

	<h2>Health and Wellbeing Board</h2> <h3>10 March 2016</h3>
<b>Title</b>	Public Health & Wellbeing Commissioning Plan 2015 – 2020: 2016-17 addendum & targets
<b>Report of</b>	Dr Andrew Howe, Director of Public Health
<b>Wards</b>	All
<b>Status</b>	Public
<b>Urgent</b>	No
<b>Key</b>	No
<b>Enclosures</b>	Appendix 1: 2016-17 addendum & targets
<b>Officer Contact Details</b>	Jeffrey Lake Consultant in Public Health: <a href="mailto:Jeffrey.lake@harrow.gov.uk">Jeffrey.lake@harrow.gov.uk</a>  David Fabbro Public Health Business Support: <a href="mailto:david.fabbro@harrow.gov.uk">david.fabbro@harrow.gov.uk</a>

<h2>Summary</h2>
<p>In March 2015, the Health and Wellbeing Board approved a five year Commissioning Plan for the period 2015-20, which sets out the Board’s priorities and outcome performance measures across its core areas of responsibility. All Theme Committees agreed five year Commissioning Plans.</p> <p>This report presents updated targets for 2016/17 in an addendum to the Commissioning Plan (Appendix 1).</p>

<h2>Recommendations</h2>
<p><b>1. That the Health and Wellbeing Board reviews and approves the addendum to the Public Health &amp; Wellbeing Commissioning Plan for 2016/17 (Appendix A).</b></p>

## 1. WHY THIS REPORT IS NEEDED

1.1 The council's **Corporate Plan 2015-20** was agreed by full Council in April 2015. It sets the strategic priorities and direction for the council to 2020 and targets against which progress is measured. These targets will be refreshed for 2016/17 and will be presented to Full Council in April for agreement. The Corporate Plan is structured around the council's priorities of:

- **Responsible growth and regeneration** – which is essential for the borough, to revitalise communities and provide new homes and jobs – and for the council to generate revenue to spend on local services. The council will approach regeneration in a responsible way – replacing what needs to be replaced and protecting the things that residents love about the borough, such as its green spaces.
- **Managing demand for services** – with a growing population, demand for services is increasing which puts pressure on resources. 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.
- **Transforming services and doing things differently** – we will continue to look at how local services can be redesigned to make them more integrated and intuitive for the user, and more efficient to deliver.
- **Community resilience** – 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.

1.2 Last year, each Theme Committee agreed a five year Commissioning Plan covering the period 2015-20. Commissioning plans set out the strategic priorities and outcome performance measures for each Committee, with targets to be refreshed annually. On 12<sup>th</sup> March 2015, the Health and Wellbeing Board agreed its five year Commissioning Plan, which set out the following priorities:

- Giving children the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all, which helps ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

1.3 As we move into the second year of delivery of these Plans, each Theme Committee will be asked to agree a 2016/17 addendum to their plans, which sets out the Q3 position against 2015/16 targets and updated targets for 2016/17. This will give Committees the opportunity to review and consider their priorities for the year ahead and the associated targets against which progress will be measured. The addendum to the Health and Wellbeing Commissioning Plan for 2016/17 is provided at Appendix A.

- 1.4 Following the Chancellor's Autumn Budget Statement in November 2015 and the provisional Local Government Funding Settlement in December 2015, the council's overall budget forecast to 2020 worsened slightly. The updated 2016/17 targets, therefore, reflect the need for the Board to make a more significant contribution to the council's overall savings in the next four years than previously anticipated.

### **Summary of the 2016/17 priorities and targets**

- 1.5 The addendum to the Health and Wellbeing Commissioning Plan, focuses on the following priorities:
- Investing in demand management to put all statutory services – Health Checks, National Child Measurement Programme, Health Visiting, School Nursing, sexual health (GUM) – on a secure footing for the future
  - Ensuring that additional investment in non-statutory but priority services – e.g. drug and alcohol, smoking cessation, winter-well, mental health, self-care, sport and physical activity – are targeted to achieve the best possible health outcome
  - Influencing the priorities of internal and external delivery partners so that they help to improve the health of Barnet residents
  - Helping residents to engage with their own health and wellbeing by investing in community assets to promote health

### **Next steps**

- 1.6 The proposed addendum to the Health and Wellbeing Commissioning Plan, including updated targets for 2016/17, is set out in Appendix A. Members are invited to review and agree the document.
- 1.7 Following agreement, the Board will receive a progress report during the year against this Plan and associated in-year targets. The Board will be asked to agree updated targets for 2017/18 in March 2017 and this process will continue through to 2020.
- 1.8 Performance and Contract Management Committee will continue to review progress against the Council's Corporate Plan, and overview of the performance of both internal and external Delivery Units. This Commissioning Plan will enable Performance and Contract Management Committee to focus on the key areas of performance for different service areas.

## **2 REASONS FOR RECOMMENDATIONS**

- 2.1 A key element of effective strategic and financial management is for the council to have comprehensive business plans in place that ensure there is a clear strategy for addressing future challenges, particularly in the context of continuing budget and demand pressures (resulting from demographic and legislative changes), delivering local priorities and allocating resources effectively.

- 2.2 The Public Health commissioning intentions have been directed by the priorities identified in the Joint Health and Wellbeing Strategy 2015-2020. Funding for tiers 1 and 2 of the Better Care Fund work/Health and Social Integration strategy (self-care and health and wellbeing) have been protected.

### **3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED**

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

### **4 POST DECISION IMPLEMENTATION**

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

### **5 IMPLICATIONS OF DECISION**

#### **5.1 Corporate Priorities and Performance**

- 5.1.1 This report invites Members to review and approve the addendum to the Commissioning Plan for 2016/17.

#### **5.2 Resources (Finance and Value for Money, Procurement, Staffing, IT, Property, Sustainability)**

- 5.2.1 In addition to continuing budget reductions, demographic change and the resulting pressure on services pose a significant challenge to the council. The organisation is facing significant budget reductions at the same time as the population is increasing, particularly in the young and very old population groups.

- 5.2.2 The Public Health grant allocation to Barnet Council has been reduced by a 6.2% in-year cut in 2015-16. The ring-fenced public health grant allocation for Barnet for 2016/17 totals £18.054m and an indicative ring-fenced figure of £17.609m for 17/18. Further reductions are expected in the years to April 2020, and could be in the region of 2.65% per annum. The Spending Review made a number of further commitments including a commitment to retain the public health grant for 16/17 and 17/18 in order to complete the transition of 0-5s and an indication that the public health grant will be replaced potentially to a model based on retained business rates, and will be subject to full consultation.

- 5.2.3 The commissioning plan will need to be managed within the financial envelope available to meet public health outcomes and has been informed by the Budget and Medium Term Financial Strategy, agreed by Council on 3 March 2015. This included a savings target of £90.8m required by 2019-20 and a capital investment programme through to 2019-20.

#### **5.3 Social Value**

- 5.3.1 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Before commencing a procurement process, commissioners should think about whether the services they are

going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

## **5.4 Legal and Constitutional References**

5.4.1 All proposals emerging from the business planning process must be considered in terms of the council's legal powers and obligations, including its overarching statutory duties such as the Public Sector Equality Duty.

5.4.2 Under the Council's Constitution, Responsibility for Functions (Annex A) the terms of reference of the Health and Wellbeing Board includes the following:

- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients.
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.
- Specific responsibilities for:
  - Overseeing public health
  - Developing further health and social care integration.

5.4.3 The Council's Constitution, in Part 15 Annex A, Responsibility for Functions, states the functions of the Performance and Contract Management Committee include (amongst other responsibilities):

- a) Overall responsibility for quarterly budget monitoring, including monitoring trading position and financial strategy of Council Delivery Units.
- b) Monitoring of Performance against targets by Delivery Units and Support Groups including Customer Support Group; Re; the Barnet Group (Including Barnet Homes and Your Choice Barnet); HB Public Law; NSL (Parking Contractor); Adults and Communities; Family Services; Education and Skills; Streetscene; Public Health; Commissioning Group; and Assurance.
- c) Receive and Scrutinise contract variations and change requests in respect of external delivery units.
- d) To make recommendations to Policy and Resources and Theme Committees on relevant policy and commissioning implications arising from the scrutiny of performance of Delivery Units and External Providers.
- e) Specific responsibility for the following function within the Council:
  - a. Risk Management
  - b. Treasury Management Performance

Note the Annual Report of the Barnet Group Ltd

## **5.5 Risk Management**

5.5.1 Statutory service provision and key strategic areas of discretionary spend

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

## **5.6 Equalities and Diversity**

- 5.6.1 The general duty on public bodies is set out in section 149 of the Equality Act 2010.
- 5.6.2 A public authority must, in the exercise of its functions, have due regard to the need to:
- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
  - b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and
  - c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 5.6.3 Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
- a) Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - b) Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
  - c) Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 5.6.4 The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 5.6.5 Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, the need to tackle prejudice; and promote understanding.
- 5.6.6 Compliance with the duties in this section may involve treating some persons more favourably than others but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- 5.6.7 The relevant protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 5.6.8 It also covers marriage and civil partnership with regard to eliminating discrimination.

5.6.9 In agreeing the Corporate Plan, the council is setting an updated strategic equalities objective and reiterating our commitment to delivering this. The strategic equalities objective is as follows:

- Citizens will be treated equally, with understanding and respect, and will have equal access to quality services which provide value to the tax payer.

## 5.7 Consultation and Engagement

5.7.1 The original Corporate Plan and Commissioning Plans were informed by extensive consultation through the Budget and Business Planning report to Council (3 March 2015).

5.7.2 The consultation aimed to set a new approach to business planning and engagement by consulting on the combined package of the Corporate Plan, Commissioning Plans, and budget. In particular it aimed to:

- Create a stronger link between strategy, priorities and resources
- Place a stronger emphasis on commissioning as a driver of the business planning process.
- Focus on how the Council will use its resources to achieve its Commissioning Plans.

5.7.3 To allow for an eight week budget consultation, consultation began after Full Council on 17 December 2014 and concluded on 11 February 2015. Further consultation on the budget for 2016/17 has been undertaken following Policy and Resources Committee on 16 December 2015.

## 6 BACKGROUND PAPERS

6.1 Health and Wellbeing Board, Thursday 12 March, Public Health Commissioning Plan 2015-2020, item 6:

<http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7785&Ver=4>