Committee(s):	Date(s):
Health and Wellbeing Board	7th November 2012

Subject: Health Intelligence	Public
Report of: Director of Community and Children's Services	For Information

Summary

This report, which is for information, sets out the work needed to obtain, use and share health intelligence information required by the City of London to support its new Public Health functions from April 2013.

The Department of Health released a series of factsheets in early October setting out the questions that local authorities (LAs) will need to ask in order to ascertain the roles and responsibilities for health intelligence in their locality.

There will be a raft of nationally available information but local expertise will be needed to extract, use and analyse relevant data. Commissioning Support Units will be able to access a range of local and national data on behalf of the Clinical Commissioning Groups via new national data management integration centres and LAs may need to use some of that data for its public health role.

A working group has already started to consider the issues raised in the fact sheets. The City will use this work to determine what its health intelligence needs are in order to fulfil its new duties and will then have to decide whether those can be best met in house, through a commissioned service or a mix of the two.

Recommendations

The Director of Community and Children's Services to bring back a proposal to the Health and Wellbeing Board addressing these issues.

Main Report

Background

1. Further to the Health and Social Care Act 2012, a number of key Public Health functions will transfer to local authorities from April 2013. These include appointing a Director of Public Health and responsibility for commissioning a range of public health services.

2. To fulfil their new duties, local authorities will need to ensure they have appropriate health intelligence (i.e. information on the health and wellbeing of their local population) through effective links with Clinical Commissioning Groups (CCGs), Commissioning Support Units (CSUs) and other NHS bodies. This information will be used to support health and wellbeing boards in strategic decision making and in:

   - developing the Joint Strategic Needs Assessments (JSNAs)
   - developing and interpreting neighbourhood and GP profiles
   - identifying vulnerable local populations, marginalised groups and describing local health inequalities to inform commissioning of public health services
   - offering public health advice on the commissioning cycle, including understanding local performance and key drivers against indicators set out in the Public Health Outcomes Framework
   - supporting clinical commissioning groups in interpreting and understanding data
   - preparing the director of public health's annual health report

Current Position

3. To support local authorities in the transition, the Department of Health released a series of factsheets in Early October. They set out the questions that local authorities (LAs) will want to ask in order to ascertain the roles and responsibilities for health intelligence in their locality and in turn, the best use of the available funding and IT requirements.

4. A working group, with representatives from City and Hackney has already started to consider the issues raised in the fact sheets and has fed into this paper.

Health Intelligence Responsibilities

5. In determining their own health intelligence requirements LAs need to understand the health intelligence responsibilities of other organisations from April 2013. Whilst LAs will assume roles related to Public Health and support for Health and Wellbeing Boards as set out earlier in the report, Clinical Commissioning Groups (CCGs) will be responsible for delivering secondary care services. The business intelligence functions supporting these commissioning responsibilities are, in the main, transferring into new commissioning support units (CSUs – which will be funded by CCGs) or other NHS bodies.

6. The DoH recognises that health intelligence is a speciality and is variable across the country. It also recognises that depending on local

circumstances, health intelligence work may best be organised 'in-house' by the local authority (by subsuming some or all of the new functions into existing performance teams) or it may be a commissioned service (purchased partly or wholly from other bodies, including CSUs).

7. Each local authority must determine its own local health intelligence needs and will need to agree with its partners how the required information is gathered, shared and used effectively to deliver their new public health responsibilities.

Information Sources and Infrastructure

8. Many existing datasets, health intelligence products and services will continue to be available from April 2013 from a range of national providers. For example the public health compendium and local health profiles. However, local expertise will be needed to extract, use and analyse relevant data.

9. The key national organisations which will support local authorities in their health intelligence role are also in transition, but the likelihood is that Public Health England will provide tools, evidence sources, good practice, national benchmarking and training opportunities. Office for National Statistics will provide births and data, and the National Institute for Health and Clinical Excellence (NICE) will provide public health evidence. The Health and Social Care Information Centre will provide a host of information and data through current systems.

10. CSUs will be able to access a range of local and national data on behalf of the CCGs via new national data management integration centres and LAs may need to use some of that data for its public health role. LAs will need to assess which other data they need and how best to access and analyse this data. For the most part, LAs will only need to use aggregated data, but may occasionally need patient level data. Each LA will need to consider the cost effectiveness of accessing such data direct versus using the services of other bodies to do this on their behalf.

Data Sharing

11. The Health and Social Care Information Centre is working on a code of conduct for the sharing of patient level health and social care information and LAs will need to comply with the national checklist of information governance arrangements to ensure data security.

The Way Forward

12. The City of London is participating in a number of work streams as part of the Public Health transition and a Strategy and Commissioning Group has

been set up to review public health functions before Christmas to plan the way forward. Assessing the health intelligence functions are a key part of this. The City will use this work to determine what its needs are in order to fulfil its new duties and will then have to decide whether these health intelligence needs can be best met in house, through a commissioned service or a mix of the two.

Issues for the City of London to Consider

- Existing Performance and Intelligence Teams

13. The East London NHS cluster has a Health Intelligence Team (HIT) which currently supports and facilitates the public health work of the City, Hackney, Tower Hamlets and Newham. This team consists of expert analysts in different fields such as health economics and epidemiologists. Early discussions have already taken place regarding the ongoing work of this team post April 2013 and two options were considered: a) a host LA for a single new team or b) the functions undertaken by separate LAs as befits their local circumstances. Following numerous discussions, the existing HIT will be split between the four organisations and some posts will be TUPE'd across to those LAs. Hackney estimates that between one and two posts will transfer to them in April 2013 and the roles and responsibilities of those posts are in development.

14. The City has a policy and performance team within Community and Children's Services, which specializes in gathering and reporting performance information for housing, children and adult services. The Director of Community and Children's Services assumes responsibility for the Substance Misuse Partnership in November to further align the health and wellbeing remit for the City and this team also holds a data analysis function.

15. The Director of Community and Children's Services is already planning a restructure within the Strategy and Performance team (with commissioning, performance and business services functions) in order to best support the department's health and wellbeing remit and will assess the LA and public health intelligence requirements as part of this work. There is likely to be a requirement for in house statistical expertise e.g. the ability to interpret and analyse complex statistical material and with experience of statistical tools such as confidence intervals etc.

- Future Health Intelligence Funding for the City

16. The City's 'share' of the HIT equates to approximately £10,000 per annum. Alone this is clearly not sufficient for a full time post or team specializing in health intelligence and would lead to serious consideration of

commissioning some or all public health intelligence functions. However it is unlikely that this will be ringfenced health intelligence purposes only and could be combined with the City's overall public health budget.

- Access to Data

17. A large amount of data that the CCG will use for commissioning services is based on aggregated data combining both City and Hackney data as was demonstrated in the recent JSNA. This is because the small population figures in the City can make forecasting or trend analysis impossible on their own. Larger numbers are needed to make statistically valid projections, which inform commissioning decisions. It is therefore important to identify which data sources will give the City meaningful information for it to use independently and where joint data across LAs is more important in order to commission services effectively (in many senses, where joint data is available, it may be sensible to commission services jointly too, and this is being explored by the working party).

18. There are a number of methods of obtaining data from relevant sources and an associated range of data feeds which may have an associated cost. For example, an N3 connection, required for access to some NHS information costs approximately £3,500 to install plus ongoing costs. Given the likely limited use of the connection, commissioning some data services to organisations with existing IT connections may be more cost effective for the City. The CSU, given their data support to CCG, may be a viable option for this. The City is working with colleagues in other boroughs and the CCG to ascertain what information will be held by the data management integration centres and how it can be shared between colleagues.

19. Work has already started within the City to bring together the performance frameworks for adults and children's services and to show the links between performance frameworks for the Health and Wellbeing Board. The City has also started discussions with a number of information sources (e.g. the London Health Observatory) with regard to disaggregating City level data.

Conclusion

20. The City must work swiftly alongside partners to identify :

- **Where existing and proposed intelligence functions (e.g. Hackney or the CSU) may be commissioned by the City to make best use of the City's limited resources, aggregated data sources and IT infrastructure.**

- **a revised strategy and performance structure within Community and Children's Services to meet the needs which cannot be met by commissioned services**
- **a method of accessing, sharing and using information effectively amongst partners.**

Recommendations

21. The Director of Community and Children's Services to bring back a proposal to the Health and Wellbeing Board addressing these issues.

Contact:
Sarah Greenwood | sarah.greenwood@cityoflondon.gov.uk | 0207 332 3594