
Meeting	Cabinet
Date	25 February 2013
Subject	Transfer of Public Health Function
Report of	Cabinet Member For Public Health
Summary	Following an initial report approved for the development of a shared Public Health service between the London Boroughs of Barnet and Harrow, this report requests delegated authority for the Cabinet Member for Public Health to sign the Inter-Authority Agreement for the Shared Service; approval for the transfer of Public Health contracts from the NHS to the Council and approval for the sign-off of the Public Health Commissioning Intentions.

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Status (public or exempt)	Public
Wards Affected	All
Key Decision	Yes
Reason for urgency / exemption from call-in	Not applicable
Function of	Executive
Enclosures	Appendix One – Principles for the Public Health Inter-Authority Agreement Appendix Two Public Health Contracts Schedule and Contracting Plan Appendix Three - Public Health Commissioning Intentions for 2013/14 Appendix Four Draft Memorandum of Understanding between Barnet CCG and London Borough of Barnet
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1 RECOMMENDATIONS

- 1.1 That Cabinet approves the delegation of authority to the Cabinet Member for Public Health in consultation with the Leader of the Council to sign by no later than the 1st of April 2013, the Inter-Authority Agreement for the shared Public Health service between the London Boroughs of Barnet and Harrow in line with the principles set out in Appendix One to this report;**
- 1.2 That Cabinet approves the delegation for the formal signing off of the NHS Transfer Orders for Public Health functions to the Cabinet Member for Public Health and for the signing off of NHS Handover Certificates to the Director for People.**
- 1.3 That Cabinet approves the plans for entering into contracts for the provision of Public Health functions as set out in Appendix Two to this report.**
- 1.4 That Cabinet approves the initial 'Public Health Commissioning Intentions' document set out in Appendix Three**
- 1.5 That Cabinet notes the progress on developing the Memorandum of Understanding between the London Borough of Barnet and Barnet Clinical Commissioning Group and delegates responsibility to sign off the Memorandum of Understanding to the Cabinet Member for Public Health.**

2 RELEVANT PREVIOUS DECISIONS

- 2.1 Cabinet, 14 February 2011 (Decision Item 10) noted the proposal from Government regarding the transfer of Public Health responsibilities from the NHS to Local Government arrangements and the initial arrangements for a joint Director for Public Health with the NHS until 31st March 2013.**
- 2.2 Cabinet Resources Committee, 20 June 2012 (Decision Item 14) – noted the range of Public Health functions that are being transferred from the NHS to Local Councils and approved the development of a shared Public Health service with London Borough of Harrow (LBH) to deliver London Borough of Barnet's (LBB) Public Health functions and statutory duties from the 1st of April 2013.**
- 2.3 Barnet Health and Well-Being Board, 4th October 2012 (Decision Item 5) – approved the Barnet Health and Well-Being Strategy, 'Keeping Well, Keeping Independent'**
- 2.4 Cabinet, 7th November 2012 (Decision Item 5) – Agreed draft new strategic priorities for consultation with the Public through the Finance**

and Business Planning Process and noted the draft commissioning priorities for Public Health for 2013/14.

3 CORPORATE PRIORITIES AND POLICY CONSIDERATIONS

- 3.1 The Health and Social Care bill attained Royal Assent in March 2012. The transfer of Public Health functions to the Local Authority from April 2013 is one of the outcomes of the Health and Social Care Act and forms a key element of the new local health landscape, together with the development of the Barnet Health and Wellbeing Board and the Clinical Commissioning Groups. It offers significant opportunities for the Authority to set policy, provide leadership and commission activity that will contribute to improved health outcomes and wellbeing for the population of Barnet.
- 3.2 The 2012 Health and Social Care Act provides councils with new duties to deliver Public Health functions from the 1st of April 2013 and to ensure that there is a Health and Well-Being Board led by Councils to promote health and well-being and health and social care integration in conjunction with the NHS. In 2011 Barnet established a Health and Well-Being Board for the borough in shadow form and on 4th October 2012, the Health and Well-Being Board approved the Barnet Health and Well-Being Strategy, 'Keeping Well, Keeping Independent'.
- 3.3 The Barnet Health and Well-Being Strategy is consistent with the Council's proposed new strategic objectives for 2013-2016 namely
- 'Support families and individuals that need it – promoting independence, learning and well-being' with associated priority outcomes of
 - 'To create better life chances for children and young people across the borough';
 - 'To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health';
 - 'To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well' and
 - 'To promote family and community well being and encourage engaged, cohesive and safe communities'.
- 3.4 The Shared Public Health service will be required to lead on the implementation of the Barnet Health and Well-Being Strategy, with the Annual Report from the Director for Public Health setting out the levels of progress that have been made in the preceding year on the delivery of the Strategy.

- 3.5 Public Health contracts will transfer to LBB on the 1st April 2013. A contract management strategy and 'Public Health commissioning intentions' document has been developed to ensure efficiencies are delivered and Public Health expenditure delivers against both the Corporate Plan objectives and Health and Wellbeing Strategy outcomes.

4 RISK MANAGEMENT ISSUES

- 4.1 Risks will be actively managed in line with the corporate risk management approach. The key risks in respect of the transfer of Public Health functions and their mandatory responsibilities to be delivered by the establishment of a shared Public Health service are as follows:

Risk	Mitigation
Financial allocation is inadequate to meet Public Health liabilities	Due diligence work has been undertaken on the contract values which will be transferred to the Local Authority and the baseline allocation will be sufficient to both meet all liabilities and ensure that the Council's new statutory responsibilities for Public Health can initially be met. This will require new investment in the provision of NHS health-checks in 2013/14 and the revised Public Health settlement will allow for this.
London Borough of Harrow hosted shared service fails to meet London Borough of Barnet's Public Health mandatory and statutory duties	The Inter-Authority Agreement (IAA) and annual workplan which will be formally approved by the Joint Public Health Service Governance Board chaired by Barnet will monitor the delivery of the shared Public Health service on a quarterly basis. This will allow for opportunities to take remedial action should performance metrics show the need, whilst the IAA sets out the formal arrangements for dispute resolution and termination should that ever be necessary.
A shared Director of Public Health (DPH) may be less accessible for Members and Officers in Barnet.	The Director for Public Health (DPH) role will be evenly divided between both Boroughs. The Director for Public Health will be a core member of the Commissioning Group working with the Director for People to lead the Health and Well-Being agenda. A dedicated Public Health consultant post will be established in the shared service to deputise for the Director for Public Health to ensure that the

	Council receives the strategic health advice needed to discharge its new responsibilities.
Financial risk for open-access demand-led sexual health services	The commissioning strategy for sexual health Genital Urinary Medicine services seeks to negotiate a cap on costs, irrespective of demand.
Risk of potential for prior year claims from NHS providers to be made to the Council in respect of Public Health	To be partly mitigated through formal handover meetings between NHS North Central London and the Council during February 2013 agreeing what if any level of risk this presents to the Council and the process for managing it. However given that NHS North Central London will also cease to exist in 2013/14 it is considered prudent to hold a small contingency provision or earmarked reserve specifically for Public Health, funded by the ring-fenced Public Health grant to mitigate any risks that materialise during 2013./14.
Linkages between devolved Development and Regulatory Services (DRS) and Public Health may be affected.	The DRS Output Specification has stated that the contractor should run no fewer than three Public Health specific programmes per year which will be agreed annually. The Director for Public Health, through the Health and Well-Being Board will ensure that the DRS provider's health and well-being initiatives are informed by the Council's Health and Well-Being Strategy and Public Health priorities.

4.2 Transition risks identified have included the Shared Public Health function not receiving clear level of handover from Barnet PCT / North Central London NHS on the Public Health services which have been delivered. To mitigate this risk, the transition process requires the completion of handover certificates by the NHS, setting out by function, service and contract the position as at the point of transfer of the Public Health services in Barnet. These handover certificates will be developed by NHS North Central London in conjunction with the Joint Director for Public Health for sign off by the Director for People by middle March 2013.

4.3 In addition to the above mitigation, the Council has commissioned as part of its 2012/13 Audit Programme, an audit focused on Public Health which will report by the end of February 2013. This audit will examine the Council's state of readiness for the delivery of new statutory responsibilities from 1st April 2013, the robustness of the draft Inter Authority Agreement/ Governance arrangements and stakeholder management issues especially in relation to the delivery of the Public Health 'core offer' for Barnet Clinical Commissioning Group.

5 EQUALITIES AND DIVERSITY ISSUES

- 5.1 An Equalities Assessment (EQA) was carried out on the shared Public Health target operating model. The focus of the assessment was on the process of change needed in developing a Target Operating Model to establish transfer of Public Health services and functions to Barnet and Harrow Councils. The intention of the transfer is to ensure the delivery of statutory Public Health responsibilities to improve wherever possible the Public Health and wellbeing of residents in both boroughs. It is not envisaged that the new shared Public Health function will not have any adverse impacts on any group.

6 RESOURCE IMPLICATIONS

6.1 Financial Considerations

The Department of Health originally communicated the likely budget for Barnet Council to deliver its Public Health responsibilities in 2013-14 as approximately £11.2m based on the 2010/11 NHS returns of Public Health expenditure by Local Authority area. This return as previously reported to Cabinet Resources Committee and the Health and Well-Being Board would lead to the Barnet allocation being the 5th lowest in terms of spend per head in London, considerably lower than both the England and the London average.

- 6.2 However early in January 2013, the Department for Health finally published Local Authority allocations for 2013/14 and 2014/15 following consultation on proposed resource allocation framework for Public Health functions within Local Authorities. This resulted in the Barnet allocation being increased to £13.799 million per annum increasing to £14.355 million per annum in 2014/15. Whilst this is to be welcomed, the allocation at 2014.15 is equivalent to £38 per head, from an opening baseline of £35 per head. This is still lower than the England average of £40 per head based on the 2010/11 baseline with only the London Boroughs of Harrow and Bexley having lower spend per head allocations. The London Borough of Barnet will continue through London Councils and all other routes to argue for a fair settlement for outer London Boroughs beyond 2014/15 allocations.

- 6.3 The publication of the two year grant settlement provides the Council with more certainty in planning Public Health services to March 2015 and in announcing the grant allocation, the DH have also published the grant conditions which allow under spends to be carried forward as part of a Public Health reserve into future financial years. However where there are repeatedly large under spends it is likely that the Department will consider whether allocations should be reduced in future years.

- 6.4 The ring-fenced Public Health Grant must be deployed to ensure that the Council is able to meet its mandatory Public Health functions as set out in the Health and Social Care Act 2012. The Council also needs to

ensure that in the first year of 2013/14, that a detailed base-lining exercise of all transferring NHS contracts relating to Public Health activity is completed so that there is clarity on volumes, activity levels and value for money. Transferring Public Health contractual liabilities including Public Health staff costs attributed to London Borough of Barnet in the new service are just under £10m, of this £8.78m relate to contracts and £1.2m are salaries. This provides sufficient headroom for the Council to be able to invest in NHS Health-checks in line with Council's statutory responsibilities.

- 6.5 The initial Public Health commissioning intentions as set out in Appendix Three have been developed to cover all liabilities, deliver statutory responsibilities and allocate additional expenditure to activities that support the delivery of the Barnet Health and Wellbeing Strategy and the Corporate Plan.
- 6.6 While the majority of spend will be commissioned and therefore controllable to a large extent, Members should note that genito-urinary medicine (GUM) services for which the responsibility transfers from the NHS to Local Authorities will continue to be provided through the national agreement whereby anyone can access GUM services in any part of England and Wales. This presents a budgetary risk to Councils which we are seeking to ameliorate through joint working with London Councils and adopting a common negotiating position on sexual health contracts across North West London.
- 6.7 Efficiencies will be delivered through a shared Public Health service with Harrow. The new staffing structure has been developed to deliver a 15% efficiency saving for both Councils on the 2010/11 staffing structure, and through efficiency savings on Public Health contracts. Running costs will initially be capped at the level set out in the baseline returns for Public Health for Barnet and Harrow - £135,000 for Barnet and £166,000 for Harrow, providing a total envelope of approximately £300,000 for the joint service in relation to overhead costs. The services for which overhead charges will be made include IT, finance, procurement, liability insurance (employers, public and clinical negligence), HR & payroll and accommodation. A detailed schedule of overhead charges split 50/50 between each Council will form part of the finalised Inter-Authority Agreement. This will be revised and agreed on an annual basis through the Governance Board.
- 6.8 The Council has incurred transition costs in relation to the transfer of Public Health responsibilities which have been estimated to be £300,000. The Department of Health has provided a grant of £100k to the London Borough of Barnet as a contribution to these costs; the remaining amount has been funded Adult Social Care and Health monies transferred to the Council by the NHS through a section 256 agreement. No Council core funding has therefore been used to fund these transition costs.

- 6.9 HR Considerations The shared Public Health team will be hosted by Harrow Council, with those Barnet staff from NHS Barnet that form part of the shared Public Health team transferring to Harrow Council and becoming Harrow employees. Up to 40 Public Health NHS staff will transfer to London Borough of Harrow as the receiver organisation under the Department of Health transfer scheme under TUPE-like conditions. The London Borough of Harrow is anticipating receiving the HR Transfer Order by the end of January 2013.
- 6.10 A Target Operating Model and staffing structure for the Shared Public Health Service was developed during 2012/13 based on the operating principles agreed by Cabinet Resources Committee in June 2012. The staffing structure within the Target Operating Model has formed the basis for the selection and appointment of Harrow and Barnet Public Health NHS staff into roles in the shared service during quarter 3 and 4 of 2012/13. This has been an NHS led selection process designed to ensure that the Public Health staff had clarity on their future roles in advance of dissolution of Primary Care Trusts and has ensured that any redundancy costs have been contained within NHS budgets. However from the 1st of April 2013, any financial liabilities arising from any further staffing changes will need to be borne by the Barnet and Harrow Councils in line with the terms of the Inter-Authority Agreement. The Inter-Authority Agreement will describe the exit and human resources strategy for staff transfers to LBB in the event the shared service is terminated. See Appendix One for further details.
- 6.11 The team will be led by the Joint Director of Public Health, Dr Andrew Howe who will be managed on a day-to-day basis by the Corporate Director of Community, Health and Wellbeing within the Harrow Council. However the Joint Director of Public Health will have an accountability line to the Director for People within Barnet Council as part of the Commissioning Group.
- 6.12 The Public Health team will be largely based at Harrow Council premises however there will be up to six health improvement leads based at the North London Business Park for approximately 80% of the time to provide support to Barnet GPs, Council Officers and Members. Office accommodation for the shared Public Health service has been calculated in joint running costs for the service.
- 6.13 IT Considerations – The Shared Public Health service IT requirements will be met by the London Borough of Harrow using LB Harrow software and hardware which will support remote working from office bases within Barnet. As the host authority, the London Borough of Harrow is responsible for ensuring that the capability to access Public Health data to support the Public Health function meets its statutory responsibilities. To be capable of accessing NHS Public Health data local authorities require a 'N3 Connection', which requires Councils to be compliant with the NHS Information Governance Toolkit. London Borough of Harrow will achieve compliance by June 2013 and for the

intervening months, an agreement has been reached with Harrow Clinical Commissioning Group for the shared Public Health service to access Public Health data at their premises. Since the provision of Public Health responsibilities is not the only driver for acquiring a N3 Connection, LBB is separately working towards N3 Compliance to support the delivery of integrated health and social care services. It is important to have this capability if the two boroughs in the future were to decide to dismantle the shared agreement and provide Public Health functions separately.

- 6.14 Procurement Implications – The Department of Health has set out arrangements for the transfer of liabilities, assets and contracts to Local Authorities through the Transfer Scheme. The purpose of the Transfer Scheme is to provide certainty and clarity to all effected entities and enable the legal documents to be produced to implement the NHS transfer. Under the terms of the NHS Transfer Scheme, Barnet Public Health contracts will be transferred directly from the NHS to the London Borough of Barnet. The Council through the shared Public Health service will hold the accountability for these contracts although they will be managed by Harrow Council under the terms of the Inter-Authority Agreement.
- 6.15 Barnet Council has been consulted to date on the proposed content of the Contracts/ Assets and Liabilities Transfer scheme and the national timescale requires North Central London NHS Cluster to submit to the Department of Health by 14th of March 2013 the final Transfer Scheme in order for this to come into effect from the 1st April 2013. The Chief Executive of North Central London NHS Cluster will meet with the Interim Chief Executive of the Council and the Director for People prior to the 14th of March 2013 submission to allow for the Council to comment on the final Transfer Scheme.
- 6.16 The Transfer Scheme for Barnet includes all contracts, assets and data that will be transferred to Barnet on the 1st April 2013. Barnet is not expecting to receive any assets or estates as part of the transfer scheme. The total value of the contracts listed for Public Health services is £8.78million and those that are to be transferred to the Council are listed in Appendix Two. These include a number of Local Enhanced Schemes (LES) contracts which are provided by GPs and Pharmacies and which in the future, will need to be commissioned and managed in partnership with the Clinical Commissioning Group.
- 6.17 The contracts will be managed by the Public Health commissioning team within the shared Public Health Service and this team will report regularly to the Director for Public Health on progress against key performance indicators, Public Health outcomes and on financial performance.
- 6.18 As part of the Public Health contracts transition process, a full review has been conducted on the robustness of the current NHS contracts for

Public Health. This has identified some challenges and opportunities to improve value for money and ensure that there is clarity on the expected performance levels for each of the contracts. Work is ongoing to engage with the incumbent supplier base and finalise the service and costs/charges for 2013/14. This process is being led by the NHS in conjunction with the Public Health team.

- 6.19 Contracts for 2013/14 will be signed by both parties during March 2013 with a clear plan to commence the re-commissioned services from 1st April 2013.
- 6.20 In line with other Councils, Barnet's approach to contracts for year one (2013/14) has been to take a pragmatic approach and not to seek to re-tender services prior to the transfer to the Local Authority. The approach has been to novate some contracts directly from the NHS to the Council; to sign new contracts on Barnet Council's terms and conditions of contract with providers where existing NHS contracts expire before 1 April 2013 and merging or combining some contracts where, for example Barnet already has contracts in place with those providers and there are synergies or sound commercial reasons to combine the transferred services with existing service provision. Appendix Two sets out by contract the proposed approach for Barnet Public Health contracts.
- 6.21 For year one of the shared Public Health service, the intention is to complete a detailed base-lining exercise and thorough review of contracts to support future de-commissioning or re-commissioning decisions as appropriate. Any future procurement will be undertaken in line with the Council's Contract Procedure Rules to ensure that the Council achieves best consideration.
- 6.22 Performance Implications - As the Public Health function is integrated into the Council the requirement to deliver the Public Health Outcomes Framework will be fully integrated into the Council's existing performance management framework and Corporate Plan. The Department of Health published the final outcomes framework at the end of November 2012 and produced by Borough an assessment of performance against the Public Health outcomes framework. For Barnet, the following areas scored significantly lower performance levels than regional / national average in respect of screening for cancers and sexual diseases; provision of NHS Health-checks, and pre-school immunisation rates for the MMR vaccine. With the transfer of responsibilities from the 1st of April 2013 from PCTs who were solely responsible for these areas, these have all been identified as areas for improvement in the Barnet Health and Well-Being strategy. Improvement will require a joined up approach across the shared Public Health service with the NHS Commissioning Board who has responsibility for screening and immunisation services. Regular updates on performance against the Public Health Outcomes

Framework will be presented to the Barnet Health and Well-Being Board.

7 LEGAL IMPLICATIONS

- 7.1 The 2012 Health and Social Care Act gives councils new statutory responsibilities in respect of delivery of Public Health functions.
- 7.2 There will be an Inter-Authority Agreement (IAA) between Barnet and Harrow Councils to ensure that the requirements of the service are clearly specified and agreed and legally binding. The key principles of the IAA are shown in Appendix One to this report and will ensure that Barnet Council is able to discharge its statutory responsibilities in respect of Public Health. These principles were agreed by the Cabinet of the London Borough of Harrow on the 13th December 2012. It is proposed that the finalised IAA will be entered into pursuant to authorisation by the Cabinet Member for Public Health in consultation with the Leader acting under executive powers prior to the implementation of the shared Public Health Service on the 1st of April 2013.
- 7.3 The proposal would be effected by a delegation by Barnet of its Public Health function to Harrow under section 101 of the Local Government Act 1972 and the relevant Executive Function Regulations. Staff working in the shared Public Health team will be made available to Barnet under section 113 of the Local Government Act 1972 which will enable each Council to delegated decisions to them as if they were their own staff.

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

- 8.1 The Council's Constitution in Part 3 Responsibility for Functions, paragraph 3.6 states the terms of reference of the Cabinet Resources Committee including 'approval of schemes not in performance management plans but not outside the Council's budget or policy framework.'
- 8.2 The Council's Constitution will be reviewed and amended to reflect the new Public Health functions and statutory duties of the Local Authority with any changes approved by the Constitutional, Ethics and Probity Committee on the 28th March 2013.

9 BACKGROUND

- 9.1 The Health and Social Care Act 2012 became law in March 2012. One of its key proposals is the transfer of the existing Public Health

functions currently being undertaken through Primary Care Trusts. These functions will be split between Public Health England the NHS Commissioning Board and Local Authorities. The Act identifies the expected and mandated Public Health commissioning responsibilities for local authorities from April 2013.

- 9.2 The publication of Healthy lives, Healthy people: Improving outcomes and supporting transparency: a Public Health Outcomes Framework for England 2013-2016 (Jan 2012) identified the 66 indicators that local authorities, Public Health England and the NHS Commissioning Board will use to measure progress against the two main national Public Health outcomes of increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities. A selection of these 66 indicators will be identified by local authorities to work towards as priorities locally and which will contribute towards achieving the health premium.
- 9.3 The decision to pursue a shared Public Health Service reflects Barnet and Harrow Council's common position that it is vitally important to establish a centre of Public Health expertise with a sufficient critical mass of Public Health specialists. A combined specialist team will create the necessary capacity and skill mix to effectively manage the Local Authorities' new statutory Public Health responsibilities and provide the necessary leadership to place Public Health at the heart of Local Authority policy development, commissioning and service delivery. This will also enable us to focus resources on frontline services and minimise staffing expenditure.
- 9.4 The Inter-Authority Agreement will govern the running of the shared service and an annual work-plan will be agreed between the two authorities to describe how Public Health expenditure will be used to meet the priorities identified in Barnet's Health and Well-being Strategy and to also meet the needs identified in the Joint Strategic Needs Assessment. It will also, amongst other things, ensure that no Council disproportionately profits from the arrangement and issues of data sharing, contract management, staff transfers and appraisal are dealt with properly in accordance with the principles agreed between both Councils. The agreement will be set for an initial term of 5 years but either party will have the ability to apply a no fault break, subject to a 12 month notice period.
- 9.5 The shared Public Health team will need to maintain transparency on the spending of the ring fenced grants. Therefore the annual commissioning intentions and associated budget will be developed and agreed separately for each borough. It will be important however that the opportunity for efficiencies through joint work is captured during this process.

- 9.6 The Joint Public Health Governance Board will be the key Board for monitoring, reviewing and resolving contractual issues relating to the delivery of the shared Public Health team.
- 9.7 The Board will meet quarterly and be chaired by the non host Portfolio Holder, the current Cabinet Member for Public Health from the London Borough of Barnet. Barnet representatives on the Board will include the Director for People, Barnet Clinical Commissioning Group Board Member as well as the Cabinet Member. This Board will ensure that the partnership aspirations, service requirements including the core offer for Clinical Commissioning Groups and cost effectiveness are being delivered through the shared Public Health Service Key responsibilities include:
- Endorsing Commissioning Intentions for each of the Boroughs
 - Forum to discuss and seek to resolve contract issues, concerns or complaints arising from the operation of the Inter Authority Agreement
 - Resolve and negotiate the resolution of disputes
 - Agree support changes/overheads of the joint Public Health team
 - Agree the MoUs for the CCG's Core Offer
 - Sign off the annual joint Public Health work-plans / business plan
 - Review the bi-annual scrutiny review
- 9.8 Public Health Core Offer to Clinical Commissioning Groups
The Core Offer for Clinical Commissioning Groups is one of the mandatory roles of the Public Health function of Local Authorities. The basis of the Public Health core offer to Clinical Commissioning Groups is set out in a jointly agreed Memorandum of Understanding (MoU) between the Council and the CCG covering how both parties will work together to ensure improvements in population health and well-being, through effective disease prevention, health improvement and commissioning of health and other services.
- 9.9 The MoU outlines a framework which sets out a series of principles for the relationship between the Council and the CCG and the expectations on each party and will be accompanied by an agreed joint CCG / Council work plan for each year, overseen by the Governance Board for the shared Public Health function.
- 9.10 Harrow and Barnet Councils through the shared Public Health service are looking at developing a schedule of rates which can be applied to any work requests that fall outside the scope of the core offer for the CCG.
- 9.11 Although the London Borough of Barnet will enter into a MoU with Barnet CCG, this will be operated by the London Borough of Harrow on the Council's behalf under the terms of the Inter-Authority Agreement.

Barnet CCG has agreed in principle to the agreement and the draft MoU is attached as Appendix Four. .

9.12 It is recommended that the Cabinet Member for Public Health is authorised to sign off the final CCG Memorandum of Understanding for the Core Offer prior to the 1st of April 2013.

9.13 Commissioning Priorities for 2013/14

Barnet Council's Vision for Public Health is: 'Public Health will lead the health and wellbeing agenda for Barnet, underpinned by a strong evidence based approach and the JSNA; supporting the NHS and the wider Council to play their part in improving the health and wellbeing of Barnet's residents, reducing health inequalities and delivering the Health and Wellbeing Strategy. Through a skilled multi-disciplinary workforce, the Public Health function will make sure that the risk of avoidable harm is reduced through promoting healthy lifestyle choices and protecting the health of the population'.

9.14 A Barnet Commissioning Intentions document (Appendix Three) has been created to set out how the Public Health responsibilities will be fulfilled. The document also sets out how the priorities identified in Barnet's Health and Well-being Strategy and the priorities arising from the Joint Strategic Needs Assessment will be addressed.

9.15 The Public Health allocation is ring-fenced and is only to be spent on Public Health functions. However the current contractual liabilities do not cover all of the mandatory functions for Councils in respect of Public Health. Historically in Barnet there has been no permanent budget line to cover NHS Health Checks. The 2013/14 commissioning plans therefore allocate £0.5m towards the provision of NHS Health Checks and the remaining budgets will be allocated towards a mixture of childhood obesity programmes, support for early years and other Public Health programmes, particularly supporting maintaining a healthy weight and sport and physical activity.

10 BACKGROUND PAPERS

10.1 Target Operating Model for the Shared Public Health Function for Barnet and Harrow.

This report is available by email from Andrew Howe, Joint Director for Public Health, Barnet and Harrow, email: Andrew.Howe@brent-harrowpcts.nhs.uk

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