

	Health and Wellbeing Board 9 March 2017
Title	Public Health & Wellbeing Commissioning Plan- 2017/18 addendum and targets
Report of	Dr Andrew Howe, Director of Public Health
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1: Public Health & Wellbeing Commissioning Plan - 2017/18 addendum and targets
Officer Contact Details	David Fabbro Public Health Business Support: david.fabbro@harrow.gov.uk

Summary <p>In March 2015, the Health and Wellbeing Board approved a five year Commissioning Plan for the period 2015-20, which sets out the Board's priorities and outcome performance measures across its core areas of responsibility. All Theme Committees agreed their five year Commissioning Plans.</p> <p>This report presents updated targets for 2017/18 in an addendum to the Commissioning Plan (Appendix 1).</p>
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Recommendations <p>1. That the Health and Wellbeing Board review and approve the addendum to the Public Health & Wellbeing Commissioning Plan for 2017/18 (Appendix A).</p>
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1 WHY THIS REPORT IS NEEDED

1.1 The council's **Corporate Plan** 2015-20 was agreed by Full Council in April 2015. It sets the strategic priorities and direction for the council to 2020 and targets against which progress is measured. Each year, the priorities and targets are refreshed to ensure they remain focused on the things that matter most to the council. The 2017/18 addendum will be presented to Full Council on 7 March 2017 and will include the new priority on delivering quality services:

- **Delivering quality services** – we strive to deliver services to the highest possible standard and to continuously improve this standard. We are committed to high quality customer service and being as transparent as possible with the information we hold and our decision-making.
- **Responsible growth, regeneration and investment** – in an era of reduced Government funding, growth is necessary for councils to increase the local tax base and generate income to spend on public services. The council has an ambitious programme of regeneration, which aims to create new homes and jobs, and the proceeds of this growth will be reinvested in the borough's infrastructure and essential community facilities.
- **Building resilience in residents and managing demand** – we will focus on the strengths and opportunities in our communities and target resources at those most in need. The council will support residents to stay independent for as long as possible through equipping people to help themselves and intervening early to address issues as they arise rather than waiting until they reach a critical stage.
- **Transforming local services** – as a Commissioning Council our focus is on reaching the best outcomes for our residents whilst delivering value for money to the taxpayer. This means delivering differently and working with a range of public, private, and voluntary sector organisations to ensure we can meet our priorities.
- **Promoting community engagement, independence and capacity** – we want to support residents and the wider community to become more independent and self-sufficient. This means residents having more of a say in the future of their local area, and where appropriate, taking on more responsibility for local services.

1.2 In 2015/16, each thematic Committee agreed a 5 year Commissioning Plan. The Health & Wellbeing Board agreed in October 2014 that the critical outcomes are as set out in the following table:

Priority	Key Outcomes
Giving children the best start in life	<ul style="list-style-type: none"> • Support for first time mothers. • Women are encouraged to breastfeed their babies and feel confident to do so. • Every woman is supported to avoid alcohol and stop smoking in pregnancy. • Support is provided for mothers experiencing peri/postnatal depression • Children, young people and their families are supported to be physically, mentally and emotionally healthy
Enable all children, young people and adults to maximise their capabilities and have control over their lives	<ul style="list-style-type: none"> • People are discouraged from taking up smoking in the first place, and encouraged and supported to quit should they wish to. • Children and adults who are overweight and obese are encouraged and supported to lose weight. • Children and adults are discouraged from misusing alcohol and drugs, and encouraged and supported to quit • Children and young people feel supported to achieve and engage, while developing their identities and resilience. • Working age adults and older people are well-connected to their communities and engage in activities that they are interested in, and which keep them well.
Create fair employment and good work for all, which helps ensure a healthy standard of living for all	<ul style="list-style-type: none"> • Those furthest from the labour market are supported to access training and employment opportunities, retain job opportunities, and return to employment. • Employers in Barnet are encouraged to promote healthy workplaces that make it easier for their employees to make healthy lifestyle choices.
Create and develop healthy and sustainable places and communities	<ul style="list-style-type: none"> • The built environment is conducive to healthy living choices such as walking and the accessibility of safe open spaces. • The range of green spaces and leisure facilities in the Borough are used more extensively, there is more active travel and levels of physical activity increase. • Social isolation, especially amongst older people, is reduced through schemes that enable the sharing of skills and experience. • Working age adults and older people live a healthy, full and active life and their contribution to society is valued and respected. • Sexual ill health and alcohol/substance misuse are treated early and effectively by robust services delivered in partnership across the voluntary sector, the Council, the NHS and other statutory organisations. • People are given many opportunities for volunteering, which increases inclusion into local communities, overcome language barriers and develop stronger intergenerational support.

Strengthen the role and impact of ill health prevention	<ul style="list-style-type: none"> • People aged between 40 and 74 years are offered and take-up health and lifestyle checks in primary care to help reduce risk factors associated with long term conditions. • People with a long term condition are encouraged and supported to self-manage their condition, resulting in a delayed/reduced demand for crisis response. • Older people are supported to stay well during winter months. • All people are supported to identify the warning signs of cancer and are encouraged to adopt behaviours that may help to prevent the onset of cancer.
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1.3 Each Theme Committee is now being asked to agree a 2017/18 addendum to their plans, which sets out the Q2 position against 2016/17 targets and updated targets for 2017/18. This will give Committees the opportunity to review and consider their priorities for the year ahead and the associated targets against which progress will be measured. The addendum to the Public Health & Wellbeing Commissioning Plan for 2017/18 is provided at Appendix A.

1.4 Overall Public Health performance in Q3 2016/17 was very good. Public Health reports on 24 indicators and 25 key actions across the Commissioning intentions addendum for 2016/17 and the Management Agreement for 2016/17.

1.5 87% of the indicators were in the Green and Green/Amber categories with approximately the same percentage of key actions falling within the Green and Green/ Amber categories. Action plans are in place to address the small number of areas where performance improvement is required.

1.6 Over the next two years the Public Health grant will be directed towards the protection of statutory services and investments to influence the wider determinants of health, ensuring costs are contained within the available financial envelope.

1.7 The addendum to the Public Health & Wellbeing Commissioning Plan focuses on the following priorities:

- Investing in demand management to put all statutory services – Health Checks, National Child Measurement Programme, Health Visiting, School Nursing, sexual health (GUM) – on a secure footing for the future
- Ensuring that additional investment in non-statutory but priority services – e.g. drug and alcohol, smoking cessation, winter-well, mental health, self-care, sport and physical activity – are targeted to achieve the best possible health outcome
- Influencing the priorities of internal and external delivery partners so that they help to improve the health of Barnet residents

- Helping residents to engage with their own health and wellbeing by investing in community assets to promote health

- 1.8 The proposed addendum to the Public Health & Wellbeing Commissioning Plan, including updated targets for 2017/18, is set out in Appendix A. Members are invited to review and agree the document.
- 1.9 Following agreement, the Board will receive a progress report during the year against this Plan and associated in-year targets. The Board will be asked to agree updated targets for 2018/19 in March 2018 and this process will continue through to 2020.
- 1.10 The Performance and Contract Management Committee will continue to review progress against the council's Corporate Plan, and overview of the performance of both internal and external Delivery Units. This Commissioning Plan will enable Performance and Contract Management Committee to focus on the key areas of performance for different service areas.

2 REASONS FOR RECOMMENDATIONS

- 2.1 A key element of effective strategic and financial management is for the council to have comprehensive business plans in place that ensure there is a clear strategy for addressing future challenges, particularly in the context of continuing budget and demand pressures (resulting from demographic and legislative changes), delivering local priorities and allocating resources effectively.
- 2.2 The Public Health commissioning intentions have been directed by the priorities identified in the Joint Health and Wellbeing Strategy 2015-2020. Funding for tiers 1 and 2 of the Better Care Fund work/Health and Social Integration strategy (self-care and health and wellbeing) have been protected.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 There is no statutory duty to publish Committee Commissioning Plans but it is considered to be good practice to have comprehensive business plans in place for each Committee – which set out priorities and how progress will be measured – to ensure that the council's vision for the future is clearly set out and transparent.

4 POST DECISION IMPLEMENTATION

- 4.1 Revisions to the Commissioning Plan will be communicated internally and with key stakeholders.

5 IMPLICATION OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 This report invites Members to review and approve the addendum to the Commissioning Plan for 2017/18.

5.2 Resources

- 5.2.1 In addition to continuing budget reductions, demographic change and the resulting pressure on services pose a significant challenge to the council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population groups.
- 5.2.2 The Public Health grant allocation to Barnet Council was reduced by a 6.2% in-year cut in 2015-16 and subject to on-going reductions in addition to that. The ring-fenced public health grant allocation for Barnet for 2017 - 18 totals £17.609m. Further reductions are expected in the years to April 2020, and could be in the region of 2.65% per annum. The Spending Review 2015 made a number of further commitments including a commitment to retain the public health grant for 16-17 and 17-18 in order to complete the transition of 0-5s and an indication that the public health grant will be replaced potentially by a model based on retained business rates, and will be subject to full consultation. A pilot is being run in 2017-18 with 10 local authorities in Manchester using the retained business rate model.
- 5.2.3 The commissioning plan will need to be managed within the financial envelope available to meet public health outcomes and has been informed by the Budget and Medium Term Financial Strategy, agreed by Council on 3 March 2015. This included a savings target of £90.8m required by 2019-20 and a capital investment programme through to 2019-20.

5.3 Social Value

- 5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

5.4 Legal and Constitutional References

- 5.4.1 All proposals emerging from the business planning process must be considered in terms of the council's legal powers and obligations, including its overarching statutory duties such as the Public Sector Equality Duty.
- 5.4.2 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following:
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
 - To directly address health inequalities through its strategies and have a

specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.

- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
Overseeing public health
Developing further health and social care integration.

5.5 Risk Management

5.5.1 Statutory service provision and key strategic areas of discretionary spend have been protected. There is a risk that discretionary investments may not deliver enduring system change. The potential for sustainability of services and/or mainstreaming of innovation has been prioritised in funding decisions.

5.5.2 The council has an established approach to risk management. Key corporate risks are monitored regularly and reported to Performance and Contract Management Committee on a quarterly basis.

5.6 Equalities and Diversity

5.6.1 The general duty on public bodies is set out in section 149 of the Equality Act 2010.

5.6.2 A public authority must, in the exercise of its functions, have due regard to the need to:

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

5.6.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:

- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

- 5.6.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 5.6.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to tackle prejudice; and promote understanding.
- 5.6.6 Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- 5.6.7 The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 5.6.8 It also covers marriage and civil partnership with regard to eliminating discrimination.
- 5.6.9 In agreeing the Corporate Plan, the council is setting an updated strategic equalities objective and reiterating our commitment to delivering this. The strategic equalities objective is as follows:
- Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the tax payer.

6 Consultation and Engagement

- 6.1 The original Corporate Plan and Commissioning Plans were informed by extensive consultation through the Budget and Business Planning report to Council (3 March 2015).
- 6.2 The consultation aimed to set a new approach to business planning and engagement by consulting on the combined package of the Corporate Plan, Commissioning Plans, and budget. In particular it aimed to:
- Create a stronger link between strategy, priorities and resources
 - Place a stronger emphasis on commissioning as a driver of the business planning process.
 - Focus on how the council will use its resources to achieve its Commissioning Plans.
- 6.3 To allow for an eight week budget consultation, consultation began after Full Council on 17 December 2014 and concluded on 11 February 2015. Further consultation on the budget for 2017/18 has been undertaken following Policy and Resources Committee on 1 December 2016.

7 BACKGROUND PAPERS

- 7.1 Health and Wellbeing Board, 13 March 2014, Public Health Commissioning Plan 2015-2020:
<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7783&Ver=4>