

Public Document Pack



SCRUTINY COMMISSION FOR HEALTH ISSUES

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Page No

7. Introduction to Public Health

3 - 28

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Delivering Public Health in Peterborough

Business Plan

2013 - 2014

v0.2

29th May 2013

Contents

1. Introduction and purpose	3
2. Fair Society, healthy lives	3
3. Public Health England Priorities	4
4. Transformational change to improve health outcomes	4
4.1. Joint strategic needs assessment and health and wellbeing strategy	5
4.2. public health outcomes framework	5
5. Role and Functions of Public Health	6
5.1. Public Health Staff	6
5.2. Public Health Specialist Healthcare Advice & Public Health Intelligence.....	6
5.3. Public Health improvement Delivery	7
5. Finance and resources	7
6. Vision and Objectives For 2013/14.....	9
6.1 2013/14.....	9
7. Conclusion	9
Appendix A – Delivering the Public Health Business Plan: 2013/2014	11
Appendix B – Public Health Roles & Functions.....	20
Appendix C – PH Outcomes Framework	22
Appendix D– public health england priorities	23
Appendix E– References	24
Appendix F– PH Organisational Structure	26

1. INTRODUCTION AND PURPOSE

Local authorities (LAs) now have the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, working together with health services to ensure the effective promotion of population health. Local political leadership will be central to making this work.

The NHS will continue to play a full role in providing care, tackling health inequalities and ensuring every clinical contact counts.

Most local Public Health roles and functions in Peterborough transferred successfully to Peterborough City Council on 1 April 2013. Others transferred to Public Health England. This Business Plan and its related operational detail refer to the work that will be delivered through Public Health within the Council and covers the period from April 2013 to March 2014. The Plan aims to provide a mechanism through which existing strategic and operational work continues during the first full year following transition, and outlines the Public Health work programme.

The Public Health team are committed to ensuring that this Business Plan respects, protects and gives due regard to the health and wellbeing needs of disadvantaged groups specified within the Equalities Act (2010). Through the priorities identified within this Plan, key themes regarding the needs of specific groups with protected characteristics as identified within the Act are addressed. Services commissioned and delivered will reflect these needs through the embedding of the principles of equality, diversity and inclusiveness.

2. FAIR SOCIETY, HEALTHY LIVES

The national context for Public Health reforms, and our starting point, is the Marmot Review: Fair Society, Healthy Lives (2010). In this report Professor Marmot identifies six objectives, four of which underpin the Public Health white paper: Healthy Lives, Healthy People (DH, 2010). He states that reducing health inequalities is a matter of fairness and social justice. In England, people who currently die prematurely each year as a result of health inequalities could have enjoyed up to 2.5 million extra years of life. Reducing health inequalities requires action on six policy objectives:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all

- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention.
- Action required by central and local government, NHS, the third and private sectors, community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.
- Effectiveness requires participatory decision-making at local level. This can only happen by empowering individuals and local communities

3. PUBLIC HEALTH ENGLAND PRIORITIES

Public Health England (PHE) exists to serve the public through the public health system, a system led locally by elected members where responsibility for the public's health sits alongside responsibility for jobs, housing and communities. This system is new – the combination of local government leadership for the public's health supported by an expert national body is a first for England. PHE's aim is to cement a reputation with local authorities for credibility and expertise, as the foundation upon which PHE will help the new system to drive transformation.

Local action will drive sustainable change in the public's health, but PHE are committed to taking action on a national scale where it makes sense, and when it is needed. PHE has identified five high-level enduring priorities. These are listed at Appendix D.

4. TRANSFORMATIONAL CHANGE TO IMPROVE HEALTH OUTCOMES

Through its new duty to promote and protect the health of the population, and through providing public health healthcare advice to NHS Commissioners, the City Council is taking on a major strategic and visionary leading role in influencing and direct decision-making concerning health, healthcare and wellbeing in the city. Appendix A: Delivering the Public Health Business Plan includes the areas of responsibility that have transferred to local authorities.

In order to deliver this transformational agenda, it is important that a public health approach is integrated with every council function, its policy and decision-making so that taking action to improve health is an automatic part of the work and culture of every department, section, team and individual.

4.1. JOINT STRATEGIC NEEDS ASSESSMENT AND HEALTH AND WELLBEING STRATEGY

The Joint Strategic Needs Assessment (JSNA) will be refreshed this year, and as part of the refresh process work with partners will be undertaken to ensure that the JSNA is in a format that is accessible to both to commissioners and other who wish to understand more fully how social determinants impact on health outcomes. This refresh will also support the Health and Wellbeing Board to deliver its Joint Health and Wellbeing Strategy (JHWS) that starts to integrate local commissioning strategies, ensuring a community-wide approach, and aligns public health responsibility with the many levers to tackle the wider determinants of health and health inequalities.

The priorities within the JHWS are as follows:

i) Securing the foundations of good health - Objective Ensure that children and young people, including those with complex needs and disabilities have the best opportunities in life to enable them to become healthy adults and make the best of their life chances.

ii) Preventing and treating avoidable illness - Objective Narrow the gap between those neighbourhoods and communities with the best and the worst health outcomes, whilst improving the health of all

iii) Healthier older people who maintain their independence for longer - Objective Enable older people to stay independent and safe and enjoying the best possible quality of life

iv) Supporting good mental health - Objective Enable good child and adult mental health through effective, accessible mental health promotion and early intervention services.

v) Better health and wellbeing outcomes for people with life-long disabilities and complex needs - Objective Maximise the health and wellbeing and opportunities for independent living for people with life-long disabilities and complex needs. This is through robust, integrated care pathways, care planning and commissioning arrangements from early years into adulthood and old age

4.2. PUBLIC HEALTH OUTCOMES FRAMEWORK

The Public Health Outcomes Framework sets out key indicators of public health from the wider determinants of health through to effectiveness in reducing premature mortality. Overall goals are to increase healthy life expectancy and reduce health inequalities. A one page summary is attached at Appendix C. All public health activity and spend, commissioned and

directly delivered, has been mapped to the PH Outcomes Framework. This can be seen at Appendix A: Delivering the PH Business Plan.

5. ROLE AND FUNCTIONS OF PUBLIC HEALTH

The changes to the public health system provide real opportunities to make a significant impact on the health of the population. Central to this is ensuring that the public health system continues to have a highly skilled and motivated workforce across all three domains of public health – health protection, health promotion and healthcare public health – wherever they are in the system.

A major element of the new public health system is the key role to be played by local authorities. From April 2013, councils working in partnership with other stakeholders, including the Local Government Association, Public Health England and Health Education England, will play a critical part in developing the workforce. There will be opportunities to harness the expertise of voluntary and other sectors in improving the health of the local population. Public health expertise will be needed to design, deliver and evaluate public health interventions and programmes. *Healthy lives; healthy people: a workforce strategy* (DH, 2013) has recently been published and spells out the actions that will be taken by partners at national, regional and local level to sustain and further develop the public health workforce.

The Public Health Team in Peterborough is broadly divided into specialist commissioning and delivery functions, which could also be described as strategic and operational. There is synergy and cross over between the two areas. A range of functions required to deliver the public health role now and in the future include those listed in the table at Appendix C.

5.1. PUBLIC HEALTH STAFF

The Joint Director of Public Health did not transfer with other staff from NHS Peterborough and therefore this post is being covered on an interim basis by the AD Public Health with support from the interim Consultant in Public Health Medicine, (pending recruitment to both posts).

Public Health commissioning functions, including the design, development and evaluation of public health interventions are currently being led and overseen by the DPH. Following the transition of commissioning responsibilities from the PCT to the Council, a series of reviews and re-procurements will be undertaken during the next two to 3 years.

5.2. PUBLIC HEALTH SPECIALIST HEALTHCARE ADVICE & PUBLIC HEALTH INTELLIGENCE

The Local Authority Healthcare Public Health Advice Service (HPHAS) is one of five mandated services to be delivered by the Council to the Clinical Commissioning Group (CCG) for Cambridgeshire and Peterborough. This service is delivered jointly by Public Health teams within Cambridgeshire County Council and PCC. The HPHAS will work closely with the CCG Improving Outcomes Unit, and with the Local Commissioning Groups, to deliver evidence based strategic change, innovation and robust evaluation – maintaining a strong and consistent focus on improving outcomes for patients within available resources.

The Public Health Intelligence team (PHI) provides a specialised public health led service enabling the delivery of key products such as the JSNA core dataset, Public Health Outcomes Framework and the Public Health and Health Inequalities dataset. The team supports local public health and health improvement priorities and health needs assessment, health and disease surveillance. PHI's remit involves the collation, distillation and interpretation of health related data and information of all types.

5.3. PUBLIC HEALTH IMPROVEMENT DELIVERY

Specialist skilled staff are involved in the operational delivery of public health services, such as smoking cessation, weight management and other lifestyle change interventions. Accredited health promotion training to City and Guilds level 3 is provided to health and other professionals and members of the community, thus harnessing the expertise of voluntary and other sectors in improving the health of the population. Business support is provided via SERCO. The organisation chart for Peterborough's public health team is at Appendix F.

5. FINANCE AND RESOURCES

The Public Health ring fenced allocation for 2013/2014 is £8.446 million, increasing to £9.2 million in 2014/15.

A full analysis of performance, interventions, contracts, budget and expenditure was completed by officers from PCC and NHSP before the transition. This has provided the necessary detailed due diligence required as part of the transfer of Public Health and is available as a separate document that can be provided if required. The budget breakdown for 2013/2014 is shown below however this may be subject to change as further transitional issues emerge.

Public Health Budget – Overall Figures

£6.86m Service delivery

£0.43m PH overheads (corporate)

£0.56m Commissioning staff costs

£0.04m Operational costs (commissioning)

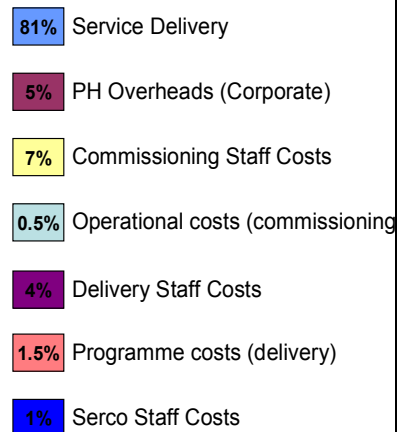
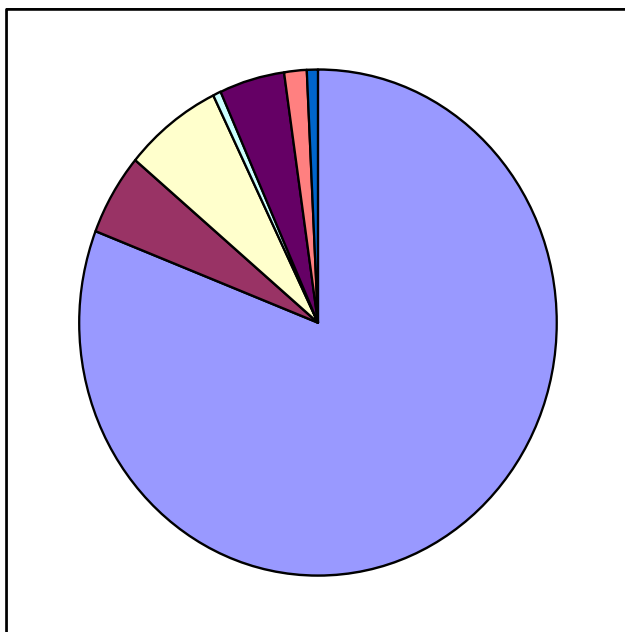
£0.36m Delivery staff costs

£0.14m Programme costs (delivery)

£0.06m Serco staff costs

£8.45m Budget for 2013/14

Public Health Budget



6. VISION AND OBJECTIVES FOR 2013/14

6.1 2013/14

Our vision is: to enable the Council to reduce health inequalities in Peterborough through the successful integration and delivery of Public Health.

The strategic objectives are:

- Successful integration of commissioning functions into the corporate commissioning model
- Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement
- Work with commissioning partners to develop and agree a commissioning framework for children's health services
- Develop and implement a Healthy Lives Strategy, which will include:
 - Delivery through the neighbourhoods function
 - Healthy Weight Strategy
 - Tobacco Control Strategy
 - Localising the PH Responsibility Deal
- Refresh of the Joint Strategic Needs Assessment, focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.
- Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke, Diabetes and Cancers.

We will ensure that there is a specific focus on improving access to public health services for vulnerable people, including Looked after Children and people with learning disabilities.

7. CONCLUSION

This will be an exciting and challenging year for the Public Health Directorate. Reductions in staffing complement, along with unfilled vacancies means that the directorate is under capacity. A priority for the Directorate is to recruit to the DPH and CPHM posts. The proposed development of an integrated commissioning team is the next step on in the plan to integrate Public Health

within the Council, working with colleagues from across the organisation to improve commissioning in order to address effectively health inequalities.

Maintaining focus and motivation in the team will also be a challenge now that the team is split into commissioning and delivery, and based in differing parts of the organisation. The staff group has coped well with the uncertainty of transition and are ready for the challenges that transformational change bring.

Working with and supporting the Health and Wellbeing Board, particularly in relation to the delivery of the first Health and Wellbeing Strategy for Peterborough is a key priority for the Directorate. This strategy and the associated Joint Strategic Needs Assessment underpin our priorities during 2013/2014 and also going forward to 2015.

APPENDIX A – DELIVERING THE PUBLIC HEALTH BUSINESS PLAN: 2013/2014

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
PH001	Tobacco Control & Smoking Cessation	2.9 Smoking prevalence - 15 year olds 2.14 Smoking prevalence - Adults (over 18)	Stop Smoking Service	-	Core delivery team based within Neighbourhoods 13/14 – a focus particularly on achieving the target of 1434 4-week smoking quitters, increasing the number of people quitting smoking as part of ‘Stop before the Op’ in secondary care and reducing the prevalence of smoking in pregnancy	1434 successful smoking quitters
			Pharmacy & GP LIS	£72,000	Contracts for Stop Smoking Services delivered through GP Practices and Pharmacies 13/14 - improve take-up of services and improve quality performance metrics including reduced DNA metric	Specific contract-related targets
			Prescribing Costs	£239,000	For quit smoking related products prescribed within primary care	
			Illicit Sales Prevention	£17,000	Delivering the PH priorities of preventing sales of tobacco and alcohol to under age young people. A	
PH002	Alcohol Misuse	2.18 Alcohol related admissions to hospital	Reducing Alcohol related admissions to hospital	£300,000	Drinksense Contracts (core and HALP contracts) CPFT contract - Alcohol CPN Service (commissioned by PH) 13/14 – Work with the LCGs to extend the HALP Project to incorporate wider	Reducing regular unplanned admission to hospital alcohol related evidencing savings to the

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
					approach to identify and support patients who are very frequent users of emergency and similar services	NHS of £0.25m
PH002a	Drug Misuse	2.15 Successful completion of drug treatment	Young Peoples Drug & Alcohol	£118,000	Drink and Drugsense YP Treatment Service Contract (commissioned by Children's Services) HYPA and Buzz YP alcohol prevention Service delivered through School and after school settings by Drink and Drugsense (commissioned by PH)	Specific contract-related targets
			Adult Drug Treatment Service	£2,508,000	Aspire Adult Drug Treatment Service Contract plus pharmacy based services (commissioned by Neighbourhoods) 13/14 – Work with service provider to improve outcomes in line with agreed trajectory following 12/13 performance issues.	Specific contract related targets Improvement of successful treatment outcomes to England rate of 12.2%
PH003	PH Services for CYP (5-19)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	5-19 Healthy Child Programme	£TBC	CPFT Contract for delivery of School Nursing Service (commissioned by PH) 13/14 – Implementation of 5-19s Healthy Child Programme and National SN Development Programme - this service will be re-commissioned as part of the re-commissioning of wider Children's Health Services Programme in collaboration with other child health commissioners.	Specific contract related outcomes
PH004	National Child Measurement Programme (NCMP)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-	National Childhood Measurement Programme	-	Delivered through the SN Service as part of the SN Contract 13/14 – aim to maintain and improve	Achievement of 95% uptake rate

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
		11 year olds			quality indicators for this service including levels of uptake	
PH005	Tackling Obesity	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	Reducing Childhood Obesity (inc. Carnegie Weight Management Programme for children, and Movers & Shakers)	-	Child weight management programmes delivered by the Live Healthy Team in partnership with Vivacity. (Delivered from within Neighbourhoods) 13/14 – to extend and increase take-up of these programmes, contributing to a reduction in childhood obesity levels at Reception and Year 6.	Specific programme targets
		2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	Reducing Adult Obesity & Increasing Physical Activity (inc. Lets Get Moving and Lets Keep Moving)	£20,000 (LSFT – ext. funding)	Specific programmes aimed at getting people mobile and active, funded as part of the Local Sustainable Transport Fund Plan. 13/14 – extend programmes and join up with existing - eg Full of Beans programme for older people delivered through Age UK ; improve referral and uptake of programmes via Health Checks Programme	Specific programme targets
PH006	Nutrition Initiatives	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	Eat Better, Start Better - training for EYFS Nutrition standards to Children Centres	-	Pilot Project delivered in partnership with PECT, harnessing Love Local initiative and links to PH investment in Children's Centres 13/14 – development and implementation of Love Local; roll-out of early years nutritional standards	Specific programme targets
PH007	Physical Activity	2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green	Reducing Adult Obesity & Increasing Physical Activity	£TBC	CCS Contract – Tiers 1 & 2 Weight Management Programmes; Live Healthy Team delivering Healthy Weight/physical activity interventions.	Specific contract related targets

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
		Space for health & exercise			<p>13/14 – Further development of RSPH accredited training including offer of new Healthy Weight module</p> <p>Development of Community Health Champions Programme and other programmes funded by LSTF funding..</p>	Specific programme targets
PH008	NHS Health Checks	2.22 Take up of NJS Health Check Programme 4.4 Mortality from cardiovascular disease under 75s (rate per 100000)	Delivering NHS Health Checks Programme	£150,000	<p>Delivered through GP contract (commissioned by PH)</p> <p>13/14 Development and implementation of an action plan to extend the roll-out of the Health Checks Programme, including an increased target of 6061 completed Checks and improved data collection and performance metrics</p>	6061 health checks successfully delivered
PH009	PH Mental Health Services (inc. Promotion)	4.10 Suicide Rate (per 100k of pop.) 1.15i Statutory homelessness - acceptances 1.15ii Statutory homelessness - households in temp accommodation	Mental Health Suicide Prevention	£21,300	MIND contract - Advocacy Worker	
			Mental Health - Suicide Prevention	£10,000	Support to Welfare Reform Initiative (delivered through Neighbourhoods)	
			Homelessness Prevention	£31,000	PH priority - Rough sleeper outreach (delivered from within Neighbourhoods)	
					<p>13/14 - Working as a key part of Welfare Reform Initiative (commissioned through Neighbourhoods)</p> <p>13/14 - As above</p> <p>13/14 – As above</p>	
PH010	PH Dental Promotion	4.2 Tooth decay in children aged 5	Incorporated within childhood obesity agenda (PH05)	-		

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
PH011	Accidental Injury Prevention	2.24 Injury due to falls in people (all indicators)	Care & Repair	£31,000	Delivery of PH priority through the Care and Repair Service (delivered by Neighbourhoods)	Specific service targets
PH012	Reduce & Prevent Birth Defects	2.1 Low birth weight of term babies 2.1i Breastfeeding initiation 2.2i Breastfeeding prevalence at 6-8 weeks 2.3 Smoking status at time of delivery 4.1 Infant mortality rate (per 1000)	Improving the health of pregnant women and infants, reducing infant mortality	£8,900	National Childbirth Contract – coordination of breast feeding Peer Supporters; delivery of 1 Baby Café (commissioned by PH) 13/14 - build on successful accreditation at Tier 3 of both the Primary Care Trust/CCG and PSHFT as UNICEF Baby Friendly organisations. Maintenance of this Gold Standard for evidence-based practice is a priority during the post transitional first year.	Maintain and improve Breastfeeding initiation rate by 1% on 12/13 outturn improve Breastfeeding rate at 6-8 week check by 4% to 46%
PH013	Lifestyle Campaigns/Interventions that include Cancer & Long Term Conditions	1.20 Social Connectedness 2.14 Smoking Prevalence 2.11 Diet 2.23 Self reporting wellbeing	Self Care for You Skills programme	-	Continue to develop and deliver Health Improvement Training, accredited to level 3 13/14 – Introduction of additional accredited training modules – mental health awareness and nutrition.	
			Improving Community Health Through Volunteering (Community Health Champions)	-		Number trained; number of active community health champions
PH014	Workplace Health	1.9 Sickness absence rates 4.5 Mortality from cancer under 75s (rate per 100000)	Workplace health programme	-	Workplace Health Programme delivered through the Live Healthy Service 13/14 Support to the Council to sign-up to the Public Health Responsibility Deal building on existing work with local employers. Also development of joint programme to tackle Health Inequalities with Cross Keys Homes under auspices of GPP with a focus on promoting mental health	Specific programme targets, including number of workplaces signed up
PH015	Screening &	2.19 Cancer diagnosed at	Scrutiny and challenge	-	Significant changes to Vaccination	Achievement of

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
	Immunisation and Infectious Disease	stage 1 and 2 2.20i Breast screening coverage (aged 50 – 70) 2.20ii Cervical screening coverage (aged 25 – 64) 3.3 Population vaccination coverage	role		Programmes are being introduced by Public Health England and will be rolled out locally. PH will work closely with PHE/ NHS England to ensure robust plans are developed and implemented 13/14 - MMR national Catch-up Programme will be implemented locally between May and September 2013. Also successful local introduction of new Immunisation and Vaccination Programme changes	national Imm and Vacc targets
PH016	Sexual Health Services/Commissioning	1.12 Rates of violent crime (inc. sexual violence)	Independent Sexual Violence Advocates Service (SVAs)	£100,000	This service is commissioned as part of the Cambridgeshire Community Services (CCS) Contract 13/14 - This service will be re-commissioned during 13/14 as part of major procurement exercise to commission local integrated pathways	Specific contract targets
			Integrated Offender Management	£32,800	Delivery of PH priority tackling inequalities in health experienced by offenders and ex-offenders (delivered within neighbourhoods)	
		2.4 Under 18s conception (per 1000)	Reducing under 18 conception rate	£638,320	CCS Contract for delivery of Contraceptive and Sexual Health Services (commissioned by PH) 13/14 - This service will be re-commissioned as part of major	Maintain progress in reducing the TP rate aiming for 30% fro 12/13 latest of 34%

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
		3.2 Chlamydia diagnosis 15-24 year olds (rate per 1000)	Reducing chlamydia infection in 15-24 year olds		procurement exercise to commission local integrated pathway	2,400/100,000 population aged 15-24
		3.4 People presenting with HIV at a late stage of infection	Improving sexual health (prevention, treatment and care)	£716,000	13/14 PSHFT Contract for delivery of GUM Services (commissioned by PH) 13/14 - This service will be re-commissioned as part of major procurement exercise to commission local integrated pathway.	Specific contract related targets including increase in uptake of HIV testing from 12/13 levels
	Prescribing costs - contraception		£90,000	GP contraceptive additional service and contraceptive prescribing costs by other services		
	HIV Prevention		-	This service has now been integrated as a new service within the CCS contract above 13/14 – This service will be re-commissioned as part of the exercise above.		
PH017	Reduction in Excess Deaths through Seasonal Mortality	4.03 Mortality from causes considered preventable	Winterwise advice and information	- £23,000	Age UK contract novated (commissioned by PH) 13/14 – This service will be reviewed as part of wider review of advice and information services currently commissioned by PCC	Specific contract related targets
			Seasonal Campaigns	- (LSTF – ext. funding - £10,000)	Full of Beans (also part of AGE UK contract) 13/14 – This service will be reviewed as part of the wider review of advice and information services currently being commissioned by PCC.	Increase in referrals to PH services
PH018	Health Protection	3.6 Public sector orgs with board approved	Emergency preparedness &	-	13/14 - Development and delivery of approved organisational and	Comprehensive plans in place

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
		management plan 3.7 Comprehensive agreed interagency plans for responding to public health	business continuity		interagency plans, including assurance that new systems are robustly established following NHS transition (PH led).	
PH019	Promotion of Community Safety, Violence Prevention and Emergencies	1.11 Domestic Abuse	DV Outreach Service	-	DV contract with Women's Aid for delivery of IDVA Services, MARAC Coordinator and DV Coordinator (commissioned by Neighbourhoods) 13/14 – re-procurement of DV services	Specific contract related targets
			Reducing the impact of Domestic Abuse	£250,000		
PH020	Social Inclusion & Community Development	1.4 First time entrants in youth justice system by 18 years old 1.5 16-18 year olds NEET	Development & delivery of healthy lifestyle interventions for young people	-	Delivery of Youth Health Champions Programme (recruitment, training and support to young people) within young people's settings by Live Healthy Service (within Neighbourhoods) 13/14 – develop integrated approach alongside other Council initiatives working with young people, with a particular focus on mental health awareness	Specific programme targets
			Neighbourhood Management	£96,000	Community engagement and involvement in delivering PH priorities (delivered within Neighbourhoods)	
		1.20 Social Connectedness 2.14 Smoking Prevalence 2.11 Diet 2.23 Self reporting wellbeing	Social Connectedness	£58,000	Social Inclusion lead, welfare reform and tackling poverty (Delivered within Neighbourhoods)	
		NACRO	£35,200	Tackling health inequalities through improving offender health and those at risk of offending (commissioned by Neighbourhoods)		
PH021	Environmental Risks	1.14i % of population affected by noise (no. of complaints)	Air Pollution	£17,000	Delivering against PH priorities through Environmental Health Service (within Neighbourhoods)	
PH022	PH Advice	-	PH Network	£96,000	Delivering the mandated PH advice Service to the Clinical Commissioning Group	Delivery of new services as agreed within the

Ref.	LA PH Functions	PH Outcomes	Programmes /Interventions	Planned Spend 13/14	13/14 Delivery	Target
					13/14 –establish and develop working relationships within new jointly delivered PH Healthcare Advice Service; Review of Pharmaceutical Needs Assessment; Develop and implement plans for the refresh of Joint Strategic Needs Assessment (JSNA)	MoU JSNA refresh delivered PNS review undertaken and report provided to H&WB

APPENDIX B – PUBLIC HEALTH ROLES & FUNCTIONS

<p>DPH (statutory responsibilities)</p>	<ul style="list-style-type: none"> • Be jointly appointed by the Secretary of State (SoS) for Health and the LA • Responsible for exercising the LA's new public health functions • Act as lead officer for health within the LA, championing health across the whole of the LA's business • Produce an annual report on the health of the local population • Statutory member of the Health and Wellbeing Board • Work with the local criminal justice partners and the new Police and Crime Commissioners to promote safer communities • Ensure plans are in place to protect the health of the population • Be a critical partner in ensuring that there are integrated health and wellbeing services across the locality • Health protection: <ul style="list-style-type: none"> ○ Expert input into infection control, communicable disease control and outbreak management ○ Ensuring plans are in place to protect the health of the population ranging from small scale outbreaks to full scale emergencies, providing advice, challenge and advocacy to protect the local population, working with Public Health England ○ Ensure plans are in place for immunisation and screening (cancer and non-cancer screening) as well as control of infection, including those that are healthcare associated • Faculty of Public Health training programme location for specialist registrars
<p>Public Health specialist advice (including knowledge management)</p>	<ul style="list-style-type: none"> • Working to secure health gain across contracts and service specifications • Value for money, defining health outcomes • Advising commissioners on the use of incentives and quality frameworks • Public health specialist input to the commissioning of health care services • Strategic planning and needs assessment • information analysis and high quality health intelligence to improve local understanding of health needs, including the JSNA • Understanding/advising on health impact assessment, health needs assessment and similar analytical skills to improve the commissioning of more equitable service delivery • Management and coordination of public health data • Critical appraisal of published evidence on preventative interventions • Population segmentation and customer insight • Designing and advising on the commissioning of programme and service evaluation • Predictive modelling and risk assessment (horizon-scanning) • Health economics and programme budgeting • Provision of data to support service redesign processes, prioritisation setting and similar
<p>Public Health Commissioning</p>	<ul style="list-style-type: none"> • Strategic planning and needs assessment • Development of business cases • Budget management

	<ul style="list-style-type: none"> • Facilitating user/community involvement in policy making, service redesign and planning, integrating patient pathways across settings such as health and social care • Influencing commissioning strategies and service redesign to ensure preventative approaches are embedded • Market shaping to support innovation and service development to encourage early intervention and prevention • Commissioning of services to meet the needs of marginalised groups • Prioritisation of interventions to address health improvement needs, based on evidence of effectiveness • Commissioning public health services including lifestyle services and interventions that address the wider determinants of health • Lead the development and implementation of local strategy to increase public health skills and competence
<p>PH Delivery (Healthy lifestyles programmes)</p>	<ul style="list-style-type: none"> • Unleashing talents through community engagement • Accessing vulnerable and marginalised groups, including targeted interventions, e.g. for Tuberculosis • Stop Smoking Service • Childhood and family weight management programmes • Health Trainer, health champion and self care programmes • Accredited training centre to City and Guilds level 3 • Health promotion campaigns including local coordination of national campaigns • Physical activity programmes • Health Checks Programme

APPENDIX C – PH OUTCOMES FRAMEWORK

Vision	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.	
Outcome measures Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life. Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).	
1 Improving the wider determinants of health	2 Health improvement
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators Children in poverty School readiness Pupil absence First time entrants to the youth justice system 16-18 year olds not in education, employment or training People with mental illness or disability in settled accommodation People in prison who have a mental illness or significant mental illness Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness Sickness absence rate Killed or seriously injured casualties on England's roads Domestic abuse Violent crime (including sexual violence) Re-offending The percentage of the population affected by noise Statutory homelessness Utilisation of green space for exercise/ health reasons Fuel poverty Social connectedness Older people's perception of community safety	Indicators Low birth weight of term babies Breastfeeding Smoking status at time of delivery Under 18 conceptions Child development at 2-2.5 years Excess weight in 4-5 and 10-11 year olds Hospital admissions caused by unintentional and deliberate injuries in under 18s Emotional wellbeing of looked-after children Smoking prevalence – 15 year olds Hospital admissions as a result of self-harm Diet Excess weight in adults Proportion of physically active and inactive adults Smoking prevalence – adult (over 18s) Successful completion of drug treatment People entering prison with substance dependence issues who are previously not known to community treatment Recorded diabetes Alcohol-related admissions to hospital Cancer diagnosed at stage 1 and 2 Cancer screening coverage Access to non-cancer screening programmes Take up of the NHS Health Check Programme – by those eligible Self-reported wellbeing Falls and injuries in the over 65s
3 Health protection	4 Healthcare Public Health and preventing premature mortality
Objective The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators Air pollution Chlamydia diagnoses (15-24 year olds) Population vaccination coverage People presenting with HIV at a late stage of infection Treatment completion for tuberculosis Public sector organisations with board-approved sustainable development management plans Comprehensive, agreed inter-agency plans for responding to Public Health incidents	Indicators Infant mortality Tooth decay in children aged five Mortality from causes considered preventable Mortality from all cardiovascular diseases (including heart disease and stroke) Mortality from cancer Mortality from liver disease Mortality from respiratory diseases Mortality from communicable diseases (Placeholder) Excess under 75 mortality in adults with serious mental illness Suicide Emergency readmissions within 30 days of discharge from hospital Preventable sight loss Health-related quality of life for older people Hip fractures in over 65s Excess winter death

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives

To underpin these outcome-focused priorities we will:

6. Promote the development of place-based public health systems
7. Develop our own capacity and capability to provide professional, scientific and delivery expertise to our partners

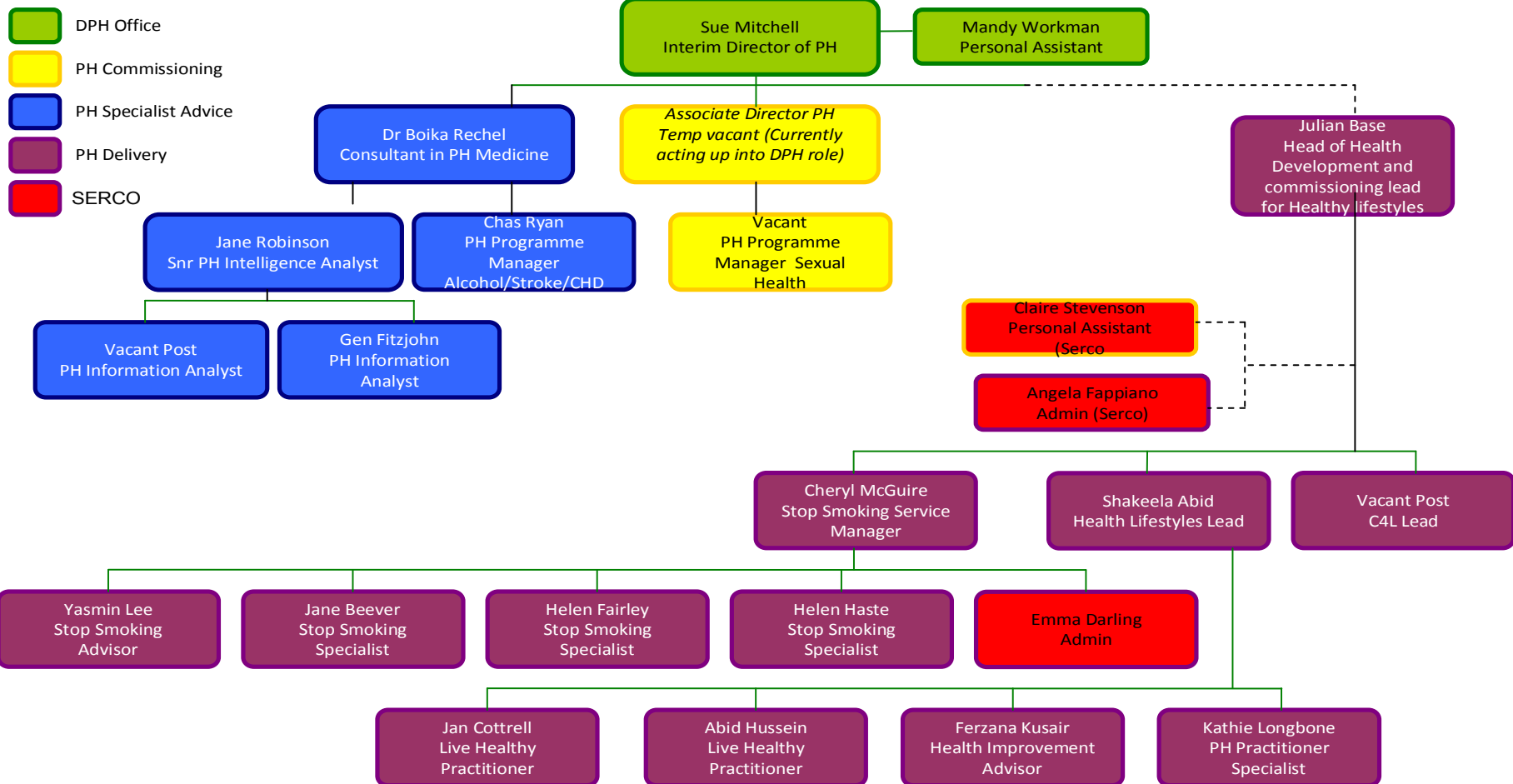
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[NHS Cambs\NHS Cambs PH Transfer Plan.doc](#)
- NHS Peterborough – PH transition plan
[NHS Peterborough\PH Transition plan draft V4 1 17 January 2012 WITH PROJECT PLAN.doc](#)
- LGA – From transition to transformation in public health - A resource to assist the transfer of public health to local authorities, with resource sheets
http://www.local.gov.uk/web/guest/topic-health-adult-social-care-and-ageing/-/journal_content/56/10161/3495380/ARTICLE-TEMPLATE
- LGA – Must-Knows on Health and Wellbeing - These 20 'Must Knows' are designed to provide the key information members need on Health and Wellbeing
<http://www.idea.gov.uk/idk/core/page.do?pagelId=33548410>
- LGA – Health, adult social care and ageing, includes info on HWB
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PH Organisational Structure



28