

## HEALTH AND WELLBEING BOARD

### 17 March 2015

The Chair will be asked to decide if this report can be considered at the meeting under the provisions of Section 100B(4)(b) of the Local Government Act 1972 as a matter of urgency in order to enable progress on procurement during 2015/16 and compliance with the Public Contracts Regulations 2015.

<b>Title: Procurement Plan and Commissioning Intentions 2015/16</b>	
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Decision</b>
<b>Wards Affected: ALL</b>	<b>Key Decision: No</b>
<b>Report Authors:</b> Matthew Cole Director of Public Health Public Health Team	<b>Contact Details:</b> Tel: 020 227 3861 Email: matthew.cole@lbbd.gov.uk
<b>Sponsor:</b> Anne Bristow Corporate Director of Adult and Community Services & Helen Jenner Corporate Director of Children's Services	
<p><b>Summary:</b> The report advises the Health and Wellbeing Board on commissioning intentions for 2015/16. A number of priority areas within our Joint Health and Wellbeing Strategy have been identified where further focused investment is required to expand and reinforce our existing interventions to support the delivery of outcomes. The joint Health and Wellbeing Strategy is currently being refreshed and the key themes emerging from this process have been included within the document. The Strategy is due to be presented to the Board at its May meeting.</p> <p>A small number of Council contracts over £500k will naturally come to an end during the financial year 2015/16. The procurement strategy for these contracts will be recommended to the Board on a case by case basis by the Council's Procurement Board at the appropriate time during the financial year. Children's Services procurements will be presented to the Cabinet at the direction of the Corporate Director of Children's Services.</p>	
<p><b>Recommendation(s)</b> The Health and Wellbeing Board is asked to:</p> <ul style="list-style-type: none"> <li>(i) Consider the priorities and set the strategic framework for commissioning health and wellbeing programmes for 2015/16.</li> <li>(ii) Note the list of contracts over £500,000 that are set to expire during the financial year identified in section 7.</li> <li>(iii) Note that the next stage is to look at resourced delivery programmes, in respect of what is being done now, what could be stopped or done differently, and what else is needed to make a difference.</li> </ul>	

**Reason(s)**

The Health and Social Care Act 2012 introduced the requirement for health and wellbeing boards to prepare joint health and wellbeing strategies for their local areas. The Joint Health and Wellbeing Strategy should provide an over-arching framework to ensuring a strategic response to the health and social care needs of the local population.

The tendering process will enable the Council to procure new contracts on the best terms available in the current market and should lead to a reduction in cost, better supplier performance and greater opportunities for local people and suppliers.

This report includes a number of different procurement contracts and consolidates them into a single Board report. This method has been included in the Council Procurement rules as means of accelerating the procurement process.

**1. Introduction**

This report sets out the Public Health Commissioning intentions for 2015/16. Council officers and NHS Commissioners were asked to consider these intentions. The Director of Public Health has undertaken a review of the performance against key priorities in the Joint Health and Wellbeing Strategy. This report is for discussion and agreement of the priorities contained within. It is further to the outcome of the JSNA 2014 Refresh presented to the Health and Wellbeing Board on the 20 October 2014. Council officers together with partners will develop the programmes for delivery from the 1<sup>st</sup> April 2015.

**2. Strategic Context****2.1 The Council's vision and priorities**

The Council new vision and priorities for Barking and Dagenham are intended to reflect the changing relationship between the Council, partners and the community, and our role in place shaping and enabling community leadership within the context of a significantly reducing budget.

The vision for the borough is One borough; one community; London's growth opportunity. The three corporate priorities are:

- Encouraging civic pride
- Enabling social responsibility
- Growing the borough.

**2.2 The Joint Health and Wellbeing Strategy**

The Council and its partners have already agreed a Joint Health and Wellbeing Strategy, which is currently being refreshed, and mapped out the actions and outcomes which are needed to address the priorities for improving the health and wellbeing of local people. These priorities are based on the needs identified in the Joint Strategic Needs Assessment and the national and local priorities identified in the various outcome frameworks (Public Health, Adult Social Care, NHS and the local Children and Young People's Plan).

The outcomes contained within the Strategy are:

- To increase the life expectancy of people living in Barking and Dagenham
- To close the gap between the life expectancy in Barking and Dagenham with the London average
- To improve health and social care outcomes through integrated services.

### **2.3 BHR Five Year Strategy**

The BHR health economy is comprised of partners from NHS Barking and Dagenham Clinical Commissioning Group (“CCG”), the Council, Barking Havering and Redbridge University Hospitals NHS Trust (“BHRUT”) and North East London NHS Foundation Trust (“NELFT”); who have come together to agree, refine and implement a “vision” improving health outcomes for local people through best value healthcare in partnership with the community. They have the following priorities:

- To reduce the number of years lost by 18%
- To improve health related quality of life for those with more than one long term condition by 4%
- To reduce avoidable time in hospital through integrated care by 13%
- To increase the percentage of older people reporting poor experience of in-patient care by 12%
- To reduce the percentage of people reporting poor experience of primary care by 15%
- To reduce hospital avoidable deaths; reducing expected mortality by 9%.

### **2.4 London Health Commission better care for Londoners**

Better care for Londoners focuses on improving health and care, sharing information and involving people in the future of services. Care needs to be more personal, planned around groups of people with broadly similar needs, rather than around groups of professionals with broadly similar skills. Instead of care provided around primary versus secondary or mental versus physical, the emphasis should be towards a system that holistically considers all aspects of care for a particular individual.

A whole range of health recommendations are covered to address “London’s obesity emergency” as the report shows that 3.8 million Londoners are overweight or obese and there is the highest rate of child obesity in any major global city. For example, the importance of promoting better nutrition is highlighted with Barking and Dagenham being identified as one of the boroughs that has refused permission for fast food outlets to open within 400 meters of schools. There are also guidelines for promoting participation in physical activity through the Mayor investing 20% of his TfL advertising budget to encourage more Londoners to walk 10,000 steps per day and TfL are changing their signage to encourage people to walk upstairs and on escalators. It shows that London GPs are facing an ever growing workload, falling numbers of primary care professionals, a poor working environment and more work related stress. The report calls for the greatest investment in London’s general

practice since the NHS was founded in 1948.

## **2.5 NHS Five Year Forward View**

The Forward View published in October 2014 sets out four key strategic strands:

- Do more to tackle the root causes of ill health. The future health of millions of children, the sustainability of the NHS and the economic prosperity of Britain will all now depend on a radical upgrade in prevention and public health. The Forward View backs hard hitting action on obesity, alcohol and other major health risks.
- Commit to giving patients more control of their own care, including the option of combining health and social care, and new support for carers and volunteers.
- The NHS must change to meet the needs of a population that lives longer for the millions of people with long term conditions, and for all patients who want person centered care. It means breaking down the boundaries between GPs and hospitals, between physical and mental health and between health and social care. The Five Year Forward View sets out new models of care built around the needs of patients rather than historical or professional divides.
- Action needed to develop and deliver the new models of care, local flexibility and more investment in our work force, technology and innovation.

## **3. Implications of Legislation**

### **3.1 The Care Act 2014 – Keeping people out of hospital**

The Care Act will help to improve people's independence and wellbeing. The Council must provide or arrange services that help prevent people developing needs for care and support or delay people deteriorating, such that they would need ongoing care and support.

Commissioners will need to consider various factors:

- What services, facilities and resources are already available in the area (for example local voluntary and community groups), and how these might help local people.
- Identifying people in the local area that might have care and support needs that are not being met.
- Identify carers in the area who might have support needs that are not being met.

Under the Care Act, the Council will take on new functions. This is to make sure that people who live in their areas:

- Receive services that prevent their care needs from becoming more serious, or delay the impact of their needs.
- Can get the information and advice they need to make good decisions about care and support.
- Have a range of providers offering a choice of high quality, appropriate services.

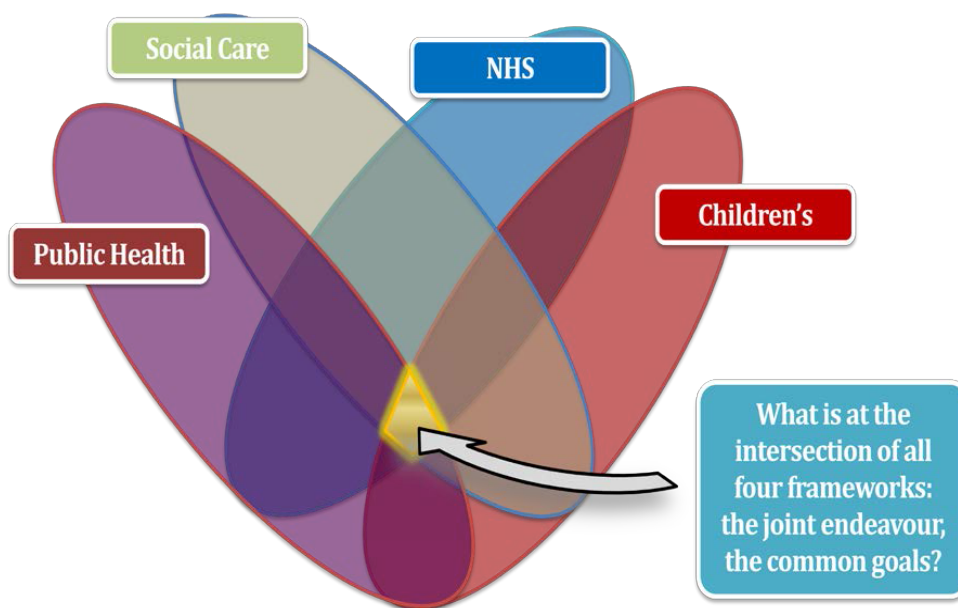
### 3.2 Children and Families Act 2014

The Children and Families Act 2014 seeks to improve services for vulnerable children and supporting strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background.

The changes to the law give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life. It also ensures that changes to the adoption system can be put into place, meaning more children who need loving homes are placed faster. Reforms for children in care can be implemented including giving them the choice to stay with their foster families until their 21<sup>st</sup> birthday.

### 4. Outcome Frameworks

For the Joint Health and Wellbeing Strategy to have the desired impact in improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2018, it cannot be done in isolation of other key policy documents and strategies that the borough has in place currently. The diagram overleaf illustrates the inter-relationship between the NHS, Public Health and Adult Social Care and Children and Young People's Health outcome frameworks



Using the frameworks we need to capitalise on the opportunities presented by the inter-relationships between the NHS, the Council and Public Health responsibilities for joint commissioning.

### 5. Priorities

The Board agreed and prioritised the following for commissioning intentions at its meeting on 28 October 2014:

- Transformation of Health and Social Care
- Improving premature mortality
- Tackling obesity and increasing physical activity
- Improving Sexual and Reproductive Health
- Improving Child Health and Early Years

- Improving Community Safety
- Alcohol and Substance Misuse
- Improving Mental Health
- Reducing Injuries and Accidents.

These remain the priorities for improving population health and wellbeing. The refresh of the of the joint Health and Wellbeing Strategy and delivery plan to presented at the Board's meeting in May 2015 will identify areas where increased work and focus can support the delivery of the priorities and agreed outcomes.

The Joint Strategic Needs Assessment 2014 draws out the important challenges to our residents' health and wellbeing. It helps to provide the evidence on which the proposed priorities for commissioning investment are based.

The challenge was articulated in three key papers that was presented to the Health and Wellbeing Board in March 2014 namely;

*The Annual Report of the Director of Public Health 2013 -*

<http://www.lbbd.gov.uk/Health/Documents/Director%20of%20Health%27s%20Annual%20Report%202013.pdf>

*Longer Lives - Comparing Barking and Dagenham's premature mortality and health interventions with those in similar boroughs, and recommending improvements*

<http://healthierlives.phe.org.uk/topic/mortality/area-details#are/E09000002/par/E92000001/ati/102/pat/>

and:

*London Poverty Profile 2013 -*

<http://www.lbbd.gov.uk/Health/Documents/PovertyProfile Report.pdf>

Three particular challenges continue to dominate our thinking:

- (i) The first is the burden of ill health demonstrated by the significant numbers of our population in poor health and the high premature mortality rates, especially from coronary heart disease, stroke, cancers and respiratory disease.
- (ii) The second is to continue the essential development and investment in primary care and social care provision to deliver the 'better care outside the hospital' agenda, without which our hospital services are unsustainable.
- (iii) The third is to take account of our rapidly changing population in our commissioning strategies and delivery plans, so that services keep pace with changing needs and numbers.

- 5.1 Addressing these three challenges is critical to delivering enhanced life expectancy from birth for our residents. Currently more than half (56.7%) of all deaths under 75 in Barking and Dagenham were from conditions considered amenable to healthcare. Nearly 2200 potential years of life per 100,000 registered patients are being lost through such causes. For Barking and Dagenham each premature death therefore represents years of life that are lost, pain and suffering whilst ill and bereavement for those left behind. There is likely to have been economic loss because of sickness absence, inability to work, carer needs and loss of family income. There are also disproportionately high health and social care costs associated with premature chronic disease and disability. There may also be a cost to employers in the borough due to sickness absence and early retirement.

We will only achieve reduction towards the national averages through a large scale sustained and consistent approach - from birth onwards - to health promotion, primary prevention, early diagnosis and effective treatment in order to impact on the mortality rates seen in Barking and Dagenham.

- 5.2 The Health and Wellbeing Board at its meeting in March 2014 examined how Barking and Dagenham's avoidable chronic disease and premature death compares with boroughs with similar populations. The Board agreed that the first priority for decision makers is to address the level and causes of avoidable premature mortality in Barking and Dagenham. It also reviewed what preventive action should be taken to reduce chronic disease and avoidable mortality in Barking and Dagenham, to increase life expectancy in the Borough and close the life expectancy gap with London.
- 5.3 People with premature illness and dependency will add need and therefore costs to our commissioned health and social care services and this need may not be fully reimbursed in a simple age-related funding formula. There are opportunities to address this. Firstly, all services (health and social care) need to consider prevention as an essential part of their service delivery model, and secondly, the Board strongly advocated for partners to collaborate more on prevention. The cost of care for adults will continue to rise disproportionately whilst prevention is sub-optimum. Public Health England's recent report 'Health and Care Integration Making the case from a public health perspective makes some useful suggestions for local prevention programmes that could directly influence people's illnesses, for example direct referrals from GPs for people living in cold or unhealthy homes. It is an absolute priority for those with long-term conditions to be cared for outside the hospital to reduce the burden on A&E and the wider acute setting. The partners have already started to address these opportunities by including, in the Better Care Fund, a stronger focus on prevention and making integration work effectively for less dependent residents.
- 5.4 Whilst two of the three outcomes of our Joint Health and Wellbeing Strategy focused on life expectancy, mental wellbeing is often omitted from consideration and recent policy directives have demanded parity of esteem with physical health. Cancer, CVD and respiratory disease are all associated with a higher risk of depression and people with poor mental health have below average physical health and higher rates of the diseases associated with premature mortality.
- 5.5 In respect of prevention the evidence base for action to improve both child and future adult outcomes is the investment in Early Years (0 to 5 years) and a childhood obesity programme for 5 to 11 years. For Barking and Dagenham the focus for investment to improve outcomes in children's public health needs to focus on this cohort of the population.
- 5.6 In respect of demand for child social care the impact of domestic violence on referrals is significant. Programmes to address domestic violence will play an important role in helping to manage demand for child social care. Child Sexual Exploitation is a key issue for all commissioners and providers to address following Government directives following the Rotherham case.
- 5.7 Apart from the mandated services namely: Health Protection, Health Check, National Child Measurement Programme, Public Health Advice to NHS

commissioners and open access sexual health services, investment needs to focus across the life course on key risk factors for disease. After smoking, physical inactivity, excessive alcohol consumption and obesity are the most important risk factors for us to focus on. Physical activity has benefits independent of weight loss. It increases life expectancy, decreases blood pressure and blood sugar and improves mental health – without necessarily decreasing total body weight. Likewise, adoption of a healthy diet including prolonged breast feeding followed by high amounts of fruit and vegetables has the potential to decrease population death rates by around 5%.

- 5.8 Obesity and smoking prevention programmes need to be resourced appropriately to deliver at the scale required to impact on the behaviour change required to deliver on public health outcomes. The Health and Wellbeing Board has prioritised obesity as its most important prevention priority.
- 5.9 In respect of the management of established disease the early detection and improved management of long term conditions is paramount. The care and quality gap in Barking and Dagenham is significant and unless we reshape care delivery, harness technology and drive down variations in quality and safety of care, then patients' changing needs will go unmet, people will be harmed who should have been cured and unacceptable variations in treatment and outcomes will persist.

The key focus to improving life expectancy is addressing raised blood pressure and the cardiovascular disease risk factors that can be detected and treated as risk conditions in their own right or can be partially tackled from their composite parts e.g. losing weight, increasing exercise and improving the diet. Early detection and optimal management of high blood pressure remains one of the most important healthcare interventions.

The NHS Health Check programme commissioned by the Council as a mandated service is designed to tackle cardiac risk factors including lowering cholesterol levels and needs to be strengthened especially to ensure effective long term management

- 5.10 Maintain safe and effective maternity services. Implementation of the revised antenatal and screening programme. In particular programmes to reduce smoking prevalence and uptake of breast feeding.

## **6. Partner Commissioning Intentions 2015/16**

- 6.1 NHS England (London) NHS England and Public Health England share the vision of working in partnership to achieve the benefits of this agreement for the people of England. NHSE commissioning intentions are available at <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/12/ph-comms-intent-15-16.pdf>. However the NHSE Board has not yet prioritised all their investment plans and has not yet determined which if any new programmes will be commissioned in 2015/16. This paper therefore focuses in more detail on plans by the NHSE London Public Health team about how the plans will be implemented. Set out below is an update on where we are in terms of commissioning plans for the following programmes of care:



- Antenatal and new born screening
- Early years and Child Health Information Systems
- Immunisations
- Cancer Screening Programmes
- Adult Screening Programmes
- Health in the Justice System services
- Veterans Health

6.2 NHS Barking and Dagenham Clinical Commissioning Intentions 2015/16. In line with national requirements, the CCG has agreed a two year Operating Plan for 2014-2016 and a Better Care Fund Plan which has been approved by the Health and Wellbeing Board. A five year strategic plan was signed off for the Barking and Dagenham, Havering and Redbridge health economy in September 2014. Member practices also provide primary care services and the CCG are developing a new way of working that will bring GP practices together in groups, based on where they are located. This means they will be able to provide more joined up, or 'integrated', care along with social services to make more of a difference to local people.

To deliver the strategic objectives and vision developed in their Commissioning Strategic Plan, the following areas have been prioritised for action:

- **Properly design, contract and manage (commission) safe, sustainable, high quality services for the local population**  
Improving quality and ensuring the safety of acute hospital services, primary care, community services, mental health and specialist services is of the highest priority.
- **Working together to integrate care**  
Improvements in joining up health care services across general practice, community services and hospitals, results in a better experience, improved results and better value for money for our residents.
- **Redesign urgent and emergency care services**  
Ensuring patients and the public have access to convenient, high quality, timely and cost effective urgent and emergency care services and patients know where to get help at the right place and at the right time.
- **Staying healthy**  
Taking action to reduce the need for healthcare and to improve the health of the local population.
- **Increasing productivity**  
Increase productivity; understand that high quality services are also productive services; and know that productivity measures can improve results and patient experiences<sup>1</sup>.

---

<sup>1</sup> <http://www.barkingdagenhamccg.nhs.uk/About-us/Our-plans/strategy-csp.htm>

## **7. Procurement**

- 7.1 When commissioning contractors, the Council is required to comply with the requirements of the Public Contracts Regulations 2015, which have recently replaced the previous 2006 regulations, in addition to the Council's Constitutional requirements for competitive tendering, as set out in the Contract Procedure Rules

This report is requesting that the Board note the intended or proposed routes for the commissioning and procurement of the identified services which may include contracts. The report author proposes to bring a return report in the form of a Procurement Commissioning Report, for the HWBB to specifically approve in relation to particular contracts. Legal Services will provide specific comment on the procurement and commissioning implications at that time.

- 7.2 The re-commissioning of the new services will require an intensive procurement programme to ensure the process complies with both the Council's Constitution and where applicable, the new Public Contracts Regulations coming into force 26 February 2015. It will also be necessary for officers to comply with the Public Services (Social Value) Act 2012 requirements prior to commencing any procurement process and/or to formalize existing arrangements.
- 7.3 For each identified category a sourcing strategy will be agreed with the relevant stakeholder to formalise the overall evaluation criteria and weighting for each tender, the options and gain sign off before engaging with the market.
- 7.4 For each contract with a value with a value over £100,000 a detailed Procurement Strategy Report will be prepared and submitted to the Council's Procurement Board.
- 7.5 The Health and Wellbeing Board is recommended to nominate those contracts where a more detailed report is required and or nominate those contracts where the Board feel a pre award report is required. The contracts across the Public Health, Social Care and Public Health are detailed in the following sub sections.

### **Public Health Procurement**

- 7.6 **Public Health Services Contracts in Primary Care**  
**Provider: General Practice and Pharmacy in Barking and Dagenham**  
**Annual contract value: £1,090,000 per annum**  
**Contract end date: 31/03/2016**

The General Practice and Pharmacy prevention programmes are key elements of an integrated health care approach to tackling key health and wellbeing issues within Barking and Dagenham and provide wider access to services.

The Council's ability to delivery on its priorities as set out in the Health and Wellbeing Strategy 2012-15: Smoking Cessation (Prevention Theme priority 1), Sexual Health (Protection Theme priority 5) and Substance Misuse (Prevention Theme priority 3) Health Check programme, which is a mandatory Council function (Prevention Theme priority 5).

The existing services are provided by the Borough's GP'S and Pharmacy's on a voluntary take up basis. These contracts were let for an extended period of one year in order for Public Health to review the market place and consider alternative options. The contracts will expire March 2016.

**7.7 Transfer of Health Visiting and Family Nurse Partnership**  
**Provider: North East London NHS Foundation Trust**  
**Annual contract value: £4.2 million per annum (Not confirmed by Department of Health – Council challenge to allocation)**  
**NHS England Contract end date: 30/09/2015**

Contract Position agreed in principal with NHS England (London). NHSE issued guidance in October to support local areas with contract transition. The guidance can found on the following link <http://www.england.nhs.uk/wp-content/uploads/2014/12/0-5-trans-guid-temp-let-stg2.pdf>. The Council is afforded two options for consideration:-

- Option 1: Novation: The Area Team puts in place a single contract for 2015-16 with a Deed of Novation being approved by the Council at the same time the contract is signed to confirm the contract will transfer to the Council on 1 October 2015.
- Option 2: New contract from 1 October 2015. The Area Team puts in place a 6 month NHSE contract for the period between April and September 2015 and helps the Council to put in place a similar but separate contract with the provider for the period between October 2015 and March 2016. In this position it would be desirable for both contracts to be signed at the start of the 2015-16 year.

The Council in principle has informed NHSE (London) our preference is Option 2. We are currently involved in negotiations with NHSE (London) and NELFT around the contract. The Council has agreed contract particulars with NHSE (London) and the NHSE contract for 1 April to 30 September 2015 will be ready for signature on 21 March 2015. The Council's contract under the requirements of Option 2 will need to be signed 60 days before 1 October 2015.

The proposed procurement and contracting methodology falls under the previous Legislation (PCR 2006) and as such is viewed as a Part B service, which is not mandated to comply fully with the rules, but will still be bound to operate a fair and transparent process. Under the Council's Contract Rules all procurements above £500k as defined in clause 28.8 shall be taken before the Health and Wellbeing Board for ratification. The requirement for the service will need to be presented to both the Procurement Board and Corporate Management Team prior to issue to the Health and Wellbeing Board.

The overall value of the contract value is 4.2 million per annum. However, the Council responded in writing to the DH that it does not accept the baseline allocations as adequate to meet the financial demands of the of the 0-5 children's public health service on 16 January 2015. DH has at the time of the report has not published the Council's baseline allocation following our challenge.

## **Adult Social Care Procurement**

### **7.8 Carers' Services**

**Provider: Carers of Barking and Dagenham**

**Annual contract value: £181,775**

**Contract end date: 31/03/2015**

The Board has provisionally agreed plans to extend the contract with Carers of Barking and Dagenham whilst the systems and future commissioning requirements to meet Care Act duties are put in place. This work is underway at present, and is described further elsewhere on this agenda.

### **7.9 Extra Care Schemes**

**Provider: TLC (now merged with Friends of the Elderly)**

**Annual contract value: £1,333,980**

**Contract end date: 31/10/2015**

The contract for extra care housing for older people has extension options included which we intended to use for an additional year. However, discussions have been initiated by the provider about the viability of the contract and its financial terms. They have set up a review of their management structure in order to address these issues in part. A proposal is being submitted to the Council as to how this will impact on future contract price for any extension period. It is intended to commence the necessary retender processes shortly, with the extension option providing the time within which a review of need can be undertaken so that future contracts are appropriate.

### **7.10 Mental Health Vocational Support**

**Provider: Richmond Fellowship**

**Annual contract value: £191,600**

**Contract end date: 31/10/2015**

One of the Better Care Fund (BCF) schemes focuses on mental health outside of hospital. As part of this scheme, a review will be carried out of all of the vocational and employment support available to people in the borough with mental health needs. A specification has been drafted in partnership with the CCG to bring in external expertise to carry out the analysis and also to produce a detailed report which will help to steer the future commissioning intentions of vocational support in the Borough.

The current contract between the Council and the Richmond Fellowship is due to come to an end on 31 October 2015 and this will be extended for a period of nine months to allow for the review and the following re-design and re-tendering of the contract to take place.

## **Children's Services Procurement**

- 7.11 Children's social care procurement goes to the Cabinet for approval as directed by the Corporate Director of Children's Services. The Public Health Grant allocation for Children's Services in 2015/16 is circa. £1.37m. This does not definitively reflect all activity geared toward the promotion of child health within the borough, as there are other key areas of activity being led through Public Health and other Council departments. It simply reflects those projects managed directly by Children's

Services.

There are no procurement exercises planned by Children's Services during 2015/16 that exceed the £500k threshold for consideration by the Health and Wellbeing Board. The following text does, however, provide a summary of how the Public Health Grant allocation will be deployed by Children's Services during the coming year.

## **8. Mandatory Implications**

### **8.1 Joint Strategic Needs Assessment**

The priorities for consideration in this report align well with the strategic recommendations of the Joint Strategic Needs Assessment. It should be noted, however, that there are areas where further investigation and analysis have been recommended as a result of this year's JSNA. The purpose of the ongoing JSNA process is to continually improve our understanding of local need, and identify areas to be addressed in future strategies for the borough.

### **8.2 Health and Wellbeing Strategy**

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, Public Health, and Adult Social Care with the Children and Young People's Plan. The Strategy is based on four priority themes that cover the breadth of the frameworks and in which the priorities under consideration are picked up within. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures are mapped across the life course against the four priority themes.

### **8.3 Integration**

One of the outcomes we want to achieve for our Joint Health and Wellbeing Strategy is to improve health and wellbeing outcomes through integrated services. The report makes several recommendations related to the need for effective integration of services and partnership working.

### **8.4 Financial Implications**

Financial Implications completed by: Roger Hampson, Group Manager Finance (Adults and Community Services)

Commissioning intentions set out in this report are in respect of health, Social Care and Public Health. Social Care commissioning intentions are to be funded from existing available budgets; Public Health commissioning intentions are to be funded from the ring-fenced Public Health grant in 2015/16 of £14.213m, plus a provisional amount of £2.410m for the six months from 1 October 2015 for the transfer of responsibility for Health Visiting and Family Nurse Partnership; this latter figure is being challenged by the Council and a final determination is awaited.

### **8.5 Legal Implications**

Legal Implications completed by: Daniel Toohey, Principal Corporate Solicitor

When commissioning contractors, the Council is required to comply with the requirements of the Public Contracts Regulations 2015, which have recently

replaced the previous 2006 regulations, in addition to the Council's Constitutional requirements for competitive tendering, as set out in the Contract Procedure Rules.

This report is requesting that the Board note the intended or proposed routes for the commissioning and procurement of the identified services which may include contracts. The report author proposes to bring a return report in the form of a Procurement Commissioning Report, for the HWBB to specifically approve in relation to particular contracts. Legal Services will provide specific comment on the procurement and commissioning implications at that time.

## **8.6 Risk Management**

Delivery of the commissioning intentions is a key dependency in the delivery of the Public Health, NHS and Adult Social Care Outcome Frameworks challenge as well as the delivery of the Children and Young People's Plan.

### **Background Papers Used in the Preparation of the Report:**

None

### **List of Appendices**

**Appendix A** – List of Contracts