



Report of: Executive Member for Health and Wellbeing
Executive Member for Children and Families

Meeting of:	Date	Ward(s)
Executive	22 October 2015	All

Delete as appropriate	Exempt	Non-exempt
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SUBJECT: Annual Report on the Partnership between Islington Council and Islington NHS Clinical Commissioning Group, 2014-15

1. Synopsis

1.1 Islington Council and the NHS in Islington have a long and successful history of working in partnership. The rationale for the joint commissioning of health and social care services is to produce better outcomes for vulnerable Islington residents than could be achieved by the Council and the Clinical Commissioning Group (CCG) alone.

This report refers to the partnership agreement between Islington Council and Islington CCG via a Section 75 agreement (National Health Service Act 2006).

Islington Council is signed up to other Section 75 Agreements with Whittington Health and Camden & Islington Foundation Trust. This report does not cover those, but rather the agreement to jointly commission services with Islington CCG.

1.2 Children and Adults Joint Commissioning supports the delivery of the Health and wellbeing priorities:

- Ensuring every child has the best start in life,
- Preventing and managing long term conditions to extend both length and quality of life and reduce health inequalities,
- Improving mental health and wellbeing, and
- Delivering high quality, efficient services within the resources available.

There are three key drivers:

1. *Effective* care and support for vulnerable people, who often need support from more than one service, is integrated and well-co-ordinated

2. *Value* (outcome over cost), can be produced, for the Council and the CCG, by pooling investment in 'pooled' budgets, managed by a joint commissioning management structure. Gaps or weaknesses in one part of the system of services, often affects services in another part.
 3. *Sustainable* services are more likely when services work well together. The NHS and Islington Council face rising demand, growing expectations and increasing financial constraint. By developing and using joint commissioning levers, more sustainable delivery models can be developed.
- 1.3 This report will describe the main service developments for both Children's and Adults' Services and provide assurance on the value produced by the pooled budgets and the joint commissioning arrangements in 2014-15. A separate report will be provided for the Better Care Fund Section 75 arrangement.

2. Recommendation

- 2.1 This report is primarily for assurance and to be noted.

3. Adult Services

3.1 Pooled Budgets

Section 75 of the National Health Service Act 2006 and the NHS Bodies and Local Authorities Partnership Regulations 2000 provide the legislative framework for partnership working and allow for the establishment of a 'pooled' fund.

During the financial year ending 31 March 2015, five adult pooled budgets were in operation between Islington Council and Islington CCG, and hosted by the Council: Learning Disability, Intermediate Care, Mental Health Commissioning, Carers Services and Mental Health Care of Older People. The breakdown of contributions is in appendix 1.

The summary revenue position for 2014-15 is shown below.

Table 1: 2014/15 Islington Council and Islington CCG Pooled budget summary table

Section 75 agreement	2014/15 Gross Budget (£)	2014/15 Actual Outturn (£)	2014/15 Actual Variance (£)	LBI share (£)	NHS (£)
Intermediate Care (Delayed Transfer of Care)	6,737,000	6,442,193	(294,807)	(159,195)	(135,612)
Learning Disabilities	29,241,700	29,244,361	2,661	2,342	319
Mental Health Commissioning	4,564,000	4,557,250	(6,750)	(3,578)	(3,173)
Carers Pooled Fund	1,055,300	860,853	(194,447)	(176,948)	(17,499)
Mental Health Care of Older People (MHCOP)	5,370,000	5,331,213	(38,787)	(22,109)	(16,678)
Gross Expenditure	46,968,000	46,435,870	(532,130)	(359,487)	(172,643)

3.2 Adult Joint Commissioning

A 'Peer Review' of Islington's Joint Commissioning arrangements took place in 2014, as did a review of the 'Use of Resources' by Joint Commissioning. These have informed a proposed re-structure

of Joint Commissioning arrangements that aims to more coherently align budgets to joint commissioning teams responsible for pathways and high level outcomes.

The Section 75 Partnership Agreements between the CCG and the Council for Adult Commissioning has been tightened and we will complete a full review within 2015/16. A performance review group (the Review Group) oversees the implementation of Islington's Joint Commissioning Strategy through the agreement of an annual joint work programme. The Joint Commissioning Strategy will be refreshed in 2015-16 to produce a high level joint work programme to inform the monitoring plan.

4. Review Of Adult Service Developments

4.1 Older People and Mental Health Care of Older People

This pool provides a funding contribution to two care homes with nursing: Highbury New Park (HNP) and Muriel Street which specialise in the provision of nursing care for older people with dementia and mental health ill health. They work to:

- support local hospitals avoid and delay hospital admissions
- avoid delayed transfers of care and
- provide good quality care in the community following discharge from hospital.

All care homes in Islington are delivering care to residents with increasingly complex conditions and a greater range of co-morbidities. A Lead Nurse post supports partnership working into and across all care homes by co-ordinating support from Social Care, GP's, the Integrated Care Ageing Team (ICAT) and wider multi-disciplinary teams (MDTs). As a result of this approach, significant achievements in 2014/15 are noted below:

- Islington's care homes contributed to a 26% reduction in hospital admissions
- Care homes have a low incidence of pressure ulcer acquisition
- Falls management and care planning is supported by the MDT
- 85% of care home residents died in their place of choice
- No infections were contracted in either of the care homes funded by the pooled budget.

The two care homes with pooled budget funding are rated as fully compliant by the Care Quality Commission (CQC) with HNP achieving its rating in June 2014 and Muriel St in December 2014.

In 2014/15, work took place in the following areas to ensure the quality of care remained high on the agenda for care homes.

- Development and implementation of a nursing audit tool
- Implementation of detailed quality performance reporting on clinical care
- Unannounced visits were introduced in 2014 to ensure consistency of good quality care at all times
- Enhanced medicines management
- Development of procedures and training to manage deteriorating residents
- Focus of training and workforce development
- Multidisciplinary review meetings

Dementia remains a priority area for Islington Council and the CCG. Whilst diagnosis rates remain high when compared to national rates, we want to ensure that people with dementia access support services as early as possible post diagnosis rather than when they are in crisis. Some parts of the dementia service pathway may be more effective than others. Joint Commissioning will review dementia services in 2015/2016.

Commissioned care homes will be supported to work towards the vision outlined in the NHS 5 Year Forward Plan with particular emphasis on treating people in a safe environment, protecting them from avoidable harm and helping people to recover from episodes of ill health or following injury. Key priority areas in 2015/16 include:

- Hospital avoidance by ensuring appropriate use of non-elective admissions from care homes
- Compassionate care in practice project to ensure that compassion is embedded in practice and to ensure care home staff support understand and make a stand for compassionate care.
- Kissing it Better is a relatively simple notion that will utilise volunteers to support activities and seek to improve their impact within the care home setting.
- Ensuring safer staffing skills mix in care homes through robust monitoring against the increasingly frail and complex residents living in care homes.
- Enhancing the clinical skills of care home staff to undertake more complex clinical duties such as phlebotomy, insulin and warfarin administration. This would enable visiting district nurses to use their clinical skills in areas where there may be greater need or demand.
- Sharing good practice and lessons learned across care homes through the Care Home Managers' clinical forum locally to discuss concerns and to agree sign off for collectively agreed actions. The forum remains the primary setting through which clinical objectives are taken forward.

4.2 Intermediate Care and Rehabilitation

Intermediate care is a priority area for the CCG and the Council. The pooled budget invests in a range of integrated services to help people avoid going into hospital unnecessarily, help people to be as independent as possible after a stay in hospital, and to prevent people from having to move into a residential home until they really need to.

Throughout 2014-15 Islington Council and Islington Clinical Commissioning Group jointly funded a variety of 'at home' and 'bed based' clinical rehabilitation services as well as reablement services including:

Reablement

- Enablement – Building resilience for older people
- Carelink - 2 hour therapy rapid response
- Reablement – Reducing Dependence
- Mental Health Reablement – Reducing dependence

At home based intermediate care

- REACH therapeutic rehabilitation

Bed based intermediate care

- CNWL - St Pancras Inpatient rehabilitation
- Whittington - Cavell Ward - 4 beds (winter pressure 2014/15)
- Whittington - REACH bed based therapeutic rehabilitation (at St Anne's and Mildmay)
- Blackberry - St Anne's nursing home (10 Beds)
- Notting Hill Housing - Mildmay high support housing (12 Beds)

In 2014 Barchester Homes who provided bed based intermediate care beds at Cheverton Lodge gave notice to the Council for 2014/15. A new service was commissioned at St Anne's nursing home opening in February 2015 with social work and therapeutic input from REACH.

Islington did not take part in the National Audit of Intermediate Care in 2014, but have submitted data in 2015 which will enable us to benchmark against others. A detailed review of the Intermediate Care pathways is near completion. This will be informed by pilots of new models and better ways of working. Of particular focus has been is a crisis response service. A cost effective rapid response service is identified as critical to supporting people effectively. There is a proposal to implement a service in 2015.

4.3 Mental Health

Mental Health and wellbeing are priority areas for both the Council and the NHS, and is one of the four priorities of the Health and Wellbeing Board.

The forward procurement plan for the 'pooled' budget (2013/16) aligns services in outcome based portfolios to support driving value by realising opportunities for supply side cost efficiencies and synergistic efficiencies. In 2014/15:

- A successful step down forensic mental health pilot service was procured with the contract aligned to Forensic Mental Health Residential Care.
- A successful mental health enablement pilot was procured aligned with the wider contract for Mental Health Day opportunities.
- The residential care service for older people who have misused alcohol was procured at excellent value
- The mental health employment support service continued to perform exceptionally well, exceeding its targets and this contract will be extended in 15/16 for another year

New Models of Care developed in 2014-15 included:

- a. *Self-Management* The Recovery College launched in 2014.
<http://www.candi.nhs.uk/recoverycollege>
- b. *Primary Care Mental Health* was piloted to strengthen capacity and support a more sustainable mental health system. Embedded psychiatry, psychiatric nursing and psychology in GP practices will be rolled out across Islington in 2015-16.
- c. *Early Intervention Psychosis* New investment ensured all people who experienced psychosis for the first time were seen in two weeks, and this included people over 35. Islington is one of the first places in the country to achieve this.
- d. *Lost Years of Life* - Collaborative working between users, providers and commissioners to address the fact that people living with psychosis are dying up to 20 years younger than their peers, has developed a new model that puts users firmly at the centre of a system. It is intended to commission the new service in 2015.
- e. *Enhanced Psychiatric Liaison* was implanted at the Whittington with significant impact on quality and length of stay, readmission rates and access to specialist intervention
- f. Islington's '*Crisis Concordat*' action plan received commendation from the Care Minister responsible and has delivered: 24/7 Crisis Support, A&E linked additional acute mental health beds, an in depth review of Crisis House leading to service improvement Commissioning intentions for 2015-16 include: 24/7 direct access to Crisis Teams for the police and GPs, and patients, a 24/7 Mental Health Intermediate Care Service with peer support and additional acute bed capacity with an independent review of the acute care pathway

Driving up quality and value is core to commissioning activity. Service development work in 2014-15 included:

- On-going work to understand the increase in completed suicides of people known to services through thematic reviews
- Improved access to treatment with no patients waiting longer than 10 weeks for treatment for complex depression and trauma, services for ageing and mental health, and personality disorder; and waiting lists cleared for Post-Traumatic Stress Disorder, especially important in a community where significant levels of violence have been experienced by women and refugees
- Delivery of all Improving Access to Talking Therapies Targets for 2014-15 (including wait times), access targets, including for people from BME groups and a recovery rate of 47%.

4.4 Learning Disability and Autism

The Learning Disability 'pooled budget' has faced significant pressures each year from demographic demand and the cost of services. The cost of demographic pressure in 2014/15 was estimated as £1.7m. Management plans delivered a saving of £500k in 2014/15.

Service quality assurance is provided by the national Self Assessment Framework (SAF) tools. These were completed for Learning Disabilities and for people with Autism and presented to the Health and Wellbeing Board during the year. They showed that Islington generally performed well, with many areas improving since 2013/14. A small number of areas had changed negatively compared to 2013/14. Improvement plans will ensure that gaps are clearly identified and addressed. This is particularly the case for people with Autism where new statutory guidance will be reflected in local plans.

Achievements in 2014-15 and priorities for 2015-16 include:

- *Supported Accommodation* provides opportunities for people with learning disabilities and/or autism to live in their own 19 new tenancies. The balance of residential care to supported accommodation has now substantially shifted with approximately 170 tenancies, to 102 residential care placements. Three further schemes are being developed in Islington, to provide an additional 40 supported tenancies. The priority will be to ensure a robust process is in place to achieve quality outcomes, including offering people placed out of borough the opportunity to return, whilst achieving efficiencies wherever possible. Developing the market to ensure provide expertise is a priority
- *Shared Lives which* recruits carers to support people with learning disabilities in a family environment and provides personalised support and good value for money compared to residential care and supported accommodation received further investment in partnership with Camden Council. In 2015-16 a business case to recommend expansion of this scheme as an “invest to save” scheme will be developed based on efficiency outcomes demonstrated elsewhere
- *Special Educational Need and Disability Reforms (SEND)* (Children and Families Act 2014) apply to all children and young people (up to 25 years of age), identified with a special educational need or disability and aims to ensure transition pathways are effective. A Joint Transition Programme Board oversees work to ensure young people will be supported in achieving the four ‘Preparing for Adulthood’ outcomes: employment, independent living, good health, and community inclusion
- *Employment* outcomes remain good for people with learning disabilities with an additional 19 people placed in paid employment against a total of 58
- *The Family Carers’* reference group continues to ensure they have a voice
- *Improving health outcomes* for people with learning disabilities is a priority and there has been an increase in the number of people receiving health checks. The current health improvement plan has been refreshed to drive further progress and includes a more targeted approach.

Autism is an area facing significant demographic pressure. Services for people with autism who also have a learning disability are well established but the needs of people with autism who do not have a learning disability have been less well known. There has been progress in the following areas:

- A new jointly commissioned diagnostic service is now well established. Works are underway to develop a post diagnosis pathway with Camden Joint commissioners
- Autism awareness training and more advanced training for frontline professionals is a statutory requirement. Work is required to ensure that a workforce development plan is being implemented, however training has been provided to a broad spectrum of professionals
- An improvement plan is being developed aligned to gaps identified in the SAF and the governance arrangements are being reviewed to ensure local leadership and accountability for implementation of the Autism Act and associated strategy and statutory guidance.

Transforming the care and treatment of people living in Assessment and Treatment Units (ATUs), continues to be robustly monitored by NHS England and NHS London in response to Winterbourne View.

- In December 2013 six Islington adults were being treated in out of borough services. On 12th February 2015 there were four people, with three completed Care Treatment Reviews
- The accommodation strategy aims to ensure that supported housing options are actively being explored and developed to meet the needs of the remaining four people
- Further work is needed to understand why people are being admitted to local treatment and assessment services. Ensuring appropriate local housing solutions will continue to be a priority.

4.5 Carers

Islington Carers' Hub, the main commissioned service for carers, continues to successfully identify and support carers in Islington through their partnership work, particularly with the health service. The Hub has worked with 14 GP practices in the three years of operation.

The Hub Manager has continued to promote carers' needs within the health sector through presentations organised for staff. Strategic links have been developed to raise the profile of carers. This has been achieved through active memberships on seven boards including Camden and Islington Foundation Trust (C&IFT), Carers' Partnership and Dementia Navigator Steering Group, Making it Real Board, CCG Mental Health Advisory Group and the Third Sector Forum, Health-watch Islington Steering Group and the Islington Community Network Committee.

In 2014, Islington Council won a national award from Working Families for the staff carers' forum. The forum has supported staff carers through influencing policy to make it more carer friendly, offering toolbox talks for managers of staff carers, bringing in experts to discuss health conditions and much more. A key priority for the Hub in 2015/16 will be to take this nationally recognised model and extend this work across local businesses in Islington.

The Hub successfully identified 481 new carers in 2014/15 bringing its total membership to 1430 carers' Much of the success in identifying these new carers' has been as a result of developing strong partnerships with GPs and other stakeholder organisations including C&IFT Dementia Navigator Service and Help on Your Door Step. £25,000 from the flexible breaks fund was distributed to 121 families equating to approximately 60 awards. The fund offers carers and their families, who aren't eligible for health and social care funding, an opportunity to take a break from their caring role. Of note, 11 of these awards were offered to palliative carers.

Following the implementation of the Care Act 2014, the carers' offer in Islington was reviewed in 2014/15 to ensure the Council would meet its duties under the Act. Going forward, the main priority in 2015/16 will be to retender the Hub service which will include some of these duties as stipulated in the Care Act. The Hub contract, funded by a pooled budget arrangement, will be going out to tender with a contract value of £350,000 per annum, an increase of £70,000 increase from the previous year. The budgetary increase will ensure the following:

- that the new provider will undertake all low level carers' assessments
- a focus on prevention by identifying and engaging with hidden carers in the community.

5. Children's Services

5.1 Pooled and non- pooled budgets

In Children's Services there are no pooled budgets. The Section 75 agreement covers one non-pooled budget which funds the staffing and running costs of the Children's Health Commissioning Team.

In 14/15 the Strategy and Commissioning Division, as a separate entity within the Local Authority Children's Services, was disbanded. The Children's Partnership Commissioning Team was renamed the Children's Health Commissioning team and this has continued to be located within the local authority ensuring good linkages between health and local authority commissioning including Public Health. The CCG's Director of Commissioning took over line management of the team which now links to the Children's Services Management team through a regular health focussed meeting together with Public Health every 6 weeks.

As before, and unlike in Adult services, health and social care are commissioned separately. However, the S75 agreement enables the Children's Health Commissioning team to commission health services funded by the CCG or the local authority and to do so working closely with Public Health, other local authority partners and schools. This is particularly important in relation to the commissioning of speech and language and other paediatric therapies, services for children with disabilities, child and adolescent mental health services and health services for vulnerable children including children looked after and

those known to the Youth Offending Service.

In 2014/15 the local authority contributed £127,558 towards the cost of this team and the CCG contributed 175K.

Aligned budget: Within Children's Services there is also an 'almost' pooled budget referred to as an 'aligned' budget which covers the spot purchasing of placements for children with complex emotional, social and behavioural problems and/or disabilities. Decisions about funding of these placements are made by a Joint Agency Panel (JAP) which is attended by a member of the Children's Health Commissioning team and commissioners from Social Care and Education. This low volume, high cost budget is carefully monitored via the JAP Panel which in 14/15 continued to function effectively. However, whilst fewer numbers of young people came through the panel there was a significant increase in both the complexity and cost of placements, hence the overall cost of placements increased by 165K in 14/15 compared to the previous year. The overall outturn in 14/15 was 4.1m with a standard split operating across agencies such that the outturn for each agency was as follows: CCG - 1.34m, Education – 868K, Social Care – 1.6m and ILDP 318K.

5.2 Children's Health Strategy

A key piece of work in 14/15 was the development of the Children's Health Strategy led by the CCG and Public Health. This was signed off by the CCG in January 2015 and the Health and Wellbeing Board in April 2015 and sets out the direction of travel for Children's Health Services in Islington for the next 5 years.

Children's Integrated Care

The Children's Health Commissioning Team leads on the Children's Integrated Care Programme and central to this is ensuring that children's health care is managed in the community where it is safe to do so. This has required close collaboration between primary, community and acute (hospital) services as well as linking up with local authority partners as needed.

Key projects that supported this in 14/15 were:

- Commissioning and development of an asthma kite marking project in schools enabling schools to have the correct policy, care plans, training and emergency procedures in place, so that children with asthma can remain safe whilst at school.
- Establishment and development of Children's Nurses in Primary Care – one for each of the 4 GP localities. This has strengthened paediatric capacity within primary care.
- Establishment of Children's Multi-disciplinary Team teleconferencing bringing together an extensive core team of professionals once a month to discuss up to 10 children that would benefit from a multidisciplinary team discussion, including those with multiple A&E attendances. The core team includes the child's GP, a paediatrician, community nurse, school nurse, health visitor, pharmacist, Families First and SHINE. In 14/15 44 children were the subject of an MDT teleconference.
- Establishment and development of a Hospital @ Home enabling acutely sick children to have their care managed at home with intensive support. The project started in August 2014 and by the end of 14/15 159 children were treated by Hospital @ Home for a range of acute conditions that would have otherwise been treated in hospital. The service has had regular positive feedback from both the professionals and the families that have used the service.

5.3 Children's Community Health Services

The Children's Health Commissioning Team has worked with Public Health to support the safe transitioning of Health Visiting and the Family Nurse Partnership from NHSE to the local authority by October 15. Key performance indicators for health visiting such as breastfeeding and immunisation rates improved in 14/15 and were above the London average and the DH Annual Review of FNP was very positive.

Since April 2013 Public Health has been responsible for commissioning school health, sexual health and drug and alcohol services for young people. The Children's Health Commissioning Team has continued to collaborate with Public Health in these areas as needed so as to mitigate against health services becoming fragmented.

In 14/15 the team assisted Public Health in a review of the school nursing service particularly in relation to children with long term and medical conditions. Findings from the review indicated that the care for children with long term and medical conditions is variable and there are gaps in the service. The CCG is currently working with Public Health to look at ways of addressing this.

Input into the monitoring of the Whittington Health contract

Most community health services for children in Islington are provided by Whittington Health and the Children's Health Commissioning team inputs directly into the monitoring of the overall contract with Whittington Health in relation to these services and in particular those that the CCG directly commissions which include the following:

- **Services for Children with Additional Health Needs** such as Speech and Language Therapy, Occupational Therapy, Physiotherapy; Community Paediatrics and Community Nursing
- **Services for Disabled Children** including the Integrated Disabled Children's Service and the Aiming High for Disabled Children programme
- **Child and Adolescent Mental Health Services (CAMHS)** and
- **Integrated Health teams** working within the Targeted Youth Support and Looked After Children's Services.

The team also undertakes a series of engagement/monitoring meetings regarding the above and involves the local authority partners in these as needed. Hence the S75 is enabling the local authority to have more direct involvement in the monitoring of the Whittington health contract than would otherwise be the case. The value of the children's element of the contract with Whittington Health for community services is in excess of £13.5million.

Some of the **achievements** in 14/15 are as follows:

- The decision to jointly fund speech and language therapy posts in mainstream schools between the CCG and schools Forum has had a really positive impact on the delivery of services into mainstream schools. Schools are now in receipt of ongoing provision which enables both indirect intervention but also development of whole school approaches to support language and communication skills in schools. The 14/15 Annual SLT report to the Schools Forum was well received.
- The Children's Health Commissioning Team has worked closely with Education and Social Care in implementing the Special Educational Needs and Disability (SEND) reforms. In 14/15 an integrated panel was set up with Commissioners from each agency to agree Education Health and Care (EHC) assessments and plans. This panel is enabling partner agencies to make joined up decisions with the potential to maximise resources and deliver shared outcomes. As a part of this work in September 2014 a digital public facing local health offer went live.
- In accordance with the Department of Health recommendations, personal health budgets were made available for children eligible for continuing health care funding from October 2014 and since this date 3 children have been in receipt of a personal health budget. To ensure processes are joined up the team has worked closely with the personalisation team to ensure the alignment of systems and

processes around personal budgets.

- The Schools Forum continued to purchase CAMHS in schools which has meant that a comprehensive service was been provided across all Childrens Centres, Primary and Secondary schools as well as special schools. This has enabled the delivery of a seamless service from early identification and intervention through to more specialist interventions when required. Feedback from Children's Centres and schools has been consistently positive.
- In 2014/15 the Children's Health Commissioning Team worked with CAMHS and Adult Mental Health services to develop a parental mental health service – Growing Together which has been funded by the CCG. This has brought together CAMHS and Adult mental health clinicians to work in Children's Centres and other venues to provide clinical interventions to parents and children where the parent's mental health is having a negative impact on their children's mental health.
- A CCG funded nursing post was introduced as part of a range of health services provided within the YOS to ensure that all young people coming into the YOS have a comprehensive health assessment. This had previously been identified as a gap. Children's Commissioning chaired a Health sub-group of the YOS management board throughout 14/15 and although improvements can be demonstrated, the production of robust health performance data continues to be a challenge.
- The CLA health team continued to perform well in meeting the statutory health targets in relation to health assessments (initials and reviews) and immunisation rates for children looked after.
- In 14/15 the CCG agreed to fund CAMHS in Children's Centres (175k) in support of the Council's financial strategy. This was further to 691K additional CCG investment in children's health services which took effect that year.

5.4 Children's User and Carer Involvement

The Children's Health Commissioning team leads on ensuring that children and young people and their carers are involved in the design and delivery of health services, linking in with Healthwatch, Public Health and other partners as needed. Below are some examples of activities in 14/15:

- In November 2014, 4 young people were involved in the interview and selection process for a new Participation Officer within the Children's Health Commissioning team.
- 29 children and young people were involved in the initial development of the Children and Young people Health Strategy and 9 were contacted in latter stages to ensure that their views had been accurately represented.
- You're Welcome is a 'mystery shopping' programme to ensure that health services are 'young people friendly'. In 2014/15, 3 Children's Centres, a sexual health centre and a GP practice were involved in the programme.
- A Youth Health Trainers pilot project ran from July 2013 to January 2015. The aim was to offer apprenticeships to young people to work with other young people on improving their health outcomes. 3 full time apprentices who were NEET (not in education, training or employment) were recruited and trained to provide peer to peer health promotion. Two of the apprentices obtained permanent jobs as a direct result of their apprenticeships.

5.5 Safeguarding Children

The close partnership working between Islington CCG and Islington Council in relation to the above is covered in the Islington Safeguarding Board Annual report. Under this Section 75 arrangement, the Children's Partnership Commissioning Team has worked closely with the Islington CCG Designated Doctor and Nurse for Child Protection in supporting the CCG in ensuring that safeguarding arrangements are appropriately taken into account in the monitoring of health services referred to in this report.

The Head of Children's Health Commissioning is a member of the NHS Islington Child Protection Committee and the team reports to the Committee on child protection issues in relation to different

community services on a rolling programme

6. Conclusion

- 6.1 The partnership between Islington CCG and Islington Council continues to ensure an integrated approach to service commissioning and delivery to meet the needs of vulnerable residents in a co-ordinated and seamless way. This report demonstrates some of the benefits over the last year for both children and adult and highlights some of the priorities for 2015/16.

2014 was again a year of achievement. We have continued to use models of care to develop new ways of working and will continue to strengthening the offer around individuals and their families.

Efficiency and effectiveness remains top of the agenda as the Council and CCG manage financial constraints and demand pressures. Planning and delivering services within a strong joint commissioning approach will help mitigate risks and ensure that we continue to deliver quality seamless services to our local residents.

7. Implications

7.1 Financial implications

There are no direct financial implications from this report.

Any financial implications arising need to be considered and agreed as necessary by the Council and/or the Clinical Commissioning Group (CCG).

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 or the Clinical Commissioning Group (CCG).

7.2 Legal Implications

Section 75 of the National Health Service Act 2006 provides powers for the Islington Clinical Commissioning Group (the CCG) to exercise specified local authority functions and for the council to exercise specified functions of the CCG. A partnership agreement pursuant to section 75 has been established between the CCG and the council setting out the respective aims and obligations of the partners. Governance arrangements relating to the partnership agreement are set out within the terms of the partnership agreement.

The council's constitution requires the Executive: to be responsible:

- To be responsible for the regular monitoring of joint commissioning arrangements and joint management of services in relation to adult social care services (Responsibility for functions, council Constitution, Part 3, paragraph 4.6(i)).
- To act on the Council's behalf in any joint governance arrangements for the delivery or commissioning of children's and community care services with the National Health Service (Responsibility for functions, council Constitution, Part 3, paragraph 4.2(i)).

7.3 Environmental Implications

There are no environmental implications

7.4 Resident Impact Assessment

A Resident Impact Assessment has not been completed because the activities in this report seek to advance equality of opportunity, to minimise disadvantages and meet needs in particular for disabled persons' and encourage people to participate in public life.

8. Reasons for the recommendations / decision

8.1 The report is for assurance and note only.

Appendices

- Appendix 1- Adult Pooled Budgets

Final report clearance

Janet Burgess

Signed by: Executive Member for Health and Wellbeing **Date:** 7 October 2015



Signed by: Executive Member for Children and Families **Date:** 9 October 2015

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