ISLINGTON

Public Health Department
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Report of: Director of Public Health

Meeting of	Date	Agenda Item	Ward(s)
Health and Wellbeing Board	16 September 2015	Item B2	All

Delete as appropriate		Non-exempt

SUBJECT: ISLINGTON CCG AND ISLINGTON COUNCIL COMMISSIONING INTENTIONS FOR 2016-17

1. Synopsis

1.1. This paper sets out a high level overview of the approach to commissioning intentions for 2016-17 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.

1.2. There is a statutory duty on Health and Wellbeing Boards to review their local CCG's commissioning intentions and plans annually to ensure they take proper account of both the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). In the spirit of a partnership Board, a joint approach has been taken to sharing and reviewing the Council's strategic plans and commissioning intentions, alongside those of the CCG.

1.3. The report is not intended to be a comprehensive list of the commissioning intentions in 2016/17 and beyond, nor does it provide an overview of all council programmes and activities that contribute towards improving health and wellbeing in the borough and reducing health inequality. Rather it seeks to highlight the key commissioning priorities. The Board is asked to note that some of the council's directorates are in the process of finalising their 2016/17 plans.

2. Recommendations

2.1 That the approaches to commissioning for 2016-17 be noted.

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. By 2016, national government will have cut Islington Council's funding in half since 2010. Despite having already made huge savings of £112m over the last four years, Islington Council expect to have to save a further £95m by 2018, including at least £34m in 2015-16 alone. At the same time, demand for many local services continues to rise.

3.3. Additionally cuts were announced in June 2015 to public health budgets in 2015-16. The cut will hit spending this year and represents 6.2% of the £3.23billion annual budget devolved to councils from the Department of Health via Public Health England. The exact size of the funding cut at individual local authority level is not yet known, pending the outcome of a short national consultation launched at the end of July 2015. Applying the £200m cut (equivalent to 6.2% of the total national Public Health grant) at a local level would mean an in-year reduction of £1.706m in Islington. The Chancellor's announcement came despite clear messages from the Department of Health and from NHS England regarding the importance of strengthening the focus on prevention in terms of a sustainable health and care system.

3.4. In addition to funding reductions there are a number of areas in which the council has little or no influence over rising demand and increasing costs. These include indirect pressures relating to demographic or economic factors largely outside of the council's control, such as the rise in the number of older people in the borough. Clearly the scale of this financial challenge is reflected in the commissioning intentions for health and wellbeing which are outlined below.

4. Children's services

4.1. The Children and Families Prevention and Early Intervention Strategy for 2015-2025 published earlier this year 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 JSNA to support greater insight into the needs, service requirements and performance, and outcomes for children and young people and their families in Islington.
3. Detailed analysis 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.
4. 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.

4.2 It has been particularly important that the development of the 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 medium term 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;
- further strengthening the well-established Community of Schools to be self-improving and self-sustaining;
- 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 and neighbouring Boroughs.

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 Prevention and 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 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 the Children's Services Management Team (CSMT). Those 'shortlisted' by the CSMT against the priorities and principles outlined above were then 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.

4.7.1 The key priorities for Children's Services commissioning in 2015/25 are:

- Improving outcomes from conception to 19 through good and outstanding universal services;
- Strengthening our early help support for children and families who have additional needs;
- Supporting our most vulnerable children to be safe and thrive and to be able to overcome the challenges they face as they grow up.

4.7.2 The medium term financial strategy for 2016-18 is currently under review

5. Adult Social Care

5.1 Context for 2016/17

The Spending Review is awaited at the time of this report. The Spending Review will determine what resources are available for adult social care, and any restrictions that are imposed on these.

5.2 The Council is expecting a significant reduction in its revenue grant, and this will mean challenging savings targets for adult social care. These will be agreed through the Council's budget-setting process. In 2014/15, a significant proportion of funding for adult social care came from Islington Clinical Commissioning Group via the Better Care Fund. It is expected that the proportion of funding for adult social care provided through this route will increase in 2016/17.

5.3 Taken together, this means that our commissioning intentions will be informed by the need to develop a fair and sustainable social care offer for adults in Islington. Adult Social Care will be planned and delivered in partnership with the NHS. The Council has a joint Commissioning team with the Clinical Commissioning Group, which means that we are well-placed to meet this challenge.

5.4 Details of the Better Care Fund are reported separately on the agenda, and therefore will not be referenced in detail in this report.

5.5 Key priorities:

The key priorities for Adult Social Care commissioning for 2016/17 will be:

1. Developing a sustainable Adult Social Care offer in the context of rising demand and shrinking local Government resources;
2. Implementing the Market Engagement Strategy;
3. Taking forward the Autism and Learning Disability commissioning action plan.

5.6 Developing a sustainable offer for Adult Social Care

5.6.1 As reported in last year's commissioning intentions, this is a key priority 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 "Use of Resources Tool", which was developed by the Association of Directors of Adult Social Services, was completed last October, and provides a basis to determine the effectiveness of our commissioning investment.

5.7 Implementing the Market Engagement Strategy

5.7.1 The NHS Five Year Forward View describes new models of care that are required to support relevant and sustainable healthcare services in the future. Similarly, new models of social care are required. These will be defined in our Market Position Statement and Market Engagement Strategy, which will be published at the end of 2015.

5.7.2 The Care Act 2014 emphasise the need to build on community assets. Islington is fortunate in having a wealth of charity and community organisations, which provide a range of services to residents. This offer could be strengthened by commissioning approaches that encourage join-up between organisations, to both share costs and provide a more coherent offer.

5.8 Taking forward the Autism and Learning Disability commissioning action plan

5.8.1 The Autism and Learning Disability Self-Assessment Framework was completed in 2015, and was reported to the Health and Wellbeing Board. There were many areas of success and improvement to note, as well as future commissioning developments. Commissioning intentions include:

- The Shared Lives scheme will be further developed and expanded in partnership with the London Borough of Camden;
- Investment in housing schemes which support people to remain in the borough in less institutional settings;
- The six people remaining in long-term assessment and treatment settings (the "Winterbourne View Cohort") will be moved to less intensive settings by the end of 2018.

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;
- National Child Measurement Programme: a programme to measure and weigh all children in reception and year six.

6.2. During 2016/17, 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 four main headings:

6.3. **Drug and alcohol services** – in terms of substance misuse treatment and recovery services, the focus of commissioning will be on the successful delivery of the new complex case service, and the review of and development of a proposal to commission an integrated substance misuse treatment and recovery service across Islington. Work to mobilise the complex case service will have started in January 2016 following the award, and the new services will be in place from 1 April 2016.

6.4. **Sexual health services** – we will continue to take a lead part in the pan-London negotiations and roll out of a new integrated sexual health tariff. We will also ensure the mobilization of the new Adult HIV Prevention & Sexual Health Promotion and HIV Peer Support Services, which will come into force on 1st April 2016. We will also be working to redesign and re-commission an integrated sexual health service across the borough, with a view to a new contract to come into force in 2017. The Young People's Sexual Health network was launched in April 2015. The services have been re-commissioned as a new young people's sexual health service across Camden and Islington provided by a range of providers working together as a managed network. The new model aims to provide better borough wide coverage, reaching young people who haven't previously been accessing sexual health services, providing a more comprehensive offer and better identify young people at risk.

6.5. **Adult 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. The focus of commissioning for this area, which includes smoking cessation, NHS Health Checks, Weight management and Exercise on referral, will be to embed the contract, to be awarded in December 2015 to start new services from 1st April 2016. This will bring a more streamlined and more integrated service delivered directly to local people. We will also continue to monitor national progress against the licencing and future possible prescribing of e-cigarettes.

6.6. **Child Health Improvement.**

6.6.1. On 1st October 2015, responsibility for commissioning **Health Visiting Services and the Family Nurse Partnership (FNP) programme** will transfer from NHS England to local authorities. The current contract with Whittington Health will be novated to LB Islington with an end date of 31st March 2016. A waiver has been agreed to enable the re-commissioning of both services for April 2017. The transfer of responsibility for the commissioning of health visiting is a significant opportunity for the Council and its partners to further ensure all children have the best start in life. Health visiting teams see every new mother and child born in Islington and are trained to identify needs, provide support and ensure mothers and families are engaged in other services where necessary. The Local Authority is required

by legislation to ensure that the service provides five contacts to all families in Islington. These are an antenatal contact, new birth visit, 6-8 week check, 1 and 2 year review.

6.6.2. The strategy for the transformation of public health services for **school aged children** (child weight management, oral health and school nursing) will concentrate on gradually moving towards an integrated health promotion model for all CYP in Islington, concentrating on common risk factors such as healthy eating, exercise, and healthy behaviours. In order to achieve this we are re-working the current Child Weight Management and oral health promotion provision model.

6.6.3. The aim is that health promotion in Islington will be delivered by two core teams: the **Healthy Schools Team** (concentrating mainly on capacity building and changes to the school environment) and the **School Nursing Team** (with capacity to deliver direct health promotion to children and young people and their parents, particularly around healthy weight and healthy lifestyles). This will ensure health promotion on key areas such as healthy weight and oral health are embedded in key services rather than delivered as stand-alone services, leading to a more efficient and sustainable model. In addition, a review of the Islington School Nursing Service was completed in June. The review has highlighted key gaps in current service delivery against the requirements of the HCP 5-19, and recommends that a new and strengthened school nursing model to be developed in Islington. Public Health will be working with colleagues for Children's Joint Commissioning and the provider to implement the recommendations from the review during the next few months.

6.7. The general approach under each of the four 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.

7. Clinical Commissioning Group

7.1 Planning for the commissioning round 2016/17 is now underway and this report sets out the first cut of Islington CCG's draft commissioning intentions for next year, drawing on local and national thinking.

The report also outlines our plans to engage clinicians and members of the pubic with our proposals. Building on the engagement that has taken place throughout the year, the CCG has commissioned a range of community groups including HealthWatch working with nine refugee and migrant community organisations; Manor Gardens; Bemerton Tenant Management Organisation and London Metropolitan

University, to help us develop our commissioning intentions for 2016/17 and feedback on current service provision.

The Islington Health and Wellbeing Board is asked to consider and comment on the CCG commissioning intentions; identify key deliverables for next year and any further engagement opportunities.

7.2 Introduction

Islington CCG reaffirms its commitment to the health improvement priorities identified under the auspices of the Health and Well Being Board, these being:

- Improving mental health and well-being;
- Preventing and managing long term conditions;
- Ensuring every child has the best start in life;
- Promoting clinical and cost effectiveness.

7.3 Framework

The CCG's commissioning intentions for 2016/17 are framed in the context of:

- Local priorities to deliver the health and improvement priorities agreed through the Health and Wellbeing Board and informed by the Joint Strategic Needs Assessment;
- The Five Year Forward View published by NHS England in 2014;
- The response of London CCGs to the recommendations published in the "Better Health for London" report commissioned by the London Health Commission;
- Collaboration priorities for North Central London CCGs identified through joint work across the CCGs, with Local Authority partners and local providers in early 2015/16.

7.4 Five Year Forward View

The *Five Year Forward View* published in October 2014 sets out a clear strategic framework within which context our planning will sit. It sets out how the health service and its partners can meet the challenges of changing health needs, rising expectations and constrained public resources.

The Five Year Forward View highlights the following gaps:

- Health and wellbeing gap and the need to invest in prevention; with this direction of travel being supported by London Health Commission report "Better Health for London";
- Care and quality gap hence the creation of the new models of care;
- A funding gap of £30b nationally to be closed through efficiencies (80% - £22b nationally) and investment (20% - £8b nationally) over the next five years. Note the Kings Fund report indicating a requirement for investment over and above the £8b in particular for a transformation fund.

The Five Year Forward View therefore focuses on:

- A radical upgrade in the focus on prevention and public health, following on from the Wanless report;
- Action on lifestyle factors including workplace health;
- Patients taking greater control of their care including shared health and care budgets;
- Removing historical barriers between services including:
  - Primary and secondary care;
  - Physical and mental health;
  - Health and care services.

- Service provision that supports multiple conditions rather than dealing with single conditions separately;
- The above is supported through the offer of small number of radical care delivery options:
  - Multi-specialty community providers (flex Islington locality offer);
  - Primary and acute systems – Accountable Care Organisations (ACOs);
  - Integrated urgent and emergency care services
- List based primary care is still the foundation, supported by investment and the co-commissioning of primary care by CCGs and NHS England;
- Local flexibility on payment rules, regulatory requirements, and other mechanisms to support changes in care delivery options and removing historic service barriers;
- Investment in workforce and technology solutions, research and innovation;
- Action on demand, efficiency and funding to close the national £30b gap by 2021. The gap will be closed by efficiency through investment in prevention and new delivery models, sustaining social care, wider system improvements (£22b), and by staged funding increases (£8b) to maintain a tax-funded NHS.

The Five Year Forward View indicates that closure of these gaps will be supported by partnership working, clear performance standards and aligned incentives, and national and local commissioners working together.

7.4.1 New Models of Care

The Five Year Forward View published by NHS England in 2014 introduced the new models of care set out in the Planning Guidance. The options for new models of care outlined were:

- Multispecialty community providers (MCPs), which may include a number of variants;
- Integrated primary and acute care systems (PACS);
- Additional approaches to creating viable smaller hospitals. This may include implementing new organisational forms advocated by the Dalton Review, such as specialist franchises and management chains;
- Models of enhanced health in care homes; and
- Preventative diabetes programme leads.

Islington CCG and Islington Council worked with their CCG and Council counterparts in Haringey, Whittington Health, Camden and Islington Foundation Trust, and other stakeholders to apply to become a vanguard site as the new models of care set out in the Five Year Forward View supported local delivery of our strategic objectives.

In April 2015 the Health and Wellbeing Board received the local expression of interest that encompassed primary care, community services, mental health, social care and hospital services and therefore most closely aligns to the integrated primary and acute care system (PACS). The local application made clear that the achievement of all the operational impact of the PACS would be delivered through means other than through a single organisational model. Although we were not selected to become a vanguard site the momentum to work collaboratively across the participating organisations will be maintained.

Islington CCG and Islington Council have therefore continued to work with their partners through a Sponsorship Board to maintain the momentum to work collaboratively generated by the application. The CCG's commissioning intentions will be driven by the priorities identified by the Sponsorship Board.

The Vanguard proposal stated that:

We are aiming for a population based model that links Whittington Health, our ICO, with our patients, voluntary and community organisations, mental health services, social care and primary care services,

in one seamless system. The model will be driven by our local communities and primary care, with a strong focus on prevention aligned to population based outcomes.

In 2016/17 we have signified a clear commitment to explore new models to help us meet the challenges we face in Islington and Haringey (together and individually). In summary we agreed we need sustainable system/s of health and social care which deliver the best outcomes for our respective residents and is affordable. There are many new models of care being discussed nationally and internationally including multispecialty community providers (MCPs), primary and acute systems (PACs) and Accountable Care Organisations (or variants of these).

We want to explore these models to come up with a preferred option to take forward locally with the Whittington Integrated Care Organisation (ICO). This will require a rapid piece of work involving the senior leadership community and key stakeholders. We are proposing to do this by mid-October 2015.

We have made significant progress to develop integrated care. However we recognise that to take this forward we need to consider which model of care will provide us with the best opportunity to improve outcomes and reduce costs. Various models are being debated in health and social care. We need to determine the best fit for Islington and Haringey.

The models have a number of common components:

- An overall objective of delivering care that delivers better value for local people;
- Population approach to planning and delivering integrated care (often based on a population segmentation approach);
- Outcomes based models of commissioning that improve quality and safety; prevent illness and improve the health of our local population;
- Having a financially sustainable model with aligned incentives and payments which could include population based budgets;
- A collaborative, flexible, innovative, delivery-focussed culture;
- Strong clinical leadership;
- Community engagement and patient involvement;
- Clear governance arrangements;
- A form which brings together constituent providers in a common purpose;
- Shared IT and information.

7.4.2 Systems resilience and productivity

The Five Year Forward View also reaffirms delivery of NHS Constitution standards for timely access to care that patients rightly expect and are entitled to. CCG planning assumptions for 2016/17 will therefore be consistent with delivery of the performance standards for access to A&E, referral-to-treatment (RTT) times, cancer treatment, and mental health services (psychological therapies and early intervention services).

This will require the CCG and the providers we contract with to make realistic and aligned assumptions about likely activity levels for both elective and emergency care, including diagnostics, necessary to meet demand and deliver waiting time standards. Plans to achieve this will include realistic ambitions for activity diversion (demand management and community services) as well as a focus on value and improving productivity in providers.

The focus on value and productivity in 2016/17 to support systems resilience will focus on:

- Delivery of London Quality Standards for hospitals including 7-day services;
- Maximising the impact of ambulatory care models as an alternative to admission;
- Continue the work on enhanced recovery models to reduce length of stay for surgery and medicine patients;

- Removing low value work and improving productivity where there is evidence of productivity gaps for local providers through reducing outpatient follow-up rates, shifting elective daycase work to outpatient settings, improving theatre utilisation, and ensuring consultant-to-consultant referrals are relevant;
- Maintaining and developing the quality of those services we commission.

In 2016/17 the CCG will work with providers to introduce new contract forms and incentives that focus on value and reduce the historic transaction costs of productivity metrics.

7.5 London Health Commission – Better Health for London

In 2013 the Commission examined how London's health and healthcare can be improved for the benefit of the population, with the findings published in the "Better Health for London" report. The London Health Commission examined five broad themes, and made a series of recommendations for each area.

7.5.1 Improving the quality and integration of care

This theme identified how existing effective models of care in London can be implemented more widely and at pace. This included considering new approaches to healthcare provision where health needs, both physical and mental, are not being met drawing on national and international evidence. This theme also considered workforce challenges and how changes to the workforce and education and training can support any new approaches to how healthcare is provided.

7.5.2 Enabling high quality and integrated care delivery

This theme identified potential barriers to improving the delivery of care in London. In exploring how best to overcome such barriers, the Commission considered a range of issues such as estates, workforce, technology and information, and commissioning, and examined how new approaches to these issues might support improvements in the quality and experience of health and care for London's population. The work also assessed whether the health needs of Londoners are accurately understood and reflected in the funding London receives.

7.5.3 Healthy lives and reducing health inequalities

This theme examined what more could be done to support and engage people in managing their own health and care and to reduce health inequalities, drawing on good practice from the UK and overseas.

It is also examined how other public services (such as transport, housing, education, social care and planning) can support better health and care. Finally, it looked at the role of business, the voluntary sector and employers generally in supporting people's health.

7.5.4 Health economy, research and education

This theme considered how the health sector, including the life sciences and other health-related industries, can support London's economic growth and prosperity. A key part of this was to consider support for the Mayor's ambition for "MedCity" in London, the goal of which is to create a 'golden triangle' in medical and life sciences research, linking the capital with Oxford and Cambridge.

Specifically, this theme examined how existing Academic Health Science Centres and Networks can further encourage improvements in research, education, patient care, as well as London's economic growth.

7.5.5 Public engagement

This theme examined how people on an individual, community and city-wide level should be engaged in the way health and healthcare is provided. It looked at how individuals can be engaged to take more

of an active role in improving their own health and wellbeing and how people should be involved in developing healthcare services.

The Commission identified a critical success factor of the report as being high quality communications and engagement to raise public understanding and increase dialogue with key stakeholders around health and healthcare.

7.5.6 The recommendations

The report sets out aspirations and ambitions for London, supported by a series of recommendations to enable London to become the world's healthiest major global city.

The table below summarises the ten aspirations and supporting ambitions that will support the overall aspiration for London to become the world's healthiest major global city:

Aspirations for London	**Ambitions for London**
Give all London's children a healthy happy start to life	Ensure that all London's children are school ready at age five; Halve the number of children who are obese by the time they leave primary school and reverse the trend in those who are overweight.
Get London fitter with better food, more exercise and healthier living	Boost the number of active Londoners to 80% by supporting them to walk, jog, run or cycle to school or work.
Make work a health place to be in London	Gain 1.5 million working days per year by improving employee health and wellbeing in London.
Help Londoners to kick unhealthy habits	Have the lowest smoking rate of any city over five million inhabitants.
Care for the most mentally ill in London so they live longer, healthier lives	Reduce the gap in life expectancy between adults with severe and enduring mental illness and the rest of the population by 10%.
Enable Londoners to do more to look after themselves	Increase the proportion of people who feel supported to manage their long-term conditions to top quartile nationally.
Ensure that every Londoner is able to see a GP when they need to and at a time that suits them	Access to general practice 8am to 8pm and delivered in modern purpose-built/designed facilities.
Create the best health and care services of any world city, throughout London and on every day	Have the lowest death rates in the world for the top three killers: cancer, heart diseases, and respiratory illness; and close the gap in death rates between those admitted to hospital on weekdays and those admitted at the weekends.
Fully engage and involve Londoners in the future health of their city	Year on year improvements in inpatient experience for trusts outside the top quintile nationally.
Put London at the centre of the global revolution in digital health	Create 50,000 new jobs in the digital health sector.

7.6 London CCGs' response – Healthy London Partnership

Better Health for London proposes tough measures to combat the threats posed by tobacco, alcohol, obesity, lack of exercise and pollution, which harm millions of people. Together the proposals amount to the biggest public health drive in the world. It contains over 60 recommendations and sets out 10 ambitions (see Section 4.6 above) for the city with targets.

The Commission has the power to recommend, not the power to decide, therefore each of the institutions and organisations to whom recommendations were made needed to consider their responses. London CCGs responded collectively to the report identifying thirteen transformation programmes to be delivered city-wide, with the programme being led through the **Healthy London**

Partnership. In 2015/16 London CCGs have agreed to allocate 0.15% of their baseline funding to the Partnership in order to support delivery of the transformation programme.

The thirteen transformation programmes to be delivered across London are:

- **Upgrade prevention and public health:**
  - Prevent ill health.
- **Design care around Londoner's needs:**
  - Best start in life;
  - Transform care for the mentally ill;
  - Access best cancer care;
  - Transform the lives of the homeless.
- **Transform how care is delivered:**
  - Urgent and emergency care system;
  - Primary care;
  - Specialised care services.
- **Making change happen:**
  - Interoperability – connecting health and care;
  - Engagement and self-management;
  - Align funding and incentives to support transformation;
  - Develop workforce to support transformation;
  - Transform estate to deliver high quality care.

7.7 North Central London Strategic Planning Group

The five CCGs in North Central London (NCL) recognise that there are significant challenges ahead in NCL. The health economy may currently be in balance in aggregate; however, without transformational change this is not sustainable. **In** order to meet the future quality and financial challenges the CCGs are developing a programme of collaborative work.

In March 2015 the five CCGs in NCL therefore commissioned a piece of work to engage senior leaders from across the health and social care economy to develop the proposed scope of this collaboration, to define the nature of the changes to work on collectively and to build on work already in progress.

From this piece of work the emerging, and potential, NCL collaboration priorities in 2015/16 are:

- Transforming urgent and emergency care;
- Transforming care for those with severe and enduring mental illness (SEMI);
- Primary care transformation: developing an enhanced offer from primary care;
- Optimising the use of the estate;
- Prevention and self-care: better health for North Central London;
- Care for those with chronic complex needs;
- Care for those in child and adolescent mental health services (CAMHS).

Further priority areas for collaborative working across NCL identified by Islington CCGs' Governing Body in August 2015 include:

- Balance across the health and care system through new models of care and a refresh of system-wide incentives;
- Maternity services with a focus on the quality of local provision;
- Cancer pathways.

The final NCL programme for collaborative working will change and be finalised through discussions with respective Governing Bodies.

The outputs from the work will be shared when finalised and will include the following:

- A draft programme plan document setting out seven priorities, key programme mobilisation activities and a high level plan of action for the next 24 months;
- A financial base case document setting out the financial challenge to the system from a commissioner and provider view;
- An outline strategic financial framework;
- A high level fact base, which forms the outline of a detailed case for change;
- Governance recommendations, template governance materials and an action plan for implementing this.

7.8 Balance across the health and care system

One of the further priority areas for collaborative working across NCL identified by Islington CCG Governing Body in August was to address the balance across the health and care system through new models of care and a refresh of system-wide incentives. To address the balance of health and care system we will need to:

- Strengthen and develop primary and community care services;
- Focus the use of the acute sector on acute work;
- Ensure resources are used for care that adds value.

Rebalancing the health and care economy is set within the framework of adopting the new models of care set out in the Five Year Forward View along with the associated redesign of incentive systems. In 2016/17 for the CCG this means:

- A focus of further integrating commissioning and provision;
- Patient engagement in the design, planning and delivery of healthcare to improve outcomes.

The NHS England Board paper (23 July 2015) on the "New Care Models Programme" for Vanguard sites indicates that further integration of commissioning and provision is required to help break down the artificial divisions within local health systems and allow services to be designed around the whole needs of patients.

Historically the provision of care has been commissioned, contracted and organised in different silos- primary care, community services, social care and hospital services. Mental health services are mainly separate from physical health, as is prevention from treatment. Integrated provision and delivery is difficult to co-ordinate if services are thought about, commissioned, and paid for in isolation of each other.

In Islington we have previously tried to remove these boundaries through:

- Section 75 agreements to pool health and care resources and integrate service provision;
- Establish the Whittington Health Integrated Care Organisation aligning hospital and community services;
- Value based commissioning pilots for people with diabetes and people with psychosis that have created integrated practice units (service models) across health and care services, and physical and mental health services, supported by integrated incentive payments for delivery of improved outcomes.

The new models of care programme will identify and provide new ways to dissolve these traditional boundaries. Islington CCG, although not part of a Vanguard site, will seek to utilise and be part of the learning on dissolution of the boundaries through capitated payment models, bundled contracts (as used already for value based commissioning), integrated commissioning and fair procurement, and new provider forms.

In 2016/17 we will therefore focus on further integrating commissioning and provision through:

- Identifying opportunities for developing and using capitated budgets. Capitated payment or capitation means paying a provider or group of providers to cover the majority (or all) of the care provided to a target population, such as patients with multiple long term conditions (LTCs), across different care settings. This is similar to the year of care approach for diabetes used in Islington, and can be used for new care models such as multispecialty community providers (MCPs) and integrated primary and acute care systems (PACS);
- The regular payments under capitation are calculated as a lump sum per patient. If a provider meets the specified needs of the target population for less than the capitated payment, they will generate a financial gain to the local health system. Allowing providers to share in any such gain gives them an added incentive to keep patients in their target population healthy. They are more likely to identify risks, intervene early and arrange the right treatment for patients, at the right place and the right time to aid patients' recovery, continued wellness and better management of long term conditions;
- Identifying opportunities to simplify existing quality payments such as Commissioning for Quality and Innovation (CQUIN), Quality and Outcomes Framework (QOF) and the Quality Premium in order to create aligned, whole-system incentives that support new care models;
- By December 2015 the first draft of a new standard MCP contract and a new standard PACS contract will be published by the vanguard programme, for use between commissioners and providers. The CCG will explore opportunities for using these new contracts;
- The CCG will also explore the further use of bundled contracts, as used for value based commissioning and alliance contracts to promote integration.

The CCG believes that patient involvement in the design, planning and delivery of healthcare is central in commissioning and delivering services that improve outcomes for the individual and population as a whole. In 2016/17, building on the work in 2015/16 of value based commissioning for people with diabetes and people with psychosis, the CCG would like to work with providers to establish patient engagement to describe priority outcomes (clinical and social) which can be built into specifications and form a pre-cursor to a value-based or outcomes-based commissioning approach or new contract forms.

Services where the CCG would like to work with patients and providers to achieve this in 2016/17 include dermatology, physiotherapy, musculo-skeletal services, and ophthalmology with the aim to make improvements on the current service offering in terms of access, responsiveness, timeliness and patient experience.

Building on existing value based commissioning projects, the CCG with other CCGs in North Central London, will increasingly seek to include clinical, social, patient-reported and patient-determined outcomes within contracts, and will look for new contract forms that support and incentivise improvements in outcomes.

7.9 Islington CCG draft Commissioning intentions for 2016/17

We are now developing more specific commissioning intentions for 2016/17 for Islington within this local and national framework. These draft intentions are set out below under the different programme areas. In addition to the National, London and North Central London context set out above; there are some overarching themes for Islington that will run across our intentions across all programme areas:

- The financial pressures in the system through the emerging financial pressures in the NHS, for both commissioners and providers, and the existing pressures in Islington Council through funding reductions;
- In 2015/16 the CCG expects to meet financial plans for the year, but changes to planning assumptions for 2015/16 accruing from withdrawal of the national tariff, and funding systems resilience have added £3.9m costs to provider contracts. In addition funds for the Better Care Fund and settlement of provider contracts have had to be found from CCG budgets and in particular the acute demand reserve. This makes in-year management of acute contracts, including QIPP delivery, central to the CCG delivering its financial targets for the year. This tight financial position will carry forward into 2016/17;
- The co-commissioning of primary care and specialist services with NHS England (NHSE) to ensure greater co-ordination along pathways including:

- The commissioning of primary care services within the core contract with general practices and outside of the core contract commissioned (primarily through Locally Commissioned Services) by the CCG. **Co-commissioning** of primary care contracts with NHS England and in collaboration with the NCL CCGs, initially focussing on Estates and IT will commence in October 2015;
- Aligning the commissioning of care pathways across secondary care pathways commissioned by the CCG and tertiary (specialist) pathways commissioned by NHS England, with priorities for alignment to improve value including pathways for neuro-rehab, and weight management and bariatric surgery.

7.10 Planned Care

Referral Management
In order to ensure patients receive the best clinical care, reduce variation and ensure equitable access to treatment, providers will be asked to use a central point of contact for requesting approval of Procedures of limited clinical effectiveness (PoLCEs), including consultant referrals.

Referral management will be supported by audit and analysis of GP referrals with expansion in the use of clear pathways on Map of Medicine to support referral management.

Dermatology
An updated specification for the current community services including a one-stop dermatology clinic, rapid access clinics and advice line for GPs will be applied in 2015/16. Service will be monitored in 2016/17 to inform future procurement approach and options for management of dermatology referrals.

Gynaecology
Review mobilisation of new community gynaecology service established in 2015/16. Consideration in 2016/17 to procurement options if the service is not meeting its objectives.

Ophthalmology
Continue to monitor and scrutinise the activity flows for ophthalmology services, in particular at Moorfields, and develop a trend analysis of activity across all sites, including presentations through A&E.

Develop and explore with neighbouring CCGs a holistic community model of care for long term patients, including low vision services and referral refinement for glaucoma and cataracts

Renegotiation of the package price of administration of intra-ocular eye injections at Moorfields Eye Hospitals in line with charges by other providers

Increase the choice of provider of wet Age Related Macular Degeneration (AMD) services in Islington through the provision of a 'Commissioning for Choice' scheme. This will allow for a choice of treatment providers of AMD across North Central London and will support reduced wait times and improve the overall cost effectiveness of the service. This may require a procurement of the new service.

Physiotherapy and Musculo-skeletal (MSK) services
Performance against an updated service specification in the Whittington Health contract will be reviewed and re-procurement considered in 2016/17 if the service is not performing to the required standard.

New approaches to commissioning **MSK, physiotherapy and potentially pain** services, including telephone based pain clinics, will be considered working toward a value based approach and new contract models.

Orthopaedic services
The CCG will follow the Briggs report “Getting it right first time” recommendations commissioned by NHS England to consolidate specialist services.

Chronic Kidney Disease (CKD)
Building on the SHINE pilot led by UCLH, provide support to general practice with identification and coding of CKD and scope the feasibility of implementing a more community based model which would provide support across the whole pathway.

ENT
Review the current community service with a view to expanding the reach of the service to make it more accessible and holistic to improve patient experience and reduce demand for secondary care; this may require re-procurement.

Cardiology
Continue to monitor and scrutinise referrals and outpatient activity patterns; through audit to establish the appropriateness of referrals and whether alternative service models may be needed.

Neurology
Respond where appropriate to recommendations from the London Strategic Clinical Network for Neuroscience.

Maternity
Respond to the review of perinatal mental health services undertaken across North Central London and the related strategy.

Commission tongue tied services for babies born at the Whittington Hospital.

Reproductive Health
Implement the recommendations of a termination of pregnancy review. This may include the re-commissioning of community and acute services with the aim of implementing a new service in 2016/17 to ensure consistent, effective, comprehensive, accessible and legal termination services. Current contracts are extended to allow time for the review. The single point of access into services will be maintained

Value based commissioning
To realise the full benefit of the value based commissioning schemes for Diabetes and Psychosis developed in 2015/16.

Medicines optimisation
Ensure that agreements around improved clinical and cost effective use of high cost drugs (HCD's) is reflected in provider contracts with particular focus on the biologic HCDs.

Support the Rheumatology pathway revision to reflect most recent guidance and improve clinical quality and cost effectiveness of HCD treatments used.

Develop and procure a new IT database solution to enable a more timely assurance framework for PBR excluded high cost drugs, thus improving performance monitoring and management on the PBR excluded HCD medicines across the health economy

7.11 Urgent Care

Urgent and Emergency care network
We are working in collaboration with the five North Central London (NCL) CCGs to develop the Urgent and Emergency Care Network, which will provide strategic oversight of urgent and emergency care across NCL, ensuring that patients with more serious or life threatening emergencies receive treatment in centres with the right facilities and expertise, whilst also ensuring that individuals can have their urgent care needs met locally by services as close to home as possible.

NCL CCGs have agreed to undertake a joint review of system wide urgent and emergency care provision. Focusing initially on Barnet, Enfield and Haringey, it will build on the C&I review already undertaken. One of the outcomes will be an urgent and emergency care strategy providing a system wide cohesive approach across NCL.

Urgent and Emergency care service specification
Commissioners across North Central London will work within the network to agree service designations for all facilities providing urgent and emergency services described in the London specification to ensure these meet the new requirements.

Procurement of NHS111 and GP Out-of-Hours service.
The five North Central London CCGs will procure a single, integrated service for their collective population. The procurement process will start in October 2015, with the new service scheduled to commence in October 2016.

Increase the value and impact of NHS111 and out-of-hours services by enabling direct referrals to a greater range of services, particularly community services. This may require changes to service specifications.

7.12 Primary Care

One of the further priority areas for collaborative working across NCL identified by Islington CCGs' Governing Body in August was to address the balance across the health and care system through new models of care and a refresh of system-wide incentives. Addressing the balance of health and care system will include strengthening, developing sand investing in primary and community care services.

Priorities for 2016/17 include:

- Co-commissioning primary care contracts with NHS England and in collaboration with the NCL CCGs, initially focussing on Estates and IT;
- London commissioning intentions for Alternative Personal Medical Services (APMS) practice procurements this will include Hanley Road run by Whittington Health;
- Begin the roll out of the five-year London Strategic Commissioning Framework, Better Health for London;
- Supporting the emerging **Islington GP Federation**, with support including developing commissioning models for primary care and streamlining the Locally Commissioned Service process;
- Recalibration and realignment of **Locally Commissioned Services** will continue - the Rapid Home Visiting Service. Ambulatory blood pressure monitoring and Care Home support will be included as part of this;
- Market test the Care Homes LCS with a full revision of the service specification and range of homes for the new service to start April 2017; patient engagement will be key;
- **Extended primary care access**: continue to develop the i:HUB service across Islington, which will pilot delivery of primary care 6.30pm to 8pm Monday to Friday and 8am – 8pm at weekends for all Islington registered patients. The pilot funding via the Prime Ministers Challenge Fund, ends in June 2016. The service will be evaluated and will feed into the wider review outlined below;
- During 2015/16 and into 2016/17 the CCG, working with general practices, will seek to determine the extended access offer in general practice. The review will encompass current services provided through the Angel Medical Centre, iHUBs, the Locally Commissioned Improving Access Service as well as the wider Urgent Care system;
- Implement **Apprenticeship training and development** for practice staff and practice managers;
- **Welfare advice** in primary care - deliver an integrated welfare advice service in primary care linked to Islington Council welfare and legal advice services. This will be a joint procurement with Islington Council;
- In 2016/17 we will embed the work started through the IRIS project to identify and reduce domestic violence;
- Contribute to the work of Islington Council employment priorities, helping residents back into work;

- **Antimicrobial Resistance** - Ensure that effective antimicrobial stewardship programmes are in place and all clinical staff have the appropriate skills, education and feedback on antimicrobial prescribing and resistance in line with national safety recommendations;
- The CCG will also focus with providers on the effective transfer of patients from secondary care to general practice to ensure requests are not being made for GPs to perform activity which is not appropriate for their clinical competency or their contracted core services as a practice, and that General Practice does not have to prescribe drugs for patients which should be supplied by Acute Trusts who are funded for this service.

7.13 Integrated Care

Priorities for 2016/17 include:

- Continuing with the roll-out and review of the **Integrated Health and Care Teams** (known as Integrated Networks) model across the localities. The CCG is interested in exploring the further use of Section 75 Agreements to support this work;
- Review the monthly multi-disciplinary teleconferences to consider how they fit in the Locality model with the new Integrated networks;
- As part of this development we will review **community nursing** with a view to developing a joint service specification with Haringey to cover combined community nursing services (Community Matron and District Nursing) and a revision of key performance indicators;
- We will also improve the provision of wound management products to patients under the care of District Nursing teams, subject to evaluation of a pilot scheme in 2015/16;
- Implement the recommendations of the **Intermediate Care Services Review,** including possible re-commissioning of community and inpatient rehabilitation services to ensure a new pathway is in place 2017/18;
- Implement the recommendations of the **Dementia Care Pathway**; the review will identify gaps and barriers to delivering value across the care cycle and will include a review of the Dementia Navigator Service and Dementia Home Treatment Team;
- Implement the recommendations of a review of activity and resource across **Community Specialist Palliative Care** Team, Hospices and Support services including the LCS – this may include the re-commissioning of current services provided by CNWL and the independent sector, with the aim of implementing a new care pathway 2017/18 to improve patient experience and drive better value;
- **Last Years of Life** providers are expected to work alongside and in support of the developing Integrated Networks, demonstrably contributing to reduced unplanned admissions and readmissions;
- Through the **Community Education Provider Network** develop a workforce strategy that fits with our Integrated Care and Primary Care strategies and supports an increase in the use of blended roles;
- **Rapid Response** services – alignment and co-ordination of developing and existing rapid response services including the Enhanced Virtual Ward, Urgent Response delivered by the Council and the Locally Commissioned Service (LCS) for rapid home visiting;
- Include HeLP-Diabetes self-management resource in scope of diabetes integrated practice unit (IPU) for value based commissioning and offered as alternative or complementary to DESMOND;
- Review effectiveness of all aspects of the **Co-Creating Health** programme against activity and cost to determine quality, coverage and value for money;
- Subject to Governing Body approval, the introduction of the **Integrated Digital Care Record** and person held record to underpin better co-ordination of health and care services around the individual.

7.14 Joint Commissioning

Mental Health

The overarching intention is to ensure that mental health services and service users receive parity of esteem compared to physical health services. Within this the priorities are to:

- Ensure that people living with common mental illness or experiencing mental illness for the first time have universal access to **preventative support services**:

- Re-commission day services as part of a review of the overall prevention offer in the borough;
- Alignment of the Recovery College with the prevention offer and development of the service;
- Review of Mental Health Working and NHS Employment project and commissioning of employment support service aligned with the prevention offer.

- Deliver a secondary care mental health system driven by **clinical and patient outcomes:**
  - 95% of people in need of mental health services access specialist assessment and advice in 15 working days;
  - Continue with staged implementation of the mental health tariff framework including monthly public reporting against all service lines and by cluster; outcome reports by clustered care pathway that show improved quality; review impact of wait list clearance in 2015/16 to inform understanding of activity underpinned by robust performance and quality management by the Northeast London Commissioning Support Unit (NELCSU);
  - Islington Council and Camden & Islington Foundation trust (C&IFT) Section 75 governance arrangements to identify and mitigate the risks of mental health tariff development to integrated care arrangements.

- Improve level of access to **talking therapies** for under-represented groups through the implementation of the Talking Therapies Review, due to conclude Autumn 2015/16;

- People living with common **mental health needs and long term physical health conditions** have their needs met by integrated services:
  - A borough-wide Primary Care Mental Health Service, combining the existing Primary care service and the Islington Assessment and Advice Service, due to start April 2016;
  - Explore the development of the Eating Disorder pathway to ensure fit with current need and models of provision;
  - Implementation of the Child and Adolescent Mental Health (CAMHS) transformation plan to ensure clear transition pathways into adult care.

- People at risk of **crisis** are able to access appropriate treatment and support on a par with that offered for physical health conditions. We will do this through the procurement of a mental health intermediate crisis care pathway overseen by a lead provider and the implementation of Phase Two Crisis Concordat plan;

- People living with severe mental illness and physical long term conditions benefit from the same access to diagnosis, care and treatment as other people living with long term conditions. We will do this through implementation of the Integrated Practice Unit for Psychosis and Physical ill-health; review the effectiveness of the Integrated Accommodation Team and Long-term Condition Matrons for rehabilitation and recovery;

- Agree local plans in response to the Independent **Acute bed review** being undertaken in 2015/16 which will look at local acute capacity and capability; the local service will be expected to demonstrably deliver the London Acute Standards;

- Complete a **value based commissioning** exercise for Residential Rehabilitation Pathways to support commissioning intentions 2017/18.

Disability

- Implement the national plan to transform care for people with **learning disabilities** who use Assessment and Treatment Units (ATUs). C&IFT to audit all admissions to Dunkley Ward to provide assurance in an annual report as to whether these admissions could have been avoided, length of stay shortened and identify any action required on an individual basis to prevent future admissions and excessive inpatient stays;

- Improve the health outcomes and patient experience for people with a learning disability and/or Autism: NHS providers will collect relevant data sets; improvement plans across acute providers, the

Council and the CCG will be aligned; Whittington Health and UCLH to provide quarterly case audits to evidence whether reasonable adjustments are being implemented and identify the impact of these on improved health outcomes for people with learning disabilities and autism;

- **Special Educational Needs and Disability (SEND) reforms:** offer simpler, improved and consistent help for children and young people with special educational needs and disabilities. Children's and adult services to work together in the production and delivery of joint assessment and care plans, ensuring a smooth transition to adult services;

- Implement the recommendations of a **Wheelchair** Service Review, which may include re-commissioning the current arrangements with CNWL in order to improve patient experience and drive better value.

Substance Misuse

- Specialist substance misuse procurement to be completed and new service implemented during 2016/17;
- In 2016/17 Islington CCG will commission both Primary Care Alcohol and Drugs Service (PCADS) and the Drug and Alcohol A&E Liaison service from Whittington Health on behalf of Islington Council by utilising the Section 75 Agreement between Islington Council and the CCG. Islington Council will therefore cease to commission both services directly;
- Islington CCG will then commission C&IFT to provide PCADS from Whittington Health as part of an integrated Primary Care Mental Health, Alcohol and Drugs service;
- The CCG will commission Whittington Health, who already buy Integrated Liaison and Treatment services from C&IFT, to provide A&E cover as part of an Integrated Liaison and Treatment Service from C&IFT.

NHS Continuing Healthcare

- Islington CCG's current Framework Agreement ends in March 2016. The CCG intends to participate in the Any Qualified Provider (AQP) Domiciliary Care process being undertaken by the London Purchased Healthcare Team ahead of the end of the current Framework Agreement.

7.15 Children's Health Services

In 2015/16 the CCG worked closely with the Council and other stakeholders to develop the Children's Health Strategy. Our Commissioning Intentions for 2016/17 are framed within the recommendations from the strategy:

- Collaboration with Public Health to review and develop universal parent-craft and develop a new targeted preparation for parenthood offer;
- UCLH to work with the Family Nurse Partnership (FNP) team to maximise access for pregnant teenage mothers for the FNP programme;
- Improve information sharing between maternity and Health Visiting (HV); work with the HV service to ensure they have the requisite information with which to carry out mandated ante-natal visits;
- To reduce wait times for autism diagnostic assessments at Whittington Health and ensure assessments are carried out within NICE guidance;
- Ensure wait times for children's audiology remain below 6 weeks; reduce wait times for follow up doctor appointments from three months to the recommended waiting times;
- Collaborate with NCL CCGs in the development of value based commissioning for paediatric diabetes with a focus on improved outcomes;
- Enable UCLH Transitional Care for neonates to deliver care at home by working closely with Hospital at Home service provided by Whittington Health to ensure eligible neonates are referred into the service;

- To reduce bed day costs for the UCLH Transitional Care Unit which reflects the reduction in care needs of neonates treated on the unit when compared with neonates treated on Special Care Baby Units;
- To ensure continued delivery of care at home for the acutely unwell child through the Hospital at Home service and broaden referral base;
- CCG and Whittington Health to work together to enable the roll out of personal health budgets to the next cohort of eligible children and young people;
- To reduce wait times and referral to treatment times (RTT) for community CAMHS; ensure wait times for Choice and Partnership Approach appointments are below 6 weeks and reduce wait times for RTT to 10 weeks by March 2017 with evidence of improvement toward the target throughout the year;
- Continued input into the development and subsequent implementation of the CAMHs Transformation Plan to deliver high quality evidenced based CAHMs services to the local population;
- Ensure that services delivered into the youth offending service are robust and evidence based and delivering positive health outcomes; ensure the delivery of action plans arising from Inspections.

7.15 Public Health

- Substance misuse - to continue to commission the Locally Commissioned Service (LCS) through GPs and Pharmacies. All specifications are subject to review to ensure we continue to provide clinically and cost effective services in line with the evidence base. We will be reviewing the approach to delivering NHS Health Checks through pharmacies;
- Re-procurement of the Community Stop Smoking Service, currently provided by Whittington Health, is underway, and the re-procured service will be in place from April 2016.

7.17 Process for finalising commissioning intentions for 2016/17

This is not an exhaustive list of the CCGs commissioning intentions; these and additional contract issues will be picked up in the 6-month letters to NHS acute, community and mental health providers.

Building on the engagement that has taken place throughout the year, the CCG has commissioned a range of community groups including HealthWatch working with nine refugee and migrant community organisations; Manor Gardens; Bemerton Tenant Management Organisation and London Metropolitan University, to help us develop our commissioning intentions for 16/17 and feedback on current service provision. The outcome of this year's engagement is attached as **Appendix 1**.

Further engagement plans are set out below:

Public engagement:

South Locality PPG	9 September 6pm - 8pm
North Locality PPG	10 September 2pm - 4.00pm
Central Locality PPG	24 September 6.30pm - 8.00pm
Third Sector Forum	8 October 10am - 1.pm
CCG Annual General Meeting	16 September 5.00pm - 7.30pm
Website	From when draft finalised

Clinical engagement:

GP Forum	17 September 2pm - 5pm
GB Seminar	14 October 9.30am - 12.30pm

Governance:

CCG Executive Team	26 August
Strategy & Finance Committee	27 August
Governing Body	9 September
Health and Wellbeing Board	16 September
Overview and Scrutiny Committee	19 ctober

7.17 Procurement

Many of our commissioning intentions will be implemented in concert with existing providers. There are areas, however, where we will need to procure new or re-designed services. **Appendix 2** sets out our procurement pipeline for 2016/17, and some the more material procurements are set out below:

- The on-going procurement of the integrated NHS111 and GP Out-of-Hours service across the North Central London area
- A potential procurement with Islington Council for welfare advice in primary care
- During 2015/16 and into 2016/17 the CCG, working with general practices, will seek to determine the extended access offer in general practice. The review will encompass current services provided through the Angel Medical Centre, iHUBs, the Locally Commissioned Improving Access Service as well as the wider Urgent Care system;
- The CCG will participate in London-wide procurements for termination of pregnancies and for a domiciliary care framework.
- New services in 2016/17 will be established from procurements completed in 2015/16 and include:
  - The integrated digital care record and person held record to underpin better co-ordination of health and care services around the individual;
  - Value based commissioning pilots for people with psychosis and for people with diabetes.

8. Implications

8.1. **Financial implications**

Adult Social Care and Children's Services

Islington Council's Adult Social Service department has a net expenditure budget of £74.8m.

Islington Council's Children's Services department has a net expenditure budget of £73.9m.

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.

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 total funding for 2015/16 is £25.4m however an in-year cut is expected circa £1.7m, with a future reduction in grant also expected.

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 mitigate 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 a responsibility for commissioning healthcare services for their registered populations. Section 195 provides of the 2012 Act requires the Health and Wellbeing Board to encourage persons who arrange for the provision of any health related or social care services in its area to work in an integrated manner for the purpose of advancing the health and wellbeing of the people in its area.

8.3. **Resident Impact Assessment**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

This paper provides an update across a wide range of programmes and services being commissioned within the council and CCG. Consequently there is no separate impact assessment relating to this report.

8.4. **Environmental Implications**

Almost all work commissioned during 2016-17 will have some kind of environmental implications, although in many cases in the context of children's, adult social care and public health services, there is unlikely to be a major impact on the environment.

Some of the objectives detailed in the report are likely to have a positive impact; for example supporting people to walk, jog or cycle to work or school and allowing people to access health services as close to home as possible could reduce the number of car journeys made, decreasing emissions and congestion, whilst the integration or joint commissioning of services could lead to a reduction in duplication and resource usage.

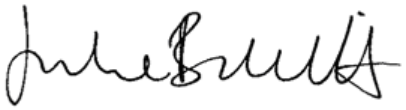
9. Conclusion and Reasons for Recommendations

9.1. This report sets out an 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). The Board is invited to note and comment on the proposals.

Background papers: None

Attachments: Appendix 1 – Islington CCG Commissioning Intentions Research: August 2015
Appendix 2 – Islington CCG Procurement Pipeline 2016/17

Final Report Clearance



Signed by		7 September 2015
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	Julie Billett, Director of Public Health	Date
		8 September 2015
Received by	……	……
	Head of Democratic Services	Date