Agenda Item No. 15(iii)



Health and Wellbeing Board 9 July 2014

Report Title Public Health Delivery Board: Chairs Update

Cabinet Member with Lead Responsibility Councillor Sandra Samuels Health and Wellbeing

Wards Affected All

Accountable Strategic

Director

Sarah Norman, Community

Originating service Community / Public Health

Accountable officer(s) Ros Jervis Director of Public Health

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Recommendation(s) for action or decision:

That the Health and Wellbeing Board (HWBB) notes the newly agreed key work streams of the Public Health Delivery Board (PHDB) which will form the Boards work programme for 2014/15.

1.0 Purpose

1.1 To inform the HWBB of the new work streams of the PHDB, as agreed through the Business Planning Cycle and matters arising from its meeting of 10 June 2014.

2.0 Background

- 2.1 A key focus of the June meeting was to present the public health business plan for 2014/15 and seek approval of the seven priorities and work streams for the PHDB for the forthcoming year.
- 2.1.1 The seven priority areas identified on which the Public Health business plan is based are:
 - Effective commissioning
 - Effective process
 - Integrating the 'Healthier place' team into Public Health to support work across the wider determinants of health
 - Obesity
 - Healthcare advice
 - Smoking
 - Health Protection/Emergency Preparedness, Resilience & Response (EPRR)

Sexual Health, Drugs and Alcohol and Mental Wellbeing remain key public health services but these will be enshrined in core public health services rather than requiring dedicated work streams during 2014/15. The approved business plans can be found in Appendix A.

2.1.2 Sarah Norman, Director of Community, has approved the business plan and further work will now take place to build a portfolio of project plans to deliver these priorities with specific, measurable, achievable, realistic and timely processes.

3.0 Joint Health and Wellbeing Strategy

3.1 The wider determinants priority of the Joint Health and Wellbeing Strategy was the subject of an update paper presented to the Board at its last meeting. This highlighted that a key strand of this work is the focus on obesity which is the theme of the Annual Report of the Director of Public Health 2013/14 and represents a 'call to action' for all partners to address this area of local concern. This report was discussed in some detail at the Public Health Delivery Board June meeting and is the subject of a separate agenda item for presentation to this Health and Wellbeing Board meeting.

4.0 Partnership and wider links – Social Inclusion Model

- 4.1 Keren Jones, Assistant Director Partnerships Economy and Culture, presented a report identifying the biggest challenges to delivering the City's economic and social objectives, and the Council's own Corporate Plan objectives is to achieve both economic and social inclusion. Priorities include:
 - Supporting more people into the world of work,
 - Supporting financial and digital inclusion.
 - Encouraging healthier lifestyles and independence at all stages of life
 - Supporting more people to be active within their communities
- 4.1.1 To deliver on these priorities the Council works at a number of levels:
 - Partnerships at the Black Country level
 - Partnerships at the City level
- 4.1.2 The council have a new Neighbourhood Services Team which is to be renamed as the Community Enterprise Service is being transformed into to a smaller more agile team focused on co-ordinating grass roots economic inclusion and community enterprise activities across the Council, working closely with the voluntary and community sector and other local partners.
- 5.0 The Public Health Delivery Board Work Programme (final update)
- 5.1 The PHDB agreed that its key work streams for 2014/15 would mirror the Public Health Business Plan for 2014/15.
- 5.2 The PHDB received final update papers in relation to the following key work streams for 2013/14:
- 5.3 Transformation Work Stream
- 5.3.1 The panel overseeing the Transformation Fund working with Councillor Samuels as Chair of the Health & wellbeing Board have together selected a total of nine projects for funding. A full report of all projects supported through this fund was presented to the Public Health Delivery Board. The complete list can be found at appendix B.
- 5.4 Health Protection Work Stream
- 5.4.1 A verbal update was received as all key items were very recent and as a result missed the report cycle.
- 5.4.2 A public health incident involving needlestick injury at Moreton Community School generated a significant amount of media interest, locally, regionally and nationally. The incident was dealt with effectively with good multi-agency working, and the incident management team have a further meeting planned to ensure all actions have been completed.
- 5.4.3 Wolverhampton Public Health gave a presentation to the Local Health Resilience Partnership (LHRP) on the progress made within Walsall and Wolverhampton in relation

to public health emergency planning and resilience. This included sharing the recent development of contractual assurance with the main providers, through an agreed service specification. This work was received very positively, and is seen as a model that could be developed in other areas across the LHRP footprint.

5.4.4 Wolverhampton Public Health presented a draft Concept of Operations (CONOPS) for managing public health incidents at its Health Protection Forum. After thorough discussion subject to a few amendments the CONOPS was agreed.

5.5 **Sexual Health Review**

- 5.5.1 The sexual Health review highlighted that local sexual health delivery has grown organically with additional changes and responses being "bolted on". The national specification states that CASH and GUM should be available together at one site. The current service does not have an integrated specification therefore service delivery has been disparate, lacking co-ordination and data highlights that overall sexual health outcomes in Wolverhampton are poor compared to both regional and national averages.
- 5.5.2 Sexual Health contracts expire in April 2016, so it makes sense to start the commissioning processes in order that services are ready to deliver a new model of integration from April 2016.
- 5.5.3 Retaining the status quo is not an option because the Council is bound by a number of regulations, not least its own Constitution and EU Procurement Laws. The principles of these ensure that we are seen to be open fair and transparent in all contracts we let. It is advised that we test the market (tender) in order to demonstrate this, particularly given that is well above the EU procurement financial threshold.
- 5.5.4 Public Health delivery Board agreed and approved that a locally determined, integrated sexual health model is developed led by Public Health and developed in partnership with key stakeholders. The impact of this piece of work will require that the new service model is competitively tendered.

6.0 Additional Papers

6.1 Research Governance

- 6.1.1 A report to inform the Board of proposals to deliver Research Governance (RG) for the Council and support a Research and Development (R&D) culture within Public Health, the Council and the wider research community was presented. This will be managed through the Public Health Intelligence and Evidence Service area with clear lines of communication with the Office of the Chief Executive.
- 6.1.2 A proposal for the Research Governance process via a web-based system is to include:
 - Flow chart of process
 - Standards, including response times
 - Check list for researchers to complete

Research & development opportunities both internally and external to the Council were discussed.

7.0 Financial implications

7.1 This report has no direct financial implications. Funding for Public Health is provided to the Council by the Department of Health in the form of a ring-fenced grant. The total funding settlement for Public Health for 2014/15 is £19.3 million. The work streams set out in this report will be funded from this allocation.

[DK/26062014/P]

8.0 Legal implications

- 8.1 There are no direct legal implications arising from this report.
- 8.2 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.

[KR/27062014/C]

9.0 Equalities implications

9.1 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.

10.0 Environmental implications

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

11.0 Human resources implications

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

12.0 Corporate landlord implications

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

13.0 Schedule of background papers

13.1 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

Health & Wellbeing Board 4 February 2014 Public Health Delivery Board – Progress Report

Health & Wellbeing Board 8 April 2014 Public Health Delivery Board - Progress Report

Health & Wellbeing Board 8 April 2014 Public Health Delivery Board - Progress Report

Health & Wellbeing Board 7 May 2014 Public Health Delivery Board – Progress Report