



Health and Wellbeing Board

3 September 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 Tel Email	Director of Public Health 01902 551372 ros.jervis@wolverhampton.gov.uk

Recommendation(s) for action or decision:

That the Health and Wellbeing Board (HWBB) notes progress against 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 31 July 2014.

2.0 Background

- 2.1 A key focus of the July meeting was to present an update of the public health business plan for 2014/15. A progress report on each priority was presented to provide assurance of service delivery and support for the Community Directorate and Corporate Business Plans. This update is detailed in section 4 which reviews each of the 7 priority areas.

3.0 Joint Health and Wellbeing Strategy

- 3.1 The Alcohol & Drugs priority of the Joint Health and Wellbeing Strategy was reported to the PHDB at its July meeting, and included an update as to progress against both the drugs and alcohol agendas. A report was discussed at the Public Health Delivery Board meeting and this priority is the subject of a separate agenda item for presentation to this Health and Wellbeing Board meeting.

4.0 The Public Health Delivery Board Work Programme

- 4.1 The activities related to achievement of each priority are tabulated in Appendix One alongside the performance measures, targets and progress to date.
- 4.2 Priority One - Effective public health commissioning
 - 4.2.1 The commissioning strategy is currently in draft and will be shared and refined with the team at a workshop on 7th August. External consultation is to commence in September to include identification of joint priorities with Clinical Commissioning Group (CCG) and Local Authority commissioning programmes.
- 4.3 Priority Two - Developing public health processes to support transformation
 - 4.3.1 The Public Health governance framework is in development to include the risk management and incident management processes for all public health functions. Work has started to identify the governance requirements for each Public Health commissioned service for inclusion in contracts going forward.
- 4.4 Priority Three - Integrating the healthier places team into Public Health
 - 4.4.1 A shadow Healthier Places team has been established comprising Healthy Schools, Sport Development and Parks (Development) & Countryside service. A restructure for the whole service is to be undertaken for each team to come together as one service

area that reflects public health priorities with an emphasis on the wider determinants of health agenda. The sport development and investment strategy is a key document that will be remodelled by this team to reflect Public Health's call to action for obesity and work has commenced to undertake this piece of work.

4.5 Priority Four - Reducing obesity across the life course

4.5.1 The Public Health Annual Report 2013/14 was launched at the Health and Wellbeing Board in July and we are building on the publication of the report to raise awareness of the issue through media interest. The Board expressed involvement in the work streams to deliver the 'obesity call to action'. The report will be presented to other boards over the next few months and pledges have already been made. Several work streams, including planning for the autumn obesity summit are underway.

4.6 Priority Five – Healthcare Advice

4.6.1 The Memorandum of Understanding (MOU) for Public Health's core offer with the CCG has been agreed and signed. The initial objective to look at a risk stratification tool is currently on hold following further discussion with the CCG.

4.6.2 The development of the Pharmacy Needs Assessment is well underway, and the Local Pharmaceutical Committee, GPs, Health watch and the CCG Patient Engagement Lead are advising through the recently established Reference Group.

4.7 Priority Six – Smoking

4.7.1 The Health and Wellbeing Board, July 2014, agreed in principal to recommend that the Council sign up to the Local Government Declaration on Tobacco Control. Once this has been done work can commence on engaging stakeholders and developing a strategy. The Board recommended to support the development of a tobacco control strategy and consider future commissioning opportunities.

4.8 Priority Seven – Health Protection and Emergency Preparedness Resilience and Response (EPRR)

4.8.1 The Health Protection Lead Practitioner post has been appointed to and the Health Protection work plan is now a key objective for development.

4.8.2 A draft Wolverhampton Concept of Operations (ConOps) for the management and response to public health incidents was agreed at the Health Protection Forum in May, with a few minor amendments.

4.8.3 A service specification is now in place between CCG and Royal Wolverhampton Trust (RWT) for provider response to an incident. It has been recognised that there is a need for a communications plan to be developed to sit alongside these two documents.

- 4.8.4 Wolverhampton CCG are now purchasing EPRR services from public health. In addition Wolverhampton, Walsall and Sandwell CCGs and Public Health teams have agreed in principle to a joint EPRR function, with a preferred option out for consultation.

5.0 Financial implications

- 5.1 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.

[NM/18082014/N]

6.0 Legal implications

- 6.1 There are no direct legal implications arising from this report.
- 6.2 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/18082014/E

7.0 Equalities implications

- 7.1 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.

8.0 Environmental implications

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

9.0 Human resources implications

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

10.0 Corporate landlord implications

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

11.0 Schedule of background papers

11.1 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

Health & Wellbeing Board 9 July 2014 Public Health Delivery Board – Progress Report

Appendix 1: Public Health Business Plan: Priority One - Effective public health commissioning

Activity	Performance Measures	Target	Progress to Date (July 2014)
1. Develop Public Health strategic commissioning plan in line with the Public health Outcomes Framework and Local Priorities.	100% of milestones against development and production of plan achieved	Commissioning plan completed by December 2014	<ul style="list-style-type: none"> • First draft commissioning strategy document to be completed by end of August. • A communication plan is in development.
2. Identify joint commissioning priorities with the Local Authority and CCG. To include Children's Public Health, 0-5 years, health visiting function transfer from NHS England.		Contract reviews and tender preparation completed by March 2015	<ul style="list-style-type: none"> • Commissioning strategy consultation to commence in September • Health visiting transfer; quality work stream and pathways mapping is concluding. • NHS Local Area team infrastructure being established with further guidance in September.
3. Define clear healthy lifestyles outcomes for Wolverhampton incorporating our obesity call to action and reducing harm from smoking and smoking related activities.			<ul style="list-style-type: none"> • Annual report on Obesity published – reported separately. • Smoking cessation services and NHS health checks under review; project plan to be completed.
4. Prioritise contracts requiring retender and review during 2014-15 and develop and implement the frameworks in order to undertake these programmes.			<ul style="list-style-type: none"> • Project plans in place for retender of sexual health services and school nursing. • Drug and Alcohol quality review completed. To be published by end Aug • Needle exchange tender issued.
5. Contract management process established against all specifications/minimum data sets/targets and outcomes in place.			<ul style="list-style-type: none"> • Contract management variations • Minimum data sets created and shared with providers

Priority Two – Developing public health processes to support Transformation			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. To provide a robust Governance framework to support Public Health functions	A Governance Framework is agreed by September 2014	100% of all components of the Governance processes in place with agreed audit criteria by March 2015	<ul style="list-style-type: none"> • Governance framework in development • Work commenced to identify the governance requirements for Public Health commissioned services
2. Establish Public Health Communications plan that addresses internal and external communication needs	The Public Health communications plan is agreed and established by September 2014	100% of the communication needs identified in the plan are delivered by March 2015	<ul style="list-style-type: none"> • Scoping to commence August 2014
3. A comprehensive Public Health Workforce Development plan is in place to ensure effective delivery of public health function	All eligible Public Health staff will have a work plan by June 2014	100% of all eligible staff will have an induction, appraisal and personal development plan by March 2015	<ul style="list-style-type: none"> • Workforce development plan is in progress • Slippage means new timescales to be agreed.
4. Establish a quality audit programme to maintain and improve the quality of commissioned services	A Quality assurance process has been identified for all commissioned services by December 2014	100% of all commissioned services to have an audit programme by March 2015	<ul style="list-style-type: none"> • Discussions commencing with Royal Wolverhampton Trust to participate in Clinical Audit Cycle
5. To provide a comprehensive research governance service across the council that ensures all research is robust and of high quality	A research governance framework is established by September 2014	95% of all research governance requests are responded to within the agreed timescale	<ul style="list-style-type: none"> • Research Governance proposal agreed at Public Health Delivery Board June 2014 • Framework in development

Priority Three – Integrating the healthier communities team into Public Health			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. Implement restructure for Healthier Places Team following transfer and disaggregation of budgets for Sports Development / Healthier Schools / and Parks (Development) and Countryside	Creation of project plan, structure and work programmes for individual teams	Project plan to be developed by May 2014 New Structure to go live by end of September 2014	<ul style="list-style-type: none"> • Head of Service Post established and allocated. • Service established in shadow form. • Formal restructure to be undertaken in August following appointment of Head of Service. • No progress regarding work programmes. • Budgets not yet fully disaggregated
2. Complete Asset mapping profile for the City to include physical and non-physical assets and develop an electronic database.	Production of database	Database to be established by October 2014	<ul style="list-style-type: none"> • No progress
3. Refresh the Sport Development and Investment Strategy	Refresh the document	Document to be politically endorsed by November 2014	<ul style="list-style-type: none"> • Strategy to be revised (not refreshed) to reflect obesity: call to action priority.
4. Refresh the Sport Development and Investment Strategy (Shared with Priority 3)	Refresh the document	Document to be politically endorsed by November 2014	<ul style="list-style-type: none"> • Strategy to be revised (not refreshed) to reflect obesity: call to action priority.

Priority Four – Reducing obesity across the life course			
PUBLIC [NOT PROTECTIVELY MARKED]			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. To produce an Annual Report of the Director of Public Health for 2013-14 on the health of the population in Wolverhampton	A report produced which focusses on a 'call to action' to kick-start Wolverhampton wide action on the important health issue of obesity.	Completed by May 2014	<ul style="list-style-type: none"> Report now completed and published and presented to Health and Wellbeing Board in July 2014. Further presentations are planned e.g. to RWT Trust Board and Children's Trust Board
2. To follow up the Annual Report with a whole health economy summit to agree a Wolverhampton wide approach	Summit organised and held	Completed by end of October 2014	<ul style="list-style-type: none"> Summit planning underway Task and finish group meetings are being arranged
	Action plan agreed by the Health and Wellbeing Board	Action plan agreed by December 2014	<ul style="list-style-type: none"> Awaiting summit
3. Complete asset mapping profile for the City to include physical and non-physical assets and develop an electronic database. (Shared with Priority 3)	Production of database	Database to be established by October 2014	<ul style="list-style-type: none"> Database is being compiled by Healthy Place team

Priority Five – Healthcare advice: delivering mandated function			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. Agreement and delivery of the Core Offer Work Plan with a focus on infant mortality and child health and wellbeing.	Work plan agreed and completed	100% of the Core offer is delivered by March 2015	<ul style="list-style-type: none"> • Work plan discussions commenced
2. Development of a prevention strategy for Wolverhampton to support the reduction in long term conditions. database.	Prevention strategy output informs Primary Care and Public Health commissioning	100% of the Prevention Strategy is completed by December 2014	<ul style="list-style-type: none"> • Prevention strategy in progress
3. Work with Wolverhampton Clinical Commissioning Group and Central Midlands Commissioning Support Unit apply a risk stratification tool to the local population	A valid risk stratification tool is agreed and the process for implementation finalised by August 2014	50% of the population has been included in the risk stratification process by December 2014	<ul style="list-style-type: none"> • This objective is currently under review due to change in CCG plans
4. Establish a Public Health pharmacy work stream to include the production of the pharmaceutical needs assessment.	Work plan agreed by October 2014	100% of the pharmacy work plan is completed by March 2015	<ul style="list-style-type: none"> • A PNA Reference Group has been established and met in mid-July. The group agreed TORs and an action plan. The questionnaire to pharmacies has gone out. A community questionnaire is being developed • The job description for the PH Pharmaceutical Lead has now been graded and the business case is due for submission.

Priority Six – Tackling Health Inequalities: reducing smoking			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. Develop a plan for prevention in schools to increase tobacco control activities in schools	Education prevention plan evaluated and disseminated by July 2014	100% of schools informed of education prevention	<ul style="list-style-type: none"> Resources developed by young people as part of the ECLIPSE Peer mentoring programme have been disseminated to schools and are now included in the wider drug education programme.
2. Develop a local Tobacco Control Strategy that includes E Cigs	Tobacco Control Strategy completed with partners	Tobacco Control Strategy completed and partners signed up by December 2014	<ul style="list-style-type: none"> The Health and Wellbeing Board have in principal agreed to recommend that the Council sign up to the Local Government Declaration on Tobacco Control.
3. Develop a strategy to reduce infant mortality	Multi-agency strategy to reduce infant mortality developed by September 2014	100% of interventions commissioned to reduce infant mortality are evidence based and have robust evaluation plans	<ul style="list-style-type: none"> The first multi-agency meeting was held in May 2014 with all partners in agreement to develop a plan to reduce infant mortality.

Priority Seven – Health Protection and Emergency Planning and Preparedness: delivering mandated function			
Activity	Performance Measures	Target	Progress to Date (July 2014)
1. Develop the Health Protection Forum Work Plan 2014-15.	Work plan agreed within six months	100% of the work plan delivered by March 2015	<ul style="list-style-type: none"> • Data dashboard to aid prioritisation agreed by Health Protection Forum • HP Lead appointed and due to start 1st September
2. Develop robust Health Protection monitoring and surveillance systems	Monitoring and surveillance systems operational by June 2014	100% of cases reported and recorded within the system	<ul style="list-style-type: none"> • Developing a suite of methods, including the HPF data dashboard, the screening and immunisation assurance framework, a quarterly report from PHE on cases reports and incidents, and care homes infection surveillance group
3. Establish Joint Clinical Commissioning Group/Public Health Emergency Planning Resilience and Response function (EPRR)	Agreed function operational by September 2013	100% recruitment to the EPRR function	<ul style="list-style-type: none"> • PH EPRR lead providing a service to CCG from 1st June 2014 • Preferred option for BC joint EPRR service out for consultation
4. Develop and integrate Public Health incident response into WCC Incident Plan and conurbation plans	Plans agreed by Health Protection Forum by October 2014	100% of the Incident Plan established and fully operational by December 2014	<ul style="list-style-type: none"> • Draft Wolverhampton ConOps for PH incident response agreed at Health Protection Forum. • Need to develop process for testing plan • Communications Strategy development to commence.