

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 Grant¹ 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: <ul style="list-style-type: none"> - Smoking cessation - Screening for Cancer - Regular Health Checks - Substance misuse (drugs & alcohol) - Sexual health
F. Protecting the community especially the vulnerable	<ul style="list-style-type: none"> - 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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