

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 9 December 2015
AGENDA ITEM:	6
SUBJECT:	Strategic commissioning intentions 2016/17
BOARD SPONSOR:	Paul Greenhalgh, Executive director, People Paula Swann, Chief officer, Croydon Clinical Commissioning Group

BOARD PRIORITY/POLICY CONTEXT:

The Health and Social Care Act 2012 ('the Act') created statutory health and wellbeing boards as committees of the local authority. Their role is to improve the health and wellbeing of local people by promoting integration and partnership working between the NHS, social care, children's services, public health and other local services, and to improve democratic accountability in health.

Clinical Commissioning Groups, NHS England and local authorities have a duty under the Act to have regard to relevant joint strategic needs assessments (JSNAs) and joint health and wellbeing strategies (JHWSs) in the exercise of relevant functions, including commissioning.

The health and wellbeing board (the Board) has a duty under the Act to encourage integrated working between commissioners of health services and commissioners of social care services and, in particular, to provide advice, assistance or other support for the purpose of encouraging use of flexibilities under NHS Act 2006. It also has the power to encourage close working (in relation to wider determinants of health) between itself and commissioners of health related services and between commissioners of health services or social care services and commissioners of health-related services.

In terms of the alignment of commissioning plans, the Board has the power to give its opinion to the local authority which established it on whether the authority is discharging its duty to have regard to relevant JSNAs and JHWSs. In addition, CCGs have a duty to involve the Board in preparing or significantly revising their commissioning plan – including consulting it on whether the plan has taken proper account of the JHWS.

The Board also has a duty to provide opinion on whether the CCGs final commissioning plan has taken proper account of JHWS and has the power to provide NHS England with that opinion on the commissioning plan (copy must also be supplied to the relevant CCG).

FINANCIAL IMPACT:

Financial implications for each area within the commissioning intentions will be subject to the respective commissioning organisation's financial planning processes. Detailed financial impact will be considered within the framework of the governance mechanisms set out in each organisation's constitution.

1. RECOMMENDATIONS

- 1.1 This report recommends that the Board comments on the alignment of strategic 2016/17 commissioning intentions to the joint health and wellbeing strategy 2013-18.

2. EXECUTIVE SUMMARY

- 2.1 This report focuses on the high level commissioning intentions of the Local Authority for 2016/17. Aligned with the CCG's commissioning intentions these translate into the work programme of the Integrated Commissioning Unit (ICU), which has the aim securing health, social care and well-being for Croydon people. The purpose is that the health and wellbeing board can comment on the alignment of these intentions with the priorities identified in the joint health and wellbeing strategy 2013-18 as informed by the joint strategic needs assessment (JSNA).
- 2.2 . Since its establishment in early 2014, the Integrated Commissioning Unit (ICU) has been responsible for leading the commissioning and development of a range of joint service areas on behalf of Croydon Council and Croydon CCG in respect of adult and children's social and health care. This report focuses primarily on the key high level priorities of Croydon Council. However, given the nature of integration, several of the work streams undertaken in the ICU comprise areas that reflect both Health and Social care commissioning.
- 2.3. The Chart supplied as a detailed appendix to this report sets out the ICU's proposed work programme for 2016/17. It illustrates many specific examples of the council's commissioning intentions for 2016/17, although in a few instances, the projects are joint work-streams where the CCG has a lead responsibility.
- 2.4. The aim of commissioning is to ensure that people's identified needs are addressed within the resources available; that commissioners commission the appropriate services to meet local needs; and that the right services are in place, in order to improve health and to reduce health inequalities. Commissioning can be undertaken across a range of geographical areas depending on the nature and scale of the needs and services required. This can be at a national level for some highly specialised services, regionally and locally (for example, at borough or sub-borough level).

3. DETAIL

The commissioning landscape

- 3.1 Local authorities are responsible for commissioning adults and children's social care services. As noted above, they are responsible with Public Health England for commissioning public health services. They also commission or directly provide a wide range of services which contribute to the overall health and wellbeing of the population.
- 3.2 Commissioning of public health services is undertaken by Public Health England (PHE) and by local authorities, although NHS England commissions, on behalf of Public Health England, many of the public health services delivered by the NHS, for example immunisations and vaccinations.

- 3.3 Most of the NHS commissioning budget is now managed by clinical commissioning groups (CCGs). These are groups of general practices which come together in each area to commission services for their patients and population. NHS England commissions specialised services, primary care, offender healthcare and some services for the armed forces.
- 3.4 CCGs and NHS England are supported by commissioning support units (CSUs). Their role is to carry out contracting commissioning functions, such as; market management, healthcare procurement, contract negotiation and monitoring, information analysis and risk stratification.

4. Local commissioning intentions – Croydon council

- 4.1 National policy context will continue to shape the council's strategic commissioning priorities for 2016/17. This includes embedding the requirements arising from implementation of the Care Act 2014, in particular
- ~ consolidating 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, and helping to manage demand for statutory intervention, treatment or support,
 - ~ duties to shape, manage and sustain the local care and support market including ensuring the local authority's ability to evaluate the risks of and address the practicalities of market failure, and
 - ~ extended responsibilities to address the needs of family carers.
- 4.2 The council will also work collaboratively in its commissioning intentions with the CCG so that the core requirements of the Better Care Fund can be achieved, for example in working to reduce non-elective admissions, ensuring people get effective re-ablement at the appropriate time to help them attain maximum recovery and independence and improved support to Croydon's care and nursing home sector.
- 4.3 One of the most important commissioning areas for the council in 2016/17 will be the initiation of the Outcome-based commissioning (OBC) Programme for over 65s which is a joint initiative with the CCG. This far-reaching project should see the bringing together of all existing CCG and Council contracts for older people into a single approach in which the five main providers of services: Croydon Health services, South London & Maudsley NHS Foundation Trust, the provider side of the council's Adult Social Care services, Croydon GPs grouping and Age UK Croydon; are due to form themselves into an Accountable Provider Alliance working together as a united partnership to improve care and people's experience of care and to foster a preventative and well-being approach across the wider Croydon population.
- 4.4 The council will ensure it commissions effectively for mental health where re-ablement and recovery will be strengthened¹ with an emphasis on supporting people to maintain their well-being outside of secondary and in-patient services wherever possible.

The council will also prioritise its commissioning to enable the transformation of services for people with learning disabilities. In collaboration with colleagues in the Adult Social Care Division, the aim is to commission providers to develop a

¹ Building on the outcomes and findings of the MH re-ablement pilot, evaluated by University of York.

wider range of personalised options for people with learning disabilities which support choice and independence, to optimise opportunities for employment (voluntary or paid), expand the range of housing options (albeit this will be challenging in terms of Croydon's extensive housing and homelessness pressures) and foster inclusion and citizenship. Day opportunities will also be reviewed and developed to ensure that people can have "a life and not just a plan".

An important area for joint service development relates to the Transforming Care Programme (formerly "Winterbourne View"). NHSE in partnership with the DH, Local Government Association and the Association of Directors of Adult Social Services (ADASS), are committed to minimising the use of specialist in-patient provision for people with Learning Disabilities and complex needs. CCGs are responsible for reviewing local pathways for treatment, care and support and for commissioning a range of local community based health services to meet needs. This requires close partnership working with other organisations most notably the Local Authority.

- 4.5 In relation to children's and young people's commissioning, a range of areas will be taken forward in 2016/17 including developments to support Looked After Children's (LAC) health and well-being and the first full year of implementation of Croydon's Transformational Plan for Young People's emotional well-being and mental health, utilising the welcome investment that has been made through NHS England.
- 4.6 The council's commissioning intentions for Public Health are also set out in the work programme. Alongside those areas such as substance misuse and sexual health which have been priority areas for some time, 2016/17 will see strengthening in key areas such as commissioning for 0 to 5s.
- 4.7 "*Ambitious for Croydon*" has set out the council's vision as a stronger, fairer borough where no community is held back. The Opportunities and fairness Commission is currently under way and it is anticipated that a number of their findings will influence and help shape the council's commissioning intentions for 2016/17 and beyond. In early 2015, the council restructured itself to help deliver its Ambitious for Croydon vision into three departments for Place, Resources and People each with its own enabling strategy. Within the People Department (where the ICU is based) an Independence Strategy has been developed with key priorities to support the strategy's delivery. These strategic priorities inform the council's commissioning intentions which the ICU plays a key role in taking forward and which underpin the work programme at the end of this report.
 - ~ 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 service.

- 4.8 The ICU work programme and commissioning intentions detailed in appendix 1 shows the key areas that are being taken forward by the Integrated Commissioning Unit in relation to the priorities set out in the joint health and wellbeing strategy. They are primarily council commissioning intentions for which the council is accountable, but they also reference linkages not just between the council and CCG, but between children and adult services where appropriate as well as with the council's public health commissioning.
- 4.9 Increasingly as will be seen from the document, commissioners are moving away from commissioning by activity and wherever possible are commissioning to achieve outcomes and developing outcomes frameworks to enable this.

5. Joint health and wellbeing strategy priorities

5.1 The priorities of the health and wellbeing board are set out in the joint health and wellbeing strategy 2013-18. Priorities are grouped into six areas for improvement. These are:

- Giving our children a good start
- Preventing illness and injury and helping people recover
- Preventing premature death and long term health conditions
- Supporting people to be resilient and independent
- Providing integrated safe, high quality services
- Improving people's experience of care

5.2 The full strategy document can be accessed at:
[www.croydonobservatory.org/Strategy Health and Social Care/](http://www.croydonobservatory.org/Strategy_Health_and_Social_Care/)

5.3 The commissioning intentions for children form part of the programme of delivery for the Children and Families Partnership (CFP) and as such are aligned to the CFP's priority themes. These are to:

- Reduce childhood obesity
- Improve the emotional wellbeing and mental health of children and young people.
- Increase the impact of early intervention
- Strengthen the consistency of engagement of children, young people and families across the partnership
- Increase participation in education, employment and training and improve outcomes at age 19
- Reduce child poverty and mitigate impact of poverty
- Improve integration of services for children and young people with learning difficulties/disabilities
- Improve health and education/training outcomes for Looked After Children

6. CONSULTATION

6.1 The development of commissioning intentions is part of the commissioning cycle which entails ongoing engagement with stakeholders. This report is part of that engagement process.

7. SERVICE INTEGRATION

- 7.1 In April 2014 the Integrated Commissioning Unit (ICU) was formally established. Since then, the ICU has enabled a joint approach to commissioning and delivery of a number of services. ICU structure enables NHS and LA staff within it to gain a better understanding of different organisational cultures, governance systems and performance regimes. This contributes to identifying opportunities for service development & quality improvement, along with finding practical solutions to problems that cross organisational boundaries. A report was made to the Health and Well-being Board in June 2015 which outlined some of the progress at that point.
- 7.2 The ICU fulfils its remit across all ages, and commissions services based in the community and also in in-patient/care service settings and includes maximising service user and patient experience, service quality and value for money through taking a view of commissioning across health and social care services in the widest sense: from prevention, early intervention and self-care, through to commissioning specialist /secondary health and social care provision. In this report the focus is on commissioning intentions that are the responsibility of Croydon council.

8. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

- 8.1 Financial implications for each area of commissioning intentions will be subject to the respective financial planning processes in 2016/17 of each of the partners – either council or the CCG.

9. LEGAL CONSIDERATIONS

- 9.1 Legal advice has not been sought on the content of this report.

10. EQUALITIES IMPACT

- 10.1 Equality analysis will be carried out where service or policy change is indicated by the commissioning intentions. Taken together the priorities will enable the council to address its duties under the Equalities Act.

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BACKGROUND DOCUMENTS

ICU Commissioning Intentions 2016-17