

# Business Plan 2018/19

## Introduction

Public Health Dorset is a shared service that provides public health leadership, services, and advice to Dorset County Council, the Borough of Poole and Bournemouth Borough Council. This helps the Councils fulfil their statutory duty to improve the health and wellbeing of their residents, and to reduce differences in health outcomes within each of their respective areas.

## Strategy

To improve and protect the health and wellbeing for residents by working with Councils, Dorset Clinical Commissioning Group and other partners. Our long term strategic focus is shaped and guided by:

- Development of an integrated care system (ICS) for Dorset, Bournemouth and Poole;
- Proposed creation of two new Unitary Authorities for Dorset – Local Government Reform (LGR).

Our medium term (3-5 year) strategy is called Prevention at Scale, which forms a major programme of work within the Sustainability and Transformation Plan for Dorset (see Appendix 1).

## How we will make a difference

- 1. We will provide effective and accessible public health leadership to the reforming system (see Appendix 2), through the Prevention at Scale programme.**

**System need:** The ICS and LGR require public health leadership tailored to meet their needs (effective) within critical timeframes (accessible). We have also identified that providing local public health leadership within CCG localities is essential.

**Measurement of progress:** Review evidence of influence through public health action appearing in wider policies and strategies. In addition, the Joint Strategic Needs Assessment process will be used to interview clients in the system to assess the extent of prevention being incorporated into plans.

- 2. We will be a reliable public-sector partner that delivers more than expected (Appendix 2)**

**System need:** We work within a complex system of organisations and delivering into this sector requires us to be ever more flexible and innovative – aka ‘client centred’.

**Measurement of progress:** Engage in professional project management and evaluate delivery of key projects. Ensure measurement of progress is reflected in milestone reports to the system.

- 3. We will provide and commission effective, equitable and efficient public health services**

To continue the transformation of public health services in local government, reshaping wherever possible so that they are effective, efficient and equitable.

**System need:** Resources are becoming scarcer through the reductions to the Public Health Grant. There is a need to increasingly align public health service delivery and integrate it into the health and care system, in line with the plans for ICS.

**Measurement of progress:** Monitoring of compliance, spend and outcomes, savings returned to the system, population take up of services to ensure equity.

## Outputs and activities – what we will do and deliver in 2018/19

- 1. Deliver the main Prevention at Scale projects across the four workstreams (Appendix 3).** This includes 20 major projects that we directly manage, in addition to capacity building to improve prevention skills through our workforce work with the wider system.
- 2. Commissioning intentions (Appendix 4).** The ambition has been to ensure effective, efficient and equitable services which are affordable in the context of a reducing public health grant, and so far, we have transformed delivery models for sexual health, drugs and alcohol and community provider services. In some areas this has resulted in a much more collaborative approach to delivery. The innovative health improvement hub that has been developed as LiveWell Dorset, has now brought together lifestyle services into a single system. For 2018/19 the principles of model redesign to improve effectiveness will continue. The major focus will be on children and young people with plans to recommission universal services for health visiting and school nursing. Business as usual activity such as quality assurance and service development will continue across all contracts and will include mobilising LiveWell Dorset as an inhouse service and redesigning community provider services for health checks, contraception and smoking cessation. This will enable a more collaborative commissioning approach to meet both system and locality need.
- 3. Lead locality working.** To facilitate delivery of Prevention at Scale, Public Health Dorset is keen that real progress is made on the ground, with demonstrable impact for local communities. Real change involves embedding prevention in local delivery mechanisms, meeting the specific needs of local populations; and this means staff working more directly at a locality level. From 1 April 2018 each of the 13 localities will have a member of the PHD team aligned to it. Those working in localities will still need to work across the system, engaging not only with the commissioners and providers of NHS and local authority services, but also other public-sector services, the private, voluntary and community sectors. The locality liaison roles (up to 2 days per week) will involve the following:
  - linking with key stakeholders within the locality,
  - using intelligence to support local planning for Prevention at Scale,
  - highlighting links with existing initiatives in other areas,
  - embedding prevention actions within the local transformation plans,
  - evaluating progress, with a focus on scale,
  - communicating success and learning across stakeholders and the wider system.

The work in localities is supported by the production and maintenance of locality profiles – a collation of locality level data that describes the local population’s health needs and helps with problem solving / prioritisation. The profiles will need to be reviewed and updated during 2018.

## Inputs – resources required

The main resources are staff and revenue from the Public Health Grant. The Grant is ring fenced to ensure spend on public health services (including the mandated public health programmes as set out

in the Health and Social Care Act) and is pooled between the three Upper Tier authorities under a shared legal agreement. The Government has signalled its intention to lift the ring-fence by 2020/21 and also consider funding public health services in Local Authorities differently, via retained business rates. Further detail is required to understand how this will impact on services in Dorset.

## 1. Staff profile

As of 1 April 2018, Public Health Dorset had the 31 whole time equivalent staff working within it. This represents a reduction of 2 WTEs from the previous year's staffing levels. Our total staff budget is £2,245,000 (8 per cent of total revenue).

Post level	Number	Whole Time equivalent
Consultant or above	6	5.2
Heads of programmes	4	3.8
Senior HPAs	4	3.5
Senior analysts	3	3.0
Health programme advisors	10	8.8
Analysts	4	3.2
Business support	5	4.6
<b>Total</b>	<b>36</b>	<b>31.1</b>

On 1 April 2018, an additional 20 staff transferred across under TUPE arrangements to the public health team as part of the transfer of the LiveWell Dorset service in-house. This staff group is managed as a separate service by Public Health Dorset, based on an agreed service plan.

## 2. Revenue budget

The total revenue budget for 2018/19 (staff and operations, not including Local Authority retained elements of Pooled Treatment Budget) is shown in detail in the table below, along with a forecast for 2019/20.

**Total: £27.6m**                      **Change from previous year: -6%**

Budget description	18/19	19/20
<b>Public Health Dorset budget (total)</b>	<b>27,631</b>	<b>26,749</b>
Clinical Treatment Services	10,409	10,233
Health Improvement (adult)	2,530	2,620
Health Improvement (0-19)	11,038	11,038
Health Protection	67	67
Public Health Intelligence	139	139
PAS and advocacy	482	154
Public Health Team	2,500	2,440
<b>Forecast spend</b>	<b>27,166</b>	<b>26,651</b>
<b>Difference (under)/over</b>	<b>(465)</b>	<b>(151)</b>

*Table 1. Public Health Dorset budget and forecast spend for 18/19 and 19/20*

### **3. Support services and business processes (Appendix 5)**

As well as staff and revenue, our deliverables and programmes of work, Public Health Dorset runs a number of internal work programmes and projects aimed at improving effectiveness of what we do. This includes organisational development activities, business support and project management, intelligence support including development of tools to support analysis and output for partners. Public Health Dorset is also an accredited training location for Higher Specialty Training in Public Health, and several consultants are GMC-accredited Educational Supervisors.

Currently we have 3 Public Health Specialty Registrars in training at various stages of development.

## Appendix 1: Strategy

<b>Planning</b>	<b>Timescale</b>	<b>Description</b>	<b>Governance</b>
<b>Future Dorset / Integrated Care System</b>	5-10 years	Long term guiding strategy for Dorset public services – shift to population-based health and care system	System Partnership Board New Unitary Councils (shadow from 2018)
<b>Prevention at Scale</b>	3-5 years	Medium term strategy to deliver public health at scale within the evolving integrated care system and Sustainability and Transformation Plan	Health and Wellbeing Boards (Dorset, Bournemouth and Poole) PAS advisory board (Part 2 of JPHB)
<i>Starting well</i>	3-5 years	Universal services for children and young people delivering improved outcomes for them and their families.	
<i>Living well</i>	3-5 years	Scaling support for adults to change unhealthy behaviours, system workforce health and wellbeing, training and capacity building	Interdependencies with Integrated Community Primary Care Services board, Health and Wellbeing Boards
<i>Ageing well</i>	3-5 years	Support those experiencing or at risk of ill-health of a long-term condition by better support to help with lifestyle issues and managing living with the condition.	Interdependencies with One Acute Network
<i>Healthy places</i>	3-5 years	Maximize the potential of Dorset's natural and built environment to improve and support good health and wellbeing outcomes.	
<b>Business plan</b>	1 year	Deliverables and priorities for the Public Health Dorset team during that year (work plan)	Joint Public Health Board, senior management team (internal),

## Appendix 2: How we will make a difference

<b>Workstream</b>	<b>Description</b>	<b>Benefits</b>
<b>Lead the prevention at scale programme</b>	Delivery of public health strategy either through projects or working to embed prevention approaches in the wider system. Organised into 3 clear life stages: Starting well, Living Well and Ageing Well, supported by the cross cutting Healthy Places workstream.	<p>More children and families getting the best support during the first 3-5 years of life, through modernised health visiting and early intervention services, whole school approaches to health and wellbeing;</p> <p>Many more people supported to change health behaviours and delay the onset of chronic conditions;</p> <p>Less variation in how people with existing conditions are supported and managed, with less variation in outcomes between affluent and less affluent areas;</p> <p>Easier access at a local level to different types of support, including social support, for people with multiple health and wellbeing needs;</p> <p>More health and care staff equipped to support people with basic health and wellbeing issues, or connect them with support easily, including making better use of our natural resources like parks, the coast and countryside.</p>
<b>Ready and able to support integrated care and local government reform</b>	Prepare to support the two new unitary Councils being created as part of the Future Dorset proposals. In 2018/19 this will involve convening a task and finish group via the Joint Public Health Board membership to consider how the public health function could change to accommodate the new Councils.	<p>Provide public health leadership to bridge to work of the NHS with Local Authorities - particularly where the health and wellbeing of the population is concerned;</p> <p>Ensure the NHS through the STP recognises the contribution of local authorities to longer term health and wellbeing improvements;</p> <p>Ensures join up between the work to embed prevention and make the NHS more sustainable and the strategic work of local authorities as place shapers.</p>
<b>An innovative, flexible, efficient, and effective public sector partner</b>	Internal work programme to become more efficient and effective, focusing on better business processes and innovation. Continue to develop partnerships with sectors that help	<p>Better contract management and commissioning efficiency – releasing capacity for locality working</p> <p>More self-service and automation of public health intelligence, including further development of the data warehouse and links to LiveWell Dorset</p> <p>Skills and organisational development of team members to fully implement our client centred</p>

	<p>with delivery of strong public health performance.</p>	<p>consulting model, and demonstrate improved outcomes where this has been used to deliver Prevention at Scale projects with partners</p> <p>Implementation of a clear project management discipline and supporting technologies.</p> <p>Improving communications including implementing the new strategy, supported by new channels (website and social) and staff training and development;</p> <p>Developing and delivering the in-house public health provider function, including understanding how best to integrate fully within the health and care system.</p>
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## Appendix 3: Activities and Outputs – Prevention at Scale Projects

Key Activities	Lead	Target date	Deliverables	Dependencies
<b>Starting Well</b>				
<b>Embed behaviour change and lifestyle support in maternity care pathways</b>	Fiona Johnson	Dec 18	Prevention incorporated as part of pathway and evaluation	One Acute Network CCG
<b>Ensuring an effective, single 0-5yrs offer</b>	Jo Wilson	Jun 18	Agreement on commissioning options and clear timetable for tender	LG reform
<b>Build whole school approaches to health and wellbeing</b>	Vicky Abbott	Mar 19	Increased engagement of young people in physical activity	Headteachers Alliance
<b>Build community capacity to support children and young people THRIVE</b>	Vicky Abbott	To be agreed with LA's	MHFA training delivered to school support staff	
<b>Living Well</b>				
<b>Launch LiveWell Dorset digital</b>	Stuart Burley	Apr 18	1,000 users, 50 organisations using	Primary care, One Acute Network
<b>Market LiveWell Dorset to GPs</b>	Stuart Burley / Emer Forde	Q2 19	Number of people supported by LiveWell Dorset doubled	Primary Care, Locality working
<b>Healthchecks</b>	Sophia Callaghan	Dec 18	Number of referrals from health checks and primary care to LiveWell Dorset doubled	Primary Care Third sector Pharmacy
<b>Develop a co-ordinated health and wellbeing offer with health and care system</b>	Sophia Callaghan	Jun 18  Ongoing	Workforce plans and training plans complete  Delivery of plans	Leading and working differently Secondary care One Acute Network



<b>Ageing Well</b>				
<b>Active Ageing</b>	Rachel Partridge	Apr 18	Increased physical activity in the 55-65 age group (detailed deliverables to be scoped)	Active Dorset Sport England
<b>Transform diabetes pathways</b>	Nicky Cleave	Mar 19	Launch and initial roll out of National Diabetes prevention programme	NHSE CCG Provider
<b>Escape pain</b>	Vicki Fearne	Q1 19	Support to the roll out of Escape Pain programme pan Dorset	Active Dorset Referral process from primary care via LiveWell Arthritis UK HIN
<b>Collaborative Practice</b>	Susan McAdie	Q4 18	Practice health champions recruited and active in GP practices in 3 priority localities	Primary care Altogether Better, CCG social prescribing model, ICPCS
<b>Healthy Places</b>				
<b>Build capacity to address inequalities in access to greenspace</b>	Amy Lloyd	Dec 18	Access enhancement in Bournemouth, Alderney and Poole; PRoW improvements  Mapping of green space accessibility  Support to delivery of Stepping into Nature project and evaluation of phase 1	Exeter University
<b>Embed planning for health and wellbeing across spatial planning system</b>	Rachel Partridge	Dec 18  Jun 19	Delivery of process to deal with PHD response to planning applications  Proactive process in place to contribute to local plan development and contributions made to latest plans	Planning departments
<b>Improve poor quality housing (Healthy Homes Dorset)</b>	John Bird	Jun 18  Mar 19  Sep 18	Evaluation of phase 1  Ongoing delivery of phase 2  Work with primary care to identify referrals	CSE Primary care

<b>Air quality</b>	Rupert Lloyd	Q2 18	Rescoping of phase 2 following re-engagement with stakeholders	
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## Appendix 4: Activities and Outputs – Commissioning Intentions

Commissioning & contracting	Link with strategy	Lead	Timescale	Outputs	Dependencies
<b>Drugs and Alcohol service management</b>	Living Well Ageing Well	Will Haydock	Apr 19	Improving engagement rates in Bournemouth and maintaining performance in Dorset and Poole.	Primary care, One Acute Network  DCR integration Recovery Hub delivery Reviews of opiates, DSUF, and needle exchange
<b>Sexual Health Service implementation and monitoring</b>	STP	Sophia Callaghan	Apr 18	Dorset wide integrated service delivery in place	Primary care, One Acute Network
<b>Children and Young People Universal services development</b>	Starting Well	Jo Wilson		Extend health Visiting as single service and School Nursing service model for one year and plan to re-tender for April 19.	Dorset Health Care Local Authorities
<b>Smoking Cessation and midwifery pathway</b>	Starting well	Jo Wilson		Extend current contract with 3 hospitals for one year and review	Acute Trusts
<b>Breast feeding support delivery</b>	Starting well	Business support	Apr 19	Extend as a grant and review	Acute Trusts
<b>Health Improvement- Live well Dorset</b>	Living Well	Stuart Burley	Apr 18	Transfer LWD service in house, and mobilise/contract monitor service	Primary care, One Acute Network
<b>Health checks Targeted and core service development</b>	Living Well	Sophia Callaghan	Apr 19	Redesign single Dorset-wide service	Primary care, One Acute Network Third sector
<b>Community providers for EHC, LARC, smoking cessation</b>	Strategic Commissioning	Sophia Callaghan Barbara O'Reilly	Apr 19	Extend one year and plan redesign	Primary Care, Dorset Health Care, Pharmacy

## Appendix 5: Enabling services and support

Activity	Lead	Timescale	Outputs
<b>INTERNAL COMMUNICATIONS</b>			
<b>Introduce and maintain an intranet. Weekly summarise SMT &amp; PMT. Populate Calendar. Evolve team profiles and organisation charts on intranet</b>	Amy Taylor	April 2018 onwards	Well used/functioning intranet site
<b>Review Project Place, improve and provide training and support</b>	Clare Hancock	Q4 17 onwards	Consistent use of Project Place across the team ensuring that it supports management and reporting of PAS
<b>Review Wiki in light of the Wall and website developments</b>	Chris Skelly	April 2018	Determine future development of Wiki
<b>Team meetings, prioritise and regularly review format</b>	Sam Crowe, Chris Ricketts	April 2108 onwards	
<b>Organisational values on Intranet</b>	Amy Taylor	Q4 17 onwards	
<b>EXTERNAL COMMUNICATIONS</b>			
<b>Develop new PHD website for contractors and partners</b>	Chris Skelly and Jenni Lages	Q1 2018	
<b>Produce e-newsletters and other comms for partners</b>			
<b>Review Project Place with partners</b>	Clare Hancock	Q1 2018	
<b>Recruit Communications Manager, Officer and LWD Marketing Officer</b>	Chris Ricketts Stuart Burley	Q4 2018	Staff in post.
<b>Develop content for Prevention at Scale area of new ICS website</b>	Chris Ricketts	Q1 2018	
<b>Consider STP/PAS partnership branding</b>			
<b>Shift narrative and digital storytelling through website(s) and social media</b>			
<b>Facilitate specific PAS themed events/workshops</b>	Chris Ricketts, Rachel Partridge	Ongoing	
<b>BUSINESS SUPPORT</b>			

<b>Review business support roles and operating procedures</b>	Barbara O'Reilly	April 19	Future processes to meet business need
<b>Review Contract and Commissioning C&amp;C group function</b>	Sophia Callaghan	April 18	To meet procurement and contract needs
<b>Develop project support offer</b>			
<b>INTELLIGENCE FUNCTION</b>			
<b>JSNA</b> – reengineering of the process with a view to refocussing on identified ‘need’ before attempting to assess evidence.	Chris Skelly – PM Vicky Ferne – Lead engagement Nat Miles – lead analyst	Ongoing	Monthly updates on dedicated webpage
<b>Locality Support</b> – create and implement a process for providing ‘information for action’ across localities	Anne Scott – PM and lead analyst	Ongoing	Updating of the Locality webpages as needed
<b>Inequality Evidence</b> – review and revamp of our evidencing of inequality and deprivation to improve our understanding and narrative	Dave Lemon – PM and lead analyst with Anne Scott	June 2018 August 2018 December 2018	Review of lit and analysis of situation Prj Plan for Revamp Revamp Delivered
<b>Si2N Programme Evaluation</b> – co-development of our first large (3+ years) programme evaluation with significant capacity building focus	Vicky Abbott – PM Nat Miles – lead analyst	April 2020	Annual Report
<b>Air Quality client system</b> – this is a ‘trending issue’ and with technical network being developed we really need to understand what intelligence people think they want	Sara Ireland – PM and lead analyst with Dave Lemon	April 2018 Sept 2018 Oct 2018 Dec 2018 Feb 2019	Project Plan Lit review Client system map Interview analysis AQ client system paper
<b>LiveWell Dorset Analytics</b> – bringing LiveWell in-house has created a need to for taking on and improving the data analytics underlying LiveWell BI	Chris Skelly – Temporary PM Lee Robertson – lead analyst	Ongoing	Data management, data analytics and dashboard development
<b>Commissioning BI</b> – review business needs and redevelop the business intelligence dashboards as required	Lee Robertson – PM and lead analyst	Review – June Redev – Sept Maintain – Ongoing	Produce a review paper. New Dashboard. Data management & data analytics
<b>Primary care payment information</b> – commissioned activity is processed in-house for payment	Darryl Houghton – data manager	1 <sup>st</sup> Week July, Oct, Jan, Apr	Data extracted from data warehouse, QA with Business Support
<b>Population health decision-support</b> – client support for data and evidence requests	Lee Robertson and Dave Lemon – lead analysts	Ongoing April 2018 June 2018 ??? ???	Client deliverables CBA paper CBA reporting Cardiff Model report Capacity building event

<b>Improving shared understanding</b> – client support for data and evidence requests	Nat Miles – PM and lead analyst	Ongoing	Client deliverables Capacity building event
<b>Data Governance</b> – ensuring that we continue to be compliant	Haley Haynes – lead analyst With Jane Horne and Darryl Houghton	Ongoing Oct 2018	Engagement w process Annual compliance review
<b>The Daily Mile Evaluation</b> – creating some local evidence around one of the potentially most scalable child obesity intervention	Cathryn Taylor – PM and lead analyst	June 2018 Sept 2018 December 2018 April 2019	Project Plan & Team Evidence review paper Evaluation frame/plan Evaluation complete