



Health and Wellbeing Board

5 November 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:

1. Attend the obesity summit on 10 November 2014.
2. Make a pledge as part of the call to action to tackle obesity in Wolverhampton.
3. 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 9 October 2014.

2.0 Background

- 2.1 A key focus of the October 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 3 which reviews each of the seven priority areas.

3.0 The Public Health Delivery Board Work Programme

- 3.1 The activities related to achievement of each priority are tabulated in Appendix One alongside the performance measures, targets and progress to date.
- 3.2 Priority One - Effective public health commissioning
- 3.2.1 The commissioning strategy is now out to consultation with the Clinical Commissioning Group (CCG), primary care and Public Health England (PHE) and through the Councils Corporate reporting structures. Cabinet resources panel will also receive a report on the Public Health contracts portfolio in October which will identify current status with contracting options and a savings profile. Other commissioning plans include:
- Health Visiting transfer from NHS England to Public Health, negotiations are underway in relation to the budgets.
 - Smoking cessation and NHS health check services reviews are continuing.
 - A draft sexual health service model will be published next month for consultation between November and January 2015. A final specification will then be drafted before the procurement programme commences in April 2015.
 - The school nursing review is underway and a separate report was provided for PHDB.
 - The Drug and Alcohol quality review has been completed and an improvement plan is now in place. The needle exchange tender evaluation will take place in November.
 - The main contracts are being risk assessed by size, and commissioning priority to assure appropriate governance is in place and or being developed.
- 3.3 Priority Two - Developing public health processes to support transformation
- 3.3.1 The processes to support transformation are progressing as follows:
- The development of the Public Health governance framework continues to progress and the Public Health risk register has been completed. The workforce development plan is still subject to slippage due to capacity issues across the team and new timescales have been agreed. An induction pack has been

produced for new 'trainees' and a learning and development forum has commenced which will assist with identifying training needs.

- An annual plan of public communication based on Public Health priorities has been partially completed but a change in the timescale has been required due to initial lack of human resource to support development of the communications plan.
- The quality assurance of commissioned programmes will be activated as contracts are reviewed and service specifications are renewed.
- There is Local Authority awareness of the Research Governance function within Public Health and further work is planned to develop formal programmes of learning.

3.4 Priority Three - Integrating the Healthier Places Team into Public Health

3.4.1 With the successful appointment to the Head of Healthier Place service post, work is now being progressed to implement the Healthier Place project plan. As part of influencing the wider determinants of health work area, a Council group has been established with representatives from Planning, Housing, Transportation, Neighbourhood Services and Environmental Services to review existing work programmes and their impact upon health outcomes. The refresh of the Sport Development and Investment Strategy has been replaced by a revision of the document which takes into account the Public Health priority of tackling obesity within the City.

3.5 Priority Four - Reducing obesity across the life course

3.5.1 The publication of the Public Health Annual Report 2013/14 was the first key milestone achieved – the focus now is on other strands of this priority. These are:

- Organising and delivering a whole economy obesity summit to agree a Wolverhampton wide approach to tackling obesity - summit will be held on 10 November 2014 with the objectives of gaining commitment and active participation to an action plan to tackle obesity in Wolverhampton.
- Produce a multi-agency action plan for tackling obesity in Wolverhampton following the summit and the collection of pledges – both individual and organisational, a multi stakeholder action plan will be produced.
- Community involvement in the obesity call to action - On 22 September 2014, the members' obesity challenge was launched in the media where Councillors Sweet, Simkins and Warren publicly began their personalised weight loss programme.
- Links to Healthier Places Priority three - there are particular links with the Healthier Places priority three and the milestones to complete an asset map of the city and the refresh of the sports development and investment strategy.

3.6 Priority Five – Healthcare Advice

3.6.1 The Memorandum of Understanding (MOU) for Public Health's core offer with the CCG continues to be delivered.

3.6.2 Additional work includes:

- Support for a review of infection prevention services, Public Health advice on the Special Educational Needs and Disabilities (SEND) Local Offer health workstream.
- Support for the harmonisation of commissioning policies across Birmingham and the Black Country and the Individual Funding Request (IFR) screening process, support on the development of clinical guidelines for care homes, support on the commissioning of falls prevention, and facilitation of scrutiny of Clostridium Difficile across the CCG and Royal Wolverhampton Trust (RWT).
- The initial objective to look at a risk stratification tool is currently on hold following further discussion with the CCG. The CCG is interested in support with the development of a primary care strategy with a key element of addressing inequalities. Options for this are being considered.
- 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 a Reference Group.

3.7 Priority Six – Smoking

3.7.1 In July 2014, a paper was presented to the Health and Wellbeing Board regarding the Local Government Declaration on Tobacco Control with a recommendation that the Council sign up to reducing the harms from tobacco. This has now been approved by full Council so local work will concentrate on the development of a Tobacco Control Strategy for Wolverhampton, starting with the completion of the Tobacco Control assessment Tool Clear.

3.7.2 Other areas which are being addressed include:

- The Contracts that the Council holds with both the Healthy Lifestyles Service and Local GP practices are weighted towards targeting disadvantaged communities.
- Public Health is leading the work to reduce our high infant mortality rates with a plan to target not just smoking in pregnancy but also the smoke free homes agenda. This will include scoping the potential for delivery of this work within our current providers and also exploring other national campaigns.
- Smoking in Pregnancy, illicit sales and smoking in young people are issues being dealt with at a Black Country (BC) and regional Tobacco Control Network level.
- Healthy Lifestyles Service will be holding a number of promotional events in and around Wolverhampton in connection with the 'Stoptober' campaign.
- Following a peer mentoring campaign carried out in a number of Wolverhampton primary and secondary schools, resources that were developed have been disseminated wider to other schools in the City.

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

3.8.1 The Health Protection and EPRR priority progresses as follows:

- The Health Protection Lead Practitioner post has been appointed to and, the Health Protection work plan is now a key objective for development.
- The Wolverhampton concept of operations (ConOps) for the management and response to Public Health incidents was agreed at the Health Protection Forum in May 2014, with a few minor amendments.
- In order to further develop assurance, a framework for EPRR through contractual assurance though the PH commissioned services is under development. This will ensure that all services commissioned by Public Health are required to demonstrate how they are able to respond to incidents, outbreaks and emergencies, and have robust and tested plans and policies in place to do so.
- Wolverhampton CCG are now purchasing EPRR services from Public Health. In addition Wolverhampton, Walsall and Sandwell CCGs and Public Health teams continue to discuss a joint EPRR function, with a preferred option currently out for consultation.

4.0 Financial implications

- 4.1 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/20102014/L]

5.0 Legal implications

- 5.1 There are no direct legal implications arising from this report.
- 5.2 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/20102014/O]

6.0 Equalities implications

- 6.1 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.

7.0 Environmental implications

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

8.0 Human resources implications

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

9.0 Corporate landlord implications

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

10.0 Schedule of background papers

10.1 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

Health & Wellbeing Board 3 September 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 (September 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"> • Final draft commissioning strategy document completed and consultation commenced. • Communication plan in place.
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"> • Health visiting transfer; Finance and budget transfer agreements have not been agreed between all DsPH and NHS England and negotiations are commencing across the region.
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"> • Obesity reported separately. • Smoking cessation services and NHS health check reviews continue.
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"> • Consultation on the sexual health service model is to commence between November – January • School nursing reported separately for commissioning approval. • 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 (September 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"> • Public Health risk register complete • 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 December 2014	100% of the communication needs identified in the plan are delivered by March 2015	<ul style="list-style-type: none"> • There is some slippage in development of the communications plan but there is progress with external communications mapping
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 December 2014	100% of all eligible staff will have an induction, appraisal and personal development plan by March 2015	<ul style="list-style-type: none"> • Slippage means new timescales have been agreed • Partial completion of the induction packs
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"> • Activation anticipated as services are commissioned • Work to commence on identifying specific quality components required for the new service level agreements

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">• There is evidence that the Local Authority is aware of Public Health research governance function• Further work is required to develop formal programmes and an ethical review panel
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Priority Three – Integrating the healthier communities team into Public Health

Activity	Performance Measures	Target	Progress to Date (September 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	Head of Service Post appointed to. Budgets realigned for Sport Development and Parks. Further work required for Healthy Schools team. Work in progress for wider determinants of health programme involving council departments (Leisure, Housing, Planning, Transportation, Neighbourhood Services, Environmental Services and Education). Visioning session planned for October 2014.
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	Sport Development and Parks profiles have been drafted. Schools work to be progressed.
3. Refresh the Sport Development and Investment Strategy	Refresh the document	Document to be politically endorsed by November 2014	Radical change in approach has been made as document is to be revised (as opposed to being refreshed) to take into account obesity priority for the City. Expected completion is January 2014.

Priority Four – Reducing obesity across the life course			
Activity	Performance Measures	Target	Progress to Date (September 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. • The report has been presented to internal and external committees and boards and these presentations will continue to promote the 'Call to Action'
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"> • The date for the summit has been agreed – 10th November 2014 and will be held at Wolverhampton Racecourse. • The programme for the day is being finalised and will be interactive. • Delegates will be asked to make a pledge to support the Call to Action to tackle obesity in Wolverhampton
	Action plan agreed by the Health and Wellbeing Board	Action plan agreed by December 2014	<ul style="list-style-type: none"> • The action plan will be developed following the summit and utilise the pledges made. • A further element will be to develop a work strand to involve and engage the community.
3. Community involvement in the obesity call to action	Establishment of members obesity challenge	Launched in the media on 22nd September 2014	<ul style="list-style-type: none"> • Cllrs Sweet, Simkin and Warren are participating in the challenge and using social

	Launch of Million Miles for Wolverhampton challenge and associated Million Pounds Lost challenge	To be launched at the Obesity Summit	media to chart their progress <ul style="list-style-type: none">• Is part of the Obesity Summit programme
4. Links to Healthier Places Priority	Complete an asset map of the city	To be completed by October 2014	<ul style="list-style-type: none">• Database is ongoing and being completed by Healthier Places team

Priority Five – Healthcare advice: delivering mandated function			
Activity	Performance Measures	Target	Progress to Date (September 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 is being delivered. 6 monthly review with CCG is due. • Infant mortality working group meetings held in May, July and September • Action planning meeting scheduled for November 2014
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 questionnaire to pharmacies questionnaire and community questionnaire are complete. A Stakeholder Event was held in Sept. • The job description for the PH Pharmaceutical Lead has now been approved.

Priority Six – Tackling Health Inequalities: reducing smoking			
Activity	Performance Measures	Target	Progress to Date (September 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. Smoking in young people is being considered as part of the school nursing and sex education reviews with regard to future commissioning arrangements.
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"> Following a recommendation at the Health and Wellbeing Board the Council signed up to the Local Government Declaration on Tobacco Control on the 14th Sept 2014. The next stage is to undertake a local assessment and gap analysis to inform the development of a strategy. Training for this is to take place early October 2014.
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"> There have now been 3 multi-agency meetings with all partners in agreement to develop a plan to reduce infant mortality. Action plan development is in progress but

			there is already some progress to note: The healthy lifestyles service is now providing an increased presence in the maternity unit and antenatal clinics.
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Priority Seven – Health Protection and Emergency Planning and Preparedness: delivering mandated function			
Activity	Performance Measures	Target	Progress to Date (September 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
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"> • Developed 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 • Work has commenced on developing a contractual assurance framework for PH commissioned services.
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 until 31st March 2015 • 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"> • Wolverhampton ConOps for PH incident response agreed at Health Protection Forum. • Need to develop process for testing plan • Communications Strategy development has commenced.