

	Health and Well-Being Board 13 November 2014
Title	Public Health Commissioning Plan 2015-20
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	June 2014
Status	Public
Enclosures	Appendix 1 – Public Health Commissioning Plan
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Summary
<p>The Council is committed to early intervention and prevention and will maintain public health investment at the present level through to 2020. The Commissioning Plan sets out the strategic priorities, commissioning intentions, outcome measures, revenue budgets and capital requirements for recommendation to the council's Policy and Resources Committee on 2nd December 2014</p>

Recommendations
<ol style="list-style-type: none"> 1. That the Health and Well-Being Board approves the proposed Commissioning Plan (Appendix 1), subject to consultation. 2. That the Health and Well-Being Board agrees to public consultation on the proposed Commissioning Plan commencing immediately following Policy and Resources Committee on 2nd December 2014, before final Commissioning Plans are agreed by Policy and Resources on 17 February 2015.

1. WHY THIS REPORT IS NEEDED

- 1.1 Despite a growing economy, the UK budget deficit is forecast to be £75bn at the 2015 General Election, with cuts set to continue to the end of the decade no matter who is in Government.
- 1.2 The Council dealt with the first wave of austerity by planning ahead and focusing on the longer-term, thus avoid short-term cuts - the Council is continuing this approach by extending its plans to 2020.
- 1.3 Early intervention and prevention is a key component of the council's plans for the future. By doing more to intervene early to identify and prevent problems rather than treating the symptoms when they materialise, resident's lives will be improved and demands on services will be contained. Public health commissioned services are integral to the councils plans for the future.
- 1.4 This report sets out the scale of the efficiency and transformation services expected of current public health services through to 2020 and identifies commissioning priorities for that period.
- 1.5 The Health and Well-Being Board was sighted in June 2014 on plans to contain growth in sexual health services costs. In the meantime, the public health team has identified a further efficiency and transformation savings which will be reinvested in support of public health interventions.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The public health grant to local authorities is currently a ring fenced budget. As yet the funding arrangements that will apply once the ring fence has been lifted are uncertain. It is highly likely that at least some portion of the grant will be dependent on the delivery and performance of particular public health services.
- 2.2 The Council has recognised that the economic case for maintaining investment in public health services is sound and that the failure to do so would only undermine efforts to create sustainable models of service provision for the future.
- 2.3 As a result this plan is based on an assumption that spending on public health will be maintained at the present through to 2020 with efficiency and transformation savings reinvested in support of public health outcomes locally.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 The commissioning intentions attached at Appendix 1 are the culmination of prioritisation work conducted by the elected Members of the Health and Well-Being Board with the support of lead commissioners from the Council and senior leaders from the CCG. The intentions presented here are the agreed priorities as identified by that process.

4. POST DECISION IMPLEMENTATION

- 4.1 The public health team will be responsible for the efficiency and transformation savings outlined in this report. Many will be delivered via contract negotiations and re-procurement. Where advantageous, the public health team will explore options for collaborative commission between Barnet and Harrow, the West London Alliance Boroughs and beyond. Some of the savings plans, particularly in relation to Genito Urinary Medicine services necessitate collaborative commissioning arrangements.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Council's corporate plan identifies its commitment to public health, emphasising that prevention is better than cure. It also sets out the need to find new ways to encourage families and individuals to look after their health and stay independent and to build strong local partnerships, including with the local NHS, to deliver this.

- 5.1.2 This commissioning plan sets out the high level outcomes that Barnet's public health team believe will make the biggest difference to the health and wellbeing to Barnet's residents, based on evidence of the impact on health and wellbeing outcomes for individuals; and, cost-effectiveness and return on investment of public health interventions.

- 5.1.2 This plan aligns with the public health outcomes/ priority areas for action identified in Barnet's Health and Well-Being Strategy (2012-15), that were identified and developed in consultation with stakeholders and residents, and based on the evidence of population need from Barnet's JSNA, the Barnet health profile, and the NHS, social care and public health outcomes frameworks.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 The budget projections within these commissioning plans contain indicative figures through to 2020. These budgets will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

- 5.2.2 After funding has been allocated to provide each of these services, local areas have the flexibility to decide where to invest their public health funding, based on local needs and priorities. The diverse range of services that are currently commissioned through the public health ring-fenced grant support delivery of each of the 4 chapters of the Health and Wellbeing Strategy (Preparing for a Healthy Life, Wellbeing in the Community, How we Live, and Care when needed), and enable a number of the priorities of the Strategy to be met. The Health and Well-Being Board have endorsed and approved the current allocation of the public health grant, so this commissioning plan builds on the work already completed by the public health team and Health and Wellbeing Board in partnership, to allocate the grant in line with local needs and priorities.

- 5.2.3 Following agreement at Health and Well-Being Board about how the public health grant should be allocated (last agreed in January 2014), and in response to the local authority's medium-term financial challenge, the public health team have identified opportunities to release efficiency savings of a little over £2.26 million from the current baseline public health budget of £14.423 million, approximately 15.7%
- 5.2.4 The Health and Well-Being Board was sighted in June 2014 on plans to contain growth in sexual health services costs amount to £700k/year by 2020; the team have since looked more broadly at their investments and identified greater efficiency savings from the totality of their programmes in order to support the development of a sustainable health and wellbeing system in Barnet (ie the £2.26 million referenced in para 5.2.3. This saving will allow for resources to be strategically invested elsewhere, to meet public health needs through innovative methods of delivery and in partnership with the wider set of council and external partners. These investments are identified in the commissioning intentions appended to this report.
- 5.2.5 The prioritisation of spending/ investments has been informed by the Kings Fund (2014) review of return on public health investments (see table 1 below). The most significant shift in spending is towards early years where the greatest returns on investment are seen but which are realised over longer time scales. These investments are important in moving toward sustainable service models for the future. Where possible robust local monitoring of evaluation will be conducted to determine benefits realisation.

Table 1 Direct impacts of actions on health outcomes

Area	Scale of problem in relation to public health	Strength of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Quicker	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

- 5.2.6 In light of the nature of the public health 'ring fenced' grant allocation the financial models in this paper assume that the current funding continues to remain within the public health allocation until 2020. These proposals are incorporated into the commissioning intentions below. The budget projections within these commissioning plans contain indicative figures through to 2020. These budgets will be formally agreed each year, after appropriate consultation and equality impact assessments, as part of Council budget setting, and therefore could be subject to change.

5.3 Legal and Constitutional References

5.3.1 The commissioning intentions include all those services which are statutory requirements of local authority, in line with the Health and Social Care Act (2012). These public health statutory services that local authorities have to provide include:

- Sexual health services - STI testing and treatment, and contraception
- School Nursing and the National Child Measurement Programme
- Health Visiting (from October 2015)
- NHS Health Check programme
- Local authority role in health protection
- Public health advice – support to the CCG; JSNA; PNA; annual public health report; Health and Well-Being Strategy

5.3.2 All proposals emerging from the business planning process will need to be considered in terms of the Council's legal powers and obligations (including, specifically, the public sector equality duty under the Equality Act 2010) and, where appropriate, mechanisms put into place to ensure compliance with legal obligations and duties and to mitigate any other legal risks as far as possible. A number of the proposals are already subject to separate detailed project plans and reports to the Board. The detailed legal implications of these proposals are included in these reports, and will also be included in future reports.

5.2.3 The Health and Well-Being Board's Terms of Reference include the following responsibilities:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.

- To work together to ensure the best fit between available resources to meet the health and social care needs of the population of Barnet (including children), by both improving services for health and social care and helping people to move as close as possible to a state of complete physical, mental and social well-being. Specific resources to be overseen include money for social care being allocated through the NHS; dedicated public health budgets; and Section 75 partnership agreements between the NHS and the Council.

- Specific responsibilities for:

- *Overseeing public health*
- *Developing further health and social care integration.*

5.4 Risk Management

5.4.1 The Council has taken steps to improve its risk management processes by integrating the management of financial and other risks facing the organisation. Risk management information is reported quarterly to the council's internal officer Delivery Board and to the relevant Committees and is reflected, as appropriate, throughout the annual business planning process.

5.4.2 Risks associated with each individual proposal will be outlined within individual reports as each proposal is brought forward for the Board to consider.

5.5 Equalities and Diversity

5.5.1 Equality and diversity issues are a mandatory consideration in the decision making of the council. This requires elected Members to satisfy themselves that equality considerations are integrated into day to day business and that all proposals emerging from the finance and business planning process have properly taken into consideration what impact, if any, there is on any protected group and what mitigating factors can be put in train.

5.5.2 In particular, at its meeting on 10 June 2014, the Policy and Resources Committee advised the Theme Committees that they should be mindful of disadvantaged communities when making their recommendations on savings proposals. The proposals and priorities within the Commissioning Plan have been developed in line with Marmot's 6 priority policy areas that focus attention on reducing health inequities and ensuring health and wellbeing for all across the life course.

5.5.3 The Council needs to comply with the Equality Act 2010 in the provision of all public health services. The specific duty set out in s149 of the Equality Act is to have due regard to need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

5.5.4 The relevant protected characteristics are – age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

5.5.5 Preliminary equalities impact assessment has been carried out on the above recommendations. Where there is an expectation of some element of service reduction and the potential for detrimental equality impacts it is intended that services will be more carefully targeted to protected groups to mitigate this risk. Further EqIA will be carried out at the implementation stages.

5.6 Consultation and Engagement

5.6.1 Public consultation will commence on all Committee Commissioning Plans following Policy and Resources Committee on 2nd December 2014, before final Commissioning Plans are agreed by Policy and Resources Committee on 17 February 2015.

5.6.2 Full public consultation will take place on individual proposals to deliver the savings identified before final decisions are taken by the Committee and savings plans are formalised in the Council's annual budget. Future consultation and engagement will be informed by the consultation work that

has already been carried out as part of the Priorities and Spending Review process during which a comprehensive series of residents engagement activities took place in order to understand their priorities for the local area and look at how residents and organisations can support services going forward.

6 BACKGROUND PAPERS

Health and Well-Being Board- June 2014- Council Business Planning for 2015-20:

<http://barnet.moderngov.co.uk/documents/s15374/Business%20Planning%20Corporate%20Plan%20and%20Medium%20Term%20Financial%20Strategy.pdf>