

PUBLIC HEALTH WORKPLAN 13/14 (LAST UPDATED 23/07/13)

LOCALITY: WEST

DISTRICT/BOROUGH: CANNOCK CHASE DC

CCG: CANNOCK CHASE CCG

(see appendix for list of initials)

Theme	Area	Objective	Organisational Priority	Public Health Activity/input	Partner Input
1. Starting Well <ul style="list-style-type: none"> Giving children the best start 	1.1 Breastfeeding	Improve B/F initiation and BF at 6-8 weeks rates	Target under 25's	MC Leadership RC Health Intelligence NB Priority lead on working group	BFI on all relevant contracts – CCG BFI widely available in community – CCDC (NB)
	1.2. Parenting	Parents know how to provide a supportive, safe and stable childhood	Provide every child with the best start in life and making sure young children are school ready	NB Project Lead (jointly with DCL AS)	<ul style="list-style-type: none"> SCC Children's Commissioner. DCL - AS School Nursing Health Visiting SSOTP.
2. Growing Well <ul style="list-style-type: none"> Maximum potential and ability 	2.1. Emotional Wellbeing	C&YP have improved emotional wellbeing Not sure who this sits with?	Building Resilient Families Or what the org priorities are?	NB Provide support to BRF Lead (AS)	Through BRF Implementation Group
	2.2. Healthy weight	C&YP have a BMI within a healthy range	Reduce Obesity in reception and in year 6	NB Stocktake of Nutrition and Physical Activity Programmes for C&YP during 2013/14 and scope commissioning options for 2014/15 NB / MC Leadership/Partnership support	Identify CCG Lead School Nursing Service CCDC – Leisure/Wigan Leisure Trust
	2.3. Alcohol/SM	C&YP are kept safe from	Prevent and	TB Agreed Commissioning	Via the Alcohol and Drug

		Substance & Alcohol abuse	Reduce Alcohol-related problems	Programme and delivery of agreed Strategy to Education and prevention to treatment	Executive Board (ADEB)
	2.4. Sexual Health	Fewer C&YP contracting STI's	Develop and Implement Sexual Health Strategy	RCh Delivery of Commissioning Programme NB Participate in Strategy/Plan sessions as agreed	SSOTP
3. Living Well <ul style="list-style-type: none"> Maximising opportunities for good health, and making good lifestyle choices 	3.1. Housing and Health	People have access to good quality housing and influence planning	To assist CCDC develop Local Planning and Housing strategy	MC Lead for Spatial Planning	Housing Strategy – NB
	3.2. Mental Health	Fewer people report feelings of isolation and low self-esteem and improved access to services	(add detail)	(add – Lucy is lead)	(add)
	3.3. Healthy Weight	Adults have a BMI within a healthy range and engage in regular physical activity	Shift PH resources to prevention	ND SPH Commissioning Lead – Develop and implement strategy across County. MC/NB Scope local need and report to LSP for implementation April 2014	Wigan Leisure Trust (WLT) – NB to work with WLT from July 2013 to March 2014 for agreed LSP local delivery from April 2014
	3.4. Smoking	Continue to reduce smoking prevalence	Increase numbers accessing stop smoking services and reduce smoking in pregnancy	TB SCC Commissioning Lead NB Increase smoking cessation uptake in the most deprived areas and get more pregnant smokers to stop	Range of local providers
	3.5. Employment	People are able to	(add detail) Input	(add detail)	

		access employment having appropriate skills and training	from CCDCC – Steve/NB		
	3.6. Alcohol/SM	Improve the lives of individuals, families and Communities affected by Drugs and Alcohol	Pilot an Asset Based Community Development (ABCD) Project in Blake	TB/MC SPH Leads – SPH NB Locality Project Lead	SCC Lead – AS
	3.7. CVD Risk - NHS Health Checks	To provide access to, and increase uptake of NHS Health Checks across Cannock (4 GP practices not providing and many low in performance)	To improve performance and to improve on-going support after Health Check. Re-offer of LES before Sept 2013	AT/DS SCC Health Checks Leads JB CCCCCG Lead DS/NB Scope why Cannock's performance has remained static over last two years while other Districts have seen improvements	PHE
4. Aging Well <ul style="list-style-type: none"> Sustaining independence choice and control 	1.Long Term Conditions	Provision of high quality integrated care to optimise quality of life for those with LTCs	Provide PH Prevention Lifestyle Services to assist with self management of LTCs	MC Leadership to support both LTC and Dementia NB Project support	CCCCCG as overall Lead All partners through LSP
	2. Dementia	Increase diagnosis rates and improved access to treatment	Support CCG to provide supporting Lifestyle Services to identified patients (including via NHS Health Checks)	(add detail)	
	3. Falls Prevention	Fewer people will have accidents and falls	Develop a partnership strategy and action plan for falls prevention	MC leading on pulling strategy together across Staffordshire JB lead for CCCCCG	

				NB leading for CCDC	
	4. Excess Winter Deaths	People are better protected against the risk of EWD's	To implement a range of actions to reduce risk of EWD including improved flu vaccination rates and warmer homes	SS / NB CCDC JB lead for CCGG AT liaison with PHE re: vaccinations	PHE
	5. Cancer	Improve cancer detection / early detection	Work with PHE to promote cancer screening and cancer awareness	AT liaison with PHE	PHE
5. Ending Well • Ensure care and support at the end of life	5.1. End of life	To improve and ensure a high quality of EoL service provision	Engage fully with the Macmillan Cancer and EoL Programme	AT – SPH Lead for the Macmillan programme (add others)	(add)
	5.2. Frail Elderly	(add – need info from Vanessa Pugh)	(add)	(add)	(add)
6. Public Health Support for Health protection and Commissioning	6.1 Health protection	To work in partnerships that health protection arrangements across the locality are robust and effective	Infection Control Screening and Imms	AT (Health Protection Lead for SCC) SS (CC DC) JB (CC CCG)	PHE NHSE SSOTP Acute providers
	6.2. Health Intelligence including Health Profiles	To support CCG and GP Practices with up to date health intelligence as appropriate including provision of GP Practice Profiles on an annual basis	To regularly review health intelligence requests and agree to what extent SPH can support	MC to facilitate specifications with CCG / CCDC HITo produce profiles/ information	
	6.3. Health Economics	Improve general understanding of the positive and negative effects financially of agreed programmes/projects	CCG and District Council support	AT / JB agree what health economic support is needed from HIT	
	6.4 Specialist	To provide public health	Develop an annual	AT Lead for SCC	

	support for prioritization processes including the Clinical Priorities Assessment Group	support for the CPAG processes and work with partners to ensure that CPAG is sued as part of the commission processes	Workplan for CPAG reflecting the needs of CCGs	JB Lead for CCCCCG	
	4. Understanding Commissioning Arrangements	Agree who commissions what across the life course	Facilitate a better understanding btw partners for organisational priorities	SPH – AH/AT Programme of activity to March 2014 – NB	

DRAFT

Appendix: Workplan contributor initials

Initials	Name	Organisation	Key areas
AT	Alison Teale	SCC	PH Consultant Lead (West) / CVD and Health Checks / LTC / EoL/ Health Protection
MC	Mike Calverley	SCC	Locality Public Health Partnership and Commissioning Lead – West
AS	Angela Schulp	SCC	District Commissioning Lead (Cannock)
NB	Natalie Barrow	SCC / CC DC	District Public Health Development Officer
HIT	Health Intelligence Team	SCC	Health Intelligence
TB	Tony Bullock	SCC Commissioner	Alcohol and Substance Misuse, Smoking and Mental Wellbeing
RC	Rachel Chapman	SCC Commissioner	Sexual Health
DS	David Sugden	SCC Commissioner	Health Checks & primary Care
ND	Nicola Day	SCC Commissioner	Physical activity & weight management
SS	Steve Shilvock	Head of Environmental Health	Public Health Lead for CCDC
JB	Jonathan Bletcher	Director, CC CCG	Public Health Commissioning Lead for CC CCG