ODPH BUSINESS PLAN 2018/19

Office of the Director of Public Health

Contents

1 Introduction 2

1.1 Our Goal 2

1.2 Overview of Functions 2

1.2.1 Public Health 4

1.2.2 Environmental Health (Environmental Protection) 4

1.2.3 Environmental Health (Food Safety and Hygiene) 4

1.2.4 Licensing 4

1.2.5 Trading Standards 5

1.2.6 Bereavement Service 5

1.2.7 Civil Protection 5

1.3 The way we are structured 5

1.4 The way we work (and interdependencies) 5

1.5 Funding for the directorate 6

1.6 Our approach to measuring performance 6

1.7 Key priorities for 2018-19 7

1.7.1 Delivery of the manifesto commitments 8

1.7.2 Health and Safety 8

Appendix 1 Budget 2018/19 13

Appendix 2a Corporate indicators 14

Appendix 2b Balanced Scorecard 15

Appendix 2b Integrated Health and Wellbeing Scorecard 19

Appendix 2c PHOF indicator report 22

Appendix 3 Risk and Opportunity Register 24

Appendix 4 Service Standards 30

Appendix 5 Manifesto Pledges 2018/19 – 2022/23 31

1 INTRODUCTION

1.1 Our Goal

Our goal is to reduce health inequalities through impacting on health and on the social, economic and environmental determinants of health.

The City Vision refers to everyone enjoying an outstanding quality of life; this requires the reduction of inequalities, and improvements in health and wellbeing which impact considerably on our quality of life.

Much of our work relates to these wider determinants, and we influence health and wellbeing through;

- Developing health-promoting environments
- Changing the context of choice
- Improving the quality of services across the city
- Protecting the public from harm

1.2 Overview of Functions

The Office of the Director of Public Health (ODPH) covers the functions of;

- Public Health
- Environmental Health (Food Safety)
- Environmental Health (Environmental Protection)
- Trading Standards
- Licensing
- Civil Protection
- Bereavement Services

The work of the teams (in partnership with others) supports the delivery of the corporate plan through both supporting the growth of the city, and caring about the quality of the lives that they lead.

OUR PLAN
A CITY TO BE PROUD OF

CITY VISION
Britain's Ocean City

One of Europe's most vibrant waterfront cities, where an outstanding quality of life is enjoyed by everyone.

OUR MISSION Making Plymouth a fairer city, where everyone does their bit.

OUR VALUES

WE ARE DEMOCRATIC
We will provide strong community leadership and work together to deliver our common ambition.

WE ARE RESPONSIBLE
We take responsibility for our actions, care about our impact on others and expect others will do the same.

WE ARE FAIR
We are honest and open in how we act, treat everyone with respect, champion fairness and create opportunities.

WE ARE CO-OPERATIVE
We will work together with partners to serve the best interests of our city and its communities.

OUR PRIORITIES

A GROWING CITY

- A clean and tidy city
- An efficient transport network
- A broad range of homes
- Economic growth that benefits as many people as possible
- Quality jobs and valuable skills
- A vibrant cultural offer
- A green, sustainable city that cares about the environment.

A CARING COUNCIL

- Improved schools where pupils achieve better outcomes
- Keep children, young people and adults protected
- Focus on prevention and early intervention
- People feel safe in Plymouth
- Reduced health inequalities
- A welcoming city.

HOW WE WILL DELIVER

- Listening to our customers and communities.
- Providing quality public services.
- Motivated, skilled and engaged staff.
- Spending money wisely.
- A strong voice for Plymouth regionally and nationally.

Plymouth
Britain's Ocean City

www.plymouth.gov.uk/ourplan

1.2.1 PUBLIC HEALTH

Public Health is described as "the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society." The Public Health Team takes a population based approach to improving the health and wellbeing of the people of Plymouth. We focus on health and wellbeing, not disease, and prevention and promotion, rather than diagnosis and treatment.

The team works across the three domains of Public Health;

- Health Improvement – we focus on helping people to live healthy lifestyles, reducing negative impacts on their health and reducing health inequalities.
- Health Protection – we work to ensure that the population's health is protected from a wide range of threats including communicable diseases and exposure to environmental hazards.
- Healthcare Public Health – we influence health service planning through ensuring equity, using evidence to inform what we do and delivery of interventions, ensuring clinical effectiveness and efficiency and through use of audit and evaluation.

This work is underpinned by the Public Health Intelligence function which exists to ensure that the Council and partners have access to the intelligence required to inform their decision-making and as such ensuring that services are commissioned according to local needs.

Under the terms of the ring-fenced Public Health Grant, we are required to ensure that the population has access to a range of services including;

- Sexual health services
- Drug and alcohol service provision
- Children and young people (0-19) public health including health visitors
- Weighing and measuring of children (National Child Measurement Programme
- NHS Health check assessment

1.2.2 ENVIRONMENTAL HEALTH (ENVIRONMENTAL PROTECTION)

This service deals with a wide range of pollution issues, both commercial and domestic, that relate to land, air and waste, including noise, air pollution, contaminated land and authorised processes.

The service works proactively with businesses and individuals to provide advice and assistance on these matters but also investigates complaints and enforces legislation to protect our environment and health, including enviro-crime issues, pest and dog control functions.

1.2.3 ENVIRONMENTAL HEALTH (FOOD SAFETY AND HYGIENE)

This service is responsible for carrying out regular checks on all food premises to ensure the public is protected and that high standards are maintained. They also undertake routine inspections of premises such as warehousing, offices, shops, care homes and hotel accommodation to ensure compliance with health and safety legislation. The service responds to complaints and investigates accidents and statutory notifications (e.g. of food-borne diseases). The service provides guidance on how the law relates to businesses and offers a full training and advisory service. In addition the service is responsible for delivery of port health functions and for the monitoring and control of the quality of drinking and bathing waters.

1.2.4 LICENSING

This service is responsible for the licensing of establishments, businesses and individuals for the following:

- Alcohol and entertainment (premises and personal licenses, late night refreshments, temporary events),
- Animals (zoos, boarding and breeding establishments, pet shops, dangerous wild animals)
- Beauty and body art (body piercing, tattooing, acupuncture, hairdressing)
- Caravan sites
- Gambling establishments (betting shops, casinos, bingo halls, amusement arcades)
- Fireworks and explosives
- Petroleum storage
- Sex establishments
- Taxis

1.2.5 TRADING STANDARDS

The service aims to protect and promote the safety and the economic and environmental interests of Plymouth consumers and businesses. It aims to ensure that Plymouth's prosperity is not jeopardised by unfair or illegal trading. The Service enforces laws concerned with the quality, quantity, marketing, description and safety of a whole range of goods and services. Particular consideration is given to the protection of customers who may be vulnerable. The service works both proactively, through inspections and sampling projects, and reactively investigating complaints.

1.2.6 BEREAVEMENT SERVICE

The core service delivered is cremation and burials. This service touches the lives of residents of the city and sub region with an economic role for the city (in terms of employment and income) and an environmental role (with 65 acres of green space). There is a focus on ensuring that this service can best meet the needs of a growing population, which will include potential investment in modern crematoria equipment. The Efford and Weston Mill sites have over 100 years of history dating back to 1907 and 1904 respectively and as such form an integral part of the city's heritage.

1.2.7 CIVIL PROTECTION

The main purpose of the Civil Protection team is to ensure that Plymouth City Council is as resilient as possible in the unlikely event of an emergency so that it can continue to deliver its services to our Community, and that Plymouth City Council can fulfil its requirements as a Category I Responder as defined within the Civil Contingencies Act 2004. Major incident planning and response requires a strategic partnership approach, and the team works closely with all of its Statutory Partners within Plymouth and the Devon, Cornwall and Isles of Scilly Local Resilience Forum.

1.3 The way we are structured

We work as multi-disciplinary teams (MDTs), comprised of a mixture of public health and other services, led by a Public Health Consultant.

1.4 The way we work (and interdependencies)

A co-operative, partnership approach is key to the work that we do. Whether that is between teams within the council (such as providing enforcement to support making the city clean and green, with Street Services) or working across the city with partners in health, social and wellbeing services, across the public sector, voluntary, community and social enterprise sectors; where we work closely with Councillors and other local leaders to ensure that the voice of the communities is strong and is listened to (such as wrapping services around people in our wellbeing hub programme).

We are very aware of the impact that our services and our actions can have on people, businesses and communities, and take our responsibilities seriously.

Fairness is at the heart of what we do; whether that is ensuring that businesses do not have unfair advantages through cutting corners and breaking the law, in helping people to live their lives without being unfairly impacted by others actions (such as noise complaints) or tackling the unfair distribution of ill health.

We have significant interdependencies across the Council, both in terms of people we work with on a day-to-day basis as well as people whose work is key to delivering our aims of improving the health and wellbeing of the population.

Key interdependencies include;

- Integrated health and wellbeing; public health is part of the integrated commissioning system and plays a strong leadership role in ensuring that prevention and early intervention is promoted. Therefore we have very explicit links across the People directorate, and in particular Strategic Commissioning.
- Environmental Protection Services have a role in enforcement of various issues that impact our streets (as well as providing pest control services) and as a result have strong connections with Street Services.
- Bereavement Services work closely with Parks, around keeping our cemeteries neat and tidy.

1.5 Funding for the directorate

The funding for the directorate comes from three main sources;

- Grant funding – public health currently receive a ring-fenced grant to fund public health services (including the PH team).
- Income – the directorate have a number of income streams; most notably from Bereavement Services, and other teams within the directorate also contribute significant income.
- A Revenue budget is also provided to the ODPH.
- Some income such as Licensing, is ring-fenced to cover the costs of the licensing process.

1.6 Our approach to measuring performance

We have followed a logic model approach for each of our programmes of work. This considers the intervention (and the resources required to deliver it) and the impact it is supposed to have. It separates measures into process measures (what has been delivered), shorter term outcomes (what has changed as a result), and long term outcomes (what we are wanting to see change; this may require many interventions and attribution to a particular programme might be difficult).

For the process and some short term measures, we have a balanced scorecard approach which is included in Appendix 1. Rather than have a separate section for Public Health, we feed into the Integrated Health and Wellbeing scorecard, shown in Appendix 2.

For longer term outcomes, we monitor the Public Health Outcomes Framework (PHOF), looking at relative measures (relative to England and to similar areas), and trends. The latest report is shown in Appendix 3.

The new 2018-2022 Plymouth City Council Corporate Plan introduced two new performance indicators that the directorate will report on corporately. These are 'The prevalence of excess weight (including obesity) among children in Year 6 (aged 10 – 11 years old)' and 'Stop Smoking Service successful quit attempts', an indicator measuring the impact of our Stop Smoking service.

1.7 Key priorities for 2018-19

Improving health and wellbeing overall and reducing inequalities by working with partners to develop an integrated population health and wellbeing system that enables positive choices for better health in a growing city. This includes:

- Playing an active role in integrated health and wellbeing, including delivery of Public Health components of the integrated commissioning strategies, and the programmes of system transformation as we move towards a Local Care Partnership
- DPH as the Strategic Lead for the Wellbeing Strategy and implementation of Plymouth's Wellbeing Hub Programme
- Continuing to work with partners across wider Devon to influence and deliver the STP Prevention Programme
- Delivery of Year 4 of Thrive Plymouth – our 10-year plan to address health inequalities in the city – and planning for Year 5 (launch date October 2018)
- Consultants and Specialists in Public Health taking leadership, advocacy and assurance roles across core programmes of work within the three domains of Public Health and Public Health Intelligence
- Ensuring appropriate procurement of the following Public Health services: Children and Young People 0-19, and Complex Needs
- Delivery of the Council's mandated and discretionary Public Health responsibilities
- Continuing to provide public health related intelligence for the council and partners

Continue to deliver environmental health and protection services including;

- Food safety inspections, prioritising those premises which pose the highest risk to health and those which have never been inspected
- Reducing backlog of overdue food safety inspections to increase compliance with statutory responsibilities
- Investigation of food poisoning cases and customer complaints about food premises, in accordance with statutory duty, but based on a priority system to ensure efficient targeting of resources
- Contribute to delivery of cleaner city (FPN littering, dog fouling, fly posting enforcement increased)

Continue to deliver an intelligence-led trading standards service, protecting public from harm including;

- Investigation and action of high priority criminal Trading Standards referrals and intelligence

- Protecting consumers and businesses from fraudulent and illegal trading practices and unfair competition
- Maintain focus around broader health and wellbeing of scams victims.

Continuing to use licensing to promote high standards and support health and wellbeing as well as economic growth

- Investigating high risk health and safety incidents
- Embedding the new taxi licensing policy and exploring next steps in raising standards.
- Provide an efficient and effective and integrated public transport service through the provision of taxis; that is safe, protects consumers and the environment.
- Protection of public health, environmental and consumer protection through the regulation and control of licensed premises
- Reducing alcohol harm and the impact from the Evening and Night Time Economy
- Co-ordination of the Event Safety Advisory Group which provides an efficient and effective mechanism to coordinate agencies to review large scale events in the City and to help ensure the public have a safe and good experience.

Continue to ensure that Plymouth City Council can fulfil its requirements as a Category I Responder as defined within the Civil Contingencies Act 2004, and maintain resilience

- Ensure Statutory Plans are tested and reviewed to capture all National and Local lessons identified
- Ensure that Business Continuity Management is embedded across the organisation, to enable the council to deliver key services in the event of an incident
- To maintain a 24/7/365 Response capability for Plymouth City Council

Maintain the ability to provide cremation facilities to our population

- low levels of unscheduled downtime (and consequently funerals cancelled by LA)
- Further the development of crematorium fit for the future

1.7.1 DELIVERY OF THE MANIFESTO COMMITMENTS

Three manifesto commitments are the responsibility of this Directorate to deliver;

54. We will work with the NHS, the third sector and pharmacists to create a network of health and well-being centres across the city to make good health advice available across Plymouth to deliver good health in your high street.

59. It is a scandal that there are 8,000 people in Plymouth waiting for an NHS dentist. More than 20% of those waiting are children. We will continue to support the inclusion of oral health and hygiene in the child poverty action plan, and we will look to work with the Peninsula Dental School at Plymouth University, the Director of Public Health and dental professionals to provide more dental services in our city.

a) We will continue to support the inclusion of oral health and hygiene in the child poverty action plan.

b) We will look to work with the Peninsula Dental School at Plymouth University, the Director of Public Health and dental professionals to provide more dental services in our city.

92. We will work with responsible dog owners to campaign for zero tolerance of dog mess on our pavements and fine those owners who do not clean up after their dog. - PRIORITY PLEDGE (TOP 5)

1.7.2 HEALTH AND SAFETY

Health and safety is a key priority across the Council and we will ensure that we;

1. Collaborate with the implementation of the HSW E-system
   - Participate in training schedule for use of the new system
   - Migrate current system into new digital system
   - Implement digital Incident/accident management and reporting
2. Continue with actions arising from the self-assessment process to ensure compliance with HSG65 and working towards ISO18001 / 45001
3. Embed core requirements for HSW into new / revised role profiles as per new guidance
4. Monitor
   - Mandatory training compliance
   - 8 day reporting
   - Service area HSW action plans
5. Embed clear feedback loop between all levels of meetings in regards to HSW management and escalation of risks
6. Develop action plans in response to the
   - Safety climate tool (March)
   - Wellbeing survey (May)
7. Support wellbeing champions in their role
8. Produce quarterly report for HSW Steering group, JCC and sub-committees as relevant
9. Designate HSW co-ordination to appropriate persons within your service area

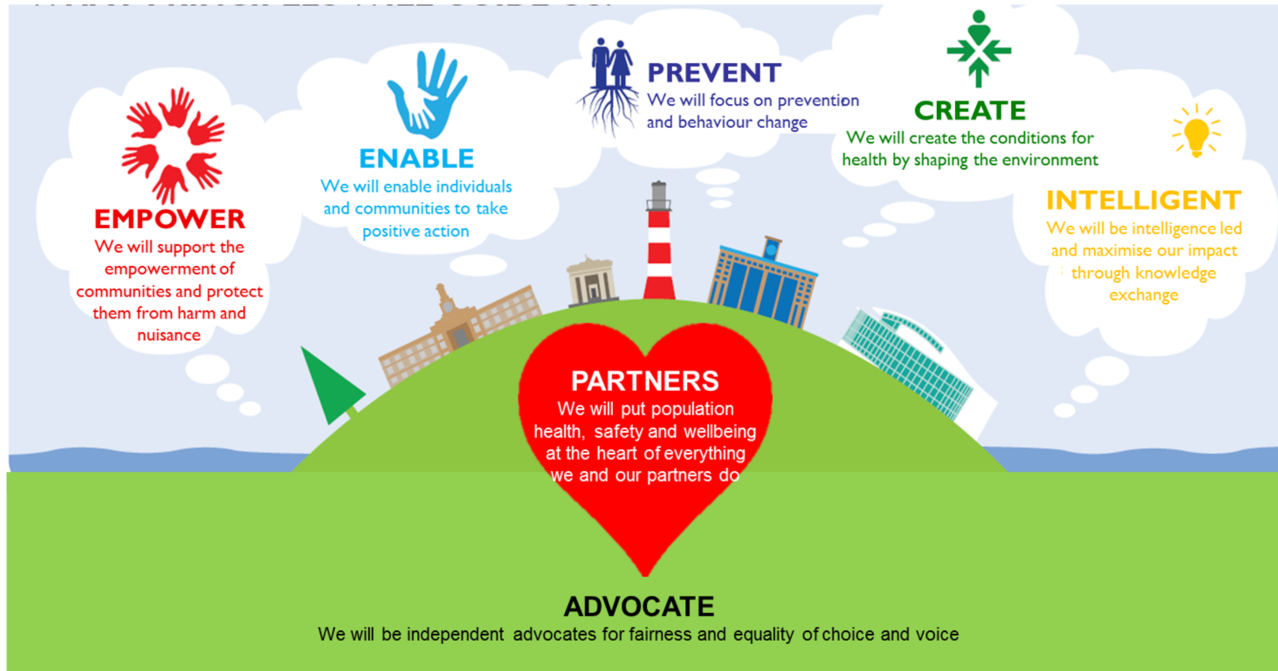

Figure 1 These are the principles that guide the work of the ODPH

APPENDIX I BUDGET 2018/19

		Budget 2017/18	Budget 2018/19			
Department	**Division**	**Net Budget**	**Cost Increases**	**Savings**	**Other Savings**	**Net Budget**
Public Health	Prescribed Functions	8.033	0.000	0.000	0.000	8.033
	Non-Prescribed Functions	7.702	(0.405)	0.000	0.000	7.297
	ODPH Funding Streams	(15.735)	0.405	0.000	0.000	(15.330)
Operational and Development	PPS Management	0.059	0.001	(0.003)	0.000	0.057
	PPS Technical Support	0.142	0.005	(0.002)	0.000	0.145
Trading Standards	Trading Standards	0.411	0.013	(0.006)	0.000	0.418
Environ Health (Food & Safety)	Environ Health (Food & Safety)	0.398	0.013	(0.006)	0.000	0.405
Bereavement Services	Contracts Cems & Crems	(1.689)	0.017	(0.078)	0.000	(1.750)
	Cems & Crems Improvements	0.000	0.001	(0.000)	0.000	0.001
Licensing	Licensing	(0.102)	0.010	(0.005)	0.000	(0.097)
Environmental Protection	Neighbourhood & Enviro Quality	0.413	0.016	(0.009)	0.000	0.421
	Enviro Protection & Monitoring	(0.005)	0.000	0.000	0.000	(0.005)
Civil Protection Unit	Civil Protection Unit	0.163	0.005	(0.004)	0.000	0.165
Total Public Health	**Total Public Health**	**(0.209)**	**0.080**	**(0.113)**	**0.000**	**(0.242)**

APPENDIX 2A CORPORATE INDICATORS

APPENDIX 2B BALANCED SCORECARD

Key Performance Indicator (KPI)		KPI Description and Methodology	Reporting Frequency	Latest Data	Current Target 2017/18	Proposed Target 2018/19	Proposed Target 2019/20
Corporate Plan Indicator	Excess weight in 10-11 year olds	The prevalence of excess weight (including obesity) among children in Year 6 (aged 10 – 11 years old). This outcome is measured via the National Child Measurement Programme.	Annual	31.7%	Monitoring only	Monitoring only	Monitoring only
Corporate Plan Indicator	Stop Smoking Service successful quit attempts	The number of people who engage with the Stop Smoking service and set a quit date, with successful quit attempts measured at four weeks.	Quarterly	45%	35%	35%	35%
PPS1	% of confirmed food poisoning/ infectious disease that are investigated	This indicator offers reassurance that confirmed food poisoning and infectious diseases are the subject of investigation. Calculation method - Number of food poisoning and infectious disease incidents investigated during the period divided by the number of Number of food poisoning and infectious disease incidents scheduled to have been investigated during the period.	Quarterly	100%	-	100%	100%
PPS2	% of food	Every year we have	Annually	TBC	-	Maintain	Maintain

	premises identified as high risk that have been subject to an inspection	an inspection programme to meet the requirements of the Food Standards Agency's statutory programme. Due to resourcing we are unable to comply with the statutory code, so we have set this target and put measures in place to ensure we direct our attention to the highest risk food safety premises. Calculation method - Number of high risk premises subject to an inspection during the period divided by the Number of high risk premises scheduled for inspection during the period.				2017/18 out-turn	2017/18 out-turn
PPS3	% of scheduled food safety compliance inspections undertaken	Calculation method - Number of compliance checks completed during the period divided by the number of compliance checks that were scheduled to have been completed during the period.	Biannually	80.0%	-	80.0%	80.0%
PPS4	% of unsatisfactory food samples followed up	We procure food samples anonymously and also as part of food inspections. Where food samples fail laboratory tests, we aim to follow up all of them. Calculation method - Samples followed up during	Quarterly	100%	-	100%	100%

		the period divided by the number of samples that have failed tests scheduled to be followed up during the period.					
PPS5	% of registered food businesses that haven't received inspection	These are newly registered businesses that are waiting to receive their first inspection. A low figure is desirable, as these are businesses that are trading without having ever been inspected. Calculation method - Number of registered businesses not inspected divided by the number of registered businesses.	Quarterly	3.0%	-	3.0%	3.0%
PPS6	% of required food hygiene inspections undertaken within the year	The Food Standards Agency statutory Code of Practice requires us to achieve 100% of our due inspections each year, however our level of resourcing makes this difficult. We are striving to make efficiencies and have changed ways of working to increase the percentage we can achieve this year. Calculation method - Number of food hygiene inspections undertaken during the period divided by the number of food hygiene inspections scheduled	Quarterly	54.0%	-	60.0%	70.0%

		during the period.					
PPS7	% of noise service requests that were closed during the period, and that were closed within expected timescales	Calculation method - Number of noise related service requests closed during the period, and within 112 days divided by the number of noise related service requests closed during the period.	Quarterly	93.0%	-	To maintain 2017/18 out-turn	To increase on 2017/18 out-turn by 1%
PPS8	Number of open noise service requests that have been open for more than 112 days	This indicator is designed to gauge the level of work that remains open within the service. Calculation method - Number of service requests that are open, and have been open for more than 112 days on the last day of the quarter, or nearest appropriate working day.	Quarterly	-	-	TBC	TBC
PPS9	% of environmental service requests that were closed during the period, and that were closed within expected timescales	Calculation method - Number of environmental service requests closed during the period, and within 56 days divided by the number of environmental service requests closed during the period.	Quarterly	82.0%	-	85.0%	85.0%
PPS10	Number of open environmental service requests that	This indicator is designed to gauge the level of work that remains open within the service. Calculation method: The	Quarterly	TBC	-	TBC	TBC

	have been open for more than 56 days	number of service requests that are open, and have been open for more than 56 days on the last day of the quarter, or nearest appropriate working day.					
PPS11	% of criminal referrals and Intelligence reports passed for investigation by the Trading Standards team	Calculation method: Number of Consumer OR Business criminal referrals and Intel reports passed for investigation / Number of consumer OR business criminal referrals & Intel reports received.	Quarterly	52.0%	-	Not to be less than 50.0%	Not to be less than 50.0%
PPS12	% of high priority criminal referral reports investigated by the Trading Standards team	Calculation method - Number of high priority reports investigated divided by the number of high priority reports received.	Quarterly	100%	-	100%	100%
PPS13	% of high priority referrals from the SCAM team that are supported by Trading Standards.	Calculation method - Number of high priority referrals subject to support divided by number of high priority referrals.	Quarterly	100%	-	100%	100%
PPS14	% of premises tested that sold age restricted products illegally	Calculation method - Number of premises that sold to an underage customer divided by the number of tests undertaken by the Trading Standards team.	Quarterly	0	-	15.0%	15.0%

PPS15	% of roadside taxi checks failed	This indicator measures the percentage of taxis that fail their roadside check. Calculation method - Number of roadside check failures divided by the number of roadside checks undertaken.	Quarterly	47.0%	-	To decrease the 2017/18 out-turn by 3% points	To decrease the 2017/18 out-turn by 6% points
PPS16	% of High Risk Health and Safety accidents that are investigated by the Licensing team	All Health and Safety service requests are triaged to ensure that only those of evident concern are investigated. The service will investigate 100% of high risk accidents.	Quarterly	100%	-	100%	100%
PPS17	% of scheduled cremator inspections that are undertaken as planned	This indicator provides an assurance that each cremator in Plymouth receives it's scheduled inspection and maintenance. Calculation method - Number of inspections undertaken during the period divided by the scheduled number of inspections during the period.	Quarterly	-	-	100%	100%
PPS18	Unscheduled Cremator downtime	This measure has a cost implication for the local authority and measures the number of days that a cremator is out of action. A downtime day is when a crematorium is out of action, and that the out of action period is not	Quarterly	14	-	10	10

		scheduled. No calculation method.					
PPS19	% of funerals cancelled by Plymouth City Council	This indicator measures the percentage of all cancelled funerals that were cancelled as a result of Plymouth City Council. Calculation method - Number of funerals cancelled by Plymouth City Council divided by the Number of funerals cancelled. There is no calculation method.	Quarterly	-	-	0.00%	0.00%
PPS20	% of multi-agency preparedness, and information sharing meetings that are held as planned	Lead multi-agency meetings Plymouth Emergency Responders Forum, Cattedown Emergency Planning Forum, and Tamar Estuaries Emergency Planning Forum. Attendance at multi-agency preparedness, and information sharing meetings (reference Chapters 2 and 3 of the Emergency Preparedness Guidance). Calculation method - This indicator measures the percentage of these meetings that are planned and go ahead.	Quarterly	-	-	100%	100%
PPS21	% of Strategic and Tactical	Mechanisms - ELearning, site awareness	Quarterly	-	-	-	-

	commanders who attend Emergency Preparedness events during the quarter	visits, Plymouth hazard tours, tactical and strategic command visits, exercising, 1:1/ collective briefings, counter terrorism briefings, delivery of annual training/ refresher program, quarterly report to CMT. Calculation method - Number of commanders who attend Emergency Preparedness events during the period divided by Number of Emergency Preparedness events.					
PPS22	Review and assess the Resilience Capability Survey (RCS) 2017	This measure simply reports whether we have undertaken an annual review of the Resilience Capability Survey. There is no calculation method.	Annually	YES	-	YES	YES

APPENDIX 2B INTEGRATED HEALTH AND WELLBEING SCORECARD

Full report to be submitted; performance by exception charts copied below

1. WELLBEING

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Place health improvement and the prevention of ill health at the core of our planned care system; demonstrably reducing the demand for urgent and complex interventions and yielding improvements in health and the behavioural determinants of health in Plymouth								
CCGOF Referral to Treatment waiting times (patients seen within 18 weeks on incomplete pathway (%)	Percentage	Dec-17	N/A	84.8%		81.3%		High is good
NHSOF Estimated diagnosis rates for Dementia	Percentage	Dec-17	N/A	59.6%		60.1%		High is good
In hospital Falls with harm	Percentage	Dec-17	N/A	0.24		0.36		Low is good

2. CHILDREN AND YOUNG PEOPLE

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Keep our Children and Young People Safe: ensure effective safeguarding and provide excellent services for children in care								
Referrals carried out within 12 months of a previous referral (Re-referrals)	Percentage	2017/18 Q3		33.5		28.2		Low is good
Number of children subject to a Child Protection plan	Count	2017/18 Q3		371		338		Low is good
Number of Children in Care	Count	2017/18 Q3		406		411		Low is good
Number of Children in Care - Residential	Count	2017/18 Q3	N/A	27.0		39.0		Low is good
Timing of Children's Single Assessments (% completed within 45 working days)	Percentage	2017/18 Q3		94.9		70.6		High is good

3. COMMUNITY

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Provide integrated services that meet the whole needs of the person by developing: • Single, integrated points of access • Integrated support services & system performance management • Integrated records								
Number of households prevented from becoming homeless	Count	2017/18 - Q3	N/A	299		175		High is good
Average number of households in B&B per month	Count	2017/18 - Q3	N/A	32.0		57.0		Low is good
Reduce unnecessary emergency admissions to hospital across all ages by: • Responding quickly in a crisis • Focusing on timely discharge • Providing advice and guidance, recovery and reablement								
Proportion of people still at home 91 days after discharge from hospital into reablement/ rehabilitation services	Percentage	2017/18 - Q3	N/A	88.0		84.0		High is good
Improving Access to Psychological Therapies Monthly Access rate	Percentage	Dec-17	N/A	1.17		0.90		High is good
Improving Access to Psychological Therapies Recovery rate rate	Percentage	Dec-17	N/A	35.80		47.40		High is good
A&E four hour wait	Percentage	Dec-17	N/A	84.36%		79.29%		High is good
Emergency Admissions to hospital (over 65s)	Count	Dec-17	N/A	1,387		1,371		Low is good
Discharges at weekends and bank holidays	Percentage	Dec-17	N/A	18.22%		19.09%		High is good
Rate of Delayed transfers of care per day, per 100,000 population	Rate per 100,000	2017/18 - Q3		16.4		22.7		Low is good
Rate of Delayed transfers of care per day, per 100,000 population, attributable to Adult Social Care	Rate per 100,000	2017/18 - Q3		7.9		11.9		Low is good
Provide person centred, flexible and enabling services for people who need on-going support to help them to live independently by:• Supporting people to manage their own health and care needs within suitable housing • Support the development of a range services that offer quality & choice in a safe environment • Further integrating health and social care								
People helped to live in their own home through the provision of Major Adaptation	Count	2017/18 - Q3	N/A	59		77		High is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 65+)	Rate per 100,000	2017/18 - Q3		125.9		116.7		Low is good
Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (aged 18-64)	Rate per 100,000	2017/18 - Q3		1.8		2.4		Low is good

4. ENHANCED AND SPECIALIST

Indicator	Measure	Most Recent Period	Benchmark	First Value of Graph	Graph	Last Value of Graph	Trend	Comments
Provide high quality, safe and effective care, preventing people from escalating to, or requiring, urgent or unplanned care								
Percentage of CQC providers with a CQC rating of good or outstanding	Percentage	2017/18 - Q3		84.0		73.0		High is good

APPENDIX 2C PHOF INDICATOR REPORT

Full PHOF report is available; this shows the February 2018 quarterly report areas where Plymouth scores significantly worse than England. Narrative is available in the full report for many indicators.

Name	Rank (1=best 16= worst)	Index (100 best, 0 worst)	Last 5 periods of data (Red- Worse, Green- Better, Amber- Not Different & White- Not Applicable)	Trend exported from the PHOF
0.1i - Healthy life expectancy at birth	7	72		Cannot be calculated
0.1i - Healthy life expectancy at birth	15	5		Cannot be calculated
0.1ii - Life expectancy at birth	1	100		Cannot be calculated
0.1ii - Life expectancy at birth	5	89		Cannot be calculated
0.1ii - Life expectancy at 65	6	78		Cannot be calculated
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole	1	100		Cannot be calculated
0.2iv - Gap in life expectancy at birth between each local authority and England as a whole	5	89		Cannot be calculated
1.01i - Children in low income families (all dependent children under 20)	3	78		Decreasing and getting better
1.01ii - Children in low income families (under 16s)	3	79		Decreasing and getting better
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception	15	8		Increasing and getting better
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception	16	0		Increasing and getting better
1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception	12	20		Increasing and getting better
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	13	20		Increasing and getting better
1.02i - School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	13	13		No significant change
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	16	0		Decreasing and getting worse
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	16	0		Decreasing and getting worse
1.06i - Adults with a learning disability who live in stable and appropriate accommodation	16	0		Decreasing and getting worse
1.09ii - Sickness absence - the percentage of working days lost due to sickness absence	15	40		Cannot be calculated
1.12i - Violent crime (including sexual violence) - hospital admissions for violence	4	92		Cannot be calculated
1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like	15	16		Cannot be calculated
2.01 - Low birth weight of term babies	15	6		No significant change
2.02i - Breastfeeding - breastfeeding initiation	5	84		No significant change
2.02ii - Breastfeeding - breastfeeding prevalence at 6-8 weeks after birth - current method	3	92		Cannot be calculated
2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds	13	16		No significant change
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	9	36		Decreasing and getting better
2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)	14	26		No significant change
2.10ii - Emergency Hospital Admissions for Intentional Self-Harm	12	60		Cannot be calculated
2.11iv - Proportion of the population meeting the recommended "5-a-day" at age 15	11	54		Cannot be calculated
2.11v - Average number of portions of fruit consumed daily at age 15 (WAY survey)	10	28		Cannot be calculated
2.11vi - Average number of portions of vegetables consumed daily at age 15 (WAY survey)	8	49		Cannot be calculated
2.12 - Percentage of adults (aged 18+) classified as overweight or obese - current method	10	35		Cannot be calculated
2.15i - Successful completion of drug treatment - opiate users	12	67		No significant change

Name	Rank (1=best 16= worst)	Index (100 best, 0 worst)	Last 5 periods of data (Red- Worse, Green- Better, Amber- Not Different & White- Not Applicable)					Trend exported from the PHOF
2.15iii - Successful completion of alcohol treatment	14	35						No significant change
2.15iv - Deaths from drug misuse	5	38						Cannot be calculated
2.18 - Admission episodes for alcohol-related conditions - narrow definition	3	87						Cannot be calculated
2.18 - Admission episodes for alcohol-related conditions - narrow definition	2	91						Cannot be calculated
2.18 - Admission episodes for alcohol-related conditions - narrow definition	4	74						Cannot be calculated
2.22iii - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check	8	24						Cannot be calculated
2.22iv - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	13	27						Cannot be calculated
2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	11	12						Cannot be calculated
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	7	59						Cannot be calculated
2.24ii - Emergency hospital admissions due to falls in people aged 65 and over - aged 65-79	7	48						Cannot be calculated
3.03xiv - Population vaccination coverage - Flu (aged 65+)	14	17						Decreasing and getting worse
3.03xv - Population vaccination coverage - Flu (at risk individuals)	16							Decreasing and getting worse
3.03xviii - Population vaccination coverage - Flu (2-4 years old)	10	55						Cannot be calculated
4.03 - Mortality rate from causes considered preventable	1	100						Cannot be calculated
4.03 - Mortality rate from causes considered preventable	1	100						Cannot be calculated
4.04i - Under 75 mortality rate from all cardiovascular diseases	8	49						Cannot be calculated
4.04ii - Under 75 mortality rate from cardiovascular diseases considered preventable	10	35						Cannot be calculated
4.05i - Under 75 mortality rate from cancer	3	71						Cannot be calculated
4.05i - Under 75 mortality rate from cancer	10	30						Cannot be calculated
4.05ii - Under 75 mortality rate from cancer considered preventable	2	96						Cannot be calculated
4.05ii - Under 75 mortality rate from cancer considered preventable	7	45						Cannot be calculated
4.08 - Mortality rate from a range of specified communicable diseases, including influenza	14	40						Cannot be calculated
4.08 - Mortality rate from a range of specified communicable diseases, including influenza	14	37						Cannot be calculated
4.09ii - Proportion of adults in the population in contact with secondary mental health services	11	74						Cannot be calculated
4.12i - Preventable sight loss - age related macular degeneration (AMD)	16							No significant change
4.12iv - Preventable sight loss - sight loss certifications	9	39						Increasing and getting worse
4.16 - Estimated dementia diagnosis rate (aged 65+)	1	0						Cannot be calculated

APPENDIX 3 RISK AND OPPORTUNITY REGISTER

LINKS	CURRENT EXISTING MANAGEMENT CONTROLS AND INTERNAL CONTROL MEASURES	ASSURANCES ON CONTROLS / MITIGATION	PREVIOUS RESIDUAL RISK			CURRENT RESIDUAL RATING				ACTION PLAN / FUTURE MITIGATION / ASSURANCE PLAN	HOW WILL PROGRESS BE MEASURED	TARGET DATES
Corporate Plan Performance Framework Outcome - Caring	All areas of work been assessed an prioritised to att focus attention o areas of highest areas have been assessed and we triage system to resources on are greatest risk. H residual risk rem continue to mak efficiencies and c to make progres however we hav from staffing issu corporate suppo IT and Transforn programs.	Food Standards Audit has taken place. An action plan has been agreed and we are working towards completion. An action plan for workplace stress has been produced and we have plans to improve staff wellbeing.	3	5	**15**	3	5	**15**		Continual reassessment of prioritisation system to ensure our targeting of resources is correct. Constant review of intelligence and information to identify trends and emerging risks and to identify efficiencies in ways of working	Customer satisfaction, balanced budgets including income targets, monitoring demand. Staff wellbeing and stress surveys. Benchmarking with other local authorities or providers. Generation of performance score card has been implemented.	

Corporate Plan Performance Framework Outcome - Caring Thrive Plymouth Performance Framework. Updated annually.	Thrive Plymouth framework adopted by full council and reading across in Plymouth Plan and Integrated Commissioning Strategies provides good foundation to achieve prevention in all services and decision making processes.	The Health & Wellbeing Board; Thrive Plymouth integral to the Plymouth Plan Finance and Assurance Review Group review Joint Integrated Commissioning Risk Register quarterly.	4	4	**16**	3	4	**12**	A	Persistent action across the Council required at many levels to tackle inequalities. Continue to work with employers and schools to influence healthier lifestyles and to embed the national One You campaign and 5 Ways to Wellbeing across the city	At the highest level health inequalities can be measured in changes in life expectancy. At the 5 year and 10 year stage we will hope to repeat the Health and Wellbeing survey to give us additional monitoring progress.	Annual launch: October PDH report in March Next review date Oct 2018.

Operational Risks- only higher levels of risks are shown (amber – there are no red). Reduced/edited compared to full excel spreadsheet.

DESCRIPTION OF RISK	CURRENT EXISTING MANAGEMENT CONTROLS AND INTERNAL CONTROL MEASURES	PREVIOUS RESIDUAL RISK RATING	CURRENT RESIDUAL RISK RATING	ACTION PLAN / FUTURE MITIGATION / OPPORTUNITIES TO BE EXPLORED	HOW WILL PROGRESS BE MEASURED (LIST MEASURABLE BENEFITS AND NON QUANTIFIABLE BENEFITS)	TARGET DATE
Failure to deliver public health commissioned services within the reduced public health grant allocation Risk Category: Financial	Close contract and budget monitoring	4 **6**	**6**	Negotiating reduced contract values with current service providers and working collaboratively to co-design services to move forward to deliver prioritised outcomes.	Reduced contract costs . Maintained improvement in health of population. Monthly reviews.	Ongoing

								Majority of budget savings have been contractualised. Further savings likely to be needed from contracts to meet cut in PH Grant.		
Potential risks resulting from the fragmented clinical and service governance arrangements between ODPH, CCG and NHSE Area Team with regard to drug and alcohol system Risk Category: Operational/Service Delivery	Clinical Governance Forum provides integrated oversight providing high level partnership working and consistency across what is a fragmented system	3		**5**			**5**	Public Health intends to develop a preventable deaths strategy for Plymouth to give assurance in this last remaining area of clinical governance in preventable deaths due to national rises in drug and alcohol deaths. The strategy will support development of more robust methods of monitoring, investigation and oversight in Plymouth		
Risk of financial loss due to new market entrant (crematoria) within or near Plymouth, particularly South West Devon Risk Category: Financial	Investment decision being investigated to secure long term future of service	3		**5**			**5**	Further analysis of customer base and geographic draw to better understand potential financial impact. Land negotiations progressing for new crematoria, with a business case expected to be delivered in November 2017		31/12/2017

Risk of personal injury from unsafe headstones due to lack of rigor in headstone audit programme and recording (PCC sites and closed churchyards) because of reduced staffing levels and training Risk Category: Compliance, Regulation & Safeguarding	Safe system of work. Unstable headstones then marked and owner notified before "laying down" Workforce development programme will train staff	3		**5**			**5**	Every grave to be entered on the system to enable recording Staff training rolling programme to be introduced Parks staff process induction to be agreed and implemented. Currently 50% of the headstones in Plymouth have been checked as of Oct 2017		31/12/2017
Failure to deliver Plymouth City Council's identified critical services in an emergency Risk Category: Operational/Service Delivery	Department recovery plans new template and reviewed every 6 months.	3	5	**15**	3		**5**	In addition to existing mitigation regular testing and validation of departmental plans is ongoing Preparation of a corporate eLearning package has been completed and rolled out. Responsible officer leads Business Continuity Planning in the Local Resilience Forum and regularly identifies good practice	Plans updated every 6 months. BCSG meet when a threat presents	Ongoing
An increasing number of criminal referrals from citizens advice are going uninvestigated and are closed off as intelligence only due to **lack of capacity within Trading Standards team**	All complaints triaged. Priority based on vulnerability of victim, scale of consumer detriment, issues involving public safety	4	4	**6**	3		**2**	Since 2012 Trading Standards has lost 25% of its establishment. Attempting to recruit staff to fill three vacant posts which if recruited will take Trading Standards back to minimum staffing levels. Exploring alternative ways of delivering the service with	Despite recruiting 3 new posts, there is still only minimal capacity within the Trading Standards team	Ongoing

Risk Category: Operational/Service Delivery								partners		
Failure to provide legally mandated open access sexual and reproductive health services due to financial pressures leading to unplanned conceptions and unmanaged sexually transmitted infections Risk Category: Financial	Enhanced contract activity monitoring	3	4	**2**	3		**2**	Provide assurance to SLT through monthly and quarterly monitoring of service activity to identify trends and emerging risks. Currently working with providers on system optimisation programme to redesign sexual and reproductive system to promote self-management, make best use of new technologies and achieve cost efficiencies	Reduced contract costs and on-going system optimisation work to achieve efficiencies	31/12/2017
Risk of reputational damage and financial loss due to failing to deliver crematoria services at venue of choice or delays in resuming service within reasonable time frame due to critical failure of crematoria equipment because of aging equipment and difficulties sourcing parts and maintenance provider response time	Condition survey undertaken Maintenance contracts being reviewed to agree SLA on response times. Business continuity planning being reviewed. Short term improvements being planned to reduce risk of failure	3	4	**2**	3		**2**	Business case into investment decision on existing and or new site being drawn up to secure medium to long term solution with modern fit for purpose equipment		Dec-17

Risk Category: Reputation										
Risk of failure of Plymouth City Council to respond to an emergency outside of normal operating hours. Risk Category: Compliance, Regulation & Safeguarding	The Civil Protection Unit provides an out of hours 24/7 365 Emergency on call service; only 3 officers out of a team of 5 are on rota. Formal CMT/SMT rota is in place - remains limited voluntary (best endeavours) in most cases. We now have boosted additional number for SMT staff and Tactical Commander and a full comprehensive training program is currently underway.	4	3	**2**	4		**2**	Development of options for formal on call arrangements for appropriate frontline staff, including Union consultation and potential review of role profiles. Research existing Voluntary Cadres in Somerset County Council, Gloucestershire County Council, Cornwall Council and Devon County Council to identify good practice. Then prepare a proposal for the introduction of a Voluntary PCC Emergency Response Team Cadre. Consideration on annual staff incentives to support out of hours on call	Customer value Delivery performance to customer Learning and growth Employee turnover Job satisfaction Training/learning opportunities Regular reporting to ODPH SLT	Ongoing
The **risk of vaccination of social care staff being delayed by care home providers** whilst waiting for the national announcement regarding funding of flu vaccination by NHS England Risk Category: Operational/Service	Maintaining regular communication with care home providers. PCC has developed a Winter Preparedness Toolkit for care homes with Public Health England. This provides up to date guidance regarding the management of	**e w**					**2**	We are waiting for NHS England to confirm arrangements for vaccination of social care staff. This is likely to be in place in mid December 17. We are maintaining regular communications with care home providers through the quality assurance and improvement team and care home lead. Monthly written	We are monitoring flu vaccine uptake on a monthly basis and feed back any issues or concerns via a monthly South West flu teleconference.	Jan-18

Delivery	flu outbreaks and stresses the importance of having staff vaccinated early on in the flu season							updates for progress in Plymouth are sent to the South West Flu Planning Group.		

.

APPENDIX 4 SERVICE STANDARDS

ID	Service Description	Standard for delivery
PPS1	Stray Dog Report	1 working day
PPS2	Request for an Export Health Certificate	72 hours
PPS3	The following are examples of actions that are required to occur within five working days; Response to a dog attack Respond to a reported environmental problem Respond to a Licensing representation Respond to a Noise Nuisance Report Respond to a Health and Safety concern or incident Respond to a food query Respond to a reported rat or mouse problem	5 working days
PPS4	Vehicle Licence Renewal Application	7 working days
PPS5	The following are examples of actions that are required to occur within 10 working days; Approval of a food business Registration of a food business Respond to a food hygiene visit request Respond to a taxi complaint Respond to a change of taxi details	10 working days

Note: Council wide service standards are not reported here but are adhered to across the Directorate.

APPENDIX 5 MANIFESTO PLEDGES 2018/19 – 2022/23

ODPH

o	Theme	Pledge	Portfolio Holder	Lead Department	Strategic / Service Director	Lead Officer
4	Health and Adult Social Care	We will work with the NHS, the third sector and pharmacists to create a network of health and well-being centres across the city to make good health advice available across Plymouth to deliver good health in your high street.	Ian Tuffin	ODPH	Ruth Harrell	Rachel Silcock
9	Health and Adult Social Care	It is a scandal that there are 8,000 people in Plymouth waiting for an NHS dentist. More than 20% of those waiting are children. We will continue to support the inclusion of oral health and hygiene in the child poverty action plan, and we will look to work with the Peninsula Dental School at Plymouth University, the Director of Public Health and dental professionals to provide more dental services in our city. a) We will continue to support the inclusion of oral health and hygiene in the child poverty action plan. b) We will look to work with the Peninsula Dental School at Plymouth University, the Director of Public Health and dental professionals to provide more dental services in our city.	Sue McDonald /Ian Tuffin	ODPH	Ruth Harrell	Rob Nelder
2	Greener Cleaner City	We will work with responsible dog owners to campaign for zero tolerance of dog mess on our pavements and fine those owners who do not clean up after their dog. - **PRIORITY PLEDGE (TOP 5)**	Sue Dann	ODPH - Environmental Protection	Ruth Harrell	Nicola Horne