

TRUST BOARD

DOCUMENT TITLE:	The Trust's Public Health Plan 2014-2017
SPONSOR (EXECUTIVE DIRECTOR):	Roger Stedman, Medical Director
AUTHOR:	Various – including Tamsin Radford, Jenny Wright, Jim Pollitt, and Doug Robertson
DATE OF MEETING:	6 February 2014

EXECUTIVE SUMMARY:

The plan recognises the public health need in our communities. And the tripartite role that we can play – as a care provider, employer of people, and large organisation with purchasing and influencing capabilities. The Board has recognised this year our obligation to 'up our game' in these domains by making systematic some of the established good work done in some parts of our Trust already. This led us to restructure the governance of this area at both board and executive level.

This plan sets out some challenging ambitions to do more and go further in the next three years. It is grounded in significant research into the evidence of both need and treatment, much of which is not within the plan document itself – for reasons of audience and clarity.

The costs of the plan are considered within the Investment Appraisal process, but are within the delegated limits of the Chief Executive. They will be reflected in our Annual Plan submissions.

REPORT RECOMMENDATION:

The Board is invited to accept the commitments in the plan, and comment on the format style (which we intend to adopt for a suite of similar documents). It is invited to delegate final approval of the document to the Public Health, Community Development and Equality Committee which meets on February 27th. The Board should note that this plan does not cover either equality or community development. An equality impact assessment for this plan will be circulated prior the committee being asked to sign off the final document.

ACTION REQUIRED *(Indicate with 'x' the purpose that applies):*

The receiving body is asked to receive, consider and:

Accept	Approve the recommendation	Discuss
	X	

KEY AREAS OF IMPACT *(Indicate with 'x' all those that apply):*

Financial		Environmental	X	Communications & Media	
Business and market share		Legal & Policy		Patient Experience	X
Clinical	X	Equality and Diversity	X	Workforce	X

Comments:

ALIGNMENT TO TRUST OBJECTIVES, RISK REGISTERS, BAF, STANDARDS AND PERFORMANCE METRICS:

Notwithstanding the impact of the plan on other risks, the plan itself generates three considerations:

There are reputational risks associated with non-delivery but also with the popularity of some recommendations for action, which could be seen to restrict personal choice. The implementation of pre-employment health data retention may generate some comment.

Undertaking delivery of this plan has, necessarily, an opportunity cost in the time of leaders and others to secure successful implementation. It is possible that this distracts from other priorities.

The delivery to outcome chain is complex in this field. Accordingly the scale of impact on health status is difficult to isolate and monitor. We will work with other bodies to understand the collective contribution of the public health efforts of this and other organisations.

PREVIOUS CONSIDERATION:

The full Board discussed an earlier version of this plan in July. The clinical leadership executive [CLE] has discussed the plans three times and they have been substantially amended as a result. Detailed consideration of the goals set out has been undertaken through the CLE sub-committee.