

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

Activity	Performance Measures	Target	Progress to Date (January 2015)
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 • Contracting strategy approved by CRP December 2014
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 are agreed in principle. • 0-5 transition group being established to manage shadow contract/commissioning arrangements and service development
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 service development, NHS health check audit and extension of child weight management interventions to complete with any contracting implications identified by March 15.
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 will close January 15 interim findings reported • School nursing development plan drafted. • Needle exchange award of contract to CRP January 2015.
5. Contract management process established against all specifications/minimum data sets/targets and outcomes in place.			<ul style="list-style-type: none"> • Contract notifications, commissioning intentions and governance checklist to be issued to all providers during Jan/Feb 15

Appendix 1: Public Health Business Plan: Priority Two - Developing public health processes to support transformation

Activity	Performance Measures	Target	Progress to Date (January 2015)
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, incident log and incident management processes complete Work commenced to develop governance and quality assurance processes for each contract. Risk management framework drafted to be finalised and signed off at SMT
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

Appendix 1: Public Health Business Plan: Priority three - Integrating the healthier place team into Public Health

Activity	Performance Measures	Target	Progress to Date (January 2015)
1. Implement restructure for Healthier Place team following disaggregation of budgets for Sport Development / Healthier Schools / Parks Development	Creation of a project plan, revised structure and work programmes for individual teams.	Completed by 31/3/15	Budgets realigned for all three teams. Further restructure work to be undertaken to include the obesity call to action, Urban environment development, and wider City Council reorganisation.
2. Complete Asset Mapping Profile for the City to include Physical and non-physical assets and develop an electronic database.	Production of a database.	Completed by 31/12/14	All profiles have been developed. Gap analysis to be undertaken regarding geographical hot spots (i.e. those areas with little provision or support).
3. Refresh the Sport Development and Investment Strategy	Production of document.	Completed by 31/05/2015	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. Refresh of Playing Pitch strategy is to also feed into the strategy. Due to these factors Officers are working with Sport England and Governing Bodies with a revised completion timescale of May 2015.
4. Implement Savings proposal for Parks (Development) and Countryside Service.	Savings of £295k and introduction of new health related schemes, initiatives and services within parks, open spaces and countryside areas of the City.	Completed by 31/07/2018	Savings achieved for 2013/14.
5. Contribute towards review of healthy lifestyles related commissioned contracts and development of a savings programme.	Savings of £300k to be achieved.	Completed by 31/09/2014	Commissioning intentions document includes direction of travel reference in relation to healthy lifestyles related contracts. Further work required to decommission / re-commission existing contracts.

Appendix 1: Public Health Business Plan: Priority Four - Reducing obesity across the life course

Activity	Performance Measures	Target	Progress to Date (January 2015)
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 focuses on a 'call to action' to kick-start Wolverhampton wide action on the important health issue of obesity.	Completed by May 2014	Completed <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	Completed <ul style="list-style-type: none"> Summit held on 10th November at Dunstall Racecourse. Over 300 delegates attended Nearly 300 pledges to tackle obesity in Wolverhampton were made The event launched the 'million' challenges, 'A million miles for Wolverhampton' and 'A million pounds (shed) for Wolverhampton' The event attracted significant media coverage
	Action plan agreed by the Health and Wellbeing Board	Action plan agreed by December 2014	<ul style="list-style-type: none"> A first draft of the Action Plan will be presented at the Health and Wellbeing Board in March 2015.

3. Community involvement in the obesity call to action	Establishment of members obesity challenge Launch of Million Miles for Wolverhampton challenge and associated Million Pounds Lost challenge	Launched in the media on 22nd September 2014 To be launched at the Obesity Summit	Completed <ul style="list-style-type: none"> • Cllrs. Sweet, Simkin and Warren are participating in the challenge and using social media to chart their progress • Progress with the member champions was highlighted at the November Obesity Summit • ‘Million’ Challenges were launched at the summit.
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"> • Raw data complete with further work to be undertaken regarding a gap analysis and publication via corporate website.

Appendix 1: Public Health Business Plan: Priority Five - Healthcare advice: delivering mandated function

Activity	Performance Measures	Target	Progress to Date (January 2015)
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 draft action plan completed awaiting Health and wellbeing Board approval in March 2015
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 March 2015	<ul style="list-style-type: none"> • There has been slippage on the completion of the prevention strategy which was previously due in December 2014, but is now due to be delivered by March 2015.
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"> • The draft PNA is now out for consultation until 30th January. • The PH Pharmaceutical Lead post has now been advertised.

Appendix 1: Public Health Business Plan: Priority Six – Tackling Health Inequalities: reducing smoking

Activity	Performance Measures	Target	Progress to Date (January 2015)
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"> Mapping of good practice in other local Authorities has been undertaken and this will feed into commissioning intentions. Consideration is being given to undertake some work with Dudley PH dept. and the Arts with the opportunity of some match funding.
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 August 2015	<ul style="list-style-type: none"> Tobacco control peer assessment is being planned for May. This needs to be completed to identify gaps to inform the strategy. Commissioning of smoking services is currently under review.
3. Develop a strategy to reduce infant mortality	Multi-agency strategy group continues to meet.	100% of interventions commissioned to reduce infant mortality are evidence based and have robust evaluation plans	<ul style="list-style-type: none"> Infant mortality draft action plan completed awaiting Health and wellbeing Board approval in March 2015

Appendix 1: Public Health Business Plan: Priority Seven – Health Protection and Emergency Planning and Preparedness: delivering mandated function

Activity	Performance Measures	Target	Progress to Date (January 2015)
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 • Slippage to deadline due to need for Ebola preparedness, and winter pressures.
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 • Governance structures established for incident logging and tracking within public health team. Whole team training delivered. • 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 • Sandwell Public Health calling a BC meeting to finalise agreement on future service.
4. Develop and integrate Public Health incident response into WCC	Plans agreed by Health Protection Forum by October	100% of the Incident Plan established and	<ul style="list-style-type: none"> • Wolverhampton ConOps for PH incident response agreed

Incident Plan and conurbation plans	2014	fully operational by December 2014	<p>at Health Protection Forum.</p> <ul style="list-style-type: none"> • Need to develop process for testing plan • Communications Strategy development has commenced.
--	-------------	---	---