



# Health and Wellbeing Board

## 31st March 2014

<b>Report Title</b>	Public Health Delivery Board: Chairs Update	
<b>Cabinet Member with Lead Responsibility</b>	Councillor Sandra Samuels Health and Wellbeing	
<b>Wards Affected</b>	All	
<b>Accountable Strategic Director</b>	Sarah Norman, Community	
<b>Originating service</b>	Community / Public Health	
<b>Accountable officer(s)</b>	Ros Jervis Tel Email	Director of Public Health 01902 551372 ros.jervis@wolverhampton.gov.uk

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### Recommendation(s) for action or decision:

That the Health and Wellbeing Board (HWBB) notes the progress of the key work streams of the Public Health Delivery Board (PHDB) work programme for 2013/14.

## 1.0 Purpose

- 1.1 To inform the HWBB of the current work of the PHDB and in particular matters arising from its meeting of 4th February 2014.

## 2.0 Background

- 2.1 From October 2013 the PHDB have been meeting bi-monthly. The main focus of the February meeting was effective business planning for 2014/15 and how this can align itself with the current financial pressures. A review of the defined work streams within this year's work programme was undertaken as usual with consideration as to how this may be affected as we adapt the work programme in order to address the priorities we have identified for 2014/15.

## 3.0 Public Health Business Plan 2014/15

- 3.1 In January the Public Health Team held a business planning workshop for the 2014/15 plan. Seven key priorities have been identified and will be developed into a Business Plan for 2014/15. The priorities are:-
- **Effective commissioning:** outcome focused, measurable and cost effective, generating efficiency savings on the back of a new matrix working model across the public health team.
  - **Effective process:** including effective communication, governance structures, workforce development an IT solution to access essential intelligence and the embedding of transformational working.
  - **Integrating the 'Healthier place' team into Public Health to support work across the wider determinants of health:** three discrete Council Teams, the Healthy Schools team, Sports Development Team and Parks (Development) and Countryside Sites will be transferring to Public Health on 1st April 2014. This provides a fantastic opportunity to develop a specialist Public Health workforce within the team to work with other relevant council teams and partners to improve health and reduce health inequalities across the wider determinants of health. This will take some planning and a restructure of the services once an agreed approach has been developed.
  - **Obesity:** one of the major health implications facing our population, this will be the subject of the Public Health Annual Report for 2013/14 in the form of a Call to Action. This priority will encompass the work required by the specialist Public Health team to drive forward this agenda including the needs assessment that will inform delivery. This will highlight particular population groups with differing needs.
  - **Healthcare advice:** although provision is required by statute it has never been so important to ensure robust working arrangements between Public Health in the Local Authority and NHS commissioners, particularly the Clinical Commissioning Group (CCG) as we strive to incorporate the 'prevention' agenda into the commissioning of healthcare services. This includes support to the Individual Funding Request (IFR)

process which is informed by a variety of policies that have been developed in line with ethical guidelines to ensure that no particular group is disadvantaged.

- **Smoking:** despite focus on smoking cessation by public health over several years more work is required. Recent intelligence shows that smoking during pregnancy is a key risk factor for infant mortality, too many children are starting smoking at an early age and the popularity of E-cigs and our concern that this will impact on the prevention agenda requires dedicated input particularly in relation to behaviour change. The Tobacco Declaration was discussed further at the PHDB meeting in particular the paper that will now be coming to the May Board (deferred from March meeting due to agenda commitments)
- **Health Protection/Emergency Preparedness, Resilience & Response (EPRR):** there are key tasks and actions required for us to ensure a whole system approach to resilience across the whole new health and social care landscape.

Sexual Health, Drugs and Alcohol and Mental Wellbeing remain key and high priority services but will be enshrined in core public health services rather than requiring dedicated work streams during 2014/15.

#### **4.0 Joint Health and Wellbeing Strategy**

4.1 An update against the Wider Determinants priority is in development. Two key areas of work will be used as examples in attempt to describe both the scope and the scale of the partnership work required to improve health and reduce health inequalities across the wider determinants of health. These work streams have received prior agreement with the Portfolio Holder for Health & Wellbeing and are:

- Obesity
- Prevention of Looked After Children

This update paper is now due to be presented at the May meeting.

#### **5.0 The Public Health Delivery Board Work Programme**

The PHDB received update papers in relation to the following key ( for 2013/14) work streams:

##### **5.1 Transformation work stream**

5.1.1 In the absence of the Consultant in Public Health (CPH) lead for Transformation, due to extended leave, Sandra Squires, Principle Health Improvement Specialist has been working with Glenda Augustine CPH lead for Intelligence and Evidence and Andrea Fieldhouse the Community Development Manager to oversee and shortlist the second round of submissions to the Transformation Fund.

5.1.2 The Transformation Fund Panel have reviewed all shortlisted projects and at the time of this report being written were undertaking several panel interviews with possible project leads.

5.1.3 Final decisions are yet to be made and in the event any of those the panel wish to fund exceed the value of £100,000 they will need to be recommended to the Health & Wellbeing Board (or Chair delegate) for ratification as agreed by the Board in September 2013.

## 5.2 Health Protection work stream

5.2.1 Key issues from the Health Protection Forum meeting held at the end of January were presented, this forum meeting focused on EPRR. The key issues included:

- An agreement across the Black Country Directors of Public Health (DsPH) and the CCGs to develop a shared EPRR service.
- Ongoing work in relation to contractual assurance and resilience testing of Public Health commissioned services regarding emergency preparedness and business continuity.
- Update from the Wolverhampton Resilience Board
- Update regarding uptake of screening and immunisations, key points to note are:
  - Improved uptake of the Flu Vaccine by Health Care Workers, particularly at Royal Wolverhampton Trust (RWT)
  - Improved collaborative working across agencies in terms of Winter Planning led by Public Health.
  - Despite slight improvements to childhood immunisation rates they are of concern to the DPH. No longer the commissioner of these services, Public Health is maintaining a focus on efforts by NHS England to improve rates and data accuracy, such as a new regional specification for the Childhood Information System.
- Further update and discussion regarding the development of the Health Protection Needs Assessment and Surveillance Dashboard.
- Ros Jervis has been elected as the Lead Director of Public Health (DPH) co-chair of the Local Health Resilience Partnership representing Birmingham, Solihull and the Black County Authorities.

## 5.3 Public Health Commissioning Work stream

5.3.1 This update revealed that a significant proportion of the team's time is still being used to manage the legacy issues and ensuring these contracts and the governance arrangements are fit for purpose in the Local Authority rather than the NHS.

5.3.2 Two large scale reviews have been undertaken:

- a) Sexual Health - which is now in its final phase involves the analysis of data and pharmacy consultation. The team is aiming to present this review formally to the April PHDB meeting.
- b) Healthy Lifestyles - work is developing against a rapidly expanding project plan which focuses on a number of areas such as physical activity, adult and child weight

management, smoking, schools health programme, maternal and general healthy lifestyles. This work is integral to the development of a Prevention Strategy which in turn is critical to the CCGs 5 Year Strategic Plan. This is a huge piece of work, likely to have significant ramifications for the Commissioning Team, hence a top priority for 2014/15.

#### **5.4 Commissioning Children's Public Health Services**

5.4.1 The PHDB received an update paper on the last multi-agency meeting which demonstrated that the mapping of all key children's public health services was close to completion. This will be used to develop an 18 month work programme, at which time the commissioning function for key services such the Health Visiting Service will be transferring to the Local Authority (October 2015). It is essential that momentum is maintained.

#### **5.5 CCG Work Programme**

5.5.1 The second of two deep dives (needs assessments) undertaken by Public Health for the CCG is very near completion. This dementia deep dive will support the refresh of the Dementia Strategy and the Better Care Fund (BCF) work stream.

5.5.2 Work will continue on urgent care in line with the direction of the Health & Wellbeing Board, which currently focuses on the interpretation and analysis of existing data in the context of the needs of the population of Wolverhampton.

5.5.3 Public Health has agreed to develop locality based profiles to support the development of the CCG Primary Care Strategy. Examples of this support includes the development of practice profiles and locality needs assessments which will be developed against a robust framework that includes Equalities Impact Assessments (EIA).

5.5.4 The Public Health Intel and Evidence Team have provided significant support to the CCG in terms of its 2 Year Operational and 5 year Strategic Plans including facilitating a Governing Body development session, key outcome and indicator setting and alignments to the Prevention Agenda. This continues to be a significant piece of work for the team.

5.5.5 In light of these investments Public Health hosted a Work Programme development workshop to identify key work streams (identified using a needs based approach) that are common across both the CCG and Public Health in order to develop Work Programme for 2014/15 that will underpin the Core Offer.

#### **6.0 Financial implications**

6.1 There are no direct implications arising from this report.

6.2 Funding for Public Health is being provided to the Council from the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2013/14 is £18.8 million. [NM/19032014/D]

## **7.0 Legal implications**

7.1 There are no direct legal implications arising from this report.

7.2 Governance arrangements for health and wellbeing are regulated by statute and secondary legislation. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Health and Wellbeing Board is constituted as a Committee under section 101 of the Local Government Act 1972 with power to appoint sub-committees. [RB/18032014/A]

## **8.0 Equalities implications**

8.1 The Public Health Service seeks to ensure equality of opportunity as it delivers its core functions and aims to reduce health inequalities. By taking a needs based approach to all commissioned services including the use of equality impact assessment tools we aim to ensure that the needs and rights of equalities groups are considered.

## **9.0 Environmental implications**

9.1 There are no direct environmental implications arising from this report.

## **10. Human resources implications**

10.1 There are no direct human resource implications arising from this report.

## **11. Corporate landlord implications**

11.1 There are no direct corporate landlord implications arising from this report.

## **12.0 Schedule of background papers**

12.1 Health & Wellbeing Board 3 July 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 4 September 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 6 November 2013 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 8 January 2014 Public Health Delivery Board – Progress Report