

Joint Public Health Board

**Bournemouth, Poole and Dorset councils
working together to improve and protect health**

Date of Meeting	05 February 2018
Officer	Director of Public Health
Subject of Report	LiveWell Dorset: update on progress
Executive Summary	<p>The contract for the LiveWell Dorset service will expire on 31 March 2018. At the last Board meeting Members agreed to support bringing the service in-house and establishing a strong public health provider function within Public Health Dorset.</p> <p>This paper provides an update to Members on progress with the transition to date, timelines for the main stages, and our intended approach to communication about the service change.</p>
Impact Assessment:	<p>Equalities Impact Assessment: An equality impact assessment will be carried out in the course of establishing the in-house service.</p>
	<p>Use of Evidence: This report has been compiled using background information on service performance over the past 2 years.</p>
	<p>Budget: The budget for the LiveWell Dorset service is £920,000 per annum.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:</p>

	<p>Current Risk: MEDIUM Residual Risk LOW</p> <p>The main risk currently is to ensure a smooth transition and preserve the level of performance in Dorset, Bournemouth and Poole.</p> <p>Other Implications: As noted in the report</p>
<p>Recommendation</p>	<p>The Joint Board is asked to note the progress made in establishing a successful transition of service from a commissioned to in-house provider, noting the March 31st deadline.</p>
<p>Reason for Recommendation</p>	<p>The Board has an important oversight and assurance role in ensuring that the current plans to establish an in-house health improvement provider are progressing smoothly. Ultimately, building a strong health improvement service in line with prevention at scale plans will ensure that Local Authorities in Dorset are able to fulfil part of their statutory responsibility for improving health and reducing inequalities for residents.</p>
<p>Appendices</p>	<p>LiveWell Dorset Service plan</p>
<p>Background Papers</p>	<p>None.</p>
<p>Report Originator and Contact</p>	<p>Name: Sam Crowe, Deputy Director of Public Health Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk</p>

1. Background

1.1 The LiveWell Dorset service is a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol. It was commissioned in April 2014 on a 3 year contract term. During this time it has successfully established itself as a popular service across Dorset, supporting around 15,000 people on different health improvement journeys. A real success has been the ability of the service to engage people in more disadvantaged areas.

1.2 The Board agreed at its last meeting to support a recommendation to transfer the service in-house, once the current contract expires on 31st March 2018. This paper updates Members on:

- progress with the transition plan, including key timelines
- key risks and mitigating actions
- our approach to communications
- expected benefits, and how the service will be different.

2. Current position with transition

2.1 The main strands of transition work to date encompass preparing for the staff consultation and associated HR transition tasks, financial due diligence on the existing service, understanding the assets that will and won't be transferred, and identifying replacements to ensure continuity of service. As the contract expiry date draws nearer, the transition tasks are increasingly operational and will involve planning for the safe migration of service data, establishing new policies and procedures, training and welcoming the transferring staff, and ensuring that the service is clear about its new responsibilities and expectations under its new service delivery plan.

2.2 **Human resources:** In advance of transfer the current provider was asked to ensure that its vacancies were recruited to, in order to ensure the service would be resilient going forwards. This work is now largely complete, which will greatly simplify staff consultation and transfer. The consultation around transfer is due to being late January and be complete mid-February.

2.3 **Assets:** we have a thorough understanding of the assets of the service that will be transferring. The financial due diligence is complete, and work is now progressing on securing replacement services to ensure the smooth running of the operation.

2.4 **Technology developments:** The digital platform work is nearing completion, and the next 2 months involve generating the right content for the site, paying attention to the insights work from service users to make sure the language and design of the platform conveys the right messages. In terms of service continuity, the most important element is the rebuild of the CRM (customer relationship management) system – this houses all of the data on service users, and will work hand in hand with the digital platform to help more people be supported digitally, in line with our growth expectations. The planned date for data migration from the existing to the new in-house service is March, so there will be extensive testing of the CRM in advance of this to make sure it is ready.

2.5 **Service planning:** A new service plan is being developed (see Appendix A), working closely with the new service manager. The intention is that this plan will effectively form the basis against which the service will be performance managed. The deliverables in the plan are aligned with those in the Living Well Prevention at Scale plans.

2.6 **Communications:** The in-house service will have a communications officer embedded within it to ensure better messaging to the public about health improvement, people's experience of the service, and to ensure consistency with local campaigns as part of our prevention at scale work. This will be an improvement over the previous agency approach used by Optum. We are not intending to undertake any widespread communications work with the public on launch – it will be a soft launch as hopefully there will be very little noticeable change after March 31st in the look and feel of the service. All service users will be notified of the change in provider in accordance with data protection law. Extensive communications work is planned with referrers to the service as part of our ongoing prevention at scale work. Partly this is to raise awareness of the new digital platform, and make it clearer to professionals how people they care for could also benefit from LiveWell Dorset.

3. Key risks and mitigation

3.1 There are a number of ongoing risks that we are actively managing. The most important of these are the morale and desire of staff currently working for Optum to come across to the Council as part of the in-house service. Regular meetings with staff have been undertaken since October to provide a forum to address concerns, and keep staff briefed as to the future intentions with the service. In addition, staff have been involved in small group work to plan some of the new resources being developed, such as the digital platform. Our information to date is that staff are genuinely excited about the prospect of moving the service from Optum to the Council, and working more closely with the public health team.

3.2 During the course of our due diligence on the current service, we have also identified a risk to service quality and delivery arising from the current telephony system in use, which does not always perform well. We have prioritised sourcing a reliable and effective replacement system as part of transition, as the current telephone system is not an asset that will transfer with the service.

3.3 Most other risks are considered low at this point in time.

4. Expected benefits of the new service

4.1 Board Members are asked to note the following expected benefits from the new service:

- Additional capacity to support more people with their health improvement journey
- New digital platform to ensure professionals and referrers behave more consistently, raise awareness of the service, and provide a professional way of engaging a wider workforce in the prevention approaches offered by the service;
- New CRM system that will enable more people to be supported and followed up digitally – working alongside the new digital platform. This will free up capacity at the front end of the service to offer more coaching to people wanting help.
- Clearer information returned to referrers about the progress and outcomes their service users have made as a result of being referred;
- Better public profile, including more of an active social media presence;
- Greater involvement of professionals across Dorset health and care system in the service - both as referrers and also as recipients of training;

- Greater ability of the service to work locally, including alongside the development of new care models as the changes in the Dorset Sustainability and Transformation Plan take shape.

5. Recommendations

- 5.1 Members of the Joint Public Health Board are asked to note the progress with the transition of the LiveWell Dorset service to establish a strong in-house health improvement provider.

Dr David Phillips
Director of Public Health

November 2017

