Public Document Pack

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25 June 2013

CARING PLYMOUTH

Thursday 4 July 2013
2 pm
Council House (Next to Civic Centre), Plymouth

Members:
Councillor Mrs Aspinall, Chair

Councillor James, Vice Chair

Councillors Mrs Beer, Fox, Gordon, Michael Leaves, Dr. Mahony, Monahan, Parker, Jon Taylor, Kate Taylor and Wright.

Members are invited to attend the above meeting to consider the items of business overleaf.

Tracey Lee
Chief Executive

CARING PLYMOUTH

1. TO NOTE THE CHAIR AND VICE-CHAIR

The panel will note the appointment of the Chair and Vice Chair for the municipal year 2013 – 2014.

2. APOLOGIES

To receive apologies for non-attendance by Caring Plymouth members.

3. DECLARATIONS OF INTEREST

Members will be asked to make any declarations of interest in respect of items on this agenda.

4. CHAIR'S URGENT BUSINESS

To receive reports on business which, in the opinion of the Chair, should be brought forward for urgent consideration.

5. TERMS OF REFERENCE (Pages 1 - 2)

The panel will note its Terms of Reference.

6. CABINET MEMBER FOR PUBLIC HEALTH AND ADULT SOCIAL CARE

The panel to receive an overview of priorities from the Cabinet Member for Public Health and Adult Social.

7. MENTAL HEALTH REVIEW - DELIVERING PLEDGE 90 (Pages 3 - 6)

The panel to monitor the delivery of the Mental Health Review – Pledge 90.

8. URGENT CARE (Pages 7 - 12)

The panel to receive a report on urgent care including NHS111 and the Accident and Emergency Plan.

9. PUBLIC HEALTH (Pages 13 - 44)

To receive a report from Public Health on their future plans and integration with the council.

10. HEALTHWATCH PLYMOUTH (Pages 45 - 48)

The panel to receive an overview from Healthwatch Plymouth on their plans for the first 12 months.

11. WORK PROGRAMME (Pages 49 - 50)

The panel to discuss future items for inclusion on the Caring Plymouth work programme 2013 – 14.

12. FUTURE DATES AND TIMES OF MEETINGS

The panel is asked to note the dates of future meetings for the municipal year 2013 – 2014. All meetings will commence at 2 pm –

Thursday 26 September 2013
Thursday 14 November 2013
Thursday 13 February 2014
Thursday 6 March 2014
Thursday 3 April 2014

13. EXEMPT BUSINESS

To consider passing a resolution under Section 100A(4) of the Local Government Act 1972 to exclude the press and public from the meeting for the following item(s) of business on the grounds that it (they) involve the likely disclosure of exempt information as defined in paragraph(s) of Part 1 of Schedule 12A of the Act, as amended by the Freedom of Information Act 2000.

PART II (PRIVATE MEETING)

AGENDA

MEMBERS OF THE PUBLIC TO NOTE
that under the law, the panel is entitled to consider certain items in private. Members of the public will be asked to leave the meeting when such items are discussed.

NIL.

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CARING PLYMOUTH

Terms of Reference

OUR MISSION STATEMENT

To scrutinise matters relating to our specified responsibilities with a view to improving services, reducing inequalities and improving outcomes for the people of Plymouth.

OUR CORPORATE PLAN PRIORITIES

- Raise Aspirations
- Deliver Growth
- Reduce inequality
- Provide Value for Communities

OUR CORPORATE COMMITMENT THEMES

- Caring Plymouth
- Young Plymouth

LINKED TO THE CABINET MEMBER AND DEPARTMENT WITH RESPONSIBILITY FOR

- Public Health
- Adult and Children's Health
    - Mental Health Services
    - Physical Disability Services
    - Drug and Alcohol Services
    - Learning Disability Services
- Older people's services
- Joint Health and Social Care Commissioning
- Health and Wellbeing
- Personalisation

STATUTORY ROLE with regard to undertaking all the statutory functions in accordance with Section 244, of the National Health Act 2006, (as amended by Health and Social Care Act 2012) regulations and guidance under that section.

PARTNERSHIP LINKS

- Health and Wellbeing Board
- Children's Partnership (for health matters)

MEMBERSHIP - The Chair and Vice Chair of the panel shall serve on the Co-operative Scrutiny Board. All members of the panel will adhere to the general rules of Overview and Scrutiny. There are 12 members of the panel including the Chair and Vice Chair. The Vice Chair is from the opposite political group to the Chair.

the corporate plan priorities will be updated upon the adoption of the new corporate plan

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MENTAL HEALTH REVIEW - DELIVERING PLEDGE 90

Caring Plymouth, 04 July 2013

BACKGROUND & PURPOSE

In May 2012 Plymouth City Council announced 100 pledges around the 10 priority areas identified in the Corporate Plan. Pledge 90 was to 'Conduct a wide ranging review of the adequacy of mental health service and support in the city alongside local mental health providers and charities'.

This paper sets out the methodology, review activity, and project plan to deliver Pledge 90.

METHODOLOGY

The review will be overseen by the Portfolio Holder for Public Health and Adult Social Care as delivery of this pledge is a central theme of caring Plymouth.

A Key Stakeholder Working Group will be established to lead the day to day implementation of the Review. This will include key representatives from PCC Joint Commissioning Team, PCC Office of the Director of Public Health and the NEW Devon Clinical Commissioning Group.

There is a large amount of existing data, documentation, and analysis already available to feed into the comprehensive and wide ranging review. This information will be mapped and updated to prevent duplication and maximise the efficiency and scope of the review. Some examples of the local documentation to be considered throughout the review include:

- Mental Health Needs Assessment 2012
- Plymouth Mental Health & Wellbeing Promotion Strategy 2011-2014
- Whole Life Whole Systems Mental Health Strategy for Plymouth 2013-2018
- Plymouth Joint Strategic Needs Assessment

The gaps in existing knowledge and information will be identified and new information gathering and analysis carried out to ensure the review is comprehensive and wide ranging.

The review will engage and involve the whole spectrum of stakeholders affected my mental health issues i.e. service users / carers, providers (specialist and universal), communities

CONTENT OF REVIEW - ACTIVITY

In order to successfully deliver the pledge and make recommendations for improving Mental Health Services the review will cover the following key areas.

Strategic Context

The review will include an overview of the national and local strategic context. This will demonstrate that the review is responding to key areas and priorities. Some of the key policies to be included are:

- No Health Without Mental Health (DH, February 2011)
- The Care Bill (May 2013)

- Preventing Suicide in England (DH, September 2012)
- Plymouth Health & Wellbeing Strategy (in development)
- NEW Devon CCG Mental Health Commissioning Plan (in development)
- Plymouth Fairness Commission
- Mental Health for Veterans – Local Plymouth Review

Needs Assessment

Officers will develop a comprehensive assessment of mental health needs. This will ensure a clear picture of the population and prevalence of mental health issues within Plymouth's communities, as well as identifying protective and risk factors.

The comprehensive Mental Health Needs Assessment that was completed in 2012 will be refreshed and updated to ensure it remains relevant and accurate.

Supply Map

A detailed supply map of all service provision within the City will form a crucial part of the review. This will include an understanding of the contract values of each service broken down by types of provision. The supply map will explore the whole support pathway from universal & preventative services to specialist and acute provision.

Existing resources available to support supply mapping:

- The Mental Health Needs Assessment - this identified 238 services in Plymouth provided support to people with mental health issues
- Plymouth City Council Contract Register
- Clinical Commissioning Group – Contract Register
- Plymouth Online Directory - this online 'market place' holds large amounts of information on the current services available to people with mental health problems
- Plymouth Mental Health Provider Network – an open network bringing together providers working with mental health clients was established in 2008. This provides a wealth of information and knowledge on the services, systems, and pathways available to people in Plymouth.

Performance

The review will include a complete and critical analysis of all performance information in relation to mental health outcomes. This will identify the impact that our services are having on the mental health and wellbeing of individuals and communities in Plymouth.

Local data is available and comprehensive but will require joint interrogation across commissioners. This review will provide the opportunity to combine information for the first time and create a comprehensive picture of the interdependencies across services and identify what is and isn't working well across the whole system.

Existing resources available to support performance assessment:

- Local contract monitoring and performance reporting
- National Data (Outcome Framework Indicators, Community Mental Health Profiles)

Service User & Carer Views

Plymouth has a well-established and proactive mental health service user and carer group called Plymouth Involvement and Participation Service (PIPS). PIPS is closely aligned to Healthwatch, ensuring that the wider community is also represented in any feedback and work they do.

This review will commission PIPS to lead a process of gathering service user and carer feedback on mental health services. This arrangement, which will be led by services users, will create a genuine ethos of meaningful feedback and consultation owned by the community themselves.

Other existing resources available to collate service user feedback:

- National and local patient and carer Surveys
- Contract and quality monitoring
- Local mental health strategy consultations

Community & Stakeholder Views

The review will gather stakeholder views and experiences. This will collate existing information and feedback (gathered over time through contract monitoring, local forums) and a series of engagement events. The key stakeholders we will engage include:

- Plymouth Mental Health Provider Network – a comprehensive network of small and large providers / charities that work with people who have mental health issues.
- Mental Health Strategic and Quality Improvement Partnership (MH SQIP)
- Specialist Mental Health Provider (PCH CIC)
- Local Community Groups and Forums
- Plymouth Consultation Portal
- Key Statutory Partners e.g. Police, Probation, CCG, Adult Social Care

Recommendation

The Caring Plymouth Panel is asked to –

1. Support the review methodology as set out in the paper and make recommendations for improvement where appropriate;
2. Receive draft findings and recommendations of the review at its meeting of the 14 November 2013

TIMESCALE AND PROJECT PLAN

The review will start in July 2013 and be concluded by December 2013 in order to inform future commissioning decisions.

The review will form part of 'Caring Plymouth' work programme for 2013 with the aim of a Draft Review tabled at the Caring Plymouth meeting on 14 November 2013.

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HEALTHY PEOPLE
living healthy lives in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon Clinical Commissioning Group

URGENT CARE BRIEFING FOR
CARING PLYMOUTH

Paper prepared by: Sharon Matson, Head of Locality Commissioning (Urgent Care and Long Term Conditions)

Emergency Department Performance

Plymouth Hospitals NHS Trust was in the top half of trusts for performance of the 4 hour access standard for 2012/13. However, PHNT has failed to deliver the national standard for 4 hour access for two consecutive years. This coincides with a national deterioration in performance related to increases in the acuity of patients arriving within emergency departments and an increase in the number of patients needing hospital admission.

In response to this deterioration of performance national recommendations have been devised, supported by the Emergency Care Intensive Support Team (ECIST) that will improve ED performance.

Failure to deliver the 4 hour standard for patients who have arrived within the emergency department can be attributed to three overarching causes

1. Failure to process patients in a timely way
2. Failure to respond to requests of specialist support in a timely way
3. Failure of admission in a timely way (no bed available)

PHNT has therefore devised an action plan for improving ED performance which relates to these three areas of concern which has congruence with the national recommendations.

Actions to address reasons 1 and 2 above are described in **Annex 1** (4 hour access improvement plan). In addition to these actions a Beds Programme has been initiated by the Trust to ensure an appropriate bed base for PHNT's patient flow ensuring the hospital is operating at a manageable occupancy rate.

Operating at a manageable occupancy rate will prevent failure of timely admission from ED due to lack of beds.

In addition, the Trust is working with the health community to devise actions to offer alternatives to hospital referral and admission to alleviate pressure on the emergency department next winter.

Commissioners are assured that ED performance will improve during the remainder of the year.

NHS 111

What is NHS 111?

The new NHS 111 service makes it easier for the public to access healthcare services when they need healthcare help/advice fast, but it's not a life-threatening situation.

The service assesses callers' symptoms, gives them the healthcare advice they need or directs them straightaway to the right local service. NHS 111 is available 24-hours-a-day, seven-days-a-week and is free to call from landlines and mobile phones (except pay as you go which must have at least 1p credit).

NHS 111 can also help to take the pressure off the 999 emergency service and local emergency departments, which many people turn to if they don't know where else to go for the urgent help they need.

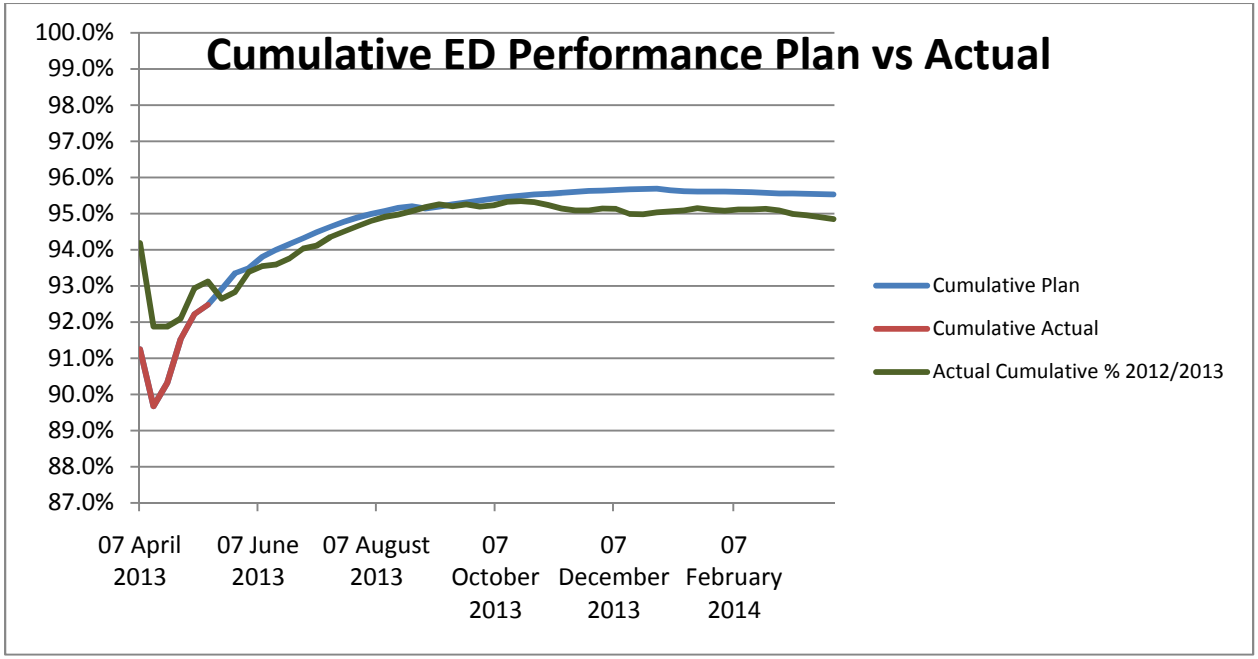
NEW Devon CCG's Decision re NHS 111

NEW Devon Clinical Commissioning Group has taken the decision to delay the start of the NHS 111 service in Devon until September 2013. NHS Direct will continue to provide a service in Devon until 111 goes live.

The CCG in mindful that there have been problems in other parts of the country and has been clear that it wishes to learn from these so that it gets it right for local patients.

Delaying the launch of the service means that the CCG will be able to spend more time learning from other areas that have already gone live and understanding how the new service will impact on the range of primary care and hospital services in the CCG catchment area. This will mean that the CCG can fully scrutinise the services provided locally so that when NHS 111 is launched the system will have been thoroughly tried and tested. By not working to an absolute deadline, the CCG is working to getting it right and taking the time to ensure it offers the best service to patients.

Annex 1
ED Performance Improvement Plan



TOPIC	ACTION
Optimised ED and Admissions Process	Development of Upfront Snr Assessment in Majors between 1400-1800
	Development of Enhanced Triage in Minors and Scheduled See and Treat roster
	Introduction of a 1 hour standard of test request to report availability for all diagnostic requests from the ED and Ambulatory Care
	Introduction of a 30 minute standard of referral to review by specialists within the emergency department
	Introduction of a weekly review of ED breaches with oversight by the Care Group Director to ensure strategic and tactical actions are being taken
Improved management and co-ordination of Care	Re-introduction of overnight bed management to increase oversight and support of patient flow OOHs
	Introduction of a Transfer Nurse to improve Assessment Bed availability in Evening
	Introduction of a standard of all patients management plans being reviewed by a consultant every 24 hours. Development of internal gap analysis and change plan as part of the corporate LOS programme

	Relaunch of "Plan for Every Patient" with executive lead changed to Director of Nursing
Improving Simple Discharge Flows	Introduction of a standard of 80% of discharge summaries written before 1300
	Introduction of Electronic prescribing to streamline discharge TTA process
	Expansion of on ward dispensing service
	Provision of weekend wardrounds 52/52 for all medical specialties
	Reduction in the time waiting for transport home from 4 hour window to 2 hour window
Provision of an Appropriate Bed Base	Establishment of the Winter Escalation Ward to be year round
	Expansion of Ambulatory Care to reduce the number of patients managed through the assessment units
	Development of a Short Stay Ward co-located with the MAU to increase the availability of assessment beds
Reduced Readmissions	Improvements in discharge Care Bundles for Respiratory Patients
	Improvements in Follow up for HCE patients discharged with Polypharmacy

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CARING PLYMOUTH

4 July 2013

Author: Jeremy Walding
Job title: Head of Public Health Business
Department: Office of the Director of Public Health
Date: 25 June 2013

OFFICE OF THE DIRECTOR OF PUBLIC HEALTH

Business Plan 2013-14

PROGRESS			
Area of plan	Completed – no, on-going, yes	Date	Officer
Main departmental text	Yes		
Tables re challenge/ opportunities, outline plan for delivery priorities, support needs	Yes		
Performance measures and targets	On-going		
Finance –revenue, capital, efficiency	Yes		
Accommodation/assets	Yes		
ICT	Yes		
Staff profile	Yes		
Staff engagement index	Yes		
Risk management	Yes		
Equality	Yes		
Sustainability	Yes		
Health and safety	Yes		

Departments will have specific support leads. The main corporate leads for purposes of the business plan are:

Performance – Robert Nelder
Finance – Tony O'Connor
Human Resources – Bernadette Smith
ICT – Eugene potter
Accommodation/assets – Chris Trevitt
Risk Management – Mike Hocking
Council sustainability – Peter Aley
Equality – Kevin Mackenzie
Overall – Candice Sainsbury

Our shared vision and priorities for Plymouth

Vision

Plymouth has a very strong vision to become "one of Europe's finest, most vibrant waterfront cities where an outstanding quality of life is enjoyed by everyone".

We want to make the most of Plymouth's natural assets and setting and increase investment, jobs and visitors to the city.

This means increasing the city's population to around 300,000 by 2026 and creating 42,000 new jobs and 32,000 new homes between 2006 and 2026.

This is a long-term vision shared with our partners in the police, health services, business community and voluntary sector.

Long-term city priorities

As a city we have also agreed four shared long-term priorities to help drive our vision:

Deliver growth	Develop Plymouth as a thriving growth centre by creating the conditions for investment in quality homes, jobs and infrastructure
Raise aspirations	Promote Plymouth and encourage people to aim higher and take pride in the city
Reduce inequality	Reduce the inequality gap, particularly in health, between communities
Provide value for communities	Work together to maximise resources to benefit customers and make internal efficiencies

You can find out more about our vision and priorities in the council's Corporate Plan 2012-15

Plymouth 2020 Partnership

We believe that by working in partnership we can achieve far more for Plymouth than if we worked alone. Plymouth 2020 is our citywide partnership made up of representatives from the main public sector organisations, the private and voluntary sectors. Many of the issues we face, such as reducing health inequalities, keeping our communities safe, delivering growth and improving opportunities for children cannot be solved by one agency alone. Within the Council everyone has a role to play in delivering our vision and priorities.

FOREWORD

Public Health is *"The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through organised efforts in society."* (The Faculty of Public Health, 2010).

Overall life expectancy is improving in Plymouth; the city average is now 79.8 years. However, the gap between the most and least well off has now grown from 12 to 14.7 years.

The root cause of health inequalities in Plymouth is its social inequalities; our efforts to tackle the causes of inequality such as income, housing, education, employment and opportunities and to break the cycle of inequity and inequality has never been more important than during this time of economic recession and austerity.

The purpose of public health in Plymouth is 'to improve and protect Plymouth's health and wellbeing and improve the health of the poorest fastest.' To fulfil this purpose the Office of the Director of Public Health (ODPH), a new function for Plymouth City Council, was approved by Cabinet on 11th December 2012 and is hosted within the People Directorate with the mandate to work across all key functions of Plymouth City Council.

The formal transfer of key public health responsibilities to the Local Authority is expected to contribute significantly to addressing long term outcome measures to reduce health inequalities. These include reducing the gap in life expectancy, tackling child poverty and reducing the premature mortality rates in men. This will be achieved in line with the development and delivery of the Health and Wellbeing Strategy as part of the overall Plymouth Plan.

This will impact on the other Plymouth City Council priorities by shaping local services which influence the wider determinants of health for example transport, economic development, housing, culture and leisure, education and our environment.

Purpose of this plan
Give a clear sense of what ODPH is for and the challenges it faces
Show how ODPH is supporting the city's and council's priorities
Show how ODPH is contributing to the efficiency drive and transformation of service delivery
Show how ODPH is aligning its resources to meet the challenges ahead
Link to the integrated planning process
Help us hold ourselves to account and ensure we deliver for the city and its residents
Bring key information together in one place about the service, which members, staff and stakeholders can understand

Content

Public Health also has a major role in health protection including routine immunisation and health screening programmes, the response to major disease outbreaks like mumps & measles, tuberculosis and pandemic flu and containing the spread of these highly infectious diseases.

Local Public Health is therefore concerned about promoting, protecting and improving the health of local people and tackling inequalities in their health. In short local public health is about monitoring the health of a local population, finding out what people's health needs are, creating policies and environments which promote health, and ensuring everything we do is based on the best available evidence.

We need to recognise that these ambitions are not deliverable by the ODPH alone. It will be important to take a long term approach and work across Plymouth City Council to capitalise on the existing expertise within the council providing synergy and added value for health and well-being.

Professor Kevin Elliston
Acting Director of Public Health
April 2013

REFERENCES

The Faculty of Public Health. (2010). *What is Public Health*. Retrieved from The UK's Faculty of Public Health: http://www.fph.org.uk

WHERE ARE WE NOW?

Purpose of the service

1. Providing strategic leadership for improving health and well-being and working with partners to reduce the health inequalities that exist in and between neighbourhoods and communities.

2. Ensuring that Local Public Health Intelligence data, analysis and evidence for the new public health functions across the Council is provided, i.e., for strategic leadership for health, developing health and wellbeing strategies and publishing Director of Public Health independent Annual Reports etc.

3. Jointly identifying public health needs and using research and evidence of what works to improve the health of the whole population.

4. Working with others to influence and address the social determinants of health.

5. Working with colleagues to reduce the level of ill-health and reduce the number of deaths from preventable diseases.

6. Advocating for the quality of life for all and ensure that the greatest improvement in quality of life is experienced by those who have the greatest public health needs.

7. Protecting the whole population from hazards and threats to health arising from public health emergencies and being prepared and well equipped to respond to emerging threats to health.

8. Ensuring the public receives the best value for money on public health by regularly reviewing the effectiveness of the ODPH Teams' business work-plan.

9. Assuring that public health activity is safe, delivered to the highest standards and is led by a qualified and regulated public health workforce.

10. Being a Severn Deanery registered Public Health Training department and participating in the five year training programme for Speciality Registrars in Public Health.

Challenges-opportunities

Health Inequalities: In Plymouth the gap in life expectancy between the rich and the poor is growing.

Public Health Outcomes Framework (2012): The PHOF presents PCC with a raft of new & demanding outcome measures. Realising the PHOF vision and achieving against these measures will require significant collaborative working with public health input across the entire range of PCC business.

Understanding PCC: The ODPH is a new appointment and will need to quickly adapt to its new environment. Understanding PCC process, business and influencing political and key stakeholder agendas will be essential.

ODPH: The ODPH is a small team with limited resource and capacity. It will need to cultivate a robust workforce development plan including the rapid appointment of a DPH

Health & Wellbeing: The ODPH will need to demonstrate strong leadership on the Health & Wellbeing Board and within the Health & Wellbeing strategy.

Evidenced Based Practice: Public health interventions are supported by a significant research and policy framework. It will be important to further encourage the culture of evidenced based practice in PCC.

Collaborative Council: The principles which support PCCs ambition to be a brilliant collaborative council offer ODPH exciting and effective ways of working that are very well suited to the public health agenda.

Long Term: Modern public health practice in Plymouth will require the adoption of a long-term approach for preventative action and behaviour change on a population scale.

Major achievements

Over the last 6 months we have worked hard to ensure the smooth transition of Public Health into the Local Authority. This has included the establishment of the 'Office of the Director of Public Health' in Plymouth City Council.

Work has also been carried out to realise the outsourcing of the 'Health Improvement Team' into Plymouth Community Healthcare with the novation of contracts. With the support of PCC commissioning colleagues we have reviewed and transferred all of the locally enhanced public health services that operate in primary care from NHS Plymouth to Plymouth City Council.

The JSNA Steering group, chaired by the Director of Public Health, has continued to meet every eight weeks and has produced a number of reports that have been made available via the Plymouth City Council website. These reports along with additional evidence of need in the city was considered by the Health and Wellbeing Board and used to determine their high level priorities. This has subsequently informed the development of the Joint Health and Wellbeing Strategy.

Working over the last decade we have successfully seen a dramatic increase in drug treatment capacity and the uptake of services by some of the most vulnerable members of our community. This has resulted in a decrease in drug related deaths by more than half and produced significant reductions in drug related crime. Many of our drug treatment schemes have been national exemplars for clinical governance or best practice and, for example, Hidden Harm Provision.

Plymouth has consistently been the best performing 'Local NHS Stop Smoking Service' in the region. It has regularly led the field in terms of 'carbon mono-oxide validated quit attempts' and engagement with high numbers of smokers as a proportion of the local population. It also supports proportionately high numbers of clients from the deprived areas of the city.

Key performance trends

The Public Health Outcomes Framework for England, 2013-2016 was published in January 2012 by the Department of Health. The framework focuses on two high-level outcomes (1) increased healthy life expectancy and (2) reduced differences in life expectancy and healthy life expectancy between communities. Plymouth's performance on the closest available (proxy) measures is described below:

From 2001-03 to 2008-10 life expectancy has improved for both males and females in Plymouth. However male life expectancy has consistently been below the England average. Although female life expectancy in Plymouth has in the past been slightly higher than the England, the latest (2008-10) Plymouth figure is 0.6 years lower than the England average.

The gap between the most and least deprived neighbourhood groups has decreased from 4.3 years in 2000-02 to 3.8 years in 2009-11. There have however been considerable fluctuations in the gap over this period.

The gap in life expectancy between the individual neighbourhoods with the highest and lowest life expectancy in 2009-11 is 12.6 years.

With regard to the specific inequalities target, the gap between the fifth of areas (eight neighbourhoods) with the lowest life expectancy and the city as a whole fell to 2.8 years in 2009-11. This represents a reduction of 22.1% from the 2007-09 baselines (of 3.6 years).

To understand how well health is being improved and protected these outcomes are complemented by 66 indicators (many with multiple parts) grouped into four domains, (1) improving the wider determinants of health, (2) health improvement, (3) health protection and (4) healthcare public health and preventing premature mortality.

A local (Plymouth-specific) PHOF tool is being developed to enable monitoring of performance against the PHOF. This will include two separate components. The first will enable Plymouth's performance on each measure to be compared with both England and with Plymouth's peer group of local authorities. The second component will enable sub-city (neighbourhood, ward, and locality) performance to be analysed and hence inequalities will be highlighted.

In addition to the life expectancy measures highlighted above, the ODPH has included an additional indicator in Plymouth City Council's Corporate Plan. This indicator relates to circulatory disease mortality and is defined as follows 'to reduce the gap in circulatory disease mortality (<75s) by at least 25% between the fifth most and fifth least deprived neighbourhoods by 2020 from the 2010 baseline. The gap is the absolute difference between the rates in the most deprived and least deprived groups of neighbourhoods. In 2010 the gap was 8.29 (based on 2009 data). It had reduced to 5.45 by 2012 (based on 2011 data). If Plymouth's current performance can be maintained, then this target should be achieved by 2020.

Public Health Challenges

It has long been recognised that tackling health inequalities is a challenge that requires the collective efforts of society to address it. Health inequalities are about inequality in society, not about health. The inequalities in disease and disability which are seen across the city are the symptoms of underlying issues such as differences in income, housing, education, employment and the environment in which people live. Action must be taken on all these determinants in order to succeed in addressing health inequalities.

The transition of Public Health to Plymouth City Council and the formation of the Health and Well-being Board represent a real opportunity to tackle the wider determinants of health and wellbeing, place health at the centre of all decisions and make health 'everybody's business'. A multi-faceted and strategic approach will be essential in all areas of health improvement to enable key health improvement indicators to be achieved. This will include developing more integrated ways of working within and across health and social care services, as well as being able to provide a clear line of accountability to all services engaged in health improvement including those positioned to tackle the underlying determinants of health.

For 2013-15, key challenges and recommendations to improving the health and well-being of Plymouth residents in each phase of life are summarised below:

Starting well and developing well

- Recognition that improving outcomes for children and young people are 'everybody's business' and that the most effective interventions to improve the outcome of the child may actually be to support the parents/carers. This will require holistic assessment of the family, widening the use of the Common Assessment Framework, and an integrated multiagency service response across both children and young people and adult services.

- The need for emphasis on prevention and early intervention to be embedded into the commissioning and delivery of all services and within all areas of practice.

- The need for intervention services to be able to respond in a timely way as the window of opportunity for effective intervention may be extremely small and very early in life. Ensuring adequate capacity within services to minimise waiting times will be critical to improved outcomes.

Living and working well

- Whilst there are a number of activities within the city delivering interventions to promote healthy weight and tackle obesity, a significant challenge will be to develop and implement a comprehensive and integrated approach, manage demand and shift the focus to prevention and early intervention.

- A significant shift in current activity levels is needed. This will only be achieved if people see and want the benefits, but will be better enabled by changing the physical and cultural landscape, developing an environment that supports people to live more active lifestyles.

- In order to tackle inequalities in cancer incidence, mortality and survival, the principle of proportionate universalism should be applied in programmes of activity that aim to address common risk factors. This means that effort should be taken to avoid the overall disease burden (universalism), whilst concentrating on the unequal burden placed upon the socially disadvantaged members of society. The response needs to be with a scale and intensity that is proportionate to the level of disadvantage.

Ageing well

- To reduce the rising trend of falls and fall related injuries by ensuring that current National Institute of Clinical Excellence guidance on falls prevention is being implemented locally.

- To increase the levels of social cohesion amongst older people living with and without long-term conditions to reduce isolation and improve well-being.

- To provide prevention services that help build social networks and provide low level support in the home, which can help prevent isolation and the onset of physical and mental deterioration. This is essential to enable more economical and flexible services that are able to provide for larger numbers of older people.

- To ensure that there are programmes and resources in place to enable older people maximise their health and maintain independence. This will require a shift of focus to the prevention of ill health and promotion of health for all age groups in our population.

- To encourage a change in attitudes so that older people are viewed as a positive part of the community, rich in experience and able to benefit from health improvement interventions as opposed to being unlikely to change behaviours.

- To engage older people, empowering them to be an active and influential voice in matters across health, social care and other community agendas.

- To apply evidence based interventions that seek to promote and enable individuals to engage in physical activity, reduce alcohol intake and maintain a healthier, balanced diet and to make this universally available for all age groups.

- To maintain and increase the uptake of screening programmes and promote cancer awareness in all ages groups.

Customer satisfaction summary

Currently the ODPH has limited customer contact and does not have a facility to measure customer satisfaction. This is something that we plan to address and will seek to find new ways to interact and engage with our communities under the principles of being a collaborative council. It will also look to develop customer satisfaction feedback mechanisms in line with PCC practice.

A significant amount Health Improvement service provision has been outsourced to Plymouth Community Healthcare. As a customer facing service the specifications outline the requirement for customer satisfaction feedback which will be used as a key performance indicator. ODPH is currently working with all its commissioned providers to develop a validated, evidence based customer satisfaction methodology. This will be monitored through the contract management process on a regular basis.

WHERE DO WE WANT TO BE?

City and Council priorities

The Office of the Director for Public Health will be supporting the 4 Council/city priorities by focusing on:

- **Delivering Growth** – Working with employers and communities in the promotion of health improvement and lifestyle interventions to support a healthier more productive workforce.

- **Raising Aspirations** – Building confidence in individuals, supporting them to make positive changes in their lives. Establishing better mental health for all, reducing alcohol & substance misuse and meeting the needs of our most vulnerable communities.

- **Reducing Inequalities** – Health inequalities result from social inequalities. We will take action across all the social determinants of health to achieve the fair distribution of health, well-being and sustainability. Action will be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

- **Value for Communities** – Prevention is cheaper than treatment. By using a co-productive, mutual approach and evidence based practice we can ensure that services are right and sustainable for the populations they serve. Capitalising on the local assets of communities we will reduce the cost burden on the public purse and put money back in the pockets of individuals.

Departmental and Service priorities

A prioritisation exercise was held on the 19th March 2013 by the Shadow Office of the Director of Public Health (ODPH) to identify the future team priorities for the annual ODPH work plan 2013/14. A set of draft priorities were identified during the meeting that were assessed against the new public health commissioning responsibilities that were highlighted within the Department of Health document, "Healthy Lives, Healthy People".

The mandatory public health responsibilities for Plymouth City Council are:

- Sexual health services
- Health protection
- NHS health checks
- National Child Measurement Programme
- Public Health Advice to NEW Devon Western Locality Clinical Commissioning Group

The assessment conducted by the team on the discretionary responsibilities identified the following as priorities for the ODPH:

- Alcohol Misuse
- Drugs Misuse
- Children's Public Health age group 0-19
- Healthy Weight & Physical Activity
- Mental Health
- Tobacco Control & Smoking

The priorities will also contribute towards the delivery of the challenges set out within the Director of Public Health Report 2012-13 to improve the health and well-being of Plymouth residents in each phase of life and are summarised below:

- Starting well and developing well
- Living and working well
- Ageing well

Outline plans for delivering priorities

Outline plan for delivering priorities			
What do we want to achieve?	**What are we going to do to achieve it and by when?**	**How will we measure our success?**	**Who is the lead and what is the delivery mechanism?**
Council/city priority – deliver growth			
Working with employers and communities in the promotion of health improvement and lifestyle interventions	Commission a Business Health Network to deliver health improvement support to local businesses. Commission public mental health promotion activity and training for communities and employers. Commission community based health improvement programmes.	Monitoring of the Health Improvement contract with Plymouth Community Healthcare. Monitoring of other health improvement contracted activity with Wolseley Trust, YMCA, Plymouth Guild and Plymouth Mind.	**Sarah Lees** Consultant in Public Health Commissioned activity
Council/city priority – raise aspirations			
Building confidence in individuals, supporting them to make positive changes in their lives.	Commission public mental health promotion activity for communities e.g. Health Futures Social Prescription Pilot Scheme	Monitoring of contracts	**Sarah Lees** Consultant in Public Health Commissioned activity
Council/city priority – reduce inequality particularly in health			
Take action across all the social determinants of health to achieve the fair distribution of health, well-being and sustainability	Commission universal and targeted health improvement activity so that priority neighbourhoods and groups have an enhanced offer to deal with existing inequality	Monitoring of Health Improvement contract with Plymouth Community Healthcare	**Sarah Lees** Consultant in Public Health Commissioned activity
Council/city priority – provide value for communities			
Prevention is cheaper than treatment. By using a co-productive, mutual approach and evidence based practice we can ensure that services are right and sustainable for the populations they serve.	We will continue to commission effective smoking cessation services in Plymouth. Strong evidence links smoking cessation to long term savings for individuals and care service provision.	The number of people who successfully quit smoking at 4 weeks. (KPI listed in the Health Improvement specification for smoking cessation)	**Russ Moody** Senior Public Health Manger Commissioned Activity

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
Departmental and service priorities			
A city wide strategic response to reducing alcohol related harm	We are working with partners to develop a strategic alcohol plan that covers Prevent, Protect, Treat Enforce Control domains.	By monitoring (PHOF) Alcohol related hospital admissions. Other outcomes measures are currently being discussed / defined.	**Laura Juett** Public Health Commissioner Delivery mechanism yet to be defined
An integrated model of sexual health services that supports an improvement in the sexual health of the population and a reduction in sexual health inequalities.	We are going to engage with partners in the CCG and NHS England Local Area Team to define a Sexual Health Commissioning Plan for the city that takes a whole systems approach and is aligned to the city's Health and Wellbeing Strategy.	By monitoring (PHOF) • Under 18s conceptions • Chlamydia Diagnoses • Late presentation of HIV	**Laura Juett** Public Health Commissioner A steering group is going to be convened to develop the Commissioning Plan – this will report to the Joint Commissioning Partnership and Health and Wellbeing Board.
A reduction adult smoking rates in Plymouth.	We will take a multi-faceted, strategic approach to tobacco control using evidenced based interventions to reduce adult smoking prevalence as part of the Health & Wellbeing strategy. This will be developed to align with the Health & Wellbeing strategy when it is published.	We will see a reduction in adult smoking prevalence in Plymouth.	**Russ Moody** Senior Public Health Manager A Tobacco Control Plan for Plymouth led by a dedicated steering group that directs task & finish groups and reports to the Health & Wellbeing Board. Contracting effective Stop Smoking Services with in Health Improvement activity will also support the delivery.

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
An NHS Health check should be offered to people aged 40-74 years,	15,155 people are eligible for a check in 2013/14 and should be offered an appointment. We have set a target at 50% to achieve 7,578 checks in Plymouth and have secured funding to achieve up to 11,366 checks (75%). This will achieve an uptake rate of 10% of the total GP registered eligible population. General practitioners are the main provider of health checks. 38 practices have signed up to undertake health checks. Each practice has been given their 50% and 75% target. The health improvement team will have the ability to undertake up to 1,000 checks in 2013/14 and will focus on opportunity at health fairs and areas where there is no GP coverage for checks. Negotiations are underway to ensure that those who are having a BHF heart check and fulfil the criteria for a health check have any extra elements completed so that there is no duplication.	Achievement of 50% target of 15,155, i.e. 7,578 checks by March 2014 through GP practice, Health Improvement team and BHF project. A matrix of alternate providers. All GPs willing to undertake health checks Early detection and intervention for smoking, alcohol, excess weight, diabetes, hypertension and chronic kidney disease. Proportion of those in receipt of a health check with a completed minimum data set.	**Brian O'Neill** Consultant in Public Health. Delivery mechanism through general practices and the health improvement team (PCH)
Reduced numbers of opiate and crack users in city and minimisation of the health, social, crime and familial harms caused by problem drug use in the city	We will take a multi-faceted, strategic approach to substance misuse prevention, treatment and recovery using evidenced based interventions to reduce prevalence as part of the Health & Wellbeing strategy. This will be developed to align with the Health & Wellbeing strategy when it is published	Reduced prevalence of opiate and crack use in the city	**Gary Wallace** Public Health Commissioner Commissioned services in prevention, treatment and aftercare and support services

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
Delivery of the National Child Measurement Programme in Plymouth schools enhanced by routine parental feedback and pro-active follow-up.	Run the programme in accordance with the national guidance and ensure that Plymouth's data is uploaded to the Information Centre by 16th August 2013	Letters will be sent to all children who took part in the programme. Underweight and obese children will be followed up. Plymouth's data will be uploaded to the Health and Social Care Information Centre by 16th August 2013	**Robert Nelder** Consultant in Public Health The programme is run jointly by Plymouth City Council (the Public Health team) and Plymouth Community Healthcare (the School Nursing Team). Specific elements of the programme are led by each team.
Delivery of the Healthy Child Programme across the City as part of an integrated approach for health and wellbeing	ODPH to work with and support commissioners and local authorities to ensure delivery of the HCP as part of a strategic approach to the health and wellbeing of children and young people	By monitoring appropriate child and young people related PHOF outcomes Schools engaged with and completing the Healthy Child Quality mark	**Julie Frier** Consultant in Public Health As this is a programme that covers the breadth of health and wellbeing for children and young people the delivery mechanism for this will be through a number of topic and age specific strategic groups currently in place / to be formed as part of the Children's Partnership developments. Specific public health commissioning that contributes towards child public health including school nursing services, and health improvement team and in partnership Healthy Child quality Mark

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
Delivery of local authority statutory public health responsibilities for Health Protection for the local population, protecting them from hazards including infectious diseases, radiation, chemicals and poisons, adverse weather events Prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards	Ensure resilient plans in place to protect the health of the local population in collaboration with PHE, NHS England, Public Protection Service, CCG and other partners DPH to provide local leadership on health protection arrangements and provide information and advice as required DPH to lead local authority response to any incident that presents a threat to the public's health and ensure appropriate resources can be mobilised to respond to incidents and outbreaks Ensure integrated services to prevent and control communicable diseases	By monitoring appropriate PHOF measures; Comprehensive inter-agency plans in place for response to public health incidents % of population affected by noise Air pollution and mortality attributable to particulates Chlamydia diagnoses in 15-24 yr olds Population vaccination coverage Late presentation of HIV TB treatment completion Public sector organisations with board approved sustainable development plans	**DPH & Brian O'Neill** Consultant in Public Health Delivery through Health and Wellbeing Board, Local Health Resilience Partnership, ODPH team and commissioned activity
Provision of high quality Public Health Advice to the NEW Devon Clinical Commissioning Group (Core Offer) in accordance with the Memorandum of Understanding to support commissioning of health services and provide maximum opportunities for them to impact positively on the health of the public	Deliver public health advice, expertise and analysis as agreed within the Annual Workplan Deliver public health advice, expertise and analysis as requested by CCG and Health and Wellbeing Board where capacity allows	Delivery of agreed annual workplan	**DPH & Sarah Lees** Consultant in Public Health Delivery through ODPH team in collaboration with the public health teams in Devon and Torbay

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
Improved individual and community level resilience to mental health risk factors and reduction in the stigma associated with mental health and suicide (Public Mental Health)	Commission coordinated public mental health and wellbeing promotion activity to deliver against the Mental Health and Wellbeing Strategy Implementation Plan Conduct an annual suicide audit Active participation in the Plymouth Mental Health Network, Mental Health Strategic Quality Improvement Partnership and Suicide Prevention Steering Group	By monitoring appropriate PHOF measures; People with mental illness living in settled accommodation Employment for people with mental illness or a learning disability Hospital admissions for self-harm Self-reported wellbeing Suicide Dementia and its impacts Excess <75 mortality in adults with a serious mental illness	**Sarah Lees** Consultant in Public Health Delivery through commissioned activity of Health Improvement Team of Plymouth Community Healthcare as well as through ODPH Delivery through strategic groups including Mental Health Strategic Quality Improvement Partnership and Suicide Prevention Steering Group

Outline plan for delivering priorities

What do we want to achieve?	What are we going to do to achieve it and by when?	How will we measure our success?	Who is the lead and what is the delivery mechanism?
A clear strategic approach and implementation plan for healthy weight, physical activity and healthy nutrition	Develop a strategic approach to commissioning for healthy weight, physical activity and healthy nutrition Provide the population with skills and information to improve the adoption of healthy eating and physical activity in line with national guidelines	By monitoring appropriate PHOF measures; Proportion of the population meeting the recommended "5 a day" on a usual day Proportion of adults classified as overweight or obese Proportion of physically active and inactive adults Excess weight in 4-5 and 10-11 year olds By monitoring the Health Improvement contract with Plymouth Community Healthcare: Delivery of community based weight management programmes Development of tier 2 intervention for 5 – 13 year olds Development of coordinated access to weight management interventions Outcomes for breastfeeding Delivery of community based physical activities By monitoring other contracts for the provision of community based physical activities e.g. Plymouth Guild, YMCA, Wolseley Trust.	**Sarah Lees,** **Brian O'Neill** **Julie Frier** Consultants in Public Health A healthy weight strategic group to be convened. Current children and young people groups to be aligned to this. Delivery through commissioned activity of Health Improvement Team, school nursing in Plymouth Community Healthcare, a range of providers for physical activity, as well as through ODPH

Key performance measures and targets for our priorities

The Public Health Outcomes Framework for England, 2013-2016 was published in January 2012 by the Department of Health.

It outlines the overarching vision for public health 'to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.'

The framework will be focused on two high-level outcomes:

Increase healthy life expectancy

This focuses on not only on how long we live (our life expectancy), but on how well we live (our healthy life expectancy), at all stages of the life course.

Reduced difference in life expectancy & healthy life expectancy between communities

This focuses on reducing health inequalities between people, communities and areas.

To understand how well health is being improved and protected these outcomes are complemented by 66 indicators (many with multiple parts) grouped into four domains:

1. **Improving the wider determinants of health.**

   Improvements against wider factors that affect health and wellbeing and health inequalities (e.g. children in poverty, violent crime, fuel poverty).

2. **Health improvement.**

   People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities (e.g. smoking, diet, alcohol consumption).

3. **Health protection.**

   The population's health is protected from major incidents and other threats, while reducing health inequalities (e.g. vaccination coverage, emergency planning).

4. **Healthcare public health and preventing premature mortality.**

   Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities (e.g. infant mortality, emergency re-admissions, excess winter mortality).

It will be for local authorities, in partnership with health and wellbeing boards, to demonstrate improvements in public health outcomes through achieving progress against those indicators that best reflect local health need.

It is therefore envisaged that specific progress against the measures in the framework will be being built into the JSNA and JHWS as appropriate.

A local (Plymouth-specific) PHOF tool is being developed to enable local monitoring of performance against the PHOF.

Priority outcome measures and targets						
Outcome measures	**Current baseline**	**Bench-mark**	**Key target**			**Responsible officer**
			2012-3	**2013-4**	**2014-5**	
Council/city priority - reduce inequalities						
Gap in life expectancy between the individual neighbourhoods with the highest and lowest life expectancy	12.6					
Gap between the fifth of areas (eight neighbourhoods) with the lowest life expectancy and the city as a whole	2.8 years					
Reduce the gap in circulatory disease mortality (<75s) by at least 25% between the fifth most and fifth least deprived neighbourhoods by 2020 from the 2010 baseline	5.45					
Departmental and service priorities level 3						
Alcohol related hospital admissions.	TBC	TBC	TBC	TBC	TBC	Laura Juett
Under 18s conceptions	TBC	TBC	TBC	TBC	TBC	Laura Juett
Chlamydia Diagnoses	In 2010: 2090.1 per 100,000 15–24yr olds	Eng Ave: 2220.4 per 100,000 15–24yr olds		A diagnosis rate of 2,400 15 – 24 yr olds. An activity target has been set for 2013/14 of 4,548 screens and 8% positivity in those screened.		Laura Juett
Late presentation of HIV	2009 -11 45.1% of HIV diagnoses were defined as late diagnoses	England 2009 -11 50% of HIV diagnoses were defined as late diagnoses				Laura Juett

Proportion of eligible people who have had a completed health check Number of health check providers Proportion of those with a completed health check with a completed minimum data set.	1,488 out of a permissible 3031 (PMS review funded) January to March 2013 had an NHS Health Check This represents an achievement of 49% uptake permitted by capping due to funding available. This is 19.6% of the annual eligible pop or 3.9% of the total est eligible pop of GP registered individuals aged 40-74 yrs not perceived to be in receipt of a CVD related diagnosis.	For 2013/14 we wish to see the achievement of 50% target of 15,155, i.e. 7,578 checks by March 2014		50% of yearly eligible people i.e 7,578 health checks 2013/14	Year on year increase for proportion of eligible achieving a health check	Brian O'Neil
Adult Smoking Prevalence in Plymouth	In 11/12: 22.1% (20.0% - 24.3%)	Eng Ave: 20.0% (19.8% - 20.1%)	21.6%	21.1%	20.6%	Russ Moody
Percentage of drug users in treatment leaving free of substitute medication and not returning within 12 months.	TBC	A Rolling 12 month average	TBC	TBC	TBC	Gary Wallace
Numbers in effective drug treatment	TBC	TBC	TBC	TBC	TBC	Gary Wallace

National Child Measurement Programme						
100% (67 out of 67) Infant, Junior and Primary Schools take part in the NCMP	100%	100%	100%	100%	100%	
95% of children in Year R are weighed and measured.	93.8%	94.2%	95%	95%	95%	Rob Nelder
90% of children in Year 6 are weighed and measured.	87.9%	92.4%	90%	90%	90%	

HOW WILL WE GET THERE?

Resources and efficiencies

Key challenges and opportunities

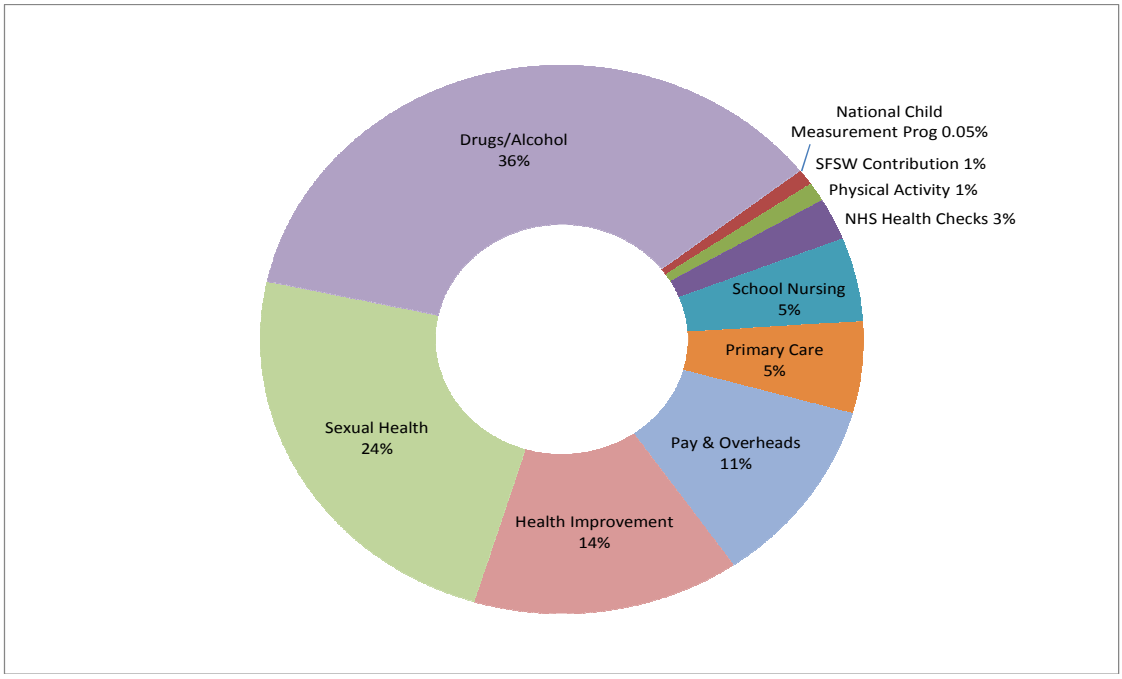
The Health and Social Care Act 2012 promotes the principle of integrated working by stating that in exercising their respective functions NHS bodies (on the one hand) and local authorities (on the other) must cooperate with one another in order to secure and advance the health and welfare of the people of England and Wales. This confers a duty of co-operation between Directors of Public Health, clinical commissioning groups (CCGs) and the wider NHS when carrying out their respective functions.

Plymouth City Council will be given a ring-fenced public health grant, which the government intends to target for health inequalities, to improve outcomes for the health and wellbeing of their local populations.

The size of the grant has been set taking account of estimates of baseline spending, including from previous PCT recurrent resources and non-recurrent resources, such as the pooled treatment budget and drugs intervention programme and a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.

Plymouth City Council's Public Health Grant Allocation for 2013-14 £11,160M; 2014-15 £12,276M; with a requirement for a projected break-even spend for 2013-14. The Plymouth Public Health ring fenced budget/settlement for 2013/2014 has been set at £11.160m.

The Department of Health have allocated 5% growth on top of the spend figure that was reviewed on 2011/12. ODPH pay and non-pay costs amount to £1.057m and approximately £10m gets spent on commissioned contracts, please see below for a breakdown in projected spend for 13/14:



The main challenges for the ODPH budget are:

The main challenge for the ODPH is to ensure all mandatory and discretionary priorities can be achieved within the ring-fenced allocation of £11.160m with an expectation to deliver a consistent breakeven position within 2013/14.

The key budget opportunities facing the service are:

In 2013/14 ODPH will look into the new opportunities to raise income as per sections 11, 12 and 18 of the Health and Social Care Act 2012.

This could include:

- providing information and advice;
- providing services or facilities designed to promote healthy living;
- providing or participating in the provision of training for persons working in, or seeking to work in, the field of health improvement; and
- making available the services of any person or any facilities (for example, providing staff and facilities to enable a company to conduct public health research).

Achieved delivery of the public health mandatory functions in 2013/14 -2014/15 could also provide qualification for added income through the health incentive premiums post 2015/16.

Services Medium Term Financial Plan

Service's three year budget 2012-15			
2012/13	2013/14	2014/15	2015/16
£000s	£000s	£000s	£000s
10,713	11,160	12,276	tbc

Capital budget

Not applicable no capital budget held

Efficiency delivery plans

No efficiency and delivery plans are currently in place due to a set ring-fenced allocation from the Department of Health however an efficiency review of current commissioned services will be on-going throughout the contract monitoring process.

Accommodation and assets

ODPH will continue to operate from its main base and current location within Plymouth City Council offices at Windsor House. ODPH personnel will also have the opportunity to operate from the Civic Centre in Plymouth City Centre providing access to other teams and departments.

ICT

All ICT developments are now complete due to the delivery of the co-location project to Windsor House. VPN connectivity has now been provided to all ODPH personnel as well as laptop devices for home working. All information governance and data security training has been completed.

People

Workforce development

Staff Profile							
Numbers in the service							
All	Full-time			Part-time			
17	**13**			**4**			
	Female %			Male %			
Gender	**65**			**35%**			
	BME %			White British %		Not declared	
Race						**100%**	
	With disability %			Without disability %			
Disability							
	Teens	20s	30s	40s	50s	60-65	Over 65
Age %	**0%**	**12%**	**29%**	**35%**	**18%**	**0%**	**6%**

[Note – The above does not include vacancies or trainee registrar posts]

ODPH has a strong commitment to workforce development having prepared bespoke workforce development action plans in the past as former public health development unit within Plymouth Primary Care Trust prioritised staff training and development and appraisals. ODPH will ensure that staff is committed, well trained and flexible. There will be a continuing focus on improving workforce development, improving performance management and celebrating success. The service has undertaken skills audits and encourages all staff to have an up to date Personal Development Plan.

Staff survey

Historical staff surveys that were previously conducted on the public health team were administered by NHS Plymouth and were conducted at an organisational level. Results for the previous public health team would be difficult to disaggregate, however ODPH will be expecting to conduct a staff survey in 2013/14.

Staff absence

Overall several years ODPH as a former PHDU with Plymouth PCT has been able to manage low levels of sickness down, and historically has always tended to be below PCT wide averages. There are no generic or systemic problems with absence management and no isolated cases which require more robust management.

Staff appraisals

Council target = 95% completion; ODPH Outcome = 84.6% (11/13)

84% of ODPH staff 11/13 was provided an appraisal in 2012/13 according to its own monitoring and remains committed to all staff having up-to-date appraisals to meet the Council target so that all staff are supported and developed in providing public health in 2013/14.

Major support needs

Major support needs in 2011/12 and beyond if known		
Area needing major support	**Support required and from whom**	**When needed**
Developing an ODPH Communications Plan	Communications expertise from the PCC communications team.	Apr 13 – Jul 13 (and then on-going standard support)
Learning about the democratic process and political influence	Democratic Support Team – Judith Shore	Apr 13 – Jul 13 (and then on-going standard support)
Securing the DPH post	Human resources expertise from the PCC Human Resources & Organisational Development – Bernadette Smith	Subject to option appraisal
Workforce development and securing PH posts/vacancies	Human resources expertise from the PCC Human Resources & Organisational Development – Bernadette Smith	Jul 13 – Aug 13
Maintaining financial breakeven position	Finance Team – Tony 0'Connor Smith	Apr 13 – Jul 13 (and then on-going standard support)

In 2013/14 ODPH will seek support from other internal departments and directorates to establish how to influence council teams with regards to reducing health inequalities.

The People Directorate, Corporate Directorate and the Joint Commissioning Team will be a major support for ODPH in the first three months to understand finance, contracting, commissioning and democratic process. External support from NEW Devon Clinical Commissioning Group, NHS Commissioning Board and Public Health England DSC will be a major support for ODPH working together within the health community and the NHS.

Service's corporate responsibilities

Risk management – headline data

Risks	Mitigation
■ Sufficient capacity within the existing ODPH team to deliver new mandatory and discretionary responsibilities	■ Workforce plan to be developed to identify skills shortages
■ Loss of PHDU team members during the transition process to ODPH.	■ Workforce plan to be formulated to enable the recruitment to address lost skills and expertise.
■ Sufficient financial resources to deliver expected mandatory and discretionary responsibilities.	■ Expenditure plans and budget setting to agree with Finance Department.

Equality issues – headline data

-

■ Complete Equality Impact Assessments as required

■ To review completed Equality Impact Assessments to ensure that proposed actions have been completed within the given timescales.

■ We will arrange for staff to attend equalities training and will support staff to use the competency framework called Embracing Equality that could include, mentoring, self-directed learning etc. appropriate to the grade/type of post.

■ To review all services provided to ensure that we have monitoring arrangements in place where appropriate and that we are learning from the information to improve the design and delivery of these services to groups with protected characteristics using the corporate monitoring framework.
It can be found on our webpage. http://www.plymouth.gov.uk/standard_for_equality_monitoring_june_09.pdf

■ We will review our partnering arrangements and external contracts to ensure that equalities are being addressed accordingly ensuring monitoring data comes back from procured services ideally covering staff and service users.

■ We will frequently monitor through contract management public health commissioned services to ensure equality issues have been adequately addressed.

Health, Safety & Wellbeing – headline data

Desired Outcome	What your service will do to achieve the outcome
Service specific risks are identified and communicated	■ We will review all Departmental risk assessments by 31 March 2014, with advice and support from the Health, Safety and Wellbeing (HSW) team when needed and communicate control measures to relevant colleagues
Managers and Supervisors are confident and competent to address health and safety issues	■ We will facilitate the release of Senior Managers/Operational Managers/Supervisors/team Leaders to attend and complete the appropriate level of formal training as defined in the Corporate Health and Safety Policy (currently IOSH Managing Safely for Tier 3 and above and HSW Induction for managers/supervisors)
Build resilient teams	■ We will revisit team stress risk assessments, developing and implementing related action plans. ■ We will ensure referring Managers/Supervisors are familiar with Occupational Health processes and actively use them to help keep teams well and at work, seeking advice from the Health, Safety and Wellbeing Team when needed ■ We will promote the use of the Workplace Options employee assistance programme (more detail to follow on Staffroom)
Reduce incident/accidents rates across the department	■ We will actively participate in our local health & safety liaison groups/forum/JCC and use information and trend analysis to target and implement actions to reduce work related accidents across the department
Employees are actively engaged to improve health, safety and wellbeing	■ We will encourage timely reporting of accidents, incidents and ill health including near misses ■ We will actively encourage suggestions from colleagues to improve health, safety and wellbeing ■ We will encourage and facilitate workplace inspections by trade union and other staff representatives

Governance and accountability

Governance/accountability issues

■ The ODPH Management Group is now in place and is our key accountability mechanism to DMT & CMT. The service is supporting the development of the Health & Wellbeing Board and the Joint Commissioning Partnership to ensure activity is progressed.

Name of Service Cabinet lead	Cllr Sue McDonald, Portfolio Holder for Public Health and Adult Social Care	**Name of Service Director**	Professor Kevin Elliston Acting Director of Public Health Office of the Director for Public Health

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Healthwatch Plymouth – The first three months

Healthwatch Plymouth began on 1st April 2013, following a competitive tender process. Healthwatch will build on the work of Local Involvement Networks (LINks), to be a consumer champion across Health and Social Care services.

During the first three months of the service the vital infrastructure for a successful delivery has been put into place. A paid team of Healthwatch staff were recruited to support the targeted delivery of the service. The Healthwatch team consists of:

- Healthwatch Plymouth Manager – part time 27.5 hours
- Healthwatch Assistant – Full time
- Healthwatch Research Assistant – Full time
- Healthwatch Engagement Workers x 2 – One full time, one part time
- Healthwatch Volunteer Co-ordinator – part time 22.5 hours (post is temporarily filled)

Relocation within the existing building has allowed the creation of a 'public friendly' drop in facility and 'community hub', to facilitate dedicated support of volunteers involved in Healthwatch, as well as confidential space for members of the public to give feedback in confidence. We also have a Healthwatch branded website – www.healthwatchplymouth.co.uk.

We have the following drop-ins in our current schedule:

- Stonehouse - HQ Building, Monday 1-3pm, Tuesday 9.30-11.30am, Thursday 10-12noon
- Stonehouse - Foodbank/Oasis Café, Monday 1.30-3.30pm
- Devonport – Cumberland Centre, day and time awaiting confirmation
- Beacon Park – Jan Cutting Healthy Living Centre, monthly on a Thursday afternoon 12 noon -2pm
- Various Libraries – details awaiting confirmation

We are now seeking to develop further drop-ins both wider across the city but also with specific community groups that aren't necessarily geographically located.

Policies and protocols in relation to the Small Grants Scheme, overall Healthwatch governance, role descriptions for volunteering opportunities and the constitution of the Management Board have been devised. Publicity of the service began, with press releases to local radio, television and newspapers, as well as distribution of

Healthwatch posters across the city in many locations ranging from libraries and GP Surgeries to community centres and council buildings.

Current Focus

Healthwatch Plymouth is focussed on strengthening existing relationships with key stakeholders and services across the city to ensure that we are best placed to represent the views of patients and the public to improve services.

Priorities include:

- Understanding the issues for 'hard to reach' & vulnerable groups so that Healthwatch Plymouth is able to recommend how services can best meet their needs
- Make local views an integral part of the decision making process of local commissioning groups/boards
- Building relationships with providers to improve services
- Support change to challenge inequalities in access to healthcare and life expectancy

Healthwatch Plymouth recently held a joint launch event with Western Localilty NEW Devon Clinical Commissioning Group, during which the organisation was launched to groups, services and organisations across the City. The event focussed on how we can work together to ensure views and experiences are gathered and shared at the right time, to shape service improvement and design.

We have been engaging our strategic partners in the set-up of Healthwatch Plymouth and have sought their feedback during Healthwatch Liaison Meetings, in regards to structure, process and future priorities. Healthwatch Liaison meetings will take place every 8 weeks, and give the opportunity to view strategic priorities across services and explore collaborative working opportunities.

Requests for involvement with Healthwatch Plymouth are increasing daily, particularly from Health and Social Care services. We are currently represented on strategic groups such as Health and wellbeing Board and JSNA steering group and are assessing Healthwatch representation on key groups and committees with a view to strengthening the patient voice within the commissioning cycle.

Day to day activities within Healthwatch Plymouth also currently include:

- Engaging voluntary and community groups
- Encouraging the sharing of resources
- Work to support joint partnership and outcomes without duplicating services
- Joining partner forums and creating a Healthwatch presence locally, regionally and on national networks

- Marketing and publicity of the service and how to become involved, including development of our social media presence, advertising in key publications, maximising opportunities such as sponsorship and a targeted community awareness programme through links with community and voluntary groups.
- Attendance at events/groups including Locality meetings, Youth Cabinet, Special Olympics, Plymouth Options and West Country Housing.

The Healthwatch Plymouth Small Grants Scheme is another focus for the team, and it is anticipated that promotion of the scheme will commence within the next 8 weeks.

The Small Grant Scheme aims to support small, developing, less well-resourced grassroots groups and organisations to undertake focused consultations related to general health and social care issues which are either emerging or existing within that community.
The Grants Scheme will support community based organisations to develop targeted consultations and provide the means for people within that community to be heard at a strategic level.

We are currently finalising plans with Plymouth City Council Adult Social Care, to work collaboratively with the Quality Assessment Improvement Team, undertaking the role as a lay assessor during selected assessments of care homes in the City. Healthwatch will, by talking to people, add to the information available from residents, to feed in to the assessment process. The role will be supported by a role description, training both from Healthwatch and Plymouth City Council to ensure high quality at all times. We will be looking to this work as a basis for a stronger relationship with care homes, to facilitate more collaborative working. Although we wish to work in partnership, Healthwatch Plymouth does have 'enter & view' powers should issues come to light that require a more direct approach – although close liaison with Adult Social Care would still be central to this.

The next 12 months…

The coming year will see Healthwatch Plymouth develop even further. Our current plans include:

- Focussed work with Health and Wellbeing Board and Joint Strategic Needs Assessment Steering Group, to ensure the public and patient voice is fed in to strategic City plans
- Look to develop 'Healthwatch partner' Kite mark to recognise involvement & good practice
- Incorporate Healthwatch's work into existing services
- Engage partners in monitoring the effectiveness of HW

- Create an escalation process for local issues to compliment national guidance
- Development of our IT presence to include blogs, YouTube videos and real time web chats with the public
- Create a Healthwatch 'column' for local publications, using a question and answer format
- Initiate Healthwatch radio 'phone ins'
- Develop our public presence with attendance at a greater number of events including our own 'Healthy Plymouth' and 'Big Debate' events
- Enhance our interactive services, with investigation into the development of a Healthwatch smartphone 'app'
- Finalise plans for 'pop-up' shops and 'on the road' workshops, at locations across the city, including those areas considered to be seldom heard

These developments are just a sample of some of the work Healthwatch Plymouth will be undertaking. The core functions of Healthwatch will continue on a day to day basis, whilst development of the service and of the many collaborative opportunities to work with organisations in our city, drive forward the opportunity and voice for the public.

CARING PLYMOUTH

Work Programme 2013 - 2014

Please note that the work programme is a 'live' document and subject to change at short notice. The information in this work programme is intended to be of strategic relevance and is subject to approval at the Cooperative Scrutiny Board.

For general enquiries relating to the Council's Scrutiny function, including this committee's work programme, please contact Amelia Boulter, Democratic Support Officer, on 01752 304570.

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
04.07.13	Urgent Care - accident and emergency improvement plan - NHS111 commissioning	To look at the plans in place for dealing with emergencies	Public Interest	Jerry Clough (Director of Western Locality) (speak to Amanda Nash)
	Public Health	Plans for next 12 – 18 months	New Council Service	Debbie Stark – Interim Joint Director of Public Health Carole Burgoyne – Director for Place
	Healthwatch	What are their plans for the first 12 months of operation?	New Council contract	Vicky Shipway – Chief Executive for Colebrook Society Ltd Craig McArdle – Head of Strategic Commissioning, Adult Social Care
26.09.13	Social Care Budgets			
	Health & Well Being Strategy			
14.11.13				
13.02.14				

Date of meeting	Agenda item	Purpose of the agenda item	Reason for consideration	Responsible Officer
06.03.14				
03.04.14				