

Service:	Public Health
Directorate:	Health, Housing and Adult Social Care
Service Plan Holder:	Assistant Director (Consultant) in Public Health
Director:	Director of Public Health
Cabinet Member:	Executive Member for Adult Social Care & Health
Date Last Updated:	11th July 2018

1.a – Description

The description of the service should include the vision and a summary of the overall service objectives. Please also identify the key customers and other stakeholders of the service

Local authority responsibilities for public health are set out in the Health and Social Care Act 2012 and associated Regulations.

Public health activity is organised into three main domains:

- Health Protection
- Health Improvement
- Healthcare Public Health – support for evidence based commissioning and service improvement

Vision and Summary of overall service objectives

The overall aim for CYC public health is to improve and protect the health of the residents of the City of York. The ambition is to close the gap in health outcomes between the richest and poorest in the City.

Customers

Public Health is a universal service for all of York's residents therefore our customers are every resident of York. However activity is targeted to particular groups who are eligible for public health commissioned services e.g. Healthy Child Service, sexual health and contraception services, alcohol and drug treatment and recovery services, NHS Health Checks etc and those living in deprived communities or whom have protected characteristics to achieve better health gains and narrow the gap in health inequalities

Key Partners

- CYC Officers
- Elected Members
- Vale of York Clinical Commissioning Group
- NHS Trusts
- GP Practices
- Local Medical Committee
- Community Pharmacy North Yorkshire
- North Yorkshire Local Optical Committee
- Community and voluntary sector
- North Yorkshire Police
- North Yorkshire Fire Service Authority
- Office of the Police and Crime Commissioner
- Public Health England
- NHS England
- Health Education England

Higher education particularly Leeds University, Hull University, York University and York St Johns

1.b – Operating Context and Baseline Resources

Please describe the environment in which your services operate, the key strategies and challenges. Use this section to outline the service resources such as workforce, budget and associated risks.

Staff FTEs: 22.40

Net Revenue Budget: £8.18m

Demographic changes:

- Increase in aging population. 14,000 older people live alone. In the next 10 years this is expected to increase to around 16,000 people
- Almost 9,500 older people in York have a long-term health problem and by 2020 this number is expected to rise to more than 10,000
- There are 2,700 older people in the city with dementia, a number set to grow to around 3,500 in the next 10 years.

Key strategies / overarching aims:

- 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
- 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
- Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics. 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

- Reduction in the Public Health budget drives a need to do things differently and move to an enabling way of working rather than providing services to everyone.
- Rising demand for health and social care drives the importance of a preventative approach.

Challenging areas of performance:

- Financial - Delivery of savings proposals when the majority of the budget is tied up in legally binding contracts
- Workforce – Capacity of the team to deliver the service transformation required

2 – Service Improvement Priorities

Provide a headline overview and analysis of key challenges and summarise the key priorities for the service

The vision for public health in York is to move to a ‘fully engaged’ scenario by 2030, whereby individuals, communities, and businesses value health and are engaged in supporting better health outcomes.

Delivery of mandated and non-mandated public health services to residents of York. Priorities include:

- Provision of alcohol and drug treatment and recovery services
- Develop commissioning proposals for re-procurement of sexual health and contraception services
- Oversee the delivery of a new model for 0-19 Healthy Child Service and National Child Measurement Programme integrated into Local Area Teams
- Development of a Joint Strategic Needs Assessment that meets the needs of CYC and the Vale of York CCG to support evidence based commissioning
- Implementation of a Joint Health and Wellbeing Strategy that identifies the priorities for delivery of improved health and wellbeing for residents over the next 5 years
- Strategic leadership of development and implementation of suicide prevention strategy
- Build capacity for public health by embedding a Health in All Policies approach across the council
- Deliver a wellbeing offer for CYC workforce and residents that reduces harms from unhealthy lifestyle choices

Ensure that the City’s major projects have Public Health principles embedded within them

Adult Social Care Provision and Care Management

Section 3 – Actions, Risks and Performance

Table 3.1 – Actions

These should be monitored regularly with ADs and Quarterly via DMT

Reference ID	Priority Theme	Action	Business As Usual (state if statutory) or Major Project	Accountable officer	Completed by date	Milestones / Deliverables
PH002	Delivery of mandated public health services – sexual health	Develop commissioning proposals for re-procurement of sexual health and contraceptive service	BAU Statutory	Public Health Specialist Practitioner Advanced	July 2019	Re-procurement group has been established Re-procurement timeline has been agreed by the group Sexual Health needs assessment has been completed Stakeholder event to take place 19.07.18
PH003	Delivery of mandated public health services – NHS Health Checks	Develop new model for delivery of Health Checks as part of Yorwellbeing Service offer	BAU Statutory	Public Health Specialist Practitioner Advanced	Ongoing	The model for face to face health checks has been developed. In 2017 an online health check was also developed.

						<p>The model will be kept under review as evidence develops and we are also working with York St John University to evaluate the service and the results of this will inform future service development.</p> <p>Results from YSJ evaluation due by May 2018</p> <p>Results now coming through and further work needs to be done on the service model. A turn-around plan is in place to increase referrals into the service.</p>
PH004	Delivery of mandated public health services – Healthy Child Programme 0-5 years and	Develop a new model for delivery of 0-5 Healthy Child Programme and NCMP as part of the Healthy Child Service 0-19 years integrated into Local Area Teams	BAU Statutory	Public Health Specialist Practitioner Advanced	Ongoing	The new model for the delivery of the HCS has been developed and commenced 1 August 2017.

	National Child Measurement Programme					<p>NCMP is being delivered in line with national guidance.</p> <p>Further work with colleagues in CEC for CQC registration.</p>
PH005	Delivery of mandated public health services – Joint Strategic Needs Assessment	Development of JSNA that meets the needs of CYC and the Vale of York CCG to support evidence based commissioning	BAU Statutory	Assistant Director (Consultant in Public Health)	<p>Phase 1 complete</p> <p>Phase 2 ongoing</p>	<p>Phase one of JSNA project to redesign format of JSNA and publish high level challenges relating to each life stage is complete.</p> <p>Next phase of the project is to provide more detailed local level data in order to inform priorities for partners at a LAT or ward level.</p>
PH006	Delivery of mandated public health services – Pharmaceutical Needs Assessment	Development of a PNA that ensures access to appropriate community pharmacy services for residents	BAU Statutory	Assistant Director (Consultant in Public Health)	Completed	<p>Draft PNA has been completed and is now out for consultation.</p> <p>On target to meet the deadline of March 2018 for final document.</p>

						Action now completed.
PH008	Suicide prevention	Strategic leadership of development and implementation of suicide prevention strategy	BAU	Public Health Specialist Practitioner Advanced	Ongoing	<p>A draft suicide prevention strategy has been presented to the Health & Wellbeing Board. It is out for formal consultation, with a view to be launched in September 2018.</p> <p>The Suicide Safer Delivery Group will develop the action plan to implement the strategy and provide regular updates to the HWBB.</p>
PH009	Build capacity for Public Health	Embed Health in All Policies approach across the Council	BAU	Director Public Health	Ongoing	Work has started on developing a public health strategy
PH010	Healthy lifestyles advice and support	Develop a wellbeing offer for CYC workforce and residents that reduces harms from smoking, excess alcohol, physical inactivity etc	BAU	Assistant Director (Consultant in Public Health)	Ongoing	<p>Over 300 health checks delivered to staff.</p> <p>A Health and wellbeing day planned for March 2018.</p>

						<p>A draft workplace health strategy in progress will go to CMT for approval.</p> <p>Strategy will be informed by staff surveys currently in progress.</p>
PH011	Ensure that the City's major projects have Public Health principles embedded within them	Ensure the refurbishment and upgrade of sports facilities at Burnholme community hub as contribution to major project	BAU	Public Health Improvement Manager	Ongoing	<p>The refurbishment and upgrade of the sports facilities is due to start towards the back end of the year following completion of the community building.</p> <p>Vicky is fully engaged with the project working group to ensure Public Health principles are embedded in the project.</p>
PH012	Ensuring there are plans in place to protect residents	Liaising with regional partners to ensure continued surveillance of communicable diseases and screening uptake.	BAU	Public Health Specialist Practitioner Advanced	Ongoing	Attendance by CYC representative at North Yorkshire and CYC joint Health Protection Assurance

	from preventable health threats. Assurance of NHSE commissioned screening and immunisation programmes	Development of robust procedures to respond in the case of outbreaks or emergency situations.				<p>Board has been secured</p> <p>Daily outbreak sitrep received into CYC public health</p> <p>CYC local vaccination, immunisation and screening group established</p> <p>Engagement with North Yorkshire public health team to explore the development of joint health protection plans</p>
PH013	Healthy weight	Strategic leadership of development and implementation of healthy weight strategy.	BAU	Assistant Director (Consultant in Public Health)	Ongoing	<p>Establishment of Healthy Weight Steering group. Strategy produced and agreed. Action plan in place and regular monitoring by steering group.</p>

PH014	Oral Health	Strategic Leadership of Oral Health Improvement Group and Strategy for the city.		Public Health Specialist Practitioner Advanced	Ongoing	<p>Oral Health Advice Group established. Needs Assessment complete.</p> <p>Action plan to take forward recommendations developed.</p>
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Adult Social Care Provision and Care Management

Section 3 – Actions, Risks and Performance

Table 3.2 – Risk Management

These should be monitored regularly with ADs and Quarterly via DMT

Reference ID	Risk	Rating (RAG)	Actions to Mitigate and Correct	Responsible Officer
2152	Lack of capacity to robustly manage contracts for Public Health services	A	Contracts register in place with Forward Plan for re-procurement timeline Compliance with corporate policies & procedures subject to internal audit Category Manager within corporate procurement team attends Public Health DMT on a quarterly basis	Director Public Health
2153	Failure to respond to reduction in budgets	R	Monthly meetings between budget holders & finance Quarterly review of all budgets at PH DMT Evidence based approaches to identify priority services	Director Public Health
2200	No budget or power to protect residents from preventable threats to health	A	DPH is a member of the NY & Y Health Protection Assurance Committee with links into Local Health Resilience Partnership CYC members of the Public Health England led immunisation & screening strategic assurance group Monitoring of data & performance in partnership with Public Health England & escalation to Scrutiny if required	Director Public Health
2110	Health and Wellbeing	A	Health and Wellbeing Board own the strategy and receives reports on progress	Director Public Health

PHR001	Lack of assurance of governance of 5-19 element of the Healthy Child Service	R	Interim Nurse Consultant in Public Health appointed Lead Nurse for Safeguarding appointed Management of the service strengthened through interim line management arrangements pending restructure of the 0-19 Healthy Child Service	Director Public Health
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Adult Social Care Provision and Care Management

Section 3 – Actions, Risks and Performance

Table 3.3 – Performance Indicators

These should form the basis for the indicators that appear on your directorate scorecard available on the KPI Machine and should be monitored regularly with ADs and Quarterly via DMT

Reference ID	Indicator Description	2015/16 Result	2016/17 Result	2017/18 Result	Polarity	Latest Direction of Travel	Responsible Officer	Include
Service Delivery								
EH2	Proportion of population aged 15 to 24 screened for chlamydia	23.60%	22.30%	22.50%	Neutral	Neutral	N/A	Y
HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	-	74.40%	78.30%	Up is Good	Good	N/A	Y
HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	-	21.70%	12.77%	Up is Bad	Good	N/A	Y
HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	-	70.80%	77.09%	Up is Good	Good	N/A	Y
HV04	% of infants being breastfed at 6-8wks	-	30.10%	44.23%	Up is Good	Good	N/A	Y
HV05	% of children who received a 12 month review by the time they turned 12 months	-	16.77%	41.65%	Up is Good	Good	N/A	Y
HV06	% of children who received a 12 month review by the time they turned 15 months	-	70.00%	76.92%	Up is Good	Good	N/A	Y
HV07	% of children who received a 2-2½ year review	-	11.60%	18.55%	Up is Good	Good	N/A	Y
PHOF11	Cumulative % of eligible population aged 40-74 offered an NHS Health Check	38.11%	70.67%	72.50%	Up is Good	Neutral	N/A	Y
PHOF11b	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	39.35%	37.57%	37.40%	Up is Good	Neutral	N/A	Y
PHOF12	Cumulative % of eligible population aged 40-74 who received an NHS Health Check	14.99%	26.55%	27.10%	Up is Good	Good	N/A	Y

EH1	Chlamydia diagnoses (15-24 year olds), per 100,000 population	1682.5	1462	1838	Up is Bad	Neutral	N/A	Y
EH1A	Chlamydia diagnoses (15-19 year olds), per 100,000 population	1,416	-	-	Up is Bad	Good	N/A	Y
EH1B	Chlamydia diagnoses (20-24 year olds), per 100,000 population	1,495	-	-	Up is Bad	Good	N/A	Y
PHOF79	HIV late diagnosis	56.30%	68.80%	-	Up is Bad	Bad	N/A	Y
PHOF06	Under 18 conceptions (per 1,000 females aged 15-17) (Calendar Year)	15.71	20.41	-	Up is Bad	Neutral	N/A	Y
NGPP01	Gap in smoking prevalence rate between adult general population and adults in routine and manual occupations	15.24%	13.19%	-	Neutral	Neutral	N/A	Y
PHOF10	% of women who smoke at the time of delivery	10.80%	12.06%	11.01%	Up is Bad	Neutral	N/A	Y
PHOF20	% of population smoking (routine and manual workers) (APS)	32.48%	28.20%	26.40%	Up is Bad	Good	N/A	Y
PHOF45	% of population smoking (APS)	17.24%	14.63%	12.60%	Up is Bad	Good	N/A	Y
PHOF01	% of physically active and inactive adults - active adults	62.18%	69.83%	70.24%	Up is Good	Good	N/A	Y
PHOF02	% of active and inactive adults - inactive adults	21.57%	17.54%	18.11%	Up is Bad	Neutral	N/A	Y
SSN005	Adult (14+) participation in at least 30 minutes moderate intensity sport per week	41.70%	46.80%	-	Up is Good	Good	N/A	Y
LAPE22	% successful completions from alcohol treatment	31.60%	40.00%	-	Up is Good	Neutral	N/A	Y
PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	5.20%	5.50%	9.39%	Up is Good	Good	N/A	Y
PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	40.10%	31.10%	38.08%	Up is Good	Neutral	N/A	Y
NCMP01	% reception children recorded as being obese	7.03%	8.59%	8.52%	Up is Bad	Neutral	Public Health Specialist Practitioner Advanced	Y
NCMP02	% children in year 6 recorded as being obese	14.97%	15.14%	16.13%	Up is Bad	Neutral	Public Health Specialist Practitioner	Y

							Advanced	
PHOF32	Suicide rate per 100,000 population	9.94%	13.98%	-	Up is Bad	Bad	Public Health Specialist Practitioner Advanced	Y
PHOF44	% of adults obese (with a BMI greater than or equal to 30)	56.88%	56.40%	-	Up is Bad	Neutral	N/A	
Performance								
Employees (Excluding Schools)								
STF08	Staff FTE Total (Excluding Schools) - (Snapshot)	N/A	N/A	631	Neutral	Neutral	Organisational Health Check	Y
STF100	Average sickness days lost per FTE (Excluding Schools) - (Rolling 12 Month)	N/A	N/A	10.6	Up is Bad	Neutral		Y
STF107	Voluntary Turnover (%) Total (Excluding Schools) - (Rolling 12 Month)	N/A	N/A	N/A	Up is Bad	Neutral		Y
STF90	PDR Completion (%) - (YTD)	N/A	N/A	87.60%	Up is Bad	Neutral		Y
Finance								
BPI108	Forecast Budget Outturn (£000s Overspent / - Underspent)	N/A	£326	£790	Up is Bad	Bad	Organisational Health Check	Y
COR01	Key Corporate Risks	N/A	N/A	2	Up is Bad	Neutral		Y
CORP01L	Active Large Projects	N/A	N/A	6	Neutral	Neutral		Y
CORP02L a	Red rated Large Projects	N/A	N/A	0	Up is Bad	Neutral		Y
CORP02M a	Red rated Medium Projects	N/A	N/A	N/A	Up is Bad	Neutral		Y
Customers								
CFD03a	% of external calls answered within 20 seconds	N/A	N/A	N/A	Up is Good	Neutral	Organisational Health Check	Y
CFS01	Overall Customer Centre Satisfaction (%)	N/A	N/A	N/A	Up is Good	Neutral		Y
COMP01	% of complaints responded to within 10 days	N/A	N/A	N/A	Up is Good	Neutral		Y
COMP02	% of complaints referred to the Ombudsman which have been upheld	N/A	N/A	N/A	Up is Bad	Neutral		Y
YCC121	YCC Average speed of answer - TOTAL	N/A	N/A	N/A	Up is Bad	Neutral		Y

YCC201	Digital Services Transactions / Channel Shift (%)	N/A	N/A	N/A	Up is Good	Neutral		Y
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