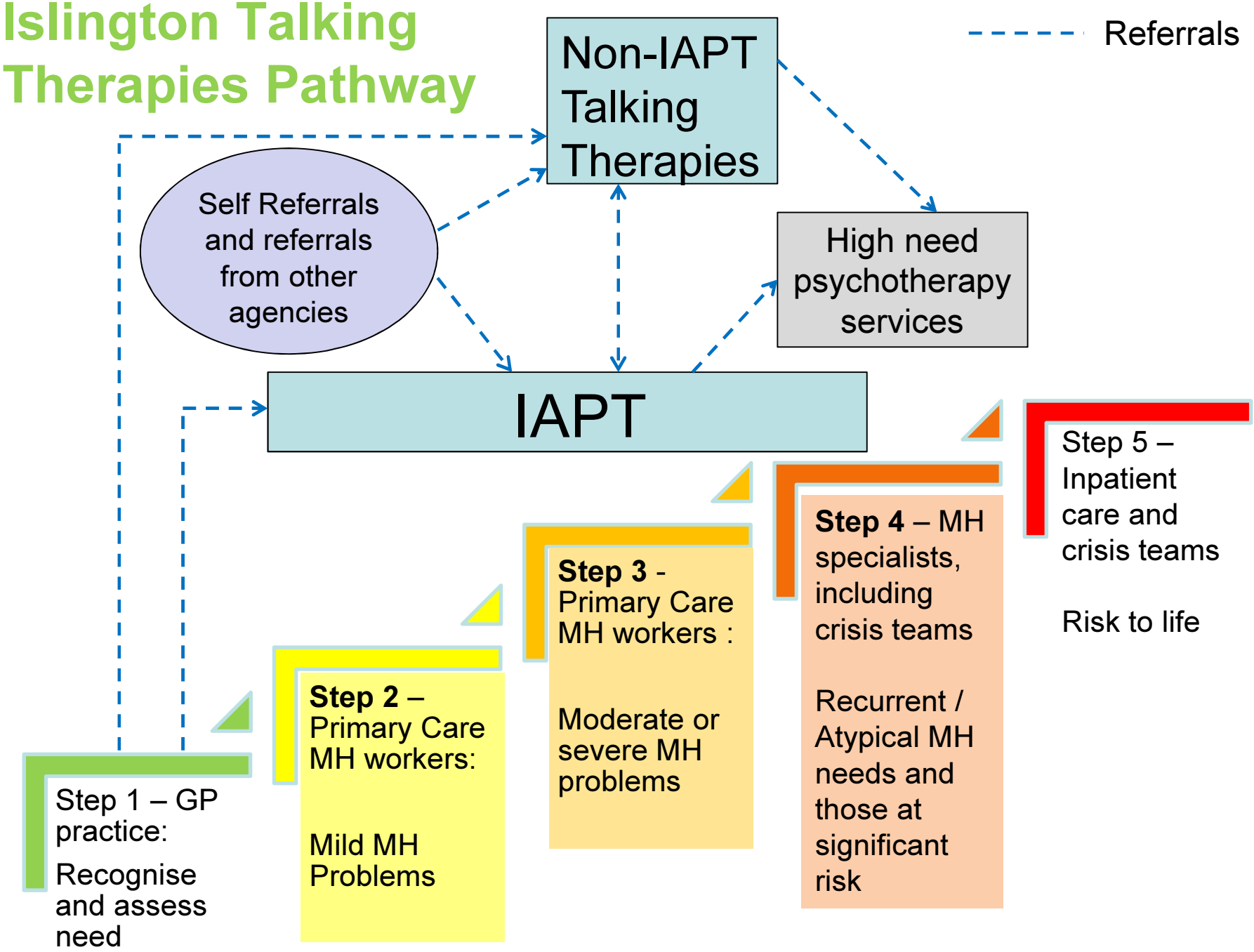
NHS
Islington
Clinical Commissioning Group

Islington Talking Therapies Pathway



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Performance Targets

- 50% of those who complete treatment will be moving to recovery (aligned with IAPT target)
- 60% of those who complete treatment maintain a clinically significant improvement at 3 months post-therapy
- 40% of those who complete treatment maintain a clinically significant improvement at 6 months post-therapy
- 50% of those who complete treatment access ongoing support within the community, including peer support
- 50% of those who complete treatment self-report an improved level of confidence in maintaining their own mental wellbeing.

Performance

	Target August 2016 – July 2017	*Service Activity - August to January 2016/17*		
		BMER	CSA/DV	Bereavement
No. of referrals in to the service		**93**	**43**	**121**
No. entering/starting treatment	**BMER: 53 CSA/DV: 43 Bereavement: 130**	**36**	**10**	**40**
No. of services users completing treatment		**8**	**1**	**17**
% of service users in recovery on completion of treatment	**50%**	**38%**	**0%**	**0%**
Number on waiting list		**39**	**22**	**47**

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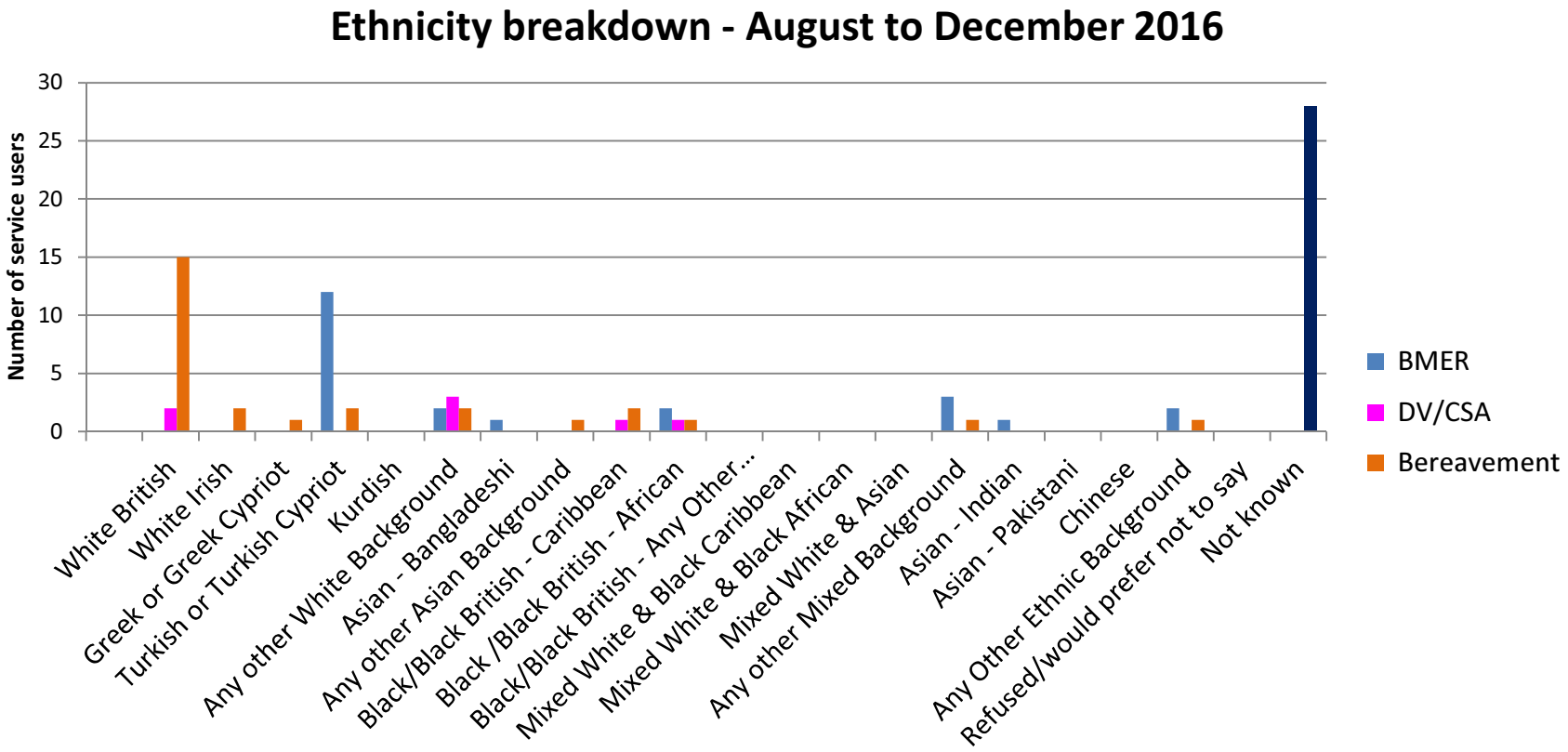
- High number of referrals – majority are accepted
- Referral rate and number on waiting list for BMER and Bereavement services indicates that target for number accessing treatment will be met
- Concerns re recovery rate for CSA/DV and Bereavement services. Measurement partly affected by data reporting tools.

Performance - Demographics (by service type)



Performance against key areas of focus

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Increase in people from BMER communities accessing talking therapies:

- 24% Turkish/Turkish Cypriot (primarily accessing BMER service). IAPT ethnicity reports against different categories – Any Other White background would capture Turkish – Q3 2016/17 = 14%
- 28% White British accessing all services vs Islington population of 48% White British (2011 Census)

Increase in men accessing talking therapies:

- 72% women, compared to 66% in IAPT

Increase in older people accessing talking therapies:

- 3.5% aged over 65, compared to 8.5% in IAPT

LGBT representation difficult to measure due to lack of self-reporting

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Challenges

- Demand for services compared to service capacity – over 100 on waiting list – BMER and bereavement have majority demand
- Interim support for those on waiting list
- Availability of Turkish speaking therapists (BMER service)
- Encouraging access from other BMER groups
- Encouraging access from older people and men
- Performance monitoring and measuring outcomes

Future Developments

- Investment in IAPTUS reporting system, in line with IAPT service
- Improved performance reporting to support better understanding of gaps in provision and low recovery rate
- Performance figures to contribute to local IAPT data from 2018/19
- Supporting local Syrian refugee resettlement programme – linking in with Camden and Islington Foundation Trust's Complex Depression and Trauma service

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Whittington Health NHS

Whittington Health

Improving our Estate: Strategic Estates Partnership

February 2017

Whittington Health

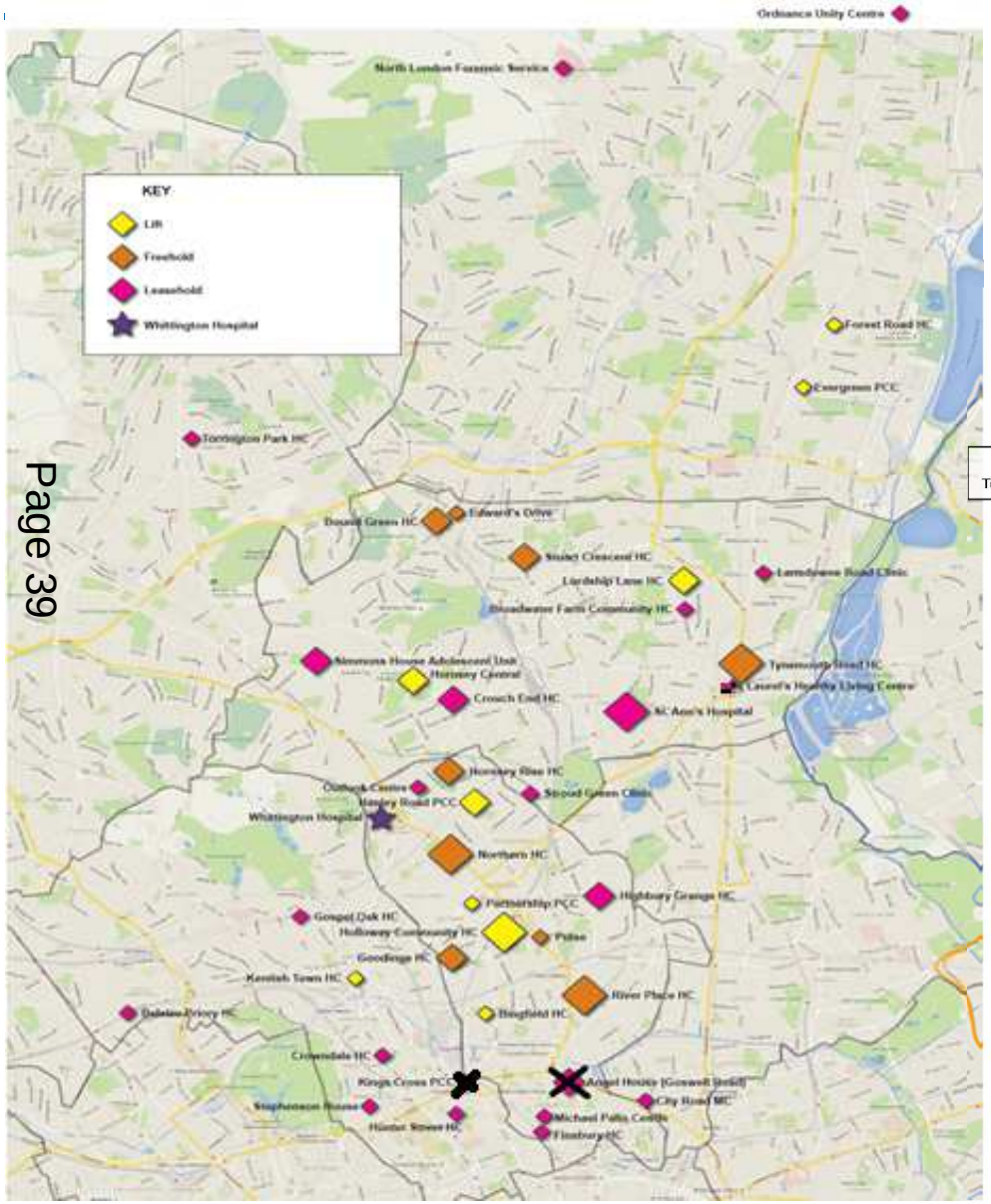
Whittington Health

- Integrated Care Organisation (community and acute services)
- Services provided to population of c500,000
  (mainly the London Boroughs of Haringey and Islington)
- Annual income c£295m
- Staff: c4,400

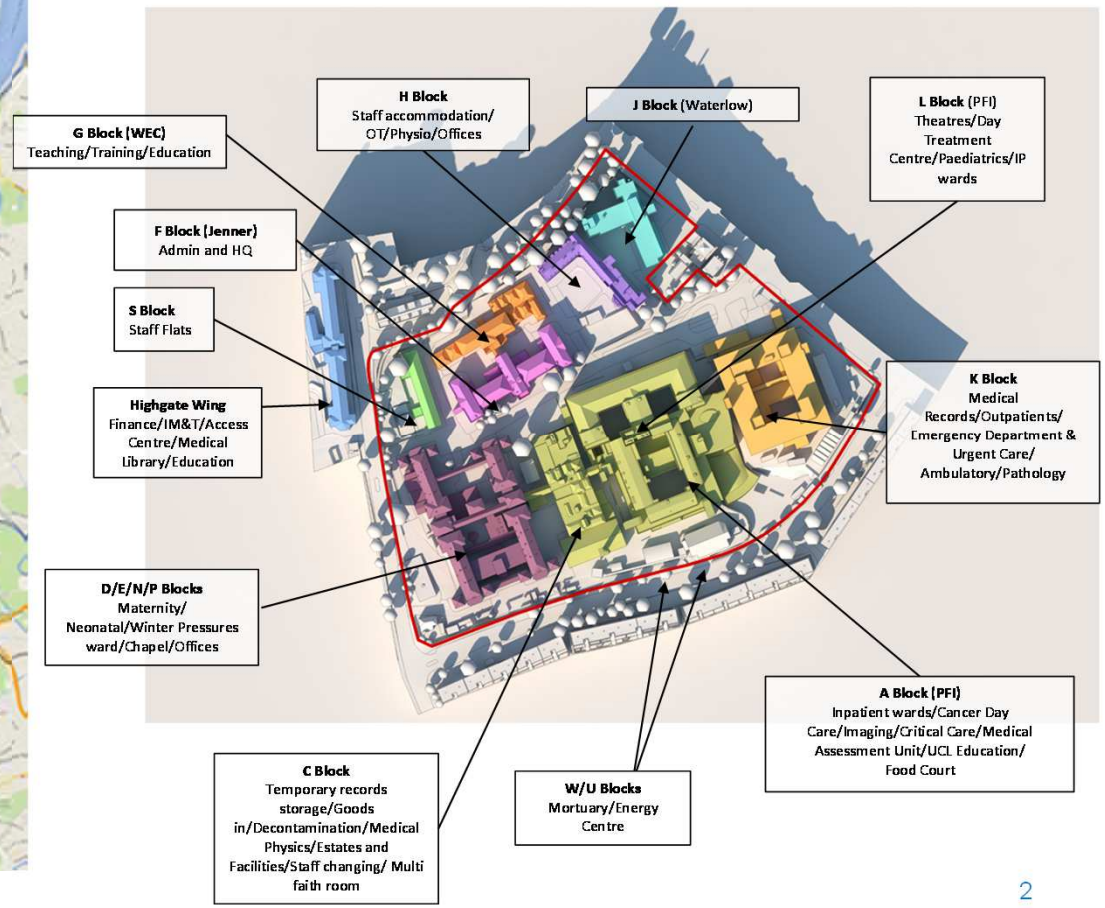
WH Estates and Facilities Services

- Budget: c£24m
- In-house capacity to deliver major estate transformation - limited

Whittington Health Estate



- Hospital site (33% built pre1948 /18% post 2005)
- 9 community freehold sites + service delivery from over 40 community sites
- Backlog: c£17m



Whittington Health Estate Strategy

- Trust Estate Strategy published 2016
- Stated aims:
  - a modern estate that is designed to deliver our clinical services
  - an estate that enables us to provide care, where and when people need it
  - An estate that meets national guidelines regarding patient space, privacy and dignity
- Estate transformation must support the delivery of new models of care and improve the efficiency of the Trust's estate
- The Trust needs a long-term strategy to maintain and invest in our estate, to reduce the backlog and improve the environment for patients and staff

How will the Trust achieve this?

The challenge

- NHS capital funding availability is extremely constrained
- The Trust's capacity to move forward at pace and alone is limited
- Doing nothing is not an option.

The Trust does not have the capacity or capital to develop and implement a long-term transformational estates programme.

Our approach

- Procure a partner who will support the Trust with commercial and estates expertise, offering the following:
  - strategic planning services to develop long term estates solutions that maximise value for the Trust, staff and patients
  - Ability to raise or contribute capital to implement projects and support the Trust to generate capital
  - Ability to maximise value for money by acting as a partner in procuring services for the Trust
  - Ability to manage projects in partnership with the Trust

What is a Strategic Estates Partnership (SEP)?

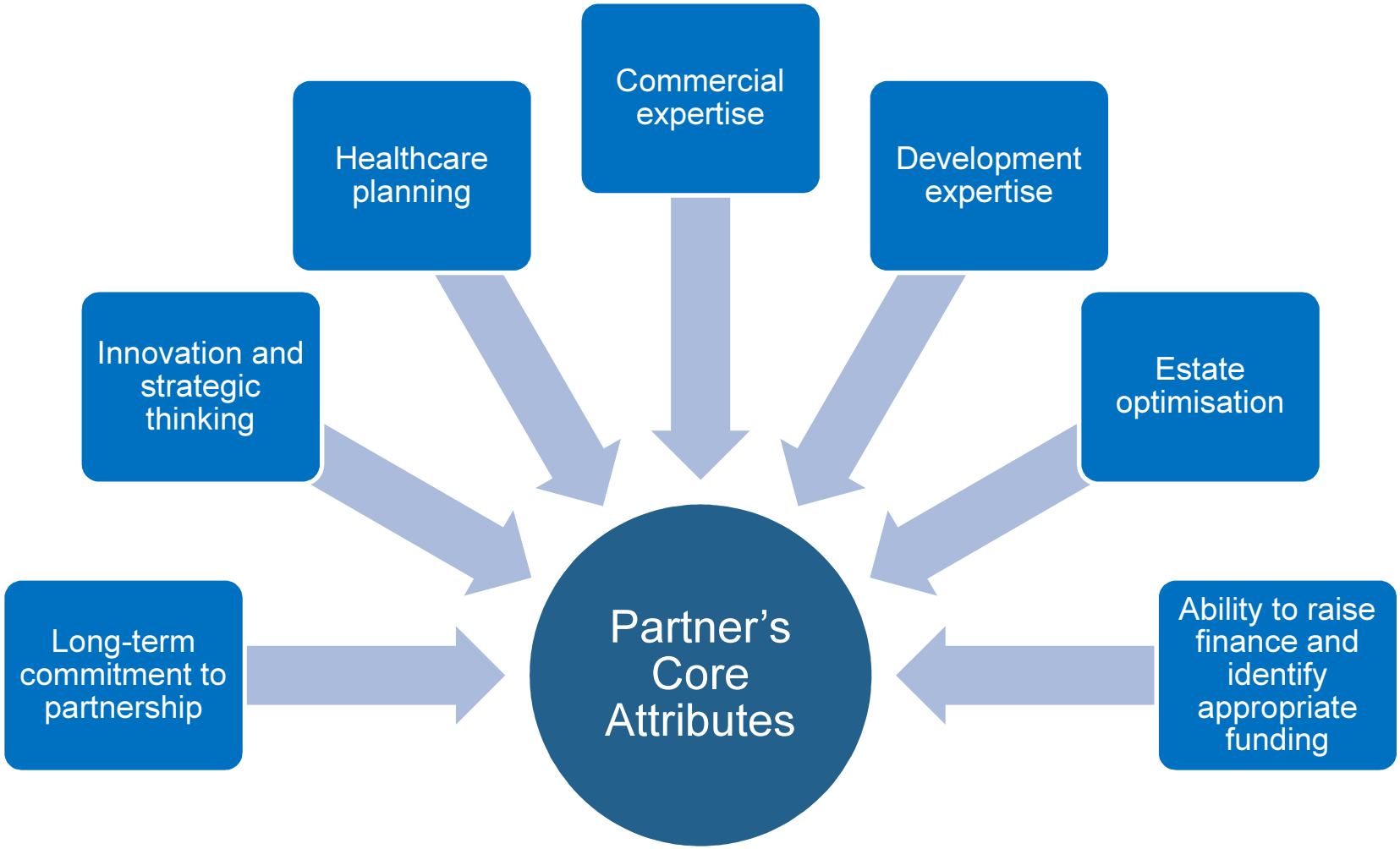
- A SEP is a 50:50 joint partnership between the Trust and partner, that seeks to maximise the potential of the Trust's estate to support and improve the delivery of clinical services
- As an non-Foundation Trust, the Trust will enter into a contractual relationship with the partner to form the SEP
- The SEP will bring a range of estates expertise, providing strategic advice to the Trust, helping to prepare an estates master plan, developing business cases, project managing new projects and identifying sources of capital
- The relationship with the SEP is non-exclusive
- Each project is agreed on a case-by-case basis, but fits into a broader, strategic 'master plan'
- This approach is being increasingly used across the NHS

Roles of a Strategic Estates Partner

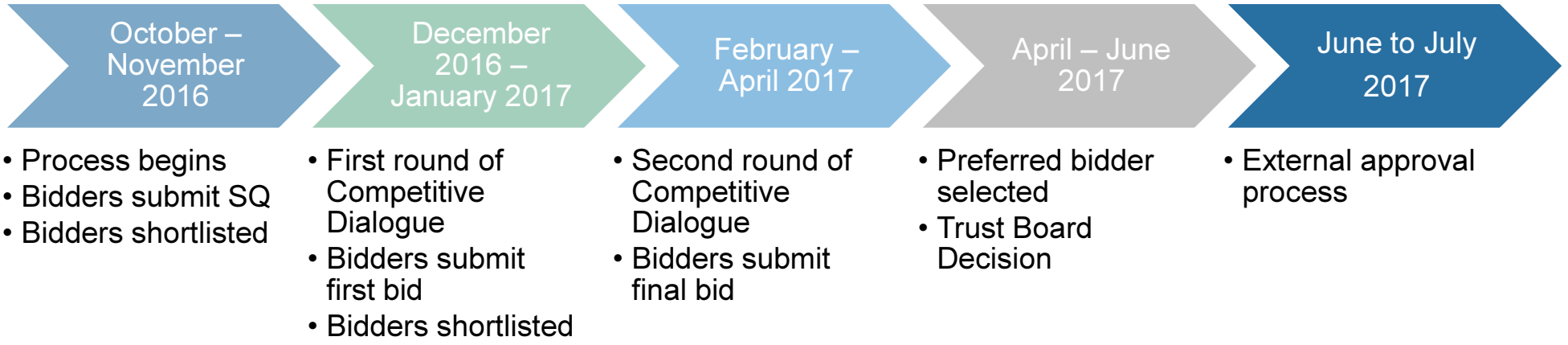
What are the Trust's priorities for improvement?

- **Redevelopment of Maternity and Neonatal Services**
  - services currently provided within pre-1948 estate
- **Staff Residences**
  - modernising staff accommodation to support recruitment and retention
- **Modernisation and rationalisation of the community estate**
  - reconfigure and modernise premises to support the delivery of integrated models of services and improve efficiency
- **Community Children's Services**
  - Re-provision of facilities for specialist services
- **Reducing carbon emissions**
  - developing a sustainable energy and infrastructure strategy

What are we looking for in a partner?



Finding the right partner: Timescales



Reflections since October 2016

Bidders offer collaborations of people with skills, experience and knowledge that will help us deliver improvement

Bidders demonstrating knowledge of the local area

Creative solutions being proposed that will help us redevelop both community and hospital sites, and reduce backlog

Development of solutions for improved patient/staff experience and ways of working, that offer options for income and reinvestment into the organisation over the next 5-10 years

Redevelopment of the affordable accommodation for staff is key

Ambition expressed regarding development of Maternity and Neonatal services

The SEP will enable us to deliver our Estates strategy in a positive way, that focuses on redevelopment; it can be a catalyst in the development of integrated care and CHINs in both Islington and Haringey

Staff and community engagement in future detailed proposals and individual business cases will be essential

ISLINGTON

Public Health
Municipal Offices, Upper Street

Director of Public Health

Meeting of:	**Date**	**Agenda item**	**Ward(s)**
Health and Care Scrutiny Committee	6th March 2017		All

Delete as appropriate	~~Exempt~~	Non-exempt

SUBJECT: Transformation of Islington adult substance misuse services

1. Synopsis

1.1 This paper and the accompanying presentation set out Public Health's plans to transform the substance misuse treatment system.

1.2 Services have historically been commissioned via a range of different funding streams and as a result different parts of the drug and alcohol treatment service pathway have been designed and commissioned separately. Consequently different service types are provided through the same providers and some areas of provision are provided by several providers.
Pathways and referral routes into services can be complex and confusing and service users face multiple assessments, hand overs and case working arrangements.

1.3 Due to the current financial challenges facing local authorities there is a need to ensure that services are operating as effectively and efficiently as possible. The service redesign and re-procurement will support Islington in achieving this.

2. Recommendations

2.1 To note the planned transformation and re-procurement of adult substance misuse services.

3. Background

3.1 There has been a major programme of substance misuse service transformation and redesign underway since 2014. Savings of £2.3 million have been delivered since 2014/15 through the re-procurement of the complex needs service and the residential rehabilitation framework, as well as through direct negotiations with current providers, to support service redesign.

As part of the substance misuse transformation programme, and as part of Islington Council's medium term financial strategy, public health commissioners are committed to finding a further £1.3 million of savings. Rather than continuing to seek savings from individual providers and services, which would create challenges in maintaining quality of care, the next stage of transformation will be best achieved by

remodelling the treatment system as a whole and achieving radically different and innovative ways of delivering services.

Treatment services, in scope of this major service redesign, are currently delivered through 9 contracts. The procurement strategy proposes bringing these services together under one contract, in order to create a more integrated, seamless treatment pathway, ensuring consistent care and providing the right kind of expert support at the right time across the pathway. It also proposes re-investing £200,000 into young people's drug and alcohol services to strengthen the service by: increasing its capacity to support the needs of families affected by substance misuse; improving the transition of young people to adult services; and increasing the focus on prevention amongst young people in the community.

The proposed annual contract value for the new integrated adult substance misuse treatment service is £4,900,000. This annual contract value, alongside the investment of £200,000 in young people's services, will deliver an overall saving of £1,311,500.

Islington's priorities for the drug and alcohol treatment system are to continue to improve recovery outcomes, increase uptake of the most appropriate treatment for those who need it and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users with support that is flexible and coproduced and evaluated by service users. This includes:

- Supporting clients with different patterns of drug and alcohol use (e.g. increasing use of novel psychoactive substances along with problematic use of alcohol and other poly-drug use)
- Increasing uptake of, and engagement in, treatment for residents (increasing numbers entering drug and alcohol treatment services).
- Supporting families affected by drug and / or alcohol use to ensure that children are able to develop and flourish, with the aim of breaking familial patterns of substance use
- Better identification and support for victims and perpetrators of domestic abuse
- Ensuring an equitable focus on supporting users of alcohol
- Supporting the treatment system to better promote recovery across all user groups
- Supporting non substance misuse providers across the borough to identify emerging substance use needs and intervene earlier
- Ensuring those accessing treatment services receive support that promotes and sustains their treatment, builds resilience and helps people recover and rebuild families eg. housing, employment, positive social networks
- Developing more flexible and personalised services, with a greater emphasis on community based programmes
- Intervening early to support young people and thereby prevent their drug and alcohol use escalating, with effective prevention measures to build resilience among young people and to promote drug-free environments.

4. Implications

4.1 Legal implications

Legal implications have been described in the procurement strategy.

4.2 Environmental implications

Environmental implications have been described in the procurement strategy.

4.3 Resident Impact Assessment

A resident impact assessment has been completed.

5. Conclusion and reason for recommendations

5.1 There has been a substantial programme of engagement with stakeholders throughout the borough to gather views on what works well in current services and where improvements are needed. We have sought views from service users but also from young people and the general public.

5.2 Stakeholders have responded favourably to being given the opportunity to be involved in the future development of services.

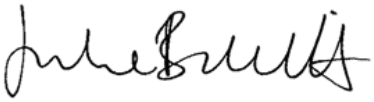
5.3 We are in a strong position to progress to the next stage of procurement.

Appendices

Background papers: Presentation:

Final report clearance:

Signed by:



Director of Public Health Date

Received by:

Head of Democratic Services Date

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TRANSFORMATION OF ISLINGTON'S ADULT SUBSTANCE MISUSE SERVICES

Emma Stubbs

Senior Commissioning Manager

Charlotte Ashton

Consultant in Public Health

March 2017

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Key areas

- Background information
- Why are we doing this?
- Which services are included within the transformation
- Vision for the redesigned service
- Key dates and milestones

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Background

- Substance misuse services have been part of a programme of transformation and redesign since 2014
- Savings of £2.3 million have been delivered since 2014/15
- As part of the substance misuse transformation programme, and as part of Islington Council's medium term financial strategy, public health commissioners are committed to finding a further £1.3 million of savings
- It is anticipated that by the start of the new contract in 2018/19 the cost of the services in scope of this programme will be £4,900,000 per annum
- This represents a £1,511,500 (23%) reduction on current 2016/17 contract values.

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Why are we doing this?

- Services have historically been commissioned via a range of different funding streams
- As a result different parts of the drug and alcohol treatment service pathway have been designed and commissioned separately
- Consequently different service types are provided through the same providers and some areas of provision are provided by several providers
- Pathways and referral routes into services are complex and confusing
- Service users face multiple assessment, hand over and case working arrangements
- Due to the current challenges facing local authorities there is a need to ensure that services are operating as effectively and efficiently as possible

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Which services are included?

Name of service (provider)	Interventions currently provided
Change Grow Live Islington – CGL (formerly ISIS)	• Direct access drug service • Psychosocial interventions for adults living in Islington misusing drugs • Psychosocial interventions for criminal justice drug & alcohol clients
CASA (Blenheim CDP)	• Direct access alcohol service • Psychosocial interventions for adults living in Islington misusing alcohol
Islington Drugs and Alcohol Specialist Service - IDASS (Camden & Islington NHS Foundation Trust)	• Drug and alcohol treatment services for people with multiple and complex needs • Blood borne virus screening and vaccination service • In-reach prescribing to ISIS and CASA
28b Change and Recovery (Cranstoun)	• Recovery focussed interventions for adults living in Islington who are abstinent or who are stable in their drug / or alcohol treatment
Intuitive Thinking	• Six session accredited programme promoting abstinence
CASA Families Service (Blenheim CDP)	• Therapeutic interventions for families aimed at addressing the impact of parental substance misuse
Primary Care Alcohol and Drugs Service – PCADS (Whittington Health)	• Psychosocial interventions for adults living in Islington misusing drugs and alcohol who are being treated by their GP • Support and advice for adults misusing alcohol who are admitted to or frequently attending Whittington Hospital

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Vision for the redesigned service

Islington's priorities for the drug and alcohol treatment system are to continue to improve recovery outcomes, increase uptake of the most appropriate treatment for those who need it and ensure the treatment pathway meets the changing needs of the population of drug and alcohol users.

The specification for the new service model will be co-produced with a wide range of stakeholders and, most importantly, users. This work is currently underway, however, the key elements of the new pathway include:

- A single point of contact
- A focus on service users outcomes
- Think Family embedded within all aspects of the service
- Ensuring the right kind of specialist support is tailored to meet the particular needs of users
- Expert advice to partners across the system in identifying and managing people's substance misuse needs
- A strong emphasis on recovery and social resilience built in from the start of treatment and across all parts of the service.

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Key dates and milestones

Action/output	Timescale
Engagement process with providers / service users / partners across the Borough	Nov 2016 – Jan 2017
Final engagement following initial feedback	Feb 2017
Procurement timetable agreed	March 2017
Write tender documents (including service specification)	Jan – March 2017
Advertised tender opportunity	June 2017
Award contract	Nov 2017
Mobilisation	Nov 2017 – March 2018
New service starts	1st April 2018

Key meeting dates:	Date
Commissioning and Procurement Board	26th January 2017
Joint Board	21st February 2017
Executive	23rd March 2017
Award - Joint Board	September 2017
Award - Executive	October 2017

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