

Report of: Joint Director of Public Health

Health and Wellbeing Board	Date: 19 October 2016	Ward(s): All
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SUBJECT: Islington CCG and Islington Council's Commissioning Intentions for 2017-18

1. Synopsis

- 1.1. This paper sets out a high level overview of the approach to commissioning intentions for 2017-18 being taken by both Islington Council and Islington Clinical Commissioning Group (CCG).
- 1.2. There is a statutory duty on Health and Wellbeing Boards (HWBs) 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 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, detailed list of the commissioning intentions in 2017/18 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 HWB is also asked to note that not all of the Council's strategic plans or commissioning intentions for 2017/18 have been finalised.

2. Recommendations

The Health and Wellbeing Board is asked to:-

- consider and comment on the CCG's and Council's commissioning intentions and strategic plans for 2017/18, in relation to Islington's population health needs as identified in the JSNA and the priorities set out in the Islington Health and Wellbeing Strategy;

- consider the commissioning intentions and strategic plans described in this paper within the broader strategic context of Islington's Corporate Plan, the Haringey and Islington Wellbeing Partnership and the developing Sustainability and Transformation Plan for North Central London.

3. Background

- 3.1. There is a statutory duty on Health and Wellbeing Boards (HWB) 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.
- 3.2. This paper provides an overview of Islington CCG's and Islington Council's commissioning intentions and strategic plans for 2017/18. The Board is asked to consider these in the context of Islington's Joint Strategic Needs Assessment (JSNA) and the Islington Health and Wellbeing Strategy, to ensure they take proper account of key population health needs and priorities. Islington Council's Corporate Plan 2015-19, the Haringey and Islington Wellbeing Partnership and the developing North Central London 5-year Sustainability and Transformation Plan provide the broader strategic context for the 17/18 commissioning intentions and plans.
- 3.3. As in previous years, this report is not intended to be a comprehensive, detailed list of commissioning intentions in 2017/18 and beyond, nor does it provide an overview of all council and CCG 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 for 2017/18, which are in the process of being finalised.

Strategic Context

- 3.4. Islington Council's Corporate Plan sets out a very clear ambition of making Islington a fairer place where everyone has the opportunity to reach their potential and enjoy a good quality of life. There has been good progress towards making Islington a fairer borough, and significant achievements in recent years, despite significant cuts to local government funding and to welfare budgets by central government. To continue to make positive changes for Islington residents and their families and to improve outcomes, the Corporate Plan highlights the need to address some of the deeper social challenges which prevent residents from improving outcomes for themselves and their families, including: mental ill health; domestic violence; long-term health conditions; substance misuse; and long-term unemployment. The impact of these social challenges are felt right across Council and wider public sector services, including importantly local health partners, and tackling them to improve outcomes for residents, and to continue to deliver quality, joined up services with reduced resources requires working in partnership across the health and wellbeing system and more widely.
- 3.5. The key principles that underpin the approach to realising the ambition of the corporate plan include; a consistent, strategic focus on early intervention and prevention, developing joined up, integrated services built around the needs of residents and their families, a commitment to co-production and co-design with service users, working in partnership across organisational boundaries to address problems no single organisation can solve alone and making every contact count.
- 3.6. The Haringey and Islington Health and Wellbeing Partnership, the partnership established between Haringey and Islington Councils, Clinical Commissioning Groups, Whittington Health, Camden and Islington Foundation Trust and Barnet Enfield and Haringey Mental Health Trust, is focused on improving health and wellbeing outcomes for the whole populations of Haringey and Islington, transforming the way

in which health, care and other services are delivered and integrated to improve quality and outcomes, and ensuring the health and care system is sustainable in the longer term. The Partnership is taking forward priority work streams across the following populations segments and pathways:-

- Older people with health and social care needs.
- Musculoskeletal conditions
- People with learning disabilities
- Prevention, identification and management of diabetes and cardiovascular disease
- Mental health recovery and resilience

A further workstream focused on improving outcomes for children and young people is currently being scoped and developed.

3.7. The H&I Wellbeing Partnership has made significant progress in a short period of time and brought together a range of organisations, both commissioning and delivering health and social care, to work differently and collaboratively to improve the health and wellbeing of their local populations. Through the Partnership, work is also now underway to consider and inform the development of a more formal Accountable Care Partnership across Haringey and Islington, underpinned by the set of firm principles and outcomes agreed by the Partnership and previously endorsed by Islington's HWBB.

3.8. North Central London is one of 44 "footprints" nationally that are developing Sustainability and Transformation Plans (STPs) in response to NHS Planning Guidance, issued in December 2015. This guidance asked NHS providers and Clinical Commissioning Groups to work with local authorities to develop whole system, place based plans to deliver three key ambitions for the health and care system:-

- to improve health and wellbeing outcomes
- to improve care quality; and
- to achieve financial sustainability.

3.9. These Sustainability and Transformation Plans (STPs), and this new partnership approach to strategic planning, are intended to be the vehicle for delivering the ambitions and vision set out in the NHS Five Year Forward View. Islington is part of the NCL STP strategic planning footprint, alongside Haringey, Barnet, Enfield and Camden.

3.10. The emerging STP for NCL is developing plans across the following key workstreams:-

- population health and prevention
- transforming primary care
- mental health
- urgent and emergency care
- optimising planned care pathways
- consolidation of specialties
- organisational-level and system-level efficiencies

In addition, work to develop the STP encompasses a number of important "enabling" workstreams, including:- the health and care workforce; the health and care estate; digital and information; and new commissioning and delivery models.

4. ISLINGTON COUNCIL COMMISSION INTENTIONS AND STRATEGIC PLANS

4.1. Set out below is a high level summary of the Council's commissioning intentions and strategic plans for 2017/18, as they relate to and support delivery of the three priorities set out in Islington's Joint Health and Wellbeing Strategy:-

- Ensuring every child has the best start in life
- Preventing and managing long-term conditions to enhance both length and quality of life and reduce health inequalities
- Improving mental health and wellbeing.

5. Ensuring every child has the best start in life

5.1. Our ambition is for children and young people in Islington to have the best start in life. By 2025 we want an Islington where children achieve the outcomes that are important for ensuring wellbeing at each broad developmental stage and are also able to make a successful transition to the next stage and break the intergenerational cycle of disadvantage. As outlined in Islington's Prevention and Early Intervention Strategy, we aim to do this by:

- 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 so they can overcome the challenges they face as they grow up.

5.2. Early help – our Community Budget and Stronger Families programme has enabled the creation of an eight year, pooled financial envelope with contributions from schools, Islington Clinical Commissioning Group and the council. This has enabled effective commissioning of a range of responsive and stable early help services to meet local needs. The Early Help approach aims to prevent escalation through targeted family support delivered through children's centres for under-fives, Families First for five to nineteen year olds, and a range of evidence based parenting programmes. For families with more complexity, IFIT provides more intensive support with a greater degree of clinical and specialist input (non-statutory). Our commissioning priorities are to:

1. Continue to develop and improve our approach to early intervention and prevention support for vulnerable children, young people and families.
2. Make the Early Help pledge a reality for all families
3. Use our Conception to Five Vision to lay strong foundations for children and their families and remodel the early childhood system
4. Review and implement phase 2 of the Stronger Families programme
5. Ensure evidence based approaches in the delivery of family support.

5.3. Through careful management of the 'families with multiple needs' community based budget, services have been sustained and there has been no reduction to the numbers of families served by the teams. However, it is highly unlikely that services can be sustained at this current level over the coming period due to a reduction in funding in phase two of the national Troubled Families programme (2015-2020), and the potential impact of implementing the National Funding Formula for Early Years, which proposes to reduce the proportion of funding that the local authority can retain centrally.

5.4. Achieving permanence for our looked after children without delay is a key priority. A small number of children who become looked after aged 12 and above often experience placement disruption. This is

equally the case for children who have been placed at an early age who are now in the stages of emerging adolescence. Our sufficiency strategy aims to improve stability for this cohort. For example:

- Innovation funding has been secured as part of the North London Children's Efficiency Programme (NLCEP) to commission a multiagency residential offer for children aged 12-15. The service will aim to increase the chances of parents of children with complex problems meeting their children's long term needs, by offering short stay accommodation services and support to both children and their families for a fixed period of time. It is hoped that this approach will help reduce the number of older young people remaining in local authority care.
- The North London Fostering and Adoption Consortium will continue with its efforts to develop an adolescent fostering scheme and also to skill up existing carers to ensure that they are equipped to manage more challenging needs and behaviours.

5.5. Play and youth commissioning – to ensure that both children and young people have good physical and emotional health, with the social and emotional capabilities they need as they grow up, there continues to be investment in play and universal youth services. Commissioning activity will aim to ensure that:

- There are high quality play and youth services commissioned through a robust, transparent procurement process
- Commissioned providers deliver excellent quality services for young people, demonstrating value for money and added value to the council
- More children and young people are accessing the adventure play offer across the borough, including those with SEND
- More young people, including those 16+, are accessing the youth offer across the borough, including those with SEND
- Buildings are fit for purpose, attractive to children, young people and families and add value by providing integrated or holistic services and generating additional income.

5.6. Responsibility for the commissioning of health services for children aged 0-5 transferred from NHS England to local authorities a year ago. This included the Health Visiting service and Family Nurse Partnership (FNP). The service continues to be delivered by Whittington Health NHS Trust which has allowed for stability in provision whilst new integrated service models are developed alongside other children's health services, providing further opportunities for integration and greater outcomes for children and their families. Falling numbers of teenage pregnancies in Islington over time have resulted in reduced caseloads for FNP nurses. A commensurate reduction in funding from 2017 is being negotiated with the provider. We hope to retain the advanced skills, knowledge and capacity of the existing service and to achieve these savings, through greater integration of FNP with the health visiting service.

5.7. Child Weight Management. Islington's Healthy Living Practitioner service, operating as part of the school nursing service, was expanded from 1st April 2016. The service supports families whose children are overweight to adopt healthier lifestyles on a one to one basis, replacing the previous More Life child weight management service. To support this, Families for Life, a series of healthy living programmes for families, has also been commissioned from the schools' Health and Wellbeing Team within the school improvement service. In conjunction with the CCG, work is underway to develop a dedicated weight management offer for families of children with more complex needs (the equivalent of a Tier 3 weight management offer for children and families).

5.8. Young People's Sexual Health services are being delivered as a network across Camden and Islington with a core clinical offer, as well as each provider delivering specialist and targeted work. The new model has been operational since April 2015. Possible efficiencies for 2017/18 will be explored following a review

of various aspects of the network and its delivery across Camden and Islington. Plans to develop the emergency hormonal contraceptive pill (EHC) service for young people in pharmacies are being explored for implementation in 2017/18. These include joint commissioning with Camden and the expansion of the C-Card condom distribution scheme into pharmacies. A pilot will run in 2016, in advance of wider implementation.

- 5.9. Delivery models for young people's substance misuse treatment will remain unchanged during 2017/18; however, during this period, we will be reviewing the model for 2018/19 to ensure it provides the best outcomes for Islington's young people.
- 5.10. Islington is investing more funding in interventions to prevent and reduce youth violence. The objective is to adopt a stronger early intervention approach to serious youth crime, by enhancing the integrated multi-agency approach to tackling youth crime and providing targeted interventions to children and young people from 7 to 18 years old. Interventions will be targeted at those who are at risk of becoming involved in gang activity, a perpetrator or victim of youth violence. The council has identified £500k per year for 4 years from 2016/17 to 2019/20. Resources have been allocated to secure the following, as part of an integrated multi-agency approach to tackling youth crime, gang activity and violence:
- mentoring delivered by Chance UK for targeted primary school children (to increase reach of current mentoring contract from 2016-2020) and Safer London for young people 11 to 17 years
 - one to one intensive support for 10-18 year olds, delivered by workers from St Giles Trust who utilise their experiences as a way of connecting with young people both on the fringes of and already entrenched in gang activity. They will be based in TYS, TYS/Integrate (a Camden and Islington Foundation Trust clinical led project that engages young people involved in gangs in EC1 area) and Integrated Gangs Team (IGT)
 - additional capacity within TYS to deliver counselling for more young people 12 -18 years old
 - IGT workers to enhance communication, information sharing and analysis of cohort as well as case work capacity (2016-2020)
 - one to one education, training and employment support delivered by a worker from New Horizons for young people known to YOS
 - Child sexual exploitation (CSE) and harmful sexual behaviours (HSB) pilot to implement and evaluate specialist interventions for those young people at medium to high risk of being victim of CSE and/or perpetrator of HSB (2 year pilot 2016/17-2018/19).
- 5.11. In addition to the interventions already funded for 2017 – 2020 (mentoring for primary aged pupils; interventions and direct work tools in relation to victims and perpetrators of child sexual exploitation; keyworker support for young people in YOS who are heavily involved in gang activity), the following have been identified as priorities for commissioning from 2017 onwards:
- Mentoring and keywork support for young people 11-18
 - Mentor and keywork provision to include group work sessions in schools and youth settings
 - Commissioning multi-agency group based supervision and support for universal, targeted and specialist services
 - Purchasing the licence for a few key models of intervention (e.g. Good Lives Model) and fund a provider as part of a multi-agency Train the Trainer approach to spread the model and the abilities of services to embed and sustain models within their services.
 - Considering opportunities for different organisations contributing in different ways e.g. VCS sector organisation accessing free training and giving time or another resource in return
 - CSE/Gangs Analyst (if MOPAC funding ends)

6. Preventing and managing long-term conditions to enhance both length and quality of life and reduce health inequalities

- 6.1. New contracts for Adult Weight Management and Exercise on Referral services, and for NHS Health Checks were awarded in January 2016 and the new services commenced April 2016. A new stop smoking service will be tendered later in 2016 with a view to the new service commencing April 2017. This follows an independent review of stop smoking services in Islington and working with residents and key stakeholders to co-design a new service model. We will also continue to monitor national progress in relation to the licensing and future possible prescribing of e-cigarettes.
- 6.2. During 2017, we will be reviewing Locally Commissioned Services (LCS) – services commissioned from community pharmacies and GPs to support the delivery of a variety of Public Health Services – in order to identify potential opportunities for improving outcomes and population coverage. Primary care remains a key set of providers for the delivery of priority public health interventions, such as stop smoking and NHS health checks.
- 6.3. We have continued to play a lead role in the pan-London Sexual Health negotiations and the roll out of the new London Integrated Sexual Health Tariff. The North Central London partnership, incorporating Camden, Islington, Barnet, Haringey, Hackney and the City Of London, published the tender opportunity in August 2016 for the procurement of an open access integrated sexual health service for residents with a view to the new contract, aligned to the new tariffs, coming on line in April 2017. When the programme is implemented, patients will be able to access services through the internet, as well as the option of attending a clinic.
- 6.4. Delivery models for substance misuse treatment will remain unchanged during 2017/18. However it is our intention to collaborate with stakeholders to design a new treatment model and re-procure the drug and alcohol treatment system during this period. The redesigned service will seek to improve the experience of those who require support and improve the outcomes for individuals in their recovery. This includes increasing access to treatment, increasing the numbers of clients who successfully complete a treatment programme and do not re-present for treatment, as well as contributing to other agendas, such as reducing offending and homelessness. This complex development is to take place over a 2 year period. Primary care drug and alcohol and hospital based alcohol liaison delivery models will also be reviewed during 2017/18 to ensure that services deliver improved outcomes for services users. There remains a gap in the provision of community based rehabilitation options (Day Services). These services will be specifically considered in the system wide transformation work.
- 6.5. Since 2013, we have commissioned HAGA to deliver alcohol prevention and awareness raising through campaigns such as the Don't Bottle It Up website, an internet-based intervention and provision of brief advice for people who are at risk of harmful drinking. Options for re-commissioning this intervention / programme , alongside alcohol awareness advice and training , are currently being developed.
- 6.6. To ensure Islington meets the Care Act 2014 duties to provide preventive services to all, Islington will:
 - Co-create a more effective model for primary prevention services. This will bring together current provision into a more collaborative and flexible system where the Council and partners work together to decide how to best deliver prevention outcomes across the borough.
 - The provision of advice and information will be a key part of this offer and in the long term Adult Social Services and Corporate Resources hope to work together to integrate advice offers

currently delivered in adult social care funded services through a single advice offer across the council. It may also be possible to adopt a similar approach for employment services.

- 6.7. Promoting healthy and active ageing – We have continued to fund voluntary sector provided day centres and lunch clubs offering older people living in Islington a number of community venues where they can socialise with their peers, engage in a range of activities and outings and have access to low cost meals. Alongside these traditional services we have developed a new Get Together service with Age UK Islington aimed at enabling older people to make the most of the varied and interesting leisure opportunities available in the borough. This new model has proved to be successful and it's proposed that it be developed further to increase the number of older people it can reach.
- 6.8. A review of the intermediate care pathway has been completed. We are currently considering the re-commissioning of intermediate care and want to explore a value based commissioning approach. We will be looking into developing a payment mechanism based on outcomes rather than activity, to ensure better value for money.
- 6.9. By January 2018 Islington will develop and implement a procurement strategy to commission a new pathway for young people's accommodation thereby supporting young people to achieve their outcomes and move into independent living. This currently covers accommodation support services to homeless and vulnerable young people aged between 16-21 years old with 24 hour and visiting support services for young people in 3 supported housing clusters.
- 6.10. The older adults commissioning team will re-commission the council's Domiciliary Care provision to enhance capacity for providers to accept increasingly complex care packages, increase ability to provide low level health related tasks and build on the new service model to increase personalised support to service users. The opportunity to re-commission high level rehabilitation services will also be explored
- 6.11. A review of the existing Last Years of Life services and pathway will be used to inform the development of a new service model that aligns to the integrated care programme approach in Islington. The possibility of more community support and less inpatient provision will be considered.
- 6.12. By March 2019 we aim to reduce our use of hospital beds to care for people with learning disabilities and/or autism by 50%: from 41 beds to 21 beds across NCL in line with the ambitions set out in Building the Right Support. The Transforming Care programme in Islington, a partnership with colleagues and services across North Central London, will support the commissioning of services that prevent crisis and hospital admission, such as family support, crisis intervention and positive behaviour support that will help deliver this target.

7. Improving mental health and wellbeing

- 7.1. A sustainable 5-year mental health joint commissioning strategy is being developed across the NCL footprint as part of the Sustainability and Transformation plan. It is informed by the Mental Health Taskforce Report, our Wellbeing Partnership Programme and supported by CIFT's clinical strategy.
- 7.2. Following a recent cross-agency review of services, three new mental health promotion services were commissioned in 2016. These continue the strong mental health prevention offer in Islington:- raising awareness and tackling stigma (particularly through delivery of Mental Health First Aid (MHFA) training), encouraging self-care and enabling earlier and greater equity of access to mental health services. These programmes are all provided by voluntary agencies working across different communities to provide services for young people, adults and public-facing workplaces in the borough.

- 7.3. People living with common mental illness or experiencing mental illness for the first time should have universal access to preventative support services that are easily accessible, effectively promoted and encourage self-management of conditions. In order to achieve this we will be re-commissioning day services as part of the Prevention Alliance and reviewing and aligning, where necessary, the Recovery College and the mental health employment support service with the mental health prevention offer.
- 7.4. Improving levels of access to talking therapies for under-represented groups is an ongoing local priority. We will continue to review the capacity and quality of these services, specifically their ability to meet local demand in a timely manner and deliver high-quality care, reduced number of referrals to secondary care mental health services and support people to move off benefits and into employment.
- 7.5. Following a review of suicide prevention pathways in Camden and Islington, and as part of the suicide prevention implementation plan, in 2017 we will pilot delivery of suicide prevention training to 'gatekeepers' in voluntary and statutory sector organisations, to build capacity to recognise the warning signs of suicide, how to respond, and where to refer.
- 7.6. The CCG and Council are currently refreshing the Child and Adolescent Mental Health Service (CAMHS) Transformation Plan. There has been continued engagement with a broad range of stakeholders since the development of the last plan, including the creation of a mental health charter developed by a group of young people. This will be reflected in the refreshed plan.
- 7.7. As part of whole systems approach to ensure that care pathways provide high quality care across providers we will;
- Consider the recommendations from the NCL wide review of Perinatal Services for implementation as part of NCL Sustainability and Transformation Plan
 - Develop crisis care pathways in line with recent guidance from the Healthy London Partnership
 - Develop local workforce development plans to increase access for children and young people to Evidenced Based Treatments
 - Further explore the development of the Eating Disorder pathway to ensure fit with current need and models of provision
 - Develop proposals for clear transition pathways into adult care
 - Continue to work closely with the Voluntary, Community and Faith Sector (VCFS) to develop capacity and sustainability to deliver services to young people in youth and community settings.

8. ISLINGTON CLINICAL COMMISSIONING GROUP'S COMMISSIONING INTENTIONS

- 8.1. The section provides an overview of the first cut of Islington Clinical Commissioning Group's (CCG) commissioning intentions for 2017/18 and 2018/19. These intentions are framed within:
- Local priorities agreed through the Health and Wellbeing Board and informed by the Joint Strategic Needs Assessment, including those identified through the Haringey and Islington Wellbeing Programme;
 - 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 in particular through the NCL Sustainability and Transformation Plan;

- The potential move to full delegation of primary medical services contracts to NCL CCGs from NHS England (NHSE) in April 2017, moving from the current co-commissioning arrangement across the CCGs and NHSE. Commissioning intentions for primary care are based on developments which require investment to deliver the London Strategic Commissioning Framework, implement an equitable 'London offer' to all practices across General Medical Services (GMS) and Personal Medical Services (PMS) as far as possible, and other commitments to improve the quality and reduce variability in general practice. Commissioning intentions for primary care therefore focus on:
 - Equalising the Islington offer across GMS and PMS practices;
 - To reflect the priority of long term condition management as well as supporting the delivery of the Quality Premium, uplift the long-term conditions Locally Commissioned Service (LCS) by 25%;
 - Development of new LCS to improve identification and management of chronic kidney disease (CKD);
 - Workforce development through the development of new roles and extension of the practice based pharmacy project;
 - Further development of teams around the practice including working through practice networks and with Islington GP Federation;
 - Development of primary care estate in areas of high population growth (Archway, Bunhill, Finsbury Park, Holloway Road) with bids submitted to the national Estates and Technology Transformation Fund for capital monies (outcome not yet known).

8.2. The framework for commissioning intentions for 2017/18 and 2018/19 set out key changes to the CCG's strategic and operational planning requirements for the future, including the need to:

- Work more collaboratively across our whole system whether this is NCL / bi-borough NHS commissioners, jointly with Local Authorities or in full system planning for transformation across commissioning and providers;
- Develop longer term plans and mechanisms for implementation, whether within our five year NCL STP and Wellbeing Partnership programme, two year local operational plans or two year contracts with flexibility to transform health and social care provision and the health and wellbeing of our population;
- Deliver significant system wide efficiencies in order to establish a sustainable health and care system within a system wide financial control total in a time of ever increasing demand; and
- Establish effective services that deliver to our NHS constitutional requirements, both resolving current non-compliance in the short term and embedding new practices / pathways to sustain these in the longer term.

8.3. CCG commissioning intentions for 2017/18 and beyond need to be developed and aligned to the new plans and contracting methods. In Islington this also includes alignment with the Haringey and Islington Wellbeing Partnership and ensuring alignment of local CCG commissioning intentions with those at a London and NCL level.

8.4. In line with NHS standard contracting and commissioning requirements all NHS commissioners are required to give six months' notice of any major changes to commissioning and contracting arrangements for the next contractual year. This is usually provided by 30 September in a letter from the lead CCG commissioner to each provider nationally. Islington CCG ensures the delivery of these letters to Whittington Health, Camden and Islington Foundation Trust (C&IFT) and Moorfields as lead

commissioners, and feeds into commissioning intention letters for all other providers with whom the CCG has agreed contracts in place, as associates to other lead CCGs.

- 8.5. Local commissioning intentions focus on delivering the health and improvement priorities agreed through the Health and Wellbeing Board and informed by the Joint Strategic Needs Assessment. These intentions are delivered through the CCG’s strategic delivery programmes for primary care, integrated care, urgent care and planned care, plus cross-cutting themes for mental health and children and young people.
- 8.6. Further information on Islington CCG’s commissioning intentions are summarised in Appendix 1.
- 8.7. Members of the Health and Wellbeing Board are asked review the appendix and highlight any commissioning intentions that may not be featured.

Engagement for finalising commissioning intentions for 2017/18

- 8.8. Appendix 1 is not an exhaustive list of the CCG’s commissioning intentions; these and additional contract issues will be picked up in the 6-month letters sent to NHS acute, community and mental health providers.
- 8.9. Building on the engagement that has taken place throughout the year, the CCG has commissioned a range of community groups to gather resident and user insight and input 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. Further engagement plans are set out below:

Public engagement to inform commissioning intentions:

Pan-Islington Meeting	3 November
Community meeting	November (date to be confirmed)
Manor Gardens Health Advocacy Project	November (date to be confirmed)
Third Sector Forum	Date to be confirmed
Website	From when draft finalised

- 8.10. Public engagement is further supported through insight gathered from the community wellbeing projects for New River Green and Andover, the rolling programme of community research, and Ward Partnership meetings with a health focus.

Procurement

- 8.11. Many of the CCG’s commissioning intentions will be implemented in concert with existing providers. There are areas, however, where new or re-designed services will need to be re-procured. Our procurement pipeline for 2017/18 includes:
 - Continuing from the work carried out in 2016/17 by 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 participates in London-wide any qualified provider procurements for termination of pregnancies and for a domiciliary care framework.
 - New services in 2017/18 will be established from procurements completed in 2016/17 and include:
 - A community ophthalmology service with City and Hackney CCG;
 - A lead provider for the value based commissioning pilot for diabetes with Haringey CCG;

- A community anti-coagulation service.

8.12. Next Steps for commissioning intentions

- Agreement of contract closedown for 2016/17 with providers as part of the quarter one reconciliation process for the year;
- Agreement of approach to contracts for 2017/18 and 2018/19 across NCL including contract form and outcomes to be achieved linked to delivery of STP and local objectives;
- Translation of Sustainability and Transformation Plan (STP) – short, medium and long term objectives to support commissioning intentions;
- Communication with providers on intended approach to contracts for 2017/18 and 2018/19;
- Further discussion and focus on mental health and community contracts for the next two years.

9. Implications

9.1. Financial implications

Adult Social Care

Islington Council's Adult Social Service department has a net expenditure budget of £78.6m.

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.

Children's Services

Islington Council's Children's Services department has a net expenditure budget of £75.7m.

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 2016/17 is £27.3m.

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.

9.2. Legal Implications

No legal implication for the local authority. The intentions comply with s.195 of the Health and Social Care Act 2012 to work closely together in an integrated manner to promote the health and well-being of residents.

9.3. 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.

A Resident Impact Assessment has not been completed because this work brings together different streams of work rather than being a new project. Equality Impact Assessments and public engagement are undertaken for programmes/services as and when need and will continue to be part of this process. The proposals outlined in this report should have an overall positive impact for the residents of Islington in terms of health and wellbeing. .

9.4. Environmental Implications

Almost all work commissioned during 2017-18 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.

Final Report Clearance

Signed by



Julie Billett, Joint Director of Public Health

Date 4 Oct 2016

Appendices

- Appendix 1 – Financial and operating guidance and summary of CCG commissioning intentions

Background Papers: None