Health and Well-Being Board- Public Health Commissioning Plan 2015-20

1. The Context for the development of this plan.

Public services in England during the decade 2010-2020 face an unprecedented challenge as the country deals with the impact of the financial crisis of 2008, alongside the opportunities and challenges that come from our changing and ageing population.

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. At the same time, demand on local services continues to increase**,** driven by a growing population, particularly the number of young and older residents. We therefore must plan for the fact that austerity will affect all parts of the public sector to the end of the decade and that we will not be able to meet increasingly levels of demand from simply doing more of what we are currently doing.

The public too, does not expect simply more of the same. Expectations of local services are increasing, advances in customer services and technology provides the ability to interact with services 24/7. Local residents as a result expect better services and more prompt responses from the Council. However satisfaction with the Council and local services remains relatively high in Barnet, and over recent years resident satisfaction with a number of local services has increases, despite these challenges.

In thinking about how the Council lives within its means, the Council needs to recognise that residents are also facing wider financial pressures, from high energy bills, increasing housing costs, continued wage restraint, and benefit reforms, so the ability of many households to absorb the impact of reductions from public sector funding through increased financial contributions is constrained.

We can however expect over the duration of this plan that significant opportunities will flow from Barnet being part of a growing and arguably booming London economy. Unemployment levels have fallen by a third in the last year, the number of 16-18 year old 'NEETs' in Barnet is, at 2.3%, the fourth lowest in England and less Barnet residents are claiming out-of-work benefits than the London average. This plan needs to ensure that all residents of Barnet can benefit from the opportunities of growth, whether through new employment opportunities, increased investment in infrastructure such as roads and schools, or enjoying new neighbourhoods and places in which all people can live and age well.

2. Barnet Council's Overarching Approach to meeting the 2020 Challenge

The Council's Corporate Plan sets the framework for each of the Commissioning Committees five year Commissioning Plans. Whether the plans are covering

services for vulnerable residents or about universal services such as the environment and waste there are a number of core and shared principles which underpin the commissioning outcomes.

The first is a focus on fairness.

Fairness for the Council is about striking the right balance between fairness towards the more frequent users of services and fairness to the wider taxpayer and making sure all residents from our diverse communities - young, old, disabled, and unemployed benefit from the opportunities of growth.

The Council must 'get the basics right' so people can get on with their lives – disposing of waste, keeping streets clean, allowing people to transact in more convenient ways, resolving issues promptly in the most cost effective way.

We must shift our approach to earlier intervention and demand management …. Managing the rising demand on services requires a step change in the Council's approach to early intervention and prevention. Across the public sector, we need to work with residents to prevent problems rather than treating the symptoms when they materialise.

The second is a focus on responsibility.

Continue to drive out efficiencies to deliver more with less… The Council will drive out efficiencies through a continued focus on workforce productivity; bearing down on contract and procurement costs and using assets more effectively. All parts of the system need to play their part in helping to achieve better outcomes with reduced resources.

Change its relationships with residents, with residents working with the Council to reduce the impact of funding cuts to services ... In certain circumstances, residents will also need to take on more personal and community responsibility for keeping Barnet a great place particularly if there is not a legal requirement for the Council to provide services. In some cases users will be required to pay more for certain services as the Council prioritises the resources it has available.

The third is a focus on opportunity.

Prioritise regeneration, growth and maximising income … Regeneration revitalises communities and provides residents and businesses with places to live and work. Growing the local tax base and generating more income through growth and other sources makes the Council less reliant on government funding; helps offsets the impact of service cuts and allows the Council to invest in the future infrastructure of the Borough.

Redesign service and deliver them differently through a range of models and providers … The Council has no pre-determined view about how services should be

designed and delivered. The Council will work with providers from across the public, private and voluntary sectors to provide services which are more integrated, through a range of models most appropriate to the service and the outcomes that we want to achieve.

Planning ahead is crucial… The Council dealt with the first wave of austerity by planning ahead and focusing in the longer-term, thus avoid short-term cuts - the Council is continuing this approach by extending its plans to 2020.

3. Committee context

Responsibility for many aspects of public health services together with public health teams and budgets was transferred to local authorities in April 2013. The transfer of responsibility for local health improvement to local authorities has been the biggest shift in public health delivery in decades. The Government's approach to improving public health is centred on empowering individuals to make healthy choices, and giving communities the tools and resources to address their own health needs.

The Government has provided local authorities with significant new powers and opportunities to develop effective local solutions to manage public health and improve the lives of their residents. Boroughs are uniquely positioned to understand the specific needs of their communities and to draw on a range of existing knowledge, expertise and resources from within their organisations, and from partners, to improve health outcomes for their residents.

The Corporate Plan identifies the Council's 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.

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 of Barnet's residents, in line with Sir Michael Marmot's policy objectives; based on evidence of the impact on health and wellbeing outcomes for individuals; and, cost-effectiveness and return on investment of public health interventions.

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.

This Commissioning Plan recognises the importance of developing public health programmes that focus on the social determinants of health, developed in partnership with Barnet's communities, and that make use of community assets to support delivery of activities wherever appropriate. As such, the plan makes use of recent research from the King's Fund, NICE and other research bodies who are building an evidence base for the return on investment of public health interventions

in a wider set of Council departments (such as housing, transport, planning) and partner organisations (such as schools).

The Health and Well Being Board will provide strategic leadership for this plan, and will work across the various other Council Committees, strategic partnership arrangements (including those in the voluntary and community sector), and the CCG Board to ensure the broadest opportunities to deliver better health and wellbeing outcomes for Barnet's residents are realised.

4. Public Health Commissioning Outcomes 2015-2020

Priority	Key Outcomes	Outcome measures
Giving children the best start in life	• 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	• Improved breastfeeding initiation and continuation rates • Smoking status at time of delivery

Priority	Key Outcomes	Outcome measures
Enable all children, young people and adults to maximise their capabilities and have control over their lives	• 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.	• Smoking prevalence • Excess weight in adults • Excess weight in 4-5 year olds • Excess weight in 10-11 year olds • Substance misuse • Rate of harmful drinking • Percentage of active adults
Create fair employment and good work for all, which helps ensure a healthy standard of living for all	• 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.	• Residents with mental health problems supported to retain/return to employment (monitored by enterprise) • Promoting healthy workplaces: Number of large workplaces signed up to the London Healthy Workplace Charter

Priority	Key Outcomes	Outcome measures
Create and develop healthy and sustainable places and communities	• 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 inter-generational support.	• Utilisation of outdoor space for exercise/ health reasons • Increased activities for older people • Physical activity participation • Social isolation: The percentage of adult carers who have as much social contact as they would like according to the Personal Social Services Carers survey • Reducing the proportion of persons presenting with HIV at a late stage of infection • Reducing repeat Sexually Transmitted Infections • Successful completion of drug treatment – opiate users • Successful completion of drug treatment – non-opiate users • Successful completion of treatment – alcohol users • Successful completion of treatment – non-opiate and alcohol users • Promote/ create opportunities for volunteering

Priority	Key Outcomes	Outcome measures
Strengthen the role and impact of ill health prevention	• 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.	• Take up of lifestyle management programme • Under 75 mortality rate from cardiovascular diseases • Cumulative percentage of the eligible population aged 40-74 who have received an NHS Health Check • Patients self managing (delayed/ reduced demand for crisis response) • Number of households that have had insulation as part of Winter Well

The commissioning intentions below reflect these priority objectives and outcomes.

It is important to recognise that there are a number of public health statutory services that local authorities have to provide, including:

- 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

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.

Following agreement at Health and Wellbeing 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%. This will allow for resources to be strategically focused elsewhere, to meet public health needs through innovative methods of delivery. These investments are identified in the commissioning intentions that follow. 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.

The prioritisation of spending 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. Priority objective: Give every child the best start in life

Marmot argued that returns on investment in early childhood are higher than in adolescence, and that early interventions during pregnancy and on-going support in early years are critical to the long-term health of the child and other long-term outcomes.

In Barnet, it has long been acknowledged that giving a child the best start in life is important not only to the individual child but also to society in general. Parents and

carers impact should not be underestimated. A child's early life affects their wellbeing and quality of life not only during their childhood but throughout their life – and indeed into the next generation.

Whilst in Barnet, Low Birth Weight, and Infant Mortality is significantly lower than both the regional and national averages, analysis of local data shows that there are significant variations in both across the Borough (with the highest rates in Burnt Oak, Edgware and Woodhouse wards).

Breastfeeding initiation in Barnet is amongst the highest seen in the country at 91.2%, and continuation rates are similar to the national and regional averages. However, only 76.6% of pregnant women in Barnet have an antenatal assessment by the 12th week of pregnancy lower than the London rate (80%) and significantly lower than England average (86%). There is also a urgent need to increase health visitor capacity in the borough to meet demand for these early help services.

Children and young people in Barnet have better health and non-health outcomes than London and England as a whole. The level of children aged under 16 living in poverty in Barnet (19.9%) is below the England average (20.6%), and below the London average (26.5%). There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. The level of 4-5 year olds who are overweight and obese is also increasing.

Parents have a vital role in taking responsibility for their children's health, and we need to think about how we work within communities, schools and within families to address some of the challenges set out here to ensure that children and young people in Barnet have the best outcomes possible.

	Commissioning intention	**What needs to happen?**
1	Retain current children's centres investments (Breast feeding programme, Family Nurse Partnership, Early education programme, Targeted parenting, Targeted nutritional information) applying 2.5%/annum efficiency savings. Investment in the family nurse partnership and non mandatory early intervention services in children's centres to improve life chances and manage social care demand.	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year. More effective joint working practices between health visiting services and local authority commissioned early years services are being established now through joint commissioning arrangements with NHS England. This work will inform a decision on the approach to fuller integration by October 2015 when the authority takes responsibility for health visiting commissioning.
2	Maintain childhood obesity and nutrition investment via a tier 2	Ongoing contract monitoring and evaluation, annual service development/commissioning

	Commissioning intention	What needs to happen?
	weight management programme applying 2.5%/annum efficiency savings	review. Intentions to be clear by end of calendar year for commissioning by new financial year.
3	In other areas of the schools programme, after capacity building investments in 13/14 and 14/15, schools to determine future investment.	Schools are aware the programme funding ends this year. Council's future approach to schools needs to be determined (i.e. whether elements of funding will be retained, school funded as delivery unit, or left to determine plans – Spring 2015), clear communication with schools at that point.
4	Review school nursing commissioning arrangements maintaining current level of investment applying 2.5%/annum efficiency savings	Notice has been served on current provider. Tender notice will go out November 2014, and service to commence October 2015.

What this means for residents…

- More coordinated early years provision
- Less fragmentation
- Identification, early intervention and prevention

What this means for providers…

- Possible consolidation of services
- Need to work with collaboratively with other providers
- Attention to wider social impacts

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Breastfeeding initiation	TBC (requiring agreement between PH and other delivery units)	TBC(requiring agreement between PH and other delivery units)
Breast feeding at 6-8 weeks	TBC	TBC
Oral health	TBC	TBC
Smoking status at time of delivery	4.4% (Q3 2013-4)	Maintain at under 5%

Numbers of parents receiving parenting support	TBC	TBC
Early childhood development: Children defined as having reached a good level of development at the end of the EYFS as a percentage of all eligible children	TBC	TBC
School readiness: the percentage of children achieving a good level of development at the end of reception	TBC	TBC
Prevalence of 4-5 year olds classified as overweight	11.60%	11.10%
Prevalence of 4-5 year olds classified as obese	9.40%	8.90%
Prevalence of 10-11 year olds classified as overweight	15.00%	14.50%
Prevalence of 10-11 year olds classified as obese	19.40%	18.90%

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
2,033,508	2,244,670	2,101,804	2,439,883	2,778,886	3,118,789

6. Priority objective: Enable all children, young people and adults to maximise their capabilities and have control over their lives

Marmot argued that a focus on improving educational outcomes and developing skills is crucial to addressing health inequalities, and defined 'capability and control' in the context of his priority area for action in terms of skills and learning. In Barnet, this priority area has been conceived in a broader context, to include the range of positive health states and behaviours that will enable residents to stay healthy and independent. Enjoying good health is the result of responsibility being shared between health services and individuals. Empowering individuals to take responsibly for their own health is central to addressing the public health challenges described in this section over the coming decade. We need to create a new dialogue with residents as 'active partners' in achieving good health.

Physical Activity and Obesity

Nationally and within Barnet, there has been a steady increase in the prevalence of those classified as overweight and obese. In children this is considered a primary predictor of obesity in adulthood. The health outcomes of sustained obesity are numerous and include increased incidence of Type 2 Diabetes, CHD, stroke, depression, some cancers and back pain. Obesity throughout adulthood decreases life expectancy by up to nine years.

About 33.6% of Barnet's Year 6 children and 55.6% of Barnet's adults are classified as overweight or obese. The Barnet Sport and Physical Activity Needs Assessment 2012 found that sport and physical activity rates and the use of outdoor space are below the national average. There are no clear reasons for this given that Barnet has a large number of parks and open spaces and leisure provision is comparable with other London boroughs. Given the benefits to population's health, collective action to improve rates of sport and physical activity participation in the Borough is essential. (See also *Creating Sustainable Communities*)

Smoking Cessation

Tobacco use is the most important preventable risk factor for death from cancer, cardiovascular disease and respiratory disease. Despite significant reductions in smoking rates in Barnet, smoking continues to be a major driver of health inequalities and accounts for over 360 deaths each year in the Borough. In the past 10 years, the success of stop smoking services has led to a reduction in smoking prevalence of around 10% in Barnet as well as a reduction in the number of hospital admissions due to smoking and deaths due to smoking. Face to face smoking cessation programmes have made a significant contribution in supporting quit attempts but alternative approaches are now required because recruitment rates have declined. The Public Health team are looking at a broad range of options to encourage people to stop smoking, including integration within care pathways, and upstream intervention (including Making Every Contact Count), targeted interventions (including focusing on people with mental health problems) and legislative change (tobacco control).

Local and national concerns have also been raised about the growing number of shisha establishments. Nationally there has been an increase of over 210% in the number of shisha bars and cafes in England over the past five years and this is also reflected locally. Public health will need to work with many partners to develop tobacco control plans that address these challenges.

Mental wellbeing

In terms of morbidity, mental health accounts for a great health burden than either CHD or cancers. The promotion of mental wellbeing through life skills and social networks has the potential to make a significant contribution to public health improving health and social outcomes and containing public sector costs. Public health is working with colleagues across the local authority and CCG to ensure that wellbeing is promoted and that awareness of mental health and early intervention provision is expanded. However, there are a number of challenges for Barnet to address, including the fact that hospital admissions for mental health conditions among young people are on the rise, reflecting the lack of early intervention and

assertive outreach services in the community. Between 2009-10 and 2011-12, there were 50 admissions for self harm in young people in under 18 in Barnet (giving a rate of 60.2 per 100,000 people aged 17 and under). This is lower than the London average (64.4/100,000 aged 17 and under) and significantly lower than the national rate (115.5/100,000 aged 17 and under).

Being able to live independently is a key factor in good mental health and wellbeing. Since 2004/05 the rate of social service assistance for Barnet residents to live independent lives has steadily increased. The availability of safe, healthy housing and inclusive community's impact on people's ability to live independently of health and social care services. Building social capital and reducing social isolation among vulnerable groups of the population is required to ensure that these people are supported to maintain good mental health and wellbeing.

Drugs and alcohol

The abuse of substances such as drugs and alcohol can have a detrimental impact on an individual's health, their families and society, crime and antisocial behaviour and the economy.

Information and advice will be provided children and adults to discouraged misuse of alcohol and drugs, and identify and refer onto treatment service when needed.

In Barnet, the rates of alcohol hospital related admissions have been steadily increasing and alcohol attributed recorded crime levels are also above the London average in Barnet. We will need to work with partners to think about the ways in which people who are drinking at harmful levels can be supported as quickly and early as possible building on the development of brief intervention services in pharmacists.

Making every contact count

Making Every Contact Count is an everyday approach to prevention. All partner organisations should require providers and ensure that they themselves use every opportunity to deliver brief advice to improve health and wellbeing whether in health, social care or other service areas.

What this means for residents…

- Reduced provision of face to face smoking cessation services, except for target groups with relatively high smoking prevalence such as mental health patients, due to declining effectiveness and efficiency
- Consideration of local measures to discourage smoking and excess alcohol consumption
- Greater prioritisation of alcohol dependence
- Community weight management offer
- More information about a range of local services
- More brief intervention/prevention
- Information, support but expectation of personal responsibility

What this means for providers…

- Different ways of addressing smoking – more targeted face to face (particularly Mental Health patients) more tobacco control measures
- Greater prioritisation of alcohol dependence
- Need to collaborate with other providers across the statutory and voluntary sector

	Commissioning intention	What needs to happen?
1	Maintain physical activity promotion investment	Continue service as normal
2	Develop weight management offer	Offer developed by April 2015
3	Reduce budget for smoking cessation via service redesign away from face to face support, except for target populations – such as mental health patients, develop telephone based support and introduce alternative tobacco control measures	Notice serviced Options by January 2015 Commission services by April 2015
4	Develop emotional wellbeing programme in the community to compliment CAMHS, adult mental health and community resilience plans.	Options by November 2013 Commission services by April 2015
5	Investment to support the introduction of Making Every Contact Count in the borough	Options by April 2015
6	Build on Alcohol brief intervention in pharmacists to discourage alcohol and substance misuse and ensure early identification of the harm	Strategy due to be presented to HWBB in January Options by April 2015

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Percentage of active adults	53.9% (2013)	55.60%
Excess weight in adults	55.6% (2012)	Decrease
Smoking prevalence	13.9%	Decrease

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
871,641	884,092	654,603	624,932	611,359	598,125

7. Priority objective: Create fair employment and good work for all, which helps ensure a healthy standard of living for all

Marmot argued that unemployment and particularly long-term unemployment has significant impact on physical and mental health, and that being in good work protects health. Further, he argued that a certain minimum level of income is necessary to lead a physically and mentally healthy life. Evidence shows that there is a clear association between an individual's socioeconomic position and their health outcomes.

Although in overall terms Barnet is an affluent borough, there are pockets of deprivation. These exist along the western edge of the borough and in parts of Coppetts, East Finchley and Brunswick Park wards. In these areas, a number of health and non-health outcomes are poorer.

The numbers of unemployed (but economically active) people have fallen from 9% of the workforce in September 2012 to 6.6% in April 2013 (a 27% fall). For people claiming JSA, the figures have fallen from 2.9% of the workforce in September 2012 to 1.8% in August 2014 (a 38% fall). Whilst similar declines have been observed in London and England there are fewer people claiming out of work benefits in Barnet in this period when compared to London and England. However, certain cohorts of people are more likely to find themselves out of work, including those with mental health problems and substance misuse issues.

What this means for residents…

- More support to stay in/back to work, particularly where motivation/mental health concerns

What this means for providers…

- Expectation of working with other providers and with NHS
- More holistic view of client needs

	Commissioning intention	What needs to happen?
1	Extending investment in employment support programme, improving local pathway for support for clients with motivational, mental health and alcohol/substance misuse issues.	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Residents with mental health problems supported to retain/return to employment	180 + 300	TBC (programme currently funded to 2017

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
200,000	295,000	290,125	285,372	280,738	276,219

8. Priority objective: Create and develop healthy and sustainable places and communities

Marmot argued that changes can be made to the built environments to make them conducive to health. For example, outdoor gym infrastructure, marked and measured routes, cycling, traffic calming and air quality measures to make walking more attractive.

The social environment is also a significant determinant of health and wellbeing. Programmes that help stimulate, grow, support, networks in communities tackles social isolation and builds resilience at both individual and population level.

In Barnet, Marmot's policy objective has been broadened again to include ensuring effective health services infrastructure, which is another important part of creating and developing healthy and sustainable places and communities. Services that are locally accessible for treatment of STIs and drug/alcohol dependence (see below).

Promoting healthy built environments
The health benefits of physical activity are well established and locally physical activity rates are relatively poor. Beyond sport and leisure activities that can be encouraged through the use of initiatives such as outdoor gyms, active travel presents an important means of increasing physical activity and may more easily be integrated into daily living. The promotion of active travel requires communications, workplace health promotion and environmental investments.

Promoting healthy social environments
The health benefits of building social capital and social connectedness are increasingly being recognised within local community development approaches. There is evidence that national community development models such as the Altogether Better programme support older people to remain healthy and active

participants in their communities. Whilst nearly three quarters of Barnet's residents report a strong sense of belonging to their communities, the national average is slightly higher, and poses a challenge to Barnet about what more can be done to build inclusive, supportive communities that all people feel able to contribute to.

Sexual Health

Sexual health is an important aspect of physical and mental wellbeing. Poor sexual health can have a long-lasting and severe impact on people's lives, for example through unintended pregnancies and abortions causing physical disease and poor educational, social and economic opportunities; sexually transmitted infections (STIs) and HIV/AIDS; ectopic pregnancies leading to infertility; cervical and other genital cancers; and hepatitis, chronic liver disease and liver cancer.

Over the past ten years in England there has been a substantial increase in diagnoses of many STIs. It is likely that increased transmission through unsafe sexual behaviour has contributed to the overall rise in STI diagnoses, though improved testing arrangements will have also contributed to the reported increases. The true incidence of STIs in Barnet is not known, since much data is reported at GUM clinic level, but these clinics see people regardless of their place of residence. This presents significant challenges for all local authorities, who have to provide adequate local services for people from any Borough.

There are fewer teenage pregnancies in Barnet than across London and England as a whole. However teenage pregnancy remains a priority area for attention in sexual health, as it is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers also have an increased risk of living in poverty and poor quality housing and are more likely to have accidents and behavioural problems.

Demand for sexual health services are increasing, and the challenge for sexual health services are to ensure that they diagnose and treat STIs and HIV quickly, and ensure that family planning services are in place to reduce unwanted pregnancies. It is also necessary that service identify and protect individuals from female genital mutilation (FGM) and sexual exploitation.

	Commissioning intention	**What needs to happen?**
1	Maintaining outdoor gym infrastructure, new investment in support of active travel and physical activity	Annual maintenance of outdoor gyms. Options for active travel/physical activity campaigns and environmental improvements by Summer 2015.
2	Maintain investment in Better together programme	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.
3	Contain otherwise escalating	Barnet Sexual Health strategy & West

	Commissioning intention	What needs to happen?
	costs of sexual health services whilst maintaining/improving outcomes.	London Alliance transformation report to Health and Well-Being Board November 14 Collaborative commissioning already underway and contracts for 2015/16 to be agreed by respective lead commissioners ahead of April 15 A proposal for collaborative commissioning across 20 London Boroughs (led by the Barnet and Harrow public health team) is expected to come to the Health and Well-Being Board in November 2014. Over the following 12 months it is expected that new service specifications will be developed, consultation will occur, followed by re-commissioning of new services for 2017/18
4	Review drug and alcohol service commissioning arrangements to improve treatment outcomes and additional social benefits whilst maintaining current level of investment.	Needs assessments completed Oct 2014 Strategies for HWBB sign off Jan 2015 The service is currently being re-procured with the start date of a new service of 1st October 2015.

What this means for residents…

- Environmental improvements (more conducive to healthy choices)
- Personal responsibility for health
- Support for community networks and workplace health promotion
- Opportunities to be more physically active

What this means for providers…

- Consideration to sustainability concerns in procurement

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Physical activity participation	53.9%	55.60%
% of people with needs relating to STIs who are offered an HIV test at first attendance (excluding those already diagnosed HIV positive).	97.3% (Q2)	97%
% of people with needs relating to STIs who have a record of having an HIV test at	92.1% (Q2)	80%

first attendance (excluding those already diagnosed HIV positive).		
% of people with needs relating to STIs contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service.	87% (Q2)	98%
Successful treatment - opiate users	41.8%	Increase
Successful treatment - non-opiate users	10.8%	11%
Successful treatment - alcohol users	27.0%	44%
Successful treatment - non-opiate and alcohol users	31.8%	40%
Re-presentations - opiate users	29.8%	45%
Re-presentations - non-opiate users	TBC	TBC
Re-presentations - alcohol users	TBC	TBC
Re-presentations - non-opiate and alcohol users	10.8%	11%
Promote/ create opportunities for volunteering	TBC	TBC

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
8,226,827	7,815,654	8,384,784	8,154,980	7,981,003	7,679,150

9. Priority objective: Strengthen the role and impact of ill health prevention

Marmot argued that investment in ill health prevention and health promotion needs to substantially increase over coming years. Whilst Marmot specifically referenced work that should be done to address smoking, alcohol, drugs and obesity under this policy

objective, this Commissioning Plan has referenced further major causes of ill health in Barnet that have not yet been addressed in the plan, to ensure that a wider set of problems are tackled.

This includes focusing on ill-health in later life. 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 disability-free life expectancy, the period that people live with chronic disease and demand 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 and secondary prevention that targets those at increased risk of adverse health outcomes.

Cardiovascular disease

Cardiovascular disease (heart disease and stroke) is the largest cause of death in Barnet and the second largest cause of death after cancer in people aged less than 75 years old. Emergency admission rates for heart disease in Barnet are significantly lower than the national rates, but for stroke the Barnet rate is significantly higher than national rate. Smoking, high risk drinking and obesity are 3 of the biggest risk factors associated with heart disease and stroke, and identifying these risk factors in individuals, and supporting them to make healthier lifestyle choices, is central to reducing the numbers of people who are affected by cardiovascular disease.

Cancer

Cancer is the most common cause of premature mortality but an estimated 42% of cancer cases each year are linked to lifestyle factors. In the last 5 years, almost 600,000 cancer cases in the UK could have been prevented by people not smoking; maintaining a healthy weight; not drinking excess alcohol; eating plenty of fruit, vegetables and fibre, eating less red meat and cutting down on salt and saturated fat; being physically active; and avoiding excess UV radiation from sunlight and sunbeds. Promoting healthy lifestyles and uptake of national screening programmes for cancer will make a significant contribution to public health.

Long-term conditions

Approximately 15.4 million people in England live with a long-term health condition such as diabetes, dementia, asthma and arthritis, and an increasing number of people are living with more than one long term condition (a phenomenon known as “multi-morbidity”). The likelihood of having more than one LTC increases with age. With increasing life expectancy, Barnet’s population of older people is set to grow so we need to work with our partners to support this expanding group of people. Those with long term conditions, and those who care for them, will need to feel empowered to take more responsibility for looking after themselves, but they will also need to be supported to develop the tools, skills and knowledge to manage these conditions effectively. Developing a new partnership between individuals, their families and carers, and health and social care professionals is key to addressing this significant challenge.

Excess Winter Deaths

Barnet has a higher than average percentage of excess winter deaths at 22.3% compared to 19.1% for London and 16.1% for England as a whole. Addressing cold

housing is a key requirement to reduce this rate. Winter Well programmes that support vulnerable residents to be energy efficient, to insulate their homes and to ensure they are equipped with skills to stay warm through winter will help to tackle this challenge.

	Commissioning intention	What needs to happen?
1	Develop self management offer – e.g. health champions and expert patient programmes, maintaining intended investment; develop targeted prevention offer	Implementation of commissioning intentions in the Health and Social Care Integrated Care Business Case from October 2014
2	Develop a more targeted Health checks programme	Continue to encourage Barnet GP practices to offer health checks Identify/assess additional outreach opportunities
3	Maintain Winter Well investment	Ongoing contract monitoring and evaluation, annual service development/commissioning review. Intentions to be clear by end of calendar year for commissioning by new financial year.
4	Investment in a health lifestyles cancer prevention campaign	Options appraisal to be conducted by April 2015

What this means for residents…

- Targeted provision of NHS health checks
- Support for self care
- Personal responsibility for health

What this means for providers…

- Expectation of cooperation with other providers

Outcome measures

Measure	Baseline – 14/15	Target - 19/20
Percentage of the eligible population aged 40-74 who have received an NHS Health Check	6% (2013-14)	10%
Number of households that have had insulation as part of Winter Well	To be established	Increase

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
1,007,149	1,199,708	1,052,809	978,958	958,140	937,842

10. Service component: staffing

Workforce efficiency savings of approximately 14% of the public health employee budget have also been included. As government funding for local government services continues to reduce, all Council delivery units will need to review their workforce budgets to ensure that they can improve efficiency by 10% by 2020. Corporate initiatives such as the review of terms and conditions and the unified pay project will support delivery units in achieving this saving. Delivery units will also need to review performance management, use of agency staff, management layers and productivity to ensure that this saving can be achieved.

Commissioning intentions:

	Commissioning intention	What needs to happen?
	Improve the efficiency of workforce spend	Review of the current staffing by April 2015 in line with the review of the wider council commissioning structures.

Financial impact

A summary of the change in net revenue budget for this priority area is shown in the table below:

14/15	15/16	16/17	17/18	18/19	19/20
1,963,265	1,863,265	1,818,265	1,818,265	1,692,265	1,692,265