

Service Plan: Public Health

April 2016 to September 2017

INTRODUCTION:

Public Health is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organized efforts of society”

The overall aim is to:

- Increase healthy life expectancy across our population
- Reduce differences in life expectancy and healthy life expectancy between communities on the Isle of Wight.

Public health is about much more than access to medical help, advice and intervention. Employment, housing, air quality, the availability of opportunities to be physically and mentally active and to eat good food, amongst other things, all directly impact on public health and all are in some way influenced by local authorities.

The Public Health team works in partnership to influence across the whole system and from cradle to grave. We also work to promote action in those factors that determine health and well-being -the determinants of health. Some things about individuals are outside our influence, such as date of birth, gender and hereditary factors. However, there are other factors that can be influenced, such as the conditions in which we live and work, the ability to earn an income and the wider environment surrounding us. These collective factors are known as ‘social determinants of health’.

These different layers are:

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- social and community network interactions with friends, relatives and mutual support within a community that sustain people's health;
- wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.

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The services main work themes for 2016-17 include large, integrated transformational programmes and public health specialist areas:

1. System wide integration and transformation via the My Life a Full Life, Sustainable Transformation Plan (STP) and Devolution programmes.
2. Shifting to self-care self-management via integrated prevention and early-intervention (tier 1 and 2 activities). The person centred Family Wellbeing Platform will be a key part of this (including mandated health checks, SLAs with LA and other partners, smoking cessation services etc)
3. Shifting to community support – improving community networks and resources via the local area coordination programme and effective voluntary sector engagement.
4. Strengthening/reforming/aligning the 3 major commissioned services (0-19 public health nursing, sexual health, and substance misuse).
5. Specialist Public Health mandated functions of Health Protection and Healthcare Public Health (which includes the data and intelligence function, and CCG support through the core offer and professional engagement.)
6. *No Health without Mental Health: Isle of Wight Mental Health Strategy 2014-19.* The CCG and Council have developed with local partners a Mental Health Strategy that looks at mental health and wellbeing on the Island and in particular focuses on vulnerable groups, such as looked after children, people with long term conditions, older people, veterans, and people known to the justice system.

The Service's key priorities are:

- Improve health and wellbeing of adults and older people on the Island;
- Improve health and wellbeing of children and young people on the Island;
- Health Protection; preventing the transmission of communicable diseases, managing outbreaks and the other incidents such as environmental impacts which threaten the public health: Work collaboratively with strategic partners to take forward the Island's five year integrated health and social care plan;
- Provide research, information and intelligence to the council and partners to increase the availability of data to enhance services, target resources and improve health and wellbeing;
- Working with communities using asset based approaches to identify resources, skills and talents of individuals, associations and organisations to help build and strengthen communities
- Build on Public Health capacity and capability through; learning, training, teaching, translational evaluation research & service development

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BUDGET INFORMATION

The table below shows the approved service budget for 2016/17

	2016/17	
	Approved Budget £000	% of total Revenue Budget
Revenue		
Employees (including interim staff for MLAFL delivery, NHS health trainer staff from 1 st April and Local Area co-ordination programme)	1,520	19%
Premises	0	0%
Transport	7	>1%
Supplies & Services	56	1%
Contracts NHS assuming 10% reduction	4,863	61%
Miscellaneous Contracts less remaining savings	984	12%
Other Payments: Funding to IWC (including £500k IWC SLA)	618	8%
Other Payments: Central Support Charges	179	2%
Transfer from Reserves	-288	-4%
Gross Budget	7,939	100%
Fees & Charges	-35	
Other Income PH Grant	-7,904	
Total Income	-7,939	
Net Budget	0	
Capital Budget	0	

The table below shows the revenue savings required for the service in 2016/17.

Savings Activity	2016/17 £
n/a savings identified above are included in ring-fenced budget to meet reductions of £850k in the 2016/17 Public Health grant from Central Government.	849,000
Much of our preventative work for example the health trainers and local area co-ordinators will help other service areas realise their savings targets (in particular adult social care) despite not directly creating savings within our ring-fenced budget.	

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Please note that all lead officer names given below are indicative only of the current main contact for that workstream as at 31st March 2016. Each lead officer is supported by the team of Public Health practitioners and associates who contribute to the success of all these work areas. There have been many changes in staff this year with two staff on maternity leave with another one going in August 2016, and three staff on secondment including those supporting My Life a Full Life, plus interim consultants and backfill in post, so work areas and priorities constantly shift. The highly skilled Public Health workforce are able to work across all of these work areas as required and the lead officer may change during the year.

CORPORATE PRIORITIES

Priority 1: Supporting Growth in the Economy, Making the Island a Better Place and Keeping it Safe

	<i>Responsible Officer</i>
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Ref	Activities	Lead Officer	Start Date	End Date
1.	We will contribute to the building and support of strong, safe and resilient communities through the Local Area Co-ordination Programme	Local Area Coordination Manager	Ongoing	Ongoing
2.	We will ensure the Isle of Wight's best interests are represented through the 'devolution agenda' including the STP with data and intelligence support to bids and strategic development.	Public Health Principal (Information & Intelligence)	Ongoing	Ongoing
3.	We will work with our partners in Community Safety Partnership including providing financial support to the Women's Refuge	Public Health Principal (Health Improvement)	Ongoing	Ongoing
4.	We will work closely with our colleagues across the Council (for example in Housing, Planning, Adult Services and Leisure Services) to contribute to their measures of success and their savings targets.	Head of Public Health Strategy	Ongoing	Ongoing
6.	Through our health protection function we will work with relevant colleagues and partners (such as environmental health, emergency planning and the wider health system) to ensure that our population is protected from a range of threats and hazards which may cause harm to health (including infectious disease).	Public Health Principal (Health Protection)	Ongoing	Ongoing

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Priority 2: Keeping Children Safe and Improving their Education

<i>The council is maintaining significant investment in relation to children's safeguarding and educational improvement</i>	<u>Responsible Officer</u> E Bell
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Ref	Activities	Lead Officer	Start Date	End Date
1.	We will support the safeguarding and protection of children through our 0 to 19 Public Health/ Family Nursing programme (School nurses and Health Visiting).	Public Health Principal (Health Improvement)	Ongoing	Ongoing
2.	We will help ensure the needs and futures of local children are secured through our work with maternity and breastfeeding services.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
3.	We will contribute to effective partnership working through the local safeguarding children's board, the Children's Trust and the Health and Wellbeing Board to ensure better outcomes for children and young people.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
4.	Through our Children's and Young People's survey we will ensure the views, wishes and feelings of children and their families inform what we and our partners and colleagues do.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
5.	We will work in partnership with families and other agencies through our Local Area Co-ordination programme to help children thrive in their homes and communities and try to avoid the need for statutory intervention.	Local Area Coordination Manager	Ongoing	Ongoing
6.	Through our effective leadership and evidence base we will improve the delivery of Personal Social Health Education (PSHE) programmes in schools in line with national guidance and local priorities to help safeguard children and young people.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
7.	We will support the review of school and college places through data support to our colleagues in Hampshire.	Senior Public Health Practitioner	Ongoing	Ongoing
8.	We will work with schools and their catering providers to ensure more children have access to healthy nutritious food to help ensure their needs and futures are secured.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
9.	We will support the safeguarding and protection of children through our commissioned sexual health services, in particular around unplanned pregnancy, Sexually Transmitted Infection (STI) testing	Senior Public Health Practitioner	Ongoing	Ongoing

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	and treatment, identification and referral for Female Genital Mutilation (FGM) and Child Sexual Exploitation (CSE)			
10.	Through our 0 to 19 public health nursing service we work with education welfare and schools to improve attendance where illness is a factor.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
11.	Through our commissioned health visitor service we will work with early years providers to improve school readiness.	Public Health Principal (Health Improvement)	Ongoing	Ongoing
12.	Within the context of the health and wellbeing strategy we will deliver better outcomes for the most vulnerable children in our communities through the commissioning of an integrated substance misuse service which provides support to young people and parents.	Senior Public Health Practitioner	Oct 2014	Oct 2019
13.	Working with Southampton Solent University, EduMove Ltd, the Isle of Wight College, secondary and primary schools to deliver a range of physical activity initiatives (Coaching Innovation Projects) to increase activity levels within schools through physically active curriculums, educational attainment, cognition, enjoyment and engagement to learning, aspiration and wellbeing.	Public Health Practitioner	September 2015	Ongoing

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Priority 3: Protecting the most vulnerable with health and social care, investing in support, prevention and continuing care.

<p>We will ensure that we will develop and implement integrated commissioning and provision that delivers the 5 year vision for health and social care through all our commissioned services (detailed below) Public Health works with partners to keep children and adults healthy & well.</p>	<p><i>Responsible Officer</i></p> <p><i>B Hurley</i></p>
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Ref	Activities	Lead Officer	Start Date	End Date
1.	Within the context of the health and wellbeing strategy we will deliver better outcomes for the most vulnerable members of our communities through the commissioning of an integrated substance misuse recovery system (IRIS)	Senior Public Health Practitioner	Oct 2014	Oct 2019
2.	We will support people to remain healthy and well through our commissioned sexual health services, in particular around unplanned pregnancy, Sexually Transmitted Infection (STI) testing and treatment, and enabling early identification of HIV positive individuals.	Senior Public Health Practitioner	Ongoing	Ongoing
3.	We will ensure that our 0 to 19 Public Health/ Family Nursing programme (School nurses and Health Visiting) is developed in line with the principles of integrated commissioning and provision where possible to contribute to the delivery of the 5 year vision for health and social care.	Public Health Principal (Health Improvement)	Ongoing	Ongoing

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<p><i>We will promote the Health & Wellbeing Strategy to deliver better health outcomes for our communities. We will work with providers including the NHS, voluntary and provider organisations to provide sustainable outcomes.</i></p>	<p><u>Responsible Officer</u></p> <p>A Cameron-Smith</p>
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Ref	Activities	Lead Officer	Start Date	End Date
1.	We will provide strategic leadership and public health advice to the whole health and care system to facilitate effective prevention which will prevent/reduce/delay the need for individuals to access health and social care services and enable them to live independently in their local communities.	Head of Public Health Strategy	Ongoing	Ongoing
2.	We will help to ensure that services are targeted at those with greatest need by developing an evidence base which identifies emerging needs and issues in the local population.	Senior Public Health Practitioner	Ongoing	Ongoing
3.	We will work with providers including the NHS, voluntary and provider organisations to provide sustainable outcomes through support to Vanguard/My Life a Full Life and the integration agenda.	Head of Public Health Strategy	Ongoing	Ongoing
4.	We will lead on three of the ten key workstreams in the My Life a Full Life integration agenda: 1. Prevention and Early Intervention 2. Joint Strategic Commissioning 3. Evaluation	Head of Public Health Strategy	2015	Ongoing
5	Working with partner organisations to deliver the action plans of the Isle of Wight Mental Health Strategy focussing on prevention and early intervention for mental health and wellbeing, improving recovery and access to mental health support and reducing stigma and discrimination through stronger more inclusive communities. Public Health will undertake regular audit of suicide on the Isle of Wight and will work closely with partner organisations to deliver the recommendations of both the audit and Suicide Prevention Strategy.	Senior Public Health Practitioner	ongoing	ongoing

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<i>We are developing our workforce to ensure the necessary skills for new ways of working</i>	<u>Responsible Officer</u> C Foley
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Ref	Activities	Lead Officer	Start Date	End Date
1.	Public Health Workforce Development will lead and support on the application processes, recruitment and mentorship support for the Public Health Practitioner programme and the PH Bursary Scheme. We will lead on the processes of Leadership Development for the PH Team and facilitate and support this within the Local Authority and Partner Organisations. This work will be supported by Health Education Wessex and the Wessex School of Public Health	Senior Public Health Practitioner	01/01/16	Ongoing
2.	We will support the Public Health Team and the wider public health workforce to ensure that national standards for public health workforce development are met and that the public health team are fit for purpose and this can be evidenced within an accredited practitioner registration scheme. This work will be supported by Health Education Wessex and the Wessex School of Public Health	Senior Public Health Practitioner	01/01/16	Ongoing
3.	We will support the wider public health workforce (includes local area coordinators (LAC), staff in libraries, leisure services, 0-19 Early Help services, Adult Social Care; voluntary and community groups and organisations; housing providers and other professionals working in the community) in addition to health trainers, health visitors and school nurses, to equip them with the necessary skills for new ways of working to improve health and wellbeing of the Island's residents and to reduce the medium- and long-term costs to Social Care services for all age groups and to NHS.	Public Health Principal (Health Improvement)	01/01/16	Ongoing

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<p><i>We will support a whole family and community approach which enhances prevention and early intervention in maintaining overall wellbeing.</i></p> <p><i>We focus on the person, while engaging with their families, carers and other agencies who provide support to them.</i></p>	<p><u>Responsible Officer</u></p> <p>B Hurley</p>
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Ref	Activities	Lead Officer	Start Date	End Date
1.	We will support a whole family and community approach which enhances prevention and early intervention in maintaining overall wellbeing, through our Local Area Co-ordination programme.	Local Area Coordination Manager	Ongoing	Ongoing
2.	We will deliver planned stages of the Family Wellbeing Platform (FWP) - the most cost-effective integrated way to deliver a holistic family-centred approach to health improvement on the Isle of Wight that will cumulatively impact on community-wide lifestyle and behavioural norms leading to an improvement in health and wellbeing of the Island's residents and reduction in the medium- and long-term costs to Social Care services and the NHS for all age groups.	Public Health Principal (Health Improvement)	01/04/16	Ongoing
3.	Public Health will co-lead alongside the Sports Unit to restructure the strategic sports network on the Isle of Wight for delivering on the new cross-departmental national sport policy that aims to bring Sport&Physical Activity together to address inactivity and engagement to being more active more often to reduce avoidable health-related diseases through being inactivity and sedentary. This will be guided by embedding Public Health England's 'Everybody Active, Everyday' (2014) framework with partners across sectors and communities.	Public Health Practitioner	December 2015	Ongoing (2020)

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Priority 4: Ensuring that all the Resources Available to the Island are Used in the Most Effective way in achieving the Island's Priorities

<i>Value for money can be demonstrated by the outcomes enabled by every Island pound spent on public services being maximised</i>	<u>Responsible Officer</u> D Barber
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Ref	Activities	Lead Officer	Start Date	End Date
1.	We will support commissioning of services based on statutory duties first, then areas of greatest need through production of the Joint Strategic Needs Assessment and related data and intelligence.	Public Health Principal (Research & Intelligence)	Ongoing	Ongoing
2.	We will provide data and intelligence support to bids for external funding as required, in order to ensure we have the best possible chance of accessing that funding.	Public Health Principal (Research & Intelligence)	Ongoing	Ongoing

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KEY PERFORMANCE INDICATORS:

Performance Measure	Lead Officer	Frequency	Reports to	Actual 2014/15	Projected 2015/16	Target 2016/17
% who are breastfeeding at 6 – 8 weeks	Public Health Principal (EB)	Annual	PHOF	45.8%	47.74%	47%
% of eligible children who have received a 2 ½ year review by a health visitor	Public Health Principal (EB)	Quarterly	PHOF	91%	TBC	95%
% of children who are overweight or obese in year R.	Acting Public Health Principal (DB)	Annual	PHOF	21.3%	23.8%	<22%
% of children who are overweight or obese in year 6.	Acting Public Health Principal (DB)	Annual	PHOF	31.5%	33.4%	<33%
% uptake of NHS health checks (% of those offered who attend) (no 24)	Senior Public Health Practitioner (LG)	Quarterly	PHOF	40.9%	54.5%	50%
% of NHS health checks offered (no 23)	Senior Public Health Practitioner (LG)	Quarterly	PHOF	17.8%	17.4%	20%
% of NHS health checks received (% of total eligible population) (no 17)	Senior Public Health Practitioner (LG)	Quarterly	PHOF	7.3%	9.5%	10%
% achieving weight loss between 5 – 10%	Senior Public Health Practitioner (LG)	Quarterly	PH SMT	432/1032 42%	437/1856 51%	n/a
Numbers stopping smoking after 4 weeks	Public Health Principal (BH)	Quarterly	PHOF	859	305	150
Physical activity - % of active adults	Senior Public Health Practitioner (LG)	Annual	PHOF	55.9%	53.2%	56%

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% of JSNA factsheets updated within last 2 years.	Acting Public Health Principal (DB)	Quarterly	PH SMT	60%	37%	70%
Percentage of opiate clients who have successfully completed treatment and have not re-presented within 6 months	Senior Practitioner (GB)	Quarterly (in arrears)	NDTMS	20/274 7.3%	15/275 5.5%	6%
Percentage of non-opiate clients who have successfully completed treatment and have not re-presented within 6 months.	Senior Practitioner (GB)	Quarterly (in arrears)	NDTMS	35/67 52.2%	15/48 31.3%	32%
Successful completions as a proportion of all in treatment (Alcohol)	Senior Practitioner (GB)	Quarterly (in arrears)	NDTMS	102/300 51%	91/168 54.2%	55%
Family Wellbeing Platform - % of individuals and families supported by the FWP trained practitioners who achieved significant progress towards their health improvement goals (yearly)	Senior Public Health Practitioner (LG)	Annual	PH SMT	New measure	Baseline to be established	70%
Family Wellbeing Platform - Number of families engaged with	Senior Public Health Practitioner (LG)	Quarterly	PH SMT	New measure	New measure	210
Local Area Co-ordination – number of Local Area Co-ordinators recruited and in post	LAC Programme Lead (HR)	Quarterly	PH SMT	0	6	12
Local Area Co-ordination – number of families engaged and on caseload	LAC Programme Lead (HR)	Quarterly	PH SMT	New measure	New measure	360
Chlamydia detection per 100,000	Acting Public Health Principal (CF)	Quarterly	PHOF	1,904	1,525	2,300
Chlamydia detection positivity (%)	Acting Public Health Principal (CF)	Quarterly	PHOF	6.9%	6.9%	7%

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% of Public Health team with Public Health Practitioner Registration	Acting Public Health Principal (CF)	Annual	PH SMT	New Measure	New Measure	50% (aiming to increase)
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Annual assessment takes place against outcome frameworks for the NHS, Public Health and Adult Social Care
 We also have an indirect impact on wider council measures for example in adult social care, or leisure services.

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KEY RISKS

Risks	Ref	Risk Score at March 2016	Target Risk Score
Failure to meet statutory requirements on mandatory services due to financial pressures	PH0003	8	3
Insufficient numbers of skilled and appropriate providers willing to be commissioned.	PH0006	8	5
Uncertainty over ongoing relationships with a changing NHS structure	PH0008	12	9
Effectiveness of clinical governance arrangements within the local authority	PH0010	8	6
Lack of analytical capability for data and evidence production	PH0014	5	3
Risk to ability to deliver local community interventions due to uncertainty over future funding of Local Area coordination service	PH0017	8	3
Inability to access required data sources due to move from NHS to Local Government	PH0018	8	1