

REPORT TO:	HEALTH AND WELLBEING BOARD (CROYDON) 13 September 2017
AGENDA ITEM:	11
SUBJECT:	Joint Commissioning Executive-CCG and Council Commissioning intentions 2018/21
BOARD SPONSORS:	Barbara Peacock, Executive Director – People Andrew Eyres, Chief Officer, Croydon CCG
BOARD PRIORITY/POLICY CONTEXT:	
<p>The joint commissioning activity between the Council and CCG will contribute to:</p> <ul style="list-style-type: none"> • longer, healthier lives for everyone in Croydon • increased healthy life expectancy and reduced differences in life expectancy between communities • increased resilience and independence for the people of Croydon • a positive experience of care <p>reference: The Joint Health and Wellbeing Strategy – 2013-18 www.croydonobservatory.org/Strategy_Health_and_Social_Care/</p>	
FINANCIAL IMPACT:	
There are no direct financial implications arising directly from this report.	

1. RECOMMENDATIONS

- 1.1 This report recommends that the Health and Wellbeing Board endorse the approach being taken by the Joint Commissioning Executive in strengthening its effectiveness and developing joint commissioning intentions that focus on high impact opportunities to improve outcomes for the people of Croydon.

2. EXECUTIVE SUMMARY

- 2.1 This report summarises the role of the Joint Commissioning Executive (JCE) of the Clinical Commissioning Group (CCG) and the Council, which was established in 2015 to strengthen the effectiveness of joint commissioning within the Borough.
- 2.2 This report highlights the work being undertaken to develop joint commissioning intentions for 2018/21 that will focus on high impact opportunities, where there is the biggest potential to improve outcomes for residents, tackle high costs, or improve cost avoidance.

3. DETAIL

Role of Joint Commissioning Executive

3.1 The key functions of the Joint Commissioning Executive are to:

- Provide the overall strategic vision and drive to deliver jointly commissioned outcomes.
- Take a strategic overview to identify opportunities for joint commissioning of integrated models of service delivery across health and council services.
- Ensure Croydon continues to use evidence based commissioning practices, informed and supported by public health expertise.
- Consider the inter-relationship between the Joint Strategic Commissioning Intentions and the Health and Wellbeing Board's priorities and work programme and take appropriate action.
- Oversee and review progress against the delivery of the agreed commissioning intentions.
- Provide formal governance for any relevant pooled budgets or joint commissioning arrangements that are developed under Section 75 of the NHS Act 2006, ensuring oversight of decision-making, performance management and agreements about any necessary actions (e.g. BCF).
- To provide overall governance for the delivery of the programme of joint commissioning and take necessary actions to ensure progress and impact reporting to the overarching governing bodies.

Strengthening the JCE

3.2 Since its inception the JCE has been overseeing a very detailed programme of commissioning activity across a range of services, which has made a positive impact for the people of Croydon.

3.3 Key successes of the programme are outlined below under each of the work areas.

Children services

- CAMHS – strong progress has been made against the delivery of the Local Transformation Plan at all tiers of the system. The average wait time for routine mental health services is now 7.8 weeks from referral, the ASD waiting list has also decreased by over two-thirds and a crisis care team is in place, which is significantly improving A&E liaison.
- Review of children's health services – a high level vision for children's health services has been developed by a new children's health steering group as part of the framework for 2017-18 review of services. This is in the context of the South West London Sustainability and Transformation Plan.

- Maternity – personalisation and choice. Croydon is one of the 7 national pilots, with the roll out of maternity choice budgets being on target.
- Maternity – patient experience, the Family and Friends Test (FFT) scores for Croydon Health Services maternity unit are consistently good.
- Health visiting – there has been improved performance on 3 of the 5 mandated health checks compared to the position when the service was transferred to the Council. Further work will be taking place to increase delivery of mandated services in line with resources.
- Family Nurse Partnership - an in-depth review of the programme has taken place including considering its value for money, impact and future commissioning options. The service outcomes delivered are strong and the review is providing the platform for detailed service remodelling which will take place this year.
- School nursing – a revised commissioning strategy has been put in place as part of wider review.
- Weight management –the re-commissioning of the service is underway.

Older People

- A formal commissioner and provider Alliance has been entered into by 6 partners across the health and social care system in Croydon on a 1+9 contract term. This is currently in year one, the transition year with a formal decision to be taken in December 2017 for extension into the 2-10 year period. This lays the foundation for integrating our services with a focus on outcomes for our over 65s in Croydon that promotes prevention, self –care and person centred services.
- The Alliance is delivering its year one transformation programme, focussing on out of hospital services for people, developing prevention services and putting in place re-designed reablement services, which went live on the 7 August. An integrated Council and CHS Living Independently For Everyone (LIFE) team will go live in October 2017 which is the Community Intermediate Care Services (CICS) and reablement teams being integrated into the new ‘LIFE’ service. These will in turn be joined by Rapid Response and A&E Liaison in December 2017 supporting hospital prevention, early discharge and appropriate initial and ongoing care.
- To ensure patients are spending no longer than necessary in an acute setting, ‘Discharge to Assess’ will be piloted during September and October 2017, before being more widely implemented across the borough by March 2018.
- Our Integrated Community Networks (ICNs), wrapped around GP geographical networks are starting to have a positive impact. Multi-disciplinary ‘huddles’ offering targeted holistic support to high risk patients have been rolled-out to 6 GP practices, and will be rolled-out to all practices across the borough during the remainder of 2017/18.

- A new year's 2-10 Outcomes Based Transformation Plan is being developed for sign off by the end of October 17. A focus on planned care, active and supportive communities, care homes, mental health, falls and key enablers such as workforce, organisational development and IM&T are the main features.
- The Equipment Service has undergone a major review and the trend towards significant overspend has been brought under control. The service has been transferred back into LBC as an 'in house' service. The Council and CCG are managing the development of this service through the OBC Alliance Model of Care; opportunities to improve telecare/telehealth services have already commenced and will form part of the year 2-10 Alliance Transformation plan.
- The Better Care Fund narrative and activity plan for the next year has been co-developed by the CCG and The Council (Through the BCF Executive Group) for submission on 11 September. The iBCF plan has also been developed by the BCF Executive Group, alongside the refreshed S75 Agreement.

All Age Disability 0 -65

- Progress is being made to achieve the most appropriate placements and outcomes for the Transforming Care cohort. Successful move on's have taken place for 4 people, including 3 residential placements and one supported living. Care and treatment & Treatment Reviews have been carried out with everyone. There is robust dialogue regarding the NHSE specialist commissioned cohort which currently stands at 9.
- High Needs Project – the project which started in March 2016, has both supported improved outcomes for people and has delivered savings of £950k. This has been achieved through negotiating with providers to reduce package costs, supporting people to move to more independent care provision and ensuring people are funded from the correct part of the Health and Social Care system.
- Carers Resource Allocation System – this has been put in place to allow equitable allocation of financial support for carers to help meet their health and wellbeing outcomes is in place. It is being delivered by third sector partners and social workers
- Advocacy services are being jointly commissioned for all disability groups, with the tender planned to go live in September 2017.
- A joint approach to facilitating the market to provide more personalised services is required, including how we micro commission from the sector.
- There are some joint commissioning posts in place for mental health and learning disabilities. Integrated commissioning arrangements and benefits need to be evaluated and reviewed to support understanding of the most effective commissioning structures and models.

Public Health Live Well Programme

- The Live Well website 'Just Be' launched in November 2016. There has been good uptake of the website;
 - 3,406 website users.
 - 546 completed health MOT.
- Key members of the Live Well team are in post and have completed training. The face to face service started in April.
- The Primary Care commissioning process started in April and has been completed. We have 11 pharmacy sites providing the face to face service which supports residents in health lifestyle choices such as smoking cessation, healthy wealth management, physical activity and reducing high risk drinking.
- The Secondary Care commissioning process started in May and has been completed. Croydon University Hospital has been awarded the contract providing a face to face service from the hospital site, targeting inpatients.

Mental Health

- There has been continued expansion of the Croydon Improving Access to Psychological Therapies (IAPT) Service supporting people with Common Mental Illnesses, such as anxiety and depression. The Access rate has increased year on year from 3.75% in 2013/14, with a planned performance trajectory of 11.1% for 2017/18. The service is currently undergoing a re-procurement with further expansion in service capacity planned for 2018/19 and increasing service capacity throughout the life of the contract.
- The CCG continues to work with SLAM and Local Authority colleagues in the Discharge Task and Finish group to unblock barriers to patient discharge from Mental Health Acute beds. This work has led to a reduction in the number of bed days lost due to patients being delayed transfers of care. This work has also resulted in the reduction in the length of stay in mental health acute beds, with more people being effectively discharged into the community. Community Mental Health Services have been expanded to enable a greater number of people to access services in the community; aiming to reduce the reliance on inpatient services. This includes increased capacity of the Mental Health Primary Care Support Service and Assessment and Liaison Services which are both primary care facing. The Home Treatment Teams Personality Disorder Services and the Early Intervention in Psychosis Service have all been expanded, enabling greater resource of Secondary Mental Health provision in the community. The Early Intervention in Psychosis Service is also meeting the national standard of patients achieving the 2 week waiting times for assessment and implementation of an appropriate package of care.

- Dementia diagnosis rates have improved and been maintained with the national Dementia Diagnosis target being met for the first time in December 2016. Croydon is still compliant with the 66.7% target. This has shown a steady increase since April 2014 when the rate was 46.5%. Through the Better Care Fund, the Dementia Advisors Service has been commissioned and is now established, providing post diagnosis support for people with Dementia and their families in the community, and is available through self-referral where people have a diagnosis of Dementia. Further investment is planned in both primary care to support better Mental Health Care in Croydon, and in crisis provision through the development of Liaison Psychiatry services at Croydon University Hospital which will meet the 'Core 24' national standard.

3.4 Given the significant national and regional changes in the Social Care and health economies, the regional developments and the joint contribution to the over 65 programme, the JCE have agreed to revisit the terms of reference, to ensure they are fit for purpose for the coming few years. The focus of the JCE's refresh will be to respond to those significant developments and strengthen the work of the group to further demonstrate the impact on outcomes of joint commissioning to the benefit of the people of Croydon and to link this to key health and well-being priorities. This will include considering how the JCE relate to the refreshed Health Wellbeing Board, changes in the Better Care Funding approach and the Croydon Alliance. The primary focus will be to continue to improve outcomes for local people. The revised terms of reference will report to the HWBB in December.

Development of the Joint Commissioning Intentions for the high impact opportunities

3.5 Both the CCG and Council have spent time developing their commissioning intentions and have also looked at joint commissioning opportunities. The key areas of joint commissioning and how they relate to the Health and Well Being Strategy are set out below:

HWBB Priorities	Joint Commissioning Executive - Joint commissioning priorities
1. Giving children the best start in life	<ul style="list-style-type: none"> • Deliver the children's health transformation programme covering acute paediatrics, community medical services, diagnosis pathway for autistic spectrum disorder (ASD) and a review of health services for children with SEN and Disabilities. • Implement the refreshed Local Transformation Plan for children's mental health services. • Develop and put in place an agreed commissioning strategy and transformed service models for children's public health services. • Reshape early help commissioned services in line with the refresh of the early help approach, strengthening their contribution to safeguarding. • Implement the South West London STP and local commissioning plans for maternity including the Better Births action plan.

<p>2. Preventing illness and injury and helping people recover</p>	<ul style="list-style-type: none"> • Create new pathways to reduce length of stays in hospital and appropriate discharge arrangements. • For people with mental health needs, promote effective recovery and re-procurement of IAPT services, including expansion of the IAPT Long Term Conditions Pilot to better support people with long term physical health conditions to manage their mental health and mental wellbeing.
<p>3. Preventing premature death and long term conditions</p>	<ul style="list-style-type: none"> • For people with mental health needs, develop a suicide prevention strategy. • Develop dementia friendly services across the Borough. • Increase uptake of Annual health checks for people with a learning disability. • Implement lessons from Learning Disability Mortality reviews.
<p>4. Supporting people to be resilient and independent</p>	<ul style="list-style-type: none"> • Together for health: promoting and encouraging prevention, self-care and self-management. • Through the Croydon Alliance, use resources wisely to transform care to help people look after themselves, and when people do need care, they will be able to access high quality services. • Provide high quality, safe, seamless care to the older people of Croydon that supports them to stay well and be independent. • Improved access through community provision and earlier intervention for people with mental health needs.
<p>5. Providing integrated safe and high quality services</p>	<ul style="list-style-type: none"> • Redesign and jointly commission adult mental health services. • Delivery of the South West London transformation plan for people with disabilities. • Through Outcomes Based Commissioning, develop new models of care for over 65s.
<p>6. Improving peoples experience of care</p>	<ul style="list-style-type: none"> • To ensure a co-ordinated, personalised experience that meets older people's needs.

3.6 A workshop bringing together commissioners and service leads from across the Council and CCG is taking place in October to begin to prioritise the programme for next year. This will be an opportunity, working with Public health, to develop detailed commissioning plans where effective joint commissioning will make the biggest difference to the areas and outcomes that require the greatest improvement for the people of Croydon.

3.7 The JCE will report the detailed commissioning programme progress to the next HWBB in December.

4. CONSULTATION

4.1 The JCE members have developed this approach in conjunction with lead commissioners and heads of service across the Council and the CCG.

5. SERVICE INTEGRATION

5.1 Opportunities for further service integration will be considered as part of the analysis of the High Impact Opportunities.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 There are no direct financial implications at this stage.

6.2 As the commissioning opportunities are developed it is essential to ensure best value for money is achieved.

7. LEGAL CONSIDERATIONS

7.1 There are no legal considerations at this stage.

8. EQUALITIES IMPACT

8.1 The council and CCG have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are aware that many factors combine to affect the health and wellbeing of individuals and communities.

8.2 The Marmot review; 'Fair Society, Healthy Lives', published in 2010, confirmed that health inequalities result from social inequalities and that action is required across all the wider determinants. The review identified the need for action to focus on reducing the gradient in health by focusing on those most in need.

8.3 The joint commissioning intentions will inform commissioning decisions across local services focussing on the needs of service users and communities based on evidence provided in the Joint Strategic Needs Assessment and other local data in relation to specific areas.

8.4 Equality Impact Assessment will be completed when producing individual commissioning plans so that the duties in the Equality Act are fully met.

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BACKGROUND DOCUMENTS: None.