

People Commissioning – Public Health & Wellbeing
Business Plan Template
2017-18 to 2020-21

Commissioning Intentions for the People’s Directorate

The overarching commissioning intentions for the directorate are set out below, and apply to Children’s Services, Adults’ Services and OCS, and Public Health and Wellbeing (via retained services as well as First for Wellbeing):

- Commissioning based on clearly prioritised outcomes agreed for services
- Intensifying the pace, scale and breadth of prevention across all services commissioned by NCC
- Commissioning within our federated model first
- Sharing common areas of work across all vehicles: quality improvement and monitoring, audit, contract monitoring and evaluation, safeguarding administrative tasks - we will carry out the support functions once, to achieve economies of scale and value for money, by avoiding duplication
- Common digital platform for clients and a common database across the services commissioned by the directorate
- Initial customer contact, customer interactions, query management, customer liaison, centralised across the system as part of the Super Customer Service Centre
- Commissioning and carrying out research into innovative practice and create the partnerships needed to do this
- Market development targeted at specialist areas to allow reduction of out of county placements
- Encouraging right-sourcing within the delivery vehicles as required
- Creating and commissioning a whole life disability service
- Business intelligence and analysis, public health recommendations, social care professional recommendations and audit of practice, carried out through the central commissioning apparatus

1. Vision Statement

By 2021 our residents will be empowered to take responsibility for their health and wellbeing, thus maximising their potential to live long and healthy lives. We will shape and influence health and wellbeing strategy and partnerships in Northamptonshire so they are coherent, sustainable and geared to have a positive impact on our principal health and wellbeing outcomes (such as increasing longevity, tackling the major causes of premature mortality and improving mental health). By striking a balance between effective promotion and provision of health improvement and protection, we will ensure that we are commissioning the right services, on the right basis, that will influence the behaviours and lifestyle choices that cause poor health and drive higher demand and costs into the county's health and social care economy.

1.1. Our Purpose and Activities

Our purpose is defined by our Health and Wellbeing Strategy, our statutory responsibilities for Public Health and the activities we commission to deliver them. The commissioning intentions we set out in this business plan for our delivery vehicles such as First for Wellbeing are underpinned by three key strategic priorities:

- Ensuring every child gets the best start;
- Helping people taking responsibility for their wellbeing and making informed choices;
- Promoting independence and quality of life;

The commissioning function provided by the directorate will assess our strategic needs as a county and task providers on that basis. Our main delivery vehicle for health and wellbeing, First for Wellbeing, is central to how we make a positive difference. Wholly owned by the public sector, with the County Council as the majority owner and in partnership with the Northamptonshire Healthcare Foundation Trust and the University of Northampton, our collective experience in providing direct services and pooling our resources and knowledge gives the platform for transforming our offer and making health and social care efficient and effective.

Our activities can be summarised across 5 activity strands as illustrated by the table below:

Primary Public Health and Wellbeing commissioning activity strands	
Strand	Activity Commissioning: What will be undertaken or provided
Health Protection	The directorate will oversee the commissioning of services or responses that adequately control air quality, safe water and food, identify sources of infectious diseases, and commission protection against environmental health hazards and emergency response services with statutory partners such as our own Fire and Rescue Service.
Health Improvement	Health improvement services are vital to delivery of longer term health outcomes. The directorate will commission a range of Sexual Health services to reduce the risk and levels of infectious disease and help to minimise unwanted pregnancies. We will recommission our Drugs and Alcohol services to ensure they are effective and efficient. We will improve the effectiveness of our smoking cessation support and reduce the prevalence amongst those most at risk.
Health Services	Our other health services that will work across our health economy and support partnership service planning, local commissioning and development of the frameworks for clinical effectiveness, clinical governance and efficiency.
Research and Intelligence	Our Business Intelligence functions in Specialist Public Health, supported by BIPI and the University of Northampton will provide the evidence base for understanding health needs and monitor and assess our impact on the determinants of health. We will develop a research capability that will expand our understanding of practice, service efficacy and resident behaviour.
Workforce development	We will ensure that our staff are trained and developed to deliver our major programmes and that the specialist workforce is up to date with the latest learning and practice.

We will ensure our commissioning decisions are deliverable and we enable sufficient capacity and capability to meet customer needs and we can measurably demonstrate the impact of what we seek to achieve.

2. Strategic Outcomes

The Council has agreed an Outcome Framework at Cabinet in October 2015, which is outlined in figure 1. The framework consists of two parts, the first of which are 5 strategic objectives for the Council, and second of a series of specific outcomes to the achievement of which all of our services are contributing.

Our health and wellbeing as a county is monitored nationally against a comprehensive suite of outcome indicators as set out in the Public Health Outcomes Framework (PHOF). This framework monitors progress on wider determinants of health, health protection, health improvement and preventing premature mortality. The PHW Directorate has statutory responsibility for public health outcomes, a duty that transferred to local government from the NHS. We will measure our achievements against the PHOF indicators, of which there are over 100 and they cover the majority of the local outcomes we set out to deliver in the Council's outcomes framework.

Fig 1. Distribution of PHOF measures against the NCC Outcomes Framework

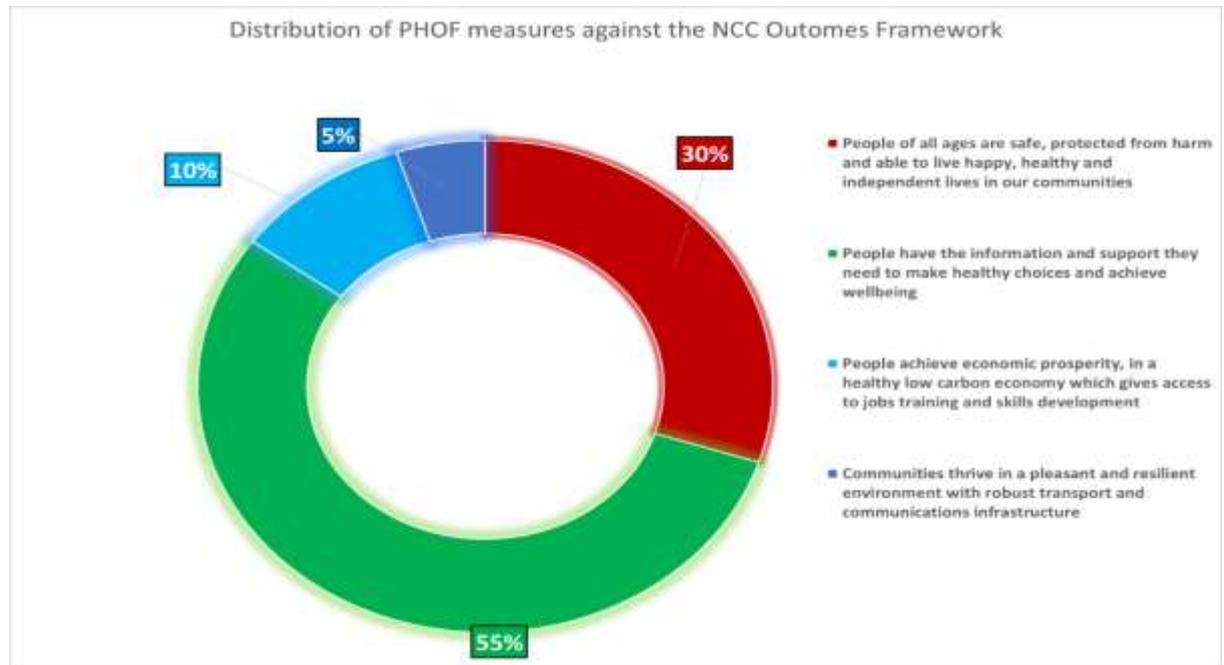


Fig 2. Strategic Outcomes for the Council

People of all ages are safe, protected from harm and able to live happy, healthy and independent lives in our communities	People have the information and support they need to make healthy choices and achieve wellbeing	People achieve economic prosperity, in a healthy low carbon economy which gives access to jobs, training and skills development	Communities thrive in a pleasant and resilient environment, with robust transport and communications infrastructure	Resources are utilised effectively and efficiently, in coordination with partners and providers
The voluntary and community sector provides accessible universal services and targeted support where needed	Our children grow up in a county which promotes healthy lifestyles and nurtures aspirations	Our education provision equips children and young people with the skills they need to achieve their full potential and ambitions	Businesses, communities and individuals have access to 21 st century connectivity	Taxpayer money is used and managed effectively to deliver cost-effective solutions
People are safe and able to live fitter for longer in their homes and communities	People have access to timely, good quality and relevant advice to help them make informed lifestyle choices	Improved levels of qualifications, skills and pay in our county	The County's physical and natural environment is resilient and is enjoyed by residents & visitors	Robust knowledge of the county and how it will develop informs commissioning
Children live in safe and supportive family environments	People have access to high quality and accessible wellbeing services to help them stay well and enjoy good physical and mental health	Our first class, thriving and diverse economy attracts business into the county	Our planning infrastructure is fit for the future, supports economic and demographic growth and delivers resilient strategic solutions for partners and ourselves	A democratic, transparent, representative and accountable public service
Individuals and their communities are protected from harm and are supported to take responsibility for their wellbeing	Where eligible, people have access to the right services to help them achieve their health and care outcomes	People have access to good jobs and are able to work, contribute and enjoy a good standard of living	Councillors have the support needed to effectively represent and lead their communities	Getting a fair deal for Northamptonshire through engagement and representation with the Government
Children who need care and protection receive timely and proportionate help to ensure they stay safe and thrive		The County has an energy efficient, low carbon economy with reduced unnecessary waste		The reputation of the public sector is protected and enhanced
				Responsive, high quality and good value for money support services.

The targets for our key performance indicators will be set as part of the commissioning process and form part of the accountability and governance mechanism by which we will hold our deliver vehicles to account for performance and delivery.

Our services will be designed to impact on these key indicators. Some assumptions and barriers to maximising our impact have been identified.

2.1. Priorities

- Focus on mass participation
- Specific delivery re-design for areas of poor performance (health checks, smoking cessation etc)
- Increase the use of digital platforms and wearables (e.g. Fitbits, Withings etc)

- Carry out research into innovative approaches
- Specifically targeting cost-reducing interventions to impact on health care and social care workloads, via secondary and tertiary prevention

3. Context & Key Data

Drivers for demand:

- Population growth
- Complex health conditions associated with people living longer, and people with disabilities living into older age
- Consumer expectations and behaviours
- Budget pressures
- Integration with Health and Sustainability & Transformation Plan (STP)

The population of Northamptonshire now stands at 723,026 persons (mid-2015, ONS), an increase of 4.5% since the 2011 Census, above national average growth. It is projected that the population of Northamptonshire will grow by a further 4.6% (from 2014 levels, ONS) by 2019 based on a combination of natural change (births/ deaths), in-country and international migration. The impact of the UK's exit from the EU on population statistics is uncertain, and although no changes are anticipated in the immediate to short-term, there *is* likely to be some change to immigration policy in the longer-term, which may affect projections.

In terms of financial wellbeing, overall the county has a low level of deprivation, although small pockets are cause for concern. An analysis of significant social factors and population behaviour (CACI Acorn) estimates that there is a well above UK average percentage of households categorised as 'Striving Families' (low-income), whilst in contrast an above average proportion of households categorised as having 'Executive Wealth'. Wage levels are a persistent issue for the county at an estimated 3% below the national average (resident earnings) and pay by Northamptonshire workplaces nearly 12% lower (2015), largely explained by the county's below average skills profile and below average proportion of the population in higher-level occupations (2015).

However, on the plus side a lower than average percentage of the working age population is in receipt of an out-of work benefit (10.0% vs. 11.7%), the employment rate remains above average and unemployment (2015) and the Jobs Seekers Allowance claimant rate (May 2016) below average. The latest data (to 2014 only) indicates a greater margin of growth in both job numbers and GVA

from 2012 to 2014 and thus a return to greater stability in the jobs market and local economy. However, many commentators predict a slowdown in the economy due to the effects of heightened uncertainty following the vote to leave the EU. The measurable economic effects of an exit/ lead up to an exit from the EU will not be known immediately, but some effect should be anticipated.

- Life expectancy in the county is in line with the national average and increasing (2012-2014 data). However, the difference in life expectancy and healthy life expectancy between the most and least deprived areas is cause for concern.
- The county has a lower (better) than average proportion (16.2% vs. 17.6%) of the population with some form of long-term health problem or disability which restrict their day-to-day activities (2011)
- An estimated higher than average proportion of adults (59% vs. 57%) undertake at least 150 minutes of moderate physical activity per week (2014)
- On a number of mental wellbeing measures the population of Northamptonshire as a whole appears to have more positive mental wellbeing compared to UK benchmarking/ comparative data ([Northamptonshire Mental Wellbeing Survey 2015](#), M.E.L Research)
- A significantly higher estimated proportion of adult population (16+) in the county with excess weight (67.7%) compared to the national average (64.6%) (2012-14 – latest data)
- Northamptonshire scores above the UK average for emotional wellbeing (53.3% compared to 51.6%)
- There has been an increase in alcohol-related admissions to hospital of over 11% in Northamptonshire between 2014 and 2015 compared to 1.6% increase in England over the same period
- Alcohol was attributed to 40 in every 1,000 road traffic accidents in the county, almost 14 more per 1,000 accidents when compared to the England average
- There has been a 2% increase in those successfully completing treatment programmes over 2015-16 for opiate misuse, with performance 1.1% better than the England average
- 1 in 5 premature deaths are avoidable in Northamptonshire, with 60% of these preventable within scope of our direct lifestyle services
- Cancer accounts for 29% of deaths in the county and another 26% of deaths are attributed to cardiovascular disease
- 1 in 5 or over 106,000 people are estimated to smoke in the county and higher than average percentage of smokers (19.3% in 2014 vs. 18% nationally) in 2014 (latest data). The rate of those successfully quitting smoking for at least 4 weeks is lower than the England average (2,396/100,000 smokers compared to 2,829/100,000 smokers)

- 386,600 or 67.7% of our adult population are estimated to be overweight
- 41% of residents are estimated to be physically inactive.

Key activity assumptions

- That funding to commissioned services continues at the current planned level, or as amended in the Wellbeing Community Interest Company (First for Wellbeing) Business Case, NCC MTFP
- Demography remains consistent with current projections (age, ethnicity etc)
- No unforeseen/ unanticipated changes to statute/ legislation impacting on statutory duties
- That a funding contribution from partners at current rates for shared community safety services continues.

Key activity barriers

- Behaviour – reluctance of residents to engage with health and wellbeing services or activities
- Financial resource – the Local Authority circular **LAC (DH) (2016)** announced a reduction in the ring-fenced Public Health Grant of 2.2% in 2016/17 and a further reduction of 2.5% in 2017/18
- Human resources - the specialist Public Health Team will not be able to support the central commissioning function of NCC, lead the Health and Wellbeing Strategy and implement the Sustainable Transformation Plan (of the NHS) at its current level of workforce. Reinforced leadership is required to lead the Children's Public Health agenda, information/ intelligence/ prioritisation, sustainable development and collaboration with the Place directorate, and the integration of health and social care
- The Health and Wellbeing strategy will be constrained unless it has a programme plan for its implementation
- The Sustainable Transformation Plan will be constrained unless it is actively managed and led to align with the overarching Health and Wellbeing Strategy and plans to remodel Adult Social Care Services.

4. Perceived Risks

- First for Wellbeing not having the capacity/ capability to integrate with a transformed primary care, implement a social prescribing offer and develop and establish a Business to Business offer
- Decisions to re-commission services are undermined by short term financial and operational instability

- Failure to effectively provide commissioning support and leadership from specialist Public Health leading to lack of Consultant level leadership alignment with the Place Directorate, Children’s Services and commissioning, Adult Social Care Services/ NHS/ commissioning and Business Intelligence.

5. Net Revenue Budget Requirement – 2017-18 to 2020-21

	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	Total
Prior Yr Base Budget b/fwd	7,709	6,025	5,018	4,143	
Inflation	232	323	445	1,006	2,006
Service Pressure	0	0	0	0	0
Total	232	323	445	1,006	2,006
Efficiencies	(1,086)	0	0	0	(1,086)
Income Generation	(330)	(330)	(320)	0	(980)
Service Transformation	(500)	(1,000)	(1,000)	0	(2,500)
Service Cuts	0	0	0	0	0
Total	(1,916)	(1,330)	(1,320)	0	(4,566)
Net Budget Requirement	6,025	5,018	4,143	5,149	

Note: The table is based on the Budget approved by Council in February 2016 with the exception of costings for 2020-21

