

Agenda Item:

Joint Public Health Board

7



Date of Meeting	24 July 2013
Officer	Director of Public Health
Subject of Report	Public Health Business Plan
Executive Summary	<p>The business plan was produced by the Director of Public Health, in conjunction with the Public Health Transition Steering Group, which comprised of representation from Borough of Poole, Bournemouth Borough Council and Dorset County Council.</p> <p>The business plan was written in the latter part of 2012/13, in advance of the Public Health transfer, and so reflects the position at that time.</p> <p>It provides an overview of the functions of the Public Health Team covering Bournemouth, Dorset and Poole Local Authorities, sets out the key objectives and work programmes for 2013/14 and details the key performance indicators to monitor delivery of this plan.</p>
Impact Assessment: <i>How have the following contributed to the development of this report?*</i>	<p>Equalities Impact Assessment: No separate equality impact assessment has been undertaken of the draft plan but part 4 of the Draft Business plan addresses equality and diversity issues.</p>
	<p>Use of Evidence: Health & Social Care Act. Public Health Outcomes Framework.</p>

	Budget/ Risk Assessment: Budget and financial issues are dealt with in a separate paper on this agenda.
Recommendation	To agree the contents of the Public Health Business plan for 2013/14.
Reason for Recommendation	Protect and enrich the health and wellbeing of Dorset's population. Provide innovative and value for money services.
Appendices	Public Health Business Plan 2013/14
Background Papers	N/A
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- Link to guidance: <http://staffnet/index.jsp?articleid=208170>

Public Health

Bournemouth • Dorset • Poole

Covering the Local Authorities of:

Bournemouth Borough Council

Dorset County Council and

Borough of Poole

Business Plan

2013/14

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i. Introduction

The *Health and Social Care Act 2012*¹ passed into law a number of fundamental changes in the way health, including public health, is organised in England.

Central to the changes in public health will be (from 1st April 2013):

- The formation of a national body, Public Health England (PHE), which brings together for the first time in one national body multiple agencies involved in the nation's public health (Health Protection Agency, National Treatment Agency for Substance Misuse, Regional and Specialist Public Health Observatories, Cancer Registries, National Cancer Intelligence Network, National End of Life Care Intelligence Network, NHS Screening Programmes, UK National Screening Committee, Quality Assurance Reference Centres and Specialist Commissioning Groups). PHE will have a national centre and 15 regional centres.
- At a local level the responsibilities for public health will shift from the NHS (where it has sat since 1974) back to Local Authorities (LAs).

This document is our first attempt to translate a complex national picture into action at a local level for all three local top tier Local Authorities.

This will evolve as the national and local picture develops, however this is an unprecedented opportunity for all parts of civic society to support population health.

We hope that by publishing this business plan, partners will be able to see opportunities for working together and we can together promote and protect the health of our population.

¹ <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

ii. Executive Summary

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Vision:

To protect and improve the health and wellbeing of people in Bournemouth, Dorset and Poole and to reduce the inequalities in health outcomes that exist between different parts of the population.

Aim:

To promote and protect the Health of the Bournemouth, Dorset and Poole population on behalf of Bournemouth Borough Council, Dorset County Council and Borough of Poole.

Objectives:

- People live in environments that support their health and wellbeing
- People, families and communities are enabled to live healthy and fulfilling lives
- People with increased risk of poor health are identified early on and are supported to prevent premature problems developing
- People living with long-term health problems avoid complications and maintain a good quality of life

What We Do

Local Authorities will be mandated by central government to deliver five Public Health functions for the Secretary of State from April 2013:

1. National Child Measurement Programme
2. Health Check Assessment
3. Sexual health services
4. Specialist public health advice service to CCGs
5. Protecting the health of the local population.

In addition to the five mandated areas, there are a large number of functions identified in the national Public Health Outcomes Framework. These will be described in this business plan.

Local Priorities for 2013-14:

Bournemouth Borough Council

1. Establish an effective multi-agency Health Theme Group to support the Boscombe Regeneration Partnership Board with the clear target to close the gap in life expectancy between the least and most deprived areas.
2. Review the implementation of the Health Check Programme, particularly to optimise uptake as a priority in deprived communities.
3. Increase use of smoking cessation services and improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.

4. Introduce alcohol brief interventions in primary care, supported by effective treatment services.
5. Support the Council's work to increase walking and cycling in the population.
6. Work with Drug and Alcohol Action teams to improve outcomes from treatment, enhancing shared care arrangements, and establishing a recovery oriented treatment system.
7. Reduce late diagnosis of HIV and ensure timely access to integrated community sexual health services.
8. Support the development of early intervention services for pre-school children and their families, focusing on priority communities such as Boscombe and West Howe.

Dorset County Council

1. Support the development of early intervention services for pre-school children and their families, focusing on priority communities showing poorer outcomes.
2. Continue to focus implementation of the health checks programme in deprived communities and in high risk groups to address inequalities.
3. Extend the provision of alcohol brief interventions in community settings including primary care.
4. Work with the Drug and Alcohol Action teams to assess the existing provision of detoxification services, and ensure that service provision meets needs.
5. Increase use of smoking cessation services and improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.
6. Support the Council's work to increase regular physical activity in the population, particularly walking and cycling.
7. Implementation of the Dorset Nutritional Care strategy.

Borough of Poole

1. Support the development of early intervention services for pre-school children and their families, as part of the children services strategic plan. To focus on priority communities such as Bourne Valley, Poole Town, Alderney and Turlin Moor.
2. To support development of public health programme to reduce the harm caused to young people through high risk lifestyles by improving access to appropriate and targeted interventions.
3. To support development and alignment of the Poole Collaboration health improvement /health inequalities Plan with the Borough of Poole health improvement planning.
4. Ensure early identification and management of longer term conditions by implementing the Health checks programme for Poole as a priority in deprived communities, ensuring uptake of at least 50 per cent.
5. Increase use of smoking cessation services & improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.
6. Support to the Council's work to increase levels of regular physical activity within the population of Poole, encouraging a range of methods & uptake of positive activities.
7. Improve the sexual health of the population of Poole through reducing late diagnosis of HIV and ensuring timely access to more integrated community sexual health screening, treatment and management services.

8. Work with Drug and Alcohol Action Teams to assess prevention agenda, provision, improve outcomes and ensure that service provision meets need.

Priority Programme for 2013/14:

Health Improvement	Health Protection	Health Care Public Health
<ul style="list-style-type: none">• Comprehensive sexual health services• National Child Measurement Programme• Health Check Assessments• Tobacco control and smoking cessation services	<ul style="list-style-type: none">• Alcohol and drugs prevention and treatment• Emergency preparedness, resilience and response• Public health response to incidents and threats to health	<ul style="list-style-type: none">• Support to CCG

Public Health Budget: £25,972,000

1. Our Purpose

1.1 Purpose of this document

This business plan provides an overview of the functions of the Public Health Team covering Bournemouth, Dorset and Poole and sets out the key objectives and work programmes for 2013/14. The business plan details key performance indicators to monitor delivery of this plan.

The business plan is a standalone document, but is supported by the Public Health Transition Legacy Document for NHS Dorset and NHS Bournemouth and Poole (the PCT Cluster) and is based on the national Public Health Outcomes Framework.

1.2 Purpose of the Public Health Unit

To protect and improve the health and wellbeing of people in Bournemouth, Dorset and Poole and to reduce the inequalities in health outcomes that exists between different parts of the population

Aim

Promoting the public health and wellbeing of the Bournemouth, Dorset and Poole population on behalf of Bournemouth Borough Council, Dorset County Council and Borough of Poole

Objectives

- To ensure people live in environments that support their health and wellbeing;
- To enable people, families and communities to live healthy and fulfilling lives;
- To ensure people at increased risk of poor health are identified early and are supported to prevent these risks becoming long term conditions;
- To enable people living with long-term health problems to avoid complications and maintain a good quality of life.

2. Our Principles

2.1 Our Approach

We describe below some principles which will underpin our work in creating the conditions for residents to take greater control over their own lives and enjoy the freedoms that lead to healthy and independent lives.

i. Fairness

Health outcomes differ widely across populations. The population of Bournemouth, Dorset and Poole is generally healthy with an average life expectancy at birth of 82 years. However, there is a gap in life expectancy of as much as ten years between the most deprived and least deprived areas in Bournemouth, Dorset and Poole. Reducing these differences through positive action is a matter of fairness and social justice.

ii. Health in all policies

Many factors have a significant influence on health, and everyone has a role to play in promoting health. This means that building a healthier Bournemouth, Dorset and Poole will depend on action to change wider factors, such as job opportunities, early childhood development, schools, housing and the home and external environment. A healthy population is an absolute prerequisite to a vibrant economy (economic, cultural and other).

iii. Empower individuals and communities

Working in co-operation to empower individuals and communities to take personal action in improving the health of people of Bournemouth, Dorset and Poole is vital. To do this means working with and through the assets that exist in all our communities. This will only be possible if communities and individuals possess the right information at the right time in the right environment.

iv. Evidence and effectiveness

We will focus on action which is supported by strong evidence to deliver improvements to the health of people in Bournemouth, Dorset and Poole. This will help us to ensure that public money is spent on actions which will achieve good quality health through empowered individuals and communities producing reductions in health inequalities.

v. Working together

We will work together with all parts of civil society in achieving common goals in health and wellbeing, including collaborating to support the commissioning of effective and efficient health and social care services.

vi. Protecting health

We will protect the Bournemouth, Dorset and Poole population from threats to health by ensuring that preparedness for public health emergencies, immunisation, screening and early detection and infection control programmes are in place.

vii. Resource use

We will seek to maximise the value that we can achieve with our resources. We will make effective use of the public health budget to deliver better health and wellbeing across Bournemouth, Dorset and Poole. We will also promote better consideration of the councils' resources as a whole in terms of their contribution to health and wellbeing.

We will use our specialist public health expertise to ensure we build and maintain a clear understanding of what has to be done to create an environment that supports positive health across Bournemouth, Dorset and Poole, and the most effective way of achieving this.

We will work collaboratively with councils and partners across Wessex and beyond in sharing public health capacity to achieve greater impact in public health actions, and advocate for changes to national policies to achieve local improvements in health and wellbeing.

Importantly, we will make decisions about disinvestment and investment in a manner that is clear, evidence based and is designed to promote the best use of scarce public resources.

3. How we work

3.1 Hosting Arrangements

From 1st April 2013 there will be a single public health team for Bournemouth, Dorset and Poole LAs, hosted by Dorset County Council. The host organisation, Dorset County Council, will provide corporate resources such as contract management, communications, finance, human resources and information technology support. This team will bring together the two teams previously sited in NHS Dorset and NHS Bournemouth & Poole.

3.2 Team Structure

We have chosen a structure that aims to be resilient, flexible and cost-effective. (The team structure is shown in Appendix 1.) To do this we have organised senior public health staff so that they have dual roles, working across both organisations and areas of special expertise. There are also a number of Public Health Consultants who work exclusively in their areas of special expertise across organisational boundaries. The senior staff will report to the Managing Director of Public Health (DPH). The senior public health staff will be supported by the wider public health team.

The team structure will be allowing vertical direct line management also empowers lateral decision-making. This aims to promote joint working and avoid 'silo' working. The matrix organisational structure aims to enable the public health team to be adaptable to the changing needs of Bournemouth, Dorset and Poole.

3.3 Bases

The main base is in Vespasian House, Dorchester. Central functions of Health Improvement, Health Protection, Health Care Public Health and Public Health Intelligence will be delivered from this main base in Dorchester. Vespasian House will also be the base for the two ADPHs for Dorset County Council.

There are in addition two locality bases - one within Bournemouth Borough Council and another within the Borough of Poole - which will each provide an additional base for a small locality team including the ADPH, as well as providing flexibility to allow the wider public health team to work from the Bournemouth and Poole bases for recognised locality work.

3.4 Partnership working

The Public Health team in Bournemouth, Dorset and Poole has a strong track-record of working in partnership with stakeholder organisations to improve population health across Bournemouth, Dorset and Poole.

The transfer of the public health team from the NHS to local government creates an opportunity for mutual benefit through greater joint working with LA colleagues within all directorates across Borough of Poole, Bournemouth Borough Council and Dorset County Council and the other parts of the Public service.

From April 2013, joint working across the upper tier LAs and District Councils; the NHS, including Dorset Clinical Commissioning Group (CCG), the National Commissioning Board (NCB), Dorset HealthCare University Foundation Trust and other local health providers; Public Health England (PHE); and other public sector organisations such as Dorset Police and Dorset Fire and Rescue will be vital in ensuring improved health and wellbeing

outcomes for the population of Bournemouth, Dorset and Poole. The Health and Wellbeing Boards (HWBs) will be a forum for promoting all partners working together to common goals and outcomes for their populations.

4. What we do

4.1 Corporate Plans

Our principles align with the principles set out in the Corporate Plans of the Borough of Poole, Bournemouth Borough Council and Dorset County Council.

The work undertaken by the public health team will help achieve the priorities contained within the Corporate Plans for Borough of Poole, Bournemouth Borough Council and Dorset County Council. These priorities, and the corresponding public health work streams that contribute to them, are listed in Appendix 2.

4.2 Equality and Diversity

We are committed to reducing health inequalities, which we believe is a matter of fairness and social justice. This aligns with the general duty set out in the *Equality Act 2010*² on all public service providers to give due regard to:

- Eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not;
- Foster good relations between people who share a relevant protected characteristic and those who do not.

We will adhere to the Borough of Poole's '*Fairness for All*' policy³, Bournemouth Borough Council's '*Equality for All*'⁴ strategy and Dorset County Council's '*Equality Scheme*'⁵ and through our work contribute to achieving the outcomes contained within these documents.

4.3 Carbon Footprint

We are committed to the principles contained within the Borough of Poole's '*Carbon Management Programme: Carbon Management Plan*'⁶, Bournemouth Borough Council's '*Carbon Management Programme: Carbon Management Plan*'⁷ and Dorset County Council's '*Carbon Management Beyond 2010*'⁸. Several of our work streams directly contribute towards achieving the outcome of reducing the carbon footprint of Bournemouth, Dorset and Poole.

4.4 Mandated Functions

The *Local Authorities Regulations 2012*⁹ require Local Authorities to deliver the following public health functions of the Secretary of State from April 2013:

² <http://www.legislation.gov.uk/ukpga/2010/15/contents>

³ <http://www.poole.gov.uk/your-council/equality-and-diversity/equality-and-diversity/>

⁴ <http://www.bournemouth.gov.uk/CouncilDemocracy/EqualityDiversity/Equality-for-All-Oct-2012.pdf>

⁵ <http://www.dorsetforyou.com/389944>

⁶ <http://www.poole.gov.uk/environment/sustainability-and-carbon-reduction/carbon-management-programme/>

⁷ <http://www.bournemouth.gov.uk/Environment/ClimateChange/LowCarbonCouncil.aspx>

⁸ <http://www.dorsetforyou.com/387636>

⁹ <http://www.legislation.gov.uk/ukdsi/2012/9780111531679>

1. National Child Measurement Programme (NCMP), (weighing and measuring of children in the school years Reception and Year 6;
2. Health check assessment national programme for eligible adults, aged 40 to 74 years of age, providing personalised advice on reducing the risk of cardiovascular disease;
3. Sexual health services;
4. Specialist public health advice service to CCGs;
5. Protecting the health of the local population (providing information and advice to promote the preparation of appropriate local health protection arrangements).

The Public Health Team will deliver these public health functions on behalf of the Borough of Poole, Bournemouth Borough Council and Dorset County Council.

In addition to the five mandated areas, there are a large number of programmes identified by the Government as belonging to various public health outcomes. These are represented in the national Public Health Outcomes Framework¹⁰, which is attached as Appendix 3.

The work plan has been developed from the five mandated public health work streams and the outcomes included in the Public Health Outcomes Framework, but recognises that many areas of the framework are already delivered through other parts of the local authority. The areas of work included in the work plan are shown in Appendix 4.

4.5 Public Health Outcomes

The Public Health Outcomes Framework describes the aims of the new public health system to improve and protect the nation's health and wellbeing and to improve the health of the poorest fastest. Local progress will be assessed by a series of outcome indicators grouped into four domains:

1. Improving the wider determinants of health
2. Health improvement
3. Health protection
4. Health care public health and preventing premature mortality

One of the principles of this approach is to move away from a primarily activity based approach to planning services and programmes, to one based on population outcomes. This allows far greater recognition and integration of the contributions of many partners and is a much more robust measure of achievement.

The Public Health Outcomes Framework links to the NHS Outcomes Framework¹¹ and the Adult Social Care Outcomes Framework¹², with indicators common to all three outcomes frameworks. The alignment of the outcomes frameworks creates an opportunity for partnership working across Public Health, Health and Social Care to achieve the greatest improvement in outcomes.

The public health team will lead on, and be responsible for, those outcomes which relate to either the five mandated work streams or to the programmes that we deliver as set out in this work plan. For the remaining outcomes included in the Public Health Outcomes Framework, the public health team will have a role in influencing the outcome through support and advocacy, but will not lead on and therefore will not be primarily responsible for these outcomes.

¹⁰ <http://www.dh.gov.uk/health/2012/11/phof-technical-refresh/>

¹¹ <http://www.dh.gov.uk/health/2012/07/nhsf-levels-ambition/>

¹² <http://www.dh.gov.uk/health/2012/11/ascof1314/>

4.6 Professional Development, Training & Education

Public Health is a specialty accredited by the Faculty of Public Health, of the Royal College of Physicians, which sets educational standards for training and continuing professional development. There is a national and regional framework whereby Specialty Registrars (StRs) undergo their training in local public health departments. These departments must meet required standards to be recognised by the national training committee, as specialty training departments who will receive and provide training for StRs.

This educational function will come under the newly developed NHS Local Education and Training Board (LETBs) which came into being on 1st April 2013.

In Bournemouth, Dorset and Poole we have a long history of being involved in the teaching and training of students locally, nationally and internationally. For example, there are currently two StRs based in Dorset for their speciality training for public health; this is a central role of a large department such as ours. Public health training locally was rated as 'Excellent' by the South West Regional Training Quality Panel in 2012 and it is our intention to take steps to continue to be a recognised training department.

Currently, a number of public health staff provide training within different university departments. There is real interest in continuing this and in particular developing and extending links with local universities, Bournemouth University (and potentially Southampton University).

The public health team will look to develop links with the LETBs. The development of LETBs offers the opportunity to plan strategically for public health training in the wider workforce. In addition, we will look to work with the Wessex Deanery to develop population health learning opportunities for the CCG and local general practitioners.

4.7 Continuing Professional Development

Professional development, training and education will require staff to have the time to fulfil requirements to continue to practice. For a number of years, consultant public health staff have been required to complete a prescribed volume of continuing professional development activities across all areas of public health practice and this will be a key requirement of revalidation in the future.

The department is keen to establish coaching and mentoring for its staff as part of its continuing professional development responsibilities and in order to develop staff both in terms of succession planning, leadership and additional sets of competencies.

4.8 Revalidation

Another key aspect of professional development is the maintenance of professional standards. All local consultant staff are Fellows of the Faculty of Public Health, of the Royal College of Physicians of the UK and are required to meet its standards for registration and re-accreditation. Public health consultants are subject to a national requirement of revalidation in order to continue to practice. The system of revalidation is being finalised for local authority public health staff following national implementation from December 2012, and this will require all consultants to go through a process to be revalidated once every five years.

5. Local Health and Wellbeing

5.1 How do we decide on priorities?

The Joint Strategic Needs Assessments (JSNA) was introduced by central government, in 2008, as a key tool for describing local need and inform the identification of local priorities. The local JSNAs provide an analysis of data to show the health and wellbeing status of local communities, identifying areas of unmet need and defining where inequalities exist in Bournemouth, Dorset and Poole.

There are three principles that will guide how we decide local priorities. These are:

- Evidence of unmet need;
- Evidence of inequalities in health;
- Using interventions with evidence of effectiveness and cost-effectiveness.

This prioritisation process will take place within each locality to decide local.

5.2 How will we Improve outcomes in Bournemouth?

1. Establish an effective multi-agency Health Theme Group to support the Boscombe Regeneration Partnership Board with the clear target to close the gap in life expectancy between the least and most deprived areas.
2. Implement the Health Check programme as a priority in deprived communities, ensuring uptake of at least 50 per cent.
3. Increase use of smoking cessation services and improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.
4. Introduce alcohol brief interventions in primary care, supported by effective treatment services.
5. Support the Council's work to increase walking and cycling in the population.
6. Work with Drug and Alcohol Action teams to improve outcomes from treatment, enhancing shared care arrangements, and establishing a recovery oriented treatment system.
7. Reduce late diagnosis of HIV infection and ensure timely access to integrated community sexual health services.
8. Support the development of early intervention services for pre-school children and their families, focusing on priority communities such as Boscombe and West Howe.

5.3 How will we Improve outcomes in Dorset?

1. Support the development of early intervention services for pre-school children and their families, focusing on priority communities showing poorer outcomes.
2. Continue to focus implementation of the health checks programme in deprived communities and in high risk groups to address inequalities.
3. Extend the provision of alcohol brief interventions in community settings including primary care.
4. Work with the Drug and Alcohol Action teams to assess the existing provision of detoxification services, and ensure that service provision meets needs.

5. Increase use of smoking cessation services and improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.
6. Support the Council's work to increase walking and cycling in the population.
7. Implementation of the Dorset Nutritional Care strategy.

5.4 How will we Improve outcomes in Poole?

9. Support the development of early intervention services for pre-school children and their families, as part of the children services strategic plan. To focus on priority communities such as Bourne Valley, Poole Town, Alderney and Turlin Moor.
10. To support development of public health programme to reduce the harm caused to young people through high risk lifestyles by improving access to appropriate and targeted interventions.
11. To support development and alignment of the Poole Collaboration health improvement /health inequalities Plan with the Borough of Poole health improvement planning.
12. Ensure early identification and management of longer term conditions by implementing the Health checks programme for Poole as a priority in deprived communities, ensuring uptake of at least 50 per cent.
13. Increase use of smoking cessation services and improve outcomes for people from the most deprived communities, exploring use of new models to increase motivation to quit.
14. Support to the Council's work to increase levels of regular physical activity within the population of Poole, encouraging a range of methods and uptake of positive activities.
15. Improve the sexual health of the population of Poole through reducing late diagnosis of HIV and ensuring timely access to more integrated community sexual health screening, treatment and management services.
16. Work with Drug and Alcohol Action Teams to assess prevention agenda, provision, improve outcomes and ensure that service provision meets need.

It is clear from the above that many of the priorities are common across all three populations and there will be clear efficiency gains in collective working across all three organisations. Hence the structure of the Unit, in particular that ADPHs and Head of Healthcare Programmes have a role in both local and domain based work. The challenge is ensuring that the delivery/commitment process reflects the diversity of communities in the three LAs.

5.5 Role of the Assistant DPHs (ADPHs)

An ADPH has been appointed for each of the three top tier LAs (plus an additional ADPH for Dorset County Council to recognise the two tier nature of the LA and the important role of the District Councils in public health).

Each ADPH will work half time in their LA, but also half time across all organisations (including the other LAs, Dorset Police, Dorset Fire and Rescue and the NHS) in an area of special expertise.

The ADPH role is supported by a Head of Public Health Programmes and a Locality Office Manager for each LA plus all other staff from the unit as required for specific programmes and projects.

5.5.1 Objectives

- To provide local leadership on the Council's statutory duty to reduce inequalities in health within the locality;
- To ensure effective delivery of public health programmes in the locality;
- To ensure resources are directed to areas of greatest need;
- Link public health objectives to the wider work of the whole Council to achieve local leadership for health and wellbeing;
- To work effectively with other public health & LA colleagues to ensure, where appropriate, efficiency gains are made by collaborative commissioning and working.

5.5.2 Work Programmes

The ADPHs and their teams within the three LAs are responsible for developing and delivering an integrated public health plan that maximises the work of the whole Council in improving health and wellbeing.

The ADPH role is to provide local professional leadership and support to assist the Council in fulfilling its statutory duty to improve the health of its population and reduce inequalities in health. The ADPHs will bring a locality focus to embedding public health programmes in Bournemouth, Dorset and Poole, reflecting the different and diverse needs of the population and will ensure resources are directed to where needs are greatest. The ADPHs will also be the gateway to public health resources and advice from the wider public health team.

5.5.3 Outcomes

The ADPHs will support the Councils to fulfil their statutory obligations around the two overarching objectives in the public health outcomes framework – improving the health of populations and reducing inequalities in health.

5.6 Performance indicators

These will include:

1. Improving healthy life expectancy for the authority population.
2. Reducing the difference in healthy life expectancy between communities.

Further detail about the baseline performance on these indicators will be available from Public Health England.¹³

¹³ These are available at www.phoutcomes.info

6. Public Health & Health Improvement

6.1 Context

In seeking to improve health across Bournemouth, Dorset and Poole, the Health Improvement team will follow the approach set out in Marmot's '*Fair Society, Healthy Lives*'¹⁴:

- Give every child the best start in life;
- Enable all young people, children and adults to maximise their capabilities and take control over their own lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy, sustainable places and communities;
- Strengthen the role and impact of ill-health prevention.

Health inequalities result from social inequalities, so reducing health inequalities requires action across the wider determinants of health. The transfer of the public health team from the NHS to local government creates an opportunity for greater joint working with LA colleagues to reduce inequalities through tackling these wider determinants of health. Partnership working, with LA colleagues and a range of statutory, voluntary and commercial agencies, is at the core of the work of the Health Improvement team. It is necessary to identify, create and nurture healthy environments, beliefs, attitudes and behaviours, while also identifying and tackling unhealthy ones.

6.2 Objectives

- To ensure effective delivery of the mandated health improvement programme areas;
- To ensure appropriate and robust contract scrutiny, outcome monitoring and service review;
- To develop evidence based health improvement programmes according to local population need;
- To ensure timely commissioning of quality, outcome based targeted and universal services to meet population need.

6.3 Work Streams

The Health Improvement team is responsible for delivering three of the five mandated work streams and multiple public health outcomes across all four domains of the Public Health Outcomes Framework. The priority areas of work for 2013/14 are:

1. Comprehensive Sexual Health Services

- To conduct a sexual health strategy review across Bournemouth, Dorset and Poole to inform future service development.

¹⁴ <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

2. **Health Check Assessments**

- To ensure appropriate service provision and uptake across Bournemouth, Dorset and Poole to improve uptake and reduce inequalities through targeted programme development.

3. **National Child Measurement Programme**

- To establish a quality and robust service that is consistent across Bournemouth, Dorset and Poole, which is fully integrated into strategic development for healthy weight, healthy lives for children.

4. **Tobacco Control and Smoking Cessation Services**

- To develop smoking cessation services to ensure equity of service provision across Bournemouth, Dorset and Poole and improving access to population groups in the highest areas of need;
- To work with the Tobacco Alliance Partnerships across Bournemouth, Dorset and Poole to develop and implement plans to tackle the wider issues around tobacco control.

Developmental work streams for 2013/14 and beyond are:

5. **Children and Young People** (Early Years (0 to 5 years) Setting Development, Healthy Child Programme, Health Visiting Model, School Nursing Programmes and Public Health Services for Children 5 to 19 years).

- To ensure integrated strategic links with the three LAs Children and Young People's Plans and work towards a consistent approach across Bournemouth, Dorset and Poole.

6. **Healthy Weight** (Increasing Levels of Physical Activity and Obesity Intervention)

- To develop an 'Unhealthy Behaviours' strategy for Bournemouth, Dorset and Poole, jointly with the Health Protection team and other key stakeholders.

7. **Transport**

- To link with the strategic planning agenda to improve the public health of local transport and impact of green travel plans. Ensure that the Local Sustainable Transport Fund schemes are implemented so as to maximise health benefit.

8. **Workplace Health**

- To initially work with Borough of Poole, Bournemouth Borough Council and Dorset County Council to develop workplace plans for public health, with a view to working with other local employers in the future

Further detail of commissioned programmes is included in the Legacy Document.

6.4 Outcomes

The Health Improvement will lead on the outcomes shown in table 1 as these correspond to either the three mandated work streams or programmes delivered by the Health Improvement team.

Table 1: Health improvement outcomes for which public health leads

Outcomes Framework Code	Public Health Outcome
2.2	Breastfeeding
2.3	Smoking Status at time of delivery
2.4	Under 18 conceptions
2.6	Excess weight in 4/5 and 10/11 year olds
2.9	Smoking prevalence in 15 year olds (<i>Placeholder</i>)
2.12	Excess weight in adults
2.13	Proportion of physically active and inactive adults
2.14	Smoking prevalence - adults
2.22	Take up of the NHS Health Check programme - by those eligible
3.2	Chlamydia diagnosis 15-24 years
3.4	People presenting with HIV at a late stage of infection

6.5 Performance indicators

These will include:

1. Under 18 conceptions - percentage change in rate.
2. Under 18 conception rate per 1,000 women aged 15-17 years old.
3. Percentage under 18 conceptions leading to abortion.
4. Percentage of repeat abortions (all ages).
5. Percentage of repeat abortions (under 25s).
6. LARC prescription rate per 1,000 women aged 15-44 years.
7. Percentage uptake of HIV testing in GUM clinics.
8. Percentage HIV diagnosis with CD4 cell count <350 at time of diagnosis.
9. Prevalence of diagnosed HIV aged 15-59 years per 1,000 population.
10. Combined rate of new diagnosis on gonorrhoea and syphilis in GUM.
11. Rate of new acute STI diagnosis in people 15-24 in GUM.
12. Percentage of patients aged 15-24 years old tested for Chlamydia.
13. Percentage of patients screened and tested positive for Chlamydia.
14. Rate per 100,000 diagnosis of Chlamydia for patients aged 15-24 years old in all settings.
15. Number of partners screened for Chlamydia.
16. Percentage of partners treated for Chlamydia.
17. Percentage of patients offered a GUM appointment within 48 hours.
18. Percentage of patients seen within 48 hours in GUM.
19. Health Check Assessment – number of invites.
20. Health Check Assessment – number of assessments delivered by age and area.
21. Smoking at time of delivery.
22. Participation rates in NCMP by eligible children of at least 85%.

6.6 Recent Achievements

1. Development of strategic direction for sexual health, obesity and physical activity.
2. Overall reduction of teenage pregnancy rates from the 1998 baseline.
3. Improved access to LARC training and local service provision.
4. Improved levels of uptake of HIV testing in hospital settings.
5. Reduced percentage of late diagnosis for HIV in Bournemouth, Dorset and Poole.
6. Improved access to asymptomatic screening for STI across Dorset.
7. Updated sexual health pathways for teenage pregnancy, Chlamydia and abortions.
8. New consultant led community-based HIV testing and treatment service for high risk groups.
9. Improved identification and treatment for those who are positive for chlamydia among those 15 to 24 years.
10. Health improvement targets met to date.
11. Update of Health Checks is high in targeted groups.
12. The percentage of pregnant women smoking at time of delivery reduced from 2011.
13. High participation rates for the NCMP and year on year rise in obesity for children reaching a plateau.
14. London 2012 Olympic and Paralympic Games health legacy - Over 30 000 people signed up to Team Dorset Challenge and over 92 000 visitors to the sports arena.

7. Public Health and Health Protection

7.1 Context

Health protection seeks to prevent or reduce the harm caused by communicable diseases, and minimise the health impact from environmental hazards such as chemicals and radiation. As well as scrutiny of major programmes such as the national immunisation and screening programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance and response to incidents and outbreaks.

The LAs and the DPH have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising, and in ensuring appropriate responses when things do go wrong.

The scope and scale of work by local government to prevent threats to health emerging, or reducing their impact, will be driven by the health risks in a given area. Understanding and responding to those health risks will be informed by the development of JSNAs by the two Health and Wellbeing Boards (HWBs), along with development work with Dorset Local Resilience Forum (LRF) community risk register. The move of the public health team from the NHS into local government opens up new opportunities for joint work with environmental health colleagues to tackle areas where there are potential threats, including food-borne infectious diseases and environmental hazards.

There are a range of statutory duties which rest with the DPH, and the health protection function is delivered by a number of agencies and organisations, such as PHE and the NCB Local Area Team (LAT).

The new legislation requires that all local partners are supporting preventative services that tackle key threats to the health of local people. The DPH, on behalf of the LA, will therefore provide advice, challenge and advocacy to protect the local population.

Upper tier and unitary LAs have a statutory requirement to take steps to protect the health of their geographical population from threats ranging from relatively minor outbreaks and health protection incidents to full-scale emergencies. The focus of this will be on developing plans with PHE and the key health and care partners within the local area.

7.2 Objectives

- To provide assurance in all areas of health protection including immunisation programmes, and to advise commissioners on infection control matters as required;
- To provide assurance in all areas of health protection emergency planning to ensure compliance with the Civil Contingencies Act 2004;
- To provide oversight and assurance that NHS screening programmes are implemented and their impact on the health of the population is monitored;
- To provide oversight and assurance that NHS Immunisation programmes are implemented and their impact on the health of the population is monitored;
- To ensure equity of service provision and public health outcomes across Bournemouth, Dorset and Poole.

7.3 Work Streams

The Health Protection team is responsible for delivering one of the mandated work streams and multiple public health outcomes. The main focus is on those activities where the population's health is protected from major incidents and other threats, whilst reducing health inequalities. The outcomes being worked on by the Health Protection team fall across all four domains of the national Public Health Outcomes Framework. The priority areas of work for 2013/14 are:

1. Alcohol and Drugs Prevention and Treatment

- To understand current commissioned interventions for drugs and alcohol treatment and prevention and identify gaps in service provision;
- To understand the needs for residential alcohol treatment and identify the preferred service model.

2. Emergency Preparedness, Resilience and Response

- Establishment of the **Local Health Resilience Partnership** (LHRP), jointly chaired by the DPH and responsible Wessex NCB LAT director (secretarial support to be provided by Wessex NCB LAT), which will enable the formation of strong professional links with the Wessex NCB LAT and the Dorset LRF.

3. Public health response to incidents and threats to health

- Establishment of a local **Health Protection Committee**, led by *Public Health Dorset* (secretarial support to be provided by *Public Health Dorset*, which will enable the development of stronger links with Environmental Health and Trading Standards colleagues as well as the PHE Wessex team.

Developmental work streams for 2013/14 and beyond are:

4. Accidental Injury Prevention

- To work collaboratively with partners through the Dorset Roadsafe Partnership;
- To understand the current activities through updating the Accident and Injury JSNA and opportunities for development.

5. Behavioural Campaigns to reduce Cancer

- To understand current activities and identify opportunities for development.

6. Climate Change

- Securing co-health benefits of action to mitigate climate change by working with local authority, private sector and voluntary sector partners to secure environmental change which benefits health, including active travel, home insulation, and local sustainable food production;
- Work with Dorset County Council to implement Communities Living Sustainably, across Bournemouth, Dorset and Poole.

7. Community Safety & Prevention of Violence

- To continue to attend the Community Safety Partnerships to understand current activities and influence future priorities.

8. Reducing Excess Winter Deaths

- To work with stakeholders to influence the strategy to reduce excess winter deaths;
- To understand current activities and identify opportunities for development.

9. Scrutiny of Immunisation Programmes

- To establish processes to undertake the scrutiny function through the identification of uptake rates (including inequalities) in the eligible target population and at risk groups.

10. Scrutiny of Screening Programmes

- To establish processes to undertake the scrutiny function through the identification of uptake rates (including inequalities) in the eligible target population and at risk groups.

Joint Working

Both the Consultant leads for Health Protection, along with the DPH, will be working on developing and maintaining working relationships with a range of key partner agencies, particularly through the:

- Local Health Resilience Partnership;
- Local Health Protection Committee.

Further detail of commissioned programmes is included in the Legacy Document.

7.4 Outcomes

The outcomes which the Health Protection team are primarily responsible for, and therefore lead on, are shown in table 3.

Table 2: Health protection outcomes for which public health leads

Outcomes Framework Code	Public Health Outcome
2.7	Hospital admissions caused by unintentional and deliberate injuries under 18s
2.15	Successful completion of drug treatment
2.16	People entering prison with substance dependence issues who are previously not known to community treatment
2.18	Alcohol-related admissions to hospital (<i>Placeholder</i>)
3.6	Public sector organisations with a board approved sustainable development management plan
4.15	Excess winter deaths

7.5 Performance indicators

These will include:

1. Local processes in place to identify uptake rates of screening programmes in the eligible target population and at risk groups, and identify any inequalities in uptake.
2. Local processes in place to identify uptake rates of immunisation programmes in the eligible target population and at risk groups, and identify any inequalities in uptake.
3. Percentage of drug users accepting HBV vaccination.
4. Treatment completion within drug and alcohol services.
5. Alcohol-related admissions to hospital.
6. Hospital admissions caused by unintentional and deliberate injuries in under 18s.

7.6 Recent Achievements

- Setting up the LHRP, co-chaired by the DPH;
- Establishing the Dorset Health Protection Committee;
- Implementation of the Cardiff Model in Dorset County Hospital's Emergency Department;
- Successful implementation of the AAA screening programme;
- Improved uptake of flu vaccination in at risk groups;
- High uptake of HPV vaccine;
- Development of 'Warm Homes Healthy People' in collaboration with Dorset County Council and partners to reduce excess winter deaths;
- Successful delivery of business continuity, capacity planning and coordination of Dorset's health system, which ensured the provision of excellent health services throughout the London 2012 Olympic and Paralympic Games;
- Robust healthcare emergency preparedness in Dorset for the London 2012 Olympic and Paralympic Games;
- Well developed and tested resilience plans;
- Trained and experienced staff in responding to major incidents.

8. Public Health & the NHS

8.1 Context

Dorset Clinical Commissioning Group (the successor of the two local PCTs) will have responsibility for strategic planning and commissioning of NHS services, quality improvement of services, and working with the HWB and other partners to improve health and reduce inequalities. The CCG will operate at a:

- Strategic level, working through six Clinical Commissioning Programmes (CCPs) and the two HWBs across Bournemouth, Dorset and Poole;
- Locality level with 13 localities across Dorset, Bournemouth and Poole, supported by a locality management team.

With the implementation of the *Health and Social Care Act 2012* and transfer of public health responsibilities to LAs from April 2013, one of five mandated public health functions of LAs is the provision of specialist public health advice to CCGs.

A Memorandum of Understanding (MoU) (Appendix 5) has been agreed to facilitate working between the Public Health Team on behalf of Borough of Poole, Bournemouth Borough Council and Dorset County Council and Dorset CCG.

8.2 Objectives

- To ensure timely and relevant public health advice and support to the CCG as part of the commissioning cycle, in line with the agreed work plan;
- To work in collaboration to address key priorities identified through the JSNA, HWB and the Joint Health and Wellbeing Strategies (JHWSs).

8.3 Work Streams

The Health Care Public Health team is responsible for delivering one of the five mandated work streams by supporting the CCG on delivery across the NHS Outcomes Framework, particularly domain one; and multiple public health outcomes across three domains of the Public Health Outcomes Framework. The priority area of work for 2013/14 is:

1. Core Offer to Dorset CCG

- To provide specialist public health support to the six CCPs (Cancer, Cardiovascular disease, General Medicine, Maternity and Family Health, Mental Health, Musculoskeletal) in line with the commissioning cycle;
- The work plan will be agreed with Dorset CCG through the Clinical Commissioning Committee (CCC).

Developmental work streams for 2013/14 and beyond are:

Mental Health Services

- To understand current activities and identify opportunities for development and ensure a focus on Public Health Outcomes as well as NHS Outcomes;
- To develop a joint understanding of how best to support integration and improvements within health and social care for people suffering from dementia;
- To work with Dorset HWB on their priority of reducing anxiety and depression.

Joint Working

The Health Care Public Health team, along with the DPH, will be working on developing and maintaining working relationships with Dorset CCG, the NCB, local NHS providers and local professional networks as they are established.

8.4 Outcomes

The role of the Health Care Public Health team is principally support and advocacy. The team may lead on particular outcomes as agreed between the Public Health team and Dorset CCG. The outcomes the Health Care Public Health team influence through support and advocacy, along with the corresponding CCP and other key groups, are shown in table 5.

Table 3: Health Care Public Health Outcomes which public health influence

Outcomes Framework Code	Public Health Outcome	Working with
1.6	Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation ^ψ	Mental health CCP
1.7	People in prison who have a mental illness or a significant mental illness (<i>Placeholder</i>)	Mental health CCP
1.8	Employment for those with long term health conditions including adults with a learning disability or those who are in contact with secondary mental health services ^{*ψψ}	Mental health CCP
1.18	Social isolation ^ψ	Mental health CCP
2.10	Self-harm (<i>Placeholder</i>)	Mental health CCP
2.17	Recorded diabetes	Cardiovascular CCP Dorset HWB
2.19	Cancer diagnosed at stage 1 and 2	Cancer CCP Wessex AT
2.23	Self-reported wellbeing	Mental health CCP BP HWB
4.2	Tooth decay in children aged 5	Maternity and family health CCP Local Dental Network
4.3	Mortality rate from causes considered preventable ^{**}	CCC
4.4	Under 75 mortality rate from all cardiovascular	Cardiovascular CCP

^ψ Indicator shared with the Adult Social Care Outcomes Framework

^{**} Complementary to indicators in the NHS Outcomes Framework

	diseases (including heart disease and stroke)*	Dorset HWB
4.5	Under 75 mortality rate from cancer*	Cancer CCP Wessex AT
4.6	Under 75 mortality rate from liver disease*	General medicine CCP
4.7	Under 75 mortality rate from respiratory diseases*	General medicine CCP
4.9	Excess under 75 mortality rate in adults with serious mental illness*	Mental health CCP
4.10	Suicide rate	Mental health CCP
4.11	Emergency readmissions within 30 days of discharge from hospital*	CCC
4.12	Preventable sight loss	Cardiovascular CCP/ General medicine CCP Local Optometry Network
4.13	Health related quality of life for older people (Placeholder)	Mental health
4.16	Estimated diagnosis rate for people with dementia*	Mental health CCP BP HWB

8.5 Performance indicators

These will include:

- agree and deliver workplan;
- recognition of public health outcomes within relevant CCP workplans;
- Inclusion of inequalities as consideration in CCP planning.

8.6 Recent Achievements

- Informed development of CCP model of working;
- Agreed criteria for use in determining priorities;
- Increased understanding of priority setting amongst clinicians;
- Facilitated a range of prioritisation events for 12/13, including focus groups with the public and other stakeholders.

9. Public Health Intelligence

9.1 Context

The Public Health Intelligence team work across all public health domains. Their work necessitates access to NHS and LA data and joint working with local partners across the health and social care system and wider public sector.

JSNA

The *Health and Social Care Act 2012* amends the *Local Government and Public Involvement in Health Act 2007*¹⁵ to place the responsibility on upper tier LAs and CCGs, through the HWB, to produce the JSNA, which informs the JHWS.

The JSNA is not just about health and personal social care services; the JSNA is concerned with the wider determinants of health and wellbeing including poverty, employment, education, housing and the environment. The purpose of the JSNA is to use the information gathered to identify local priorities and support us to commission services and interventions that are based on need. This helps us achieve better health and wellbeing outcomes and reduce health inequalities in Bournemouth, Dorset and Poole.

Providing analysis of data to show the health and wellbeing status of local communities, defining where inequalities exist and using local knowledge alongside evidence of effectiveness of interventions, the JSNA informs more effective commissioning for health and wellbeing in both the short and long term.

Due to previous organisational arrangements and there being two HWBs in Bournemouth, Dorset and Poole, two JSNAs have developed separately (one covering the area of Dorset County Council and one covering the area of Borough of Poole and Bournemouth Borough Council). Work has begun to align the JSNAs across Bournemouth, Dorset and Poole, bringing a greater consistency to the process whilst maintaining the emphasis on local needs.

9.2 Objectives

- To provide timely, consistent and high quality Public Health Intelligence support;
- To produce the JSNAs jointly with Dorset CCG and all local authorities through the HWBs and relevant theme related reports;
- To publish a revised Pharmaceutical Needs Assessment by 2015.

¹⁵ <http://www.legislation.gov.uk/ukpga/2007/28/contents>

9.3 Work Streams

The Public Health Intelligence team contribute to all public health work streams and outcomes within the Public Health Outcomes Framework. The work streams for the Public Health Intelligence team are:

1. Maximise capacity of analyst team

- To review how the team works to ensure an effectively and efficient team, making best use of automation and IT system solutions where appropriate.

2. Delivery of Public Health Intelligence

- To provide intelligence as part of the core offer to Dorset CCG;
- To provide intelligence in support of all public health domains;
- Harmonise existing support where appropriate, e.g. CCP dashboard.

3. JSNA

- To align the two JSNAs, with publication in one place accessible to all;
- To work closely with all partners in delivering the JSNAs.

4. Research

- Develop local research studies;
- To actively disseminate local new knowledge to regional and national colleagues;
- To promote applications for funding to support new research activity.

Developmental work streams for 2013/14 and beyond are:

- To work with Local Professional Networks to produce:
 - Pharmaceutical Needs Assessment (statutory);
 - Vision Needs Assessment;
 - Oral Health Needs Assessment.

9.4 Performance indicators

These will include:

- Agree information protocols with relevant partners that reflect changing information structures;
- JSNA Steering Group meeting regularly;
- JSNA set up on website with information from across Bournemouth, Dorset and Poole.

9.5 Recent Achievements

- Dashboards developed to look at outcomes for respiratory disease;
- Strategic narrative published for Dorset and for Bournemouth & Poole to inform the Dorset CCG strategy and the JHWS.

10. What do we spend and how?

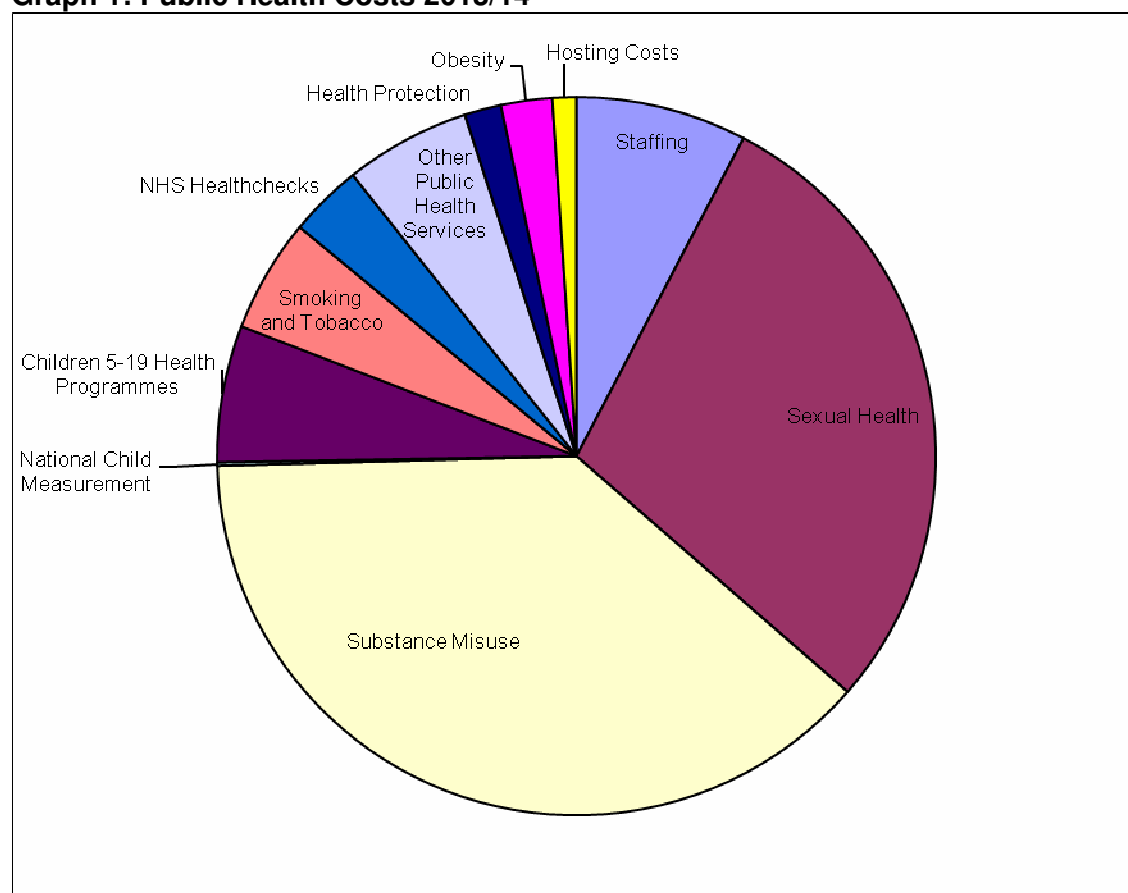
The final allocations for the 2013/14 ring-fenced public health grants to LAs were published on 10th January 2013¹⁶. The allocations for Borough of Poole, Bournemouth Borough Council and Dorset County Council are:

- Bournemouth Borough Council £7,542,000
- Borough of Poole £5,892,000
- Dorset County Council £12,538,000

To maximise the value that we can achieve with the resources available and to ensure an efficient, effective and high quality specialist public health function in Bournemouth, Dorset and Poole, the public health grants of three LAs will be pooled. This gives an overall pooled budget of £25,972,000.

There are clearly defined arrangements in place to ensure proportionate spend for each LA. The public health costs for 2013/14 by work stream are shown in graph 1.

Graph 1: Public Health Costs 2013/14



There remains significant uncertainty about the actual costs and this will be refined further during 2013/14.

¹⁶ <http://www.dh.gov.uk/health/2013/01/ph-grants-las/>

11. Accountability

11.1 How will decisions be made?

The JSNA identifies local priorities based on need and alongside evidence of effectiveness of interventions informs local decision making. This enables us to commission services and interventions where they are most needed, achieve better health and wellbeing outcomes and reduce health inequalities in Bournemouth, Dorset and Poole.

The department has a strong value associated with evaluation of its work; it would be expected that evaluation reports would be of a high standard, linked to specific national guidance e.g. NICE evidence of effectiveness and cost effectiveness.

11.2 Internal Reporting Arrangements

Governance

The LA governance arrangements have not yet been finalised, but are expected to comprise:

- Overarching Public Health Governance Group for Bournemouth, Dorset and Poole with member representation from all three local authorities;
- Operational Public Health Group covering Bournemouth, Dorset and Poole.

Overview and Scrutiny

Within Dorset County Council overview of the public health function will be undertaken through a newly formed Public Health Overview Committee and scrutiny will be through the Audit and Scrutiny Committee. For the Borough of Poole the overview and scrutiny function will be undertaken by the Health and Social Care Overview and Scrutiny Committee to be agreed. For Bournemouth Borough Council the overview and scrutiny function will be undertaken by the Health Overview and Scrutiny Committee.

Financial reporting

To be developed.

11.3 External Reporting Arrangements

The following reporting arrangements for the Public Health Team require development:

- For mandatory programmes and public health outcomes;
- To PHE;
- To the HWB;
- To Dorset CCG.

HWB

The HWBs are an integral part of the reforms in ensuring democratic accountability of the activities and outcomes of the health system. They have been in shadow form during 2012/13 and have evolved in very differing ways in differing parts of the country. There are two in Bournemouth, Dorset and Poole, one covering the area of Dorset County Council and one covering the area of Borough of Poole and Bournemouth Borough Council.

They have a clear role in law in defining a strategy to promote health and wellbeing for their areas and in ensuring all partners work together to common goals and outcomes for their populations.

12. Appendices

1. Team structure
2. Contribution of public health work streams to Corporate Plan priorities
3. Public Health Outcomes Framework
4. Public Health Consultant Leadership across Organisations, Domains and Programmes
5. Memorandum of Understanding

13. Glossary

AAA	Abdominal Aortic Aneurysm
ADPH	Assistant Director of Public Health
CCG	Clinical Commissioning Group
DPH	Director of Public Health
HIV	Human Immunodeficiency Virus
HPV	CCP
HWB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LARC	Long Acting Reversible Contraception
LETB	NHS Local Education and Training Board
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NCB	National Commissioning Board
NCMP	National Child Measurement Programme
NHS CB AT	NHS Commissioning Board Area Team
PHE	Public Health England
STI	Sexually Transmitted Infection
StR	Speciality Registrar