

**REPORT FOR: HEALTH AND  
WELLBEING BOARD**

---

**Date of Meeting:** 9<sup>th</sup> January 2014

**Subject:** **INFORMATION REPORT**  
Public Health Commissioning Intentions

**Responsible Officer:** Dr. Andrew Howe, Director of Public Health, Harrow Council

**Exempt:** No

**Enclosures:** Briefing on Public Health  
Commissioning Intentions 2014-15.

## **Section 1 – Summary**

The attached paper contains the commissioning intentions for Public Health in Harrow for 2014-15. The intentions support the delivery of statutory requirements and the provision of discretionary services within the Local Government Public Health remit. The intentions align with the priorities of the Harrow Health and Well Being strategy and Council corporate priorities. The Board is asked to note its content.

**FOR INFORMATION**

## **Section 2 – Report**

See attached report.

## **Section 3 – Further Information**

None

## **Section 4 – Financial Implications**

The Public Health commissioning intentions will be entirely financed by the ring fence Public Health allocation to Harrow Council from central government together with the Council's contribution to funding drug and alcohol services.

## **Section 5 - Equalities implications**

Was an Equality Impact Assessment carried out? No

The commissioning intentions address the health and well-being needs of the local population as identified in the Joint Strategic Needs Assessment (JSNA) (the JSNA addresses, where data allows, equalities themes) and the Health and Well Being Strategy.

## **Section 6 – Priorities**

<b>Corporate Priority</b>	<b>Public Health contribution</b>
Cleaner	Support Green Grid development
Safer	Public Health is working closely with its commissioned drug and alcohol service providers and partners to ensure that service users are able to reduce and end their dependencies.
Fairer	Volunteer lead walks scheme Strategic Community Asset Assessment - PH lead exercise to identify relevant health prevention and support capital in the borough. PH has a number of volunteers working in various areas with numbers increasing. Encouragement and provision of physical activity also contribute to the Olympic legacy.

## **STATUTORY OFFICER CLEARANCE (Council and Joint Reports)**

Name: Donna Edwards	<input checked="" type="checkbox"/>	on behalf of the Chief Financial Officer
Date: 04.12.2013		

### **Section 7 - Contact Details and Background Papers**

**Contact:** Brian Jones, Public Health Business Manager.  
020 8420 9502

**Background Papers:** None

## Harrow Council Public Health Commissioning Intentions Briefing Paper

### **Public Health Service commissioning intentions for financial year 2014 - 2015.**

#### Summary

##### Key Messages

- 1 The Department of Health has allocated £9,146,000 to Harrow Council to deliver its Public Health responsibilities in 2014-15. This figure includes the central government allocation for drug and alcohol expenditure.
- 2 The public health commissioning intentions for 2014 - 15 are focused in two areas: the delivery of mandatory responsibilities and the prevention of ill health.
- 3 The Public Health commissioning intentions support the seven themes of the Harrow Health and Wellbeing strategy which recognises that through the life course there are positive and negative effects on health and well-being.
- 4 The Public Health Commissioning Intentions will assist in reducing health inequalities amongst the local population. The programmes will support people to develop more healthy lifestyles, increase life expectancy through preventing ill health and managing long term conditions.

#### Commentary

The major services commissioned by the public health team to meet mandatory duties are: increasing access to NHS Health Checks, sexual health and family planning, the national child measurement programme (delivered as part of the school nursing service) and infection control. Other services commissioned include: improving recovery outcomes for drug and alcohol users, reducing the number of people who smoke and healthy weight initiatives for children and adults.

The prevention of ill health investment is based on three principles:

Primary prevention extends disease free life and supports the compression of morbidity (i.e. people will be supported to live healthy lives for longer)

Life expectancy has increased significantly in recent years as has the prevalence of chronic degenerative disease. If life expectancy increases at a faster rate than increase to disability-free life expectancy (i.e. later onset of chronic disease), the period that people live with chronic disease and their demands 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, coupled with social changes that support these lifestyles. Investment in secondary prevention, i.e. preventing illness becoming more severe, aims to prevent deteriorating health and escalating need for services.

The interventions that compress morbidity are:

Focusing spend on early years in the life course will deliver greatest returns

Returns on investment in early childhood (0-5 years) are higher than at any other time in the life-course. The positive cumulative effects of interventions in early years provide a strong argument for investing in 0-5 year olds. Spending is currently invested more heavily in later periods in the life course and should be redirected towards prenatal and pre-school services (see below):

Supporting elderly people to improve their ability to look after themselves will improve their health and minimise their need for care outcomes, and allow funding to be re-invested in prevention rather than cure

The following table gives concrete examples of what these principles mean in practice and what we intend in Harrow.

<b>Public Health area</b>	<b>Services expanding/ increasing primary prevention</b>
Early years	Development of single children’s health offer (with transition of health visiting from the NHS to local authorities in 2015): investing in pre- and post- natal support and develop parenting skills programmes and tackling obesity in early years
Mental health	Coordination of investment including those from public health to build emotional resilience and wellbeing in schools and communities, building on the emotional wellbeing in schools programme and Ageing Well community networks.
Physical activity	Environmental improvements and behavioural interventions building on existing investments: Exercise on referral and walks programmes, appropriate links to primary care
Employment	In addition to contributions to educational achievement from better emotional wellbeing, public health work includes development of targeted services to help people into work with a particular lead on addressing health related concerns e.g. drugs and alcohol
Older people	Contributing investment to delay onset of ill health, supporting expansion of self-care, maintaining mobility and tackling social isolation

In addition to supporting the prevention agenda the Public Health commissioning intentions also support all key aspects of the of the themes of the Health and Wellbeing strategy.

	Cancer	Children & supporting families	Dementia	Long term conditions	Mental Health	Poverty	Work & worklessness
Drugs					✓	✓	✓
Alcohol	✓	✓	✓	✓	✓	✓	✓
Smoking cessation	✓	✓	✓	✓	✓	✓	✓
Physical Activity	✓	✓	✓	✓	✓		
Health checks				✓	✓		
Expert patient / self-care	✓			✓	✓		
Sexual Health	✓			✓	✓	✓	
School nursing including NCMP		✓			✓	✓	
Adults Obesity				✓			
Mental Health					✓		
Breast feeding	✓	✓	✓	✓		✓	
Unemployment & Health					✓	✓	✓
Adults Obesity	✓		✓	✓			

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

- 4 In 2014 – 15 new areas for investment are:
  - Mental Health
  - Unemployment & Health
  - Adults Obesity
  - Physical activity and nutrition
  - Emotional well being in schools
  - Substance misuse prevention
  
- 5 The budget allocation is given at Appendix 1.

Appendix 1: Harrow PH Budget 2014-15

**Budget Heads**

<b>Health Checks</b>	334,750
<b>Sexual Health</b>	2,735,948
<b>School Nursing</b>	687,820
<b>Drug Misuse</b>	1,510,278
<b>Alcohol Misuse</b>	1,006,852
<b>Tobacco control</b>	228,500
<b>Physical Activity</b>	134,620
<b>Harrow Public Health</b>	1,107,351
<b>Non Payroll</b>	584,525
<b>Payroll</b>	1,121,496
<b>Budget</b>	9,452,140