

ANNEXURE A



CITY OF CAPE TOWN ISIXENQ GASEKAPHA ISIKO KAAPSTAD

DIRECTORATE: CITY HEALTH

DRAFT DIRECTORATE EXECUTIVE SUMMARY OF THE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN 2011/2012

Executive Director: Dr Ivan Bromfield

Website (for detailed SDBIP): <http://www.capetown.gov.za/en/IDP/Pages/ImplementingTheIDP.aspx>

**ANNEXURE TO ITEM
C 36/03/11**

1. **EXECUTIVE SUMMARY**

Vision:

“A Healthy City For All”

Mission:

“In five years time Cape Town will be a healthier city and we will continue to strive to ensure adequate and equitably distributed resources delivering improved quality, comprehensive, cost-effective, primary health care services. This will be achieved through a district health system with a committed and dynamic workforce supported by strong, competent shared leadership who will develop strong teams in collaboration with and commitment from the community and other partners.”

The City of Cape Town is committed to working with all spheres of government to meet the National and Provincial targets so that there is a coordinated and integrated District Health Service to the citizens of Cape Town.

The core business of City Health is Environmental Health Services or Municipal Health Services. Municipal Health Services are defined in the National Health Act (No. 61 of 2003) as including water quality monitoring; food control; waste management; health surveillance of premises; surveillance and prevention of communicable diseases, excluding immunisations; vector control; environmental pollution control; disposal of the dead and chemical safety.

Despite the definition of Municipal Health Services City Health delivers, on behalf of the Provincial Government, the Personal Primary Health Care component, (clinic services), via an infrastructure of 82 clinics, 4 Community Health Centres (CHC's), 24 satellite clinics and 4 mobile clinics. Services include Women and Child Health Services (Preventive & Promotive Services i.e.: Family Planning and Immunisation and treating sick children under 13 years); HIV/AIDS/STI and TB Control and Substance Abuse. These clinic services are delivered in partnership with the Provincial Health Department Metro District Health Services (PGWC: MDHS) who run 47 Community Health Centres and 24-hour emergency services at primary level along with 6 District Hospitals.

New key issues to be added after the Strategic Planning Meeting on 28 February 2011.

2. **PURPOSE AND SERVICE MANDATE OF DIRECTORATE**

Municipal Health Services (Environmental Health) is a Local Government function as per schedule 4B of the Constitution.

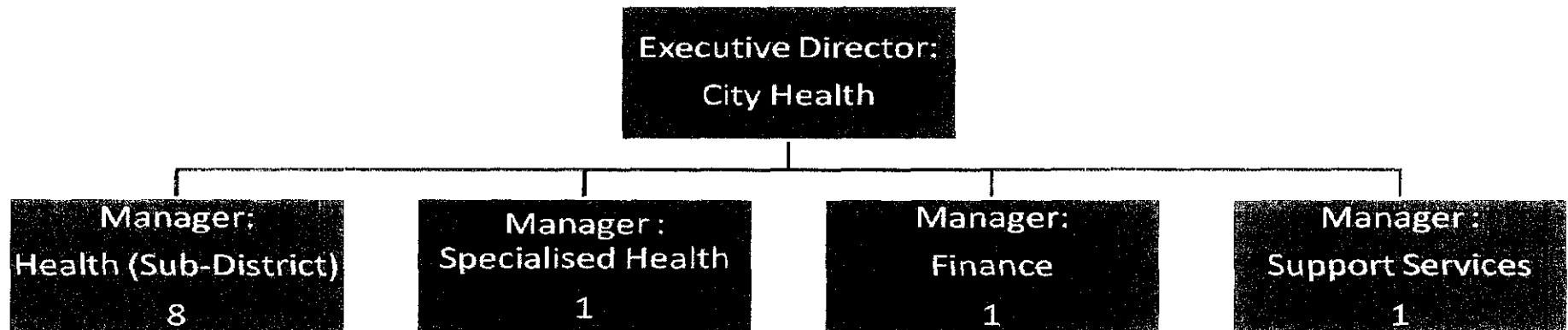
Clinic health services are now the statutory responsibility of the Provincial Health Department as stated in the National Health Act, No. 61 of 2003. Most sections of the Act came into effect on 2 May 2005. However the Constitution does make provision for these services to be assigned to Local Government via mutual agreement. In the interim City Health continues to render them under a Service Level Agreement (SLA) with the Provincial Health Department and will continue to improve on cooperation to improve the SLA.

Air Pollution is a Local Government function as per schedule 4B of the Constitution. The key Act is the National Environment Management Act: Air Quality Act 39 of 2004 (which requires the City to have an air quality management plan).

We also enforce the City of Cape Town Environmental Health By-law 13333 of 30 June 2003 and Air Pollution Control By-law 12649 of 4 February 2003.

Noise Pollution is a Local Government function as per schedule 5B of the Constitution.

3. **SENIOR MANAGEMENT ORGANOGRAM**



4. **LINKAGE TO THE IDP and changes to the indicators and targets**

The 2011/2012 Directorate SDBIP: City Health relates to the IDP as follows:

Strategic Focus Area 7:

- Health, Social and Community Development.

Corporate Objective 7A:

- Facilitate the development of a healthy and socially inclusive society

Directorate: City Health's Objectives:

- Provision of effective primary health care services in close collaboration with Provincial Health Services with a special emphasis on maternal and child health care and HIV/AIDS/STI and TB with a focus on Aids orphans.
 - Slow the rate of increase of the City's ante-natal HIV prevalence.
- Provision of effective environmental health services including Air Quality Management and Pollution Control Programmes (including noise pollution).
 - Reduce air pollution.

See section 8. and Appendix 1 for detail with respect to updated indicators and targets. Those in Appendix 1 will be determined after the Strategic Planning Meeting on 28 February 2011.

5. **PERFORMANCE PROGRESS AND IMPACT**

Backlogs & Resource Constraints

To be reviewed and updated after the Strategic Planning Meeting on 28 February 2011. Issues relate to Provincialization, Burden of Disease and increasing client numbers.

Website (for detailed Annual Reports): <http://www.capetown.gov.za/en/IDP/Pages/ManagingPerformance.aspx>

6. **FINANCIAL INFORMATION**

6.1 Summary of revenue by source:

Description R thousand	Vote 05 - Health
<u>Revenue By Source</u>	
Service charges - other	TBD
Fines	TBD
Licences and permits	TBD
Other revenue	TBD
Transfers recognised - operational	TBD
Total Revenue (excluding capital transfers and contributions)	TBD

6.2 Summary of operating expenditure by type:

Description R thousand	Vote 05 - Health
<u>Expenditure By Type</u>	
Employee related costs	TBD
Depreciation & asset impairment	TBD
Contracted services	TBD

Transfers and grants	TBD
Other expenditure	TBD
Total Expenditure	TBD
Surplus/(Deficit)	(TBD)
Transfers recognised - capital	TBD
Surplus/(Deficit) after capital transfers & contributions	(TBD)

6.3 Summary of capital expenditure by type:

Municipal Vote/Capital project R thousand	Program/Project description	Project number	Asset Class 4.	Asset Sub-Class 4.	2010/11 Medium Term Revenue & Expenditure Framework			Project information	
					Budget Year 2010/11	Budget Year +1 2011/12	Budget Year +2 2012/13	Ward location	New or renewal
Health	Various	Various	Various	Various	16 895 642	TBD	TBD	Multi	Various
Total Capital expenditure					16 895 642	TBD	TBD		

6.4 See Section 2. for description of discretionary and non discretionary expenditure.

6.5 To be reviewed and updated after the Strategic Planning Meeting on 28 February 2011 using the Directorate Risk Register and with inputs from the Manager: Finance.

7. LINK TO DIRECTORATE OBJECTIVES

- Provision of effective primary health care services in close collaboration with Provincial Health Services with a special emphasis on maternal and child health care and HIV/AIDS/STI and TB with a focus on Aids orphans.
 - Slow the rate of increase of the City's ante-natal HIV prevalence.
- Provision of effective environmental health services including Air Quality Management and Pollution Control Programmes (including noise pollution).
 - Reduce air pollution.

8. **OBJECTIVES AND INDICATORS OF THE DIRECTORATE SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN (SDBIP)**

The objectives, indicators and targets below are an extract of the 2011/2012 Directorate SDBIP: City Health that link to the Corporate SDBIP. See Appendix 1 for complete 2011/2012 Directorate SDBIP: City Health.

Directorate Objective	Indicator	Target (by Sept 11)	Target (by Dec 11)	Target (by Mar 12)	Target (by Jun 12)
Provision of effective environmental health services including Air Quality Management and Pollution Control Programmes (including noise pollution) - Reduce air pollution	7A.2 Number of days when air pollution exceeds WHO guidelines	33	67	100	133
Provision of effective primary health care services in close collaboration with Provincial Health Services with a special emphasis on maternal and child health care and HIV/AIDS/STI and TB with a focus on Aids orphans -Slow the rate of increase of the City's ante-natal HIV prevalence	7A.3 The City's ante-natal HIV prevalence	19,8%	19.8%	19,8%	19.8%

9. **AUTHORISATION**

The undersigned do hereby indicate their agreement with the contents of this document and the outcomes.

	Name	Signature	Date
Executive Director			17/2/11
Mayco Member			

10. **APPENDICES**

Appendix 1: 2011/2012 DIRECTORATE SDBIP: CITY HEALTH - will be determined after the Strategic Planning Meeting on 28 February 2011.

Will be amended following strategy workshop on 28 Feb.