

APPENDIX A

Barnet Council Public Health Commissioning Intentions Briefing Paper

From Andrew Howe

Public Health service and budget proposal for financial year 2013-2014

Summary

A number of Public Health responsibilities are transferring to Local Authorities on 1st April 2013 some of which will be mandatory duties. Barnet Council has agreed that the transfer of responsibilities will be on an 'as is' basis to minimise all risks inherent in the transfer and to ensure continuity of service for 2013-14. The budget proposals in this paper derive from this principle while accommodating new additional Public Health requirements and new investment. This paper and the accompanying appendices set out proposals for the Public Health budget allocation for 2013-14 together with the detail of current contracts and services that will fall within the remit of the Local Authority. This information is provided to support decision making for Public Health commissioning intentions for 2013–14.

1 Key Messages

- 1 The Department of Health originally estimated the likely budget for Barnet Council to deliver its Public Health responsibilities in 2013-14 as £11,236,000. The actual allocation announced on 10.01.2013 was £13,799,000. It should be noted that this figure includes funding for Drug and Alcohol services that were previously paid separately by the Home Office and the Department of Health; although the MOPAC element will be paid directly to Councils
- 2 The allocation allows mandatory requirements to be met, core services to continue and enables new investment. Efficiencies have been identified in certain areas. The costs of existing services, the cost of additional responsibilities and proposed areas for new investment are shown separately in Appendix 2.
- 3 The late announcement of the Public Health grant by the Department of Health means that not all commissioning intentions for 2013-14 have been finalised. Work is in hand to identify actual costs of proposed new investment. This is likely to focus on the wider determinants of health and will involve dialogue with a range of stakeholders within and outside the Council.

2 The Public Health Commissioning Intentions support the four main themes of the Barnet Health and Wellbeing strategy which recognise that through the life course there are positive and negative effects on health and well-being. The following table shows where the PH commissioning intentions support delivery of the key themes of the Health and Wellbeing strategy.

	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 and Housing		✓	✓	

For example, smoking is an issue that runs through each of the four key themes. Smoking in pregnancy is a risk factor for infant mortality, low birth weight babies and continued smoking increases the risk of a child having respiratory problems, glue ear and makes them more likely to become smokers themselves. Both physical and mental wellbeing depend on a broad range of factors including where we live and the environment we live in. Simply put 'feeling good about where you live' is a key factor in 'feeling good about yourself.' Feeling good about oneself is key to making lifestyle changes which will bring about improvements in health like giving up smoking. Tobacco use is the most important preventable risk factor for death from cancer and cardiovascular disease and it is the highest underlying cause of death in Barnet. Stopping smoking once a person is diagnosed with a chronic disease is often associated with a better prognosis.

The major services commissioned by the public health team 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 (again building on previous good performance and targeting the single biggest preventable killer); and increasing access to NHS Health Checks (a statutory service) and healthy weight indicatives for children and adults.

3 There are some areas of uncertainty and risk affecting the costs of contracts in 2013-14. Much work is being undertaken with the NHS to disaggregate contracts and to determine the cost of provision in 2013-14. There are some areas with potential for cost increase. Genito Urinary Medicine represents the highest area of spend. It is an open access service and due to the nature of the service and expectation of confidentiality there are currently fewer mechanisms for commissioners to challenge provider data. Agreeing a common approach to commissioning sexual health services with other boroughs is critical to ensuring preferred outcomes are achieved. That is, a capped contract arrangement with additional requirements for reporting to ensure that the Council has a clear picture of activity and cost pressures in this area. One provider delivers a number of services for Barnet where costs appear excessive. Work is progressing to identify the best way forward.

4 The commissioning intentions are grouped in five sections. The first section contains the mandatory responsibilities for Local Authorities – Sexual health and family planning, Health Checks and the National Child Measurement Programme. The second section comprises existing discretionary services including Drug and Alcohol services and Smoking cessation. The third section identifies additional responsibilities and the fourth section areas for new investment. The final section contains Barnet’s contribution to the joint team (salary and overhead contributions).

5 Appendix 1 lists the current contracts and services that fall within the Local Authority Public Health remit from 1st April 2013. It details how each area supports the Health and Wellbeing strategy, the Public Health outcome framework and national and local indicators.

The areas for proposed new investment are based on the Health and Well Being strategy and include areas of public health where performance could be improved (see Appendix 3). The areas for improvement together with the proposed programmes are:

- Children in poverty:
- Parenting support and Childhood obesity programmes to counteract the known negative impacts on health of poverty
- Statutory homelessness:
- Housing and health programme to minimise the impacts on health of homelessness
- Obese children:
- Childhood obesity and Parenting support programmes to support healthy diets and healthy lifestyles
- Physical activity in adults:
- Weight management programme to support increased physical activity and improved health
- Excess winter deaths:
- Housing and health and Later Years programmes to provide public health perspectives and inputs
- Reduction of those not in employment, education or training:
- Sexual health promotion work with young people to further reduce the numbers of teenage pregnancy – a notable barrier to entry to employment, education and training

6 The proposed area for efficiencies is within Drug and Alcohol services where 5% contract efficiencies will be sought. All contracts will be reviewed to identify potential efficiencies with work to date suggesting that there is scope for further efficiencies by going to procurement. In order to undertake this work rigorously in 2013-14 a number of cost elements have been built into the budget:

A subscription to West London Alliance to participate in relevant joint procurement activity; an element to pay the Commissioning Support Service to manage the Sexual Health and Family Planning contracts for 2013-14 to allow time to review contracts.

Procurement cost is also included to ensure adequate resources are available to cover the cost of anticipated major re procurement in one or more areas. These costs are anticipated to be one-off leading to a cost reduction and/ or efficiency improvements with contracts for 2014-15

Recommendation

It is recommended that the allocation of budgets given in Appendix 2 is approved. This will allow for the novation of existing contracts and ensure continuity of service. Such a decision accords with the agreement in principle by Barnet Health and Wellbeing board that the first year of Public Health operation within Local government (2013-14) should be based on an 'as is' transfer of responsibilities from the NHS to minimise risk. Endorsement of the commissioning priorities in this paper will ensure that service delivery continues to improve public health outcome indicators as outlined in the Public Health Outcome Framework and the Barnet and Harrow Public Health Team 'Target Operating Model', and supports delivery of the Barnet Health and Wellbeing Strategy.