

Meeting	Barnet Health Overview and Scrutiny Committee
Date	12 March 2014
Subject	Public Health Commissioning Intentions 2014-15
Report of	Director of Public Health Barnet and Harrow
Summary of Report	The paper contains the commissioning intentions for Public Health in Barnet for 2014-15. The intentions will support the delivery of statutory requirements and the provision of discretionary services within the Local Government Public Health remit. The intentions align with the priorities in the Barnet Health and Well Being strategy and represent the Council's Public Health contribution to delivery of the strategy.
Officer Contributors	Brian Jones, Barnet and Harrow Public Health Service
Status (public or exempt)	Public
Wards Affected	All
Key Decision	No
Reason for urgency / exemption from call-in	N/A
Function of	Committee
Enclosures	None
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1. RECOMMENDATION

- 1.1 The Committee consider the Public Health Commissioning intentions for 2014-15 and make appropriate comments and/or recommendations to the Cabinet Member for Public Health.

2. RELEVANT PREVIOUS DECISIONS

- 2.1 Health and Wellbeing Board, 23rd January 2014, Agenda Item 11, Public Health Commissioning Intentions

3. CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The proposed commissioning intentions align with, and support delivery of, the Health and Well-Being Strategy 2012-15 and the commitments outlined in the first annual performance report of the Strategy, presented at the Health and Wellbeing Board in November 2013.
- 3.2 Specifically the four themes of the Health and Well-Being Strategy are supported by various Public Health programmes and initiatives as summarised in the table below:

	Preparation for Healthy Life	Well-Being in the Community	How we Live	Care when Needed
Sexual Health	✓		✓	
School Nursing including NCMP	✓	✓		
Drugs	✓	✓	✓	✓
Alcohol	✓	✓	✓	✓
Health Checks		✓	✓	✓
Smoking cessation	✓	✓	✓	✓
Healthy weight and healthy eating	✓	✓	✓	
Lifestyle Interventions	✓	✓	✓	✓
Employment		✓	✓	
Self Care		✓	✓	✓
Active Leisure (Centres)	✓	✓	✓	

4. RISK MANAGEMENT ISSUES

- 4.1 Final values for some contracts are subject to agreement. Work is in hand to contain spending on those contracts for open access services.
- 4.2 Externally provided services are subject to contract management and performance scrutiny to ensure effective and appropriate delivery of service.

5. EQUALITIES AND DIVERSITY ISSUES

- 5.1 The commissioning intentions align with the Barnet Health and Well-being Strategy which is based on the population health needs identified in the Joint Strategic Needs Assessment (JSNA). The Joint Strategic Needs Assessment considers health and social care outcomes across all of Barnet's population groups and pays particular attention to the different health inequalities that exist in the Borough.

6. USE OF RESOURCES IMPLICATIONS (Finance, Procurement, Performance & Value for Money, Staffing, IT, Property, Sustainability)

- 6.1 The Public Health commissioning intentions will be entirely financed by the ring fence Public Health allocation to Barnet Council from central government as announced on 10 January 2013 for the financial years 2013-14 and 2014-15.
- 6.2 The Department of Health (DH) allocated £14,335,000 to Barnet Council for financial year 2014-15. This figure includes the previous separate allocation of the Drug Intervention Programme (DIP) but not the Mayor's Office for Policing and Crime (MOPAC) element which, it is expected, will be paid separately to the Council. This budget will allow mandatory requirements to be met, core services to continue and the introduction of new services.

7. LEGAL ISSUES

- 7.1 The 2012 Health and Social Care Act confers duties on councils to deliver a number of public health functions.

8. CONSTITUTIONAL POWERS (Relevant section from the Constitution, Key/Non-Key Decision)

- 8.1 The scope of the Overview and Scrutiny Committees is contained within Part 2, Article 6 of the Council's Constitution.

Council Constitution, Overview and Scrutiny Procedure Rules – sets out the terms of reference of the Health Overview and Scrutiny Committee which includes:

- i) To perform the overview and scrutiny role in relation to health issues which impact upon the residents of the London Borough of Barnet and

the functions services and activities of the National Health Service (NHS) and NHS bodies located within the London Borough of Barnet and in other areas.

- ii) To make reports and recommendations to the Executive, Health and Well-Being Board and/or other relevant authorities on health issues which affect or may affect the borough and its residents.
- iii) To receive, consider and respond to reports and consultations from the NHS Commissioning Board, Barnet Clinical Commissioning Group, Barnet Health and Well-Being Board and/or other health bodies.

9. BACKGROUND INFORMATION

- 9.1 The major services commissioned by the Public Health team to meet mandatory duties are: increasing access to NHS Health Checks; sexual health and family planning; and the national child measurement programme (delivered as part of the school nursing service).

Other services commissioned include: improving recovery outcomes for drug and alcohol users (building on year on year improvement in outcomes in Barnet); reducing the number of people who smoke (and targeting the single biggest preventable killer); healthy weight initiatives for children and adults; and community wellbeing.

Areas of new investment in 2013-14 will continue to be funded in 2014-15. These are: Children's Centre investments; parenting support; support for first time mothers; breastfeeding; children's oral health; Barnet Healthy Schools Programme (physical activity, emotional wellbeing, nutrition, sexual health, substance misuse and discouraging smoking), workplace health promotion and employment support; outdoor gyms; older people's physical activity opportunities; and the winter well programme.

- 9.2 The prevention of ill health investments are based on three principles:

Primary prevention extends disease free life and supports the compression of morbidity (i.e. people will be supported to live healthy lives for longer)

Life expectancy has increased significantly in recent years but so has the prevalence of chronic degenerative disease. If life expectancy increases at a faster rate than increase to disability-free life expectancy (i.e. later onset of chronic disease), the period that people live with chronic disease and their demands on services will increase. To avoid this there needs to be substantial delays in the onset of disability in later life. This is achieved through primary prevention that promotes the widespread adoption of healthier lifestyles, coupled with social changes that support these lifestyles. Investment in secondary prevention (i.e. preventing illness becoming more severe), aims to prevent deteriorating health and escalating need for services.

Investing early in the life course will deliver greatest returns

Whilst the public health investments cover the whole life course it is recognised that the greatest cumulative returns are achieved from intervention in early years and childhood (Marmot Review, 2010),

Supporting elderly people to improve their ability to look after themselves will improve their health and minimise their need for care outcomes, and allow funding to be re-invested in prevention rather than cure

As set out in the Health and Wellbeing Strategy, “In both the NHS and Adult Social Care, the spending profile is skewed towards acute hospital and residential based care. Better care and support can be delivered in people’s own homes avoiding admissions to hospital, promoting choice in end of life care through integrated working across health and social care, joining up services around the individual and providing good support to family carers to sustain them in their caring role.”

- 9.3 The following table gives concrete examples of what these principles mean in practice and what is intended in Barnet.

Public Health area	Services expanding/ increasing primary prevention
Early years	Development of single children’s health offer (with transition of health visiting from the NHS to local authorities in 2015): investing in pre- and post- natal support and develop parenting skills programmes and tackling obesity in early years
Mental health	Investment to build emotional resilience and wellbeing in schools and Ageing Well community networks.
Physical activity	Environmental improvements and behavioural interventions building on existing investment (outdoor gyms and marked routes, Healthy Weight initiative in Children’s Centres) with appropriate links to primary care
Employment	Public health work includes development of targeted services to help people into work with a particular lead on addressing health related concerns e.g. drugs and alcohol
Older people	Contributing investment to delay onset of ill health, supporting expansion of self-care, maintaining mobility and tackling social isolation

10 Commissioning Intentions

- 10.1 In 2014 – 15 new areas for investment are:

Return to work/ Unemployment and health

Building on experiences of commissioning employment support for residents affected by welfare reform, a broader programme of support into work will be developed in conjunction with other Council initiatives. The protective health benefits of employment and the detrimental consequences of unemployment

are well recognised and these investments have the potential to deliver health benefits whilst containing costs to the Council and its partners.

Supporting people with long term health conditions – self care

This investment will be used to develop a programme to support self care for people living with long term conditions in the community. It will align with and enhance the self care and prevention components of the integrated care programme.

Alcohol Intervention

This will be used to support the Alcohol Strategy and fund a range of initiatives including health information and awareness raising campaigns, licensing, brief intervention and additional alcohol treatment services.

Ageing well

The ageing well investment will continue and extend supporting the neighbourhood projects in East Finchley and Burnt Oak. These are projects which connect with local older people in those areas and support them in identifying local issues and developing local responses to address them. These include tackling isolation, mental health, and physical activity.

Further investment in Outdoor Gyms

Subject to satisfactory evaluation of the first tranche of outdoor gyms and marked and measured routes which should be operational in early 2014, it is intended that further infrastructure investment will follow in the financial year 2014-15.

Public Health promotion and campaigns

A programme of pro active press releases will be conducted. Physical activity promotion will be a particular focus in 2014-15 with a Fit and Active Barnet (FAB) campaign launching in the New Year and running alongside the Director of Public Health Physical Activity Challenge.

10.2 The budget for 2014-15 is:

Health Checks	573,425	
Sexual Health	4,368,461	
National Child Measurement and other Schools work	1,083,508	
Drug Misuse	1,091,933	
Alcohol Misuse	1,637,899	
Tobacco control	688,249	
Physical Activity	680,000	
Barnet Public Health	2,304,056	Includes continued funding of new investment from 2013_14, new investment in 2014_15, and contingency funds
Non Payroll	569,265	Includes PH Service infrastructure costs payable to Harrow council
Payroll	1,426,610	Includes funding contribution to the Barnet Council graduate placement scheme
Budget	14,423,406	

11. LIST OF BACKGROUND PAPERS

- 11.1 Health and Wellbeing Board, 23rd January 2014, Agenda Item 11, Public Health Commissioning Intentions:
<http://barnet.moderngov.co.uk/documents/s12657/Public%20Health%20Commissioning%20Intentions%202014-15.pdf>

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