

Joint Public Health Board

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

Date of Meeting	04 June 2018
Officer	Acting Director of Public Health
Subject of Report	Prevention at Scale
Executive Summary	<p>The Joint Public Health Board agreed in February 2016 to take on the role of Prevention at Scale Programme Advisory Board.</p> <p>This paper provides a written update to the Board, highlighting progress across all four work streams</p>
Impact Assessment:	Equalities Impact Assessment:
	Use of Evidence: Development of the STP and the agreed PAS portfolio approach is based on a range of national and local evidence.
	<p>Budget: The Joint Public Health Board has previously approved approx. £1m non-recurrent funding from savings made from the public health grant for investment into the Prevention at Scale programme, of which £439k has been spent to date.</p> <p>Partner organisations each commission and work on a range of prevention activities with associated budgets. As the Prevention at Scale work progresses further there may be further impacts on these budgets, yet to be determined.</p>
	<p>Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology,</p>

	<p>the level of risk has been identified as:</p> <p>Current Risk: LOW Residual Risk LOW</p>
	<p>Other Implications: Wider implications of the PID's and the Prevention at Scale programme include the sustainability of future public services, improving health and wellbeing, and the future role of localities, communities and the voluntary sector within this.</p>
<p>Recommendation</p>	<p>The Joint Board is asked to</p> <ul style="list-style-type: none"> ○ note highlights across the prevention at scale portfolio ○ agree the development of a series of impact reports by each workstream that aim to capture the wider benefits in the system arising from this work.
<p>Reason for Recommendation</p>	<p>Governance of prevention at scale will support effective delivery across the portfolio.</p>
<p>Appendices</p>	<p>Appendix 1: Measuring impact and benefit in Prevention at Scale Programme</p>
<p>Background Papers</p>	<p>‘Our Dorset’ Future direction of public health in Dorset, Feb 2017</p>
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1. BACKGROUND

- 1.1 [‘Our Dorset’](#), the local Sustainability and Transformation Plan (STP), was published in 2016 in response to the Government’s challenge to the NHS and local Councils to work together and re-design more sustainable health and social care services. The plan sets out five key strands of work including Prevention at Scale that together will address three gaps:
- Health and wellbeing gap
 - Care and quality gap
 - Finance and affordability gap
- 1.2 Prevention at Scale has four interlinked workstreams which match the lifecourse stages of Starting Well, Living Well and Ageing Well plus Healthy Places. This paper provides a written update to the Board, highlighting progress across all the work streams.

2. HIGH LEVEL PROGRESS

- 2.1 Engagement with both Health and Wellbeing Boards continues. Dorset HWB discussed the Healthy Places workstream in March, including case studies in spatial planning for health and wellbeing, increasing access to green space, enabling active travel and work to improve homes in Dorset. Bournemouth and Poole HWB received a progress report at its last meeting in May. Members noted progress with projects, but requested a clearer demonstration of impact and benefits arising from the changes.
- 2.2 Following the production of the locality profiles, link workers have been identified for 11 of the 13 localities from within current public health resources. A successful bid to the STP transformation fund held by the CCG was made to support the two remaining localities in a similar way.
- 2.3 Work continues about how this resource links with those within GP localities and adult services community development workers, recognising that this may depend on locality.

3. STARTING WELL

- 3.1 Healthy lifestyle assessment is now embedded routinely within the Better Births project. Scoping is complete and the next stage is to co-produce options for implementation. Discussions are planned with Bournemouth University to include healthy lifestyle training within the midwifery curriculum for newly trained midwives.
- 3.2 Work on building whole school approaches to health and wellbeing, with a focus on physical activity and emotional health and wellbeing is progressing well. A survey has been sent to schools about potential actions for schools, and a workshop was held to discuss next steps which will lead to production of a more detailed business case.
- 3.3 An intensive programme of work with health visitors and children’s centres has ensured much closer working between teams, and is already having an impact on outcomes.

4. LIVING WELL

- 4.1 The LiveWell Dorset service transitioned in-house on 1 April and the new digital platform was launched at the same time.

- 4.2 Work is progressing on providing support for the workforce. The new digital platform will be used with local key stakeholders to inform plans for skills development and training. Following development with the Dorset Workforce Action Board a programme of workshops are planned from May that will also support this.

5. AGEING WELL

- 5.1 Two pilot programmes for Escape Pain which aims to improve self-management of hip and knee pain have been run. These pilot programmes were in East Dorset and the intention is to roll out the programme across Dorset. Work is ongoing with the MSK triage service, primary care, and LiveWell Dorset to ensure that the service and referral pathway is embedded for future cohorts.
- 5.2 Altogether Better have now appointed a Development Manager and have confirmed the list of practices that will be engaging in the Leadership Programme for the Collaborative Practice model. Seventeen practices across Dorset have engaged.
- 5.3 Active Ageing – the steering group has met, a project manager has been appointed, and the first engagement event with stakeholders and interested organisations has been held. North Dorset locality have expressed an interest in being involved in the pilot.
- 5.4 The award for the diabetes prevention programme (funded nationally) has been made to Living Well Taking Control (Health Exchange). Mobilisation of the service has commenced, working closely with the CCG and LiveWell Dorset and the service will start in 18/19.

6. HEALTHY PLACES

- 6.1 Spatial Planning – good links made between local planners and the Primary Care Infrastructure work. Broader development to be discussed at the Dorset-wide workshop planned for end June 2018.
- 6.2 Active travel – working alongside the Integrated Transport Planning project to include travel planning and maximising active travel in healthcare plans around access and how strategic plans for Poole and Bournemouth hospitals and hubs within GP localities are implemented.
- 6.3 Access to green space – A range of projects are now set up to encourage different groups of people to access their local green spaces, and these will be evaluated using the same framework to establish their impact and how well this is sustained. In Poole the projects focus on engaging young families through facilitated activities; in Dorset the projects are improving path conditions and removing barriers to public rights of way along specific routes with particular connections in mind e.g. connecting Littlemoor residents with Lorton Meadows nature reserve; in Bournemouth the project is to develop a group of volunteers (referred in by partners) with a focus on building positive mental health.
- 6.4 Healthy Homes – we have already upgraded over 160 homes against a target of 150 for Phase 2 and secured additional funding from the national Warm Homes Fund for specific areas of development. Key to ongoing development is better integration within GP localities to allow better targeting to vulnerable residents with specific cold-related conditions.

7. CONCLUSION

- 7.1 Members are asked to note highlights across the prevention at scale portfolio.
- 7.2 In addition, Members are asked to support the development of a set of visually engaging metrics designed to show the wider impact and benefit of the changes as they take root across the system (see Appendix 1 for a very draft schematic to show how this might look).

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