

**DIRECTORATE: PUBLIC HEALTH**

**DIRECTOR: JASON HORSLEY**

**Quarterly Performance Report 2017/18**

Quarter 1: April 2017 - June 2017

**DIRECTOR'S SUMMARY**

***Key performance issues for consideration***

- Progress has been made on some longstanding issues such as reviewing the commissioning arrangements for the tier 3 weight management service in partnership with the CCG and based on a thorough understanding of service delivery and published evidence.
- Work has begun on key areas of importance for the city including in involving key stakeholders in the ongoing process of working up an action plan to tackle drug related deaths, setting up the Suicide Prevention Action Group, getting processes underway for the Pharmaceutical Needs Assessment 2018 and in establishing an Active Portsmouth Alliance which demonstrates the commitment of public health take a comprehensive system wide approach to promoting physical activity. The new sexual health contract is in place and there are no current concerns with provision.

***Key project issues for consideration***

- Key areas of work are underway where progress over the next quarter is essential. These include working towards milestones for workplace health, input into the PHSE programme for schools, developing an e-cigarette policy for Portsmouth City Council and ensuring the self-harm needs assessment action plan is completed as well we working through the Vanguard redesign phase of the wellbeing service. Gaining commitment to a smokefree collaboration plan with senior leaders at QA hospital also demonstrates progress and it is important this is achieved.

***Key risk issues for consideration***

- The public health grant will be reduced for 2018/19. Failure to identify appropriate areas to achieve the required reductions will lead to budget reductions being made with lack of alignment to population need. Forward planning during Q2 will seek to align with the budget setting cycle and limit negative impact on the population's health. In addition, there is on-going uncertainty as to what form public health funding will take from 2019/20.
- There is an on-going need to embed health a health in all policies approach which could be threatened by reductions in the public health budget and overall Council budget.

**1. Reduce smoking and tobacco use towards the national average from current baseline**

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Continue to work with Trading Standards to limit the trade of illicit tobacco	<i>Tracey Greaves / Amanda McKenzie</i>	<p>Retail visits -</p> <p>5 visits joint operation day (prior to festival season) of action with police, licensing and immigration in Southsea (19/04).</p> <p>6 visits (04/04) (one owner of all 6 premises) with Fire Safety Officer when raised concerns over adjoining accommodation (fire breaks/doors/sep alarm systems).</p> <p>10 (19/06) visits Fratton &amp; Milton to carry out Community Alcohol Partnership survey one year on (24 visits still to do). Chalk spray wall/pavement by licensed premises with U18 - Proxy purchasing it's illegal.</p> <p>5 visits (05/05) with Police re Op Sceptre (knife crime).</p> <p>Entered visits to record on APP - share relevant intel with Police/HMRC/TSSE</p> <p>Follow up visits -</p> <p>5 following the test purchase failures in March advice given &amp; expectations to compliancy, training/records viewed.</p> <p>7 visits (04/05) following test purchase failures in April and revisit 2 from March failures</p> <p>2 visits (06/06) follow up to breaches of licensing compliancy</p> <p>Test purchasing (Sunday 23/04)</p> <p>1 for Eliquid (2nd failure)</p> <p>5 re-tests alcohol</p> <p>28 tests alcohol (5 failures)</p>				
Delivery of smoking cessation through Locally Commissioned Services (LCS) and the wellbeing service	<i>Mary Shek and Amanda McKenzie</i>	<p>WBS Smoking data are reported one quarter behind. Q4: 265 set quit date with 146 successfully quit (55%). 8 pregnant women set quit date with 1 successful quit.</p>				
Continue work with maternity services and within secondary care, promoting screening, brief advice and referral	<i>Amanda McKenzie</i>	<p>There has been further training with midwives. Maternity have agreed to put in a business case from their contracts department for more carbon monoxide monitors.</p>				

Support inclusion of stop smoking support in the 0-19 programme and through supporting a whole-school smokefree policy	<i>Amanda McKenzie / Sam Belfrage</i>	There are no dedicated pathways for provision of smoking cessation or prevention programmes for 0-19. Opportunities are currently being examined through mapping the pathway.			
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<b>New initiatives / transformational</b>						
<b>Objective</b>	<b>Name</b>	<b>Target Date</b>	<b>Key progress and milestones towards completion</b>	<b>Completed (Y/N)</b>	<b>On track (RAG rating)</b>	<b>Director's Year End Commentary</b>
Present and gain agreement on a Tobacco Control action plan for QA Hospital which will include Stop Before the Op objectives and commitment to a smokefree site	<i>Amanda McKenzie</i>	<b>By end Q1</b>	The smokefree collaboration plan has been presented to the QA Hospital smoke free committee as well as the respiratory lead and lead for commissioning and quality. The committee endorsed the plan. Now work is underway to put the plan in to action and set a date for becoming smokefree.	Y		
Set up a community taskforce group in a defined area of Portsmouth to work towards a voluntary smoking ban in children's playgrounds in that area.	<i>Amanda McKenzie</i>	<b>By end Q2</b>				
Review stop smoking medication guidance used in LCS and wellbeing service	<i>Kathryn Richardson</i>	<b>By end Q2</b>				
Redesign wellbeing service for implementation	<i>Vanguard team / Mary Shek / Dominique Le Touze</i>	<b>By end Q3</b>				
Develop a workplace stop smoking and e-cigarette policy, in conjunction with Human Resources, for Portsmouth City Council	<i>Amanda McKenzie</i>	<b>By end Q3</b>				
Develop a policy statement on electronic cigarettes for Portsmouth	<i>Amanda McKenzie</i>	<b>By end Q4</b>				
Stop before the Op implementation will be monitored through STP milestones	<i>Amy McCullough / Amanda McKenzie</i>	<b>By end Q4</b>				

## 2. Improve physical activity rates from current baseline with a focus on walking and cycling

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Provide public health evidence and support to the Local Transport Plan and Local City Plan	<i>Dominique Le Touze (with Kelly Nash)</i>	Working with Transport Team on proposed Old Portsmouth Area Traffic Study, providing PH strategic input and advice.				
Support the implementation of the local Air Quality strategy	<i>Dominique Le Touze</i>	Modelling by the central govt Joint Air Quality Unit has estimated that Portsmouth within compliance levels by 2021. We are supporting Transport with Local Air Quality Plan to reach compliance in shortest possible time.				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Present at the Portsmouth Head Teachers Forum to promote the Daily Mile in primary schools	<i>Andy Ames / Sam Belfrage</i>	By end Q1	Presented at the Head teachers Forum on 3rd May. Presentation well received, this was followed up with a piece in the schools bulletin, a meeting with PSHE leads and a letter to school governors	Y		
Increase the number of primary schools who take part in the Daily Mile/Golden Mile each quarter	<i>Andy Ames</i>	By end Q1	Currently 3 primary schools are registered taking part in Daily Mile and 3 in Golden Mile	Y		
		By end Q2				
		By end Q3				
		By end Q4				
Hold the first meeting of the 'Active Portsmouth Alliance' and continue each quarter	<i>Andy Ames</i>	By end Q1	Active Portsmouth Alliance established, first meeting held on 18th May with 23 attendees from a wide variety of organisations including Cycling UK, Portsmouth University, BHLive, Energise me and Friends of the Earth, as well as Public Health, active travel, tackling poverty, housing and transformation from the local authority.	Y		
		By end Q2				
		By end Q3				
		By end Q4				

Develop a proposal with Pompey in the Community to support people maintaining physical activity at key transitions. Specifically for women with young children (or specific clinical areas such as pulmonary rehab, stroke rehab, cardiac rehab)	<i>Andy Ames</i>	By end Q1	Initial discussions took place with PITC around submitting a bid to Sport England, no response received as yet to the outcome.	Y		
Develop a proposal to create sustainable access to affordable bikes for active travel across Portsmouth	<i>Andy Ames</i>	By end Q2				
Develop a workplace policy on physical activity, in conjunction with Human Resources, for Portsmouth City Council	<i>Andy Ames</i>	By end Q2				
Host a Healthy Streets seminar	<i>Dominique Le Touze</i>	By end Q2	See note			An opportunity has arisen to host a Transport and Public Health Summit in <b>February 2018</b> supported by Landor Links. This will supersede the plan for a Healthy Streets seminar, as the Health Streets model will be included.
Use JSNA to develop a series of lay briefings to develop a common understanding of the links with health and wellbeing for PCC departments to influence the built environment e.g. 'transport and health' and 'housing and health'	<i>Andy Ames</i>	By end Q2				
Present an action plan to implement a Healthy Streets approach for Portsmouth to the Health and Wellbeing Board	<i>Dominique Le Touze</i>	By end Q3				Bid to be submitted to the PH Transformation Fund for funding to landscape Winston Churchill Ave using Health Streets approach.
Present Portsmouth Health and Wellbeing Planning Guidance to the Health and Wellbeing Board	<i>Dominique Le Touze</i>	By end Q4				

### 3. Mitigate against the ill-health effects of child poverty from current baseline

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Membership of and provide and public health advice to the Portsmouth Poverty Taskforce	<i>Dominique Le Touze / Claire Currie</i>	Mark Sage will be joining PCC's new Suicide Prevention Action Group, led by Jane Leech (Public Health), to identify the links with poverty and financial hardship and action required.				
Delivery of 0-19 services and monitoring health outcomes against the Memorandum of Understanding with Children's Services	<i>Claire Currie</i>	Input into setting health visitor key performance indicators. Input into early help and prevention team contracting monitoring meeting. MoU being finalised.				
Promotion of restorative practices in the 0-19 agenda	<i>Sam Belfrage / Claire Currie</i>	Supporting restorative practice as a key principle underpinning work of the children's department.				
Continuation of support to the infant feeding action plan	<i>Sam Belfrage</i>	Supporting the Healthy Weight Quality Improvement Project. Active member of the PHE SE region task and finish group to increase healthy start vitamin uptake.				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Report strategy for prevention of learning disabilities to the public health senior management team	<i>Duncan Fortescue-Webb</i>	By end Q2				
Develop a workplace health policy, in conjunction with Human Resources, for parents / guardians which includes a focus on promoting mental wellbeing and resilience in Portsmouth City Council	<i>Jane Leech</i>	By end Q2				
Develop a plan to be reported to public health senior management team to protect children and families from hazards, injuries and unexpected accidents in the home	<i>Sam Belfrage / Claire Currie</i>	By end Q3				
Report child poverty needs assessment to public health senior management team	<i>Sam Belfrage / Claire Currie</i>	By end Q4				
Report oral epidemiology survey findings to the public health senior management team	<i>Sam Belfrage / Claire Currie</i>	By end Q4				

#### 4. Reduce self-harm and suicide from current baseline

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Address bullying and self-esteem, Child Sexual Exploitation reduction and of awareness of self-harm in the PSHE/Healthy schools programme and through supporting a whole-school mental health and well-being approach	Jane Leech / Sam Belfrage / Amy McCullough	Active member of the Wellbeing Subgroup for schools. This group is developing an implementation plan for the Wellbeing and Resilience Strategy to be embedded in all schools in Portsmouth. Support the Early Help & Prevention team to develop a PSHE traded service offer to schools / youth services. Self-harm needs assessment completed and discussed at the Childrens Safeguarding Board. Agreed for steering group to be convened to discuss, agree and prioritise recommendations.				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Present self-harm needs assessment to public health senior management team	Jane Leech	By end Q1	Self-harm needs assessment completed. Preliminary recommendations presented to the Children's Safeguarding Board on 19th July 2017. Board agreed with paper recommendations to convene a group of representative stakeholders to discuss and prioritise recommendations, and agree next steps.	Y		
Formulate action plan to implement recommendations of self-harm needs assessment, as appropriate,	Jane Leech	By end Q1	Self-harm needs assessment completed. A group of representative stakeholders due to be convened and will meet by end of Q2. Action Plan to be developed by end of Q3.	On-going		
Establish Suicide Prevention Action Group	Jane Leech	By end Q1	First meeting convened 21st June. Subsequent meeting monthly to work up TOR, membership, action plan.	Y		
Present suicide prevention strategy and multi-agency action plan to the Health and Wellbeing Board	Jane Leech	By end Q2				Strategy to be taken to HWB by end of Q3 to allow sufficient time to be prepared (new timescale).
Set up task and finish groups to implement suicide prevention multi-agency action plan	Jane Leech	By end Q3				

## 5. Reduce rates of drug related deaths from current baseline

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Ensure full implementation of the drug and alcohol treatment service, using active contract management to improve cost effectiveness and good outcomes	<i>Alan Knobel</i>	Service fully implemented, and being actively contract managed.				
Support inclusion of awareness of drug related harms in the PSHE/Healthy schools programme	<i>Alan Knobel / Sam Belfrage</i>	Awaiting appointment of PSHE development post in the Early Help team				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Convene a multi-agency workshop to determine high impact local actions across primary and secondary care, drug services and Portsmouth City Council to reduce drug related deaths	<i>Alan Knobel</i>	By end Q1	We have not held a single multi-agency workshop, but have held a number of separate sessions and meetings with key stakeholders, which is informing the development of the action plan. We are also sharing best practice with Southampton City, who are developing a similar plan.	Y		
Present multi-agency action plan on preventing drug related deaths to the Health and Wellbeing Board	<i>Alan Knobel</i>	By end Q2				
Form group and hold first biannual meeting of a drug related death monitoring group with the first meeting to be held	<i>Alan Knobel</i>	By end Q3				
Confirm a Portsmouth commitment to provision of primary healthcare care to people who are homeless	<i>Alan Knobel</i>	By end Q3				



## 6. Reduce unwanted pregnancy from current baseline

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Increase the uptake of long-acting reversible contraceptives (LARC) in general practice, maternity and terminations of pregnancy pathways through on-going promotion	<i>Sam Belfrage</i>	LARC activity being monitored. Scoping survey to determine qualified practitioners available in Portsmouth to increase activity complete.				
Maintain the sexual health contract with Solent, ensuring relevant Public Health outcomes are met	<i>Andy Ames and Sam Belfrage</i>	Ongoing business as usual. Awaiting contract to be signed by Solent.				
Support inclusion of awareness of unwanted pregnancy in the PSHE/Healthy schools programme	<i>Sam Belfrage</i>	Awaiting appointment of PSHE development post in the Early Help team				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Present findings of the terminations of pregnancy needs assessment and action plan of recommendations to the public health senior management team	<i>Caroline Taylor</i>	By end Q2				
Send letter to GP practices reporting findings of practice level analysis of HIV testing rate applying a behavioural insights approach	<i>Amy McCullough</i>	By end Q2				
Send letter to GP practices reporting findings of practice level analysis of LARC uptake applying a behavioural insights approach	<i>Amy McCullough</i>	By end Q3				
Publish the 2018 Pharmaceutical Needs Assessment (PNA) for Portsmouth which will include an assessment of gaps in provision of EHC by end March 2018	<i>Jim Hawkins and Claire Currie</i>	By end Q4				

## 7. Reduce health and social care need in later life

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Improve co-ordination of volunteer and third sector input throughout PCC; working with the Directorate of Community and Communication, Independence and Wellbeing Team - Adult Social Care; and the CCG	<i>Brian Bracher</i>	BB Supporting Dir. Community and Communication with 'Project Bridge' which brings together PCC, PH, CCG and VCS to provide seamless support for clients. Initial meeting of Project Bridge has taken place (DLT also attended) to meet and understand the issues. BB supporting working groups and next stakeholder meeting set for Sept 2017.				
Improve population vaccination coverage (seasonal influenza, shingles)	<i>(Claire Currie - to work with NHSE/PHE)</i>	Had introductory meeting with health protection colleagues and requested assurance given to DPH through quarterly meetings. Trainee attended working group. PCC seasonal influenza vaccination offer planned.				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Establish partnership and identify opportunities for public health input to Safe and Well visits	<i>Dominique Le Touze / Amy McCullough</i>	By end Q1	Working with Lou Wilders and Project Bridge to identify ways of working collaboratively with health and social care, and community and voluntary sector to address need.	Y		
Evidence review of assistive technology	<i>Duncan Fortescue-Webb / (ICS)</i>	By end Q1	Evidence of most effective AT interventions reviewed and presented to DPH&ICS. Project lead and emphasis for review have changed, so the review may require amending to identify those population groups who may benefit most from AT.	Y		
Implement MECC training for Safe and Well	<i>Dominique Le Touze / Amy McCullough with the Independence and Wellbeing Team, Adult Social Care</i>	By end Q2				

## 8. Reduce the impact of the 'toxic trio'

On-going / core business						
Objective	Name	Key progress Q1	Key progress Q2	Key progress Q3	Key progress Q4	Director's Year End Commentary
Promote Alcohol Identification and Brief Advice (IBA) in secondary care: e.g. using Vitalpac at QA	<i>Alan Knobel</i>	Working with Portsmouth Hospitals NHS Trust to develop a plan to roll out IBA across inpatient wards in 18/19				
Promote alcohol IBA in primary care: Increase referral from GP surgeries through Alcohol Awareness training to staff; IBA training to pharmacies and other professionals	<i>Alan Knobel</i>	Pharmacies are delivering alcohol brief advice, as part of locally commissioned services.				
Implement improved and more integrated supported housing for drug and alcohol users, work with The Society of St James and Portsmouth City Council partners to expand accommodation (housing and day service), providing an increased number of supported housing and move-on bed spaces	<i>Alan Knobel</i>	An additional 9 bedspaces of move on have been provided by better use of buildings, with a further 11 to come in future months.				
Partnership working with Portsmouth City Council Licensing Department, Trading Standards and the Police's Licensing and Violent Crime Team	<i>Rob Anderson-Weaver</i>	Partnership working is effective between the different staff teams, communication is excellent.				
Fully engage with and support the Safe Portsmouth Partnership multi-agency complex cases priority work, developing a multi-sectoral approach to meeting their needs	<i>Alan Knobel</i>	Updated report has gone to SPP with recommendations and progress.				
Work closely with the domestic abuse lead and the Safer Portsmouth Partnership to support the domestic abuse agenda, especially where it interplays with substance misuse by providing public health input to domestic abuse strategy group	<i>Alan Knobel</i>	Public Health are active members of the Domestic Abuse strategy group				
Ensure domestic abuse screening takes place within substance misuse services and appropriate support and onward referral is provided	<i>Alan Knobel</i>	Monitoring of domestic abuse screening and referral is undertaken as part of contract monitoring.				

New initiatives / transformational						
Objective	Name	Target Date	Key progress and milestones towards completion	Completed (Y/N)	On track (RAG rating)	Director's Year End Commentary
Submit consultation response on the statement of alcohol licensing policy	<i>Rob Anderson-Weaver / Alan Knobel</i>	By end Q1	Consultation response submitted, awaiting Committee response.	Y		
Help the licensing committee and others involved in licensing to recognise the health and wellbeing benefits of reducing access to alcohol (especially high strength, low cost), cigarettes and drugs through delivery of development sessions	<i>Rob Anderson-Weaver / Alan Knobel</i>	By end Q2				
Develop shared objectives and projects to improve alcohol retailing in the city	<i>Rob Anderson-Weaver</i>	By end Q3				
Work with the South Central Ambulance Service and police to improve quality of data collection regarding alcohol related crime and safety issues	<i>Rob Anderson-Weaver / Alan Knobel</i>	By end Q3				

**Public Health Projects**

Project	Target Date	Key progress and issues arising	On track - time (RAG rating)	On track - budget (RAG rating)	On track - outcomes (RAG rating)	Key project risks
See ' new initiatives / transformational' under each of the eight theme areas above						

Public Health - Risk Register								
Risk owner	Risk Area	Where risk identified	Risk Likelihood	Risk impact	Current Risk Status	Potential outcomes	Mitigation/commentary	Type of Risk
DPH	Insufficient focus on system prevention and early intervention in system-wide plans					Failure to reduce demand on services	Working with partners to ensure the Portsmouth Health and Care Programme is sufficiently focused on prevention and early intervention	Failure to achieve objectives
DPH	Failure to continue to deliver PH priorities during the implementation of the service wide restructure					Failure to deliver PH priorities	Working with HR to implement changes to team structure, roles and appropriate processes prior to 3 Jan 17 when new structure is implemented.	Failure to achieve objectives
DPH	Reduction in funding in services, including for vulnerable people e.g. drug and alcohol services, oral health, healthy child programme					Population outcomes decline	Managed through service redesign, retender of services and performance management of providers	Failure to achieve objectives