Public Document Pack

Health and Wellbeing Board

Date: **THURSDAY, 5 SEPTEMBER 2013**

Time: **1.45pm**

Venue: **ALDERMAN'S DINING ROOM**

Members:
Revd Dr Martin Dudley (Chairman)
Deputy Joyce Nash (Deputy Chairman)
Ade Adetosoye
Jon Averns
Dr Sohail Bhatti
Superintendent Norma Collicott
Dr Gary Marlowe
Simon Murrells
Sam Mauger
Vivienne Littlechild
Gareth Moore
Angela Starling
Deputy John Tomlinson

Enquiries: **Natasha Dogra tel.no.: 020 7332 1434**
Natasha.Dogra@cityoflondon.gov.uk

Lunch will be served in the Guildhall Club at 1pm

John Barradell
Town Clerk and Chief Executive

AGENDA

Part 1 - Public Reports

1. **APOLOGIES OF ABSENCE**

2. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**

3. **MINUTES**
   To agree the minutes of the previous Board meeting

   For Decision
   (Pages 1 - 8)

4. **HEALTH PROTECTION ARRANGEMENTS**
   Report of the Director of Community and Children's Services

   For Information
   (Pages 9 - 26)

5. **PUBLIC HEALTH HIGH LEVEL COMMISSIONING INTENTIONS 2013 - 2014**
   Report of the Director of Community and Children's Services

   For Information
   (Pages 27 - 40)

6. **CITY AND HACKNEY HEALTH AND WELLBEING PROFILE**
   Director of Community and Children's Services

   For Information
   (Pages 41 - 50)

7. **CITY OF LONDON DEMENTIA STRATEGY**
   Director of Community & Children's Services

   For Decision
   (Pages 51 - 118)

8. **INFORMATION REPORT**
   Director of Community and Children's Services

   For Information
   (Pages 119 - 128)

9. **THE ROLE OF THE CITY OF LONDON'S HEALTH AND WELLBEING BOARD**
   Director of Community and Children's Services

   For Information
   (Pages 129 - 140)

10. **DEVELOPMENT DAY - OCTOBER 9TH 2013**
Director of Community and Children's Services

For Decision
(Pages 141 - 144)

11. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

12. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT**

13. **EXCLUSION OF PUBLIC**
MOTION - That under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

Part 2 - Non Public Reports

14. **NON PUBLIC MINUTES**
To agree the non-public minutes of the previous Board meeting

For Decision
(Pages 145 - 146)

15. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**

16. **ANY OTHER BUSINESS THAT THE CHAIRMAN CONSIDERS URGENT AND WHICH THE BOARD AGREES SHOULD BE CONSIDERED WHILST THE PUBLIC ARE EXCLUDED**

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HEALTH AND WELLBEING BOARD

Thursday, 4 July 2013

Minutes of the meeting of the Health and Wellbeing Board held at on Thursday, 4 July 2013 at 1.45pm

Present

Members:
Revd Dr Martin Dudley
Jon Averns
Simon Murrells
Angela Starling
Vivienne Littlechild
Gareth Moore
Deputy Joyce Nash
Deputy John Tomlinson

In Attendance

Dr David Vasserman	-	Clinical Commissioning Group (CCG)

Officers:

Natasha Dogra	-	Town Clerk's Department
Neal Hounsell	-	Community and Children's Services Department
Farrah Hart	-	Community and Children's Services Department
James Williams	-	Community and Children's Services Department

1. **WELCOME AND INTRODUCTIONS**
   All Members of the Health and Wellbeing Board introduced themselves. The Chairman welcomed Deputy Michael Wellbank (Chairman of Planning and Transportation), Dr David Vasserman (CCG) and James Williams (Interim Public Health Consultation).

2. **APOLOGIES FOR ABSENCE**
   Apologies had been received from Ade Adetosoye, Dr Sohail Bhatti, Superintendent Norma Collicott, Sam Mauger and Dr Gary Marlowe.

3. **DECLARATIONS UNDER THE CODE OF CONDUCT IN RESPECT OF ITEMS ON THE AGENDA**
   There were no declarations of interest by Board Members.

4. **PUBLIC MINUTES AND ACTIONS FROM THE MEETING OF THE HEALTH & WELLBEING BOARD**
   RESOLVED – That the minutes of the Health and Wellbeing Board meeting of 7th May 2013 be agreed as an accurate record.

5. **THE IMPORTANCE OF ROAD DANGER REDUCTION IN THE CONTEXT OF HEALTH AND WELLBEING**

The Board received a presentation from Lucy Saunders (Public Health Specialist GLA/TfL) regarding the importance of road danger reduction in the context of health and wellbeing. Members were informed that people need 22 minutes of walking each day for good health to prevent many health conditions. Most Londoners didn't get that activity but people who come into the City do, as the City was the walking capital of Britain and served a huge population from other borough and outside of London in keeping their population healthy.

There were also lots of people in London who cycle into or through the City and this was where there had been a big increase in KSIs (killed or seriously injured). Members were informed that it was a real challenge to accommodate the many people walking, cycling and the vehicles that need to get through plus the digging up needed to access services. The KSIs were an indicator that more needed to be done to make the environment not only safe but also pleasant to walk and cycle in. One simple but highly effective measures was the 'courtesy crossing' which served to make it much easier to walk uninterrupted, particularly for those with mobility difficulties, and at the same time they ensure vehicles slow down when approaching junctions.

In response to a query from Members, Officers advised that an education programme would help tackle the problem of anti-social cycling in the City. This could also be tackled by creating a calmer environment. Members queried whether introducing a 20mph limit in the City would impact air pollution. Officers advised that there would not be any significant shift in the level of air pollution if a 20mph limit was introduced, and the introduction could help create a calmer environment in the City. Members noted that pedestrians and cyclists shared the pavements in many European cities such as Hamburg and Helsinki which helped created a good relationship between the two groups.

It was noted that committee reports should include health and wellbeing implications to ensure these were addressed by Officers when writing the report and considered by Members when making decisions. The Board agreed that health and wellbeing implications should be imbedded in the decision making process. Officers in the Community & Children's Services and Town Clerks departments would look to progress this and provide an update at the next Board meeting in September.

RECEIVED.

6. **20MPH BENEFITS AND DIS-BENEFITS INVESTIGATION REPORT**

The Board received the report of the Director of the Built Environment which advocated the adoption of a 20mph speed limit in all City streets, including those managed by Transport for London.

Members were informed that casualty figures in the City had shown a steady increase over the last three years with some 423 casualties in 2012 including

57 killed or seriously injured (KSI). This was despite continuation of our traditional programme of road safety measures. The reason for the increase was that the nature of the usage of City streets is changing. There had been a dramatic rise in the numbers of cyclists and pedestrians, and with the advent of Crossrail increasing the number of pedestrians and the encouragement of cycling generally, these numbers wold only increase.

Compared with the rest of London, in the City these groups were disproportionately highly represented in the casualty statistics. The situation could therefore only get worse unless action was taken. The strategy to reverse the rising casualty numbers is the recently adopted Road Danger Reduction Plan (RDRP). This set out a whole range of measures to be undertaken between now and 2020. All of these had different cost to benefit ratios. The City was already doing the more straightforward things, with an innovative education, training and publicity programme (ETP); minor junction improvements; driver behaviour and vehicle improvement programmes; and even some major junction improvements, like at Holborn Circus, where the City were spending £3M on what was our worst casualty location. The City also delivered schemes like Cheapside, where there had been an average speed reduction of over 4 mph (and no collisions resulting in casualties), through narrowing the carriageway. However, measures like these took time and to achieve City-wide results would be prohibitively expensive.

Officers stated that the main findings of the study included:
• Traffic speeds would be reduced by the introduction of a 20mph limit
• The often-quoted low average speeds within the City mask both streets where average speeds were over 20mph and also peak traffic speeds at various times such as evenings and weekends. Secondary benefits such as reduced pollution and health improvements through modal shift to cycling were likely to occur.
• There was little or no disbenefit to introducing a 20mph speed limit and in particular journey-time increases would be minimal given the size of the City (typically the journey time for the longest route through the City, i.e., from Victoria Embankment to Byward Street, is not expected to exceed 1 minute even during free flow conditions).
• Transport for London (TfL), City of London Police (CoLP) and the World Health Organization (WHO) supported the introduction.

Members were informed that the report had been approved at the Policy & Resources and Planning & Transportation Committee meetings. A report regarding air quality would be circulated to Members of the Board in due course. Officers agreed to provide an update on City pollution as part of the update report at the meeting in September. Members also requested further reading material such as useful internet links to be circulated to ensure an electronic library was populated for the Board's reference.

RESOLVED: That Members agreed:-
1. Subject to the agreement of the Court of Common Council, public notice of the City's intention to make an order prohibiting the driving of motor vehicles on all streets in the City of London for which the

City is the local traffic authority at more than 20mph be given
2. That any objections that are made to the making of that order be reported to your Planning and Transportation Committee for consideration
3. That the costs of implementing a 20mph limit be met through Local Implementation Programme funding with approval being sought to utilise the 'on street parking reserve' in the event of any shortfall.

7. **WORKPLACE HEALTH REPORT**

The Board was informed that workplace health had been highlighted as a national priority by Public Health England. The Director of Public Health was developing an emerging work stream on workplace health. This would aim to improve practice on a Corporation and City-wide basis and influence others at a national level. It was important that the City develops its own workplace health policies and practice, in order to ensure that our efforts to improve practice across the City are perceived positively.

Within the City of London Corporation, a number of measures had been identified that could contribute to improved healthy working practices. It was hoped that offering support to local business and national profile-raising activities will help the City of London Corporation to advance this agenda at a broader level.

RESOLVED: That Members:-
1. Agreed the three-tiered approach as follows:
- Improving workplace health within the City of London Corporation
- Improving healthy working practices amongst businesses in the Square Mile
- Establishing the City of London as a leader in workplace health, nationally and beyond

2. Agreed to sign up to the National Public Health Responsibility Deal.

3. Asked Officers to present Members with a paper considering each pledge at the subsequent Board meeting where they would then consider a staff health survey to inform the delivery of the workplace health initiative, and consider establishing a time-limited task and finish group (with agreed terms of reference) comprising officers of the City of London Corporation to oversee the research and if necessary, commission a bespoke workplace health programme that will address the issues identified in the staff survey.

4. Noted that the Director of Public Health had written to selected City businesses, explaining the City's new role in promoting public health, and setting out reasons for businesses to engage with workplace health.

5. Noted that the Town Clerk had asked the Director of Community and Children's Services to organise a conference on workplace health which would take place on 11th March 2014.

6. Noted that the City of London Corporation is also commissioning a piece of

research on best practice in workplace health.

8. **MINIMUM ALCOHOL PRICING**

The Board were informed that minimum pricing per unit had been proposed as a way of reducing harmful drinking and alcohol-related harm. The Government was yet to announce its position in relation to minimum pricing; however, some health leaders had called for local minimum unit pricing schemes to be implemented.

Although alcohol-related health harm, as well as crime and anti-social behaviour were a key issue for the City of London, it was not clear whether introducing a minimum unit price for alcohol would have any impact upon City drinking, as most alcohol served in pubs and bars in the City was already priced above 50p per unit.

In response to a query from Members, officers advised that it was possible that introducing a minimum unit price may reduce alcohol purchases by problem drinkers with limited means, such as rough sleepers. Adopting a minimum unit price for alcohol may also send a powerful message that the City is in solidarity with local authorities who wish to introduce this measure in areas where it will have a more significant impact.

Members asked Officers to further research the position taken by local authorities in London, and nationwide, to ensure the Board were fully informed before deciding on a way forward. Officers agreed to present a further report at the subsequent Board meeting in September.

RECEIVED.

9. **TOBACCO CONTROL ALLIANCE PROJECT PLAN**

The Board were informed that smoking created major health, economic and social burdens within the City of London. Comprehensive tobacco control efforts could impact on health inequalities, reduce the economic burden on society and reduce the death, disease and disability caused by smoking. Effective tobacco control needed to be driven by local priorities, local action and local leadership.

The City Tobacco Control Alliance had developed continued strong leadership which had resulted in a systematic approach to delivering an effective and comprehensive tobacco control programme. The key projects for this year, as agreed by the Alliance members, which will impact upon City residents and workers included:

- Healthy Workplace Offer
- CoL Smokefree Policy
- Smokefree Outdoor Areas
- Smokefree Homes and Cars
- Fixed Penalty Notice Referral Incentive Initiative

These projects would be implemented during scheduled, staggered times of

the year to ensure capacity to deliver is not compromised. Internal capacity at Alliance level was essential for the sustainability and efficacy of the tobacco control work programme.

RECEIVED.

10. **UPDATE REPORT**
The Board noted and received the Update Report.

RECEIVED.

11. **DEVELOPMENT DAYS ARRANGEMENTS**
Members asked Officers to circulate the following dates to Board Members, and the most popular date would be allocated as the Board Development Day:
4 October 2013
9 October 2013
22 October 2013.

RECEIVED.

12. **QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
A Member raised a question regarding the positioning of defibrillators in leisure centres. Officers said they would check that all local leisure centres had defibrillators on site.

13. **ANY OTHER BUSINESS**
There was no other business.

14. **EXCLUSION OF THE PUBLIC**
MOTION – It was agreed that under Section 100A(4) of the Local Government Act 1972, the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A of the Local Government Act.

15. **NON-PUBLIC MINUTES OF THE HEALTH & WELLBEING BOARD MEETING**
RESOLVED – That the non-public minutes of the meeting held on 7th May 2013 be agreed as an accurate record.

16. **BOARD EVENT**
Discussions ensued regarding the annual Board dinner, due to take place later this year.

17. **NON PUBLIC QUESTIONS ON MATTERS RELATING TO THE WORK OF THE BOARD**
There were no non public questions.

18. **ANY OTHER BUSINESS**

There was no other non-public business of the Board.

The meeting ended at 3.40pm

Chairman

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Natasha.Dogra@cityoflondon.gov.uk

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Committee(s):	Date(s):
Health and Wellbeing Board	5th September 2013
Subject: Health Protection Arrangements	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

The purpose of this report is:

- to update members of the Health and Wellbeing Board on the new local Health Protection arrangements in the London Borough of Hackney and the City of London Corporation;
- to provide an overview of stakeholders' roles and responsibilities after the Public Health transition;
- to highlight the possible risks, and
- to provide the assurance required by the Local Authority as to the safety and functionality of the arrangements in place.

The local health protection system involves the delivery of specialist health protection functions by Public Health England, (PHE) often discharged through primary care, community pharmacies and acute and community services and Local Authorities (LAs), with their Director of Public Health (DPH), providing local leadership for health.

The City and Hackney Health Protection Forum is a well established multi-agency stakeholder forum that will provide support to the DPH in their role of planning, ensuring preparedness and leading the local response to health protection challenges.

Recommendation(s)

Members are asked to:

- acknowledge their roles and responsibilities in health protection and be assured that their represented organisations are aware of these and have appropriate plans and arrangements in place;

- support and ensure their respective organisations participate in the multi agency City and Hackney Health Protection Forum led by Public Health, its work and development to help fulfil the local health protection function;

- request clarification of the responsibilities and accountabilities for emergency response at a regional and national level where responsibility is divided among different parts of the health system for immunisation, screening, prescribing and emergency response;

- note the evolving role of the Health and Wellbeing Board with regards to

oversight of the local arrangements for emergency planning and response as the system develops over time.

Main Report

Introduction

1. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. It involves planning, surveillance and response to incidents and outbreaks and informs national immunisation programmes and the provision of health services to diagnose and treat infectious diseases.

New Health Protection Arrangements

2. Local Authorities along with their appointed DsPH have a critical role in protecting the health of their local population, both in terms of planning to prevent threats arising, and in ensuring appropriate and commensurate responses are in place.

3. The scope and scale of work by the local authority to prevent threats to health to emerge, or reduce their impact, will be driven by the health risks assessment in the area. Understanding and responding to those health risks will be informed by the Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy and the Health and Social Care Commissioning Plans based upon them.

4. NHS England, Public Health England (PHE) and City and Hackney Clinical Commissioning Group (CCG) have a duty to cooperate with London Borough of Hackney and the City of London Corporation in respect of Health Protection. In order to put this into practice the Department of Health (DoH) recommended the setting up of a Health Protection Forum or committee linked to the Health and Wellbeing Board,[1] with the aims to facilitate, review and instigate actions to protect the health of the local population.

5. Within this context, the City and Hackney Multi Agency Pandemic Influenza Planning Group, a well established forum which has proven to be effective during the H1N1 influenza pandemic and the Olympic responses, has provided the basis to develop the City and Hackney Health Protection Forum to support the DPH in their role of planning, ensuring preparedness and leading the response to Health Protection challenges. (Please see Draft Terms of Reference for City and Hackney Multi Agency Health Protection Forum and Health Protection Committee Briefing).

6. Under the Health and Social Care Act (2012) the Secretary of State now has the core duty to protect the health of the population. However, LAs have a critical role in ensuring that all the relevant local organisations are putting plans in place to protect the population against locally/ nationally identified threats and hazards. This will link to, but be different from, the LA's statutory responsibility for public health aspects of planning for emergencies.

[1] Department of Health (October 2012). Public Health in Local Government. The new Public Health role of Local Authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf

7. As the majority of health protection incidents are contained locally, the DPH, or their Deputy, with advice from PHE, should lead the initial response to public health incidents at the local level, in close collaboration with the NHS lead.

8. The NHS will determine, in the light of the impact on NHS resources and with advice from the DPH, at what point the lead role will transfer, if required, to the NHS. (Please see 6. Appendix Figures 1 and 2).

Roles and Responsibilities

Secretary of State

9. The secretary of state has the overarching duty to protect the health of the population, a duty which will generally be discharged to PHE. The Secretary of State's critical role to ensure all parties deliver their roles effectively for the protection of the local population is delegated to LAs[2] and they should provide information and reassurance to PHE.

10. If the Secretary of State considers that the local arrangements are inadequate, or that they are failing in practice, then LAs must take appropriate action to protect the health of the local population.

NHS England

11. NHS England has a duty to cooperate with LAs on health and wellbeing (NHS Act, 2006).

12. NHS England's Chief Operating Officer (COO) has the executive lead responsibility for Emergency Planning Resilience and Response (EPRR) and the NHS England Director of Operations and Delivery is responsible for the day-to-day leadership of NHS resilience matters on the COO's behalf.

13. NHS England is responsible for:
    - ensuring CCGs and providers of NHS services are prepared for emergencies;
    - providing the national link on EPRR matters between NHS England, DoH and PHE;
    - providing assurance to DoH of the capability of the NHS to respond to emergencies;
    - providing leadership and coordination of the NHS, including provision of information on the NHS position, during national emergencies;
    - participating in national multi-agency planning processes, including risk assessment, exercising and assurance;
    - providing a link with national NHS bodies, e.g. NHS Blood and Transplant and health care regulators;
    - supporting the response to incidents that affect more than one region.

Public Health England (PHE)

[2] Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

14. Public Health England has a responsibility to deliver the specialist health protection response, including the response to incidents and outbreaks through the PHE centres which take on the functions of the former Health Protection Units.

15. Public Health England is responsible for:
    - setting a risk-based national EPRR implementation strategy for PHE;
    - ensuring there is a comprehensive EPRR system that operates for public health at all levels and assures itself that the system is fit for purpose;
    - leading the mobilisation of PHE in the event of an emergency or incident;
    - working together with the NHS at all levels and where appropriate develops joint response plans;
    - delivering public health services e.g. surveillance and microbiology services to emergency responders, Government and the public during emergencies, at all levels;
    - participating in and providing specialist expert public health input to national, sub-national and Local Health Resilience Partnerships (LHRP) planning for emergencies;
    - undertaking at all levels, its responsibilities on behalf of Secretary of State for Health as a Category 1 responder.

Public Health England Centres

- support NHS England with local roll-out of LHRPs, coordinating with LAs' partners;
- ensure that PHE has plans for emergencies in place across the local area;
- where appropriate, develop joint emergency plans with the NHS and LAs, through the LHRP;
- provide assurance of the ability of PHE to respond in local emergencies;
- discharge the local PHE EPRR functions and duties, including maintaining capability to lead the PHE response at local level;
- provide a representative to the LHRP, as required, and to the LRF.

Local Authority

16. Local Authorities have the delegated duty from the Secretary of State "to provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to ensuring the preparation of appropriate local health protection arrangements, or the participation in such arrangements, by that person or body".

17. Local authorities, with their Health and Wellbeing Boards (HWBs) and DsPH will require assurance that acute and longer term health protection responses and strategies delivered by PHE appropriately meet the health needs of the local population.

18. The roles and responsibilities of the LA are to:
    - fulfil its responsibilities as Category 1 responder under the Civil Contingencies Act (CCA) 2004;
    - promote the preparation of appropriate local health protection arrangements;
    - provide a lead DPH to co-chair the LHRP;

- provide information and advice with a view to promote the preparation of health protection arrangements by key health and social care partners within the local area;
- provide public health advice on health protection to the local clinical commissioning groups (CCGs);
- promote preparation of effective health protection arrangements by local organisations;
- develop commissioning plans aimed at the prevention of infectious diseases;
- develop joint approaches for responding to incidents and outbreaks agreed locally with partners including PHE and the NHS;
- report to DoH against PH Outcomes framework indicator "Comprehensive agreed inter-agency plans for responding to public health incidents".

Health and Wellbeing Board

19. The Health and Wellbeing Board has a responsibility to ensure leaders from health and social care systems, along with the public, work collectively to improve the health and wellbeing of their local population whilst tackling inequalities.

20. The Board had a duty to ensure public engagement and input into the Joint Strategic Needs Assessment (JSNA) and to health and wellbeing strategies.

21. The Board will also work to ensure that commissioners work collaboratively to meet the health and wellbeing needs of the local communities.

22. The DPH should be a statutory member of the Health and Wellbeing Board (HWB).

Director of Public Health

23. The DPH on behalf of the LA has a professional advisory role to provide advice, scrutiny and challenge, to ensure that plans are in place to protect the health of the local population and escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate.

24. The LA's leadership role in health protection planning rests on the personal capability and skills of the appointed DPH and their team; they, on behalf of the LA are responsible for identifying any issues and advising appropriately. This role is underpinned by legal duties of cooperation, contractual arrangements, and clear escalation routes[3].

25. "The DPH has a duty to prepare for and lead the LA's response to incidents that present a threat to the public's health".

The roles and responsibilities of the DPH are:

Leadership

- provide leadership for the public health system within their LA area:
  - leading on health protection;
  - ensuring that appropriate arrangements are in place;

[3] Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

- establishing arrangements with PHE for mobilising resources to respond to incidents and outbreaks;
- escalating concerns and holding local partners to account.

Responsibility

- undertake the responsibility for the LA's contribution to health protection including the LA's roles in planning for, and responding to incidents that present a threat to the public's health:
  - ensure that the LA's functions that relate to planning for, and responding to, emergencies involving a risk to public health are exercised;[4]
  - prepare for and lead the LA's response to incidents that present a threat to the public's health;
  - provide public health input into the LA's emergency plans.

Scrutiny

- scrutinise and as necessary challenge performance:
  - provide strategic challenge to health protection plans/arrangements produced by partner organisations and if necessary, escalate any concerns to the LHRP;
  - contribute to the work of the LHRP, possibly as lead DPH for the area.

Communication

- maintain oversight of population health and ensure effective communication with local communities;
- receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with PHE and the NHS. This may include, for example, chairing an outbreak control committee, or chairing a look back exercise in response to a sudden untoward incident.

Clinical Commissioning Groups (CCGs)

26. CCGs have a duty to cooperate with LAs on health and wellbeing (NHS Act, 2006).
    - ensure contracts with NHS funded provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements;
    - support NHS England in discharging its EPRR functions and duties;
    - provide a route of escalation to the LHRP should a provider fail to maintain necessary EPRR capacity and capability;
    - fulfil its responsibilities as a Category 2 responder under the CCA including maintaining business continuity plans for their own organisation;
    - be represented on the LHRP.

[4] See new section 73A(1)(d) of the NHS Act 2006, as inserted by section 30 of the Health and Social Care Act 2012.

NHS Funded Provider Organisations

27. Their roles and responsibilities vary if they are Category 1 or 2 responders.
    - fulfil relevant legal and contractual EPRR requirements and ensure a robust and sustainable 24/7 response to emergencies;
    - provide the resilience to manage emergencies and incidents that affect only them, with escalation where necessary;
    - identify an Accountable Emergency Officer (AEO) to take executive responsibility and leadership at service level;
    - collaborate with local multi-agency partners to facilitate inclusive planning and response;
    - ensure preparedness to maintain critical services in periods of disruption and facilitate NHS EPRR assurance, including business continuity.

Risks

Planning

Health Protection Plans: Providing information and advice, ensuring effective multi agency health protection plans are in place, tested and reviewed				
Providing information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the LA's area, with a view to promoting the preparation of appropriate local health protection arrangements.				
Responsibility	**Risk**	**Mitigation**	**Outcome**	**RAG**
Promote the preparation of appropriate and effective local health protection arrangements by local organisations	Inability to respond to an incident or outbreak	Raise awareness of the importance of health protection within the LA and with other key partners and agencies	Develop key relationships through the Health Protection Forum and provide training	
	Risk to health and wellbeing of local population	Develop commissioning plans aimed at the prevention of infectious diseases Services commissioned to address:	TB treatment completion	
			TB screening (Active and LTBI)	
			Early HIV diagnosis	
			Chlamydia diagnosis	
			Improve vaccination coverage	
Provide a lead DPH to co-chair the LHRP	Difficulties in recruiting to the permanent DPH post	Currently Interim DPH in place	Oversight from Interim DPH	
		Deputy DPH leads Health Protection Forum	Functional Health Protection Forum	
Provide information and advice with a view to promote the preparation of health protection arrangements by key health and social care partners within the local area	Lack of clarity around roles and responsibilities and lack of a communications strategy in an incident	Utilise the Health Protection Forum to establish communication protocols and test them	Provide training and establish communication pathways and protocols	
		Work with LBH and partner organisations Communications teams to develop a Comms	Local Communications Strategy agreed by all relevant partners	

		strategy		
Provide advice and leadership on Pandemic Influenza	Unclear how Public Health will lead on Pandemic Influenza for the locality within the LA	Work through a pandemic flu scenario with partner agencies through the Health Protection Forum	Review Multi Agency Pandemic Influenza Plan	
			Rehearse the plan with partners	
Provide information and advice to local health and social care providers and local community on Heat wave	Lack of clarity around mechanisms to communicate with the public and health and social care providers	Utilise the Health Protection Forum to establish communication protocols and test these	Review multi agency heat wave plan	
			Work with LA's Comms team	
Provide advice and leadership on planning for Outbreaks	Lack of clarity of DPH roles and responsibilities	Work with PHE and Health Protection Forum	Develop a Communicable Disease Outbreak Framework	
Support local partners with health protection planning	Partners have inadequate plans in place to respond to a health protection incident	Provide training and opportunities to test partners plans	Multi agency membership on Health Protection Forum	
Provide public health advice on health protection to the local clinical commissioning groups (CCGs)	Lack of understanding of the CCG of its role on the Health protection response	Interim DPH to meet with COO of the CCG to explaining their role in supporting the Health Protection response	CCG engagement on local Health Protection planning and response	
	Lack of engagement of the CCG in planning and coordinating a response	Interim DPH to request CCG to nominate representation to the Health Protection Forum	CCG participation on Health Protection Forum	
Assurance that partner organisations have appropriate plans in place	Partner organisations are unclear of their responsibilities and roles in health protection	NHS England due to meet with COO of CCGs	Develop MOU with CCG	
	Lack of engagement of partners on Health Protection planning and	Engage with partner organisation on the local Health Protection Forum	Working together towards developing Multi-agency Plan	

	response	Develop Multi-Agency plan for responding to Health Protection threats following the model of the Multi-Agency Pandemic Influenza Plan	Report to DoH against PH Outcomes framework indicator "Comprehensive agreed inter-agency plans for responding to public health incidents"	

Response

Communicable Disease Management of Outbreaks/ Incidents				
Including other health protection incidents such as environmental hazards, meningococcal disease, vaccine preventable diseases, seasonal influenza, chemical, radiological and terrorist incidents.				
Responsibility	**Risk**	**Mitigation**	**Outcome**	**RAG**
Managing or maintaining an overview of incidents or hazards that will affect the health of the local population	Lack of clarity of new roles and responsibilities	Work with PHE and NHS England in clarifying roles and responsibilities	Develop MOU clarifying roles and responsibilities	
	Local/national risk or hazards not included in the local register or JSNA	Work to identify health risks in City and Hackney	Health risks assessment included in the revised JSNA	
		Review LBH and CoL local risk registers and ensure relevant public health issues are highlighted	Continued PH membership on HEPB and CELT	
Provide PH leadership in Communicable Disease Outbreaks	Lack of clarity around DPH roles and responsibilities	Work with PHE to develop a Communicable Disease Outbreak Framework	Communicable Disease outbreak framework agreed with PHE	
Develop joint approaches for responding to incidents and outbreaks agreed locally with partners including PHE and the NHS	Lack of coordination on the response from different partner organisations to a major incident	Work on table top scenarios at the Health Protection Forum to identify collaborative responses	Coordinated response to be included in Multi-Agency Plan	
		Update Multi-agency plan	Updated Multi-Agency Plan	
Ensure a coordinated response across providers,	Lack of clarity around roles and responsibilities and data	Learning from current measles outbreak. Working with NHS,	Develop MOU and protocol	

commissioners and other partners in response to incidents/ outbreaks		collection and sharing	PHE, Homerton and the CCG through Outbreak Control Team meeting		
Response to requests for the mobilisation of resources to support local outbreak response		Request is not appropriately met	Establish Local contingency for outbreak response	10 outbreak sessions already included in local Acute contract	
		Unclear how resources will be mobilised or who will pick up the cost	Discussions in place with NHS England to support Measles Outbreak	NHS England has an allocated budget for outbreak response, clarity how to access it	
		Unable to access contingency funds on a timely manner	DPH to discuss with Head of Health and Wellbeing Commissioning about allocating an emergency response reserved budget £50,000	DPH to agree with Assistant CEO ability to release funds as part of outbreak response	
Provide expert advice and guidance with support from PHE in an incident		Lack of clarity of respective roles and responsibilities of existing and new agencies	Work with PHE to develop MOU to clarify roles and responsibilities	Roles and responsibilities discussed at local Health Protection Forum	
Communicating with and providing briefings for	Partners	Barriers to sharing information across different organisations	Clarify reporting mechanisms and communications plan with new and existing agencies	MOU for data sharing protocols	
				Use Health Protection Forum to test communications mechanisms	
	The public	Change of NHS branding for PH services to LA Confusion for the public	Development of a pro active communications plan and understand how to sign off reactive communications	LBH Communications team to attend the Health Protection Forum and the Outbreak Control Team Meetings	
	Elected members	NHS staff with no exposure to working with councillors and elected members into working in a political environment	Understanding local government communications protocols in LBH and City of London Corporation	Induction for staff on protocols for communicating with councillors and elected members	
Ensure that the local Child Health Information System is suitably commissioned and fit for purpose		Lack of clarity of transfer of resources to support dedicated role based within Homerton	Identification of budget lines and discussion with NHS England	Work with NHS England to agree safe transfer of resources	
			Continuous employment of dedicated staff member to manage CHIS	NHS England to agree with HUH and HUH to recruit staff	

Co ordination of Vaccination programmes; ordering, availability, stockpiling etc	Support primary care in ordering and maintaining appropriate vaccine supplies	Working with NHS England Immunisations team on Seasonal Flu planning	Supporting pan-London community pharmacies to provide seasonal flu vaccine	
As responsibility for performance and monitoring of immunisation programmes for the local population moves to NHS England	Unclear how Public Health will maintain an overview of immunisation coverage across the local population and staff within local provider organisations.	Working with NHS England and PHE on MMR Catch up Campaign	Develop MOU to clarify roles and responsibilities	
		Finalise contract and agreement for information sharing with CEG	Ability to monitor immunisation provision using EMIS data	
		Deputy DPH to maintain access to ImmForm and monitor immunisations	Able to monitor campaigns reported on ImmForm	

33. Recommended Actions

- LBH and CoL to work with PHE to agree a Memorandum of Understanding (MoU) detailing the specialist health protection support, advice and services that PHE will provide (this agreement should build on existing arrangements between the NHS, LAs and the PHE centres);
- DPH to co-chair the LHRP ensuring his ability to scrutinise and be assured of the plans to respond to emergencies for the local community;
- Establish mechanisms for early and ongoing communication between PHE and the DPH regarding emerging health protection issues to discuss and agree the nature of response required and 'who does what in any specific situation';
- The LA supported by PHE to develop a MoU, detailing joint working and escalation protocols between key partners on response to outbreaks; this should include:
    - Clearly defined roles and responsibilities for key partners including operational arrangements for releasing clinical resources with contact details for a responsible officer and their deputy for each organisation;
    - Local agreement on arrangements for a 24/7 on call rota of qualified personnel to discharge the functions of each organisation;
    - Clear responsibilities in an outbreak or emergency response, including handover arrangements;
    - Information sharing arrangements to ensure that PHE, the DPH and the NHS emergency lead are informed of all incident and outbreaks;
    - Arrangements for exercising, testing and peer reviewing health protection plans;
    - Arrangements for stockpiling of essential medicines and supplies;
    - Escalation protocols and arrangements for setting up incident/ outbreak control teams;
    - Arrangements for annual review.

Appendices

Appendix 1: National Health Frameworks for planning for and responding to a Health Major Incident/ Emergency
Appendix 2: Acronyms
Appendix 3: References

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Appendix 1

Figure 1 National Health Framework for planning for a Health Major Incident/ Emergency

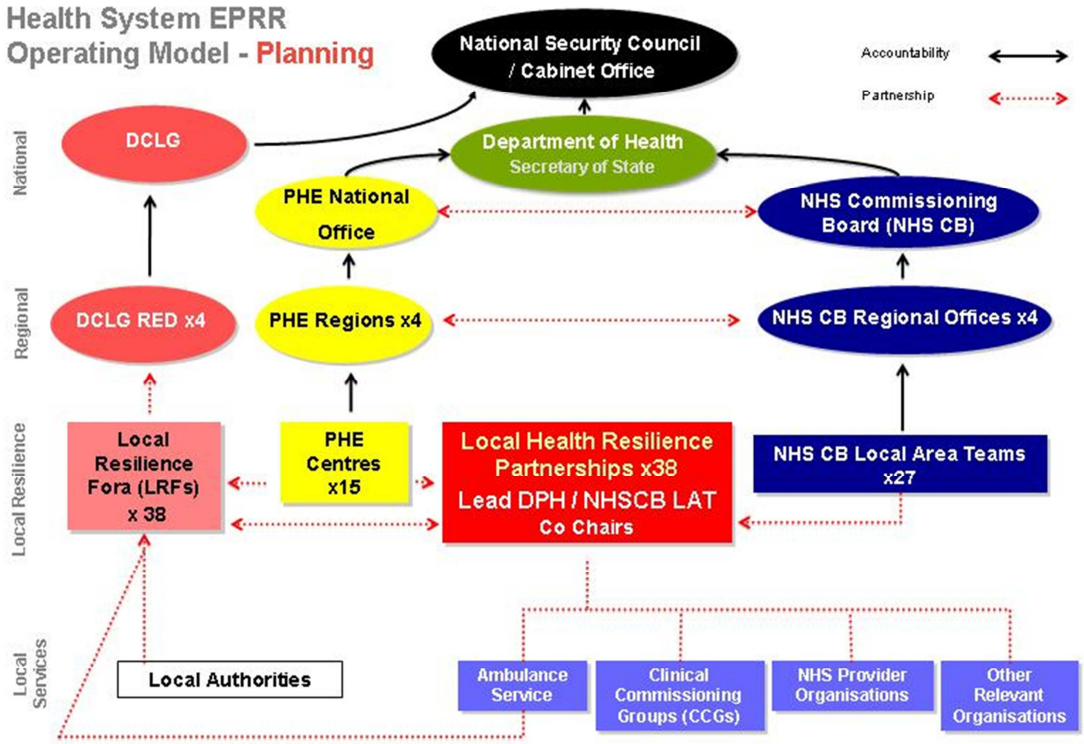
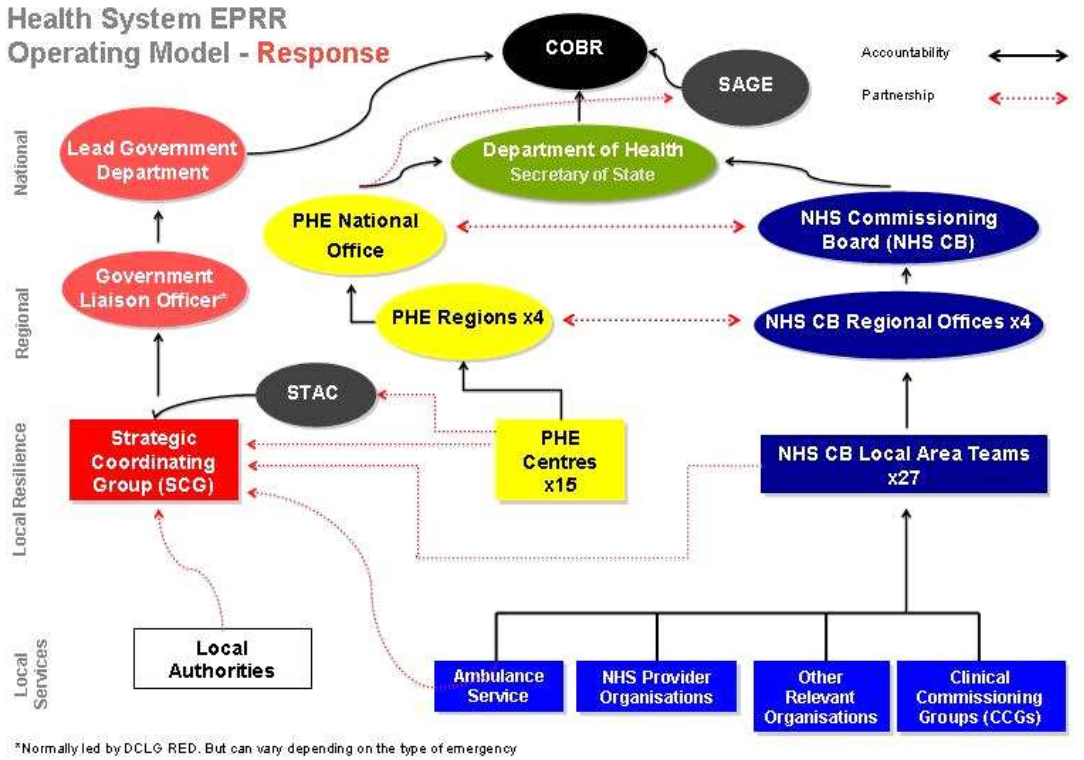


Figure 2 National Health Framework for Responding to a Health Major Incident/ Emergency



*Normally led by DCLG RED. But can vary depending on the type of emergency

Appendix 2: Acronyms

AEO	Accountable Emergency Officer
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
CoL	City of London
COO	Chief Operating Officer
DoH	Department of Health
DPH	Director of Public Health
EPRR	Emergency Planning Resilience and Response
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LBH	London Borough of Hackney
LHRP	Local Health Resilience Partnership
JSNA	Joint Strategic Needs Assessment
MOU	Memorandum of Understanding
PHE	Public Health England
TOR	Terms of Reference

Appendix 3: References

- House of Commons, Communities and Local Government Committee. The role of local authorities in health issues. Eighth Report of Session 2012–13 http://www.publications.parliament.uk/pa/cm201213/cmselect/cmcomloc/694/694.pdf
- NHS Commissioning Board, Commissioning Fact Sheet for clinical commissioning Groups July 2012 http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf
- Public Health in Local Government. The new Public Health role of Local Authorities. Department of Health (October 2012). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf
- Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf
- Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
- Changes to Emergency Preparedness, Planning and Response published 3rd April 2012 (Gateway 17266) www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133353
- LHRP Resource Pack 2012 published 26th July 2012 (Gateway 17820) http://www.dh.gov.uk/health/2012/07/resilience-partnerships/
- Implementing the arrangements for emergency preparedness, resilience and response published 2nd August 2012 (Gateway 17933) http://www.dh.gov.uk/health/2012/08/eprr-arrangements/

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Committee(s):	Date(s):
Health and Wellbeing Board	5 September 2013
Subject: Public Health High Level Commissioning Intentions 2013 – 2014	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

This report sets out the strategic direction of public health commissioning for 2013/14 for The City of London Corporation (CoLC), and will underpin contracting requirements for 14/15. The high level commissioning intentions in this report have been developed following a full review of existing priorities identified in strategic documents and local needs assessments.

It also takes into account those services which local authorities are mandated to deliver through the public health grant.

The intentions provide an overview of CoLC plans to commission high quality health care, to improve health outcomes for resident and worker populations; and to set the scene for how services develop over the next year.

The following strategic commissioning intentions have been identified

A. Improving the Health and Wellbeing of the Community

Increase uptake of Public Health preventative interventions:
- Smoking cessation
- Screening for Cancer
- Regular Health Checks
- Substance misuse (drugs & alcohol)
- Sexual health

B. Protecting the community especially the vulnerable

- Ensure vulnerable groups have easier access to services such as Mental health interventions
- More rough sleepers to access health care

C. Giving our children a good start in life

Ensure children in the City are encouraged and have full access to
- Immunisation
- Oral health services
- National Child Measurement Programme

D. Facilitating the provision of services to meet the health needs of City workers

Ensure City workers have access to:
- Mental Health Interventions
- Preventative health interventions: smoking cessation and substance misuse

Recommendation(s)

Members are asked to:

- Approve the high level commissioning intentions identified in this report

Main Report

Background

1. The setting of commissioning intentions is an annual activity that seeks to ensure that commissioners have clear oversight, for delivering their on-going vision for improving local health outcomes and to let providers know of the likely contractual changes that will be implemented in the future.

2. This document sets out the strategic direction of commissioning for 2013/14 for The City of London Corporation (CoLC), and will underpin contracting requirements for 14/15. The high level Commissioning intentions in this report have been developed following a full review of existing priorities, identified in strategic documents and local needs assessments as follows:

    - City of London Corporation Joint Health and Wellbeing Strategy
    - London Borough Hackney Public Health Interventions & Commissioning Plans 13/14
    - City & Hackney Clinical Commissioning Group Prospectus
    - City & Hackney Joint Strategic Needs Assessment 2011/12
    - The Public Health & Primary Healthcare Needs of City Workers

3. In addition, this report is supported by a robust evidence base as set out in the City and Hackney Joint Strategic Needs Assessment (JSNA) update 2012; Health and Social Care Outcomes Framework; Public Health Outcomes Framework and Children's Outcome Framework (draft).

4. The current policy and financial landscape provides a clear context for this year's commissioning intentions. With considerable financial constraints facing The City of London Corporation, a focus has been placed on delivering clear plans that support these commissioning intentions, whilst delivering financial stability.

5. Guidance provided by the Department of Health, and the Conditions of Grant[1] for the Public Health ring-fenced allocation, outlines those areas that have transferred from Public Health teams previously based within local Primary

[1] Local Authority Circular – Ring-fenced Public Health Grant, 10/01/13:Annex C

Care Trusts (now Clinical Commissioning Groups), to become the responsibility of the Local Authority. It also outlines a number of areas where Local Authorities are mandated to deliver. These are defined as prescribed functions:

- Sexual health services – STI Testing and treatment
- Sexual health services – Contraception
- NHS Health Check programme
- Local Authority role in Health Protection
- Public Health advice to the NHS
- National Child Measurement Programme

6. The 2013/14 budget allocation for public health transferred to CoLC in April 2013 is £1.651 million, to be used to fund a programme of commissioned public health services.

7. The services included in this programme are major existing services which will be reviewed later this year, and provide sexual health services, drug and alcohol services, children's public health services, weight management, NHS health checks, smoking and tobacco control, public mental health and a range of smaller "settings based" public health capacity building programmes.

Current Position

8. The following provides an overview of notable key changes from the City & Hackney Joint Strategic Needs Assessment (JSNA) update September 2012.

Demography

9. The City of London is a unique area – it contains several populations in one space, with different needs and health issues. The Census (2011) identified 7,400 people who live in the City as residents (1,000 of whom have lived here for fewer than 5 years). This is significantly lower than all prior estimates. The greatest discrepancy is in the 20-44 age groups where the new Census data records a much smaller population.

10. It is likely that this reduction in working age residents arises from the new manner in which Census data was recorded in 2011 which allowed respondents to record dual residences for the first time. Many of the working age population who were previously recorded as residents, may still be living in the City of London for at least part of the week but recorded their main place of residence as elsewhere.

11. The number of dwellings is projected to increase by 110 per annum. There are also 360,000 people who have jobs in the City (Nomis: Labour Market Profile 2011), as well as students, visitors and rough sleepers.

Deprivation

12. In 2010, the City of London was ranked 262 out of 326 boroughs on the Index of Multiple Deprivation (no. 326 is least deprived). There are however pockets of deprivation within the City.

Environment

13. Following a sharp drop in 2009, the City of London's carbon dioxide emission rose by 10.5% to 1.6m tonnes in 2010, mainly due to an increase in commercial electricity use.

14. The majority (58%) of jobs in the City are in banking and finance but there are also many jobs in other sectors, including 13% in the public sector. Although professional and managerial occupations account for three quarters of City jobs, large numbers of people are also employed in administrative and low-skilled jobs.

15. Rough sleeping is a particular problem in the City. Although the number of people sleeping rough in the City fell by a quarter in 2010/11, the City has the fifth highest number of rough sleepers in London. On average, approximately 20-25 people sleep on the streets of the City of London every night and a total of 240 people were known to be sleeping rough in the City during 2010/11. Most were white men including many from Eastern Europe, especially Poland.

16. Overall crime rates in the City have been falling with recent reductions in drugs offences, violence against the person, burglary and criminal damage. The City's night-time economy has been growing, leading to an increased risk of alcohol-related crime.

Health Related Behaviours

17. Data on smoking indicates that the prevalence of smoking in Hackney and the City is 23%, well above the average for England of 19%. There is currently no reliable data on smoking prevalence for City residents.

18. The number of overweight or obese Reception year children in Hackney and the City remains stable but there is a rising trend in obesity among Year 6 pupils. There is currently no reliable data on childhood obesity in the City alone.

19. Obesity figures are not available for the residents of the City, except for those registered at Neaman practice in the northwest of the City. Only 3.6% of these adults are obese and the prevalence rate has been falling for the last two years.

20. The level of physical activity among adults in Hackney and the City is average for London.

21. Older adults in City and Hackney are more likely to have a functional dentition than older adults in England. However, 23% of older adults in City and

Hackney have decayed teeth. There are currently no reliable data on dental health in the City alone.

Specific Conditions

22. Cancer incidence has risen by 8% over the past ten years. However, despite the rising incidence of cancer, deaths from cancer continue to decline. There are currently no reliable data on cancer in the City alone.

23. Deaths which occur are dominated by coronary heart disease (around 180 people in Hackney and the City die every year) and stroke (around 85 people die every year). Stroke is also a leading cause of severe disability.

24. High blood pressure, which increases the risk of all forms of cardiovascular disease, is a problem for nearly one in ten people in Hackney and the City.

Overview of strategic objectives influencing development of commissioning intentions

25. **City of London Corporation Health & Wellbeing Board Strategic Objectives**

26. Residents:

- Ensure that more people with mental health issues can find effective, joined up help
- Ensure that more people in the City have jobs: more children grow up with economic resources
- More people in the City are physically active
- Confirm that City air is healthier to breathe
- Be assured that more people in the City are physically active
- Enable more people in the City to become socially connected and know where to go for help
- Ensure that more rough sleepers can get health care, including primary care, when they need it
- More people in the City should take advantage of Public Health preventative interventions, with a particular focus on at-risk groups (includes the 3 following areas of focus)
    - Ensure that older people in the City receive regular health checks
    - Ensure that children in the City are fully vaccinated
    - Ensure that people in the City are screened for cancer at the national minimum rate
- Ensure that the City is a less noisy place
- More people in the city have jobs: more children grow up with economic resources
- Confirm that more people in the City are warm in the winter months

27. City Workers:

- Ensure that fewer City workers live with stress, anxiety or depression

- Ensure that more City workers have healthy attitudes to alcohol and City drinking
- Ensure that more City workers quit or cut down smoking

28. **Public Health & Primary Care Needs Assessment for City Workers**

29. This document details research undertaken on the current and future public health and primary healthcare needs of City workers. It identifies an unmet demand for healthcare services in the City, and an opportunity to improve the health of City workers by;

- Improving access to primary care services in the City – dual GP registration
- Improving access to interventions that address stress and anxiety, substance misuse and smoking

30. **Hackney & The City CCG Prospectus Objectives**

- Fewer emergency admissions;
- More community services to reduce our hospital spend;
- More community based mental health services;
- Better control of long term conditions;
- Increased patient satisfaction as measured by national surveys;
- Maintained good performance on the rights in the NHS Constitution;
- A financially stable health economy

31. **London Borough of Hackney Commissioning Plan Objectives**

- Develop new local contracting arrangements (Hackney Enhanced Services) with GPs and pharmacists to deliver public health services, and pilot opportunities to create enhanced services in other settings such as social services, schools, and the voluntary sector

- Review the delivery of sexual health services, to address the range of issues relating to the management of the services; cost pressures involved in the 'payment by activity' elements of the programme; and the inconsistency in approaches across the region and nationally.

- Develop and procure with partners (City and Hackney CCG, The Homerton, London Borough of Hackney, Hackney Learning Trust, the City of London and Head Teachers) a new child focussed school health service model for 2014 that ensures maximum contact time with children and young people based in schools.

- Review of the Hackney Drug and Alcohol Team to align it to new public health responsibilities, and to encourage the development of a collaborative strategic approach to integrated substance misuse prevention and treatment, with the

key partners - the City and Hackney Clinical Commissioning Group and the Mayor's Office of Policing and Crime.

- The Health & Wellbeing Board to review the outcome of work completed during 2012 on priority themes - Procurement of Mental Health Network to enable an integrated network of services, for delivery in 2014; and Childhood obesity programme that will take a borough wide approach, specifically targeting families by working with universal services, and through professionals seeing children and families on a day to day basis.

Aim of commissioning intentions

32. The Commissioning Intentions provide an overview of the City of London Corporation plans to commission high quality health care, to improve health outcomes for The City of London Corporation resident and worker populations for 2013/14 and to set the scene for how we envisage services developing over the next year. The City of London Corporation health economy is also facing significant financial challenges and therefore the Commissioning Intentions have been developed with the intention of:

    - Improving patient outcomes and reducing health inequalities

    - Enabling the CoLC to retain the efficiencies associated with public health functioning as a single, integrated service with the London Borough of Hackney while enabling each partner to set and follow its own priorities for public health; to make decisions about the way its own grant is spent; and where appropriate, to commission specific services, whilst ensuring best use of resources as part of a whole economy transformation programme

    - Ensuring we engage with partners to maximise opportunities for joint working where this will support improved outcomes through better coordinated care.

    - Focussing drive to commission evidence based services which offer best value for money and meet the changing local healthcare needs

    - Strengthening the role of the Health and Wellbeing Board

Proposals

33. The proposed commissioning intentions were determined by reviewing the key objectives as set out above against the following questions which were used by the Health and Wellbeing Board in determining their priorities earlier this year:

- Can we do anything about it – are there cost-effective, evidence based steps we can take to tackle the issue?
- The numbers of people affected
- The severity or impact of the issue
- Does it tie into the objectives of the City's Corporate Plan, which aims to support businesses and communities?
- Will the City be a better place to live and work if we tackle this issue?
- Is there a current gap in provision or service that we have identified?
- Do we have the resources to tackle this (or are there resources that we can get)?
- Was this identified as a priority in the JSNA, or is there strong consensus that this is an issue for local people?

34. In addition, due regard has also been given to the prioritisation process used by the HWBB to interrogate the identified needs as described in The City of London and LB Hackney JSNA, (based on criteria first developed for JSNA prioritisation in Leeds).

35. The objectives were then assessed against criteria developed for JSNA prioritisation as follows:

1) Is this an issue which affects a significant proportion of the population (directly or indirectly)?
2) Is this an issue which significantly affects vulnerable groups?
3) Is this issue a significant contributor to inequalities in health and wellbeing?
4) Are there significant unmet needs?
5) Are needs amenable to intervention by local authority, NHS and partners?
6) Is this a national/London priority?

36. The detailed analysis of this process is set out in Appendix 1 and the following high level Commissioning Intentions for 2013/14 have been developed as a result:

INTENTION	ACTION
E. Improving the Health and Wellbeing of the Community	Increase uptake of Public Health preventative interventions: - Smoking cessation - Screening for Cancer - Regular Health Checks - Substance misuse (drugs & alcohol) - Sexual health
F. Protecting the community especially the vulnerable	- Ensure vulnerable groups have easier access to services such as mental health interventions - More rough sleepers to access health care

G. Giving our children a good start in life	Ensure children in the City are encouraged and have full access to - Immunisation - Oral health services - National Child Measurement Programme
H. Facilitating the provision of services to meet the health needs of City workers	Ensure City workers have access to: - Mental Health Interventions - Preventative health interventions: smoking cessation and substance misuse

Next steps

37. Once these high-level commissioning intentions have been approved, the next steps will involve identifying:

- Whether services are well aligned with the needs of the population.
- Whether the quality of services is good enough.
- Whether services present good value for money.
- Whether there are significant risks of service failure or deterioration.

38. A new post, the Public Health Commissioning and Performance Manager, has recently been appointed, and is expected to take up post in early September. This officer will be responsible for undertaking this work.

Corporate & Strategic Implications

39. Endorsement of the commissioning intentions in this paper will ensure that service delivery continues to improve Public Health outcome indicators as outlined in the NHS Health & Social Care Outcome Framework, Public Health Outcome Framework and Children's (draft) Outcomes Framework.

Conclusion

40. The City of London Corporation is currently undergoing a process of due diligence to ensure that the appropriate contracts are in place to meet the local resident and visiting worker populations' health and wellbeing needs. As a consequence, the City of London Corporation in its due diligence process has recognized the value of developing commissioning Intentions for 2013/14.

41. The resulting high level Commissioning Intentions will direct and focus improvement in health outcomes for the local resident and working population and provide the City of London Health & Wellbeing Board, with commissioning intentions for 2013/14, that help shape future high quality, cost effective and value based commissioned contracts with the ultimate aim of improving health

and social care outcomes within The City of London Corporation Public Health Programmes.

Appendices

Appendix 1 - The City of London Corporation Commissioning Intentions mapped to key priority questions of the Health & Wellbeing Board, JSNA scores & ranking of need

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Appendix 1:

The City of London Corporation Commissioning Intentions mapped to key priority questions of the Health & Wellbeing Board, JSNA scores & ranking of need

Commissioning Intentions: A-D & High level objective	Expected Outcome	Reviewed strategy/policy documents				Questions asked to determine Health & Wellbeing Strategy priorities								JSNA scores & ranking of need*					
		Health & Wellbeing Board Strategy	Hackney & The City CCG Prospectus	LB Hackney Commissioning Plan	Public Health & Primary Care Needs Assessment for City Workers	Can we do anything about it?	The numbers of people affected?	The severity or impact of the issue?	Is there tie into objectives to support community & business?	Will The City be a better place to live and work if we tackle this issue?	Is there a current gap in provision or service that we have identified?	Do we have the resources to tackle this (or are there resources that we can get)?	Was this identified as a priority in the JSNA, or is there strong consensus that this is an issue for local people?	Is this an issue which affects a significant proportion of the population (directly or indirectly)? 100%	Is this an issue which significantly affects vulnerable groups? 75%	Is this issue a significant contributor to inequalities in health and wellbeing? 75%	Are there significant unmet needs? 150%	Are needs amenable to intervention by local authority, NHS and partners? 100%	Is this a national/London priority?
A. Improving the Health and Wellbeing of the Community																			
1. Cancer **2.1 Cancer Screening** Ensure that people in the City are screened for cancer at the national minimum rate		•	•			Y	25% Ince	S	Y	Y	Y	Y	Y	Y (3)	Y (2)	Y (3)	Y (3)	Y (3)	Y (3)
2. Cardiovascular Disease **Mandated area** **2.1 Health Checks**	Increased number of older adults who are in normal range of Blood Pressure and Body Mass Index	•	•																
		•	•	•		Y	9.4% B/P	S	Y	Y	Y	Y	Y	Y(3)	Y(3)	Y(3)	Y(2)	Y(3)	Y (3)
3. Substance Misuse Review of Alcohol & Substance Misuse Services to enable a collaborative approach to service delivery & the commissioning of services to meet the needs of adult and young people.	Remain within the top quartile of the measure when compared nationally																		
3.1 Drugs				•		Y	42	S	Y	Y	Y	Y	Y	Y (2)	Y (3)	Y (3)	Y (3)	Y (3)	N (0)
3.2 Alcohol				•		Y	30%	S	Y	Y	Y	Y	Y	Y (2)	Y (3)	Y (1)	Y (2)	Y (3)	Y (3)
4. Sexual Health **Mandated area**	Increased awareness of STI's and improved access to sexual health			•			142 diag							Y (2)	Y (1)	Y (3)	Y (3)	Y (3)	N (0)

Use refreshed Sexual Health Strategy in conjunction with the JSNA, and intervention performance to develop a refreshed suite of interventions	screening & services resulting in reduced incidence of STI's					Y		S	Y	Y	Y	Y	Y					
B. Protecting the community especially the vulnerable																		
5. Mental Health Implementation of integrated network of Mental Health Services, covering NHS and local authority-commissioned services paying particular attention to the Integration of dementia and learning disabilities awareness, support and management into non-MH system-wide pathways.	Reduced number of people suffering from mental ill health and requiring mental health intervention Fewer people in isolation Improved (quicker) access to GP & other services.	•	•	•		Y	10% prev	S	Y	Y	Y	Y	Y	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)
C. Giving our children a good start in life																		
6. Obesity - Children **Mandated area**				•		Y	15% (C&H)	S	Y	Y	Y	Y	Y	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)
7. Immunisation Ensure that children in the City are fully vaccinated		•		•		Y		S	N	Y	Y	N	Y	Y (2)	Y (3)				Y (3)
8. Oral Health				•		Y	46% (C&H)	S	N	Y	Y	Y	Y	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)	N (0)
D. Facilitating the provision of services to meet the health needs of City workers																		
1. Substance Misuse Delivery of a substance misuse service (starting with advice & info) to city businesses.	Increased awareness amongst city worker population																	
1.1 Drugs		•			•	Y	9.9% (est)	S	Y	Y	N	Y	Y	Y (2)	Y (3)	Y (3)	Y (3)	Y (3)	N (0)
1.2 Alcohol		•			•		47.6%							Y (2)	Y (3)	Y (1)	Y (2)	Y (3)	Y (3)
2. Sexual Health	Improved access to sexual health services for City workers				•	Y	12.6% (est)	S	Y	Y	Y	N	Y	Y (2)	Y (1)	Y (3)	Y (3)	Y (3)	N (0)
3. Mental Health Improved access to NHS Mental health services starting with advice, information and signposting to NHS services.	Reduced number of city workers accessing 'stress management' interventions/support through NHS services	•			•	Y	33.3% prev	S	Y	Y	Y	Y	Y	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)
4. Smoking Cessation	Increased number of people giving up smoking for at least 4 weeks (Local quit target?)	•			•	Y	24.7% prev	S	Y	Y	Y	Y	Y	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)	Y (3)

Source: City of London Health and Wellbeing Board Strategic Priorities, City of London Corporation and Hackney LA JSNA – Developed for Leeds JSNA

Y	YES
N	NO

KEY

S	SIGNIFICANT
•	IN DOCUMENT

SCORING KEY

Criteria	Is this an issue which affects a significant proportion of the population (directly or indirectly)?		Is this an issue which significantly affects vulnerable groups?		Is this issue a significant contributor to inequalities in health and wellbeing?		Are there significant unmet needs?		Are needs amenable to intervention by Local Authority, NHS and partners?		national/ London health priority	
Weighting	100%		75%		75%		150%		100%		25%	
Scoring	Affects < 5% of the population (adult or <18)	0	No evidence of impacts on vulnerable groups	0	No evidence of impact on inequalities	0	No evidence of (above average/below target) unmet needs	0	No scope for intervention	0	no	0
	Limited evidence of impact on 5%+ of the population (adult or <18)	1	Limited evidence of impact on vulnerable groups	1	Limited evidence of impact on inequalities	1	Limited evidence of (above average/below target) unmet needs	1	Limited scope for intervention	1		
	Some evidence of impact on 5%+ of the population (adult or <18)	2	Some evidence of impact on vulnerable groups	2	Some evidence of impact on inequalities	2	Some evidence of (above average/below target) unmet needs	2	Some scope for intervention	2		
	Substantial evidence of impact on 5%+ of the population (adult or <18)	3	Substantial evidence of impact on vulnerable groups	3	Substantial evidence of impact on inequalities	3	Strong evidence of (above average/below target) unmet needs	3	Substantial scope for intervention	3	yes	3

Above average impact on this vulnerable group

Total score	Weighted score	Rank	*infants and children*	*older people*	*people with PD*	*people with LD*	*asylum skrs/refugees*	*homeless people*	*sex workers*	*Travellers*	*Carers*

Source: The City and Hackney Health and Wellbeing Profile: our joint strategic needs assessment, 2011/12)

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Committee(s):	Date(s):
Health and Wellbeing Board	5th September 2013
Subject: City and Hackney Health and Wellbeing Profile	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

Local authorities and Clinical Commissioning Groups have a joint duty to prepare and update Joint Strategic Needs Assessments (JSNA). This duty must be discharged by local Health and Wellbeing Boards.

The London Borough of Hackney intends to refresh the JSNA in autumn 2013,

Recommendation(s)

Members are asked to approve the proposal to refresh the Health and Wellbeing Profile, adopting the principles and framework outlined below.

Main Report

Background

1. LB Hackney and City of London's Health and Wellbeing Profile (Joint Strategic Needs Assessment, JSNA) received a light touch data update in 2012. It presents any party who has an interest in promoting health and wellbeing for the people of Hackney and the City of London with a clear and accurate evidence base on the needs of the area with the intention of influencing the policies, strategies and priorities of component organisations.

2. LB Hackney's Health and Wellbeing Board has agreed that a refresh of the health and wellbeing needs of borough's resident population should be carried out, as there have been extensive changes to the Health and Wellbeing infrastructure, not least the formation of the Health and Wellbeing Board. In addition, new data relating to the population from the census is now available, and it is therefore an ideal opportunity to revisit the approach to the needs assessment.

3. City of London residents will be reflected within the evidence base, and as with previous documents will be the subject of dedicated sections. Additionally, the City of London Corporation has been working on its own City supplement to the JSNA, which will be produced in parallel to the joint Health and Wellbeing Profile.

Current Position

4. Hackney and City's current Health and Wellbeing Profile has been widely praised and accepted as a strong reflection of the health and wellbeing needs of the residents of the City and Hackney. This solid evidence base should be retained however, in line with best practice it is recommended that the following principles should be used in the development of our local model.

- To use a continuous development approach with sections reviewed on an ongoing basis, investigating a web based publication approach.
- It supports the development of closer integration of the Health and Wellbeing system across prevention, primary care, community care, secondary healthcare and social care.
- To change the needs assessment bias, over time, to an asset based approach with less focus on the problems and deficiencies in communities, harnessing potential to improve health within the delivery infrastructure and community.
- To update with most recent census data.
- To ensure it reflects the Public Health, Clinical and Social Care outcomes frameworks; and include consideration of Emergency Planning requirements.
- To review priorities and ensure there is a transparent approach to prioritisation agreed by members of the Health and Wellbeing Board.
- Incorporate the role and networks within Healthwatch, and
- Consideration of the integration of public health within the local authority.

5. The Joint Strategic Needs Assessment (JSNA) is a collaborative, strategic, focussed and dynamic process through which current and future health and wellbeing needs of local people are identified. Key elements of the JSNA process which will help to identify those needs are:

- A prioritisation methodology;
- involvement and engagement of the local population

6. This will provide a steer to the Health and Wellbeing Board regarding the priorities the Board should consider when it refreshes the City's Health and Wellbeing Strategy.

7. The overall intention is for the JSNA to become a 'driving' document that influences decision-making and institutionalises integrated working, making a serious start towards that direction from this year's JSNA refresh. We expect the process to be further refined in subsequent refreshes, so that the JSNA process brings together local plans, providing coherence to the activities that shape health and wellbeing in City and Hackney.

JSNA Working Group

8. A small Working Group has been set up by LB Hackney to coordinate the JSNA refresh including representatives from LBH, the Corporation of London (CoL), City and Hackney CCG and representatives from Healthwatch Hackney, Healthwatch CoL and the Adults Advisory Group. City and Hackney Public Health team is coordinating the 2013 JSNA Refresh.

Structure

9. It is proposed that the refreshed JSNA will be a web-based document, accessible from both the City of London and LB Hackney's websites, incorporating individual downloadable documents for each chapter of the JSNA. Each web-based document will have a data section and a narrative section. The advantage of having a web-based JSNA with separate chapters will be to make the document less unwieldy and easier for organisations and individuals to search and download. The web-based approach will also allow uploading and refreshing of new data in real-time.

Engagement

10. The consultation framework with projected timelines is set out in Appendix 1. The draft JSNA data will be presented to the Hackney Health and Wellbeing Board at their November meeting, and also to the City's Health and Wellbeing Board if timescales allow.

11. Subsequently a JSNA data summary will be sent to City of London Healthwatch, the Adults Advisory Group, and the Patient and Public Involvement (PPI) Forum of the CCG, to undertake an initial identification of the key priorities for the Health and Wellbeing Board based on their reading of the summary of the draft JSNA data and narrative.

12. The Working Group will complete the Prioritisation Questionnaire (attached as Appendix 2) for each of the top 15 priorities identified, and this will form the basis of discussion at a 'face to face' meeting of public stakeholders, in order to either endorse the existing proposals or suggest new prioritisation proposals.

13. Separate priorities will be generated for Hackney and the City of London

14. The Working Group will then score the final 15 prioritisation proposals for each local authority and forward their prioritisation scoring exercise to the Health and Wellbeing Boards in January 2014 for their consideration.

Proposed Prioritisation framework for the JSNA

15. Priority setting is not an exact science, and evidence is far from the only consideration in any prioritisation exercise.

16. There are many different prioritisation frameworks in existence:
    - Programme Budgeting and Marginal Analysis – PBMA
    - Safe to Invest – from the London Health Observatory

- Multi Criteria Decision Analysis – MCDA

17. The Portsmouth score card, or a modified version of the Portsmouth score card, has been used successfully by many councils, both in London and nationally for JSNA prioritisation.

18. The methodology underpinning the Portsmouth scorecard is Multi Criteria Decision Analysis. The Portsmouth scorecard allows proposals to be scored against a number of weighted criteria. Options can then be given a total score and prioritised accordingly. It is intended to outline a method and approach to support decision-making, rather than providing a definitive answer to priority setting.

19. The Working Group has examined this scoring system, and recommends the use of equal weightings in this year's prioritisation exercise, but acknowledges that the weighting criteria may need to be refined, with the full engagement of stakeholders, in future iterations of the JSNA.

20. The criteria included in the scorecard are:

1.	**Scale of the problem**	How many people does the problem affect in the City of London?
2.	**Impact of the problem on individuals**	What is the impact of having this problem/condition on individuals, their families and carers?
3.	**Performance**	Is there evidence to suggest that the City of London performs less well than it could on this topic?
4.	**Deprivation**	Is the condition/problem more common amongst those living in areas of deprivation or disadvantage?
5.	**Equalities**	Would addressing the problem/condition contribute to advancing equality or eliminating discrimination in groups with the following protected characteristics: age, disability, race/ethnicity, religion or belief, sex/gender, sexual orientation, marriage and civil partnership, pregnancy and maternity
6.	**Evidence**	What evidence is there that the scale or impact of the problem can be effectively reduced?
7.	**Extent of problem**	For which affected communities and stakeholders is this topic a problem?
8.	**Value for money**	What is the current annual spend on this area in the City of London? Is this an area of potential savings?

21. Characteristics of this approach include:
- It can consider both efficiency and equity
- It can enable both national and local data to be included
- It can consider the evidence-base for interventions

- It can explicitly define costs or benefits or both
- It can handle uncertainty
- It has been used successfully, many times before, in England

22. It is proposed that the Working Group will answer the detailed questions in the draft prioritisation template for each prioritisation proposal and bring it to the attention of the City of London's Health and Wellbeing Board for scoring and final prioritisation of the JSNA.

Corporate & Strategic Implications

23. The Health and social Care Act 2012 ("2012 Act") amends the Local Government and Public Involvement in Health Act 2007 ("2007 Act") to introduce duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare JSNAs through the Health and Wellbeing Board.

24. s.116 of the 2007 Act (as amended by section 192 of the 2012 Act requires a local authority and each of its partner CCGs to prepare JSNA and JHWS. Section 116A (as inserted by section 196 of the 2012 Act) provides that these functions are to be exercised by the Health and Wellbeing Board. Although the NHS Commissioning Board (NHSCB) is not a core statutory member of Health and Wellbeing Boards it must participate in JSNAs and JHWSs. The Health and Wellbeing Board also has a duty to involve the public in the preparation of the JSNA and JHWS.

25. The 2012 Act provides that the preparation of the JHWS and JSNA are functions of the Health and Wellbeing Board and so they are not executive functions.

Conclusion

26. The Health and Wellbeing Board has a duty to involve the public in the preparation of the JSNA and this paper has set out our engagement proposal.

Appendices

Appendix 1: Summary Consultation Framework
Appendix 2: Prioritisation Scoring Guidance and Example Scorecard
Appendix 3: The JSNA process in the City of London

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Appendix 1: Summary Consultation Framework

Timeline	Consultation and Engagement Activity
6 November 2013	• Draft JSNA data and commissioned community insight work presented to HWB Board
Early November	• Working group agree initial suggested priorities • JSNA data summary completed for circulation to key stakeholder groups for initial views on priorities. Groups to include: CoL, CCG, City of London Healthwatch, Adults Advisory Group, and PPI Forum of CCG to agree or challenge priorities proposed • Working group to agree the prioritisation exercise for the top priorities identified
Late November/early December	• Face to face consultation with organisations and individuals. • Consultation event to gather stakeholder views on health and wellbeing priorities • Materials posted on website for public response
8 January 2014	• Final draft prioritised list with draft scores to be considered by Health and Wellbeing Board.

Appendix 2: Prioritisation Scoring Guidance and Example Scorecard

CITY OF LONDON JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)
PRIORITISATION SCORING

SCALE OF THE PROBLEM IN HACKNEY
Question 1: How many people does the problem affect in the City of London? **How this question will be scored** Higher points will be given where large numbers of people are affected. Examples: infant mortality is very rare in the City. Sedentary behaviour is far more common. For example, around 20% of City residents do not do any physical activity or exercise.
IMPACT OF THE PROBLEM ON INDIVIDUALS
Question 2: What is the impact of having this problem/condition on individuals, their families and carers? **How this question will be scored** Higher points will be given where it is common for the impact on those affected and their carers/families to be life threatening or serious, to both physical and mental health and wellbeing. Although infant mortality is ranked low in question 1, it will score highly here.
PERFORMANCE
Question 3: Is there evidence to suggest that the City of London performs less well than it could on this topic? **How this question will be scored** High points will be awarded where there is good evidence that the City of London performs badly, ie where this is confirmed by more than one comparator, and/or sustained over a number of years.
DEPRIVATION
Question 4: Is the condition/problem more common amongst those living in areas of deprivation or disadvantage? **How this question will be scored** Higher points will be awarded where there is demonstrably greater impact on those from deprived areas or backgrounds. Examples are diseases associated with smoking, since the prevalence of smoking is much greater in deprived groups. Some diseases have an 'inverse' relationship with deprivation, such as breast cancer.
EQUALITIES
Question 5: Would addressing the problem/condition contribute to advancing equality or eliminating discrimination in groups with the following protected characteristics: age, disability, race/ethnicity, religion or belief, sex/gender, sexual orientation, marriage and civil partnership, pregnancy and maternity **How this question will be scored** Higher points will be awarded to topics which have demonstrable potential to

advance equality or eliminate discrimination in several protected groups. Examples would include issues that are particularly prevalent in specific protected groups, such as diabetes or heart disease in some ethnic minority groups, or areas where services are not deemed accessible to one or more protected group.
EVIDENCE
Question 6: What evidence is there that the scale or impact of the problem can be effectively reduced? **How this question will be scored** High points will be awarded where there is good evidence for interventions that reduce the scale or impact of the problem. Points will also be awarded if there is evidence from good practice.
PRIORITIES
Question 7: What is the extent of this problem? **How this question will be scored** Higher points will be awarded for topics that are priorities for a wide and diverse range of affected communities and stakeholders
VALUE FOR MONEY
Question 8 What is the current annual spend on this area in the City of London? Is this an area of potential savings? **How this question will be scored** High points will be awarded for topics which are known areas of high spend, with clear potential for savings

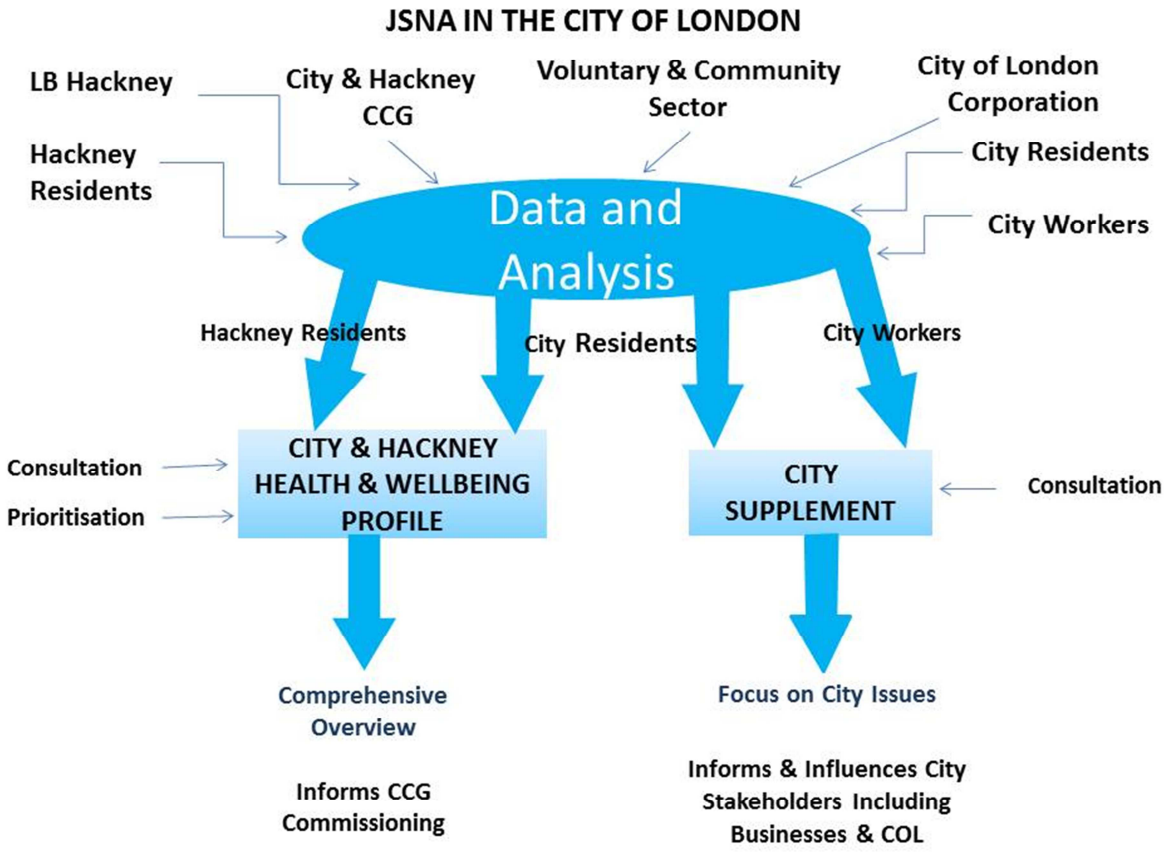
Example Scorecard

<u>TOPIC A:</u> ……..

QUESTION	POSSIBLE SCORE	ACTUAL SCORE
1. SCALE	**1, 3 or 5**	
2. IMPACT	**1, 3 or 5**	
3. DEPRIVATION	**1, 3 or 5**	
4. EVIDENCE	**1, 3 or 5**	
5. EQUALITIES	**1, 3 or 5**	
6. PRIORITIES	**1 ,3 or 5**	
7. PERFORMANCE	**1 ,3 or 5**	
8. VFM	**1, 3 or 5**	

		TOTAL SCORE (out of 40)

Appendix 3.



Committee(s):	Date(s):
Health and Wellbeing Board	05/09/2013
Subject: City of London Dementia Strategy	**Public**
Report of: Director of Community & Children's Services	**For Decision**

Summary

This Dementia Strategy responds locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.

Synthetic estimates predict that within the City there are up to 67[1] people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease, the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.

The aim of the strategy is to:

Provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London

To achieve this, the strategy sets out 10 objectives:

- Improve public and professional awareness of dementia and reduce stigma
- Improve early diagnosis and treatment of dementia
- Increase access to a range of flexible day, home based and residential respite options
- Develop services that support people to maximise their independence
- Improve the skills and competencies of the workforce
- Improved access to support and advice following diagnosis for people with dementia and their carers
- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia

[1] **Prevalence Source:** Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007 and Census 2011.

- Ensure that services meet the needs of people from vulnerable groups

The strategy commits the City of London Corporation to creating a 'Dementia Friendly City', where residents and local retail outlets and services will develop a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This builds on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support. The Joseph Rowntree Foundation has undertaken a similar project in York[2]. Skills for Care will work in partnership with the City using this model and other good practice examples in order to develop a safe environment for those with dementia.

An operational group chaired by the Interim Service Manager for Adult Socia Care, comprising officers from the City of London Corporation, from the CCG and the GP practices and a representative of the Adult Advisory Group will be responsible for monitoring the implementation of the strategy and the action plan. Regular update reports will be submitted to the Health and Wellbeing Board every 6 months.

Recommendation(s)

Members are asked to:

- Approve the strategy
- Give authority to the Director of Community and Children's Services to action the strategy

[2] http://www.jrf.org.uk/sites/files/jrf/dementia-communities-york-summary.pdf

Main Report

Background

1. In 2010, the Prime Minister issued a 'Dementia Challenge' establishing a national commitment to developing services and responding to the needs of people with dementia and their carers.

2. The City of London Corporation jointly agreed the City and Hackney Mental Health Strategy for Older People 2008 – 2018 in 2008. This strategy lacked a specific focus on City residents and whilst it remains extant, this Dementia Strategy gives a renewed commitment and a strengthened position in relation to managing dementia within the City.

Current Position

3. Synthetic estimates based on "Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007 and Census 2011" show that based on the national prevalence, there should be approximately 67 people living in the City who have dementia. Currently, the GP surgeries know of approximately 20.

4. In order to ensure that people's needs are not going unmet and in order to ensure that early help is offered appropriately, the GP practice is reviewing its diagnoses of patients who have symptoms that may suggest the very early stages of dementia in order to ascertain whether or not they should have a formal diagnosis of dementia. These patients will then be referred to the memory clinic and will be offered support in the community.

Proposals

5. The strategy emphasises our approach of early diagnosis in order to offer support at an early stage so that we can support people to maintain their independence and control over decisions which will affect them. It is underpinned by 10 strategic objectives which form the basis of our action plan:

    - Improve public and professional awareness of dementia and reduce stigma
    - Improve early diagnosis and treatment of dementia
    - Increase access to a range of flexible day, home based and residential respite options
    - Develop services that support people to maximise their independence
    - Improve the skills and competencies of the workforce
    - Improved access to support and advice following diagnosis for people with dementia and their carers

- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from vulnerable groups

6. Awareness-raising is a key factor in the strategy which will be integral in allaying people's fears and misconceptions about dementia. This, alongside a project that will be managed by Skills for Care to create a 'dementia friendly city' will ensure that those with dementia and their carers can feel confident that they can maintain their independence in a community that understands their needs and can adapt how they communicate to minimise anxiety and frustration.

7. A dementia group is to be commissioned that will be open to anyone in the community who has dementia and their carers. The Adult Advisory Group have assisted with the specifications for the group and it will include specific advice and support as well as activities to minimise the effects of the disease and to improve cardio vascular health. Similar schemes around the country include reminiscence work and music, art and drama which help to maintain good brain health. It is our intention to work with the vast range of cultural services available in the city, including the museums, art gallery, the Guildhall School of Music and Drama and the Barbican and encourage volunteers to support the work of the group, offering time credits for their support. Whilst some of those diagnosed will not meet the eligibility criteria for social services, this will not preclude them participating in the Dementia Group.

8. Adult Services undertake regular care plan reviews for those in receipt of formal services. In order to safeguard our clients and understand their needs better, the format of these reviews will be modified. The revised review form will include specific questions in relation to safeguarding to protect this particularly vulnerable group and will include questions on the use of medication to enable our social workers to appropriately challenge the use of anti-psychotic medications and in order to better focus on the wishes and feelings of the clients.

9. Better reviews and discharge planning when people are leaving hospital will contribute to shorter stays in hospital where someone with dementia may have been admitted and will help to focus on maintaining and caring for people within their own home where this is their wish. The reviews will focus on the quality of care received where the client is in residential care and will ensure that their views on the quality of their care are captured and inform future plans.

10. Once this dementia strategy is agreed, it is the intention of the directorate to sign up to the national Dementia Action Alliance Compact. It sets out the commitment to supporting the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families. The City's goal is to challenge the perceptions surrounding social care services for people with dementia. Our services will provide the right care, in the right place, at the right time.

11. The Dementia Action Alliance Dementia Care and Support Compact commits to:

- Focus on quality of life for people with dementia, as well as quality of care. By knowing the person, their life history and their personal culture, our staff will deliver a personalised package of care and support.
- Set a benchmark for high quality, relationship-based care and support for people with dementia. We will inspire and encourage our sector to take responsibility for delivering this, building on existing good practice
- Engage and involve the wider community to improve their support for people with dementia, including GPs and healthcare professionals
- Play our part in supporting the wider community, sharing the knowledge and skills of our staff, and inviting people into our care settings
- Work with commissioners of care for people with dementia to ensure they commission quality care services appropriately
- Clearly set out how we have delivered on this Compact to make a difference for people with dementia, their carers and families. This will link into the work on quality and transparency being taken forward as part of the Care & Support Bill.

12. The last objective of the strategy is particularly important as it relates to equalities and the needs of those with dementia who may also be impacted by other vulnerable factors, such as age, sex, history, race, religion, sexual orientation. The strategy commits to supporting clients who may be 'doubly vulnerable' because of one or more of these factors coupled with dementia. The department is very aware that particular attention will need to be paid to supporting these groups.

Corporate & Strategic Implications

13. The Dementia Strategy has a direct link to the City of London Corporation's Corporate Plan 2013 – 2017 under the priority:

KPP4: Maximising the opportunities and benefits afforded by our role in supporting London's communities.

14. The core values of the Corporation have a perfect fit with the Dementia Strategy:

- **The best of the old with the best of the new**
  Securing ambitious and innovative outcomes that make a difference to our communities whilst respecting and celebrating the City's traditions and uniqueness, and maintaining high ethical standards

15. Within the action plan, we want to build on the talents and resources that exist locally that are unique to the City, including its historical, artistic and musical traditions. These unique resources are part of the fabric of the local area and

will engender familiarity with the residents being supported through the Dementia Strategy.

- **The right services at the right place**
  Providing services in an efficient and sustainable manner that meet the needs of our varied communities, as established through dialogue and consultation.

16. By creating a Dementia Friendly Community, we will be harnessing the spirit of our community to support this particularly vulnerable client group. Local services will be aware of issues related to dementia and will be able to signpost our residents appropriately to help and support locally.

- **Working in partnership**
  Building strong and effective working relationships – both by acting in a joined-up and cohesive manner, and by developing external partnerships across the public, private and voluntary sectors – to achieve our shared objectives

17. The Adult Advisory Group has been consulted on this Strategy. The members of this group are representative of our community and integral to its development and delivery. Furthermore, a Dementia Strategy Implementation Group reporting to the Safeguarding Adult Sub-Committee which comprises other partners will oversee monitoring the delivery of the Dementia Friendly Community. The concept of co-production is integral to delivering good or outstanding services and we propose having a continual dialogue with our community groups in delivering this strategy:

Implications

18. The structure of the budgets and the small client base makes it fairly difficult to ascertain the spend on dementia services. Currently £250k is spent on dementia clients, of which £138k is spent on residential care and £84k on individualised budgets. £8k has been allocated to the commissioning of the dementia group from Section 256 monies and a further £5K is to be spent on developing the Dementia Friendly City alongside Skills for Care. £10K is to be set aside for awareness raising and the development of a 'dementia section' within the Adult Services Directory resource pack.

19. Key risks relate to the sustainability of the dementia group and the development of the Dementia Friendly City. Whilst funding is only for the first year, it is understood that people will become reliant on these services and therefore the specifications for these projects give responsibility to those from whom the service is commissioned to develop a sustainable model for future years.

20. An operational group chaired by the Interim Service Manager for Adult Socia Care, comprising officers from the City of London Corporation, from the CCG and the GP practices and a representative of the Adult Advisory Group will be responsible for monitoring the implementation of the strategy and the action

plan. Regular update reports will be submitted to the Health and Wellbeing Board every 6 months.

Conclusion

21. In agreeing this strategy, the City of London Corporation will establish a clear commitment to the most vulnerable members of the community. It will also provide a firm basis for minimising the effect of the changes that will be coming with the enactment of the Care and Support Bill.

Appendices

- Appendix 1 – City of London Dementia Strategy: A Dementia Friendly Community: A strategy and action plan for dementia services within the City of London 2013-2015

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A Dementia Friendly City: A strategy and action plan for dementia services within the City of London 2013-2015

Lead author:	Katherine Peddie - Interim Housing and Social Care Policy Manager Marion Willicome Lang - Interim Service Manager for Adult Social Care
Document owner:	Director of Community and Children's Services
Approved/agreed by: (name and job title or relevant group)	
Issue date:	
Version number:	DRAFT 1.0
Review due date:	

This document can only be considered valid when viewed via the City of London web pages.

Document Control Sheet

Details of development and consultation:	Developed by Interim Housing and Social Care Policy Manager. Consultation through the Interim Service Manager Adult Services. Consultees include: Adult Advisory Group, Neaman Practice, CCG, Alzheimers Society, Elders Voice, Crossroads Care, Toynbee Hall
How will the document be disseminated to all relevant staff:	All new and updated policies and procedures are notified to senior managers via email for dissemination to their staff. Notification is also sent to all adult and children's social care staff via the monthly staff newsletters (the Buzz).
How will the document be implemented:	Staff will be made aware as above
What are the training requirements:	As per the Adult Safeguarding Training Competency Framework. Skills for Care will undertake training with staff as part of the development of
Who will review the document (job title):	Dementia Implementation Group / Safeguarding Sub Group and the Assistant Director People
What CQC standards of quality and safety does this document link to:	Outcome 7 – Safeguarding people who use services from abuse.
What other documents should this be read in conjunction with:	• London Safeguarding Children Board Procedures • City of London Safeguarding Adults Board Policy and Procedure • Whistle Blowing Policy
Has an initial equality impact assessment been completed?	Yes

Revisions

Version No.	Page/ Paragraph No.	Description of amendment	Date approved
1		Original	

Contents

1. Executive summary

This Dementia Strategy responds locally to the Prime Minister's 'Dementia Challenge' by establishing a City-specific approach to caring for our residents whilst tapping into the rich diversity of our community.

The City of London is a small area with approximately only 9,000 residents, but has a huge daily population of workers. The City of London is bordered by the London Boroughs of Hackney, Islington, Camden, Westminster, Southwark and Tower Hamlets. For health purposes, the City is linked to Hackney through NHS City and Hackney.

Synthetic estimates predict that within the City there are up to 67[1] people living with the symptoms of dementia, some of whom have been diagnosed, but a large proportion of whom have had no formal diagnosis. Whilst this may be a relatively small number, for those with the disease, the support that they receive is vital to their quality of life and their wellbeing and we are therefore committed to providing the best possible services to this particularly vulnerable group.

The City of London Dementia Strategy establishes how the City will develop and deliver health and social care services to better meet the needs of people with dementia and their carers over the next 2 years (2013-2015).

The aim of this strategy is to:

Provide a responsive, high quality, personalised dementia service meeting the needs of residents of the City of London

This strategy outlines 10 key objectives that are aligned with our local need as well as the National Dementia Strategy and are complemented by a clear rationale. Additionally, the Action Plan provides operational level detail about how we will deliver on this strategy and how partners will assist us in delivering our commitments. As part of this commitment we will sign up to the Dementia Action Alliance Compact to demonstrate our commitment to making a difference locally.

We are committed to:

- Raise awareness of the disease and increase early diagnosis
- Develop and commission services including advice and support
- Improve the quality of the care experience for those with dementia and their carers
- Recognise and manage safeguarding risks appropriately
- Ensure that there is continued commitment to monitoring and delivering this strategy alongside our partners

[1] ***Prevalence Source:*** *Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007 and Census 2011.*

- Sign up to The Dementia Action Alliance Compact

The strategy emphasises our approach of early diagnosis in order to offer support at an early stage so that we can support people to maintain their independence and control over decisions which will affect them. It is underpinned by 10 strategic objectives which form the basis of our action plan:

- Improve public and professional awareness of dementia and reduce stigma
- Improve early diagnosis and treatment of dementia
- Increase access to a range of flexible day, home based and residential respite options
- Develop services that support people to maximise their independence
- Improve the skills and competencies of the workforce
- Improved access to support and advice following diagnosis for people with dementia and their carers
- Reduce avoidable hospital and care home admissions and decrease hospital length of stay
- Improve the quality of dementia care in care homes and hospitals
- Improve end of life care for people with dementia
- Ensure that services meet the needs of people from vulnerable groups

The City of London Corporation is committed to creating a 'Dementia Friendly City', where residents and local retail outlets and services have a keen understanding and awareness of the disease and offer support in a respectful and meaningful way. This builds on the longstanding tradition within the City of caring for residents and delivering individualised packages of care and support. The Joseph Rowntree Foundation has undertaken a similar project in York[2]. Skills for Care will work in partnership with the City using this model and other good practice in order to develop a safe environment for those with dementia.

The uniqueness of the City of London as the UK's centre for trade and industry allows us to be innovative in our approach, tapping into a wealth of knowledge and experience and professionals living and working within the community. The size of the authority allows us to respond quickly and directly to the needs of individuals in a way which may be prohibitive in other local authorities. This also enables us to commission services that correspond with the needs of the community as identified by service user groups.

A dementia-specific resource directory linked to the Adult Services Directory will be created to enable service users, their carer(s) and professionals to view the type of resources

[2] http://www.jrf.org.uk/sites/files/jrf/dementia-communities-york-summary.pdf

available locally and to make good informed choices about their care. We will ensure that this is available in other formats where residents do not have access to it online.

Incorporated into this strategy is a clear commitment to safeguarding our residents so that they are protected from abuse and to engendering a culture of quality assurance through the revision of our Adult Service Review processes.

A support group is to be commissioned that will be open to anyone in the community who has dementia and their carers. The Adult Advisory Group has assisted with the specifications for the group and it will include specific advice and support as well as activities to minimise the effects of the disease and to improve cardio vascular health. Similar schemes around the country include reminiscence work and music, art and drama which help to maintain good brain health. It is our intention to work with the vast range of cultural services available in the city, including the museums, art gallery, the Guildhall School of Music and Drama and the Barbican and encourage volunteers to support the work of the group, offering time credits for their support. Whilst some of those diagnosed will not meet the eligibility criteria for social services, this will not preclude them participating in the Dementia Group.

It is anticipated that by co-ordinating the way in which services are delivered locally and by clearly communicating the resources available locally this will encourage those who may be experiencing the early symptoms to seek a formal diagnosis, safe in the knowledge that their needs will be met.

2. Introduction

The term 'dementia' is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, mood swings and a gradual loss of skills needed to carry out daily activities. These symptoms are caused by structural and chemical changes in the brain as a result of physical diseases such as Alzheimer's disease. Dementia can affect people of any age, but is most common in older people. One in 14 people over 65 has a form of dementia and one in six people over 80 has a form of dementia.

The prevalence of both early onset and late onset dementia increases with age, doubling with every five-year increase across the entire age range from 30 to 95+. Overall nationally, 10% of deaths in men over 65 years and 15% of deaths in women over 65 years are attributable to dementia.

The major growth in the predicted prevalence of dementia and associated increase in the cost of service provision is not the only important issue for commissioners of dementia care. The **quality of care** for people with dementia and their carers has come under considerable scrutiny over the past decade. Key issues that have been highlighted by the National Audit Commission and voluntary sector include poor diagnosis of dementia, lack of early intervention, and a paucity of support in the community. Lack of public and professional awareness and the stigma associated with dementia are also considered to be key contributors to neglect and underdiagnoses of the condition.

Traditionally, dementia has been diagnosed later as many primary care providers are frustrated by the lack of support and provision locally. This means quite frequently that the prognosis from formal diagnosis until full onset and death can be as little as 3 to 5 years. This creates further fear for those diagnosed with the disease and those caring for them and for those who may be experiencing the early onset of the disease, preventing them from seeking a diagnosis.

Depression, anxiety and loneliness frequently accompany dementia. "**Dementia 2013: The hidden voice of loneliness**[3]" reports that more than a third (39%) of people with dementia responding to their survey said that they felt lonely whereas only a quarter (24%) of over 55s in the general public felt lonely in the last month. Nearly two-thirds (62%) of people with dementia who live on their own said they felt lonely. Difficulties in maintaining social relationships and other features of dementia contributed to this. They also note an increase in the number of people not telling their friends about their diagnosis. A third (33%) of people with dementia said they had lost friends following a diagnosis.

Dementia care in the City of London is delivered through a range of providers, with diagnosis and medical support provided primarily by health services, and longer-term care delivered by the social care and third sector, as well as private companies providing care homes and domiciliary care.

[3] *Dementia 2013: the hidden voice of loneliness, Alzheimer's Society 2013*

It is the intention that The City of London Dementia Strategy provides a vehicle for encouraging integration and collaboration across the range of health and social care services. This strategy sets out the local direction for dementia services from 2013 to 2015, and strives to be evidence based, built on analysis of current and predicted future need and has been guided by stakeholders together with community intelligence and coproduction where ever possible.

The strategy is aligned with the National Dementia Strategy, which aims to improve dementia services across three key areas: improved awareness, early diagnosis, and a higher quality of care. It is set in the context of the transformation of the adult social care service during 2010-11, which seeks to intervene at the point in a person's life when they wish to remain healthy and independent and maximise individual choice and control.

The work underway within the Mental Health Programme Board City and Hackney CCG specifically around dementia, together with on-going work with primary health colleagues at our GP practice, and with work underway with the CCG and London Borough of Hackney and City of London around integrated care, has led the development of this strategy.

Adult Social Care is also working with Skills for Care on the training of a member of the team to become a "Dementia Champion". The Dementia Champion will go on to develop these skills in advancing the "Dementia-Friendly City" pilot scheme in conjunction with Skills For Care and the Alzheimer's Society. This work will be elaborated upon further within the action plan.

3. National Guidance and policy context

In 2009, the Department of Health published "Living Well with Dementia: A National Dementia Strategy" which aims to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care.

The Prime Minister launched his challenge on dementia in March 2012 with a series of commitments to action. Creating dementia friendly communities was one of the key commitments made.

Since that time, the City of London has sought to work with key partners as a provider and commissioner of services to seek to shape future services. The City has developed a local strategy setting out how we plan to develop and deliver health and social care services to better meet the needs of people with dementia and their carers.

The City and Hackney Mental Health for Older People Strategy 2008-2018 was influenced by the larger population and needs of Hackney residents. Whilst this has served our population up until this point, the Corporation intends to put further emphasis upon Dementia and has undertaken to develop this Dementia Strategy as its main framework for action,

complementing the Mental Health for Older People strategy but being very specific about its own residents.

Dementia has been given a high profile within the current government. The Prime Minister's 'Challenge on Dementia' is being implemented across the country. Dementia is also a key priority for the Secretary for State for Care and Support.

There has been a national drive more generally towards enabling patient/customer choice and developing services that are responsive to individual needs (or 'personalised'). This agenda is outlined in the Department of Health White ***Paper Our Health, Our Care, Our Say*** (2006) which sets out a fundamental change in the way services are delivered. Of relevance to the development of dementia services are the objectives of shifting resources into preventative services; providing care closer to home; further development of joint commissioning; and encouraging innovation through direct payments and individual budgets.

Following on from this, the Department of Health published ***Putting People First*** (2008), which outlines a radical reform of the way that health and social care services are delivered. The requirements set out in this document build on ***Our Health, Our Care, Our*** Say (2006) and describe a vision for transforming the adult health and social care system from one which intervenes at the point of crisis to one which helps people to remain healthy and independent and maximises individual choice and control. This theme continues to emerge within the initiatives surrounding dementia.

This strategy has been developed in the context of an extremely challenging financial environment. Councils are being asked to reduce their budgets year on year, and NHS organisations are working hard to improve their financial positions and reduce their deficits.

The Department of Health expects implementation of the National Dementia Strategy to be mostly funded through efficiency savings from the acute and long term care sectors. It is expected that these savings will largely be met through reducing unnecessary use of acute hospital beds and delaying entry to care homes through improving early diagnosis and intervention. Any new investment in local dementia services will necessarily be funded through efficiency savings and/or reconfiguration of existing resources.

4. Local Strategic Context

The City of London Dementia Strategy fits with other key plans within the City. These include, but are not limited to,

- The Corporate Plan 2013-2017
- The Health and Wellbeing Strategy
- CCG Commissioning Strategy
- DCCS Business Plan
- Adult Safeguarding Policy and Procedure
- Annual report of the Adult Safeguarding Board
- City of London Cultural Strategy 2012-2017
- The City Together: Community Strategy
- The City and Hackney Health and Wellbeing Profile: our joint strategic needs assessment 2011/12
- The City and Hackney Mental Health for Older People Strategy 2008-2018
- The Carers' Strategy 2011

The Dementia Strategy has a direct link to the City of London Corporation's Corporate Plan 2013 – 2017 under the priority:

KPP4: Maximising the opportunities and benefits afforded by our role in supporting London's communities.

The core values of the Corporation have a perfect fit with the Dementia Strategy:

- **The best of the old with the best of the new**
  Securing ambitious and innovative outcomes that make a difference to our communities whilst respecting and celebrating the City's traditions and uniqueness, and maintaining high ethical standards

Within the action plan, we want to build on the talents and resources that exist locally that are unique to the City, including its historical, artistic and musical traditions. These unique resources are part of the fabric of the local area and will engender familiarity with the residents being supported through the Dementia Strategy.

- **The right services at the right place**
  Providing services in an efficient and sustainable manner that meet the needs of our varied communities, as established through dialogue and consultation.

By creating a Dementia Friendly Community, we will be harnessing the spirit of our community to support this particularly vulnerable client group. Local services will be aware of

issues related to dementia and will be able to signpost our residents appropriately to help and support locally.

- **Working in partnership**
  Building strong and effective working relationships – both by acting in a joined-up and cohesive manner, and by developing external partnerships across the public, private and voluntary sectors – to achieve our shared objectives

The Adult Advisory Group has been consulted on this Strategy. The members of this group are representative of our community and integral to its development and delivery. Furthermore, a Dementia Strategy Implementation Group reporting to the Health and Wellbeing Board which comprises other partners will oversee monitoring the delivery of the Dementia Friendly Community. The concept of co-production is integral to delivering good or outstanding services and we propose having a continual dialogue with our community groups in delivering this strategy:

The City of London Community Strategy theme of **The City Together: the heart of a World Class City** which supports our communities states as a goal that the City aspires:
"To protect and improve the health and wellbeing of our communities, by encouraging healthy lifestyles and taking a preventative approach through accessible health promotion and early intervention, whilst giving our communities greater choice and influence in the use of health and care services".

This strategy is influences by that aspiration and encourages healthy lifestyle as a preventative approach.

The strategy aligns to each of the five key priorities of the Departmental Business Plan 2013/14:

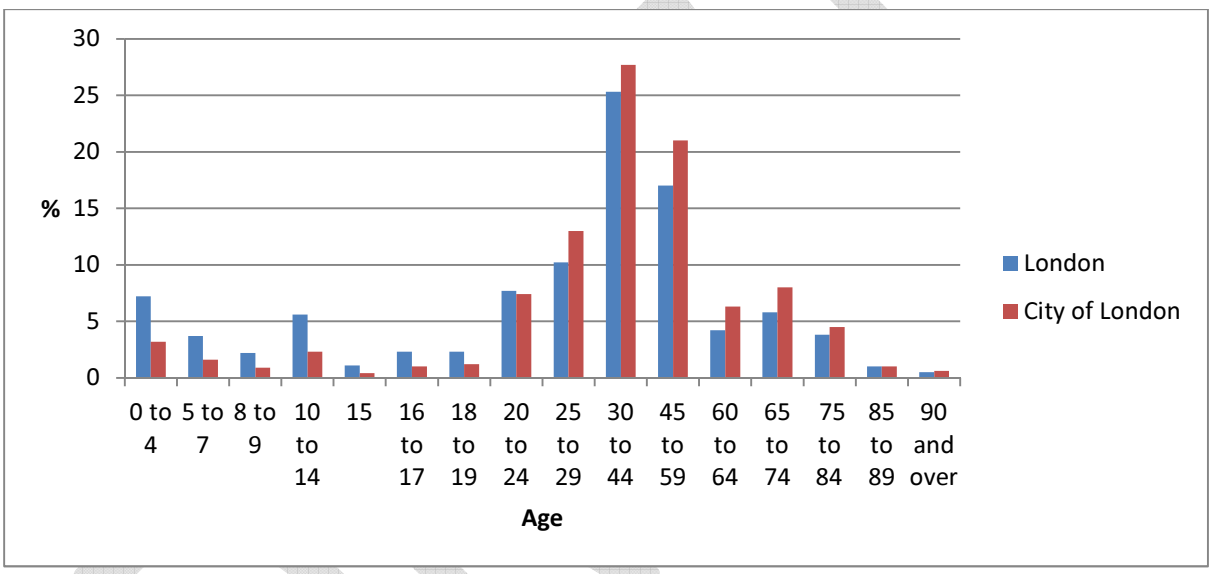
1. Improving the health and wellbeing of communities and individuals
2. Protecting and safeguarding vulnerable people through better prevention and early intervention
3. Promoting independence and choice for service users
4. Supporting and empowering our communities and enabling people to make a positive contribution
5. Making the best use of our resources and improving the way we work.

5. The City - Demographics

The information below is extracted from The City and Hackney Health and Wellbeing Profile: our joint strategic needs assessment 2011/12 (JSNA) and from the 2011 Census data from the Office of National Statistics (ONS).

The official resident population estimate for the City is 7,375 people4 (ONS). However the City of London Corporation uses the GLA's estimates for planning purposes as these take account of the constraints of housing supply. The GLA's 2011 estimate was 8,863.

The resident population of the City is predominantly working age: just over three quarters (76%) are aged between 20 and 64 years (ONS estimates). Ten per cent (1,200 people) of residents are aged under 20 years and the remaining 15% are aged 65 years or more. The City's population is 55.5% male and 44.5% female.



Source: 2011 Census: Age structure, local authorities in England and Wales (ONS)

The GLA projects a 13% increase in the City's population between 2011 and 2021. The largest growth in absolute numbers will be in the working age population but the largest proportionate growth will be in the older, pensionable age population. Since the last Census in 2001, the population over the age of 65 has increased by approximately 5% (this appears to have come from the working age cohort as the 0-20 year olds has remained relatively stable).

In 2001 the main ethnic group in the City was White (85%), with Asian (10%), Black (3%), and Other (2%) making up the up the population. In 2011, the largest ethnic group in the City continues to be White (79%), followed by Asian (14%), and then Black (4%) and Other (2%). The marginal trend of a smaller White percentage and larger Asian percentage are then projected through to 2031 where the White ethnic group is projected to decrease to 74%, the

[4] *2011 Census: Usual resident population, local authorities in England and Wales (ONS)*

Asian increase to 17%, and Other to 5%5. There is some variation across age groups with more ethnic diversity in younger age groups.

In terms of the health of the population of the City of London, there is just one GP practice within the City (the Neaman Practice). Many people are registered with GPs outside of the City area in Hackney or in Tower Hamlets or in any of the other surrounding boroughs. Therefore figures tend to be crude estimates based on the data from the Neaman practice or from the Census 2001. Furthermore, the Health Authority for the City works across the whole of City and Hackney and therefore data generally tends to reflect the whole cohort of this area rather than being disaggregated into data for City and data for Hackney.

The Neaman practice in the City had 8,751 registered patients in November 2011. Within the City, GP services are also provided by NHS Tower Hamlets at the Portsoken Health and Community Centre. It must also be noted that of the registered patients at the Neaman practice, a proportion of these will not live within the City but outside the City boundaries.

Data from primary care suggests that 436 people in Hackney and the City have dementia, giving a prevalence of 0.2%. This is lower than the POPPI estimate and may reflect the fact that dementia is not always diagnosed.

Our key residential communities are based in the Barbican, Mansell Street, Middlesex Street and Golden Lane Estate.

A recent survey of residents living on the Golden Lane and Middlesex Street estates found that people living on these estates have a slightly different age profile to the general profile for the City, with greater numbers of older people, as well as high disability rates in the oldest groups.

The Portsoken ward contains two social housing estates at Mansell Street and Middlesex Street. Some of this residential accommodation was originally in Tower Hamlets, but was transferred to the City under The City and London Borough Boundaries Order 1993. This relatively recent addition to the City means that the Portsoken area's links to Tower Hamlets are still strong, and the area is not co-terminus with some services. The catchment area of the City's only GP practice does not cover the Mansell Street and Middlesex Street estates. This means that residents of these tow estates must register with GPS from Tower Hamlets. A Tower Hamlets GP practice currently provides services to Portsoken residents from the Green Box Community Centre, located on the Mansell Street Estate.

In 2010/11, the City of London Corporation provided social care services to 296 people with a wide range of needs, both at home and in care homes. Approximately 79% of clients received services in the community. The majority of clients (62%) were older people, aged 65+ years.

[5] Source: 2012 Round of Demographic Projections - SHLAA © Greater London Authority, 2012

In this older age group, there were more women than men (52% vs. 48%). In the younger age group, under 65 years, there were fewer women than men (31% vs 69%).

These clients were 91% white, 3% black, and 3 % of mixed or other ethnicities. Compared to the GLA ethnic profile for the City, white clients are over-represented and Asian clients under-represented in this social care client group, though the numbers are relatively small so variations do not necessarily reflect inequalities in access.

Life expectancy in the City is still the highest in the country (82.2 years for men and 89.2 years for women). There is, however, a lack of data around key medical conditions that may affect the City's resident population.

Data from City and Hackney Clinical Commissioning Group gives an estimated figure of dementia cases across City and Hackney as 971 living in the community (233 living in residential care). The Practice dementia registers know of 607 people.

There are estimated to be over 67 people in the City of London with dementia and this number is set to increase by more than 40% in the next 20 years6. Adult Social Care (ASC) and the GP practice have confirmed that they currently know of 15 people referred and living in the community and 5 people in nursing care but acknowledge that there may be many more people who are not formally diagnosed via primary health or who have not accessed statutory social care.

This is recognised as quite a large discrepancy and therefore the Neaman Practice is reviewing its diagnoses of patients who may have signs and symptoms of dementia as a co-morbid factor to their primary diagnosis and referring to the Memory Clinic for a further assessment where necessary.

In 2007, the Alzheimer Society found that the average cost of caring for someone with dementia in the UK was £25,472 per year (including costs of health, social and informal care). Applying these figures to the City of London accounting for inflation takes this figure to £29,932[7]. This would mean that the current cost of late-onset dementia in the city could be estimated to over £2M per year (based on the estimated figure of 67 people). By 2030 the annual cost of dementia in the City of London could increase to over £ 4.8M (if inflation continues at the same rate and the synthetic estimates are correct).

[6] *This data is derived from a synthetic estimate based on national prevalence rates and our census data.*

[7] *Estimated using a web-based tool: http://www.thisismoney.co.uk/money/bills/article-1633409/Historic-inflation-calculator-value-money-changed-1900.html*

Carers

In addition to people suffering with dementia, this strategy aims to support their carers and is aligned with the principles set out in the Carers' Strategy 2011.

In the 2001 Census, 598(8.3%) City residents identified themselves as being carers, providing care from 1 to over 50 hours per week[8]. These carers may include those who are providing care to people who live outside the City. Of these carers, 9% were in poor health and 7 % were over 75 years old.

In 2010/11, the City of London undertook assessments or reviews of 55 carers caring for people who were in receipt of Adult Social Care Services. The Carers register lists 60 known carers of clients over 18 years old. Of these, 15 are receiving additional support from a dedicated carers' service.

Data collected within the Carers Assessment Project 2011 suggested that most carers in the city are supporting people who would otherwise be in residential or nursing home care, and do so by virtue of being 'live-in' carers, whether spouse, civil partner son / daughter or parent. Of the City carers surveyed, 85% were living with the patient and 54% of these were either husband /wife or civil partner. Women represented 59% of the carer population and 40% of the cared for and supported.

Most are sole carers with little other support. Almost everyone is wholly committed to the role and has adjusted to what this involves both physically, psychologically and in terms of limitations of life choices.

Carers looking after someone with dementia do not necessarily benefit from the traditional form of respite care where the service user is taken out of their own home to give the carer a break from their caring responsibilities. This was recognised in the Carers' Strategy 2011 and specialist support for carers of people with Alzheimers was approved in December 2011 creating a dedicated respite scheme for carers of people with dementia.

The way the City commissions from the voluntary and community sector, including from organisations based in the City, Hackney, Islington and Tower Hamlets, is guided by Best Value principles and the Local Procurement Directive. City voluntary and community organisations are important stakeholders in this, mainly through the City of London's local strategic partnership 'The City Together'.

The City's relatively small resident population and large daytime population of commuters and workers provide a unique environment from the voluntary and community sector. There are many opportunities for City workers to volunteer their time and resources to the voluntary and community sector, particularly in the City Fringe area, and several City organisations and others exist to support this.

[8] *City of London (2011) Carers' Strategy*

6. The City of London Priorities

Our Commitment is to:

- **Raise awareness of the disease and increase early diagnosis**
- **Develop and commission services including advice and support**
- **Improve the quality of the care experience for those with dementia and their carers**
- **Recognise and manage safeguarding risks appropriately**
- **Ensure that there is continued commitment to monitoring and delivering this strategy alongside our partners**
- **Sign up to The Dementia Action Alliance Compact**

The City of London is keen to develop on the theme of dementia being "everybody's business" and about making the City a dementia friendly community, which is responsive and can understand and help in the most simplest of ways.

Skills for Care is working alongside the City to train the Dementia Champion to pilot a programme to build a more accessible and dementia aware society within the City of London. This work is aimed at staff within the City of London, our provider agencies who supply the care workers who go into to people's homes, and to staff in service industries around the City as well as pharmacies, the post office and various retail outlets around the City and community Police and Fire officers. A "Champion" for dementia has been identified within Adult Social Care, and the GP practices have Dementia Advisers attached to them, but it is important that the skills and expertise are disseminated to all.

It is anticipated that this work will help people to recognise behaviours associated with dementia and to give them the skills to be able to better support these members of the community. This is a key action within our strategy.

A further key commitment is to develop a resource that service users, their carer(s) and professionals may use to give information and advice about dementia and the provision available locally. This will link with the Adult Services Directory and will contain information so that residents can make informed decisions about their care as well as being able to find locally available information, advice and support. This is already available in hard copy format and additions specific to Dementia will be developed.

Wherever possible, we aim to support our service users and their carer(s) to stay within their own home, using a range of individualised flexible support packages and Individual Budgets. People with dementia are supported to engage in meaningful activity, doing something that they enjoy or are interested in. This can be as simple as undertaking everyday tasks such as cleaning or cooking together or more formal activities – for example, participating in a choir or swimming group. Evidence suggests exercise may directly benefit brain cells by increasing

blood and oxygen flow. Even stronger evidence suggests exercise may protect brain health through its proven benefits to the cardiovascular system[9].

The City of London is in a unique position of having some very deep cultural roots with museums, libraries, art galleries, the Barbican and Guildhall School of Music and Drama. There is therefore an opportunity to tap into some of these assets to assist in reminiscence work and to develop 'time-banking' opportunities both to support the service user and for them to engage in activities that they may enjoy, improving their mental health and wellbeing as well as their physical and cardiovascular health in many cases. We want to build on the spirit of volunteering and community action within the City, tapping into a wealth of experience and knowledge within the community in supporting our residents with dementia.

Safeguarding our vulnerable clients is a further key priority, particularly in light of the Winterbourne View and the Francis reports. It is critical that our staff work alongside service users and their carer(s) to understand safeguarding in the context of dementia, including both how to recognise signs of abuse and managing risks appropriately. Working closely with clients is key to managing safeguarding risks for those with dementia and their carer(s), as is the Adult Social Care Review process, in which services and placements are reviewed with the service user, their carer(s) and family, provider and relevant agencies.

Adult Social Care recognises that one of the key concerns of service users and their carers is the quality of the support they will receive if they go into residential care or if they have to go into hospital for any reason. For this reason, a key objective is to improve the quality of the care experience, whether this is at home, supported through a range of initiatives and support services, through intermediate care provision, respite care, residential and nursing care or in hospital. Adult Social Care will improve the way in which Adult Social Care Reviews are carried out alongside users and their carers, updating its forms to include asking pertinent questions relating to cognitive deterioration, reasons for hospital admissions, co-morbidity factors and the appropriate use of anti-psychotic medications.

Service users who do go into residential care are always placed outside of the City itself as there is no residential care provision within the City. The Adult Social Care Review process is therefore integral to understanding whether or not the needs of the service user are being met and for monitoring and potentially reducing unnecessary hospital admissions. Adult Social Care gives a commitment to enhancing their review process to ensure that the client is receiving the right package of care for them as an individual and for their carer(s).

The City of London aims to sign up to the Dementia Action Alliance (DAA), and its Dementia Care & Support Compact. It sets out the commitment to supporting the delivery of the National Dementia Strategy and improving care and support for people with dementia, their carers and families. The City's goal is to challenge the perceptions surrounding social care

[9] http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp

services for people with dementia. Our services will provide the right care, in the right place, at the right time.

People with dementia using our services will be able to say:

- I am respected as an individual
- I get the care and support which enables me to live well with my dementia
- Those around me and looking after me are well supported and understand how to maximise my independence
- I am treated with dignity and respect
- I know what I can do to help myself and who else can help me
- I can enjoy life
- I feel part of a community and I am inspired to participate in community life
- I am confident that my end-of-life wishes will be respected. I can expect a good death

The Dementia Action Alliance Dementia Care and Support Compact[10] commits to:

- Focus on quality of life for people with dementia, as well as quality of care. By knowing the person, their life history and their personal culture, our staff will deliver a personalised package of care and support.
- Set a benchmark for high quality, relationship-based care and support for people with dementia. We will inspire and encourage our sector to take responsibility for delivering this, building on existing good practice
- Engage and involve the wider community to improve their support for people with dementia, including GPs and healthcare professionals
- Play our part in supporting the wider community, sharing the knowledge and skills of our staff, and inviting people into our care settings
- Work with commissioners of care for people with dementia to ensure they commission quality care services appropriately
- Clearly set out how we have delivered on this Compact to make a difference for people with dementia, their carers and families. This will link into the work on quality and transparency being taken forward as part of the Care & Support Bill.

[10] http://www.dementiaaction.org.uk/dementiacompact

7. Strategic Objectives

Our key strategic objectives are underpinned by specific actions that will help raise awareness of the disease amongst our residents and professionals working here to enable early diagnosis, targeted support and provision for those with dementia and those caring for them.

The objectives were developed through consultation locally with the Adult Advisory Group, with the Clinical Commissioning Group (CCG), the Dementia Advisers based in the GP surgeries and through understanding of local needs.

The Strategic Objectives will be achieved through the Delivery Action Plan that is attached as Appendix A. This Action Plan highlights the steps that will be taken over the next 2 years at a fundamental level.

Resources are outlined in section 8.

1. Improve public and professional awareness of dementia and reduce stigma

Outcome: *The public and professionals will be more aware of dementia and will understand dementia better.*

This will:

- *help to remove the stigma of dementia by reducing other people's fear and misconceptions*
- *help people understand the benefits of early diagnosis and care*
- *encourage the prevention of dementia*

Why we are going to do this

Research undertaken by the Alzheimer's Society[11] indicates that:

- People currently wait up to three years before reporting symptoms of dementia to their doctor;
- 70% of carers report being unaware of the symptoms of dementia before diagnosis;
- 64% of carers report being in denial about their relative having the illness;
- 58% of carers believe the symptoms to be just part of ageing;
- Only 31% of GPs believe they have received sufficient basic and post-qualification training to diagnose and manage dementia, a decrease since the same question was asked in the Forget Me Not report;
- 50 % of the public believe that there is a stigma attached to dementia; and
- People over 65 are more worried about developing dementia (39%) than cancer (21%), heart disease (6%) or stroke (12%)

Awareness-raising is fundamental to ensure that everyone understands dementia and is working to the same definitions locally. Many cases of dementia go un-noticed because people with dementia and their carers see the signs and symptoms of the disease as merely 'old age' or because of the stigma and misapprehension associated with dementia and therefore a reluctance to seek help at an early stage.

Professional attitudes to dementia further compound the issue as it is given a low priority for the development of training and skills, leaving a false belief that little or nothing can be done to assist people with dementia and their carers.

These issues result in delayed diagnosis and delayed access to good-quality care.

[11] http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=535&pageNumber=2

What we are going to do:

- We will work together with partners to develop a targeted local awareness campaign that aims to raise public and professional understanding of dementia and the stigma associated with it, linking it with existing health promotion activities and activities arising from the Government's National Strategy. The awareness campaign will focus on encouraging people to seek early diagnosis and care and increasing people's knowledge of how to reduce their risk of developing dementia through making healthy lifestyle choices.
- The City of London's Dementia Champion will be trained by Skills for Care and will engage with local employers such as retailers, pharmacies, cafés and supermarkets and staff in Housing, Community Police and Fire officers to develop staff awareness of dementia including access to local resources, on a programme of developing a 'Dementia-Friendly City'
- We will develop and implement a local dementia care pathway, spanning early diagnosis to end of life care. We will ensure that people with dementia, carers and health and social care professionals are all aware of this pathway.

How we will know that this objective has been achieved

We will undertake service user feedback exercises with service users and their carers to establish whether the awareness raising has had any impact on their confidence in asking for help and on the support they receive.

Regular mystery shopping exercises will be undertaken to test staff responses and highlight further training and development needs.

We would expect to see a rise in the number of people with diagnoses of dementia.

2. Improve early diagnosis and treatment of dementia

Outcome: *All people with dementia will have access to care that gives them:*

- *An early, high-quality specialist assessment*
- *An accurate diagnosis which is explained in a sensitive way to the person with dementia and their carers*
- *Treatment, care and support as needed after the diagnosis*

Why we are going to do this

Currently there are limited services available within the City for those with dementia, so in addition to factors such as the sensitivities in diagnosing dementia and managing this sensitively with the service user, there are concerns that there may not be the right type of support available to them. It is anticipated that by increasing the range of services available to service users, GPs will be better supported to give a formal diagnosis as sensitivities relating to such a diagnosis are reduced and more resources become available in the community. This in turn may encourage people with early symptoms of dementia to seek a formal diagnosis.

What we are going to do:

- Work in collaboration with City and Hackney CCG and primary health to explore the merits of early identification and support to people with dementia and their carers, through collaboration with the GP attached Dementia Advisor in offering outreach to those newly diagnosed.
- Work with GP practices in line with NICE guidance to enable tit to have a greater role in early diagnosis and to better manage existing and future demand via enhanced primary care services
- Work in partnership with primary and secondary health settings to ensure a more timely and integrated service is offered, providing assessment and treatment as part of the service
- Ensure timely assessments of carers' needs are undertaken, and services to support carers are creatively utilised, for maximum benefits for carer and cared for. To look at respite care needs and what would suit each individual circumstance and set of needs
- Establish regular meetings and workshops between ASC, the Neaman practice and Dementia Adviser and extend to Tower Hamlets and Islington surgeries where City patients may be registered, to explore similar collaborations.
- Ensure people with dementia and their carers and family have access to sound counselling and therapeutic interventions should they wish it via Improving Access to Psychological Therapies (IAPT)
- In line with NICE guidance, City of London will work with GP practices to enable it to have a greater role in early diagnosis and to better manage existing and future demand via enhanced primary care services

- Establish partnership processes to ensure that GP practices are notified when one of their patients is admitted to hospital with a diagnosis of dementia (working across differing Accident and Emergency departments)

How we will know that this objective has been achieved

It is anticipated that there would be an increase in the number of early diagnoses of dementia within the City although this number may be quite small. An increased number of users and carers will be signposted to access the resources available.

3. Increase access to a range of flexible day, home based and residential respite options

Outcome: *Support for carers will play a significant role in reducing admissions to residential care and enabling people with dementia to live in the community for as long as possible, but where residential care is the best option, there will be a range of options to choose from.*

Why we are going to do this

In order to better support people to live at home longer there needs to be a focus on the delivery of services at an early stage to support both the person with the diagnosis and their carer(s). A range of different support options will be necessary to meet individual needs.

What we are going to do:

- Review and promote local initiatives through effective partnership working to make more effective use of existing resources provided by commissioned and dedicated carers organisations to provide increasingly flexible and emergency respite and support responses to people's expressed needs.
- Forge links with specialist dementia organisations to build a network of support for groups and individuals, which will feed into the resource directory as a specialist resource to people living in the community with dementia despite their age or stage
- Focus within ASC on personalisation outcomes to enable the development of more innovative, flexible day, home based and residential respite services to better meet the needs of people with dementia and their carers through the use of creative Individual Budgets.
- Ensure that the need for respite is an integral part of people's assessment and care planning and that the rights of carers to an assessment of needs are upheld.
- Ensure all local initiatives are collated and gathered as part of community intelligence for the compilation of dementia specific resource pack.
- Provide funding to support the development of a peer support group for carers of people with dementia that will enable carers to support each other, share information and advice, give carers a stronger voice and provide a forum for training.
- Work alongside colleagues in Local Authority Commissioning and with the Clinical Commissioning Group to ensure that services are of a high quality, achieving good value for service users and their carers and for the City.

How we will know that this objective has been achieved

The Adult Social Care Review processes will identify whether or not service users and their carers are happy with the arrangements and whether needs are actually being met. Themes arising from these reviews will be monitored by the Dementia Implementation Group.

4. Develop services that support people to maximise their independence

Outcome: *Good-quality, flexible home care services will contribute significantly to maintaining people's independence, reducing social isolation, preventing admissions to care homes and hospitals, and supporting carers.*

Why we are going to do this

Where possible we want to aim to support people to live at home as long as possible to retain links with familiar surroundings and networks should they need additional support. In maintaining independence, people can maintain the activities they enjoy which in turn contribute to maintaining their vascular health.

Developing a range of different options will give service users, their carers and families confidence to make choices and maintain control over decisions that can affect them. Studies carried out by the CSCI and others point to the importance of continuity, reliability and flexibility of home care services, in ensuring that people with dementia and their carers have choice and control over the services they receive.

What we are going to do:

Reviewing Best Practice

- Review models of similar nature carried out elsewhere, particularly in neighbouring boroughs, for good practice examples and explore whether it can have a "City fit"
- Develop partnership working with City and Hackney CCG to plan clear care pathways, that offer appropriate intermediate care to all COL residents.
- Explore a shared care model between CCG, primary and secondary care adult social care and dementia advisor and users of dementia services to ensure co-production is explored, in order to provide a seamless service with a continuum of care and support.
- ASC to work with commissioning on a review of contracts and to revisit the option of commissioning a dementia specialist community home care "service" rather than commission a number of hours.
- Ensure that a range of high quality, affordable local services providing therapeutic, cognitive and social stimulation for people with dementia are available to help maintain their wellbeing. These services will be appropriate for people at different stages of the disease.

Housing and assistive technologies

- The Supported living review to incorporate the specialist needs of people with dementia into its on-going dialogue and planning and review process.
- Increase investment in assistive technology to support people to remain in their own homes and ensure that appropriate housing related support is available to

people with dementia and family members to be supported to look after them safely.

- Develop a dialogue within the City between ASC and Housing regarding a range of housing options that better meet the specialist needs of people with dementia, in relation to extra care settings in the community, that meets the additional needs of people with learning difficulties, mental health, and alcohol related dementia (Korsakoffs) as well as the needs of the elderly with dementia.

Consultation and Participation

- People with dementia will be supported to engage in meaningful activity, doing something that they enjoy or are interested in. This can be as simple as undertaking everyday tasks such as cleaning or cooking together or more formal activities – for example, participating in a choir or swimming group
- Provide funding to support the development of a peer support group for carers of people with dementia that will enable carers to support each other, share information and advice, give carers a stronger voice and provide a forum for training.
- Skills For Care to undertake 'Dementia Friends' training and 'Dementia Friendly City' initiative
- Highlight ways that people with dementia and their families and carers can be involved in decisions about their care or in their community
- Undertake joint work as part of the partnership board in relation to dementia, seeking the views of service users at all times
- The commissioning of a Dementia Group will give support to those with dementia and their carers. This resource will also be a hub for consultation and participation to ensure that we are delivering the right mix of services.

How we will know that this objective has been achieved

An increased number of people will seek early diagnosis with the understanding that they will be supported to live at home and that their wishes and feelings will be supported.

There will be an increase in the number of people attending the Dementia Group and they will report feeling more prepared and confident to deal with dementia, that they have a network of support and less isolation and loneliness.

5. Improve the skills and competencies of the workforce

Outcome: *All health and social care staff who work with people with dementia will:*

- *Have the right skills to give the best care*
- *Get the right training*
- *Get support to keep learning more about dementia*

Improved skills and competencies of the workforce will improve the early diagnosis of the disease and improve the quality of life of those suffering with the disease and those who care for them.

Why we are going to do this

Lack of understanding of dementia in the workforce – whether in mainstream or specialist services – can lead to care practices that can make the situation worse for both the person with dementia and their carer. Improving the understanding will enable service users and their carers to have the confidence to make choices and maintain control of their own care.

Frequently, dementia affects a person's ability to understand and use language accurately and appropriately and this can lead to confusion and frustration. By having a workforce that understands these difficulties and who adapt their communication skills to meet the needs of the person, these frustrations can be reduced.

What we are going to do:

- Skills for Care to hold a City of London providers' forum, where dementia will be a key developmental topic for their staff groups. Workforce development and full skills audits will be undertaken at that forum, and Skills for Care will work with each agency to ensure that they are all National Minimum Data Set (NMDS) compliant and can then take part in subsidised training modules run by Skills for Care, to enhance expertise and seek to professionalise the service offered.
- Develop the ASC workforce plan to incorporate dementia skills that links to, and complements, the identified national workforce development initiatives.
- Invest in targeted dementia training for ASC staff and use person-centred thinking tools with staff
- We will tap into and nurture skills in the wider community and unpaid 'workforce' – for example, linking with community groups such as 'time-banks' and supporting families and carers
- Ensure that ASC and other staff working with service users with dementia have the skills to recognise and appropriately manage safeguarding risks.
- Engage with the NHS Rapid Assessment Interface Discharge (RAID) liaison service with a view to expanding the role of the service to include responsibility for general hospital staff dementia training and education across City of London.

- Ensure that all services specify dementia training and core competencies that include, but are not limited to, the national minimum standards.
- Ensure that home care services specify core competencies and training in dementia care for all staff and that home care staff have access to specialist dementia input from specialist MHCOP team.

How we will know that this objective has been achieved

The workforce will be compliant with the Common Core Principles for Supporting People with Dementia[12] and service users and their carers will report that they feel supported and that the social care workforce understands their needs.

[12] *Common Core Principles for Supporting People with Dementia: A guide to training the social care and health workforce, 2011, Skills for Care, Skills for Health and Department of Health*

6. Improve access to support and advice following diagnosis for people with dementia and their carers

Outcome: *People with dementia and their carers will have a clear understanding of the support and advice available to them*

People with dementia and their carers will be given good-quality information about dementia and services:

- *At diagnosis*
- *During their care*

People with dementia and their carers will be able to see a dementia adviser who will help them throughout their care to find the right:

- *Information*
- *Care*
- *Support*
- *Advice*

Why we are going to do this

The National Dementia Strategy states that:

"One of the most clear and consistent messages emerging from discussions with people with dementia and their carers has been the desire for there to be someone who they can approach for help and advice at any stage of the illness. This is almost always perceived negatively by people with dementia and their carers, who, faced with a serious illness where there is inevitable long-term decline and increase in dependency, want to feel that there is continuing support available to them when they need it.

"In the course of consultation it has become clear that this support needs to be provided without removing health and social care professionals from front-line care, and needs to be complementary to the other elements of the care pathway described here"

Within Adult Social Care there is a Dementia Champion and within the local GP practices there are already 'Dementia Advisers' whose role it is to support, signpost and facilitate engagement with the specialist services that can best provide the person with dementia and their carers with the help, care and support they need simply and quickly. We will promote this role within our community.

The need for improved access to support and advice has been identified as a priority by local stakeholders and is a key objective of the National Dementia Strategy.

What we are going to do:

Information

- The Dementia Champion, Carers' Lead and Service Manager ASC to build a dementia specific directory / resource pack for people ensuring that literature is co-produced and ratified by users and carers of dementia services to be used by staff, service users and their carers
- We will ensure that good quality dementia information materials and resources are accessible and available for all people with dementia and their carers
- Ensure that information about community activities, leisure and transport is available and accessible in a range of formats, and not just relying on a website

Care

- Ensure that service users and their carers are able to access good quality accessible information and advice about care options
- Ensure that agencies we use have specialist skills in dementia care
- Explore the options of Admiral Nurse specialists in the community.

Support

- Ensure that a range of high quality, affordable local services providing therapeutic, cognitive and social stimulation for people with dementia is available to help maintain their wellbeing. These services will be appropriate for people at different stages of the disease
- Ensure high quality support planning and advocacy is available from diagnosis
- Develop partnership working with primary care to provide an integrated hub for support in the form of a 'Dementia Café'

Advice

- There is a strategic approach to providing information as part of creating a dementia-friendly community. This involves making all information that people need to live and independent life accessible.
- City of London has commissioned a new carers service – Elders Voice which provides information, advice and support to people with dementia and their carers. If a review of the outcomes indicates that it is achieving the desired outcomes then COL will continue to commission the service.

How we will know that this objective has been achieved

The resource pack will be printed and used by service users and carers. Increased numbers of people may seek a diagnosis knowing that they will receive support. An increased number of people will contact the Dementia Champion or the Dementia Advisers for support and advice.

7. Reduce avoidable hospital and care home admissions and decrease hospital length of stay

Outcome: *Improved outcomes in terms of length of stay, mortality and institutionalisation by reducing avoidable hospital and care home admissions*

Why we are going to do this

This objective links very closely with the quality objective, in that reviewing the reasons that people are admitted to hospital and having good planned discharges may help to prevent future admissions or to reduce the length of stay. This will help people to maintain their independence following a hospital episode and to receive the right support when they are discharged thereby reducing the risk of re-admission.

What we are going to do:

- Identify dementia care leads in hospital settings wherever possible and to liaise regarding the care pathway and aftercare needs on discharge
- Establish partnership processes to ensure that GP practices are notified when one of their patients is admitted to hospital with a diagnosis of dementia
- Commissioning organisations have been tasked with the key outcome to work with the main hospitals used by CoI residents and seek to raise awareness of dementia, especially when the person is known to community services and has been admitted for a non-overtly dementia relation condition.
- Use the revised ASC Review form to audit admissions to hospital for people with dementia.

How we will know that this objective has been achieved

The Adult Social Care Review forms will be used consistently for all clients known to Adult Social Care. ASC will monitor trends in relation to individual clients and to the client group as a whole and determine whether further specific training or intervention or safeguarding measures are needed.

8. Improve the quality of dementia care in care homes and hospitals

Outcome: *Services will work to ensure:*

- *Better care for people with dementia in care homes*
- *Clear responsibility for dementia in care homes*
- *A clear description of how people will be cared for*
- *Visits from specialist mental health teams*
- *Better checking of care homes*

People with dementia who are living in care homes will be offered appropriate treatment that will improve their quality of life and delay deterioration of their condition

Why we are going to do this

Nationally, there has been a high level of inappropriate prescribing of anti-psychotic drugs for people with dementia who are living in care homes. We will ensure that our staff have an understanding of the medications that clients require and are equipped to appropriately challenge the use of anti-psychotics that are used in residential care.

Stays in acute general hospitals affect people with dementia badly – increasing their confusion and speeding up deterioration.

What we are going to do:

- Adult Social Care (ASC) to amend their review forms to include a specific focus on dementia and to ensure that staff have asked pertinent questions in relation to cognitive deterioration and in relation to medications used, in order to monitor quality and to ensure that anti-psychotic medications are used appropriately
- Staff to be trained in understanding the appropriate use of anti-psychotic medication in order to monitor and document within the ASC Review.
- Ensure that ASC staff is scrupulous in their review of care homes with a sound understanding of good practice and care standards for people with dementia, particularly in relation to safeguarding and to the use of medications.
- As part of the statutory review of service users placed in care homes, the ASC team will ensure that the needs of those with dementia are well catered for, that they are placed in a suitably registered home, and that they will document this clearly as part of the review process. They will ensure they have checked with the Care Quality Commission (CQC) on any recent inspections and to request updated information at the time of the review.
- We will improve liaison with commissioners in local authorities where residents of the City are in residential care to monitor the quality of care provision within the homes in their area. We will liaise especially closely with commissioners in the City's neighbouring local authorities where our residents may be living in residential care homes.

- Ensure that where appropriate (and where the client is capable consent obtained), family members are consulted and invited to the review meeting and that Mental Health Care for Older People team (MHCOP) are aware of the person living with dementia in their locality and invite them and the GP as appropriate.
    - To ensure all physical conditions are being followed up and person not solely treated as a person with dementia
    - To have knowledge of the medications given and to take note to ensure the over-use of anti-psychotics is not prevalent and being utilised regarding the person we may have placed
- Social workers to request input of hospital MHCOP team in assessing consent, Capacity and best interest decisions in a timely manner at ward meetings, to ensure best possible care is given.
- Establishment of quarterly meetings with the regional CQC lead, to look at the specific needs of the City and those we currently have placed.
- Ensure that all services, particularly commissioned or spot purchased services specify dementia training and core competencies that include, but are not limited to, the national minimum standards
- Ensure that home care services specify core competencies and training in dementia care for all staff and that home care staff have access to specialist dementia input from specialist MHCOP.
- Carers' lead in ASC and commissioned carers organisations to have a specific focus on the needs of family members and main carers of people with dementia throughout the progression of the condition.
- Identify dementia care leads in hospital settings wherever possible and to liaise regarding the care pathway and aftercare needs on discharge.

How we will know that this objective has been achieved

Adult Social Care Review forms will be completed for all service users that will clearly identify the wishes and feelings of the service user. Where issues in relation to their care are raised within the forms, audit will identify that these issues have been followed up appropriately and the service user and their carer are happy with the outcome.

9. Improve end of life care for people with dementia

Outcome: *People with dementia and their carers will be involved in planning end of life care. Services will consider people with dementia when planning local end of life services*

Why we are going to do this

Evidence suggests that people with dementia receive poorer end of life care than those who are cognitively intact.

What we are going to do:

- Ensure that people with dementia have the same access to palliative care services as others.
- Adult social care staff to be aware of local end of life care pathways for dementia
- Raise awareness of the Mental Capacity Act amongst health and social care professionals in order to increase the number of people who are enabled to plan for their end of life care while they have the capacity to do so.
- ASC to study the NICE guidance on End of Life care. To provide an integrated service as and when required to compliment and support health colleagues so that people with advanced dementia can die at home if they and their family members so wish.
- Ensure that carers are fully supported through the end of life and that they have access to advice and support as they go through it.
- Those in receipt of Adult Social Care services will be given opportunities while they have capacity to do so to discuss their wishes in relation to their end of life care.
- Whilst those receiving end of life care would potentially meet the criteria for health funding under Continuing Care, Adult Social Care would support this where necessary and be vigilant to the needs of the carer(s).
- The Carers worker will be notified of Adult Social Care users who are reaching their end of life in order to offer advice and support to their carer(s) where required.

How we will know that this objective has been achieved

Carers will report feeling supported through the process and will be comfortable in requesting advice and support from the Carers' Champion.

10. Ensure that services meet the needs of people from vulnerable groups

Outcome: *Services will meet the needs of all members of the community but will ensure that those who are most vulnerable because of their age, disability, ethnicity gender, religion or sexual orientation will receive support appropriate to their needs to enable them to live well.*

Why we are going to do this

Early-onset dementia is more common amongst black and minority ethnic groups and the number of people with late onset dementia is set to rise sharply. It is also more common amongst women and there is a genetic connection between 'Down's Syndrome' and Early onset dementia. We want to ensure that service users who might otherwise be considered 'hard to reach' receive an equitable service meeting their individual needs. People with learning disabilities who develop dementia will generally be of a younger age group and may have needs which services designed for people 30 or 40 years older find hard to meet.

People with dementia are known to be an 'at risk' group in terms of abuse, particularly (although not exclusively) through financial exploitation, fraud and theft. Reliance on others for support to manage finances can expose people with dementia to the risk of abuse. Additionally, the complex dynamics of caring relationships mean that people do not always report abuse or mistreatment. This becomes even more problematic if the individual lacks the capacity to be able to complain. (Living Well with Dementia, 2009, Department of Health)

What we are going to do:

- Work with neighbouring local authorities and health commissioners in primary and secondary care and CCGs to ensure an Equality Impact Assessment is undertaken to gain a better understanding of the needs and current gaps in service provision, and whether current service provision is meeting need.
- Ensure that health and social care staff working with younger people at risk of dementia receive training in dementia awareness, this includes staff at the Tower Project where our younger service users with Learning Difficulties receive day provision.
- Ensure that people with learning disabilities and those supporting them have access to specialist advice and support for dementia when required.
- Develop the skills of ASC staff and provider staff to recognise signs of abuse and neglect in a client with dementia and to be able to manage the risks appropriately whilst safeguarding the interests of the client at all times.

How we will know that this objective has been achieved

An Equality Impact Assessment will be completed and staff will have a good understanding of the needs of people from different groups, including those for whom Dementia may be a secondary condition. Service users and their carers will be confident that Adult Social Care staff are able to appropriately manage risks and safeguard the service user.

8. The Resource Envelope

Currently, the City of London Corporation spends £250K on dementia services, of which £138k is spent on residential care and £84k individualised budgets, supporting people to live at home.

Grant funding under Section 256 has been made available for Dementia Services and specific projects. A proportion of this (£5k) will be allocated to backfill the role of the Dementia Champion whilst she is undertaking training with Skills for Care to develop a Dementia Friendly City. A further £8k will be allocated to commissioning a support group for service users and their carers. £10k will be allocated to the development of information leaflets.

9. Implementation and monitoring

It is envisaged that full participation of our key stakeholders, including carers and service users group will play a full role in implementation and monitoring of this strategy.

A Dementia Implementation Group will be established and chaired by the Service Manager for Adult Services. Key stakeholders on that group will include:

- Representatives from the GP practices
- City of London Corporation Adult Social Care
- A representative of the Adult Advisory Group (AAG)
- Representatives from the voluntary sector
- Representative from Healthwatch

The strategy will be reviewed regularly and progress on implementation will be monitored by the Implementation Group who will have a remit to review and make recommendations for further developments. They will report annually to the Health and Wellbeing Board.

References

Legislation

Mental Capacity Act 2002

Care and Support Bill 2010

Carers' Assessments: the background. Under the terms of the Carers (Recognition and Services) Act 1995

Carers (Equal Opportunities) Act 2004

Resources

http://www.dementiaaction.org.uk/who_are_we/national_dementia_declaration

Alzheimer's Association (USA) http://www.alz.org/research/science/alzheimers_prevention_and_risk.asp

Alzheimer's Society (2013) Dementia 2013: The hidden voice of loneliness

The City and Hackney Mental Health for Older People Strategy 2008-2018

Dementia Action Alliance (2011) National Dementia Declaration

Dementia Action Alliance (2011) National Compact

Department of Health (2009) Living well with dementia: A national dementia strategy for England

Department of Health (2010) Quality outcomes for people with Dementia: building on the work of the national dementia strategy

Department of Health (2010) Recognised, Valued and Supported: the next steps for the Carers' Strategy

Department of Health (2012) Prime Minister's challenge on dementia: delivering major improvements in dementia care and research by 2015

Department of Health (2012) Prime Minister's challenge on dementia: delivering major improvements in dementia care and research by 2015: A report on progress

Mental Health Foundation (2011) An evidence review of the impact of participatory arts on older people

Mental Health Foundation (2011) The milk's in the oven,

My aging parent.com Cost Calculator: http://www.myageingparent.com/calculate-the-cost-of-your-parents-care/

Office of National Statistics (2011) Census 2011

Office of National Statistics (2010) General lifestyle survey 2010

Skills for Health (2011) Carers Matter- Everybody's Business

Skills for Care, Skills for Health and Department of Health(2011) Common Core Principles for Supporting People with Dementia: A guide to training the social care and health workforce

Appendix A – City of London Dementia Strategy Action Plan April 2013 – April 2015

1. Improve public and professional awareness of dementia and reduce stigma

Outcome: *The public and professionals will be more aware of dementia and will understand dementia better.*

This will:

- *help to remove the stigma of dementia*
- *help people understand the benefits of early diagnosis and care*
- *encourage the prevention of dementia*
- *reduce other people's fear and misunderstanding of people with dementia*

Improved awareness should encourage behaviour change in terms of appropriate help-seeking and help provision

Ref	Action	Lead	Timescale	Update
1.1	Develop targeted local awareness campaign that aims to raise public and professional understanding of dementia and the stigma associated with it, linking with existing health promotion activities and activities arising from the Government's National Strategy	COL to work with partners to ensure that "Dementia is everyone's business", and produce publications alongside health that are balanced and informative. To raise public and professional awareness.	December 2013	TBC at introductory strategy group meeting

Ref	Action	Lead	Timescale	Update
1.2	Focus on Dementia awareness at the City of London Providers Forum	ASC, SFC LFB	July 2013	Providers meeting was held, and providers signed up to undertake training modules for staff around Adult safeguarding, Dementia, and Fire Safety for care staff
1.3	Adult Social Care have identified 3 local retailers in the start of a training programme that City of London have applied to secure funding to progress and evaluate via Skills for Care in conjunction with the Alzheimer's society , designed to raise awareness, train champions and endeavour to see the City as a pilot for a "dementia friendly community". In implementing the strategy group, key partners from housing, police and fire brigade will be invited onto the panel and there will be an expectation that Champion training will be disseminated within each respective service as part of an on-going workforce development programme.	COL Dementia Champion. A lead within retail work force to be identified. Leads within housing, police and LFB to be identified as champions to embed Dementia into everyday understanding.	November 2013	Dementia Friendly City (DFC) plan has been submitted which illustrates work plan. Outcome as to £3000 grant is awaited, but Champion training has been identified for 14/8/13 with SFC.
1.4	Develop and implement a local dementia care pathway, spanning early diagnosis to end of life care and ensure that people with dementia, carers and health and social care professionals are aware of this pathway.	TBC in conjunction with health colleagues within primary care and CCG, at strategy meeting level	December 2013	TBC

2. Improve early diagnosis and treatment of dementia

Outcome: *All people with dementia will have access to care that gives them:*

- *An early, high-quality specialist assessment*
- *An accurate diagnosis which is explained in a sensitive way to the person with dementia and their carers*
- *Treatment, care and support as needed after the diagnosis*

Ref	Action	Lead	Timescale	Update
2.1	Work in collaboration with City and Hackney CCG and primary health to explore the merits of early identification and support to people with dementia and their carer's, through collaboration with the GP attached Dementia Advisor in offering outreach to those newly diagnosed.	To work in collaboration as part of the strategy implementation group	To commence at initial meeting October 2013	To ensure that knowledge of Mental Capacity Act and Court of Protection is embedded as appropriate
2.2	Work with GP practices in line with NICE guidance to enable it to have a greater role in early diagnosis and to better manage existing and future demand via enhanced primary care services.	To invite GP leads or cluster practice managers from City, Islington and Tower Hamlets where City of London residents are registered to participate in strategy group to assess levels of service to those in most need.	To progress at initial meeting October 2013	TBC

Ref	Action	Lead	Timescale	Update
2.3	Work in partnership with primary and secondary health settings to ensure a more timely and integrated service is offered providing assessment and treatment as part of the service	ASC duty team , Dementia Champion, and commissioned provider Toynbee 50+	October 2013	Work is already progressed in this sphere, but a dementia focus will be emphasised, in relation to integrations with primary and secondary health colleagues.
2.4	Ensure timely assessments of carers' needs are undertaken, and services to support carers are creatively utilised, for maximum benefits for carer and cared for. To look at respite care needs, and what would suit each individual circumstance and set of needs	ASC and Elders Voice , and Crossroads Care	October 2013	On-going, but reporting mechanism for purposes of action plan for strategy group will require regular updates
2.5	Establish regular meetings and workshops between ASC Neaman practice and Dementia Adviser and extended to Tower Hamlets and Islington surgeries where City patients may be registered to explore similar collaborations.	ASC Dementia Champion, Alzheimer's Society Dementia Advisor, and GPS. To identify leads at Islington and Tower Hamlets practices	Septembers 2013 For Neaman practice October 2013 for Islington and Tower Hamlets practices	To work on identifying key partners in neighbouring boroughs where COL residents are registered.
2.6	Ensure people with dementia and their carers and family have access to sound counselling and therapeutic interventions should they wish it via NHS Improving Access to Psychological Therapies (IAPT)	CCG leads	October 2013	To establish pathways and referral routes and thresholds

3. Increase access to a range of flexible day, home based and residential respite options

Outcome: *Support for carers will play a significant role in reducing admissions to residential care and enabling people with dementia to live in the community for as long as possible, but where residential care is the best option, there will be a range of options to choose from.*

Ref	Action	Lead	Timescale	Update
3.1	Review and promote local initiatives through effective partnership working to make more effective use of existing resources provided by commissioned and dedicated carers organisations to provide increasingly flexible and emergency respite and support responses to people's expressed needs.	Elders Voice and Crossroads Care	October 2013	Elders Voice and Crossroads care are existing commissioned providers for support information, advice and respite care to carers. Awareness has already been raised by dementia champion at contract review around the need to target carers of people with dementia
3.2	Forge links with specialist dementia organisations to build a network of support both group and individual, as a specialist resource to people living in the community with dementia despite their age or stage and their carers	Commissioning officer, Dementia champion and team manger ASC	November 2013	Draft specification has been co-produced drawn up and consulted upon at Adult Advisory Group (AAG). Tender to be raised.
3.3	Focus within ASC on personalisation outcomes to enable the development of more innovative, flexible support planning to better meet the needs of people with dementia and their carers through the on-going use of creative Individual Budgets.	Team Manager Adult Social Care and Dementia Champion ,	On-going, but with specific reference to dementia , for feedback	To develop pathways for Dementia support with provider agencies and with Penderels brokerage agents.

Ref	Action	Lead	Timescale	Update
			November 2013	
3.4	Ensure that the need for respite is an integral part of people's assessment and care planning and that the rights of carers to an assessment of needs are upheld.	ASC team in collaboration with primary health and dementia advisor and champion	Feedback in November 2013	

4. Develop services that support people to maximise their independence

Outcome: *Good-quality, flexible home care services will contribute significantly to maintaining people's independence, reducing social isolation, preventing admissions to care homes and hospitals, and supporting carers.*

Encouraging residents to participate and engage with services will inform the commissioning processes and thereby improve the range and quality of services available in the City.

Ref	Action	Lead	Timescale	Update
Best Practice				
4.1	Review models of similar nature carried out elsewhere, particularly in neighbouring boroughs, for good practice examples and explore whether it can have a "City fit"	TBC at initial strategy group when Terms of reference are agreed	November2013	
4.2	Develop partnership working with City and Hackney CCG to plan clear care pathways that offer appropriate intermediate care to all COL residents.	CCG, MHCOP, Primary Care Leads, ASC and Reablement	December 2013	Work has been going on throughout the year, looking at intermediate care in the round. This group will need to look at the specific needs of people with dementia
4.3	Explore a shared care model between CCG, primary and secondary care adult social care and dementia advisor and users of dementia services to ensure co-production is explored, in order to provide a seamless service with a continuum of care and support.	TBC at initial meeting stage	December 2013	

Ref	Action	Lead	Timescale	Update
4.4	ASC to work with commissioning on a review of contracts and to revisit the option of commissioning a dementia specialist community home care "service" rather than commission a number of hours.	Dementia Champion and Commissioning officer	November 2013	At provider's forum in July, issue was addressed, and all agencies at this time wanted to undertake dementia training with skills for care. This to be explored as part of commissioning process.
Housing and assistive technologies				
4.6	The Supported living review to incorporate the specialist needs of people with dementia into its on-going dialogue and planning and review process.	Housing and adult social care	November 2013, to update at initial strategy meeting	
4.7	Increase investment in assistive technology to support people to remain in their own homes and ensure that appropriate housing related support is available to people with dementia and family members to be supported to look after them safely.	Housing Adult Social care and London Fire Brigade	November 2013	Telecare is currently used as an integral part of an individual budget, and is often implemented as part of early intervention and prevention. ASC and LFB have been working together on risk assessing our most vulnerable service users , who may also be people identified as living with Dementia

Ref	Action	Lead	Timescale	Update
4.8	Develop a dialogue within the City between ASC and Housing regarding a range of housing options that better meet the specialist needs of people with Dementia, in relation to extra care settings in the community, that meets the additional needs of people with learning difficulties, mental health, and alcohol related Dementia (Korsakoffs) as well as the needs of the elderly with dementia.	Housing and Adult social care	November 2013	In addition to what future "extra support" there might be, housing have rolled out 2 "good neighbour" schemes, which have an excellent protective factor to older more isolated residents and possibly those with early and undiagnosed dementia
Consultation and Participation				
4.9	People with dementia will be supported to engage in meaningful activity, doing something that they enjoy or are interested in. This can be as simple as undertaking everyday tasks such as cleaning or cooking together or more formal activities – for example, participating in a choir or swimming group	TBC	November 2013	To look at community assets around Guildhall school of music, dance and theatre opportunities as well as Spice Credits where applicable.
4.10	Provide funding to support the development of a peer support group for carers of people with dementia that will enable carers to support each other, share information and advice, give carers a stronger voice and provide a forum for training.			

Ref	Action	Lead	Timescale	Update
4.11	Dementia Champion to undertake Dementia Friends training and Dementia Friendly community initiative, in conjunction with The Alzheimers Society and Skills for care	TBC	November 2013	To extend dementia champion training to encompass other city retailers as well as GP reception staff, libraries (Barbican and Artizan st)
4.12	Highlight ways that people with dementia and their families and carers can be involved in decisions about their care or in their community	Dementia Champion	November 2012	
4.13	Undertake joint work as part of the partnership board in relation to dementia , seeking the views of service users at all times	Service manager ASC	December 2013	To utilise AAG, and providers such as Elders Voice, Toynbee 50 + , Crossroads, and CSV

5. Improve the skills and competencies of the workforce

Outcome: *All health and social care staff who work with people with dementia will:*

- *Have the right skills to give the best care*
- *Get the right training*
- *Get support to keep learning more about dementia*

Improved skills and competencies of the workforce will improve the early diagnosis of the disease and improve the quality of life of those suffering with the disease and those who care for them.

Ref	Action	Lead	Timescale	Update
5.1	Adult Social Care and Skills for Care to hold a COL providers forum, where Dementia will be a key developmental topic for their staff groups.	ASC service manager and Skills for care	11/7/13	To provider regular forums for providers to meet as peers and share learning and development
5.2	Develop the ASC workforce plan to incorporate dementia skills that links to, and complements, the identified national workforce development initiatives.	ASC team manager and workforce development consultant	January 2014	To develop dementia training within Knowledge Transfer Partnership being developed with Goldsmiths university
5.3	Invest in targeted dementia training for ASC staff and use person-centred thinking tools with staff	As above	January 2014	
5.4	Organisations tap into and nurture skills in the wider community and unpaid 'workforce' – for example, linking with community groups such as "spice credits", and supporting families and carers.	TBC	February 2012	To engage Spice Credit coordinator, when strategy is embedded

Ref	Action	Lead	Timescale	Update
5.5	Ensure that ASC and other staff working with service users with Dementia have the skills to recognise and appropriately manage safeguarding risks.	See 5.2	January 2014	
5.6	Engage with the RAID liaison service with a view to expanding the role of the service to include responsibility for general hospital staff dementia training and education across COL.	CCG and health colleagues in secondary health care		To monitor and evaluate this work in relation to outcomes, and the work currently underway with tricordant

6. Improve access to support and advice following diagnosis for people with dementia and their carers

Outcome: *People with dementia and their carers will have a clear understanding of the support and advice available to them*

People with dementia and their carers will be given good-quality information about dementia and services:

- *At diagnosis*
- *During their care*

People with dementia and their carers will be able to see a dementia adviser who will help them throughout their care to find the right:

- *Information;*
- *Care;*
- *Support; and*
- *Advice.*

Ref	Action	Lead	Timescale	Update
Information				
6.1	Dementia champion, Carers Lead ASC to build a service specific directory / resource pack for people ensuring that literature is co-produced and ratified by users and carers of dementia services to be used by staff, service users and their carers	Dementia champion, team manager/Carers champion and , communications lead for COL	February 2014	To build upon the ASC Service Directory already in existence , with relevant Dementia inserts, for production in hard copy and on ASC web page
6.2	We will ensure that good quality dementia information materials and resources are accessible and available for all people with dementia and their carers.	As above		
6.3	Information about community activities, leisure and transport is available and accessible in a range of formats	Communications lead for COL and		

Ref	Action	Lead	Timescale	Update
		in conjunction with CCG lead for communications'		
Care				
6.5	Ensure that service users and their carers are able to access good quality accessible information and advice about care options	CCG and ASC	March 2014	To update all information to create a smooth communication pathway between health and social care for people affected by dementia
6.6	Ensure that agencies we use have specialist skills in dementia care	ASC Commissioning lead , CCG and ASC	January 2014	To convene another ASC providers forum follow up for a skills audit and dementia stocktake.
6.7	Explore the options of Admiral Nurse specialists in the community	CCG and ASC MHCOP	March 2014	Admiral Nurses are specialist mental health nurses specialising in dementia.
Support				
6.8	Ensure that a range of high quality, affordable local services providing therapeutic, cognitive and social stimulation for people with dementia is available to help maintain their wellbeing. These services will be appropriate for people at different stages of the disease.	All partners and stakeholders	January 2014	

Ref	Action	Lead	Timescale	Update
6.9	High quality support planning and advocacy is available from diagnosis	All partners and stakeholders	January 2013	
6.10	Develop partnership working with primary care to provide an integrated hub for support in the form of a 'Dementia Café'	Primary health partners in city, tower hamlets and Islington.	November 2013	
Advice				
6.11	There is a strategic approach to providing information as part of creating a dementia-friendly community. This involves making all information that people need to live an independent life accessible.	COL partners and stakeholders	January 2014	To consider the role and funding of a consultant to oversee the development of a dementia friendly city of London.

7. Reduce avoidable hospital and care home admissions and decrease hospital length of stay

Outcome: *Improved outcomes in terms of length of stay, mortality and institutionalisation by reducing avoidable hospital and care home admissions*

Ref	Action	Lead	Timescale	Update
7.1	Identify dementia care leads in hospital settings wherever possible and to liaise regarding the care pathway and aftercare needs on discharge.	Dementia Champion Alzheimer's Dementia Advisor for Neaman Practice CCG/MHCOP	December 2013	
7.2	Establish partnership processes to ensure that GP practices are notified when one of their patients is admitted to hospital with a diagnosis of dementia	CCG / Dementia Advisors		
7.3	Commissioned organisation have been tasked with the key outcome to work with the main hospitals used by COL residents and seek to raise awareness of dementia , especially when person is known to community services and person has been admitted for a non-overtly dementia related condition.	Toynbee 50+ Dementia Champion	November 2013	
7.4	Use the revised Review form to audit admissions to hospital for people with dementia.	ASC Team Manager, and review Social worker	December 2013	Review Document is the statutory Community care review undertaken by ASC to review any service or placement that is funded

Ref	Action	Lead	Timescale	Update
				by the local authority, this is currently under review in conjunction with the implementation of the new ESCR, and will reflect need for quality review mechanism in light of Winterbourne findings

8. Improve the quality of dementia care in care homes, hospitals and support in people's homes

Outcome: *Services will work to ensure:*

- *Better care for people with dementia*
- *Clear responsibility for dementia*
- *A clear description of how people will be cared for*
- *Visits from specialist mental health teams*
- *Better checking of care homes, hospitals and services provided to people with dementia*

*People with dementia will be offered **good quality** appropriate treatment that will improve their quality of life and delay deterioration of their condition*

Ref	Action	Lead	Timescale	Update
8.1	ASC to amend their review forms to include specific focus on dementia and to ensure that staff have asked pertinent questions in relation to cognitive deterioration and in relation to medications used, in order to monitor quality and to ensure that anti-psychotic medications are used appropriately.	ASC, CCG , MHCOP, Primary care leads, Dementia Champion and Dementia Advisor	December 2013	To update document to ask relevant dementia specific questions.
8.2	Staff to be trained in understanding the appropriate use of anti-psychotic medication in order to monitor and document within the ASC Review.	ASC, CCG, MHCOP, Primary care leads, Dementia Advisors.	December 2013	
8.3	Ensure that ASC staff are scrupulous in their review of care homes with a sound understanding of good practice and care standards for people with dementia, particularly in relation to safeguarding and to the use of medications.	ASC , CCG MHCOP	December 2013	
8.4	As part of the statutory review of service users placed in care	ASC, CCG, MHCOP	December 2013	

Ref	Action	Lead	Timescale	Update
	homes, the ASC team will ensure that the needs of those with dementia are well catered for, that they are placed in a suitably registered home, and that they will document this clearly as part of the review process. They will ensure they have checked with CQC on any recent inspections and to request updated information at the time of the review.			
8.5	Ensure that family members are consulted and invited to the review meeting and that MHCOP team are aware of the person living with dementia in their locality, and invite them and the GP as appropriate. • To ensure all physical conditions are being followed up and person not solely treated as a person with dementia. • To have knowledge of the medications given and to take note to ensure the over use of anti-psychotics is not prevalent and being utilised regarding the person we may have placed.	ASC, CCG ,CQC, MHCOP	January 2013	
8.6	Social workers to request input of hospital MHCOP team in assessing consent, Capacity and Best Interest decisions in a timely manner at ward meetings, to ensure best possible care is given.	CCG, ASC, MHCOP	December 2013	Mental Capacity Act and Best Interests are understood and adhered to.
8.7	Establishment of quarterly meeting with the regional CQC lead, to look at the specific needs of the City and those we currently have placed	ASC , CQC	November 2013	
8.8	Ensure that all services, particularly commissioned services specify dementia training and core competencies that include, but are not limited to, the national minimum standards.	COL and CCG Commissioning	November 2013	

Ref	Action	Lead	Timescale	Update
8.9	Ensure that home care services specify core competencies and training in dementia care for all staff and that home care staff have access to specialist dementia input from specialist Mental Health Care for Older People team.	COL Commissioning , MHCOP, ASC		
8.10	Carers' lead in ASC and commissioned carers organisations, to have a specific focus on the needs of family members and main carers of people with dementia throughout the progression of the condition.	Toynbee 50+, Elder Voice Crossroads care , Dementia Champion, ASC carers Champion	September 2013	In place as part of contract review mechanism

9. Improve end of life care for people with dementia

Outcome: *People with dementia and their carers will be involved in planning end of life care*

Services will consider people with dementia when planning local end of life services

Ref	Action	Lead	Timescale	Update
9.1	Ensure that people with dementia have the same access to palliative care services as others.	CCG	November 2013	
9.2	Adult social care staff to be aware of local end of life care pathways for dementia	Dementia champion and Advisor	December 2013	
9.3	Raise awareness of the Mental Capacity Act amongst health and social care professionals in order to increase the number of people who are enabled to plan for their end of life care while they have the Capacity to do so.	ASC, CCG, MHCOP , Primary health leads ,COL commissioned IMCA Service (Voiceability)	November 2013	
9.4	To study the NICE guidance on End of Life care. To provide an integrated service as and when required to compliment and support health colleagues so that people with advanced dementia can die at home if they and their family members so wish.	Dementia Champion, CCG		

10. Ensure that services meet the needs of people from vulnerable groups

Outcome: *People from vulnerable groups will be supported by staff who are aware of their needs and who will be advocating for them so that they are not subjected to safeguarding risks*

Ref	Action	Lead	Timescale	Update
10.1	Work with neighbouring local authorities and health commissioners in primary and secondary care and CCGS to ensure an Equality Impact Assessment is undertaken to gain a better understanding of the needs and current gaps in service provision, and whether current service provision is meeting need.	TBC Portsoken review Tower Hamlets primary care leads COL Public Health officer.	December 2013	
10.2	Ensure that health and social care staff working with younger people at risk of dementia receive training in dementia awareness.	ASC and COL commissioner and providers for ALD	January 2014	
10.3	Ensure that people with learning disabilities and those supporting them have access to specialist advice and support for dementia when required.	ASC, COL Commissioner and Providers. CCG LD Nurse Joint Commissioner LD CCG lead for LD	January 2014	

Ref	Action	Lead	Timescale	Update
10.4	Develop the skills of ASC staff and provider staff to recognise signs of abuse and neglect in a client with Dementia and to be able to manage the risks appropriately whilst safeguarding the interests of the client at all times.	COL/LBH Safeguarding Adults Managers in conjunction with CCG, Dementia Champion, MHCOP	October 2013	

Committee(s):	Date(s):
Health and Wellbeing Board	5th September 2013
Subject: Information report	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

This report is intended to give Health and Wellbeing Board Members an overview of key updates to subjects of interest to the Board where a full report is not necessary. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate.

Within this report there are updates on:

- Pharmaceutical Needs Assessment
- Mental Health Needs Assessment
- Substance Misuse Partnership review
- Air Quality update
- Winterbourne View review and learning disabilities
- Public Health intelligence and outcomes update
- Tuberculosis epidemiology in London
- Defibrillators
- Public Health Budgets

The policy updates are:

- NHS Health Check implementation review and action plan
- Building resilient communities
- Physical activity promotion in socially disadvantaged groups: principles for action
- A minimum price for alcohol?
- Hepatitis: frequently asked questions - briefing for councillors
- Urgent and emergency services: second report of session 2013–14
- Dental contract reform programme: early findings and opportunity to give feedback
- Excess winter mortality report 2012 to 2013
- Improving general practice: a call to action
- Commissioning in Healthcare 2013
- Health & Wellbeing Board Local Healthwatch Learning Event

Recommendation(s)

Members are asked to:

- Note the update report, which is for information

Main Report

Background

1. In order to update Members on key developments and policy, information items which do not require a decision have been included within this highlight report. Details on where Members can find further information, or contact details for the relevant officer is detailed within each section as appropriate

LOCAL UPDATES

Pharmaceutical Needs Assessment update

2. The Public Health team within the London Borough of Hackney has been leading on the refresh of the City and Hackney Pharmaceutical Needs Assessment (PNA), which was originally published in 2011. NHS England's London South Area Team and Lead for Pharmacy Market Entry for London recently reviewed the existing PNA, and said that there would be no major emerging issues. PNA's have to be refreshed by March 2015: locally, this is anticipated to take place during 2014.
3. The contact officer is James Palmer (020 8356 3192)

Mental Health Needs Assessment update

4. City and Hackney Clinical Commissioning Group ((CHCCG) has requested a mental health needs assessment to cover City and Hackney. As part of local authority public health responsibilities, we are mandated to provide this. A decision has been made locally to commission this work from an external provider.
5. The Mental Health and Substance Misuse Needs Assessments tenders were released to eight potential providers on the 14th of August. The specification details two separate assessments, covering the City and Hackney geographic area's residents. Whilst there is a focus on assets within the City and Hackney to tackle emerging issues and priorities, this will not neglect the need for a clear understanding of the deficiencies and what has changed within the areas since the last JSNA was completed.
6. The work will include separate sections, highlighting the specific needs of the City of London as well as what will influence public health expenditure and policies. It will also be used by the City and Hackney Clinical Commissioning Group for the provision of acute services. The tenders will be evaluated in

early September, and there are a number of key milestone gateways within the process – which will be signed off jointly by the London Borough Hackney, the City of London and the CHCCG; with delivery of the finished article expected in mid-December.

7. The contact officer is James Palmer (020 8356 3192)

Substance Misuse Partnership review

8. The substance misuse review is continuing, with Public Health, the Clinical Commissioning Group and the City of London Police all being consulted so far. A focus group for service users will take place in early September. Discussions are continuing with LB Hackney, and City of London representation is due to join their service review project board in September. Alongside the consultation process, statistical analysis is taking place to identify who is using the drug and alcohol services, which groups aren't being reached and where the gaps in service delivery are. An update report will be presented to the Substance Misuse Partnership in October and to the Community and Children's Services Committee in November.

9. The contact officer is Emma Marwood-Smith (020 7332 1576)

Air Quality update

10. The Department of Markets and Consumer Protection has commissioned a piece of work to look at strategic options for improving the health outcomes of residents and workers in the City. This is in relation to the Public Health Outcomes Framework Air Quality Indicator.

11. The assessment will consider:
    - The current situation, including damage costs and the latest epidemiological evidence of the health impacts
    - How the Health and Wellbeing Board can promote air quality improvement and action though its partners e.g. health care commissioners / NHS
    - How other public health indicators can be used to improve health outcomes relating to air quality
    - Actions that can be taken, with prioritisation, and approximate costs
    - How actions can link in with other Corporate plans and priorities e.g. Corporate Plan, Local Implementation Plan, Planning Policies, Area Strategies

12. Recommendations for specific actions will initially focus on the south eastern corner of the City, particularly around Mansell Street. This is to tie in with a recent bid for funding from the Mayor's Air Quality Fund, which was focussed

on action in this area. A report of the outcomes of this work will be presented to the January Health and Wellbeing Board meeting.

13. The contact officer is Ruth Calderwood (020 7332 1162)

Winterbourne View Review and Learning Disabilities

14. A meeting between representatives of social care, public health and the CCG was held on July 30, to discuss the action plan arising from the Winterbourne Review Stocktake. All of the residential placements have now been reviewed.

15. It was agreed that a working group called the City and Hackney Learning Disability Partnership will be established to monitor learning disability issues and to discuss any thematic issues arising across the CCG and the local authorities. It will meet twice per year and would report as appropriate to the Safeguarding Subcommittee and the Health and Wellbeing Board. The Joint Commissioning Manager in Hackney and the equivalent in Tower Hamlets will be invited.

16. The contact officer is Katherine Peddie (020 7332 1214)

Public Health intelligence and outcomes update

17. The health outcomes subgroup is in the process of collating national indicators and frameworks, with a view to identifying where local indicators can be developed for priority areas.

18. Public Health England refreshed the Public Health Outcomes Framework (PHOF) dataset on 6th August 2013. Much of the data for City is still unavailable due to small numbers; and where new data have been published, they are subject to wide confidence intervals (meaning there is a high degree of uncertainty).

19. Public Health England has released a new indicator for workplace absence that is based on the resident population; however this is particularly unhelpful within the context of the City. The health outcomes subgroup will consider what alternative local measures can be used to measure workforce health within the City's context.

20. City; Hackney; Tower Hamlets; and Newham are currently negotiating with the Clinical Effectiveness Group (GEG) to provide summary data from primary care records, down to LSOA level (There are six LSOAs in the City, each broadly covering a major population. E.g. Portsoken or Golden Lane). This data will allow us to develop local indicators to overcome the deficiencies in national datasets with regards to the City's population. For example, GP records to hold information on smoking prevalence that is much more accurate than survey-generated data.

21. The most recent meeting of the Children's Executive Board (CEB) considered which family and young people's indicators and outcomes could be suggested for inclusion within the City's Health and Wellbeing Strategy. The indicators which are suggested for inclusion are:
    - Percentage of looked after children reviews and child protection conferences held within timescale
    - Children becoming subject to a child protection plan (CPP) for physical, emotional and sexual abuse or neglect
    - Child protection plans lasting two years or more
    - Pupil absence and educational attainment of school aged Children in Need (CIN)
    - Children in poverty linked to 16-18 year olds Not in Education, Employment or Training (NEET)

22. Concerns were raised regarding health data as data is often not disaggregated and numbers are very low. The CEB recommended the consideration of CAMHS (Children's and Adolescent Mental Health Service) indicators as a proxy measure and Healthwatch is also working with City young people to review their health priorities. The health outcomes sub group is considering if any other which health indicators may be suitable for inclusion.

23. The contact officer is Sarah Greenwood (020 7332 3594)

Tuberculosis epidemiology in London

24. Public Health England has released new national figures for tuberculosis (TB) epidemiology based on 2012 figures. The report shows that 3,426 TB cases were reported in London in 2012, accounting for around 40% of cases nationally. Although rates of TB have stabilized nationally at around 14 cases per 100,000 since the mid-2000s, TB incidence in London is at a high 42 per 100,000, the highest rate of any western European capital. The majority of cases were among people born outside of the UK and many of these were young adults between 25 and 44.

25. For the City of London, the report shows a prevalence rate for TB of 13.5 %, neither extremely low nor high amongst London boroughs; however upon closer inspection, it appears the rate has been calculated based on fewer than 5 cases.

26. Link: https://www.gov.uk/government/news/tuberculosis-rates-remain-among-highest-in-western-europe
The contact officer is Maria Cheung (020 7332 3223)

Defibrillators

27. Defibrillators are located in Lauderdale Tower, Golden Lane Estate Office, Middlesex Street Estate, and Mansell Street (in the GP Practice). All of these defibrillators were supplied by London Ambulance as part of the Lord Mayor's

initiative and were provided free of charge. There is at least one member of staff on each site trained in their use but they are so simple to use that anyone would be capable of operating one. The defibrillator at the Golden Lane Leisure Centre is the responsibility of Fusion.

28. There may be other defibrillators in the City of London. For example, it is suspected that most gyms have them and some of the larger buildings, but there is no requirement for them to be registered.

29. The contact officer is June Bridge (020 7332 1327)

Public Health Budgets

30. The Local authority revenue expenditure and financing data for 2013/2014 has been released. This data is the first release which shows what the Public Health grant will be spent on in different authorities as it is the first year that Public Health has been the responsibility of local authorities.

31. Link: https://www.gov.uk/government/publications/local-authority-revenue-expenditure-and-financing-england-2013-to-2014-individual-local-authority-data

32. The contact officer is Neal Hounsell (0207 332 1638)

POLICY UPDATES

NHS Health Check implementation review and action plan

33. This review argues that checking 40-74-year-olds' blood pressure, cholesterol, weight and lifestyle could identify problems earlier and prevent 650 deaths, 1,600 heart attacks and 4,000 cases of diabetes a year. Public Health England, which leads the NHS Health Check programme, has now launched a ten-point plan to help councils roll them out to 20 per cent of their eligible local population a year –15 million people by 2018/19.

34. Link: http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link74

Building resilient communities

35. This report calls on every council to prioritise mental health within their public health strategy. It brings together the evidence base and people's experiences about what makes resilient people and communities. It offers practical steps to help teams design wellbeing and resilience services aimed at preventing the development of mental health problems, and to measure their impact.

36. Link to report:
http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link6

Physical activity promotion in socially disadvantaged groups: principles for action

37. This report presents the main conclusions of the Physical Activity and Networking (PHAN) project and provides – based on a review of evidence, case studies and national policies – suggestions for national and local action on interventions and policy formulation to support physical activity in socially disadvantaged groups. While acknowledging that the evidence base needs to be further strengthened, the report also identifies evidence gaps to be targeted by future research.

38. Link: http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link26

A minimum price for alcohol?

39. This briefing note has been updated following the government response to the consultation on minimum unit pricing. It outlines the background to the debate and consultation and the government's response to the consultation.

40. Link: http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link54

Hepatitis: frequently asked questions - briefing for councillors

41. This FAQ has been jointly produced by LGA and Public Health England (PHE) to address questions that councillors may have on hepatitis and the viruses that cause it.

42. Link: http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link43

Urgent and emergency services: second report of session 2013–14

43. This report suggests that growing demand on A&E departments will make them unsustainable if effective action is not taken quickly to relieve the pressures on them. It also raises concerns at low staffing levels in emergency departments, and questions the role NHS 111 will play in the emergency and urgent care system. It calls for health and wellbeing boards to be held to account for plans to improve urgent and emergency care services locally.

44. Link: http://kingsfund.chtah.com/a/hBSCORyB7R$KDB80ddFNshUlopI/link58

Dental contract reform programme: early findings and opportunity to give feedback

45. These documents provide an overview of the work to develop the dental contract reform, and give the chance to feedback on themes of the reform. The reform is aimed at improving oral health and increasing access to NHS dentistry.

46. Link: http://kingsfund.chtah.com/a/hBSDjumB7R$KDB80kgBNshUloWy/link33

Excess winter mortality report 2012 to 2013

47. This report presents observations from routine mortality surveillance work done by the Respiratory Diseases Department (RDD) within PHE. It shows that excess all-cause mortality has been high among elderly people in 2012 to 2013.

48. Link: http://kingsfund.chtah.com/a/hBSDjumB7R$KDB80kgBNshUloWy/link36

Improving general practice: a call to action

49. This consultation is seeking views to help shape the future of general practice services in England. It also asks a number of questions about how NHS England can best support local changes. Responses are welcomed until the 30th September 2013.

50. Link: http://kingsfund.chtah.com/a/hBSDjumB7R$KDB80kgBNshUloWy/link25

Commissioning in Healthcare 2013

51. Health and Wellbeing Board members are invited to attend a free conference on Commissioning in Healthcare on 8th October at London Olympia. Confirmed speakers include Lord Howe, Parliamentary Under Secretary of State (Department of Health); Mike Farrar CBE, Chief Executive (NHS Confederation); Malcolm Grant, Chair (NHS England)

52. Topics covered on the day include: Reviewing Urgent Care; Commissioning for Improved Outcomes; Success in Locally-Led Commissioning; Regulating for Patient Safety in Commissioning; Long Term Condition Management; Prevention in Commissioning.

53. Link: http://www.commissioninginhealthcare.co.uk/

Health & Wellbeing Board Local Healthwatch Learning Event

54. Health and Wellbeing Board members are invited to a learning and networking event on Friday 13th September, 2013 at Coin Street Neighbourhood Centre, which is being funded by the London Social Care Partnership

55. Topics covered on the day include: Decision making, funding and quality assurance structures underlying Health and Social Care; A view on progress and innovation by HWBs nationally and locally; Speaking for and influencing - The challenges of being around the table; and a roundtable discussion of issues raised throughout the day.

56. For more information and an event flyer, please email: info@hascaltd.co.uk

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Committee(s):	Date(s):
Health and Wellbeing Board	5th September 2013
Subject: The role of the City of London's Health and Wellbeing Board	**Public**
Report of: Director of Community and Children's Services	**For Information**

Summary

As part of the Health and Social Care Act 2012 ("HSCA 2012"), The City of London Corporation is responsible for promoting the wellbeing of all the people who live or work in the City. The City of London's Health and Wellbeing Board is responsible for carrying out duties conferred by the HSCA 2012.

The Corporation will be held accountable to the Department of Health for improving healthy life expectancy, and will be measured according to a suite of indicators, including:

- Children in poverty
- Road accidents
- Violent crime
- Sickness absence
- Employment for people with health conditions
- Noise complaints
- Smoking prevalence
- Air pollution
- Suicides
- Physical activity
- Pupil absence
- Social isolation
- Utilisation of outside space for health or exercise reasons

The issues above cut across many departments and committees of the City Corporation, and therefore officers should take into account the responsibility of the Health & Wellbeing Board and the need to engage with it when formulating policy proposals.

Recommendation(s)

Members are asked to:

- Note the on-going work to raise awareness of the Health and Wellbeing Board

Main Report

Background

1. The Health and Social Care Act 2012 ("The HSCA 2012") received Royal Assent on 27 March 2012. One of the key aspects of the reform is that local authorities in England have taken over the responsibility for health improvement of local populations, including both residents and workers.

2. The City of London's Health and Wellbeing Board is responsible for carrying out duties conferred by the HSCA 2012. These include:

    - to provide collective leadership for the general advancement of the health and wellbeing of the people within the City of London by promoting the integration of health and social care services;

    - to provide advice assistance and support to encourage partnership arrangements.

    - to encourage providers of "health related services" to work closely with the Board, Social Care Services and Health Service Commissioners

    - to identify key priorities for health related commissioning, including the preparation of the Joint Strategic Needs Assessment and the production of a Joint Health and Wellbeing Strategy.

3. The City of London Corporation is responsible for promoting the wellbeing of all the people who live or work in the City. This means that the Corporation will be held accountable for improving health outcomes and healthy life expectancy; will be benchmarked using the Public Health Outcomes Framework indicators (PHOF); and will be held accountable by the Department of Health and local populations if outcomes decline over time.

4. The PHOF is a far-reaching set of indicators that includes many of the wider social determinants of health, including:

    - Children in poverty
    - Road accidents
    - Violent crime
    - Sickness absence
    - Employment for people with health conditions
    - Noise complaints
    - Smoking prevalence
    - Air pollution
    - Suicides
    - Physical activity
    - Pupil absence
    - Social isolation
    - Utilisation of outside space for health or exercise reasons

5. These issues cut across many departments and committees of the City Corporation and, as such, a need has been identified to raise awareness among officers so that they take into account the important responsibility of the Health & Wellbeing Board when formulating policy proposals.

6. One recent example of this has been the recent 20mph benefits and disbenefits paper, which was originally scheduled for Planning and Transportation Committee; Policy and Resources Committee; and Court of Common Council. Because the 20mph speed limit impacts upon both road accidents and air pollution, this policy was also considered by the Health and Wellbeing Board.

7. Within the City of London Corporation, legislation requires a sustainability appraisal of planning policies, which takes account of their social, economic and environmental impact, with the social element including consideration of health impact. There is potential to improve the way these appraisals are conducted, through providing a health impact assessment toolkit, similar to the one produced by the sustainability team (see appendices). This could be used to promote a “Health in all Policies” approach across the Corporation.

8. Where policies have a clear impact upon population health, officers should be aware of the need to bring their proposed policies to the Health and Wellbeing Board, as part of the committee sign-off process.

Corporate & Strategic Implications

9. The City of London Corporation is responsible for promoting the wellbeing of all the people who live or work in the City. By considering the public health impacts of all policy decisions made within the City of London Corporation, the organisation can ensure that it is meeting its statutory obligations, whilst also contributing to our corporate vision, strategic aims and key policy priorities relating to workers, residents, businesses and visitors in the Square Mile.

Conclusion

10. Although the City of London’s Health and Wellbeing Board is responsible for carrying out duties conferred by the HSCA 2012, and has far-reaching powers that enable it to influence beyond the Corporation of London, it is important that members and officers are aware of the work of the Health and Wellbeing Board, and give due consideration to the wider health and wellbeing impacts of their policies.

Appendices

Appendix 1. Sustainability Checklist
Appendix 2. Sustainability Framework

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City of London Sustainability Framework

What is the Sustainability Framework?

The Framework is based on the City of London's Sustainability Strategy , which draws out the sustainability elements of the Community Strategy together with other significant Corporate documents.

This is a 'checklist and dialogue' based approach that should be completed in groups.

Who should use it?

The Framework is intended to be used by the members of the local authority and its partners.

When should it be used?

The Framework should be used both at the development stage and the implementation stage of activities including:

- Policy and programme development
- Strategy and policy appraisal
- Project assessment
- Grant application and assessment

The Toolkit should help:

- Identify positive contributions to the Community Strategy and demonstrate good practice.
- Identify links between different themes within the strategy as well as between departmental policies.
- Identify possible areas of conflict
- Consider and develop improvements to address overlaps and gaps
- Add value to activities by giving an overview of impacts and maximising benefits
- Maintain clarity about what the local authority and its partners aim to achieve

Using the Sustainability Framework

The Framework is simple and easy to use. The process should take one hour.

Section 1 Should be completed by the lead person
Section 2 should be completed in groups of around 6 people

The group should discuss the following:

- What contribution does the activity make?
- Can any poor/undermining contributions be addressed so that they perform better?
- Include the 'existing Achievements' to justify your choice of contribution and the future 'Ambitions' to improve the contribution?

Please make relative not absolute judgements (e.g. an energy efficient building would score positively even if it uses more energy than if it were not built at all).

Ground Rules

- Up to 6 people in a group
- Multi-disciplinary group
- Maximum time agreed
- Participants agree to hold a balanced and independent view
- Adequate information on the activity is available
- Everyone has the opportunity to feed in their views

The Sustainability Framework has been developed by Forum for the Future together with the Corporation of London.

If you have any queries about the framework, please contact Emma Bara, Sustainability Policy Officer, on 0207 332 1428.

Identifying Contributions			
U	**Undermining:** significant contribution that could undermine the objective:	**F**	**Fair:** makes minimal direct or significant indirect contribution to the objective.
P	**Poor:** missed opportunity to fully explore the potential to contribute to the objective.	**G**	**Good:** makes a significant direct contribution to the objective.
W	**Weak:** does not contribute significantly to the objective.	**E**	**Excellent:** makes a close to optimal contribution to the objective:

Section 1 This section should be completed by the person(s) responsible for the activity
What are you proposing to do and what is the objective?
What are the measures of success?
How will the activity be implemented? What resources are required and where will the come from (funding, staff, etc.)?
What lessons have been learnt previously which affect this activity?
What are the longer-term ambitions and ongoing commitments? What benefits can future generations expect?
How are external and internal partners/ stakeholders being involved in the project (consultation, project partners, reporting, etc.)?
What arrangements are in place for monitoring, evaluating and reporting the development and implementation of this activity?
What are the significant risks associated with this activity and how will they be managed?
What are the broader implications? How will this impact on communities outside of the City of London and the UK?
How will you communicate your successes to your staff, other departments and external stakeholders?

Section 2	This section should be completed by an Appraisal Group, please list Appraisal Group participants:

City of London Sustainability Framework									
What contribution does this activity make to:		Contribution						Evidence	Actions for Improvements
EC	ECONOMIC	U	P	W	F	G	E		
EC1	Helping partners understand and prepare for the likely impacts of climate change.								
EC2	Helping business to be more environmentally and ethically aware.								
EC3	Supporting local SMEs.								
EC4	Encouraging business partners to adopt CSR and environmental policies.								
EC5	Seeking environmentally and socially responsible options when purchasing goods and services								
EC6	Adapting infrastructure and services to prepare for the likely impacts of climate change.								
EC7	Encouraging Corporate Social Responsibility and volunteering schemes.								
EC8	Improving the pool of skilled, local labour.								
EN	ENVIRONMENT	U	P	W	F	G	E		
EN1	Encouraging best environmental practice in all activities.								
EN2	Reducing carbon emissions								
EN3	Reducing water consumption								
EN4	Reducing generation of waste								
EN5	Placing sustainable development principles into the heart of the planning process.								

City of London Sustainability Framework									
What contribution does this activity make to:		**Contribution**						**Evidence**	**Actions for Improvements**
EN6	Encouraging sustainable and integrated transport systems.								
EN7	Reducing the negative impacts of transport use on the environment.								
EN8	Protecting, maintaining and enhancing the built environment of the City.								
EN9	Reducing flood risk to the City.								
EN10	Increasing awareness of everyone's role in creating a clean and attractive environment.								
EN11	Improving the cleanliness of the City.								
EN12	Improving local air quality								
EN13	Encouraging others to reduce the amount of pollution they produce.								
EN14	Protecting, maintaining and enhancing areas with landscape, wildlife or historical value.								
EN15	Preventing risk to human health and damage to the environment.								
SO	SOCIAL	**U**	**P**	**W**	**F**	**G**	**E**		
SO1	Enhancing and encouraging preventative health services, activities and education.								
SO2	Encouraging deeper understanding and cooperation between people from different cultures and faiths.								
SO3	Providing activities and meeting places for young people.								
SO4	Delivering of a range of cultural activities.								
SO5	Consulting, informing and engaging all sections of the community in decision making.								

City of London Sustainability Framework													
What contribution does this activity make to:		**Contribution**						**Evidence**	**Actions for Improvements**
SO6	Ensuring equal access to all City services and activities								
SO7	Promoting road safety.								
SO8	Reducing crime and fear of crime.								

Summary of 'Actions for Improvement':

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SUSTAINABILITY CHECKLIST

The Sustainability Checklist is a tool to help you do a basic assessment of the impact your proposal may have on wider economic, environmental and social issues.

Consider how your proposal and recommendations contribute to the following items. In your report;

- Highlight those areas where a positive contribution is made;
- Where a recommendation is likely to undermine an item, you need to acknowledge this and either identify mitigating actions or justify the reasons for it doing so;
- Where no impact is identified a comment is not required.

ECONOMIC	COMMENT
a. Helping the City/ preparing for and adapt to the likely impacts of climate change.	
b. Encouraging business to be more environmentally and ethically aware.	
c. Securing environmentally and socially responsible goods and services	
d. Supporting the local workforce, SMEs and community activities.	
ENVIRONMENT	
a. Encouraging best environmental practice in service delivery by the City Corporation, its stakeholders and contractors.	
b. Reducing water consumption	
c. Reducing waste	
d. Reducing carbon emissions	
e. Reducing littering and pollution	
f. Encourage the use of walking, cycling and public transport.	
g. Improving or creating habitats for wildlife	
SOCIAL	
a. Enhancing and encouraging preventative health services, activities and education.	
b. Encouraging deeper understanding and cooperation between people from different cultures and faiths.	
c. Providing activities and meeting places for young people.	
d. Delivering of a range of cultural activities.	
e. Consulting, informing and engaging the community in decision making.	
f. Ensuring equal access to City services and activities	
g. Reducing crime and fear of crime.	

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Committee(s):	Date(s):
Health and Wellbeing Board	5 September 2013
Subject: Development Day – October 9th 2013	**Public**
Report of: Director of Community and Children's Services	**For Decision**

Summary

The City of London's Health and Wellbeing Board has a Development Day scheduled for October 9th. This report contains proposals for the format and content of the day.

Recommendation(s)

Members are asked to:

- Agree the proposals for the Development Day

Main Report

Background

1. At the July Health and Wellbeing Board, members agreed that the next Health and Wellbeing Board Development Day would take place on October 9th 2013.

Proposals

2. As Fiona Reed Associates has been commissioned to run part of the day, it is proposed that the morning session will be facilitated by them. It is proposed that this morning session should be used to review what the Health and Wellbeing Board has achieved so far; the progress made in Board development over the last year; and any outstanding relationship and governance issues.

3. It is proposed that the afternoon session should be run by senior members of the City and Hackney Public Health Team, led by the Interim Director of Public Health. The following activities are proposed:

   i. A World Café style discussion, using cameos of City service-users to illustrate some of the more complex health and wellbeing needs that

occur in the City of London. This discussion will allow Health and Wellbeing Board members to consider how services in the City currently work together to meet the needs of City residents and workers, and how the Health and Wellbeing Strategy can be used to influence and improve outcomes.

ii. A discussion on what the Health and Wellbeing Board's work programme should be for the next twelve months, with priority areas of focus identified. This will attempt to establish an agreed work programme for the board, to provide a framework for the next twelve months' meetings.

iii. A discussion on the Board's learning and development needs, including what issues it would like to look at as part of its development days, and how it wants to take the development day programme forward. This discussion will include potential public health topics to cover; site visits; and skills sessions that board members may wish to consider.

4. The proposed schedule for the day is attached as appendix 1.

Appendices

Appendix 1 – Proposed schedule for Health and Wellbeing Board Development Day

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Appendix 1 – Proposed schedule for Health and Wellbeing Board Development Day

Time		
9.15 – 9.30	Welcome and refreshments	
9.30	**Morning session** • Taking stock of how you, as a Board, see yourselves meeting the demands on you, including reference to national standards on Health & Wellbeing Board effectiveness.	Fiona Reed Associates
11.00 – 11.15	Comfort break	
11.15	• Agreeing a shared picture of the behaviours you, as a Board, want your members to display in your work together, reviewing previously agreed Success Criteria to see if they still reflect what's needed.	Fiona Reed Associates
12.30	Lunch	
1.15	**World café style discussion with cameos** • Who are the City's service-users, and what are their needs? • How does this link with the Health and Wellbeing Strategy? • What should the priority actions for the Health and Wellbeing Strategy be?	Public Health Team
3.00 – 3.15	Comfort break	
3.15	**Health and Wellbeing board work programme** • What should the Board's priority activities for the year be?	Public Health Team
4.00	**Learning and development planning session** • How do we learn and develop as a board? • What should our priority learning and development activities be for the coming year?	Public Health Team
5.00	Close	

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