Public Health Service - Action Plan - 2016/17					
	Complete		✓		
Review Date: January 2017	On track				
	Off track		!		
Service Plan Outcomes	Actions	Lead	RAG	Dashboard	Comments
1) Lead wider partnerships to improve health and narrow health inequalities	Develop a MOU for the core offer of public health advice and support to the CCG and BHRUT to underpin the joint appointment of the DPH	SM	-	Yes	Await sign off from CCG/BHRUT
	Lead specific elements of the 'Population' Health' work stream for the ACO business case development • Healthcare population metrics • Primary care dashboard • Public mental health • Workplace health	SM	✓	Yes	
	Produce the DPH Public Health Annual Report covering the 15/16 period	MA	√	No	
	Lead a review of the HWB role and function. Assess / address any gaps in H&WB infrastructure re. health improvement/health protection	SM	-	No	
	Undertake public consultation on Phase 1 interim sexual health service redesign	MA	√	No	
	Support the implementation of the CAMHS transformation plan	SM	-	No	
	Refresh Havering's Joint Health and Wellbeing strategy under the auspices of the HWB	SM	√	Yes	
	Lead the implementation and evaluation of the Drug and Alcohol Strategy	EG	✓	Yes	
	Lead the implementation and evaluation of the Obesity Strategy	MA	✓	Yes	
	Support the implementation and evaluation of the End of Life strategy	SM	✓	Yes	
2) Maximise public health benefit of all Council services, commissioning and policies	Jointly appoint (with NHS) a substantive DPH	SM	1	No	
	Restructure PH team as required to provide capacity / capability of PH team to inform the integrated commissioning of health and social care services	ОК	√	Yes	
	Review 16/17 plans of all LBH services All Council teams aware as to how the health benefit of their activities can be maximised / any harms mitigated.	SM	-	No	
	Further develop business partner relationship with other Council services. All Council teams aware as to how the health benefit of their activities can be maximised / any harms mitigated.	BP's	-	No	Unable to clarify!
	Development of an integrated approach to the assessment of community wellbeing in all policies and programmes. Phase 1 - Pilot	SM	-	No	
	Development of interactive health impact tool for alcohol licensing. Phase 1 Pilot	EG	√	Yes	Phase 1 Complete
3) Further improve quality and cost effectiveness of health improvement services	Re-procure local sexual health services as part of the Pan London and sub-regional Sexual Health Transformation Programme.	DR	-	Yes	PIN notice published
	Review oral health promotion contract	DR	✓	No	Service has been de-commissioned
	Commence phase 1 of the re-procurement of school nursing and health visiting services	DR	✓	No	Exisitng service until March 2018 with +2 yr option - SMT advised.
	Re-procure CYP substance misuse services	DR	√	No	Award of Contract arranged for 1st April with mobilisation underway.
	Decommission selected health improvement services following the outcome of the current public consultation	DR	√	No	
	Set up the Joint Commissioning Unit within CAH Directorate:- Phase 1 Co locate and Phase 2 Restructure and redesign	DR	-	No	Phase 1 Complete / Phase 2 in progress
4) Assure and improve health protection arrangements	Surveillance of the health protection arrangements for immunisation, screening, infection prevention and control and emergency planning under the auspices of the Health Protection Forum	LD	-	No	Completed draft 2016 HPF annual report - in circulation comment/input. Due for HWBB approval ir March 2017.
	Develop a robust clinical governance system within LBH for all commissioned clinical services	SM	✓	Yes	
5) Improve safeguarding of children and vulnerable adults	Chair the Child Death Overview Panel and produce annual report	MA	✓	No	CDOP Annual Report signed off by panel ir Q3
	Subject to available resources - conduct audit of drug-related deaths to provide more insight about possible opportunities to prevent future drug related deaths.	EG	-	No	
6) Strengthen public health capacity	Expand the 'Health Champion' programme within LBH and in the community to increase health literacy and resilience.	LS	✓	Yes	
7) Improve / increase PH support provided to health and social care commissioners	Provide leadership of the JSNA programme Agree and deliver work programme to inform health and social care commissioning. Deliver a range of specified knowledge products including; • This is Havering • Health and Social Care Overview • Ward Health profiles • SEN needs assessment • Diabetes needs assessment	АА	-	Yes	Programme complete with exception of 2nd Edition o Health and Social care Overview (due by march 17).