



Report of: Director of Public Health

Meeting of:	Date	Agenda item	Ward(s)
Health and Wellbeing Board	15 th October 2014	TBC	All

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SUBJECT: ISLINGTON CCG AND ISLINGTON COUNCIL COMMISSIONING INTENTIONS FOR 2015/16

1. Synopsis

- 1.1 This paper sets out a high level overview of the approach to commissioning intentions for 2015/16 being taken by Islington Council's children's, adult social care and public health services and Islington Clinical Commissioning Group (CCG). It describes the overarching strategic approaches and aims informing the development of commissioning intentions.

2. Recommendations

- 2.1 Islington Health and Wellbeing Board is asked to note the approaches to commissioning for 2015/16

3. Background

- 3.1 This paper sets out a high level overview of the approach to commissioning intentions for 2015/16 being taken by Islington Council's children's, adult social care and public health services and Islington Clinical Commissioning Group (CCG).
- 3.2 Proposals for Islington Council's commissioning intentions are being developed in the context of a very challenging economic climate which has seen unprecedented levels of central government cuts to local authority services. During the period since 2010, Islington Council has had to make savings of £112m; over the next four year period, a further £95m may have to be found, amounting to a halving of the council's budget since 2010.
- 3.3 In terms of specific proposals for children's, adult social care and public health services

for 2015/16, these will be identified through the Autumn and consulted on as appropriate before formal decisions are taken in the New Year by Islington Council's Executive

4 Children's Services

4.1 Work on developing proposals for the new medium term financial strategy for Children's Services, starting in 2015/16, has involved four main stages of development:

1. Identifying principles and priorities underpinning the role of local authority children's services, working with partners including the Schools Forum and the Clinical Commissioning Group, in the context of the financial and operating environment for Children's Services.
2. Using service area analysis - performance/ financial/ legal/demographic – to support greater insight into the needs, service requirements and performance, and outcomes for children and young people and their families in Islington. As part of this workstream, detailed analysis has been undertaken on the overall 'shape' of the Children's Services budget, for example the relative investment in early intervention and prevention services compared to specialist services.
3. Assessing the evidence base in order to inform development of proposals for priorities, options development within and across service areas and new ways of working, with extensive engagement with stakeholders.
4. Developing proposals for the draft Financial Strategy for subsequent consultation, approval and implementation.

4.2 The overall budget for children's services in 2014/15 is £241m however, 71% of this budget is under the control of the Schools Forum. Therefore, it has been particularly important that the development of the draft medium term strategy for services for children and young people and their families has worked closely with stakeholders and considered all relevant budgets i.e. not just funding in the children's services budget but relevant funding streams including those administered through the Safer Islington Partnership and the Schools Forum, as well as Islington CCG expenditure on children's community health services and Public Health budgets for health improvement.

4.3 Children's Services proposals for the draft financial strategy and commissioning intentions are underpinned by a number of key strategic priorities:

- retaining a systematic approach to and investment in prevention and early intervention, to help ensure that children and families have the best start in life, as well as to identify and address emerging problems earlier and more effectively;
- strengthening the Community of Schools;
- investing in targeted services to ensure long-term service and financial viability for children's services over the next ten years;
- ensuring safe, specialist services;
- maximising joint commissioning opportunities with Schools and the NHS.

4.4 In support of these key strategic priorities, the following principles are intended to underpin both the Financial Strategy for Children's Services and the Children and Families Early Intervention Strategy. The main principles are:

- Early Intervention and Prevention
- Quality of Integrated Universal Services
- Reducing Inequalities

- Think Family
- From Participation to Co-production
- Connecting socially for a stronger community
- Innovation and evidence

4.5 The development of the draft financial strategy and proposals established a range of workstreams which engaged stakeholders in identifying key service and financial challenges and priorities for future service delivery and commissioning. This included engagement with stakeholders in the following service areas:

- Early Years Services and Childcare
- Pupil and School and Early Years Support Services
- Post 16 Education and Employment
- Social Care, Family and Parenting Support
- Health Services for Children
- Services for Disabled Children
- Play and Youth Provision
- Youth Safety and Crime
- Central (CS) Support Services

This led on to further engagement with stakeholders in identifying and developing potential service changes and savings, working with Children's Services Management Team (CSMT). Those 'shortlisted' by the CSMT against the priorities and principles outlined above have then been further developed and tested through more intensive analysis and stakeholder engagement.

4.6 The development process for proposals have also taken into account previous work on a number of substantial strategic service reviews and reconfigurations implemented as part of the 2011-15 Financial Strategy. These included:

- the reduction in management capacity and clustering of Sure Start Children's Centres;
- the ending of the schools services contract with Cambridge Education and the re-integration of key services back into the LA;
- the establishment of the Community Budget for Families with Multiple Needs including:
 - the Parental Employment Project;
 - the establishment of Families First;
 - the rationalisation of specialist services for those young people most vulnerable and/or at risk
 - the incorporation of the Troubled Families programme into the community budget model;
- the Youth Review including the development of the Youth Hubs at Lift and Platform;
- the Adventure Play Review and the establishment of a single contract for 6 voluntary sector playgrounds;
- the progress on the four strategic priorities in the Children and Families Strategy 2011-15:
- new legislative requirements;
- inspection requirements and outcomes

5. Adult Social Care

5.1 Adults Social Care commissioning in Islington is delivered in partnership with the

Clinical Commissioning Group. This joint working is underpinned by a partnership agreement under Section 75 of the Health Act 2006. £68m of funds are pooled between adult social care and the Clinical Commissioning Group. Close collaboration between local authority and NHS commissioning becomes increasingly important to make best use of decreasing resources to deliver the most benefit for our population. Islington is well positioned to do this, with a strong history of partnership working.

5.2 The key priorities for Adult Social Care commissioning for 2015/16 will be:

1. Delivering the requirements of the Care Act 2014.
2. Developing joined-up care and support in Islington, as defined in the integrated Pioneer proposal and programme plan, and the ambitions of the Better Care Fund
3. Developing a sustainable Adult Social Care offer in the context of rising demand and shrinking local Government resources.

5.3 The Care Act 2014

5.4 The Care Act passed into law on 14 May 2014. The draft guidance and regulations were published for consultation on 6 June 2014, with a closing date of 15 August 2014. The final draft regulations are expected in October 2014. Commissioning intentions at this stage are therefore based on the draft guidance. In terms of commissioning intentions, two of our main priorities in relation to the Care Act are as follows:

- To take a strategic approach to market development for social care in Islington, to ensure that we meet our requirements under the Care Act to develop social care provision that offers choice and quality to both those who fund their own care, and those who have support from the local authority. Our Peer Review at the end of September will support this approach.
- To ensure that there is adequate provision of information, advice and advocacy, which quickly signposts people to the most relevant and useful services. We are working with the Social Care Institute of Excellence to pilot their commissioning guidance for developing information, advice and advocacy.

5.5 Developing a joined-up approach to care and support in Islington

5.6 Adult Social Care Commissioning is part of the Integrated Care Board, which oversees the development of joined-up care and support in Islington, and which reports to the Health and Wellbeing Board. Some of the key initiatives which are being led within Adult social care include:

- A review of intermediate care, to ensure that services provide efficient and effective “step up” and “step down” services, particularly to prevent hospital admissions, and to help people to get home more quickly following a stay in hospital
- To build on our strong approach to personalisation in Islington through the “Making it Real Board” to support the development of personal health budgets.
- To support the development of localities of co-ordinated health and social care, where GPs, community health and social care services, and voluntary sector providers, work with individuals to achieve personalised goals. Our ambitions are described in the Better Care Fund plan.

5.7 Developing a sustainable offer for Adult Social Care

5.8 A key priority will be to scope options for Adult Social Care over the next four years in the context of decreasing resources. Our approach will be characterised by the following:

- Reviewing service provision which is underused or performing poorly, and decommissioning where relevant.
- Looking at how services can be delivered more flexibly
- Ensuring contracts deliver services as efficiently as possible, without compromising quality.
- Ensuring a joined-up approach across all parts of the Council and the CCG by commissioning together to get most value

The starting point for this work is the evaluation of current Adult Social Care investment and effectiveness with the “Use of Resources Tool”, which was developed by the Association of Directors of Adult Social Services. This will be completed by the end of October 2014.

6 Public Health

6.1 The Council’s public health investment 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
- National Child Measurement Programme: a programme to measure and weigh all children in reception and year six.

6.2 Besides these mandated services, 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. In 2015/16, the Public Health Grant for Islington has been announced as £24.6 million, the same level as in 2014/15. A further announcement on funding for health visiting, which is scheduled to transfer from NHS England to local authority responsibility in October 2015, is expected before the end of the year.

6.3 During 2015/16, Public Health will be progressing its transformation programmes which are designed to ensure that the public health grant is focused on delivery of the Health and Wellbeing Board’s strategic priorities; delivering key health outcomes and increased value and quality; and supporting reductions in health inequalities in Islington. The transformation programmes are organised under 3 main headings:

- Drug and alcohol services – this is largely focused on re-design of pathways for treatment and support in order to increase efficiencies and improve outcomes; making improved use of performance and quality incentives to drive improvements in outcomes; and review of resource use to ensure value for money in the major contracts
- Sexual health services – the two major transformational drivers for sexual health services that will be progressed through 2015/16 both involve working collaboratively with other London councils: the first is preparing for proposals to make significant changes in the way that local authorities pay for open access sexual health services through the introduction of a new integrated sexual health tariff, expected to be ready for implementation from April 2016; and a significant programme developing service transformation options designed to inform the future commissioning of GUM services
- Health improvement – mainly focused on changes in how health improvement services for adults are accessed and delivered, with greater integration of the offer including through primary care services. For 2015/16, the major proposals are to identify efficiencies within budgets and develop and prepare for new integrated commissioning models

6.4 The general approach under each of the 3 headings is that transformation will:

- be driven by an understanding of local need, priorities, reviews of what is currently in place, and evidence of ‘what works’
- seek to maximise efficiencies and productivity gains
- use incentives and levers to improve performance and maximise outcomes
- introduce alternative contracting and payment mechanisms to ensure payment more closely reflects levels of service being delivered (e.g. sexual health services, drug and alcohol services).
- help to develop opportunities for collaboration and joint working, whether with Camden, the local NHS or other London councils, to help to create synergies and efficiencies in meeting the needs of residents
- focus on service transformation and pathway re-design – where it is appropriate and safe to do so, shifting services into more cost-effective settings and delivery channels, taking advantage of new and emerging technologies (e.g. considering options for greater use of home testing for sexually transmitted infections), moving services into primary and community settings away from specialist provision, and changing the skill mix in clinical services, enabling residents more convenient access to services, closer to home.
- take a more holistic, integrated approach to the commissioning and delivery of preventative and wellness services, whether as part of wider initiatives or through ‘single points of access’ so that they address multiple needs, rather than commissioning a number of ‘single issue’ services in isolation.

6.5 As well as the above programmes of work on transformation, the responsibility for health visiting services will transfer from NHS England to local authorities in 2015. The transition to local commissioning responsibility is currently being managed jointly with Haringey Council, as both Islington and Haringey health visiting services are provided by Whittington Health. A joint transformation project group has been established to oversee the transition of commissioning responsibilities from NHS England to local authorities from October 2015, co-chaired by the Assistant Directors of Public Health from Islington and Haringey with engagement from Early Years and Children’s Health Commissioning. A local arrangement is being put into place through an Integrated Governance Framework which sets out how NHS England and Islington will work together during the transition period, to ensure there is continuity in commissioning and monitoring and oversight of performance as responsibilities transfer across.

7 Islington Clinical Commissioning Group

7.1 2015/16 is a crucial year in the development of longer-term plans for Islington Clinical Commissioning Group (CCG). The CCG has identified the key elements of a transformed service offer for Islington patients:

- An offer of early intervention and prevention for the whole population;
- Health and care systems and pathways that are co-produced with patients and users;
- Strong clinical leadership shaping and supporting change;
- Hospitals that plan and support discharge from the first day of admission;
- Better access to voluntary and community based services through better information and advice;
- Joined up care delivered through four localities based around GP practices. This 'network of care', comprising GP-led services and community provision which wraps around patients' needs, will be at the front end of service delivery, integrating provision. Outcomes will be improved across the spectrum of an individual's health using a multi-disciplinary clinical approach across health and care services;
- Better identification and co-ordination of care for patients/users at high risk of hospital admission;
- A programme of supported self-management for children and adults with long term conditions;
- More personalised service offers through the roll out of personal health budgets and increasing numbers of those who opt for a personal budget;
- Services that are more easily understood and accessed through single point of access, single assessment processes and 7 day working;
- Better alignment of physical and mental health services, thereby promoting parity of esteem across the health continuum;
- A skilled workforce that delivers care with dignity and compassion, is motivated to make a difference and is rewarded for its efforts;
- IT systems that support joined up care by becoming interoperable.

Islington CCG's Commissioning Intentions for 2015/16 are designed to support the above transformation objectives through a range of actions. These include the following areas.

7.2 Integrated Care including the Better Care Fund

7.3 Aims for the programme are two-fold: support for health and wellbeing at a whole population level; and at the same time providing better co-ordinated care for more intensive users of services. A life course approach to this work means that the health and wellbeing of children and young people is integral to all work streams. Priorities for 2015/16 focus on:

- Better co-ordination of care for older and vulnerable people, people with long-term conditions and people with mental health conditions.
- Introduction of the Better Care Fund; through development of the Locality Offer across community, social care and mental health services, supporting enhancements in primary care capacity; improved information sharing between services for patients' care; new incentives to support integrated care between providers and an increased focus on patient outcomes, including the introduction of the value based commissioning pilots for diabetes and mental health.

- Parity of esteem between services for physical and mental illness, particularly addressing the needs of patients who require support in both areas of their health.
- Mobilising individuals' own abilities and motivations, and community assets.

7.4 **Mental Health**

7.5 The priorities for mental health commissioning in 15/16 include:

- A new primary care mental health service for the assessment, treatment and care of people with mental health conditions working alongside GPs, to reduce the need for use of secondary care services, designed to improve care and patient experience.
- Improving the coordination of care for people living with dementia and their carers through advanced care planning and linked support across health, housing and adult social care.
- Improving psychiatric support to people with mental health conditions seen in acute general hospitals, so that their care is better managed.
- Staged implementation of a new Mental Health Tariff in secondary care services, based on clinical and patient outcomes.

7.6 **Children's health services**

7.7 Emerging findings from the Children's Health strategy indicate the following priorities for 2015/16 and beyond:

- Children and young people are able to live in an environment that allows health to thrive;
- Improvements in the early identification of health and other problems;
- Scope to reduce the need for hospital services, in particular A&E and unplanned admissions, through improved access to alternatives in community and primary care;
- Co-ordinated care for children with chronic needs (and their families) encompassing both physical and mental health;
- Support for the transition from children's to adult services, including delivery of Special Education Needs reforms;

7.8 **Primary Care Development**

7.9 Primary care development priorities will focus on:

- Improving access, together with an increased range of alternatives to hospital care in community or primary care settings, supported by establishing local networks of primary care services working together.
- Increasing early detection of conditions, to prevent more serious problems developing.
- Developing new pathways of care to improve multi-disciplinary care of patients with more complex needs or at greater risk of hospitalisation, enabling patients to be appropriately cared for outside hospital, together with improvements in specific condition management, such as COPD.
- Improving the ability, capacity and opportunities to support patients to self help, including targeted self-management programmes.
- Co-commissioning of primary care services. The Department of Health and NHS England are now working with CCGs to develop a method by which local primary care services may be commissioned jointly by CCGs with NHS England. Islington CCG has expressed an interest in co-commissioning with initial

priorities identified as: strategic oversight; premises; IT; and non-contractual performance.

7.10 Urgent Care

7.11 Camden and Islington CCGs' review of urgent care services has completed. Implementation will address the findings from the CCG's public and patient engagement: in particular, patients and public priorities for urgent care are being seen by a doctor quickly and receiving any treatment necessary as soon as possible, being seen face-to-face and close to home. Improving capacity in, and access to, primary care is the key to relieve pressures in A&E departments and delivering a better outcomes and patient experience for those needing care. The CCG will be preparing through 2015/16 for implementation of a new combined NHS 111 and GP out-of-hours service from April 2016 to improve patient experience of urgent care services.

8 Implications

8.1 Financial Implications

Adult Social Care

Islington Council's Adult Social Service department has a net expenditure budget of £81.9m.

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.

The Commissioning intentions need to align with the MTFS saving programme and need to take into account future savings.

The implementation of the Care Act is being funded through New Burdens Funding; however at this stage it is unclear if this will be sufficient.

Children's Services

Islington Council's Children's Services department has a net expenditure budget of £82.56m.

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.

The Commissioning intentions need to align with the MTFS saving programme and need to take into account future savings.

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 grant amount for 2014/15 and for 2015/16 is £25.4m.

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.

The Commissioning intentions need to align with the MTFS saving programme and need to take into account future savings.

8.2 Legal Implications

The Health and Social Care Act 2012 (“the 2012 Act”) established clinical commissioning groups, which have responsibility for commissioning healthcare services for their registered populations. Section 195 of the 2012 Act requires the Health and Wellbeing Board to encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in its area.

8.3 Environmental Implications

None identified

8.4 Equalities Impact Assessment

Equality impact assessments are carried out as indicated and required as part of the development and implementation of commissioning intentions.

9. Conclusions

- 9.1 This paper has summarised the main strategic aims and approaches informing commissioning intentions for 2015/16 for children’s services, adult social care, public health and Islington CCG. It is set against a backdrop of unprecedented reductions in central government funding for services commissioned and provided by councils. It highlights, in particular, Islington’s strengths in integration and innovation in delivering services together to improve outcomes and reduce inequalities for people in Islington.

Background papers:

None

Final report clearance:

Signed by:



Director of Public Health

Date: 2nd October
2014

Received by: Head of Democratic Services

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