

# Public Health & Wellbeing Commissioning Plan 2015 – 2020

## 2016/17 addendum & targets

This document is an addendum to the **Public Health & Wellbeing Commissioning Plan 2015 – 2020**, which sets out a revised narrative and updated indicators/targets for 2016/17. The full Commissioning Plan can be found here:

<http://barnet.moderngov.co.uk/documents/s21912/Appendix%20%20Public%20Health%20Commissioning%20Planv8.pdf>

## **1. CONTEXT FOR COMMISSIONING PLAN**

### **Unlocking the opportunities of growth**

Barnet is a growing borough, driven by a combination of a strengthening national and local economy and locally led investment in regeneration, skills and economic development. Over the next five years, this growth will bring opportunities for residents, businesses and the council. The council will work to ensure that all residents can benefit from the opportunities that growth will bring – by helping people to help themselves – whilst protecting what people enjoy about Barnet: Its parks and open spaces; its excellent schools; and its diversity.

All parts of the public sector face the same challenges of reduced budgets and increasing demand for services. As the money received from Government reduces almost to zero over the next few years, all councils will need to become financially independent and generate revenue locally – through Council Tax, Business Rates and, where appropriate, by becoming more commercially minded. This means that growth – as well providing new homes, jobs, schools, transport infrastructure, parks, leisure centres and community facilities – is necessary to grow the local tax base and generate money to spend on local services.

### **Living within our means, with a renewed focus on managing demand for services**

Most residents and businesses will benefit from a growing economy without too much interaction with the council. For those people, it is our responsibility to get the basics right: To provide an attractive environment; empty the bins; keep the streets clean; and make it as easier to make transactions such as requesting a parking permit online, at a time that suits them.

However, some residents will need a little extra help to take advantage of the opportunities of a growing economy and we're working more closely with our local partners, such as the NHS, Barnet Homes, Jobcentre Plus, and our local colleges and university, to provide that. By working more closely with other parts of the public sector, providing more homes and helping people into work, we can also help to manage demand for local services and relieve some of the pressure.

We tackled the £75 million budget gap we faced between 2010 and 2015 head on and managed the challenge without a big impact on frontline services. We embraced the need to do things differently and have made some bold decisions to live within our means. In order to close a further budget gap of £81 million by 2020 we will continue to look at how we can reduce bureaucracy but, increasingly, our focus will turn to how we can help manage demand for services.

### **Transforming local services**

Our 'Commissioning Council' approach means that we're not bound by the status quo. Our focus is less on who provides a service – the council, a private company, a national charity or group of local volunteers – and how it is provided, and more on ensuring that each service is necessary, meets the needs of residents and represents value for money. For every service, we will consider the case delivering them differently, focusing on the best outcomes for our residents.

For some services, this approach to service transformation has resulted in partnerships with the private sector, such as our contracts with Capita to provide our 'back office' and customer services, and create a Joint Venture to provide our developmental and regulatory services – a model which sees a proportion of income generated by trading those services returned to the Barnet Taxpayer.

For other services, transformation means doing things differently with our in-house services, such as increasing the size and effectiveness of our foster care service to reduce the need for costlier residential care, or working in partnership with other parts of the public sector to deliver more intuitive services for residents which save us money, such as our joint employment programmes.

## Investing for the future

Despite needing to reduce our day to day spending, we will continue to invest in the essential infrastructure of the borough. Our financial strategy will see £550 million of capital investment between 2016 and 2020, funded from capital receipts, borrowing, revenue and external grants.

Resources will be invested in transport (including roads, pavements and a new Thames Link station at Brent Cross); housing – with 20,000 to be built over the next decade, the most in outer London; schools – to ensure we continue to provide places for those that need them, building on the 7,500 new places created over in the last six years; leisure facilities – with new leisure centres built at Church Farm and Copthall – and the creation of 3 new 'community hubs' across the borough.

## More resilient communities

Doing things differently will require the council to change its relationship with residents over the next few years. Where it will not be possible for the council to do as much as it has done in the past, we will support residents and community groups to be more resilient and do more for themselves and their neighbours. Across all of our services, we will look at opportunities for residents to get more involved – whether it's helping to maintain the borough's parks and green spaces, or volunteering in one of the borough's libraries.

## 2. OUR APPROACH TO MEETING THE 2020 CHALLENGE

The council's Corporate Plan sets the framework for each of the Theme 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 second is a focus on responsibility:** Continuing 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.

**The third is a focus on opportunity:** The council will 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 budget reductions and allows the council to invest in the future infrastructure of the Borough.

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

### 3. CORPORATE PLAN PRIORITIES

We apply these principles to our Corporate Plan priorities of: **growth and responsible regeneration; managing demand for services; transforming services; and more resilient communities.**

<p><b>Fairness</b></p>	<ul style="list-style-type: none"> <li>• Fairness for the council is about striking the right balance between fairness towards more frequent users of services and to the wider taxpayer</li> <li>• <b>Managing demand for services</b> – since 2010, we’ve successfully met a 25% budget gap largely through efficiency savings and delivering services differently; in order to meet a further 25% budget gap to 2020, we’ll focus on doing more to manage demand for local services.</li> <li>• This will require a step change in the council’s approach to early intervention and prevention, working across the public sector and with residents to prevent problems rather than just treating the symptoms</li> </ul>	<p>Public Health has a particular focus on addressing health inequalities both in terms of health outcomes and access to services recognising that some groups within the community need more intensive support or guidance than others.</p>
<p><b>Responsibility</b></p>	<ul style="list-style-type: none"> <li>• <b>More resilient communities</b> – as the Council does less in some areas, residents will need to do more. We’re working with residents to increase self-sufficiency, reduce reliance on statutory services, and tailor services to the needs of communities.</li> <li>• In doing so, the council will change its relationships with residents, with residents becoming more resilient and doing more to keep Barnet a great place. All parts of the public service system must play their part in helping to achieve priority outcomes with reduced resources.</li> </ul>	<p>For Public Health this means recognising that while there are genetic and environmental factors which impact on health outcomes there is increased understanding that lifestyle also has a major impact on health outcomes. Public health supports individuals to understand, and to take responsibility for, their health behaviours and supports community level efforts to identify and respond to local needs.</p>

<p><b>Opportunity</b></p>	<ul style="list-style-type: none"> <li>• The council will capitalise on the opportunities of a growing economy by prioritising regeneration, growth and maximising income.</li> <li>• <b>Growth, housing and responsible regeneration</b> is essential for the borough – revitalising communities, providing new homes and jobs, while protecting the things residents love – and for the Council, generating more money to spend on local services</li> <li>• As we continue to deal with budget reductions to 2020, we will explore the opportunity this presents to <b>transform local services</b> and redesign them, delivering differently and better. We will focus on making services more integrated and intuitive for the user, and more efficient to deliver for the Council.</li> </ul>	<p>Regeneration, growth and models of service provision are all important contributors to Public Health. Public health supports regeneration and planning through assessment of the health impact of proposals and the identification of opportunities to deliver health gains. Economic opportunities and employment are amongst the most significant determinants of health and social outcomes. Investments have been made to stimulate innovation in local employment support services and to promote workplace health promotion in support of productivity. Public health works with commissioners and partners to encourage services to be better coordinated in identifying and addressing clients needs.</p>
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#### 4. VISION FOR PUBLIC HEALTH & WELLBEING

- The people of Barnet are generally healthy but the borough is not without health challenges
- We have a large and growing elderly population, which makes promoting physical activity and tackling issues such as social isolation more important
- We will commission services to tackle these challenges, while continuing to deliver our statutory functions and ensuring that Barnet’s population is as healthy as it can be by integrating public health as a priority theme across all services

#### 5. COMMISSIONING PRIORITIES

##### Summary

- We’re investing in demand management to put all of our **statutory services** – Health Checks, National Child Measurement Programme, Health Visiting, School Nursing, sexual health (GUM) – **on a secure footing for the future**
- We’re ensuring that **additional investment** in non-statutory but priority services – e.g. drug and alcohol, smoking cessation, winter-well, mental health, self-care, sport and physical activity – are **targeted to achieve the best possible health outcome**

- We are **influencing the priorities of our internal and external delivery partners** so that they help to improve the health of Barnet residents
- We're helping residents to engage with their own health and wellbeing by **investing in community assets to promote health**

## Background

- Public Health in Barnet has two main roles:
  - Spending the approximately **£17 million public health grant to provide statutory and discretionary services for maximum health gain**
  - Co-ordination of council delivery units and partners to ensure that **the health of the people of Barnet is prioritised in commissioning / delivery**
- The Public Health grant has been reduced. There was an in-year reduction of 6.2% in 2015-16 and this was made recurrent in all following years to 2019-20 (a total of 8.4%). In addition there has been a reduction in grant of 2.2% in 2016-17, and 2.6% in 2018-19 and 2019-20.
- This reduction in funding will constrain delivery of all but statutory services by 2018/19. Therefore, **we're investing money now to affect systemic change which will manage future demand for statutory services**, for example by transforming delivery of services such as employment and mental health from acute to community settings.

## Giving children the best start in life

**Children, young people and their families are supported to be physically, mentally and emotionally healthy.**

- Responsibility for **commissioning Health Visiting** has been transferred from the NHS to local authorities. This includes: antenatal health, new baby reviews, six to eight week assessments, one year assessments and two to two-and-a-half year reviews. Public Health in Barnet receives an additional circa £4.5m to fund this
- We are integrating Health Visiting within Early Years provision in Children's Centres, enhancing promotion of healthy behaviours and school readiness
- Health coaches: Commission health coaches to work with troubled families and those suffering peri/post natal depression through to March 2018 as a system innovation to contain demand and improve outcomes.
- Childhood obesity: Maintain childhood obesity and nutrition investment via a tier 2 weight management programme to the Healthy Schools Programme.

## Enable all children, young people and adults to maximise their capabilities and have control over their lives

- Physical activity and healthy diet: Develop adults weight management offer during 2016-17
- Mental health: Develop a community centred practices programme to build capacity in practices in identifying and referring to community resources to support patients in 2016/17. Also, Expand digital based resources available for residents with common mental illness.
- Consider the most effective and cost efficient way to reduce smoking in the population through redesign of the current smoking cessation service offer and working with partners on wider tobacco control issues including use of shisha.

## Create fair employment and good work for all, which helps ensure a healthy standard of living for all

- Employment support: investment, in an employment support programme improving local pathways and support for clients with motivational, mental health and alcohol/substance misuse issues.
- Workplace health promotion: Achieving London Healthy Workplace Charter accreditation and sharing models of good practice with businesses across the Borough

## 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 Council is **investing £30 million in redeveloping two leisure centres** at New Barnet and Copthall, and implementing our Sport and Physical Activity strategy, to ensure that **all Barnet residents have access to high quality health and fitness facilities**, particularly in areas where the local population is projected to grow
- We're carrying out a thorough **assessment of our parks and open spaces as community assets**, looking at how residents use them now, and how they're likely to want to use them in the future, particularly as the density of housing in the borough increases
- In response to this engagement, we're **investing in more facilities for communities to look after their own health and wellbeing**, such as outdoor gyms and sporting equipment, in our parks and open spaces

## Ill health prevention

Health and lifestyle checks help reduce the risk factors associated with long-term conditions, and people with a long-term condition are supported to self-manage their condition.

- We're working towards an **integrated and sustainable sexual health services model** by **commissioning collaboratively** with approximately 30 London boroughs and through the West London Alliance. This will help to ensure a consistent pan-London service while maximising return on investment through economies of scale
- We have invested in our discretionary provision; tackling the fragmentation in the drug and alcohol service we inherited by re-commissioning with a single lead organisation. Now we're **improving treatment outcomes**, and **managing demand** drug and alcohol misuse creates elsewhere in the system (domestic violence, anti-social behaviour) through **integration with community safety**
- Self care: **Promotion of self-management** and living well through innovative service development such as structured education and health champions, social prescribing, MECC
- Health checks: Develop a more targeted Health checks programme to align to a reducing budget.
- **Maintain** Winter Well investment

## 6. INDICATORS FOR 2016/17

The tables below outline how the Committee contributes to achieving the priorities of the Corporate Plan: Fairness - managing demand for services; Responsibility – more resilient communities; and Opportunity - transforming services and maximising the benefit of growth and responsible regeneration, along with the basket of indicators that will be used to monitor progress against these within the Corporate Plan (CPIs) and key indicators within Contracts and Management Agreements (SPIs).

**Key:**  
CPI = Corporate Plan Indicator  
SPI = Service Indicator

### Opportunity - Transforming services

**GIVING CHILDREN THE BEST START IN LIFE- Children, young people and their families are supported to be physically, mentally and emotionally healthy.**

- Integrate Health Visiting within Early Years provision in Children’s Centres, enhancing promotion of healthy behaviours and school readiness

Ref		Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S2	Excess weight in 4-5 year olds (overweight or obese)	21%	21%	21%	21%	Public Health
CPI	PH/S3	Excess weight in 10-11 year olds (overweight or obese)	32.6%	36.7%	32%	30%	Public Health
CPI	PH/S5	Smoking Prevalence	13.2%	15%	13%	12%	Public Health

### Opportunity: Making the most of growth and responsible regeneration

**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.**

- Carry out an assessment of parks and open spaces as community assets
- Invest in more facilities for communities to look after their own health and wellbeing in parks and open spaces

Ref	Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service
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Ref		Indicator	2015/16 Q3	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S7	Physical activity participation ** Tbc target changing when new data source from Active Lives available	58.5% **	54%	59%	60% <sup>1</sup>	Public Health
SPI	TBC	Excess weight in adults	57.8 (2012-2014)	57.8	56.8	55.8	Public Health

### Fairness: Managing demand for services

**ILL HEALTH PREVENTION - Health and lifestyle checks help reduce the risk factors associated with long-term conditions, and people with a long-term condition are supported to self-manage their condition.**

- Work towards an integrated and sustainable sexual health services model by commissioning collaboratively with approximately 30 London boroughs and through the West London Alliance
- Improve treatment outcomes, and manage demand drug and alcohol misuse creates in the system through integration with community safety

Ref		Indicator	2015/16 Q2	2015/16 Target	2016/17 Target	2019/20 Target	Service
CPI	PH/S4	Rate of hospital admissions related to alcohol	404.78 per 100,000	458.76 per 100,000	400 per 100,000	380 per 100,000 <sup>2</sup>	Public Health
SPI	PH/C7	% 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%	97	97%	Public Health
SPI	PH/C8	% of people with needs relating to STIs who have a record of having an HIV test at first attendance (excluding those already diagnosed HIV positive).	78.2% (Q2)	80%	80	82%	Public Health
SPI	PH/C6	% 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.	99.5%	98%	98%	98%	Public Health

Ref		Indicator	2015/16 Q2	2015/16 Target	2016/17 Target	2019/20 Target	Service
SPI	NEW	% of women accessing Emergency Hormonal Contraception (EHC) within 48 hours	80%	80%	80%	80%	Public Health
SPI	NEW	% of new attendances of all under 25 year olds tested for chlamydia	70%	70%	70%	70%	Public Health
SPI	PH/C10	Successful treatment - opiate users	7.8%	7.8%	8%	10%	Public Health
SPI	PH/C11	Successful treatment - non-opiate users	31.3%	36%	33%	40%	Public Health
SPI	PH/C12	Successful treatment - alcohol users	41.1%	35.8%	42%	44%	Public Health
SPI	PH/C13	Successful treatment - non-opiate and alcohol users	30.7%	35.5%	32%	38%	Public Health
SPI	PH/C14	Re-presentations - opiate users	12.5%	14%	12%	10%	Public Health
SPI	PH/C15	Re-presentations - non-opiate users	9.1%	0%	8%	5%	Public Health
SPI	PH/C16	Re-presentations - alcohol users	11.5%	13.6%	11%	10%	Public Health
SPI	NEW	Number of people engaged or supported by Winter well NOT CURRENTLY MEASURED	No baseline measure available	1036	1200	1200	Public Health