



**Policy, Performance & Public Health**

**DIRECTORATE PLAN**

**2013-2014**

**MAY 2013**

# **CONTENTS**

---

1. **Departmental Overview**
2. **What are we going to deliver in 2013/14?**
3. **Financial Planning**
4. **Directorate Risk Register**
5. **Workforce**
  - **Monitoring**
  - **Planning**
6. **Equality and Diversity**

# 1. Departmental Overview

## Introduction

The Policy, Performance and Public Health Directorate Plan forms part of the Council's business planning arrangements. This plan should be looked at in conjunction with the Council's Corporate Plan, individual service plans and other plans that together form the Council's overall business planning arrangements.

The Public Health and Performance & Business Intelligence teams were transferred over to Wirral Council from NHS Wirral on 1<sup>st</sup> April 2013 as a result of the transformation of the NHS and the Health & Social Care Act 2012.

Under this Act, the Council now has a new duty to take such steps as it considers appropriate for improving the health of the population of Wirral. An important step in exercising this duty is the establishment of a Health and Wellbeing Board as a statutory committee of the Council.

The Council is responsible for leading on the improvement of public health outcomes for all local people. It is the accountable body for the Wirral Health and Wellbeing Board and is therefore responsible for the development and implementation of the Health and Wellbeing Strategy as the single agreement between the board members on priorities and actions to improve the health and wellbeing of local people.

The reasons for moving the public health function to the Council is the ability to focus on the whole of the local population thereby shaping services to meet local needs, influencing the wider social determinants of health and tackling health inequalities.

The Public Health team will operate across the Council and in partnership with the Wirral Clinical Commissioning Group and NHS England to commission a range of services to meet local needs. The team is led by the Director of Public Health who is responsible for exercising the Council's new public health functions.

The business intelligence, commissioning & performance team is a corporate service which consolidates skills and experience from the council & public health to:

- facilitate evidence based decision making through the provision of intelligence expertise and resources (e.g. JSNA)
- deliver business planning & a performance management framework designed to drive delivery and improvement at all levels of the organisation
- contribute to the development of outcome based strategic commissioning
- provide specialist public intelligence to CCG partners

The Policy Unit provides support to the Chief Executive, his strategy group and Elected Members on developing corporate strategy and policies. The policy unit undertakes analysis of new policy and initiatives from central government and identifies how this may impact on the Council. This is disseminated through regular briefing papers.

The division co-ordinates the Council's overall approach to improvement including supporting the Wirral / LGA Improvement Board. Progress as been made on the Council's Improvement Plan, with a key objective of the coming year to mainstream

improvement activity through the council's business planning arrangements.

The revisions to the Council's constitution and enhanced scrutiny arrangements provide a strong foundation for developing a coherent approach to overview and scrutiny, which will be a key activity for this year.

## Corporate Plan Priorities

The Directorate assists the Council corporately to set and monitor the achievement of corporate priorities and help to develop the right performance management focus and culture across the organisation.

The Directorate supports the achievement of the council priorities of:

- **Protecting the vulnerable**
- **Tackling health inequalities**
- **Driving growth in our economy**

by enabling Elected Members to be well informed on current and future policy issues and there is effective collaboration between departments on cross cutting policy issues, as well as effective sharing of learning and best practice. The directorate plans to implement Public Health programmes designed to address inequalities in health.

The directorate supports the consistent use of evidence to develop Council plans and strategies and supports the wider strategic partnership of Wirral by ensuring there is a shared view amongst partners about the key challenges and opportunities for Wirral.

## Directorate Objectives

The Directorate has specific responsibility for delivering key elements of the Council's Corporate Plan and three year financial strategy, supporting Chief Executive's Strategy Group to ensure both the Improvement Plan and the Corporate Plan are delivered.

The Directorate is responsible for developing a well coordinated framework for policy, scrutiny & improvement that ensures effective collaboration between elected members, partners and officers. It is therefore essential that Council staff and elected members are aware of the function and remit of the team.

The Public Health, Business Intelligence and Commissioning functions were transferred to Wirral Council from NHS Wirral on 1<sup>st</sup> April 2013. These functions are fully operational and the aim is for them to become fully integrated within Wirral Council within a shortest space of time.

These functions will strive to tackle health inequalities, protect the health of the population, influence the wider social determinants of health, prioritise its commissioning responsibilities and develop a comprehensive performance management framework within the council.

## Key Partnerships

The Council proactively seeks to work with others and recognises the added value that working in partnership can bring to projects, services and initiatives. The drive to work in partnership has never been greater than in the current financial climate.

The Council's key mechanism for pursuing this agenda is Wirral's Public Service Board which brings together key partners to develop approaches to integrating services and maximising the use of public sector resources.

The Council also works strategically with partners through leading and supporting a range of other forums and partnerships. This activity is currently being reviewed to ensure that the role of individual partnerships is clearly understood. The Council is also renewing arrangement for its Local Strategic Partnership to put in place an overarching partnership executive which takes responsibility for shaping Wirral as a place and championing a long-term vision for the borough.

The Policy, Performance and Public Health Directorate is responsible for the following key partnership forums:

- The Local Strategic Partnership (currently being renewed)
- The Public Service Board
- The Health and Wellbeing Board

Also work closely in partnership with:

- ChaMps - Public Health Collaborative Service
- Community Safety Partnership

The Directorate also supports the Council's role in working with other local authorities in the City Region on a number of policy issues, for example through the Merseyside Improvement and Efficiency Partnership and Liverpool City Region Forum on Poverty and Life Chances.

## Policy, Performance & Public Health Directorate Services

The Directorate is responsible for delivering / supporting the following areas:

### **Public Health division:**

Statutory responsibilities of Director of Public Health

Health Improvement

Health Protection

Wider determinants of health

Health Care Commissioning via support to the Clinical Commissioning Group

Health & Wellbeing Board

### **Commissioning division and Performance & Business Intelligence divisions:**

Performance Management

Business Intelligence

Commissioning  
Contracting

**Policy & Improvement division:**

Improvement agenda  
Policy & business planning  
Scrutiny  
Wirral Public Service Board

## Key Objectives for 2013/14:

### Policy

Ref	Objective	Responsible Officer	Source
POL1	<ul style="list-style-type: none"> <li>To support the development of the Council's long term improvement goals and the organisational transformation required to achieve them by November 2013</li> </ul>	Head of Policy & Improvement	Corporate Plan
POL2	<ul style="list-style-type: none"> <li>To work with members to embed a well coordinated policy framework across the Council by July 2013</li> </ul>		Improvement Plan
POL3	<ul style="list-style-type: none"> <li>To develop a coherent and joined up approach to Overview &amp; Scrutiny by Sept 2013</li> </ul>		Corporate Plan
			Improvement Plan
			Audit requirements

### Performance & Business Intelligence

Ref	Objective	Responsible Officer	Source
PBI1	<ul style="list-style-type: none"> <li>To develop, agree and implement a comprehensive business planning and performance management framework &amp; infrastructure by March 2014</li> </ul>	Head of Commissioning & Performance	Corporate Plan
PBI2	<ul style="list-style-type: none"> <li>To deliver directorate work plans for the provision of corporate Performance &amp; Business Intelligence services by March 2014</li> </ul>		Directorate Plan
PBI3	<ul style="list-style-type: none"> <li>To complete Joint Strategic Needs Assessment (JSNA) refresh cycle for 2013 for consultation with residents to produce issues report to support the Health &amp; Wellbeing Strategy and contribute to the overall strategic direction of the council by November 2013</li> </ul>		Objectives
PBI4	<ul style="list-style-type: none"> <li>Establish effective information flows between Local Government and the NHS by September 2013</li> </ul>		Improvement Plan
PBI5	<ul style="list-style-type: none"> <li>To deliver the Cost Improvement Programme target set for the Performance and Business Intelligence function by March 2014</li> </ul>		

### Public Health Commissioning

Ref	Objective	Responsible Officer	Source
COM1	<ul style="list-style-type: none"> <li>To contribute to the development of strategic commissioning within the council (<b>Deadline &amp; specifics to be agreed</b>).</li> </ul>	Head of Commissioning & Performance	Corporate Plan
COM2	<ul style="list-style-type: none"> <li>To develop, agree and implement a comprehensive business planning and performance management framework &amp; infrastructure to support business planning cycle</li> </ul>		Directorate Objectives
COM3	<ul style="list-style-type: none"> <li>To migrate all appropriate provider contracts to the national Public Health services contract template by March 2014 and ensure compliance with all council policies and procedures</li> </ul>		

### Public Health

Ref	Objective	Responsible Officer	Source
PH1	<ul style="list-style-type: none"> <li>To finalise the schedule for re-commissioning of public health services by July 2013.</li> </ul>	Head of Public Health	PH Outcome Framework
PH2	<ul style="list-style-type: none"> <li>To be ready to test the market in response to national and local needs by 31<sup>st</sup> March 2014 for services including: <ul style="list-style-type: none"> <li>Healthy child programme for 5-19 year olds</li> <li>Drug and alcohol treatment services</li> <li>Breast feeding and weight management services</li> </ul> </li> </ul>		Directorate objectives
PH3	<ul style="list-style-type: none"> <li>To support the ongoing development of the Health and Wellbeing Board throughout 2013-14 by: <ul style="list-style-type: none"> <li>Continuing development of the "Spotlight On Series"</li> <li>Developing the concept of Asset Based Community Development</li> <li>Monitor delivery of actions within Health and Wellbeing Strategy and facilitate mitigating actions, when appropriate</li> </ul> </li> </ul>		Health and Wellbeing Strategy
PH4	<ul style="list-style-type: none"> <li>To work with partners on a range of activities to tackle the wider determinants of health by March 2014: <ul style="list-style-type: none"> <li>Developing a Food Plan</li> <li>Working with the Library Service to develop an integrated wellbeing model of service delivery</li> <li>Developing the Tobacco Control Strategy</li> </ul> </li> </ul>		Directorate objectives



	<ul style="list-style-type: none"> <li>○ To maximise client and system outcomes for drug and alcohol recovery programmes</li> <li>○ Working closely with the Licensing team to review the Alcohol Licensing approval process</li> </ul>		
<b>PH5</b>	<ul style="list-style-type: none"> <li>● To design and implement an assurance framework for Health Protection by September 2013</li> </ul>		Statutory responsibility
<b>PH6</b>	<ul style="list-style-type: none"> <li>● To produce the Public Health Annual Report by October 2013</li> </ul>		Statutory responsibility
<b>PH7</b>	<ul style="list-style-type: none"> <li>● To work with the four constituency committees to ensure action to support the health and wellbeing of local people is embedded in local action plans by March 2014.</li> </ul>		Corporate Plan Directorate objectives

### Joint Objectives

#### Public Health, Performance & Business Intelligence and Commissioning

Ref	Objective	Responsible Officer	Source
<b>PHPBI1</b>	<ul style="list-style-type: none"> <li>● To deliver the Public Health offer to Wirral Clinical Commissioning Group (CCG) by March 2014 [incorporates PH advice and business intelligence support]</li> </ul>	Head of Commissioning & Performance / Head of Public Health	Corporate Plan Directorate Objectives
<b>PHPBI2</b>	<ul style="list-style-type: none"> <li>● To refresh the Public Health prioritisation matrix by November 2013 to support elected members in determining public health commissioning priorities</li> </ul>	Head of Commissioning & Performance / Head of Public Health	Corporate Plan

#### Directorate-wide objective

Ref	Objective	Responsible Officer	Source
<b>PPPH1</b>	<ul style="list-style-type: none"> <li>● To ensure the directorate achieves its financial targets by March 2014</li> </ul>	Director of Public Health / Head of Policy & Performance	Corporate Plan Directorate Objectives

**Fiona Johnstone**  
**Director of Public Health / Head of Policy & Performance**

This Directorate plan has been approved by both:

**Councillor Ann McLachlan,**  
**Deputy Leader & Portfolio Holder for Governance & Improvement**

**Councillor Chris Meaden,**  
**Portfolio Holder for Health and Wellbeing**

## 2. What are we going to deliver in 2013/14?

<b>Priority:</b>		Tackling Health Inequalities						
<b>Overarching Outcomes:</b>		To increase healthy life expectancy, taking account of the health quality as well as the length of life, and;  To reduce differences in life expectancy and healthy life expectancy between communities, through greater improvements in more disadvantaged communities.						
<b>Objective 1:</b>		Health improvement: Domain 2 – Public Health Outcomes Framework 2013-16, people are helped to live healthy lifestyles, make healthy choices and reduce health inequalities.						
PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
CP 2.18	Alcohol-related admissions to hospital	Alcohol misuse is the third-greatest overall contributor to ill health, after smoking and raised blood pressure.  In Wirral, alcohol was found to be the most significant contributor to deaths at an earlier age by the Burden of Disease work carried out in 2010.	Monthly	J Webster	G Rickwood	2296.5 (forecast outturn)	2355.2	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
CP 2.14	Smoking quitters (4 weeks)	<p>Smoking is the primary cause of preventable morbidity and premature death, accounting for 1 in 5 of all deaths of adults aged 35 and over. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.</p> <p>Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.</p>	Monthly	J Webster	G Rickwood	2,738 (forecast outturn)	3,500	Higher is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.3	Smoking status at time of delivery: rate per 100 maternities	Smoking during pregnancy can cause serious pregnancy-related health problems including complications during labour, increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy. The inclusion of this indicator will help ensure an appropriate focus on pregnant women.	Quarterly	J Webster	G Rickwood	12 (2012/13)	11.5%	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.4	Under 18 conceptions: rate per 1,000 population aged 15-17	<p>Teenage parents are at increased risk of postnatal depression, poor mental health and they are more likely than older mothers to have low educational attainment, experience adult unemployment and be living in poverty at age 30. Their children experience higher rates of infant mortality, low birth weight and A&amp;E admissions for accidents.</p> <p>Wirral's teenage conception rate in 2011 (34.6/1,000) is at an all-time low compared with 1998. The rate is lower than the NW average (35.3/1,000) but slightly higher than England (30.7/1,000).</p>	Quarterly	J Webster	J Graham	<u>34.6</u> (national 2011)	<u>32.9</u> (national)%	<u>Lower is Better</u>

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.6i	Excess weight in 4-5 year olds: reception year classified as overweight or obese	Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. In Wirral, 24.7% of Reception children were overweight compared to 22.6% nationally.	Annual	J Webster	J Graham	24.7% (2011-12)	24.7%	Lower is better
2.6ii	Excess weight in 10-11 year olds: year 6 classified as overweight or obese	Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. In Wirral, 35.6% of Year 6 children were overweight compared to 33.9% nationally.	Annual	J Webster	J Graham	35.6% (2011-12)	35.6%	Lower is better

PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
2.15i	Proportion of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Successful completion of drug treatment results in significant improvement in health and well-being (e.g. increased life expectancy, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health). It is also well demonstrated that cessation of drug use reduces re-offending significantly which, reducing harm in local communities.	Quarterly	J Webster	G Rickwood	10.2% (2011-12)	10%	Higher is better
2.15ii	Proportion of non-opiate drug users that left treatment successfully who do not re-present to treatment within 6 months		Quarterly	J Webster	G Rickwood	49.9 (2012/13)	53%	Higher is better
2.22i	Take up of the NHS Health Check programme by those eligible - Health check offered	Uptake of the NHS Health Checks programme is important as it will help identify early signs of poor health leading to opportunities for early intervention. The programme is mandatory for local authorities to provide. Data collected will show how well the programme is taken up and how accessible it is.	Quarterly	J Webster	J Harvey	25.5%	20% (Q2-Q4)	Higher is better
2.22ii	Take up of the NHS Health Check programme by those eligible - Health check take up		Quarterly	J Webster	J Harvey	57.8%	50% (Q2-Q4)	Higher is better



<b>Objective 2:</b>		Healthcare, public health and preventing premature mortality: Domain 4 – Public Health Outcomes Framework 2013-16, reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.						
PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
CP 4.4	Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)	Prevention of cardiovascular disease (CVD) is just as important as treatment. CVD is one of the major causes of premature mortality (deaths in U75s) in England. There is a need to ensure that the significant health gains resulting from better treatment and improvements in lifestyle over the past decades continues.	Monthly	J Webster	J Webster	68.7	64.0	Lower is better

<b>Objective 3:</b>		Health protection: Domain 3 – Public Health Outcomes Framework 2013-16, the population’s health is protected from major incidents and other threats, while reducing health inequalities.						
PI Ref	Indicator Title	Purpose of PI	Frequency	Responsible Officer	Lead Officer	Outturn 2012/13	Target 2013/14	Desired Direction of Travel
3.2	Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 years	Chlamydia causes avoidable ill-health such as pelvic inflammatory disease (PID), ectopic pregnancy and infertility. The chlamydia diagnosis rate among under 25 year olds is a measure of chlamydia control activities that can be linked to changes in chlamydia prevalence.	Quarterly	J Webster	J Graham	2,505 per 100,000 (2011)	2,505 per 100,000	Higher is better

**Detailed service plans will be developed to support delivery of the above indicators.**

## Performance Management Framework for projects:

### Policy

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To support the development of the Council's long term improvement goals and the organisational transformation required to achieve them	To agree strategic outcomes that provide assurance to the Improvement Board that the Council is effectively managing its own improvement journey	Director of Public Health / Head of Policy & Performance  Head of Policy & Improvement	November 2013
To embed a well coordinated policy framework across the Council	To regularly brief Portfolio holders on local and national policy drivers	Head of Policy & Improvement	March 2014
	To plan and deliver a Policy council		November 2013
	To produce a refreshed Corporate Plan		March 2014
	To produce a State of the borough report		June 2013
	The Local Public Service Board is further developed as a vehicle for implementing a 2030 vision		March 2014
	The Local Strategic Partnership is renewed and the annual conference takes place		December 2013
To develop a coherent and joined up approach to Overview & Scrutiny	To put in place a work programme for scrutiny that evidences member engagement and a response to policy drivers.	Head of Policy & Improvement	September 2013

## Public Health:

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
Tackling health inequalities: Finalise the schedule for re-commissioning of public health services.	To establish those services that are most appropriate to prioritise for re-commissioning and develop a schedule of key commissioning milestones	Head of Public Health	July 2013
Tackling health inequalities: To be ready to test the market for key services in response to national and local needs	To test the market for the Healthy child programme for 5-19 year olds to provide an integrated offer to children and young people. This work will include a review of the school nursing programme, national child measurement programme and aspects of the Health Services in Schools Programme	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	To test the market for the Drug and alcohol treatment services. We will work with stakeholders to agree priorities for the design and structure of the proposed re-commissioned programme and service(s). We will rationalise current contracting arrangements and integrate drug and alcohol services where this will lead to improved performance and quality.	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014
	To test the market for the Breast feeding and weight management services to create a healthy weight pathway	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
Tackling health inequalities:	To continue the development of the	Head of Public Health	March 2014

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To support the ongoing development of the Health and Wellbeing Board	"Spotlight On Series" which raises topical issues for consideration by the Board to inform local partnership working and planning e.g. welfare reforms		
	To further develop the concept of Asset Based Community Development by working with a number of pilot projects in the Borough e.g. promoting and supporting innovation in the recovery agenda for drug and alcohol misuse.	Head of Public Health / Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	Monitor delivery of actions within Health and Wellbeing Strategy and facilitate mitigating actions, when appropriate	Head of Public Health	March 2014
Tackling health inequalities: To work with partners on a range of activities to tackle the wider determinants of health	To develop a Food Plan in partnership with other agencies to ensure a focus on prevention rather than treatment services	Head of Public Health	March 2014
	To work with the Library Service to develop an integrated wellbeing model of service delivery	Senior Public Health Manager- Living, Starting & Developing Well	March 2014
	To develop the Tobacco Control Strategy for the borough to include smokefree policies for all statutory agencies; working with Trading Standards to reduce availability of tobacco products to children and	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
	young people through tackling illegal and illicit tobacco		
	To maximise client and system outcomes for drug and alcohol recovery programmes by strengthening integration between Public Health commissioned services and the Department of Work and Pensions and Work programme providers	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	March 2014
	To work closely with the Licensing team to review the Alcohol Licensing approval process	Head of Public Health / Senior Public Health Manager- Living, Working & Ageing Well	December 2013
Tackling health inequalities: Work in partnership with the new constituency committees to support health and wellbeing of local population	To work with the four constituency committees to ensure action to support the health and wellbeing of local people is embedded in local action plans	Head of Public Health	March 2014
Fulfilling statutory public health responsibilities	To design and implement an assurance framework for Health Protection	Head of Public Health / Consultant in Public Health	September 2013
	To produce the Public Health Annual Report	Head of Public Health / Consultant in Public Health	October 2013

## Commissioning

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To contribute to the development of Strategic Commissioning (Transformational Project) within the council	<ul style="list-style-type: none"> <li>Deadline &amp; specifics to be agreed</li> </ul>	Head of Commissioning & Performance	
To design & implement a new Public Health commissioning support model and infrastructure	<ul style="list-style-type: none"> <li>Complete establishment of new support model/team</li> </ul>		June 2013
	<ul style="list-style-type: none"> <li>Finalise Phase 1 of Commissioning infrastructure (e.g. framework, policies &amp; procedures – a parallel process in line with Strategic Commissioning Project)</li> </ul>		November 2013
To migrate all appropriate provider contracts to the national Public Health services contract template by March 2014 and ensure compliance with all council policies and procedures	<ul style="list-style-type: none"> <li>Transfer relevant provider contracts to national Public Health services contract template liaising with legal and procurement teams within the council, as appropriate</li> </ul>		March 2014

## Performance & Business Intelligence

Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
To deliver directorate work plans for the provision of Performance & Business Intelligence services	<ul style="list-style-type: none"> <li>Produce service directory (and capacity allocation)</li> </ul>	Head of Commissioning & Performance	June 2013
	<ul style="list-style-type: none"> <li>Agree bespoke Directorate work plans (with Heads of Service)</li> </ul>		July 2013
	<ul style="list-style-type: none"> <li>Evaluate work plans &amp; update service directory</li> </ul>	Head of Commissioning & Performance	February 2014
	<ul style="list-style-type: none"> <li>Agree work plans (by Directorate) for 2014/15</li> </ul>		March 2014
To develop, agree and implement a comprehensive business planning and performance management framework & infrastructure (including all policies, procedures, timetables, training materials, balanced scorecards, data flows, website footprint etc) to support business planning cycle	<ul style="list-style-type: none"> <li>Monitor, report and performance manage 2013 Performance Management Framework components:                             <ul style="list-style-type: none"> <li>- Corporate Plan</li> <li>- Directorate Plans</li> <li>- Service/Team Plans</li> <li>- CESG</li> </ul> </li> </ul>		June 2013 (monthly onwards)
	<ul style="list-style-type: none"> <li>Develop PID &amp; Timetable for 2014/15 Business Planning &amp; Performance Management Frameworks &amp; Infrastructure (for 2013/14 cycle)</li> </ul>		June 2013



Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
	<ul style="list-style-type: none"> <li>Produce &amp; agree Business Planning &amp; Performance Management Frameworks &amp; Infrastructure (for 2013/14 cycle)</li> </ul>		October 2013
	<ul style="list-style-type: none"> <li>Complete Business Planning (inc. Performance Management Framework) process for 2014/15</li> </ul>		February 2014
To complete Joint Strategic Needs Assessment (JSNA) refresh cycle for 2013 for consultation with residents to produce issues report to support the Health & Wellbeing Strategy and contribute to the overall strategic direction of the council	<ul style="list-style-type: none"> <li>Update &amp; refresh JSNA chapters for 2013</li> </ul>		September 2013
	<ul style="list-style-type: none"> <li>Update JSNA survey and disseminate to establish views of residents on key health and well being issues</li> </ul>		September 2013
	<ul style="list-style-type: none"> <li>Update JSNA Key Issues document to support commissioning business planning process</li> </ul>		October 2013
Establish effective information flows between Local Government and the NHS	<ul style="list-style-type: none"> <li>Agree content and format of NHS Public Health data flows from the DEMIC across Cheshire &amp; Merseyside</li> </ul>		August 2013
	<ul style="list-style-type: none"> <li>Define and agree level of support provided by Cheshire</li> </ul>		December 2013

Link to Objectives	Project/Activity	Responsible Officer	Delivery Date
	and Merseyside Commissioning Support Unit (CSU)		
To deliver the Cost Improvement Programme target set for the Performance and Business Intelligence function by March 2014	<ul style="list-style-type: none"> <li>Identify ongoing opportunities for income generation locally and nationally</li> </ul>		March 2014
	<ul style="list-style-type: none"> <li>Identify and agree cost savings</li> </ul>		June 2013

## Joint Objectives

### Public Health, Performance & Business Intelligence and Commissioning

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To deliver the Public Health offer to Wirral Clinical Commissioning Group (CCG) [incorporates public health intelligence and public health advice]	<ul style="list-style-type: none"> <li>Finalise content of Public Health offer</li> </ul>	Head of Commissioning & Performance / Head of Public Health	June 2013
	<ul style="list-style-type: none"> <li>Agree a work plan for 2013</li> </ul>		June 2013
	<ul style="list-style-type: none"> <li>Review 2013 work plan</li> </ul>		February 2014
	<ul style="list-style-type: none"> <li>Develop a work plan for Wirral CCG for 2014</li> </ul>		March 2014
To refresh the Public Health prioritisation matrix by November 2013 to support elected members in determining public health commissioning priorities	<ul style="list-style-type: none"> <li>To refresh the existing Public Health prioritisation matrix</li> </ul>		October 2013
	<ul style="list-style-type: none"> <li>Consult with elected members and agree public health commissioning priorities</li> </ul>		November 2013

## Directorate-wide objective

Link to priorities	Project/Activity	Responsible Officer	Delivery Date
To ensure that directorate achieves its financial targets	<ul style="list-style-type: none"><li>To regularly monitor financial spend against grant allocation and address any variances as appropriate</li></ul>	Director of Public Health / Head of Policy & Performance	March 14

### 3. **Financial Planning**

An analysis of how the £26.4m Policy, Performance & Public Health directorate budget delivers the Corporate Plan priorities is contained within the following table:

#### A. Revenue

<b>Revenue Budget 2013/14</b>		
<b>Services (provided)</b>	<b>Gross Budget</b>	<b>Net Budget</b>
Alcohol Misuse Adults	2,976,307	0
Children 5-19 Programmes	2,532,809	0
Drug Misuse Adults	7,577,937	0
Health Protection	47,522	0
Miscellaneous Public Health	4,689,152	0
NHS Health Check Programme	544,971	0
Obesity and Physical Activity	1,356,107	0
Sexual Health Services	3,860,251	0
Smoking Cessation	1,928,545	0
Collaborative Service	206,400	0
Performance Management	514,800	514,800
Policy and Planning	207,700	207,700
<b>Total</b>	<b>26,442,501</b>	<b>722,500</b>

**Note:** staffing costs have been apportioned across the budgets

#### Funding Increased Demand

<b>Policy options supporting the following Corporate Plan Priorities</b>		
<b>Policy Options 2013/14</b>	<b>One Off funding for:</b>	<b>£000</b>
N/A	N/A	

#### Budget Savings

<b>Description</b>	<b>2013-14 £000s</b>	<b>2014-15 £000s</b>	<b>Total £000s</b>
Council Business Intelligence team savings	TBC		

The budget linked to the transfer of services from the NHS to Wirral Council is ring-fenced for 2013-14 and 2014-15. Consequently, the directorate is looking to create efficiencies that would be used to support Public Health activity across the council for 2013-2014 estimated to be £1m.

#### B. Capital

**In 2013/14 this Directorate will undertake the following Capital Programme activities:**

<b>Priority</b>	<b>Scheme</b>	<b>Details</b>	<b>£000</b>
N/A	N/A		
<b>Total</b>			

## 4. Risk Management

Risk is the threat that an event or action will adversely affect an organisation's ability to achieve its objectives and to successfully deliver its strategies. The Directorate's strategy for managing risk is in line with the corporate approach ensuring the Departmental Risk Register is reviewed quarterly. High level risks are escalated and monitored corporately through the Corporate Risk Register.

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
PBI1 PBI2 PBI3 PBI4	PHB11	Transfer and continued flows of NHS datasets could be stopped if Wirral Council do not attain Level 2 accreditation of the Information Governance toolkit by 22 September 2013 [check date] and so be non-compliant with Public Services Network Code of Connection resulting in Business Intelligence team unable to undertake key tasks for Wirral Council & Wirral CCG	IT & Data	Tony Kinsella	Current work around in place with Business Intelligence staff having honorary contracts with NHS.	3	4	12	Bi-monthly	Resources assigned to develop project plan and deliver the key tasks to address gaps	Head of IT	August 2013
PBI1 PBI4	PHB12	Council's current IT infrastructure (incl. level of data warehousing capability and support) may not be sufficient to meet the requirements of the performance, business intelligence and	IT & Data	Tony Kinsella	Current work around in place with Business Intelligence staff using NHS servers for data warehousing	3	4	12	Quarterly	Restate business requirements and seek assurance that suitable IT infrastructure could be set up	Head of IT	Dec 13

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
		commissioning functions causing them to not deliver their tasks effectively and prevent effective performance management										
PPPH1	PHB13	Monthly data is not uploaded onto the Pathway Analytics Grouper for sexual health activity leading to an Inability to validate data against patient information and the payments by results tariff	IT & Financial	Tony Kinsella	Aware of limitations of data and provider informed of plans to audit data against previous submissions and will reconcile payments against validated data	4	3	12	Monthly	Meetings being held with Wirral Community Trust to come up with a solution to the delay in data upload	Tony Kinsella	July 2013
PH5	PH1	Assurance process for health protection not developed	Regulatory/legal/statutory	Julie Webster	Assurance model in development. Discussions with PHE taking place, model to be debated with key stakeholders	3	3	9	Bi monthly	Assurance model in place	Jane Harvey	Sept 13
PH2	PH2	Insufficient capacity to be ready to test the market for the range of services identified	People	Fiona Johnstone	Team service plan to focus staff time on identified services	3	3	9	Bi monthly	Team redesign	Julie Webster	Mar 14
PH3	PH3	Key Stakeholders are not engaged in delivering the Health and Wellbeing Strategy	Operational	Fiona Johnstone	Health and Wellbeing Board established and well attended	2	4	8	Quarterly	Develop stronger links with Public Service Board and LSP	Julie Webster	Mar 14
PI	PH4	Health Check programme – poor take up of scheme by general practitioners	Operational	Julie Webster	Discussions with CCG and LMC have taken place.	3	3	9	Bi monthly	Tailored awareness session	Jane Harvey	Jan 14

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
					Relaunch of programme planned for July 2013					planned for GPs. Training session arranged with Practice Nurses		
PH5	PH5	The leadership roles of PH England and Directors of Public Health in local authority regarding responding to a public health related incident need further clarification	Reputation / Demographic	Fiona Johnstone	Currently, there is overlap between different agencies though PH responses will happen. Process would still benefit from being clearer.	3	3	9	Monthly	Shared post with PH teams from councils across Cheshire & Merseyside to be recruited to co-ordinate on health protection agenda	Julie Webster / Kevin Carbery	Sept 13
POL2	POL1	Insufficient capacity to develop a well coordinated framework for policy, scrutiny & improvement	Organisational Development	Fiona Johnstone	Recruitment exercise underway	4	4	16	Monthly	Appoint to vacancies as soon as possible	Michele Duerden	Sept 13
POL2	POL2	Multiple demands on key elected members which could adversely impact on their effectiveness	Organisational Development	Michele Duerden	Existing Policy staff being utilised to support this area  Regular portfolio holder meetings.  Regular briefing of Policy & performance committee chairs	3	3	9	Monthly	Develop a work programme for scrutiny	Mike Callon	Sept 13
POL2	POL3	Key Stakeholders are not engaged in developing	Partnerships	Michele Duerden	Local Public Sector Board and Health	2	4	8	Quarterly	Further develop Local	Michele Duerden	Nov 13

Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
		and implementing Vision 2030 which may result in unco-ordinated response to challenges in the borough			& Wellbeing Boards in place & meet regularly					Public Sector Board and Health & Wellbeing Boards and the wider LSP  Facilitate specific stakeholder events		
POL1	POL4	Improvement activity not mainstreamed within the delivery of Council services and continues to be addressed through specific Improvement Plan mechanism.	Organisational Development	Michele Duerden	Strategic Outcomes being developed to provide assurance to Improvement Board	3	4	12	Monthly	Embed effective business planning processes	Michele Duerden / Tony Kinsella	Nov 13
PH2	COM1	The high workload associated with the re-commissioning of significant numbers of PH contracts over the next 18months could put pressure on target implementation dates	People, Financial and Strategic	Fiona Johnstone	Team planning, coordination and prioritisation	4	4	16	Quarterly	Planning meeting being put in place to review and prioritise tasks to be completed. Strategic Commissioning Transformational project	Tony Kinsella & Julie Webster	Mar 14
PPPH1	PPPH1	Failure to meet financial balance within the directorate	Financial	Fiona Johnstone	Regularly monitor financial spend against grant allocation and address any variances as	2	3	6	Monthly		Chandra Dodgson	Mar 14



Objective	Risk Ref.	Risk Description	Risk Category	Risk Owner	Existing Control Measures	Current Net Scores			Risk Review Frequency	Additional Control Measures Planned	Officer Responsible	Target Date
						Likelihood	Impact	Total				
					appropriate							

## 5. Workforce

### A. Workforce Development

The Directorate contributes to corporate workforce planning by recognising the strengths of the current workforce and by planning to meet staffing needs for the future.

Staff work collaboratively with other departments, providing expertise in policy, performance management, public health and project management. Appropriate staff are encouraged to work in project teams, which helps to pool expertise and increase likelihood of delivering the project outcomes.

A key area of development for the Directorate is to consolidate the transitional arrangements and truly embed public health staff into the Council. Part of that development will be to ensure that all staff have completed the mandatory training for council employees.

The directorate is committed to ensuring that all staff should have a performance appraisal. It is also committed to ensuring that during the financial year ahead, relevant individuals will take a timeout to consider future plans for the directorate.

The directorate is committed to supporting continuing professional development which is both good practice and also mandatory for some individuals.

The directorate will also annually review the collective needs of the directorate staff to identify training opportunities that are common across several individuals and develop a cost effective approach to addressing these needs.

### B. Workforce Monitoring

The following table provides an analysis of Directorate staff over gender, age bandings, as at May 2013.

	Female		Male		Total	
	No	FTE	No	FTE	No	FTE
<b>Total Staff</b>	39	34.30	14	13.00	53	47.30
Age Profile	No	%	No	%	No	%
<b>Age 16 -19</b>	0	0.00%	0	0.00%	0	0.00%
<b>Age 20- 29</b>	3	7.69%	2	14.29%	5	9.43%
<b>Age 30- 39</b>	17	43.59%	2	14.29%	19	35.85%
<b>Age 40- 49</b>	10	25.64%	7	50.00%	17	32.08%
<b>Age 50- 54</b>	4	10.26%	0	0.00%	4	7.55%
<b>Age 55- 63</b>	3	7.69%	2	14.29%	5	9.43%
<b>Age 64</b>	2	5.13%	0	0.00%	2	3.77%
<b>Age 65 Plus</b>	0	0.00%	1	7.14%	1	1.89%
<b>Total</b>	<b>39</b>	<b>73.58%</b>	<b>14</b>	<b>26.42</b>	<b>53</b>	<b>100%</b>

				%		
--	--	--	--	---	--	--

*HR are not be able to provide breakdown of ethnic origin or disability status for the Directorate as data not available for those staff transferred from NHS Wirral. This will be available later on within 2013-14 when staff are asked across the Council to complete such information onto the Self-Serve.*

<b>Ethnic Origin</b>	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>	<b>No</b>	<b>%</b>
White British						
Irish						
White Other						
Mixed White/Black Caribbean						
Mixed White/Asian						
Mixed Other						
Bangladeshi						
Chinese						
Asian Other						
Black African						
Black Other						
Other						
Not Declared						
Data Not available						
<b>Total Available</b>						
<b>Disability</b>						
No						
Yes						
Not declared						
Data not available						
<b>Total</b>						

### **C. Workforce Planning**

<b>Workforce Issue</b>	<b>Broad Skill Development Needs</b>	<b>Planned Actions</b>	<b>Financial Implications</b>
Vacancies need to be recruited to within Scrutiny teams	n/a	Progress recruitment activity	Work within financial allocations
Review of workforce structures will take place in line with council plans	n/a	Progress review and appropriate restructures	Work within financial allocations
Staff who have newly transferred to the council from the NHS may not have	Mandatory training required in	Raise issue with staff through performance	None - Delivered through e-learning and in-house courses

<b>Workforce Issue</b>	<b>Broad Skill Development Needs</b>	<b>Planned Actions</b>	<b>Financial Implications</b>
completed mandatory training	respect of: Fraud Stress	appraisal process	

## **5. Equality and Diversity**

The Equality Duty 2010 places legal duties on bodies including three general duties:

- To eliminate unlawful discrimination, harassment and victimisation
- To advance equality of opportunity
- To foster good relations between different groups of people

The council's Equality Group contains representation from all service areas and takes an active role in promoting equality and diversity across the Directorate and providing support at a corporate level.

A programme exists for the production and refresh of Equality Impact Assessments. The on-line Equality and Diversity Elumos training has been heavily promoted with additional training promoted on Equality Impact Assessments.

The directorate recognises that the local authority have a key role to play in reducing socio-economic inequalities, as it takes decisions that impact on housing, education, health, crime, transport, worklessness, and a whole range of other issues. The council also has a key role to play in leading and influencing a range of public sector and other partners, through the Local Public Service Board and local strategic partnership.

The Directorate is committed to undertaking an Equality Impact Assessment for all appropriate papers being forwarded to council committees.