

Divisional Business Plan 2013-14

Directorate Name: Business Strategy and Support

Division/Business Unit Name: Public Health

EXECUTIVE SUMMARY:
Cabinet Portfolio: Graham Gibbens – Cabinet Member for Adult Social Care and Public Health
Responsible Corporate Director: Andrew Ireland
Responsible Director: Meradin Peachey
Head(s) of Service:
Gross Expenditure: tbc
FTE: tbc



SECTION A: ROLE/PURPOSE OF FUNCTION

The Health and Social Care Act 2012 will mean that from 1 April 2013 KCC will assume new responsibilities for key elements of Public Health. This includes the statutory responsibilities for:

- Improving the health of the Kent population
- Protecting the health of the Kent population
- The delivery of certain mandated Public Health services (listed below)

These new responsibilities and the related transfer of resources from the NHS dramatically change the way that the County Council will be tackling public health and health inequalities. It will, however, build on the progress made to date with the existing KCC Public Health team and the experience of the Director of Public Health as a joint KCC/NHS appointment.

Future work of the function will be driven by a key number of drivers

- Bold Steps for Kent
- The Kent Health Inequalities Action Plan – “Closing the Gap”
- The Health and Wellbeing Strategy
- The (national) Public Health Outcomes Framework
- Statutory mandated Public Health responsibilities
- The Annual (statutory) Public Health report

The Business Plan for 2013/14 is in effect a transition business plan, partly because certain services and programmes will be transferred as they currently exist, partly because changes to some of these programmes already agreed by the Social Care and Public Health Cabinet Committee in 2012/13 will start to emerge.

The KCC Public Health Unit’s main objective is to provide the leadership and strategic framework to enable effective action to be implemented to address the public health priorities identified in Kent. These priorities include reducing health inequalities, improving children’s mental health and wellbeing; improving sexual health and reducing teenage conceptions, increasing the number of adults living healthier lives; enabling more people with chronic disease to live at home; reducing the harms caused by substance misuse and/or excessive alcohol drinking.

The function will be responsible for some 23 service areas of which the following are mandated

- Appropriate access to sexual health services
- Steps to taken to protect the health of the population
- Ensuring NHS Commissioners receive the public health advice they need
- NHS Health checks

- National Child Measurement Programme

Public Health programmes are outsourced and commissioned through a variety of providers. The biggest programmes in terms of budgets are sexual health, drugs and alcohol, health checks, tobacco control and smoking cessation services, healthy weight and schools based services such as school nurses and the National Childhood measurement programme.

Substance and Alcohol Misuse services are already commissioned services in KCC through KDAAT, and there is an established team delivering these via corporate plan in Customer and Community Directorate. The public health priority is to ensure that preventative services are equitable, delivering to outcomes and aligned to CCGs and districts needs.

The Health Intelligence and Operational Research function is responsible for providing the evidence base for public health interventions and health service commissioning. It is also responsible for producing two statutory documents; the Annual Public Health Report (APHR) and the Joint Strategic Needs Assessment (JSNA). The JSNA is statutory responsibility of the Health and Well-being board. The JSNA also informs the Health and Well-Being Strategy.

Key Priorities for 2013/14 include

- Creating and sustaining the new partnerships required in the newly reconfigured NHS
- Actively contributing to the integration of health and social care
- Developing and implementing a forward programme of service redesign
- Sustaining and improving performance whilst managing change
- Moving to an outcomes based framework (outcomes, not targets) and more payment by results contracts
- Delivering the appropriate objectives of the Health and Wellbeing Strategy and the Health Inequalities Action Plan
- Further developing appropriate community-based/ community-led interventions (e.g. HOUSE Connecting Communities)
- Development of the market for opportunities for new providers
- Developing and emphasising our approach to improving the patient experience and quality of health improvement/protection services
- Publication of the JNSA
- Publication of the APHR
- Development of both County and substructure CCG based Health and Wellbeing Boards

A. Overview

The work of the Public Health Division contributes to the achievement of the MTP Objectives of Bold Steps

- We will help **the Kent economy to grow** by directing our revenue resources towards helping businesses in difficult times, procuring more of our goods and services from within the county wherever possible, encouraging growth and diversification of the market by supporting voluntary sector and encouraging social enterprise.
- We will look **to put citizens in control** through the increasing localisation of services so that local communities can decide their priorities within the resource available. We will work through local arrangements, Joint Commissioning Groups and Health and Wellbeing boards to ensure we are engaged with local agendas and understand and address local priorities.
- We will help **to tackle disadvantage** by making the best use of resources available to target populations with poorer health outcomes – particularly for those in areas of deprivation or for vulnerable individuals who find it more difficult to access services. We will deliver **Kent's Health Inequalities** action plan and support Districts and other partners to develop their own action plan addressing their geographical area or specific key functions- such as Housing.

B. KEY ACTIVITY FOR PUBLIC HEALTH TO SUPPORT DELIVERY OF MTP:

More particularly Kent Public Health will directly contribute to

Bold Steps Priority 1: Improve how we procure and commission services

Public Health will be commissioning several millions of pounds of services and as part of the service transformation planned we will look to develop the provider base including the voluntary and community sectors. We will review how we contract and with whom and develop and implement a rolling programme of change, moving to an outcome focussed system and payment by results.

[Might want more here](#)

Bold Steps Priority 2: Support the transformation of health and social care in Kent.

The publication of the JSNA supports all three ambitions of Bold Steps for Kent. Specifically Ambition 2.

We will focus on reducing health inequalities by focusing on those communities with the poorest health outcomes. Services will be improved through offering greater choice and where possible community based settings.

[Might want more here](#)

SECTION C: PRIORITIES, ACTIONS, PROGRAMMES, PROJECTS, MILESTONES, KEY OR SIGNIFICANT DECISIONS

Management Teams are required to regularly review progress against the actions and milestones set out in the tables below. Monthly progress may be appropriate for individual services to review their business plan progress, and quarterly may be appropriate at the Divisional level. Formal reporting of progress by Division to Cabinet Committees is required twice a year, at the mid-year point and after the year-end.

The Corporate Director is authorised to negotiate, settle the terms of, and enter the following agreements/projects:

PRIORITY 1: Health Improvement Adults		DESCRIPTION OF PRIORITY: Health improvement is concerned with improving the health of the Kent population. For adults this includes reducing smoking prevalence commissioning services for people with unhealthy weight, generally increasing rates of people participating in regular physical activity, the Kent wide roll out of the healthy club, the continued implementation of NHS health checks and provision of specific health trainers services to meet needs of people in the most deprived wards in Kent.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Review of all adult health improvement services currently commissioned			
1.1	Adult health improvement commissions and manages four key programmes <ul style="list-style-type: none"> • stop smoking and tobacco control services • health checks • healthy weight • increasing physical activity There will be planned reviews of the contracts in the first six months of the year in order to reshape and to reflect new priorities.	Marion Gibbon	March 2013	September 2013
1.2	Undertake a re-procurement exercise for services	Marion Gibbon	September 2013	March 2014
2	Continue Implementation and rollout of “Towards a Smokefree Generation” (Kent Tobacco Control Strategy 2010-2014); supporting the National Tobacco Control Strategy (2011)	There is a lot on tobacco control / smoking cessation		

2.1	Establish a Kent Tobacco Control Board to oversee a programme of interventions to realise benefits identified from the NICE Return on Investment tool.	A Gregory	April 2013	on-going
2.2	Establish the costs of tobacco, and benefits to denormalising tobacco in Kent; including cost of house fires, cleaning up smoking related litter and the costs associated with the criminal trade in illegal tobacco.	A Gregory	April 2013	On-going annual review
2.3	Provide support to Clinical Commissioning Groups to address tobacco control in the context of reducing rates of respiratory disease, coronary heart disease, cancer and improving child health.	A Gregory		
2	Engage and support partners to reduce smoking in pregnancy prevalence.			
2.1	Audit of current SATOD (Smoking at time of delivery) activity	A Gregory	April 2013	May 2013
2.2	Redesign pathways and interventions with midwifery, cessation services and others to reduce Smoking in pregnancy. E.g. babyClear programme.	A Gregory	November 2012	Review progress September 2013
3.0	Develop smokefree living initiatives that focus on a community based approaches to reducing children's (under five) exposure to tobacco smoke.	A Gregory		
3.1	Undertake a community based asset initiative to demonstrate the effective delivery of a second hand smoke intervention (within Dartford, Gravesham and Swanley).	A Gregory		
4.0	Continue to lead the delivery of the "Reframe The Debate" principles by partners; supporting young people's awareness of, and education in, tobacco issues; e.g. Truth campaign from the US.	A Gregory		
4.1	Commission quality tobacco education	A Gregory		

	resources to be developed and rolled out across Kent Schools.			
4.2	Co-produce with young people, quality tobacco control resources for Youth settings across Kent.	A Gregory		
4.3	Deliver youth advocacy initiatives and campaigns across Kent; directly supporting young people to take action against tobacco amongst their peers and communities.	A Gregory		
5.0	Engage the full range of Kent partners to tackle cheap and illegal tobacco in our communities and address the criminal activity in its supply.	A Gregory		
5.1	Understand the extent and nature of cheap and illegal tobacco in Kent; developing a 'problem profile'.	A Gregory		
5.2	Tackle supply of cheap and illegal tobacco through the establishment of enforcement and partnership working protocols with Trading Standards, HMRC, Kent Police and others.	A Gregory		
5.3	Tackle the demand for cheap and illegal through shifting social norms; engaging communities to prioritise action.	A Gregory		
6.0	Lead the development of targeted workplace smokefree initiatives with district partners; providing economic savings for businesses by promoting smokefree policies and supporting workers who want to quit smoking.	A Gregory		
7.0	Lead a Health Inequalities and Wellbeing Impact Assessment of commissioned stop smoking services; identifying "commissioning best outcomes".	A Gregory		
8	Healthy Living / Healthy Weight Waiting for more information		December 2012	April 2013
8.1	The procurement of a Tier 3 service as agreed with Clinical Commissioning Groups will complete the Healthy Weight Pathway and help to reduce diabetes and other conditions	Marion Gibbon	April 2013	June 2013

	in high risk groups			
9	Roll out the Healthy Passport Club across Kent	Marion Gibbon		
9.1	Launch the Healthy Club across Kent	Marion Gibbon	April 2013	June 2013
KEY MILESTONES				DATE (month/year)
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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
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PRIORITY 2: Health Improvement – Child Health Programme		DESCRIPTION OF PRIORITY: Public Health services are provided for children and young people aged 5-19 and provides prevention and early intervention services appropriate for the target group to significantly enhance a child or young person’s life chances.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Review of all child health improvement services currently commissioned			
1.1	Child health improvement commissions and manages five key programmes <ul style="list-style-type: none"> • School nursing • Healthy Schools Programme • Healthy Weight Programme • Teenage Pregnancy Programme 	Sue Xavier	April 2013	September 2013

	<ul style="list-style-type: none"> Young people sexual health services <p>There will be planned reviews of the contracts in the first six months of the year in order to reshape and to reflect new priorities.</p>				
1.2	Undertake a re-procurement exercise for services	Sue Xavier	Undertake a re-procurement exercise for services	Dr	September
2	Reducing teenage pregnancy				
2.1	Develop and launch guidance on good practice for the delivery of the Kent Teenage Pregnancy Programme particularly at district level	Sue Xavier	April 2013	September 2013	
2.2	Develop a specific action plan for Maidstone	Sue Xavier	April 2013	June 2013	
2.3	Implement the Maidstone plan	Sue Xavier	June 2013	March 2014	
	Should there be something more regarding overall service delivery in this service area?				
3	Young People's Sexual health				
3.1	Review the commissioning arrangements for the 'C Card'	Sue Xavier	June 2013	September 2013	
	Separate the commissioning of YP sexual health services and align with integrated youth services				
4	Child Protection				
4.1	Contribute to and participate in the implementation plan consequent to the December 2012 OFSTED inspection of child protection arrangements across Kent.	Meradin Peachey			
4.2	Needs assessment of children in need reviewed	Sue Xavier	April 2013	July 2013	
4.3	Review of the evidence of 'safe sleeping' campaign and commission new programmes	Sue Xavier	April 2013	September 2013	

5	Multi-agency Children Services			
5.1	Participate in the Steering Group with oversight of the review of Kent Children's Centres and the implementation of the change Programme	Sue Xavier	April 2013	March 2014
5.2	Participate in the Kent and Medway Steering Group to locally deliver the Health Visitor Development Programme to 2015 and to ensure proper interface of re-vamped health visitor services with Kent Children's Centres.	Sue Xavier	April 2013	March 2014
5.3	Ensure oversight and continuity of the commissioning of children's services within the reformed health service systems ensuring coherence as regards between KCC Commissioning and CCG Commissioning	Sue Xavier	April 2013	March 2014
5.4	Ensure public health engagement with the business of the twelve local children's trusts across Kent.	Sue Xavier	April 2013	March 2014
5.5	Re-specify the Kent Children's Multi-Agency needs assessment and complete refresh	Sue Xavier	April 2013	May 2013
5.6	Manage the promotion of health improvement messages to young people through Youthbyte creatives and apps available in schools	Debbie Smith		
6	Development Health Visitor programme to meet needs of the population and of Kent, joint commissioning with National Commissioning Board			
7	School Nursing			
	Engage with schools on the new healthy child programme (5-19) and review the specification for the service as a result of engagement with schools	Debbie Smith	August 12	
KEY MILESTONES				DATE (month/year)

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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?		ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
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PRIORITY x: Sexual Health Commissioning & Redesign Do you want this as a separate priority?		DESCRIPTION OF PRIORITY: Ensure that high-quality and cost-effective sexual health services are accessible to right populations and meet national standards.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Commission external consultancy to map the needs of our population, establish the cost and effectiveness of west kent services seek the views of user and stakeholders and tender	Dr Faiza Khan		
2.	Develop a vision and strategic direction for Sexual Health Services.	Dr Faiza Khan		
3.	Map contraceptive services in terms of need, activity and cost. Review the quality of current provision.	Dr Faiza Khan		
4.	Develop a tender for Chlamydia Screening Pathology for Kent and Medway. Award tender to successful bidder.	Dr Faiza Khan		
5.	Map Genito-Urinary Medicine service by activity cost and need and develop a strategic plan with the National Commissioning Board to align these services with HIV services.	Dr Faiza Khan		
6.	Develop a proposal for tendering all parts of	Dr Faiza Khan		

	the Sexual Health Service.			
7.	Tender for the provision of the following: Independent Sexual Violence Adviser (ISVA); Forensic medical Examiner and; crisis workers in liaison with the police and the National Commissioning Board	Dr Faiza Khan		

PRIORITY 3: Management of Health Protection Do you want this as a separate priority? Is there enough?		DESCRIPTION OF PRIORITY: Develop a health protection committee to monitor and take action on health protection and outbreak management.		
1	Establish systems of monitoring patterns of C.Difficile and MRSA in health and social care settings.	Dr Faiza Khan		04/13
2	Develop ability to monitor the quality of screening programmes and immunisation and vaccination programmes.	Dr Faiza Khan		04/13
3	Determine internal scrutiny arrangements for health-protection plans	Dr Faiza Khan		04/13
4	Develop close working relationships with Public Health England and Kent County Council to assure the public that health protection plans are in place.	Dr Faiza Khan		04/13
KEY MILESTONES				DATE (month/year)
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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
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PRIORITY x: Community Based Initiatives Need to add the development programmes for the Health Living Centres		DESCRIPTION OF PRIORITY: To develop and deliver in partnership community based initiatives in support of health living		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	HOUSE project (an imitative for young people to promote lifestyle messages on smoking, alcohol, drug misuse and sexual health and any other issues young people are concerned about)			
1.1	Support District councils to host a long term and sustainable HOUSE provision in town centres with partner agencies	Commissioning and Strategy Manager	April 2013	March 2014
1.2	Ensure that young people are engaged in the delivery of HOUSE and that their health and emotional wellbeing needs are listened to and considered	Commissioning and Strategy Manager	April 2013	March 2014
1.3	Oversee contract and delivery of HOUSE ON THE MOVE mobile provision of HOUSE and make sure that young people in hard to reach communities have opportunities to access HOUSE	Commissioning and Strategy Manager	April 2013	October 2013
KEY MILESTONES				DATE (month/year)
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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
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PRIORITY X: Health Improvement - Health and Social Care Partnerships		DESCRIPTION OF PRIORITY: Working with Families and Social Care Directorate the NHS and other partners to tackle health inequalities through specialist interventions		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	To provide comprehensive public health advice to the commissioners of Learning Disability services			
1.1	Develop a project plan and methodology for undertaking needs assessment and engage stakeholders	Malti Varshney	April 2013	July 2013
1.2	Refresh Needs assessment according to existing timetable	Malti Varshney	April 2013	July 2013
2	Support transformation of Urgent Care as part of the shift to community health			
2.1	Presentation of urgent care needs assessment at Clinical Commissioning Groups	Malti Varshney	April 2013	May 2013
2.2	Design evaluation framework of urgent care services wherever necessary produced	Malti Varshney	January 2013	March 2014
3	Support CCGs in the development of their annual round commissioning intentions		July 13	August 2013
3.1	Support social care commissioning of urgent care services	Malti Varshney	Feb 2013	On-going
3.2	Design preparation and analysis of utilization review	Malti Varshney and Abraham George	Sep 2013	Dec2013
4	Introduction and delivery of a programme to reduce excess winter deaths			
4.1	Identifying individuals at risk via community outreach work	Colin Thompson	September 2013	November 2013
4.2	Development and commissioning of	Colin Thompson	September	November 2013

	programme		2013	
4.3	Programme delivery	Colin Thompson	November 2013	March 2014
4.4	Trialling telecare in the form of cold weather alarms with people receiving home visits	Colin Thompson	July 2013	March 2013
4.5	Establishing the winter warmth support fund and oversee the delivery of appropriate support interventions	Colin Thompson	On-going	March 2013
5	Workplace health			
5.1	Develop and support with KCC's Human Resources team a health needs assessments around workplace health for the County Council.	Colin Thompson, Colin Miller	April 2013	May 2013
5.2	Support the development of KCC's staff Health and Wellbeing Strategy	Colin Thompson, Colin Miller	June 2013	October 2013
5.3	Promote the implementation of the Workplace Charter where appropriate, supporting SMEs and other organisations with the delivery of workplace health initiatives	Malti Varshney, Colin Thompson	May 2013	March 2014
6	Reduce Hospital Admission through better management of trips and falls and the implementation of falls pathways			
6.1	Work with CCGs and KCC to commission the expansion of a Falls Prevention Service in Kent building on best practice already in existence in West Kent CCG.	Karen Shaw / Malti Varshney	June 2013	April 2014
6.2	Develop and agree a clear referral pathway with stakeholders from the acute trust to the falls prevention service.		April 2013	June 2013
6.3	Develop a robust evaluation framework for an integrated falls and fracture prevention pathway including evaluation of falls prevention service.		April 2013	May 2013
6.4	Work with CCGs and adult social care around specific prevention pathways in care homes.		March 2013	August 2013

6.5	Work with Adult Social Care in identifying and training/raising awareness amongst care providers in fall prevention mainly in the care homes		March 2013	April 2014
7	Increase public awareness about fall prevention			
7.2	Raising public awareness through falls awareness day/month working with Age UK		July 2013	October 2013
7.3	Lead on the procuring funding for postural stability classes within the community from BIG Lottery		September 2013	March 2013
7.4	Re-writing bid and liaising directly with BIG Lottery for resubmission of bid		December 2012	January 2013
8	Improve fall prevention within the local communities			
8.1	Work with stakeholders in developing a more integrated whole systems falls pathway (the NHS, Local Authority, Voluntary Organisations, Patient Groups, Fire & Rescue Service, Ambulance Services, GPs and other health professionals)		April 2013	August 2013
8.2	Commission community-based therapeutic exercise programmes, commissioned to the required quality and capacity through a range of providers including local leisure services and the voluntary agencies		Dec 2012	March 2014
8.3	Commission high quality training (Laterlife) to upskill level 3 instructors to a level 4 postural stability instructors.		April 2013	December 2013
8.5	Conduct service mapping of third sector/voluntary organisations providing therapeutic exercise programmes		April 2013	May 2013
9	End Of Life Care			
9.1	Participation in end of life stakeholder groups in Kent	Abraham George	On-going	

9.2	Working with CCG leads to provide epidemiological analyses and commissioning support to understand end of life need – cancer vs. non cancer patients	Abraham George	On-going	
9.3	Provide PH support towards any relevant service evaluation	Abraham George	On-going	
9.4	Participation into Hospital Mortality working group	Abraham George	On-going	
10	Long Term Conditions			
1.1	Liaise with respective LTC leads to provide PH commissioning support and epidemiological analyses to CCGs	Abraham George	On-going	
1.2	Support implementation of Year of Care programme and research	Abraham George	On-going	
1.3	Work with urgent care leads to ensure LTC input into urgent care strategy	Abraham George	On-going	
1.4	Liaise with LTC lead to provide necessary PH commissioning support and epidemiological analyses	Abraham George	On-going	
1.5	Support implementation of Year of Care programme and research	Abraham George	On-going	
KEY MILESTONES				DATE (month/year)
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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?			ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No	
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PRIORITY x : Health Improvement - Vulnerable People and Mental Health Programme (Mental Well Being and Substance Misuse)		DESCRIPTION OF PRIORITY: This is a core and underpinning public health priority and has impact across all KCC directorates. However best practice guidance suggests that public mental health must be specifically identified in all programmes to have desired impact and this is overarching aim of this programme. The key outcomes are a reduction in suicide in all borough councils in Kent, increased reported well-being and increased access to IAPT services.		
		Substance Misuse services are commissioned services in KCC and there is an established team delivering these via corporate plan in Customer and Community Directorate. The public health priority is to ensure that preventative services are equitable, delivering to outcomes and aligned to CCGs and districts needs.		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Improve Mental Well Being			
1.1	Manage Partnership relationships of ‘5 Ways to Being: Live it Well’ Group (Kent’s mental Health Strategy	Bose Jonson		03/14
1.2	Work with public health commissioned services to embed well being as core	Jess Mookherjee	April 2013	June 2013
1.3	Deliver mental well being impact assessment in Districts across Kent	Bose Johnson	April 2013	March 2014
1.5	Deliver pilot for improvement of quality of pharmacy services across Kent	Jess Mookherjee	July 2013	March 2014
2	Work with CCGs to ensure mental health well being commissioning is aligned			
2.1	Review Live it Well re public mental well being impacts according to need	Bose Johnson	April 2013	July 2013
2.2	Conduct Asset Mapping for Well Being with Districts and Across Kent	Bose Johnson	April 2013	August 2013
2.3	Manage partnerships across districts and CCGs regarding prioritisation of needs of vulnerable groups	Jess Mookherjee	07/12	04/13

2.4	Review and audit key mental health interventions for CCGs	Jess Mookherjee	April 2013	March 2014
2.5	Complete research audits on medically unexplained symptoms across Kent and improve service pathway	Jess Mookherjee/ Natasha Roberts	April 2013	November 2013
3	Implement Kent and Medway Suicide Prevention Plan	Bose Johnson		
3.1	Map training plan for Kent	Bose Johnson	April 2013	April 2013
3.2	Review progress on self harm audits across Kent hospitals	Bose Johnson	June 2013	December 2013
4	Improve well being and service access for vulnerable communities	Jess Mookherjee		
4.1	Identify partnership programmes which will improve veteran health	Jess Mookherjee	April 2013	January 2014
4.2	Work with probation services to improve outcomes for offenders and victims	Jess Mookherjee/ Stephen Cohrane		
4.3	Input public health expertise via data and needs assessments and evidence for improvements to Adolescent mental well being services	Jess Mookherjee	April 2013	March 2014
5	Support to NCB LAT/ PHE re Forensic Mental health or specialist services as needed e.g. dual diagnosis / eating disorders	Jess Mookherjee		
6	Provide strategic public health leadership for substance misuse services straddling CCGs and KCC	Jess Mookherjee		
6.1	Renew and refresh the Alcohol Strategy			
	Ensure data, audits and needs assessments for substance misuse are up to date and accurate	Colin Thompson	April 2013	January 2014
	Work with CCGs to establish robust pathways for alcohol identification and treatment	Colin Thompson	April 2013	January 2014
KEY MILESTONES				DATE (month/year)
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ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?		ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
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PRIORITY x: Health Intelligence and Operational Research		DESCRIPTION OF PRIORITY: Health Intelligence and Operational Research provides the evidence base for public health interventions and health service commissioning. It is also responsible for producing two statutory documents, the Joint Strategic Needs assessment (JSNA) and the Director of Public Health Annual report. Most of the work of the team is ongoing and includes Needs Assessments [Population, wider determinates, disease specific etc.], Health Equity Audits, Health Impact Assessment Evaluation, Library and Knowledge Management, Evidence Reviews		
Actions		Accountable Officer	Start Date (month/year)	End Date (month/year)
1	Joint Strategic Needs Assessment (JSNA)			
1.1	JSNA process paper to HWBB		December/12	January/13
1.2	Establish JSNA Steering Group	Abraham George / Natasha Roberts	Jan/13	On-going Qtrly
1.3	Develop prioritisation tool for programme of needs assessments	Natasha Roberts	Jan/13	March/13
1.4	Agree prioritisation tool at JSNA Steering group	Natasha Roberts	March/13	March/13
1.5	Implement a programme of needs assessments	Natasha Roberts	April/13	March/14

1.6	Implement refresh and review process for existing needs assessments		April/13	March/14
2	Annual Public Health Report			
2.1	Identify topics Annual Public Health Report		November/12	December/12
2.2	Write APHR chapters		Jan/13	March/13
2.3	Communications and distribution strategy for APHR		Jan/13	March/13
2.4	Design and publish APHR		April/13	June/13
1.4	Distribute APHR		June/13	June/13
3.	Review and Develop Health and Social Care Maps		November/12	March/13
1.	Questionnaire to existing and future users		November/12	December/12
2.	Analysis of results		December/12	December/12
2.1	Review of results at HSCM Steering group		December/12	December/12
3.	Redesign of HSCM		Jan/13	June/13
3.1	Restructure existing HSCM to reflect agreed structure		Jan/13	March/13
3.2	Options appraisal paper for IT/software solutions		Jan/13	March/13
3.3	Agree proposed IT solution/ software solution			March/13
3.4	Implement IT/software solution		March/13	June/13
4.	Re-Launch of Health and Social Care Maps		June/13	June/13
4.1	Workshop to demonstrate and talk key stakeholders through the HSCM [CCGs, District Authorities etc.]		June/13	June/13
4.2	Presentation at team meetings		June/13	September/13
4.3	Quarterly newsletter / up-date			On-going

KEY MILESTONES		DATE (month/year)
A	JSNA is available at District and CCG levels to inform organisational commissioning intentions	Sept/13
B	Health and Well-being board proposed JSNA process	Jan /13
C	Agreement of prioritisation tool	March/13
D	APHR Published	June/13
ARE THERE ANY KEY OR SIGNIFICANT DECISIONS THAT COULD ARISE FROM THIS PRIORITY?		ARE THESE ALREADY IN THE FORWARD PLAN? Yes/No
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SECTION D: FINANCIAL AND HUMAN RESOURCES

For the Financial Resources section **Finance** will provide the required information and detail that sets out the main components of your budget by completing the table below.

FINANCIAL RESOURCES								
Divisional Unit	Responsible Manager	Staffing	Non Staffing	Gross Expenditure	Service Income	Net Expenditure	Govt. Grants	Net Cost
		£	£	£	£	£	£	£

HUMAN RESOURCES		
FTE establishment at 31 March 2013	Estimate of FTE establishment at 31 March 2014	Reasons for any variance

SECTION E: RISK & BUSINESS CONTINUITY

RISKS	
RISKS	MITIGATION

BUSINESS CONTINUITY		
CRITICAL FUNCTIONS	TIMESCALE	MINIMUM SERVICE LEVEL

SECTION F: PERFORMANCE AND ACTIVITY INDICATORS

With the transition of Public Health to KCC a new set of performance indicators will need to be generated that satisfies both KCC's needs as well as allows reporting against the national Public Health Outcomes Framework. This work is in train.

Table for PERFORMANCE indicators measurable annually by financial year

PERFORMANCE INDICATOR - ANNUALLY BY FINANCIAL YEAR	Floor Performance Standard	2012/13 Outturn	Comparative Benchmark	Target 2013/14	Target 2014/15

SECTION G: ACTIVITY REQUIRING SUPPORT FROM OTHER DIVISIONS/SERVICES

(For example Property, ICT, Business Strategy, Human Resources, Finance & Procurement, Planning & Environment, Public Health, Service Improvement, Commercial Services, Governance & Law, Customer Relationships, Communications & Community Engagement or other Divisions/Services)

ACTIVITY DETAILS	EXPECTED IMPACT	EXPECTED DATE