

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 10 June 2015
AGENDA ITEM:	7
SUBJECT:	Council Commissioning Plans 2015/16
BOARD SPONSOR:	Paul Greenhalgh, Executive Director of People Department, Croydon Council

BOARD PRIORITY/POLICY CONTEXT:

This report identifies how the Council's commissioning plans which are delivered through the ICU contribute to Health and Wellbeing Board priorities as set out in the Joint Health and Wellbeing Strategy:-

1. giving our children a good start in life
2. preventing illness and injury and helping people recover
3. preventing premature death and long term health conditions
4. supporting people to be resilient and independent
5. providing integrated, safe, high quality services
6. improving people's experience of care

The national policy context has also shaped the Council's commissioning priorities for 2015/16. This background context includes the requirements arising from the Care Act 2014, in particular

- ~ new statutory duties relating to universal information, advice and advocacy,
- ~ engaging communities so that they can play a stronger role in supporting individuals, particularly in preventative initiatives,
- ~ duties to shape, manage and sustain the local care and support market and
- ~ extended responsibilities to address the needs of family carers.

"Ambitious for Croydon" encapsulates the council's vision as a stronger, fairer borough where no community is held back. The council has recently restructured itself to help deliver this ambition into three departments for Place, Resources and People each with its own enabling strategy. Within the recently formed People Department (where the ICU is based) an Independence Strategy is being developed with key priorities to support the strategy's delivery. These priorities also have informed the Council's commissioning plans which:

- ~ Empower individuals and communities to be better able to take more responsibility for themselves and each other
- ~ Enable residents to make informed choices about how to meet their needs through the provision of high quality information, advice and guidance
- ~ Provide people with the best opportunity to maximise their life chances and have a good quality of life through the provision of high quality universal services, including an excellent learning offer
- ~ Empower people to resolve issues early through the provision of joined up assessment and support
- ~ Enable children and adults to maximise their independence and ensure they are safe from harm through the provision of high quality specialist services

FINANCIAL IMPACT: The ICU carries out its work within the budgets and financial governance requirements of each of its partners. The work streams detailed in this report are in line with agreed budgets and financial plans for 2015/16.

It should be noted that in the current financial environment for local government and the NHS, where funding is constrained and service demand pressures are increasing, the council through the ICU continues to focus on the challenge of how we can deliver services within allocated resources, through better integrated working on behalf of both partners, whilst at the same time ensuring we can sustain quality and manage demand.

1. RECOMMENDATIONS

This report is for information. The Board is asked to give an opinion on the council's discharge of its commissioning responsibilities with respect to the Board's priorities.

2. EXECUTIVE SUMMARY

2.1 This report outlines the 2015/16 commissioning plans of Croydon Council, which are to be delivered through the Integrated Commissioning Unit (ICU).

2.2 The ICU was established in April 2014 to bring together joint commissioning under a single management line on behalf of both the council and the CCG. In practical terms therefore, the council's commissioning plans for prevention, care, support and well-being are the responsibility of the ICU to develop and implement. Through the Director and senior team structure, the ICU is accountable to each of the partner organisations for the effective discharge of their commissioning responsibilities. The ICU has made good progress in its first year of operation (2014/15) to strengthen joint working and thereby to support the delivery of improved outcomes for Croydon people.

2.3 This report sets out those key commissioning priorities in the ICU plan for 2015/16 which fall within the council's remit. Inevitably, when considering the purpose of an integrated unit, many of the commissioning plans and objectives represent joint areas of work. For reference therefore, the table (attached as Appendix 1) illustrates the full range of commissioning plans and priorities which form the ICU's work programme for 2015/16, which are either commissioned by the Council or commissioned jointly between the council and the CCG.

2.4 For completeness, the Appendix also references those CCG commissioning plans for 2015/16 which are to be delivered through the ICU (shown as CCG in italics).

3. DETAIL

3.1 The Appendix shows the commissioning priorities within the 2015/16 plan for the different work streams within the ICU in its second year of operation. It is very much a working document and will be subject to review, monitoring and updating as the year progresses.

3.2 The ICU comprises 5 main teams of integrated commissioning, each led by a Head of Service:-

- ~ Children and Maternity,
- ~ Vulnerable Older people, physical disabilities, end of life care and carers
- ~ Mental Health & Substance Misuse
- ~ Working Age Adults, which includes learning disabilities, public health commissioning, supported housing, market development/contracts support
- ~ In addition the ICU benefits from the input of a Strategic Projects post which enables support on cross-cutting projects across the ICU.

4 Key Priority Areas

4.1 The Appendix sets out the full work programme. Within this, there are some key council or joint commissioning objectives to bring to the Board's attention. Their importance reflects our local vision to ensure children get a good start in life, to improve health and well-being outcomes, to increase healthy life expectancy and reduce differences in life expectancy between communities and improve people's positive experience of care. In summary:-

- Strengthen children's emotional wellbeing and mental health through the Partnership strategy, implementing a blended model across the tiers of support – in line with the Young People's Mental Health Taskforce.
- Implement service development priorities for services supporting children with Special Education Needs and Disability including preparation for a new child development centre and a service review for audiology.
- Strengthen early intervention by assuring the smooth transfer of 0-5 public health services to local authority commissioning and ensuring they are optimised within the Best Start model.
- Jointly with the CCG implement a re-designed service for adult mental health which focuses on prevention, increased access to psychological therapies, early intervention and crisis prevention, supporting developments in primary care and community settings.
- Jointly with the CCG, re-design mental health services for older adults to improve choice, personalisation and outcomes, including developments to support people with dementia and their family carers.
- Review services for people with learning disabilities, including people with complex needs, to ensure we commission a range of good quality, personalised services, that promote independence, inclusion and citizenship.
- Continue to progress re-commissioning of substance misuse services, focusing on recovery outcomes
- Re-commissioning of key public health preventative services including smoking cessation and weight management

- Jointly with the CCG, support the implementation of Croydon’s major transformation programme for over 65s – an outcomes-based approach focusing on proactive person-centred care, and to address demographic demands on a sustainable basis through a whole systems focus on prevention.
 - Jointly with the CCG, improve end of life care by working closely with partners and the public so that people nearing the end of their lives can make plans to die in the place of their choice and families and friends feel supported
 - Ensure wide variety of information, advice and support is available to unpaid carers locally to enable them to continue in their vital caring roles
 - Develop our strategic approach to market shaping and market management in line with Care Act duties, working collaboratively with other local commissioners and provider partners.
- 4.2. In developing this work programme, risks have been fully considered and evaluated in the development of the plan and mitigating actions have been factored in. The key themes arising from the risk analysis across the plan include:
- Seeking through the two partner organisations to ensure adequate resources are in place and maintained in order to achieve specific commissioning objectives;
 - Ensuring the effective management of the network of relationships across the wider health and social care system.

5 CONSULTATION

- 5.1 Consultation and engagement with service users is carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development. Examples of service user input range from their participation in recruitment of key posts in the ICU and in the design of service specifications and provider selection. Service users also provide commissioners with consumer views and feedback in terms of service “gaps” or where services are felt to be of valued quality. They can provide a “critical friend” perspective through groups such as Croydon Adult Social Services User Panel (CASSUP).

6. SERVICE INTEGRATION

- 6.1 The key objectives of the Integrated Commissioning Unit are to strengthen integration across health and social care, across services for different ages and between health and social care/wellbeing services, by effective and evidence-based commissioning . This should enable people to experience care or support in a more truly personalised way with the individual and their family at the centre.

- 6.2 Another key outcome is to identify and address any unnecessary duplications or overlaps in commissioned services, helping to streamline processes and support systems' efficiencies.
- 6.3 Finally, there is "added value" that comes from working in an integrated unit which bridges health and social care organisations. The ICU structure enables staff to gain a better understanding of different organisational cultures, governance systems and performance regimes. This can contribute to their ability to identify opportunities for service development and quality improvement, along with finding practical solutions to problems that cross organisational boundaries.

7. **EQUALITIES IMPACT**

- 7.1 Equality impact assessments are carried out as part of the commissioning cycle to develop commissioning strategies and for any services undergoing development.

8. **FINANCIAL IMPLICATIONS**

- 8.1 The ICU must carry out its work within the financial governance requirements of each of its partners. It is required to ensure it delivers services with the financial resources available and provides financial reporting to all partners on a regular basis. The work streams detailed in the report are in line with agreed budgets and financial plans for 2015/16.

- 8.2 Approved by: Lisa Taylor, Head of Finance and Deputy S151 Officer.

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