

Islington Health & Social Care Engagement Strategy

Appendix A: Market Position Statement

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Introduction

Thank you for taking the time to look at this Market Position Statement. This is the first document of its kind in for all of Adult Social Care in Islington. We hope this document will be of interest to all providers of adult social care and health services – whether you currently deliver services in the borough or not.

Social Care in Islington is undergoing a transformation; with in-house social care services being redesigned to embed a strengths based approach to care and support into all our practice. The Care Act 2014 has also had a big impact with the focus on ensuring individual wellbeing and the shift from the provision of providing services to ensuring people's needs are met. The Council also has responded to the focus in the Act on prevention and is producing a Prevention Strategy to supplement a significant investment – some £14.2m every year – in preventative services in the borough by the Council and CCG through pooled budgets.

The Council is committed to maintaining effective and accessible preventative services to help people build resilience and maintain independence within the community. However, we also expects that increasingly services for people who have social care needs will be individually delivered and arranged – through personal budget holders or by self-funders.

At the same time the funding environment for councils remains challenging and the need for providers to demonstrate they provide quality, affordable services that service users and carers want to use is more important now than ever.

In-Depth Market Position Statements

It is our intention to supplement the Older People's Market Position Statement with further service user group and thematic Market Position Statements over the coming years. These will supplement this document by providing greater detail and allow for a more in depth analysis of how we think demand for services will change over time, the gaps we see in service provision and our commissioning intentions. As each in-depth market position statement is published this document will also be updated

What is a market position statement and how does it fit into the wider Market Engagement Strategy?

We have produced this document as part of our wider Market Engagement Strategy. This is because we see this as a key part of our commitment to changing our relationship with providers of services and underpinning our move towards a more collaborative approach to service design, management and procurement.

It is not intended that this document is read in isolation of the wider Market Engagement Strategy. This document outlines current information on the demands, needs and areas for development in Adult Social Care as well as what our future commissioning intentions are. The Market Engagement Strategy provides details about our values and vision for provider services in the borough, what we expect from partners and what they can expect from us in return.

Taken together we hope that both documents will help your organisations plan their development over the coming years and enable you to work more collaboratively with us to improve the lives of residents.

Islington Evidence Hub

The Islington Evidence Hub is for anyone interested in finding out more about Islington and its population. The Evidence Hub contains a lot of information about housing, crime, education, employment and the economy, as well as information about the current and future health, wellbeing and social care needs of local adults, children and young people in Islington. The Evidence Hub forms the basis for Islington's Joint Strategic Needs Assessment (JSNA), a statutory requirement of local authorities and the NHS.



Islington's People

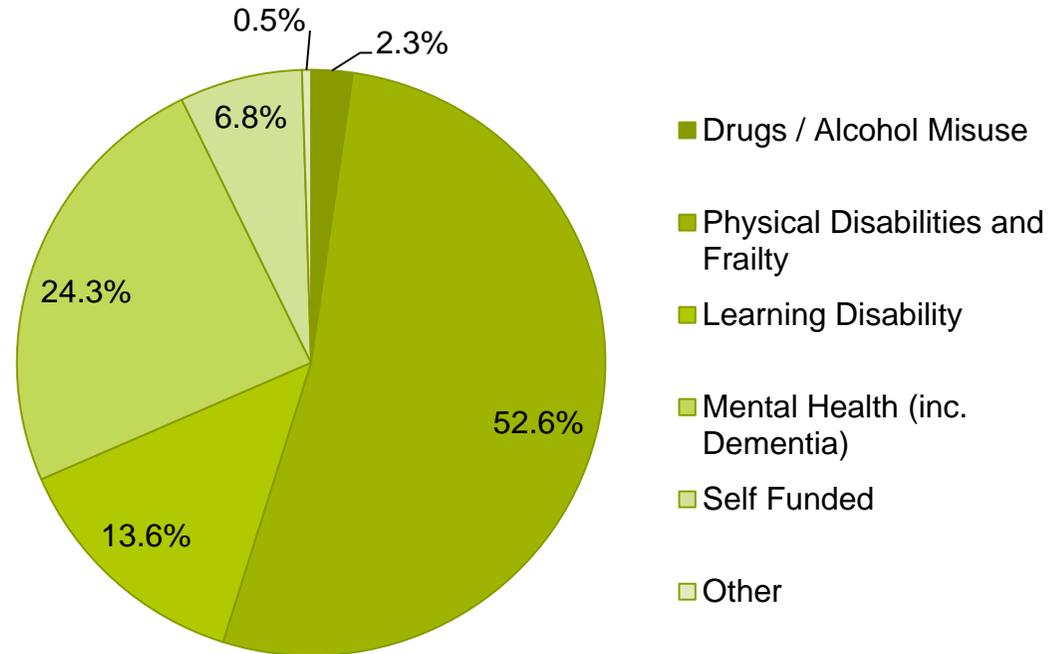
In 2014/15 Islington offered 3820 residents a social care service (including both service users and carers). All data given is 2014/15 unless otherwise stated.

- **Headline demographics are:**
 - 46% are male, 54% are female
 - 44% are under 65, 23% are over 85.
 - 31% are from BAME Groups.
 - At least 51% of service users are single, separated, divorced or widowed.

Over half of residents receiving a social care service from the Council are receiving one primarily to address physical disabilities or frailty. However, nearly a quarter are being seen because of needs relating to a mental health condition (including dementia).

Not surprisingly the proportion of service users receiving a service to address a physical disability or frailty increases dramatically amongst the over 65s – however, as a proportion of all service users in each age group physical disability and frailty becomes the joint largest single primary category by 40-44 and by ages 55-59 over half of service users have this as their primary category.

Service users by primary category





Older People

9% of the population in Islington (18,000 people) are aged 65+, 62% live in social housing, 42% (7,600) live alone, many on low incomes.

Pension credit claims are rising at a faster rate than for London and England, many older residents face fuel and food poverty. 42% of over 60's receive pension credit compared to 20% average for England.

Islington is a young borough with high population turnover. Lack of affordable housing and high cost of living mean families often move out leaving older people marginalised and without support.

Carers

- Islington supports 672 carers
 - 170 carers are also cared for
- 75% of carers are female
- 78% of carers are working age adults
- 37% are from BAME Groups

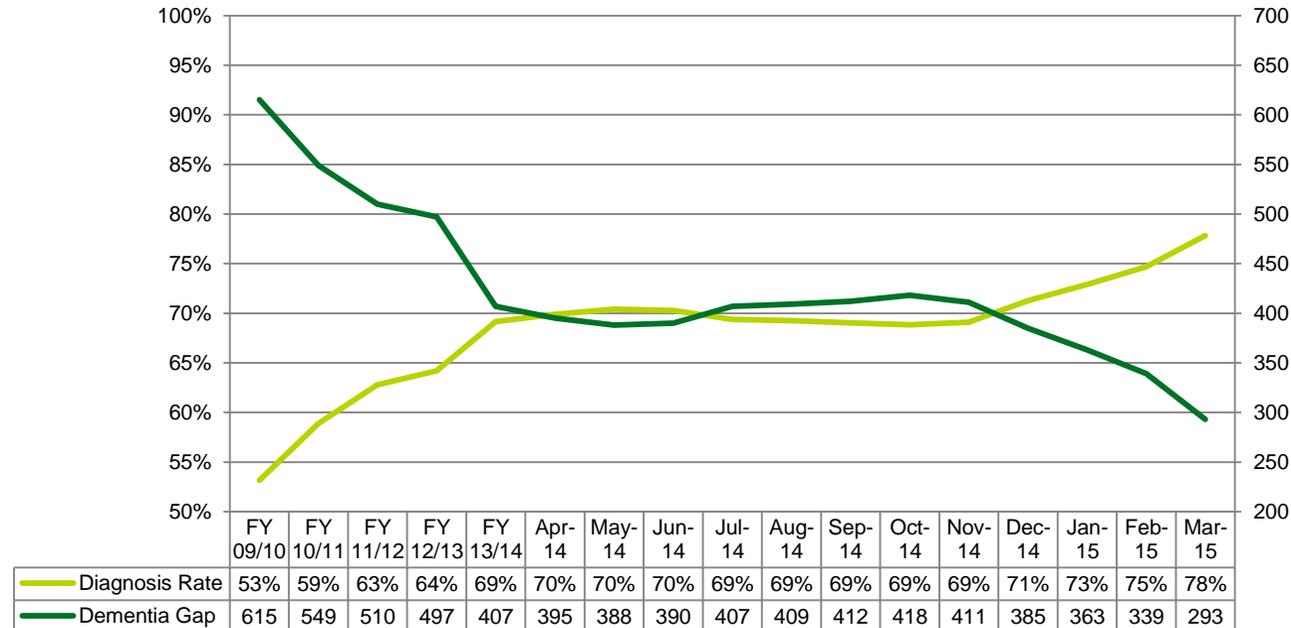
- 2129 service users in Islington are aged over 65.
- 62% are female, 38% are male
 - At age 65-74 the gender split is still almost equal but by age 85 there are more than double the number of female service users as male. This reflects the overall mortality rates in the population.
- 25% are from BAME groups
- At least 52% are single, separated, divorced or widowed
- 72% have physical disability and frailty as their primary category
- 11% of service users are funding their own care.



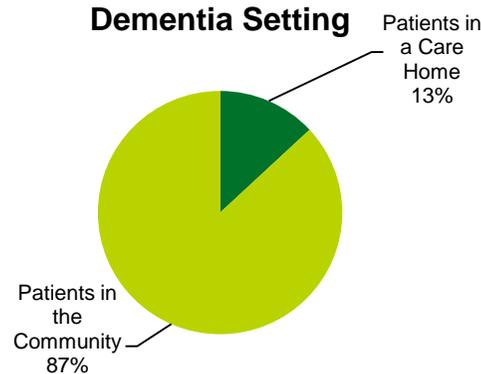
Dementia

- As of March 2015 **77.83%** out of a prevalence of **1323** people have a diagnosis of dementia within Islington.
- This is the **highest** diagnosis rate in London and the **5th highest** in England.
- Of the prevalence rate set out above it is estimated that **1150** people have dementia in the community compared to **173** in a care home.
- 732** people have mild dementia, **433** have moderate dementia, and **159** severe dementia.
- The average prevalence of dementia in people aged 65 and over in Islington is **4.4%** for women and **2.7%** for men. This is significantly higher which could be due to women being affected less by other long term conditions at a younger age.
- The prevalence of dementia does not differ significantly by ethnic group. This may be due to the smaller numbers among black and minority ethnic groups

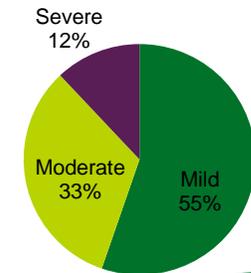
Dementia Diagnosis Rate Over Time



Dementia Setting



Dementia Severity

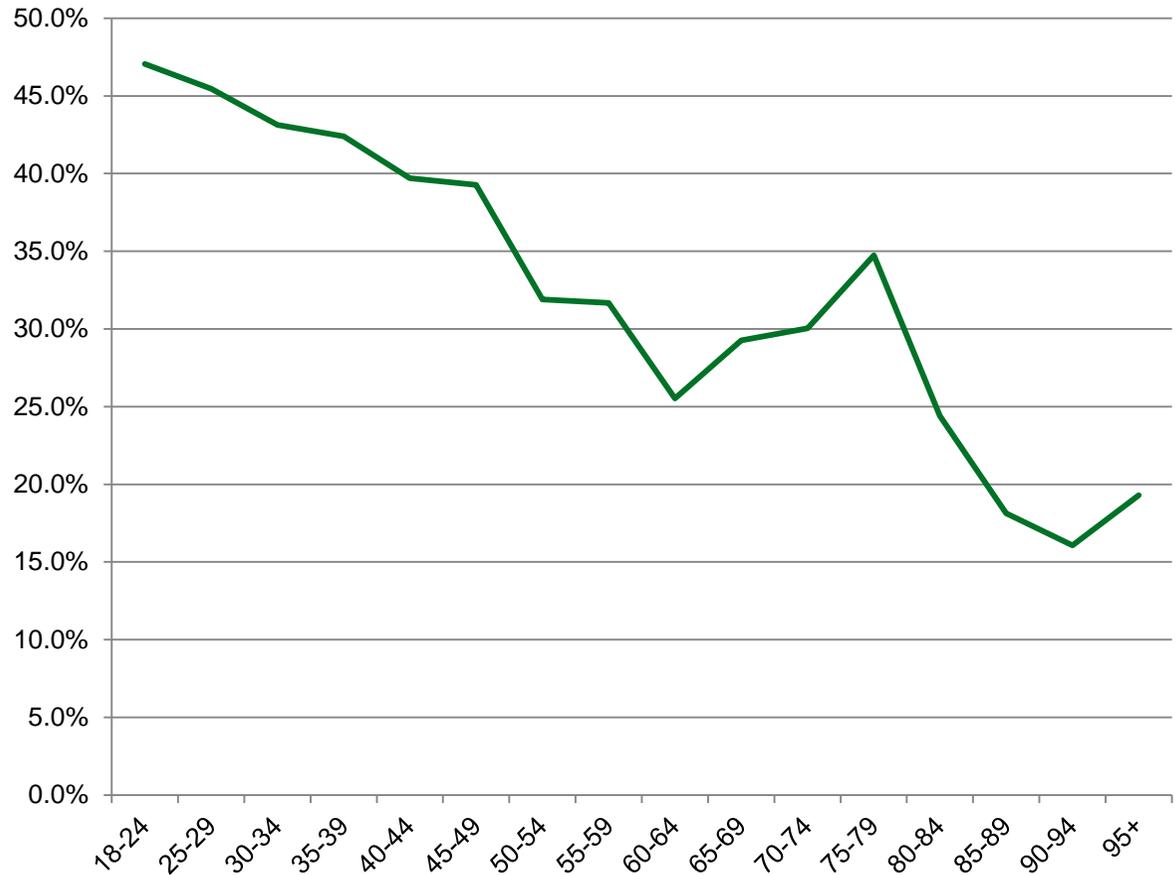




Physical Disabilities and Frailty

- 1994 service users in Islington receive a service because of a primary need of physical disability or frailty.
- 77% of service users in this category are aged over 65
 - amongst women this increases to 80%.
- 28% of service users are from BAME groups.
 - amongst under 65 year olds this proportion rises to 38%;
 - and, to over 45% for under 35s.
 - The proportion of BAME service users starts to grow again between ages 65-69 and 75-79.
- At least 51% are single, separated, divorced or widowed.

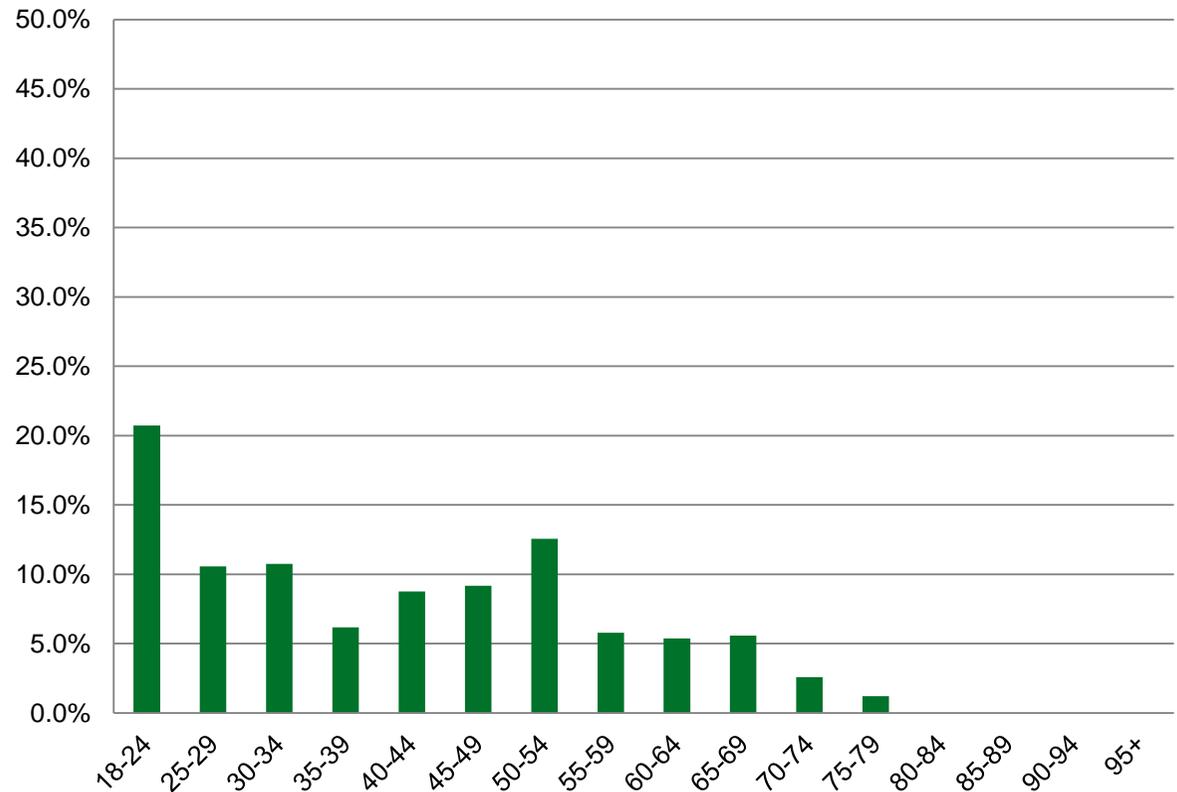
Proportion of physical disability and frailty service users from BAME Groups



Learning Disabilities

- 521 residents received a social care service because of a primary need of learning disabilities.
- Over 90% of service users are working age adults
- 58% of service users are male; 42% are female.
- 35% of service users are from BAME groups.
- At least 30% of service users are in residential, nursing or supported accommodation.
 - at least 10% live with their families, and;
 - at least 23% are in social tenancies

Proportion of LD Service Users by Age





Intermediate Care

In 14/15 Islington offered the following types of intermediate care to 91 people:

- 40 people received nursing or residential care
 - 16 people received nursing or residential care specifically for dementia
 - 47 people received homecare
- *Some people received more than one type of support

- 53% of people were female; 47% were male
- 90% were aged over 65
- 23% were from BAME groups
- 93% were seen because of physical disability or frailty.
- 60% of people offered intermediate care went onto receive a full social care package during 14/15

Telecare

- 1234 people received Telecare in 14/15
 - 219 (18%) people received just the standard service
 - 1015 (82%) received the enhanced service
- 64% of service users were female, 36% were male
- 81% of service users were aged over 65.
- 27% of service users were from BAME groups
- 56% of service users also received a full social care package during 14/15.
 - This drops to 49% of people who received the standard service only

Reablement

Islington offered 517 people reablement

- 57% of people seen were female; 43% were male.
- 86% were aged over 65.
- 86% seen had a primary need of physical disability or frailty.
 - 5% of service users had a primary need associated with dementia
- 20% were from BAME groups
- 39% of those offered reablement went onto receive a full social care package during 14/15

Substance Misuse Treatment Profile

- Islington's drug using profile is amongst the most complex – and has significantly higher numbers of very complex cases than in other areas
- Islington has a lower proportion of BAME service users than many other inner London boroughs – this reflects the overall demographic profile of the borough.
- The proportion of drug users aged over 45 is growing. In 2010/11 only 30% of drug users were aged over 45 compared to 41% in 2014/15.
- The breakdown of substance misuse need is broadly similar to the overall position for London but there are slightly fewer non-opiate only users than in London overall
- Reported dual diagnosis is much higher than the national average (19%).
- 87 people received a social care service because of drug or alcohol use during 2014/15

Service User profile 13/14		
Total: 2186		
Alcohol only	597	27.3%
Alcohol and non-opiate drug use only	360	12.6%
Non-opiate drug use only	190	8.7%
Opiate use	1039	47.5%
Female	689	32.0%
Male	1487	68.0%
16 - 24	127	5.8%
25 - 44	1094	50.0%
45 - 64	925	42.3%
65+	40	1.8%
BAME*	391	17.9%
White	1618	74.0%
Dual Diagnosis Needs		30.0%

***does not include not stated/missing data**

Older people

Current Commissioning Activity

Islington currently commissions 32 separate services for older people with a total spend of approximately £35m per annum. Services include residential, nursing and home care as well as services to tackle social isolation and provide advice and information.

Typically, between 500 and 600 Islington residents will be in care home placements - with more than 50% of those placements being out of borough due to the restricted number of beds available in borough. The borough also has 87 extra care sheltered beds with more service users also accessing intermediate care beds.

Council services

Islington directly provides a number of services for older people in the borough including:

- Telecare
- Complex Needs Homecare
- Reablement
- Day Centres
- Transport

Although there are no plans to out source this provision the Council is keen to look at how models in our day centres are operating to allow service users to have more choice and flexibility about the care and support they receive.

Forecast changes to demand

- There are around 18000 residents aged 65+ and this is set to rise to 24000 by 2031. There are currently 2200 residents aged 86+ and this is set to rise to 3700 by 2031.
- 4% of older people have a dementia diagnosis. The numbers of people with dementia aged over 85 is expected to increase by almost 30% over 20 years.
- 14600 older people registered with an Islington GP have one or more long term condition. 9000 have 2 or more and 2000 have 4+.
- Overall Islington is a young borough with high population turnover. Lack of affordable housing and high cost of living mean families often move out leaving older people marginalised and without support. 42% of those aged 65+ live alone.
- Islington has the third highest population of Lesbian, Gay and Bisexual Trans residents in London. According to a study conducted in 2007, many at 65+ are living without a partner and are more likely to have no children to support them in time of need.
- Islington has the highest rate of emergency hospital admissions for older people in London (5700 admissions). 15% are for respiratory conditions and 19% are for falls.
- Around 800 older people a year die in Islington. This is the 4th highest mortality rate for older people in London. 1 in 3 deaths are from cancer and 1 in 3 from heart disease.
- The number of healthy years lived post 65 are lower in Islington than the national and London average.



Market Opportunities

Whilst different types of services for older people have different outcomes there is an overarching requirement to deliver care closer to home that will support people to remain living in the community for as long as possible. Many of individual service outcomes focus around this, as well as delivering dignity and improving quality of life.

One area the Council is keen to develop new responses for is around the provision of night support to vulnerable service users. Much of this is currently purchased by ad hoc arrangements and the Council is interested in seeing whether a more cost effective and quality service could be set up through the development of existing commissioned services; particularly extra care sheltered housing.

One area of improvement across all services is how data is used and intelligence is gathered. We are keen to explore with providers how information from operational staff and service users generated through day to day contacts, reviews, care planning and participation with services can be more effectively captured and made available to use in designing services and planning improvements.

Personal Budget Holders

We are expecting that the number of people choosing to take up personal budget offers and direct payments will continue to increase. This will lead to decreased demand for block contract services in the long term and the provision of some services currently directly provided becoming funded through personal budgets.

We are keen to explore new ways personal budget holders can use their personal budgets – particularly how groups of service users can be supported to come together to purchase support collectively; as well as to increase the variety of support available to purchase by personal budget holders in the borough.

We are also interested in exploring ways the wider community and local businesses can be involved in providing support to older people to remain independent and socially active within the wider community.

Commissioning Intentions

Key upcoming procurements and service improvements planned for the next two years are:

- Reconfiguring of day services to move away from traditional centre based services to increased use of universal and existing community services.
- Consider increasing number of extra care units available with aim of reducing numbers going into residential care placements.
- Reconfiguration of intermediate care services with likely reduction in number of bed based services
- Consider procuring Locally Commissioned Service to provide primary care support into care homes, currently services delivered by GP's.
- Re-procure home care services, possibly in partnership with Islington CCG.
- Expand the community enablement service to increase the capacity of the service by approximately 200 people per annum.
- Develop the falls pathway.

More generally the Council is keen to explore the possibility for services delivering:

- Resettlement support to enable older people to move into smaller or specialist housing.
- Developing a framework for blitz clean services.
- Developing a service to work with hoarders.
- A programmed approach to working with older social housing tenants generally and the 17 estates where over 25% of residents are 65+ specifically.
- Increased take up and access to preventative services including:
- Increasing the availability of accessible day activities for those with low/moderate dementia and their family/carers, delivering services across the whole borough.
- Developing the Every Contact Counts approach to ensure rapid identification of escalating levels of need along with more effective signposting of older people to advice and information, and services that tackle social isolation,
- A programmed approach to working with those in receipt of pension credit, targeting them with low level preventative offers and info about services

Current Commissioning Activity

Service	Short Description	Annual Contract Value
Dementia Café	This is held every other Saturday at a community centre in Canonbury. It provides a free, drop in service for people with dementia and their carers. Lunch is provided, and various sessions are run including reminisces, talks and music. Information available, and staff work to signpost attenders.	£35,000.00
Camden and Islington Foundation Trust Memory Service	Memory Assessment Services are made up of specialist consultants, nurses and psychologists. A consultant or nurse will visit the person with suspected dementia and conduct an assessment including a Mini Mental State Examination (MMSE). If diagnosed, the person and their family will be provided with information about dementia and local services. They will also be referred to their local dementia adviser who will support and accompany them through their journey with dementia.	£297,00.00
Camden and Islington Foundation Trust - Dementia Navigators	The primary aim of the service is to provide systematic and proactive support to people with dementia and their carers who are living in the community.	£177,786.00

Market Opportunities

We are currently about to review identify gaps and barriers to delivering value across the care cycle and will include:

- a review the value produced by the investment in Dementia Navigator Service to inform commissioning intentions in 2017-18
- a review of the value produced by the new Dementia Home Treatment Team.

We are also currently looking at what our offer is post diagnosis for people living with and caring for people with dementia.



Carers

Islington Carers Hub is the commissioned voluntary sector provider of services for carers which provides advice, information and support for carers. The council invests £350,000 p.a. in this service and has a carers budget of over £1m annually. 1400 carers registered were registered with the Carers Hub at the end of 2014/15.

Specialist provision within specific pathways also exists including a dual diagnosis carers service, the substance misuse family, partners and friends service and a learning disabilities family, carers reference group. A number of other services provide carers groups and support as part of their wider offer.

The Care Act 2014 has given carers an equal footing as service users to access support and services. There is also a duty to provide preventative services for carers.

Personal Budget Holders

Carers are entitled to personal budgets and the Council believes that carers would benefit from the same sought of service development as service users in this area – the development of a greater variety of offers and support for carers to use their personal budgets collectively.

So far there has been no large change in the number of carers asking for support but demand may increase as further publicity about the Care Act is produced over the coming year.

Over the next 5 years there will be a concerted effort made to identify hidden carers and to offer them support services. Identification of hidden carers will aid in meeting the duty in providing preventative services to carers.

Key outcomes sought for carers are:

- Improved Health
- Improved Quality of Life
- Making a Positive Contribution
- Exercise of Choice and Control
- Freedom from Discrimination or Harassment
- Economic Well Being
- Personal Dignity and Respect.

Islington Carers Hub is due to be procured during 2015 to include provision for carrying out some carers assessments on behalf of the Council and to improve the service's capacity to identify and support hidden carers.

Mental Health

Current Commissioning Activity

There is significant investment and commitment to providing mental health support services in the borough.

We commission recovery-focussed services, including specialist supported accommodation and residential care, aiming to provide people with support that enables them to manage their conditions and live independently, whilst reducing the need for acute care.

We also commission a range of prevention-focussed, services helping people to maintain their wellbeing and independence.

Directly provided services

Islington CCG commissions Camden and Islington Foundation trust to provide a range of secondary mental health care services and other specialist provision such as: iCOPE (Islington's IAPT service) a mental health Recovery College, Mental Health Reablement and specialist assessment services.

A primary mental health care service is also being developed providing more specialist support to GPs to manage mental illness within the community.

Types of services commissioned include:

- supported accommodation
- residential care
- reablement and enablement services,
- day activities including complimentary therapies,
- talking therapies, including specialist counselling targeted at BMER communities and those who have experienced domestic violence and child sexual abuse,
- a support for adults with mental health needs to access training, volunteering and employment opportunities.
- a criminal justice link services
- a specialist advice service

A service user engagement group is also commissioned to ensure effective levels of service user involvement throughout the commissioning process.

To support this activity there is significant investment by the Council and the CCG in the form of a £4m p.a. pooled budget.

The CCG also invest significantly in secondary mental health care services, IAPT and a range of other non-statutory mental health services for Islington residents.

Market Opportunities

There is a higher level of mental health need in Islington compared to London and national averages – the rate and number of people with rates of depression and anxiety and serious mental illness both being the highest in London. We expect the numbers of people with depression and anxiety to increase 6.6% between 2010 and 2020 and numbers of people with serious mental illness to increase 10.2% between 2010 and 2020.

Within this picture of growing overall need we are particularly concerned about:

- The over-representation of BME communities in acute care
- The prevalence of depression in the population, particularly amongst Irish community
- Support for people with mental health needs who are long term unemployed.
- The link between deprivation and prevalence of mental ill health

Over the next five years budget pressures on both the NHS and Social Care will require an increasing focus of resources on prevention and early intervention, whilst continuing to focus on recovery and rehabilitation for those with higher level of needs.

Personal Budget Holders

A number of innovative options already exist for mental health service users to purchase with their personal budgets – i.e. Key Changes Music Therapy. However, commissioners are keen to see a greater range of activities available for personal budget holders.

Commissioning Intentions

Over the next year the following opportunities will be pursued:

- Development of an intermediate care pathway, strengthening our community capacity to reach and support people to recover, remain well, and manage mental health crises.
- Review counselling services provided in the community and possible procurement of a new service(s).

Further challenges that will need to be addressed over the short to medium term are:

- Better promotion of health and well-being across all services
- Increasing the emphasis on recovery, reablement and inclusion through strengthening a range of community based services and promoting independence.
- Implementing Payment by Results for Secondary Mental Health Services
- Implementing the Islington and Camden Crisis Concordat and underlying Models of Care for Crisis and Long Term Mental Health Conditions.



Physical Disabilities and Sensory Impairment

Current Commissioning Activity

Islington council currently commissions the following services for people with physical disabilities and sensory impairment:

Community Wheelchair Service (£796,108 p.a.)

Provides a person-centred service that supports individuals, their families and carers to achieve improved quality of life and independence through the provision of the most suitable wheelchairs, seating and associated equipment. The service supports approximately 3000 adults and 200 young people each year.

Low Vision Service (£106,457 p.a.)

The service provides specialist optometry assessment, rehabilitation (including domiciliary visits) and equipment (low vision and non-optical aids to daily living). It enables people to come to terms with the trauma of significant sight loss, make the most of their residual vision, adapt and develop their full potential for independent living in the community. The service also provides a specialist service for adults with learning disabilities. The service offers over 300 appointments each year.

Interpreting Service (£118,400 p.a.)

The Service, currently provided in house, provides a varied range of communication support to Deaf, deafened and deafblind people, dependent on assessed individual need. Communication support will be provided through the use of both in-house and externally brokered resources. Last year it provided services to over 150 service users

Deaf Advice and Advocacy Service (£32,760 p.a.)

The service is provided by two Deaf advice and information workers. They have specialist skills in British Sign Language and experience providing specialist advice and advocacy

The following services are provided to BSL service users:

1. Welfare rights and other specialist advice and information.
2. Advocacy, supporting access to public sector and other agencies.
3. Signposting and referring service users on to more appropriate services.

Directly provided services

The council provides the Outlook Resource Centre for residents with physical disabilities or sensory impairments. The centre offers a range of activities to help people gain the skills they need to move into education, training and employment.

The centre also provides support for people to access universal services and make use of all local services confidently. The centre is also a venue for a number of local organisations and partners to deliver activities and social opportunities.

Market Opportunities

The Care Act duty to provide preventative services is likely to lead to more demand for preventative services accessible to people with physical disabilities and sensory impairment. We also expect planned changes to benefits system to also have an impact. Recent survey shows high numbers of people with physical disabilities experiencing social isolation which highlights the need to improve accessibility for this service user group to services that can help address this.

An aging population means that the need for equipment in later life will continue to grow and the implications of this in the context of aging need to be fully understood.

The Council would be interested in discussing how services can be developed to support the delivery of key outcomes for people with physical disabilities and sensory impairment detailed below:

- Improvements in the functional health and social needs of people with disabilities requiring mobility and posture services.
- Increased user choice and greater control.
- Reduced social isolation and risk of consequent mental ill health (i.e. depression).
- Improved quality of life for users and their families/carers.
- Maximise the economic wellbeing of Deaf, BSL service users.
- Enable Service Users to become independent and advocate for themselves
- To enable people with low vision to make the most of their residual sight and improve their independence.
- To assist service users to learn/re-learn skills for activities for daily living.

Commissioning Intentions

The Council does not have immediate commissioning plans for any of the current physical disabilities or sensory impairment contracts. However, over the longer term the Council would be keen to explore the development of services to:

- Improve the transition pathway for young people with sensory impairment – even if they do not meet transition team criteria
- Increase the use of assistive technology and reduce the need for interpreters
- Improve the accessibility and diversity of the offer of preventative services for people with physical disabilities and sensory impairment within the wider preventative pathway.

photo

Learning Disabilities

Islington Learning Disabilities Partnership

In Islington many services for people with learning disabilities are delivered in-house through the Islington Learning Disabilities Partnership (ILDP). ILDP provides a range of services including accessing to specialist physical health care, mental health support, social workers and occupational therapy. The service also provides support to carers and preventative services providing social and community support.

Specialist transport services are also commissioned from in house providers.

Directly provided services

Islington directly provides a range of services for people with learning disabilities including:

- 23 places of residential care and supported housing
- Community Accessible Transport
- Short Breaks and long term Shared Lives schemes
- A preventative/respite short term day centre
- Daylight – specialist day centre for people with learning disabilities
- Spectrum – specialist day centre for people with Autism
- Community Access Project – providing training and employment opportunities to people with learning disabilities.

Commissioned Services

The Council also commissions a range of service for people with learning disabilities including:

- Specialist Supported Housing (8 contracts) (£5,069,359 p.a.):
These services provide additional and specialist capacity for people with learning disabilities requiring a high degree of support.
- Scrutiny Services –(2 Contracts) (£118,827 p.a.):
A local consultation service provides service user scrutiny and oversight of local services for people with learning disabilities. The Circles of Protection Service is a befriending project that links people in placements outside of the borough with local volunteer befrienders to help reduce social isolation and improve scrutiny of these placements.
- Social Inclusion, Leisure Activities and Advocacy Services: (£242,543 p.a.):
These services provide access to social activities and low level advocacy, including health advocacy and carers advocacy. Approximately 155 service users take up these services.
- Health – (4 contracts) (£971,164.p.a.):
The Council and CCG jointly commission a range of NHS provided services for people with learning disabilities including specialist speech and language therapy and physiotherapy.

Market Opportunities

As the demand in all areas and across all client groups for adult social care services increases the need to promote independence will be increasingly important. Proposed changes to the welfare and benefits systems are also likely to have a knock on effect for this service user group which will also increase the demand for these types of preventative services.

For learning disabilities service users there is also likely to be a focus on improving transition between children's and adult's services. Adult services will need to be more aware in future of young people transitioning to them so that the transition is more seamless and there are the right levels of support and opportunities available

In specialist supported housing services there is a need to develop effective step-down provision to improve the overall effectiveness of the pathway helping people find and move into the accommodation most suitable to their needs. The high cost of new building schemes in the borough continues to present a challenge when thinking about developing new services. – ensuring the buildings we have are used effectively will be crucial to addressing this challenge.

We are also looking to improve the skills of our workforce to enable them to better with service users who have multiple needs, autism and challenging behaviour.

Key outcomes themes for learning disability services

- Making a Positive Contribution
- Community inclusion.
- Exercise of Choice and Control.
- Freedom from Discrimination or Harassment.
- Economic Well Being.
- Personal Dignity and Respect.
- Self-advocacy (where possible)
- Live as independently as possible.
- Build circles of support and social networks.
- Effective work with family carers.
- Living safely.

Autism

The Autism Act 2009 and new statutory guidance may create more demand for adult social care and preventative services from service users with Autism. It will be important to ensure a clear pathway from diagnosis to support, is in place especially for people who without a global learning disability

Commissioning Intentions

Over the next year we will be conducting strategic reviews into learning disability services and the wider learning disabilities pathway as well as a specific review of accommodation delivered within the learning disabilities and supported housing pathways. The information gathered in these reviews will be used to inform future commissioning intentions. However, over the coming year we would like to explore the following:

- Expansion of the Shared Lives as a cost effective alternative for both long term care and short breaks

In the longer term, and subject to the findings of the reviews mentioned, the Council is keen to explore commissioning services which address the following areas:

- Developing employment opportunities and employment services for people with learning disabilities in support of a wider focus on employment and skills by the Council.
- Developing services which support people to be a part of and live in their local communities as independently as possible
- Improving access to mainstream health, social care and universal services for people with learning disabilities
- Increasing the use of assistive technologies,
- Improving the links between primary health care and housing providers supporting this service user group.
- Creating accommodation provision for clients with intensive and multiple needs currently requiring disproportionately high support within shared accommodation schemes; ensuring services are able to meet the most complex needs, where behaviour presents severe challenges, and work towards the prevention of hospital admission wherever possible.

The Council would also be interested in exploring how the following aims could be realised through both the commissioning of services and new ways of working within existing services and partnerships:

- More choice for people with learning disabilities to spend personal budgets how they choose (balanced with meeting outcomes) - including pooling budgets with friends, and buying bespoke services.
- Less reliance on institutional and residential care.
- Improved access to information and advice.as part of a wider preventative pathway for people with learning disabilities.
- People with learning disabilities to be able to potentially access a wider range of supported housing options than grouped accommodation, linked to a hub/hubs of social support and skills development.



Substance Misuse

Current Commissioning Activity

Service	Short Description	Annual Contract Value	Typical Annual Usage
CASA Islington Community Alcohol services	Community alcohol treatment service offering triage, structured psychosocial treatment and community detoxification.	£530,000	200
Families, Partners and Friend Service	Support service for family, friends and carers of people with substance misuse needs.	£53,100	123
ISIS Drug Intervention Pathway (DIP) and Direct Access Assessment & Psychosocial Treatment service (DAAP)	Community drugs treatment service offering triage, access to pharmacological treatment, psychosocial treatment and referral to specialist treatment provision.	£1,281,000	719
Structured Day Programme	Community provider of rehabilitation services for people with drug and/or alcohol misuse needs.	£508,000	210
Islington Drug and Alcohol Specialist Service (IDASS) and Islington Specialist Alcohol Service (ISATS)	Specialist drug and alcohol treatment provider offering pharmacological and psychosocial treatment alongside specialist psychiatric, psychological and physical healthcare management.	£2,771,204	IDASS:344
			ISATS: 245
Primary Care Alcohol and Drug Service (PCADS)	Primary care based drug and alcohol pharmacological and psychosocial treatment delivered in partnership with participating GPs.	£1,876,956	674
Employment Aftercare Service	Aftercare service for people recovering from drug and alcohol misuse focused on preparing to re-enter employment through the development of confidence and skills.	£150,000	225
Service User Engagement Support	Support to the Islington Council of Drug and Alcohol Service users (ICDAS) who represent the views of service users in the borough.	£31,353	Not Applicable



Market Opportunities

The latest estimates of opiate and/or crack cocaine users provided by Glasgow University indicate that there are 2,623 people affected in Islington. Latest treatment data indicates that 41.1% of these people are currently in treatment.

The major concern in substance misuse treatment services is to increase the number of people successfully completing treatment – which refers to the number of people exiting treatment abstinent of at least opiate and crack use. Current performance of Islington services on this measure is some way short of the best performing areas nationally.

There are also significant challenges to be overcome in delivering savings as part of the Public Health transformation plan.

Successful Completions from treatment – the number of people leaving treatment abstinent from at least opiate and crack use – is the key outcome measured for substance misuse services and the pathway as a whole. Commissioners are always interested to hear proposals from providers as to how performance against this outcome can be improved.

Another key outcome is ensuring those people that do successfully complete do not represent to treatment services within six months. Proposals that would help service users sustain recovery are also welcomed.

Personal Budget Holders

Substance misuse service users are eligible to receive personal budgets where they have been assessed to have a social care need. However, this offer is not well developed yet.

The Council is seeking to increase access and take up of personal budgets for substance misuse service users and is looking for the market to develop a greater variety of rehabilitation and recovery services available to purchase through personal budgets.

Overall the objectives of substance misuse services in the borough are:

- To reduce the harms of drug and alcohol misuse.
- To improve the health and wellbeing of Islington residents affected by their own or someone else's substance misuse.
- To improve life expectancy and reduce the number of alcohol and drug related deaths across Islington for people with a history of substance misuse.
- To contribute towards a reduction in drug and alcohol related crimes, sexual violence and wider health inequalities

Commissioning Intentions

Key upcoming procurements of substance misuse services include:

- The procurement of a new inpatient detoxification framework agreement (to be done jointly with the London Borough of Camden).
- Complex needs service for drugs and alcohol.

In the short to medium term we are also keen to explore with providers:

- A redesign of the treatment service which will provide a more integrated offer for adults and young people with substance misuse needs. This will include clearer recovery options for those who have achieved or wish to sustain their recovery.
- New offers to respond to the use of novel psychoactive substances
- Developing substance misuse provision to support mental health services and the development of the mental health crisis care concordat and primary care mental health services
- The development of new offers for service users who have been in the system for a long time and are less likely to be motivated to change or embrace 'recovery'.
- Extending current arrangements/pathways so more criminal justice clients access treatment.

Over the long term one of key areas of development for substance misuse services will be

- How we develop services that meet the needs of an increasingly ageing service user population who may start to develop additional needs typically associated with ageing alongside their substance misuse needs.
- Improving the transition between young people's and adults drug and alcohol treatment services.
- The development of new models of community rehabilitation and aftercare support to ensure people are better managed out of treatment and avoid representations
- Working with universal services and preventative services across adult social care to manage the substance misuse needs of service users more effectively within these services. This will allow service users to remain within mainstream services, retain links with the wider community and avoid the duplication of similar offers.



Sexual Health

Current Commissioning Activity

Genitourinary Medicine Services (GUM) and Sexual and Reproductive Health (community contraceptive) services (SRH) are statutory services, which became the responsibility of local authorities in April 2013, as part of their new public health responsibilities. The services are open access which means that residents are entitled to visit sexual health facilities available, in any part of the country, without the need for a referral from GP or other health professional and regardless of where they are usually resident.

As well as the above the Council funds a number of Sexual Health Promotion & HIV prevention services that work to reduce social isolation, improve health and wellbeing and help people maintain their independence within the community.

These services deliver health promotion advice and refer on complex cases. They focus on engaging hard to reach and priority groups. The Council also funds a specific Young People's Sexual Health network which provides a similar offer but targeted at people under 25.

The Council funds training for GPs on 'intelligent' case finding, screening and treatment for sexual health and HIV. We fund GPs to offer an enhanced service providing screening and treatment for Sexually Transmitted Infections (STIs) and an enhanced contraception offer. The CCG has responsibility for funding abortion services but we work with them to commission services and ensure a joined up pathways for individuals

Forecast changes to demand

This open access requirement service puts the Council under financial uncertainty as the level of activity is unpredictable and has been growing significantly in recent years.

The borough's central location and range of high quality services also mean that Islington plays a key role in London's sexual health. A significant proportion of users of local sexual health services are from out of borough; at the same time, about 40% of Islington resident GUM attendances are in other boroughs.

. Few local authorities are in the position of being a clear lead commissioner i.e. paying for the majority of care at their hosted service provider.

HIV and other STIs are a major public health issue in Islington. Sexual ill-health is not equally distributed within the population. Strong links exist between deprivation and STIs, and some groups are significantly over-represented, including: gay, bisexual and other men who have sex with men and some BME communities, among others.

Islington has the fifth highest rate of STIs in the country, with significant increases in recent years in new cases of syphilis, gonorrhoea and Chlamydia. In 2013, local diagnosed HIV prevalence was 8.5 per 1,000 population aged 15-59 years (compared to 2.1 per 1,000 in England). Gay, bisexual and other men who have sex with men are the group most at risk of acquiring HIV locally, although late diagnosis of HIV is higher among in heterosexual groups.

The transformation of sexual health services is a key public health priority.

Market Opportunities

Key outcomes sought from sexual health services are:

- A reduction in rates of (STIs) among people of all ages
- Individuals understand the different STIs and associated potential consequences.
- Individuals understand how to reduce the risk of transmission.
- Individuals understand where to get access to prompt, confidential STI testing and provision allows for prompt access to appropriate, high-quality services, including the notification of partners.
- Individuals attending for STI testing are also offered testing for HIV.
- A reduction in onward transmission of and avoidable deaths from HIV
- Individuals understand what HIV is and how to reduce the risk of transmission.
- Individuals understand how HIV is prevented.
- Individuals understand where to get prompt access to confidential HIV testing.
- Individuals diagnosed with HIV receive prompt referral into care, and high-quality care services are maintained.
- Individuals diagnosed with HIV receive early diagnosis and treatment of STIs.

Commissioning intentions

Islington has been working as part of a collaboration of 22 London councils, the London Sexual Health Transformation Programme, to develop new models of sexual health services, focused on improved outcomes and driving efficiency.

A new model for clinical service delivery has been developed through the London Sexual Health Services Transformation Programme.

There are two main components: sub-regional sexual health services, providing a network of services; and a London-wide sexual health on-line service. The aims of the new model are to ensure that:

- i.** Good quality services are accessible to all London residents and visitors;
- ii.** Specialist sexual health services are designed in a way that ensures they operate as part of a wider sexual health system that can meet future needs and provide excellent value for money. This will include measurably improved performance on key Public Health outcomes in particular prevention and early diagnosis of HIV, prevention and reductions in the incidence of STIs, and improving contraception, including access to long-acting reversible contraception, to help reduce unwanted pregnancies, teenage pregnancy and abortions.
- iii.** London councils are commissioning effectively including seeking cost effective benefits from lower transaction and operating costs for boroughs;
- iv.** London councils have excellent oversight of service quality; and
- v.** Service costs are reduced and that optimum quality services can be maintained in light of significant pressures on budgets

These models will be tendered for through 2016/17

The Council will also be tendering its HIV promotion and prevention services.

The CCG will be looking at options for Abortion services through 2016/17, these are currently commissioned through an Any Qualified Provider Framework (AQP), and we will be working with them to explore reopening a new window for qualified providers to enter the market.

In the longer term we want to work with providers to develop remote access options and technological solutions for fast and reliable access to services. We also want to work with providers to better target provision using data gathered from pharmacies, GPs and other services.

We would also like to see more integrated service provision and increased access via a 'clinic in a box' type approach and look at options for more services to be offered from pharmacies or other community providers in the future; whilst also continuing to develop the sexual health offer provided by GPs.

Prevention

Current Commissioning Activity

There is significant investment and commitment to providing preventative services in Islington. Preventative services work to reduce social isolation, improve health and wellbeing and help people maintain their independence within the community.

In both health and social care prevention is described in terms of three levels: primary, secondary and tertiary prevention.

- Primary prevention is associated with preventing the development of health or social care needs, typically through broad easily accessed services and programmes.
- Secondary prevention focuses on delaying and reducing the impact of health and social needs which have already developed by intervening at an early stage.
- Tertiary prevention meanwhile concerns reducing and delaying the impact of health and social care needs that have already developed often at the point of, or immediately following, crisis – and includes services described as intermediate care.

Islington offers a range of innovative services with a primary prevention focus such as Enablement for older people and people with mental health needs, music engagement for people suffering from severe mental ill health and specialist advice and information services to a range of client groups. These currently sit alongside more traditional offers of day centres and lunch clubs.

In terms of secondary prevention Islington offers a number of targeted services to help people rebuild their independence quickly through targeted early intervention and support designed to address the needs of specific service user groups, such as the provision of Stroke and Dementia Navigators and specialist mental health recovery day centres.

For people with acute needs – tertiary prevention include services such as reablement or mental health reablement and other services such as mental health crisis house accommodation/

Prevention Investment

- £2.2m p.a. on services mainly providing primary prevention.
- £2.1m p.a. on services mainly providing secondary prevention
- £2.9m p.a. on services mainly providing tertiary prevention (outside of NHS and in-house intermediate care pathways)
- £6.5m on tertiary prevention activities (delivered within NHS and in-house intermediate care pathways).
- £0.5m p.a. on Advocacy Services.

Across the Council the Third Sector Partnership team invests a further £1.6m in primary prevention services – focusing on advice and information – and there is considerable investment elsewhere in Council and CCG.

Market Opportunities

The Care Act introduces new duties on the Council to provide preventative services to all residents of the borough in a way that is appropriate for their individual needs and strengths. The introduction of this duty means the Council is looking at its current primary prevention offers to ensure they are accessible to the whole population, link clearly with specialist pathways and are supporting the delivery of key outcomes for prevention. These outcomes are:

- Promoting independence
- Helping improve people's well being
- Reducing social isolation

The Council is also developing a new Corporate Equalities Objective to "Reduce social isolation for older and/or disabled people most affected by it" and will be keen to hear proposal from providers about how this objective could be achieved through using existing resources more effectively, exploring new ways of working and new partnerships.

The Council is also keen to work with providers who feel they can help us develop an evidence base for primary and secondary prevention services which will enable us to justify continued investment in these types of services during years of increasing budgetary constraint.

At the same time the changing demographics of the borough will mean we have an ageing population and growing populations of other service user groups in the borough which will also increase demand for secondary and tertiary preventative services. Specifically we think we need:

- More open access prevention services for people with learning disabilities.
- More preventative services for people with physical disabilities
- To broaden access to older people's and mental health day services.

Commissioning Intentions

In 2015/16 we plan to procure a Single Advocacy Service (Adults) to commence at the start of 2016/17. This service will bring together a range of statutory advocacy services (Independent Mental Capacity Advocacy, Independent Mental Health Advocacy and Independent Care and Support (Care Act) Advocacy). The new services aims to achieve improved continuity of support for those receiving statutory advocacy and an increased and more equitable offer of non-statutory advocacy providing advocacy in relation to situation not specifically covered by legislation, access to health advocacy and improved accessibility through the use of community co-advocates.

Longer term we have identified the following areas we would like to work towards commissioning:

- A comprehensive information and advice service offer for adult social care that links in with other advice offers made by the Council and sits within preventative services.
- Services that provide or can signpost people to independent financial advice around planning for the cost of care
- An alliance for the provision of primary prevention services across all service user groups in the borough, encompassing and coordinating preventative developments across all areas of adult social care and health – including those detailed elsewhere in this document.
- Projects or services that can help us make the case for continued investment in prevention services through working with existing services to improve their management capability and report and validate information that shows how these services contribute to the delivery of key outcomes for preventative services.

Photo

Supported Housing

Current Commissioning Activity

Supporting People funding in Islington continues to fund a range of preventative housing support services for vulnerable and socially excluded residents in supported housing, sheltered housing and through floating support.

Our aim is improve the quality of life of vulnerable and socially excluded people through the delivery of preventative housing support services that support people to maintain their home and promotes independence and social inclusion.

Photo



We work within a partnership of the council, the NHS and probation service and support delivery across a broad range of client groups.

In 2011/12 our Housing Support Services helped

- 700 people living in short-term supported housing
- 600 (over 70%) people to move on to settled accommodation
- 855 older people and people with learning disabilities to live independently in longer term supported and sheltered housing
- 1226 people through the provision of floating support to continue to live independently in their own homes

Those supported include vulnerable young people, care leavers, offenders, people with substance misuse problems, people with mental health needs, single homeless people, women escaping domestic violence, families at risk of homelessness, people with a learning disability and vulnerable older people

Overall the council invests approximately £12.2m every year across 53 contracts with 27 providers Check if anything more up-to-date available

Market Opportunities

The priority for Housing Support projects is the delivery of £2m savings by 2017 whilst at the same time continuing to provide cost-effective high quality services; mitigating the impact of these savings on frontline service delivery. Where an impact is unavoidable – the nature of this impact needs to be understood and flagged as risk – even if the impact would be on other services or pathways.

Long term priorities for Housing Support are:

- To ensure that investment in preventative services are maintained as budgets move toward full integration
- To retain services to which community need
- Provide services across tenures, identifying unmet demand and level of need
- Integrate preventative services with Health

Currently the key outcomes being sought from housing support services are:

- Emphasis on prevention and early intervention:
- Delivering independence and preventing homelessness
- Creating opportunities – to improve the quality of life for vulnerable and socially excluded people
- Develop more personalised, flexible services – responsive to client need

Commissioners are also keen to explore the following areas of new development and practice with providers:

- Effective collaboration between providers delivering similar services to achieve economies of scale and thereby expanding the service offer
- Developing a single point of access to services
- Improving supported housing pathways so that they work better with primary health care

Personal Budget Holders

Commissioners are keen as part of the process of developing more personalised, flexible services to explore with providers how personal budgets and personal health budgets can be used to provide housing support along side health and social care support to service users, as part of:

- The provision of services that can operate for service users living in a variety of types of tenure
- The provision of core and top up support services using personal budget or personal health budget funding
- A greater variety of the types of support available to residents in our supported housing projects.

Commissioning Intentions

Key upcoming Supported Housing tenders are:

- The Mental Health Supported Accommodation Pathway (containing 8 current services of varying size and across all levels of need).
- A Floating Support Service to deliver across all service user groups and levels of need
- Single Homeless Accommodation (2 projects)
- Learning Disabilities Accommodation (1 project)
- Older People's Supported Accommodation (11 projects)
- Young Person's Supported Accommodation (5 projects)

In the longer term there will be a need to review and re-procure a wider set of Learning Disabilities Accommodation Projects (3 projects).

- In all this work key areas of service improvement that commissioners are keen to see developed are:
- Services that can work across different types of tenures
- Flexible services able to support service users to step up and down appropriately
- Outcome-focussed services and the provision of individualised support
- Services that help us reduce the burden of assessment on service users and are able to provide flexible support to personal budget and personal health budget holders – i.e. through collaboration with other support providers.

Continuing Healthcare

Current Commissioning Activity

Islington CCG currently contracts with six domiciliary care providers on a framework agreement to provide care in people's own homes for people funded by continuing healthcare.

Placements in nursing homes are currently purchased from the market as needed, there are currently no block contracts.

The total annual spend on continuing healthcare packages and free nursing care eligibility is £7.8m pa. Typically about 125 people are receiving continuing healthcare packages and 235 people under free nursing care at any one time.

For the 125 people receiving continuing healthcare currently about 55% opt to receive domiciliary care and 45% receive nursing care

Personal Health Budgets

Personal Health Budgets are arranged by the Council on behalf of the CCG which allows systems for personal budgets and personal health budgets to be aligned.

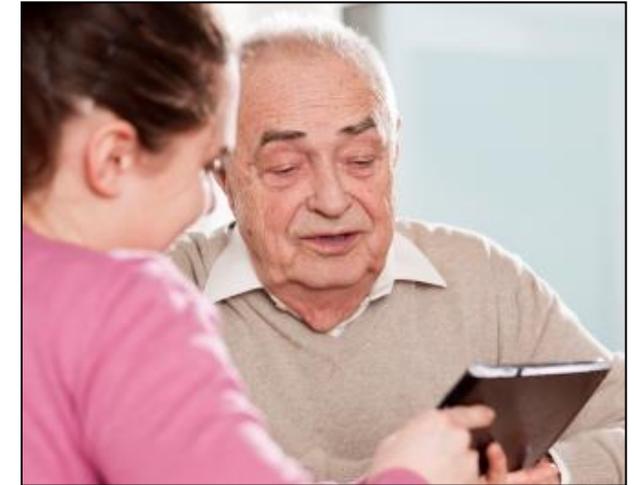
Support around brokerage for personal health budgets is also delivered through the brokerage service for social care personal budgets.



Market Opportunities

The priorities of commissioners for people eligible for continuing healthcare are:

- promoting choice in place of care (at home or in a nursing home)
- flexible use of personal health budgets for those who choose to receive the funding directly
- giving a choice about how people receive personal health budgets: holding account, direct payment, nominal account
- increasing choice in the market place regarding nursing home providers and/or domiciliary care providers



Personal Health Budgets

Commissioners are keen to ensure that those people eligible for continuing healthcare are able to access the funding as a personal health budget.

Commissioners wish to see a market for personal health budgets develop that can respond to the individual needs of people with personal health budgets to spend on self-managing their health care needs as listed in their support plans and for the market to be able to develop and market new offers of support to personal health budget holders.

Commissioning Intentions

The framework agreement currently in place for domiciliary care provided by continuing healthcare comes to an end in 2017. Islington CCG will be considering whether to procure another framework agreement, join the pan-London any qualified provider domiciliary care framework or to join the Islington Council domiciliary care contract.

The CCG is keen to see further development of nursing home provision that spans a range of needs – from high needs dementia care to end of life care – at a reasonable price.

Last years of life

Current Commissioning Activity

Last years of life care involves providing care and support to adults with any advanced, progressive, incurable illness (e.g. advanced cancer, heart failure, chronic obstructive pulmonary disease, cerebrovascular disease, chronic neurological conditions, dementia); advancing age and frailty. It includes care given in all settings (e.g. home, acute hospital, residential/care home, nursing home, hospice, community hospital and others)

We also provide non-medical support to patients/service users, carers and family members (including care given after bereavement).

The Council and CCG currently fund a number of services for people in the last years of life. This provision includes:

- Spaces at three local hospices
- A community palliative care service
- Funding for GPs to provide support to people around advance care planning, palliative care registers and providing bereavement support
- A peer support bereavement service
- An advice and training service about advance care planning – provided by volunteers to public and staff
- Two service user/patient engagement groups.

The Council and CCG are working to implement the recommendations of several national initiatives and guidance aimed at improving quality and enabling patients dying in their preferred place of death, having received care in their place of choice

As the population in Islington ages there will be increasing need for these services.



Market Opportunities

The priorities of commissioners for people in their last years of life are:

- Ensuring that people are able to die in their preferred place of death.
- A consequent decrease in the number of deaths in hospital.
- Promoting the uptake across primary care and care/nursing homes of best practice tools including: the End of Life Care Tools, Gold Standards Framework (GSF), Advance Care Plans (ACP) and Care for the Dying Patient.
- Increasing service user/patient and carer satisfaction with our services.



Commissioning Intentions

Commissioners are currently completing a full service review with the aim of developing a new service model that aligns to the integrated care programme approach in Islington.

The service will review will identify these future market opportunities more clearly and the opportunities for development which will inform our commissioning intentions.

Initial discussions have focused on the possibility of more community support and less inpatient provision. We would look to develop a whole last years of life approach based around the CCG's locality offers currently being piloted.

In the long term we think this will lead to the development of:

- A hospice at home service.
- Increased access and options for rapid response interventions, to support more patients to remain at home if preferred.