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Agenda

Public Health Dorset

Meeting: Joint Public Health Board

Time: 10.00 am

Date: 24 September 2018

Venue: Cattistock Room, Civic Centre, Poole, BH15 2RU,

Bournemouth Borough Council	Dorset County Council	Borough of Poole
Nicola Greene	Steve Butler	John Challinor
Jane Kelly	Jill Haynes	Karen Rampton
Reserve Members		
Blair Crawford	Rebecca Knox	Mike White
	Andrew Parry	

Notes:

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- **Public Participation**

  Guidance on public participation at County Council meetings is available on request or at http://www.dorsetforyou.com/374629.

  Public Speaking

  Members of the public can ask questions and make statements at the meeting. The closing date for us to receive questions is 10.00am on 19 September 2018, and statements by midday the day before the meeting.

Debbie Ward
Chief Executive

Date of Publication:
Friday, 14 September 2018

Contact: David Northover, Senior Democratic Services Officer
County Hall, Dorchester, DT1 1XJ
01305 224175 d.n.r.northover@dorsetcc.gov.uk

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

1. **Chairman**

To elect a Chairman for the meeting. (It was agreed at the previous meeting that the Chairmanship would rotate amongst the three authorities and that the Vice-Chairman identified at a meeting would become the Chairman at the following meeting).

2. **Vice- Chairman**

To appoint a Vice–Chairman for the meeting.

3. **Apologies**

To receive any apologies for absence.

4. **Code of Conduct**

Members are required to comply with the requirements of the Localism Act 2011 regarding discosable pecuniary interests and you should therefore:

- Check if there is an item of business on this agenda in which you or a relevant person has a disclosable pecuniary interest.
- Inform the Secretary of the Group in advance about your disclosable pecuniary interest and if necessary take advice.
- Check that you have notified your interest to your own Council's Monitoring Officer (in writing) and that it has been entered in your Council's Register (if not this must be done within 28 days.
- Disclose the interest at the meeting and in the absence of a dispensation to speak and/or vote, withdraw from any consideration of the item.

Each Council's Register of Interests is available on their individual websites.

5. **Minutes** 5 - 12

To confirm the minutes of the meeting held on 4 June 2018.

6. **Public Participation**

(a) Public speaking
(b) Petitions

7. **Forward Plan of Key Decisions** 13 - 14

To receive the Joint Public Health Board's Forward Plan.

8. **Public Health Dorset Business Plan 2018/19 - Monitoring Delivery** 15 - 28

To consider a report by the Acting Director of Public Health.

9. **Future of the Public Health Partnership: Update and Key Issues under Local Government Reorganisation** 29 - 34

To consider a report by the Acting Director of Public Health.

10. **Financial Report** 35 - 40

To consider a report by the Chief Financial Officer and the Acting Director of Public Health.

11. **NHS Health Checks Service Model** 41 - 46

To consider a report by the Acting Director of Public Health.

12. **Clinical Treatment Services Performance Report** 47 - 62

To consider a report by the Acting Director of Public Health.

13. **Questions from Councillors**

To answer any questions received in writing by the Chief Executive by not later than 10.00am on Wednesday 19 September 2018.

Exempt Business

To consider passing the following resolution:

To agree that in accordance with Section 100 A (4) of the Local Government Act 1972 to exclude the public from the meeting in relation to the business specified in item 14 because it is likely that if members of the public were present, there would be disclosure to them of exempt information as defined in the paragraphs detailed below of Part 1 of Schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

14. **Future Commissioning of Public Health Nursing (Health Visiting and School Nursing) - (Paragraph 3)** 63 - 70

To consider an exempt report by the Acting Director of Public Health.

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Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Monday, 4 June 2018

Present:
Jane Kelly (Chairman)
Steve Butler, John Challinor and Jill Haynes

Members Attending
Beryl Ezzard, (Observer, Dorset County Council)

Officers Attending: Nicky Cleave (Assistant Director of Public Health), Sian Critchell (Finance Manager, Dorset County Council), Sam Crowe (Acting Director of Public Health), Jane Horne (Consultant in Public Health, Public Health Dorset), Rachel Partridge (Assistant Director of Public Health), Jane Portman (Managing Director - Bournemouth), Clare White (Accountant, Dorset County Council) and Helen Whitby (Senior Democratic Services Officer, Dorset County Council).

(Note: These minutes have been prepared by officers as a record of the meeting and of any decisions reached. They are to be considered and confirmed at the next meeting of the Board to be held on **Monday, 24 September 2018**.)

Chairman

13 **Resolved**
That Councillor Jane Kelly be elected Chairman for the meetring.

Chairman

14 **Resolved**
That Councillor John Challinor be appointed as Vice-Chairman for the meeting.

Apologies

15 Apologies for absence were received from Councillors Nicola Greene (Bournemouth Borough Council), Rebecca Knox (Dorset County Council) and Karen Rampton and Mike White (Borough of Poole). Apologies were also received from Helen Coombes (Transformation Lead for Forward Together for Adult and Community Services Programme (Dorset County Council).

Role and Terms of Reference

16 **Resolved**
That the Board's Role and Terms of Reference be noted.

Code of Conduct

17 There were no declarations by members of any disclosable pecuniary interest under the Code of Conduct.

Councillor Jill Haynes (Dorset County Council) declared an interest in minute 22 as Dorset Health and Wellbeing Board's representative on the Primary Care Commissioning Committee.

Minutes

18 The minutes of the meeting held on 5 February 2018 were confirmed and signed.

Public Participation

19 There were no public questions or public statements received at the meeting under Standing Orders 21(1) and (2) respectively.

Forward Plan of Key Decisions

20 The Joint Board considered its draft Forward Plan which identified key decisions to be taken by the Joint Board and items planned to be considered during 2018. This had been published on 3 May 2018.

Members commented that the Forward Plan should have more substantive items listed. In response the Acting Director for Public Health explained that he wanted members' views on issues they wished to consider and this would lead to a more complete Forward Plan. Items to be added were the outcomes from the Task and Finish Group for the November 2018 meeting (see minute 26), the Future of Health Checks and Health Check performance.

Resolved

That items on the future of Health Checks be added to the Forward Plan for consideration at the next meeting and items on the Health Check performance and outcomes of the Task and Finish Group be added for the November 2018 meeting.

Future Commissioning of Public Health Nursing (Health Visiting and School Nursing)

21 Following consideration of a report by the Director of Public Health to extend the current Public Health Nursing Service by one year at their last meeting, the Joint Board considered a further report which proposed a competitive tender for a Pan-Dorset 0-19 Public Health Nursing Service. The report set out the results of the engagement undertaken, options considered and reasons for rejection.

Members noted that until 2015 Public Health Nursing Services were provided by NHS England. Following consultation on the proposals, it had been agreed that the Dorset Clinical Commissioning Group and other stakeholders would be involved in the tender specification process. Officers from across the three local authorities had been in discussions about the options for future school nursing and health visiting services in order to find the best configuration. The successful service provider would need to be able to integrate with partners, support safeguarding and integration across the age span. A Pan-Dorset tender was recommended for both the school nursing and health visiting services.

In discussion members supported a tender process with both services being tendered within one contract. Some concern was expressed about the possible effect any new provider might have on current working relationships and the need for the tender process to reflect prevention at scale work, Dorset's Family Partnership Zones and the direction of future working.

In response it was noted that a wide group of officers were inputting into the preparations for tender and that any specification would go beyond that required nationally. Assurance was given that the tender evaluation process would emphasise the importance of continuing collaboration and integration alongside other services for children.

Reference was made to a recent press article about the Isle of Wight's inability to find bidders for a recent tender and speculation that Dorset's tender might receive a similar response. The Acting Director of Public Health explained that there was a potential market outside of the public sector as highlighted in the paper. Some market testing events would be held as part of the tender planning process but the current local provider had indicated that it wanted to tender for the new service.

Resolved

1. That the engagement with senior stakeholders and development of the options appraisals for procurement and commissioning be noted.

2. That a Competitive Tender for a Pan-Dorset 0-19 years Public Health Nursing Service (formally Health Visiting and School Nursing services) with a proposed contract length of 3 + 2 years and maximum annual budget of £11million be agreed.

Reason for Decisions
Public Health Nursing services in Dorset were currently provided by Dorset Healthcare University NHS Foundation Trust. The current contract had expired on 31 March 2018. A further one-year extension of this contract was awarded from 1 April 2018. Tendering for this service would ensure compliance with pubic contract regulations.

Contract and Commissioning Report Update

22 (Councillor Jill Haynes (Dorset County Council) declared an interest in the minute below as Dorset Health and Wellbeing Board's representative on the Primary Care Commissioning Committee.)

The Joint Board considered a report by the Acting Director of Public Health which outlined progress within the main Public Health commissioned programmes.

Drug and Alcohol Service
Members noted that the Pan-Dorset Drug and Alcohol Service was running well within a reduced budget and the effects of recent system wide changes on the Governance Board had led to it proposing to stop meeting and to cover off other governance functions as set out in the report. It was proposed that member oversight of future performance would be carried out by the Joint Board on a six monthly basis, with the first report being considered at the next meeting. The Lead Commissioner Group would continue dealing with operational questions and ongoing service development.

Members who sat on the Governance Board agreed that its work was reducing and that meetings should stop.

Sexual Health
It was explained that the contract for Sexual Health Services had been awarded to Dorset Healthcare NHS Foundation Trust. The next step would be to mobilise and integrate these services to deliver the ongoing saving requirement. It was recommended that other community provider contracts now be reviewed to fully integrate sexual health service provision.

Members asked that future reports give a breakdown of areas included in budgets. This was agreed.

Health Improvement and Health Checks
Members noted that the Livewell Dorset Service had been brought back in house from 1 April 2018 and the website was now live. However, the Health Check area had been an ongoing focus for some time and its future provision was being considered. It was suggested that a proposed service model be drawn up and a report on next steps in procurement be provided for consideration by the Joint Board at its September 2018 meeting.

Members, whilst supporting the Health Check process, were aware of how difficult this was to put into practice, and wanted to see evidence of their impact and whether they provided value for money. They recounted their own personal experience of Health Checks and that some GP practices were undertaking them but not necessarily reporting this.

In response it was explained that it was a national requirement for eligible residents to be invited for a Health Check each year over a five year period. Issues of patient confidentiality and data protection made it difficult to implement and it was difficult to know who had been invited, the quality of any Health Check and whether any significant disease or issue had been referred for support. One option to improve the situation would be to give GP localities the responsibility for Health Checks. A performance report would be provided for the Joint Board's November 2018 meeting.

The Joint Board noted that Bournemouth, Dorset and Poole's current performance was in the lowest quintile. A change was needed to encourage reporting so that those who would benefit more from Health Checks could be targeted and better use made of available resources.

Resolved

1. That the proposal to amend the existing governance arrangements for the Drug and Alcohol Treatment system as outlined in the paper be agreed.
2. That Public Health Dorset review other community provider contracts with GP practices and pharmacies with an aim to fully integrate sexual health service provision by 31 March 2018.
3. That the NHS Health Checks locality-based service model would be developed for consideration by the Joint Public Health Board at its next meeting.
4. That a report on the proposed Health Check model be provided for consideration at the Board's September 2018 meeting and a report on performance for the November 2018 meeting.
5. That future reports should give a breakdown of areas included in budgets.

Reason for Decisions

Close monitoring of the commissioned programmes was an essential requirement to ensure that services and resources were compliant and used efficiently and effectively.

Financial Report

23 The Joint Board considered a joint report by the Chief Financial Officer, Dorset County Council, and the Acting Director of Public Health which set out the draft revenue budget for Public Health Dorset in 2018/19 of £28.592m, based upon an indicative grant allocation of £33.407m. The report also included the final outturn for 2017/18 and an updated reserve position.

There had been a small underspend on the budget for 2017/18 after the return of £1.2m to the three local authorities as set out in the shared service agreement and £1m had been moved from reserves to support prevention at scale work. For 2018/19 £869k of the reserve would be used to support prevention at scale and the balance of £948k was currently uncommitted. The Public Health ring fence had been extended until 2021. It was not yet known whether alternative ways of funding public health would be developed in place of the ringfence.

Members agreed that the new report format was easier to follow. They noted that there were plans to commit most of the £869k reserve, including for schools' physical activity and emotional health and wellbeing and that there was a preliminary forecast of an underspend of £450k in 2018/19.

Resolved

1. That the 17/18 final outturn be noted.
2. That the updated reserve position and continued commitment to Prevention At Scale from within the reserve be noted.
3. That the confirmed budget allocation for 1208/19 and indicative budget for 2019/20 be confirmed.

Reason for Decisions

Close monitoring of the budget position was an essential requirement to ensure that money and resources were used efficiently and effectively.

Prevention at Scale

24 The Joint Board considered a report by the Acting Director of Public Health which provided an update across the four Prevention at Scale work streams.

Public Health had committed £1m to support prevention at scale work but outcomes needed to be measurable to illustrate the return on investment. The appendix set out how impacts and benefits were to be measured and members' views were sought on the proposed approach.

One member highlighted the prevention at scale work of locality groups and the difficulty they had in accessing funding for these. It was explained that Public Health were to provide dedicated resources to support such groups and that there were small pockets of funding available for seed funding, but not ongoing recurrent financial support. It would be for the Joint Board to agree how the Public Health reserve might best be used in future. It was a question of the system shifting away from reliance on small pots of money and taking responsibility for prevention work.

Members supported the proposals but highlighted that many professionals were not using their time currently for prevention work. It was suggested that the remaining Public Health uncommitted reserve, via the two Health and Wellbeing Boards, could be used to support locality prevention at scale work and that closer working across organisations might lead to more funding opportunities. The Acting Director of Public Health agreed to explore this proposal as part of the Task and Finish Group on the future of public health (see minute 26).

Resolved

1. That highlights across the prevention at scale portfolio be noted.
2. That 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 be agreed.
3. That the Terms of Refence of the Task and Finish Group established in minute 26 include reference to the above.

Reason for Decisions

Governance of prevention at scale would support effective delivery across the portfolio.

Public Health Dorset Business Plan for 2018/19

25 The Joint Board considered a report by the Acting Director of Public Health which set out the Business Plan for 2018/19, including prevention at scale, commissioning and contracting activity and wider actions aimed at ensuring the team remained an efficient and effective public sector partner.

The Acting Director of Public Health wanted to increase the visibility and transparency of the team's work which had changed from silo working to a more project based approach. The Business Plan set out the main activities and timescales for delivery during 2018/19 and also explained the role of the Public Health Team in supporting strategic ambitions especially during the development of the two new unitary authorities.

The Chairman thanked the Public Health Team for their work in developing the Business Plan and welcomed a new approach which was having a positive impact on communities.

It was confirmed that prevention at scale work was monitored through the two Health and Wellbeing Boards. The issue of air quality was raised as a matter of concern, particularly in Bournemouth and Poole and whether this could be given a higher priority. It was explained that this work was undertaken through the Healthy Places work stream and was seen as a real priority.

Attention was drawn to the whole school approaches to health and wellbeing set out in Appendix 3, and it was suggested that the contributing partners should also include Governing Bodies, district councils, housing associations and others. It was explained that the document listed just the main organisations, and that many other groups were also involved.

With regard to gaps within Appendix 5, it was explained that the Business Plan would be updated and provided for the next meeting, alongside an indication of progress (RAG rating)

Resolved

1. That the Business Plan for 218/19 be noted and supported.
2. That an updated Business Plan be provided for the next meeting.

Reason for Recommendations

Close monitoring of the commissioned programmes was an essential requirement to ensure that services and resources were compliant and used efficiently and effectively.

Options for Public Health Dorset - Task & Finish Group

26 The Joint Board considered a report by the Acting Director of Public Health which recommended the establishment of a Task and Finish Group to consider; the effectiveness of the Public Health Dorset Service to date; how Public Health Dorset could continue to best support the two new Councils in discharging their statutory public health responsibilities; and provide a report and recommendations back to the meeting in November 2018.

The current changes to local government provided an opportunity to review the current Public Health model and it was suggested that the Joint Board, supported by officers, re-consider the team's criteria, evaluate its success and develop a model fit for the business of the two new unitary councils. Terms of reference for this work were set out in the report. A suggestion was made to prepare a briefing in advance, and consider the use of telephone interviews to elicit views, and reduce the need for group meetings. The outcome of this work would be reported to the Joint Board's November 2018 meeting.

Members asked for early sight of any information so that it could be discussed with colleagues as a means of making meetings more productive.

The change to local government provided a good opportunity to ensure Public Health Dorset was fit for the future especially with regard to governance and the development of the Integrated Care System.

The Acting Director of Public Health would draw up an outline work programme for circulation to members by email.

The need for the terms of reference to reflect (a) future scrutiny arrangements for the two new unitary authorities was highlighted and (b) that any recommendations arising from the group's work would need to be forwarded to both Shadow Councils for consideration.

Resolved

1. That the progress made in establishing a successful public health model to support the Dorset, Bournemouth and Poole upper tier Councils be noted
2. That the terms of reference for the task and finish group set out in the Appendix be agreed subject to the amendment set out above in relation to future scrutiny and recommendations being forwarded to the Shadow Councils and the amendment set out in minute 24 above.

Reason for Decisions

To ensure that the future of Public Health Dorset model was fit for the future needs of local government, post reform, and remained able to support the evolving opportunities to improve population health as part of the Dorset Integrated Care system.

Director of Public Health Report

27 The Joint Board considered the Director of Public Health's Annual Report 2017.

The Director of Public Health had to produce an Annual Report as a statutory requirement. This report built on the previous report and the development of prevention at scale work. It focused on three areas across Dorset with poor outcomes and illustrated prevention work and different approaches taken, achievements and outcomes. The tables suggested where prevention work should be focussed going forward.

Members commented on the differences and similarities between the areas, highlighted the need to improve housing standards generally, that the case studies would provide discussion at scrutiny committees and illustrated the difference that could be made to lives.

Resolved

That the report be noted and focus continued on developing prevention approaches in localities.

Reason for Decision

To help the Joint Public Health Board and Local Authorities fulfil their legal duty to improve the health and wellbeing of the population and reduce inequalities in health.

Questions from Councillors

28 No questions were asked by members under Standing Order 20(2).

Meeting Duration: 10.00 am - 11.47 am

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Joint Public Health Board - 24 September 2018

for the period 3 September 2018 to 31 December 2018

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Public Health Business Plan for 2018/19	Joint Public Health Board	24 Sep 2018	Officers and portfolio holders from each member local authority. Internal discussions, separately and jointly.	Open	Board Report	*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
Future of the Public Health Partnership : Update and Key Issues under Local Government Reorganisation	Joint Public Health Board	24 Sep 2018	Portfolio lead for Integrated Community and Primary Care Services,	Open	Board Report	*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
Finance Report (including services update report)	Joint Public Health Board	24 Sep 2018	Officers and portfolio holders from each member local authority. Internal discussions, separately and jointly.	Open	Board Report	*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
NHS Health Checks locality based service model	Joint Public Health Board	24 Sep 2018	Portfolio leads for One Acute Network.	Open		*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Public Health Nursing procurement	Joint Public Health Board	24 Sep 2018	Portfolio leads for Digitally Enabled Dorset, and Leading and Working Differently.	Open		*Sam Crowe, Acting Director of Public Health* *s.crowe@dorsetcc.gov.uk*
Clinical Services Performance Monitoring	Joint Public Health Board	24 Sep 2018				Jill Haynes, Deputy Leader and Cabinet Member for Health and Care *Sam Crowe, Acting Director of Public Health* *s.crowe@dorsetcc.gov.uk*
Finance Report (including services update report)	Joint Public Health Board	19 Nov 2018	Officers and portfolio holders from each member local authority. Internal discussions, separately and jointly.	Open	Board Report	*Sam Crowe, Acting Director of Public Health* *s.crowe@dorsetcc.gov.uk*

Joint Public Health Board

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

Date of Meeting	24 September 2018
Officer	Acting Director of Public Health
Subject of Report	**Public Health Dorset Business Plan 2018/19 – monitoring delivery**
Executive Summary	The Board received the Public Health Dorset Business Plan for 2018/19 at its June meeting. This sets out the main deliverables for the team in the coming year. Members endorsed the approach to the business plan and deliverables, but commented that they would find a monitoring report helpful. This report introduces the monitoring report that we proposed to use, in order to assess progress against the plan. The report also highlights national work underway to provide more publicly available information resources that can be used to compare local authority public health delivery.
Impact Assessment:	Equalities Impact Assessment: A separate equality impact assessment is not carried out for the business plan. However, where activity in the business plan affects service delivery, such as via commissioning and contracting decisions, equalities impact assessments are carried out in line with policy.
	Use of Evidence: The business plan is a summary of the Public Health team's planned activity for 2018/19. A range of evidence is used to inform how we plan to work, including national guidance and standards for delivery of public health services.
	Budget: The Business Plan identifies how we will spend the 2018/19 budget of £28.6m. When used alongside national benchmarking and performance information, it provides a more complete picture of whether local commissioning and provision of public health services is providing value and improving outcomes.

	Risk Assessment: Having considered the risks associated with this Business Plan using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW As in all authorities, performance continues to be monitored against a backdrop of reducing funding and continuing austerity.
	Other Implications: None.
Recommendation	The Board is asked to support the proposed approach to monitoring delivery of the Business Plan for 2018/19.
Reason for Recommendation	Close monitoring of the commissioned programmes is essential requirement to ensure that services and resources are compliant used efficiently and effectively.
Appendices	PHD Business Plan monitoring report, 2018/19.
Background Papers	Various including current Prevention at Scale Plans, commissioning and project plans associated with the delivery of team business,
Report Originator and Contact	Name: Sam Crowe, Acting Director of Public Health Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk

1. Background

1.1 The Joint Public Health Board exists to provide oversight, assurance and governance around the effectiveness of the delivery of the public health function for the Upper Tier authorities of Dorset, Bournemouth and Poole.

1.2 An important part of this role is understanding how the Public Health Grant allocation is used to commission effective public health services, and whether those services are providing value for money, when judged against local priorities for improvement in health and wellbeing and reducing inequalities in health.

1.3 Nationally, the direction of travel is for increasing transparency and accountability for the effectiveness of local authority public health delivery. Partly this is in response to questions over how the ring-fenced Public Health Grant has been used in some authorities, not least Northamptonshire, which has had severe financial challenges. There is also interest in increasing understanding of how the Grant is being used, and the effectiveness of local authority public health delivery, as part of preparations for considering removing the ringfence beyond 2020.

1.4 Earlier this year Public Health England wrote to all Local Authority chief executives to formally launch a new publicly available tool, Healthier Lives. This has been developed to increase the transparency of local authority public health data. It allows for a number of public health measures to be compared across local authorities within the CIPFA nearest neighbour group, producing a summary ranking. The domains for which data is available are: Childhood Obesity, Air Quality, Drugs and Alcohol treatment, Best start in Life, NHS Health Checks, tobacco control, and sexual and reproductive health. The tool can be accessed at https://healthierlives.phe.org.uk/.

1.5 Public Health Dorset has produced a business plan for the past three years, with the aim of increasing visibility of commissioning and service provision plans. For this financial year, we have developed the plan further, recognising that the way in which we are delivering additional work under the Prevention at Scale plans would benefit from clearer milestones and deliverables, particularly to increase partner understanding in the Joint Public Health Board and beyond.

1.6 At the June Board Members had a chance to look at the business plan in detail. While broadly supportive, Members did comment that it would be helpful to see a clearer delivery plan to enable monitoring of delivery. Appendix 1 sets out our proposed approach to monitoring the delivery of the business plan. Members are invited to comment on the format.

2. Current position

2.1 The monitoring plan shows that most deliverables are on track to achieve their milestones in 2018/19. The approach to RAG rating has been to consider progress in delivery, not effectiveness or outcomes. There are three areas currently red rated. This includes the NHS Health Checks programme, because of the degree of drop off in delivery of invitations and checks, and the current continuing risk around not being able to invite people to the programme. See the full Health Checks paper on the Agenda for further discussion of this. Engagement of people with drug and alcohol issues with treatment services is also red rated currently – this is an area where several measures around access to treatment and drug related deaths are judged to be poor when compared with similar authorities. The recent data on drug related deaths for two areas covered by Public Health Dorset is also a concern (Weymouth

and Portland, and Bournemouth). The third area is the Escape Pain project, which has now been revised and will be taken forward working closely with musculo-skeletal services as part of routine care. It has taken considerable time to gain agreement on this approach, working with acute sector colleagues.

3. Next steps

3.1 This summary paper and the associated monitoring report is focusing on progress against deliverables, rather than outcomes. However, we are committed to sharing with the Board more information on outcomes for our major commissioned programmes to improve transparency and accountability. The paper on this month's agenda on clinical treatment services is the first of these, and will be followed in future meetings by a focus on health improvement services, and public health nursing.

4. Recommendations

4.1 The Board is invited to comment on and endorse the proposed approach to monitoring delivery of the Business Plan for 2018/19.

4.2 In addition, Board members are asked to consider whether a future session running through the measures on the Healthier Lives would be helpful.

Sam Crowe
Acting Director of Public Health
24 September

Public Health

2018/19 Business Plan Monitoring Report

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

Public Health Dorset

Contact: Sam Crowe, Acting Director of Public Health
Year: April 2018 - March 2019
JPHB meeting date: September 2018

RAG Status

Red - Serious challenge, remedial action required, out of tolerance
Amber - Some challenges, mitigating action in place, within tolerance
Green - On target
Blue - Complete
Black - Cancelled
White - Not started

Reference	Key activity/action	Performance Measure and Target	Senior Responsible Officer	Previous RAG Status	Current RAG Status	Progress Update	Annual Activity/Action Outcome
1. Prevention at Scale Projects							
1.1. Starting Well							
1.1.1	Embed behaviour change and lifestyle support through LWD digital in maternity care pathways	Number of referrals made from maternity to LiveWell Dorset or LiveWell Dorset digital.	Jo Wilson	N/A		The LiveWell Dorset digital offer will be a part of the maternity single point of access website. Training for midwives around motivational interviewing. A SoP has been agreen between Midwives and Health Visitors and includes behaviour change.	
1.1.2	Ensure an effective, single 0-5yrs offer through combining Children Centre and Health Visiting Pathways	Reduction in referrals to speech therapy and increase in school readiness. More early interventions.	Jo Wilson (Partner Led)	N/A		Final draft of the 0-5 pathways between health visitors and childrens centres implemented from September. There is a SALT task and finish group established to develop a local balanced system approach.	
1.1.3	Engage schools and build whole school approaches to health and wellbeing	Increase in activity levels in children and young people. Number of schools engaged, activities delivered and children involved.	Jo Wilson	N/A		Plans to increase physical activity developed in schools supported by work with the Head Teacher's Alliance will be formally launched in September, for the new school year.	
1.1.4	Build community capacity through training to support children and young people THRIVE	Number of children and young people workforce trained in MHFA. Impact statements from workforce of how training has been used.	Jo Wilson	N/A		Exploring opportunity to become a national Trailblazer for Emotional and Mental Health and Wellbeing around schools building on local developments to date. Public Health Dorset are leading a task and finish group on counselling services for children and young people. Roll out of MHFA continues.	
1.2 Living Well							

1.2.1	Development and Launch of LiveWell Dorset digital	1000 people accessing behaviour change support per year.	Stuart Burley	N/A		The LiveWell Dorset digital platform is fully live, including the MyLiveWell registration section. There has been a surge in connections with LiveWell Dorset following the launch of the digital platform. The site is receiving an average of 3000 people per month.	
1.2.2	Market LiveWell Dorset to GPs	GP's engaged, trained and using LiveWell	Stuart Burley	N/A		All GP practices have tailored communications and data on service utilisation which is currently being disseminated as part of a marketing plan.	
1.2.3	Health checks incentivisation with GP's	Number of Health Checks being performed. Number of referrals to LWD as a result of a Health Check.	Sophia Callaghan	N/A		7407 checks delivered in 2017/18 - a full breakdown of performance can be found in the JPHB Health Check paper. Work is underway with LiveWell Dorset to improve referrals and monitoring following a Health Check. In the new Health Check invites, we are planning to include LiveWell Dorset information.	
1.2.4	Develop and implement a co-ordinated health and wellbeing plans within health and care system.	Engagement of organisations and 7 plans developed. Some delivery within plans e.g. % staff groups attending training. Percentage who have had Mental Health First Aid training. Number of training courses. What people have done with the training they have received?	Sophia Callaghan	N/A		Workshop offer in place for all main organisations (LAs, hospitals and Dorset Healthcare) for skills development for staff. Good progress is being made on having a link to the LiveWell Dorset digital website on the intranet of all organisations. LiveWell Dorset healthy conversations/referral process in the curriculum for preceptorship, new recruits, overseas for main providers. Also working with Bournemouth University for young doctors education and induction in secondary care. MEC and MHFA set up as train the trainer to develop a sustainable offer across the system.	
1.3. Ageing Well							
1.3.1	To develop and implement a plan to promote Active Ageing	Increase in 55-65 year olds registering with LiveWell on a Physical Activity pathway.	Rachel Partridge	N/A		Plans for Active Ageing have been drafted, highlighting connections with other work, and are due to go to the September Steering Group for approval.	

1.3.2	Transform diabetes pathways through linking with prevention activities in Dorset.	Number of referral to National Diabetes Prevention Programme (NDPP). Anecdotal/story e.g. what has happened in a locality or how connected into LWD.	Jane Horne	N/A		Letters have been sent to people with pre-diabetes from all GP practices in Weymouth and Portland. 50 people have already contacted Living Well Taking Control, our NDPP delivery partner, and initial assessments of this cohort have commenced. The first group sessions start in September. This will be rolled out across localities by January 2019.	
1.3.3	Escape pain	N/A	Vicki Fearne	N/A		Delays and issues with implementation. A revised options paper is due to go to September MSK task and finish group with a recommendation that this is incorporated within the physiotherapy review.	
1.3.4	Collaborative Practice	Successful procurement with an effective service mobilised.	Susan McAdie	N/A		14 GP practices engaged and recruiting practice health champions. The second year will identify the process for recruiting the remaining 10 practices.	
1.4. Healthy Places							
1.4.1	Build capacity to address inequalities in access to greenspace	The database will allow us to understand a) the distribution of physical accessibility to greenspace across Dorset b) how this is related to population health c) secure a tool to engage our partners in increasing access to greenspace at scale. A roadmap produced with measures to enhance greenspace access at scale.	Rachel Partridge	N/A		Pan Dorset accessible greenspace database and walkable network created in partnership with University of Exeter to identify inequalities in physical access to greenspace. Greenspace accessibility enhancement projects underway with Local Authority Partners. Stakeholder workshop scheduled for October 2018 to identify system wide intelligence needs for enhancing access to greenspace at scale.	
1.4.2	Embed planning for health and wellbeing across spatial planning system	Strengthen connections between health and planning systems and identify priorities for future collaboration. Local planning policy influenced (and its implementation) to promote population health and wellbeing.	Rachel Partridge	N/A		Key points of contact and consultation routes identified with all LPAs. A joint workshop between officers from PHD, CCG and LPAs identified measures for improving system wide engagement. Proposed process for involvement of PHD staff in ongoing engagement with planning and supporting guidance developed in conjunction with LPAs and PHE.	

1.4.3	Improve poor quality housing (Healthy Homes Dorset)	Number of clients (which includes those accessing "soft" measures: advice, referrals to other services, income maximisation, etc). Number of heating/insulation measures installed.	Rachel Partridge	N/A		To date the Healthy Homes Dorset programme has the following: 949 clients 1509 enquiries 210 meausures across Dorset, Bournemouth and Poole.	
1.4.4	Installation of a Pan Dorset air quality network	To build an evidence base of the levels and sources of particulates that impact on air quality across Dorset to influence action to improve air quality.	Rachel Partridge	N/A		Six air quality monitors (monitoring particulate concentration) have been installed forming the foundation of the network providing a live data feed: https://public.tableau.com/profile/public.health.dorset#!/vizhome/AirMonitorData/APStory Discussion with EHOs is ongoing to agree deployment of filter monitors (enabling speciation of particulates) and enhancement of network coverage (gaps remain in Mid and North Dorset). National (Defra, PHE) and local (local authorities) stakeholder engagement underway to inform delivery of air quality intelligence.	
1.5. Locality Working							
1.5.1	Link with key stakeholders in the locality. Use data to support planning. Highlight links with existing initiatives in other areas. Embed prevention actions in Local Transformation Plans. Evaluate progress with a focus on scale. Communicate success and learning across stakeholders and wider system.	Outputs are communicated across the system. PAS is included in local transformation plan. Examples of key projects as a result of links made by locality link workers.	Chris Ricketts	N/A		Since January 2018, PHD have staff nominated to work in eleven of the thirteen localities for up to two days a week. Temporary cover arrangements have been in place for the two remaining localcaities (Mid and East Dorset) whilst these positions were being recruited to. Recruitment was successful and the two new locality workers are due to start early September. Over the first few months our staff have been meeting with a wide variety of stakeholders, attending local meetings and using data to facilitate discussions about local health needs and prioritisation. Moving forward to the autumn, the plan is to engage localities in discussing the next steps for some key public health services: smoking cessation, NHS Health Checks and contraception.	

2. Commissioning and Services							
2.1. Procurement							
2.1.1	Children and Young People 0-19 years universal services development	To successfully award a compliant provider for a 0-19 Public Health Nursing service	Jo Wilson	N/A		Market and stakeholder engagement has been undertaken - see JPHB report for full information.	
2.1.2	Health Checks Service including invitations	A successful procurement resulting in a collaborative approach to Health Checks across localities. Plans mobilised by locality workers.	Sophia Callaghan	N/A		Subject to board sign off, the aim is to direct award invitations to individual general practices based upon a negotiated fee agreed with the LMC. Public Health Dorset have full LMC support and work has been underway to engage GPs with a positive outcome to date. The next stage is to attend GP locality meetings in September to gain full strategic sign up. The health check delivery will be a framework agreement under any qualified provider for April 2019 and procurement will start in November to January subject to approval	
2.1.3	Smokestop Service	To successfully award a compliant provider(s)	Stuart Burley	N/A		Smoking cessation services will procure a Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) in order to direct award contracts for smoking cessation from April 2019.	
2.1.4	Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC) Services	Services successfully integrated into the SH service or a successful procurement	Sophia Callaghan	N/A		A review of LARC is taking place by PHD and Dorset Healthcare (DHC). The outcome of the review will determine whether DHC contract for LARC in 2019/20. If DHC decide to shadow for one-year, while GP engagement takes place PHD will procure a Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) to direct award contracts for emergency hormone contraception (EHC) from April 2019.	
2.1.5	Weight Management Service	To successfully award compliant provider (s)	Stuart Burley	N/A		The weight management programme, which is part of the LiveWell Dorset support for the healthy weight pathway will tender for 2019/20. Commissioning and procurement commence in September for a new service.	

2.1.6	Needle Exchange Service	To successfully award compliant provider (s)	Will Haydock	N/A		The DPS model used for this contract ends in March 2019 and replacement procedures are being set up by the team. It has been proposed to procure a Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) in order to award contracts for needle exchange from April 2019.	
2.1.7	Supervised Consumption Service	To successfully award compliant provider (s)	Will Haydock	N/A		The DPS model used for this contract ends in March 2019 and replacement procedures are being set up by the team. It has been proposed to procure a Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) in order to award contracts for needle exchange from April 2019	
2.1.8	Flu Immunisations	To successfully award compliant provider (s)	Rachel Partridge	N/A		In discussion with Public Health England and NHS England to work out which scemes will be available for front line staff for the 2018/19 flu season.	
2.1.9	Residential Detox and Residential Rehabilitation Service	To successfully award a compliant provider (s) and a new service in place.	Will Haydock	N/A		New contracts will be in place from the 1 October 2018 and will run for 12 months. In this period and in light of LGR we will review whether arrangements are appropriate and meet local need.	
2.1.10	Refresh Halo system	To have a compliant provider in place.	Will Haydock	N/A		Existing arrangements with Footwork Solutions have been extended to March 2020. In this period and in light of LGR we will review in partnership with other health and social care providers whether alternative more integrated solutions are appropriate.	
2.1.11	Drugs and Alcohol service user organisations	To have a grant in place.	Will Haydock	N/A		A grant agreement is in place.	
2.2. Contract Management and Services							

2.2.1	Delivery of an evidence based behaviour change service - LiveWell Dorset - to increase the scale, reach and impact of behaviour change and health improvement support.	10,000 referrals to LWD per year 5,000 referrals from primary care per year Minimum of 25% accessing support from deprived areas Minimum of 500 key workforce employees supported with behaviour change training per year Numbers supported i.e. sustained change	Stuart Burley	N/A		LiveWell Dorset is increasing its scale, reach and impact of behaviour change support and most KPIs are on trajectory to being achieved.	
2.2.2	Dorset Integrated Substance Misuse Services, Prescribing and Psychosocial support	Improving engagement rates in Bournemouth (more reach – more people in treatment services) and maintaining performance (successful completion rates) in Dorset and Poole	Will Haydock	N/A		A review of the engagement and treatment of opiate users in Bournemouth is underway. Current rates of drug related deaths are unacceptable and likely to be linked to low levels of engagement and historic prescribing practices which do not appear to be in line with national guidance.	
2.2.3	Health Visiting and School Nursing	Number and percentage of mandatory checks completed Numbers of children supported through Universal, Universal plus and Universal Partnership Plus. Number of children contacting CHAT Health. To complete the 0 – 5 integrated pathways with Children's Centres To embed the SN model including contributing to School Leadership and Digital applications.	Jo Wilson	N/A		Health visitor performance maintained above South West averages. Looking to scale CHAT health and digital approaches will be key to the procurement of the new service. Integrated pathways from September. SN profile work underway.	

2.2.4	Breast Feeding Support Delivery	Increase in the number of peer supporters. Increase in the number of support groups in areas of low rates. Increase in the numbers attending support groups. Increase in number of women who breastfeed until 6-8 weeks.	Jo Wilson	N/A		Breastfeeding support delivered by FAB through the Public Health grant. We are meeting with them to develop a sustainability plan with them. There is planned consultation with service users.	
2.2.5	Integrated Sexual Health Service	An effective integrated service working collaboratively across the system. Increase in partner notification. Increase in confidence around sexual health. Increase Chlamydia positive results. Reduce attendance of frequent flyers. Increase new attendances. GP/Pharmacy model re-design.	Sophia Callaghan	N/A		There has been significant progress in joint work and relationship building across providers over the last year with system wide agreements at executive level and change is developing at pace with multi agency provider teams leading the change programme. A single phone line and more interactive website is in place, with better support, information and easy access to services, on line testing is being improved and training programmes are running to ensure a quality skill mix for staff. The outreach model is much stronger and more flexible in approach. A hub and spoke model with improved triage has streamlined services to manage capacity of both staff and clinics more effectively and ensures that the needs of patients are met first time, and are efficient with people seeing the right professional first time. Chlamydia figures show that total numbers screened locally are higher than England average with diagnoses for under 25s decreasing and over 25s	
2.2.6	Smoking Cessation and midwifery pathway in Bournemouth, Poole and Dorset	Number and Percentages of Pregnant women who smoke that have been supported by the service and quit at 4 weeks.	Jo Wilson	N/A		Commissioning intentions to be explored for 2019/20 to mainstream behaviour change in Midwifery. Most recent contract meeting data shows that 52% quit at 4 weeks.	
2.2.7	Health Checks Invitations	Percentage of invites sent out to eligible individuals.	Sophia Callaghan	N/A		3761 health check invites were sent out by practices in the first quarter in localities where GPs hold the contract. For the other localities where GPs do not hold the contract, 554 invites were sent.	

2.2.8	Commuity Health Improvement Services (Health Checks, Smoke Stop, EHC, LARC, Needle Exchange, Supervised Consumption, Weight Management)	Numbers accessing and receiving the services. Numbers successfully quit smoking.	Sophia Callaghan	N/A		Quarter 1 data for CHIS servcies delivered in GP practices: Health Checks - 1557 completed Smokestop - 255 people accessed smokestop services, 77 CO validated with a 4 week quit date, 38 CO validated with a 12 week quit date LARC - 1852 records in total Quarter 1 data for CHIS services delivered in pharamcies: Health Checks - 554 completed Smokestop - 525 new quitters, 171 CO validated at 4 weeks, 122 CO validated at 12 weeks EHC - 1568 records in total Supervised consumption - 142 registrations	
2.2.9	Collaborative Practice	Number of practices engaged across B, P and D and participated in leadership programme. Number of practice champions. Number of activities set up.	Susan McAdie	N/A		The Collaborative Practice development programme is on track to finish in November, and most practices have agreed their timetable for Practice Champion recruitment and follow up workshops. 77 practice champions have been recruited to date and two practices have recruited 14 and 16 champions who are focusing on physical activity, healthy eating, diabetes support and isolation.	
2.2.10	Residential Detoxification with 24/7 nursing cover	Number of service users supported.	Will Haydock	N/A		See 2.1.9	
2.2.11	Cardiff Model	Improved data collection. Actions implemented to reduce alcohol/drug related violence admissions.	Rachel Partridge	N/A		This project is ongoing and working with three acute trusts. The data quality is good and the next step is engaging with stakeholders on the next steps and how to use this data. Recently presented at the South West Regional Violence Conference where there was lots of regional interest on the lessons learnt.	
3. Enabling Services and Support Projects							

3.1	To plan, deliver and continually improve the internal and external communications function	INTERNAL - The Wall is being used across the team. Team meetings revised and team engaged. EXTERNAL - Increased hits to PHD website. Communications team in post. Partners better informed. PAS key messages developed and communicated. Branding developed and PAS presence improved on social media.	Chris Ricketts	N/A		Good progress with full communications team now in post. Our team intranet is being well used, but we at the same time reviewing it to see whether we are able to introduce additional functionality. Continued development of PHD website and PaS material for the Our Dorset website. Improved use of social media.	
3.2	To plan, deliver and continually improve the Business Support Function	Business support roles reviewed. Business support develop a project support role within Sycle and Project Place. Business as usual activities, such as team/staff requests, communication, HR and recruitment and finance are undertaken	Barbara O'Reilly	N/A		Business support roles have recently been reviewed and members of the team have been aligned to support prevention at scale workstreams and business as usual activities.	
3.3	To plan, deliver and continually improve the Contracts and Commissioning Function	Clarity of TOR and purpose of the contracts and commissioning group. Procurement project teams are supported. Contracts are managed effectively through an annual business cycle.	Sophia Callaghan	N/A		Terms of Reference have been agreed and the group meet monthly for overview and support project teams with contracts, commissioning and procurement within PHD. New system in place with level three contracts (managed by leads) and level four (managed as business as usual) this has released capacity for locality working.	
3.4	To plan, deliver and continually improve the Organisational Development Function through: 1) Aligning individual performance with business and development planning 2) Building leadership and capability 3) Recruiting and retaining high quality staff and maximise staff engagement 4) Supporting cultural change and transformation	Strategic and resource planning. Staff have an annual work plan where objectives are linked to business plan. CPD offer developed and valued. Staff engaged in team meetings and away days. Staff survey conducted with continual improvements based on results. H&WB strategy developed and implemented. Staff informed and consulted through change.	Amy Lloyd	N/A		PHD Business, delivery and resourcing plan developed and framework in place to continually monitor and update through the year. Staff resourcing to feed into midyear reviews to ensure staff objectives linked to the business plan are fed into PDR's. CPD offer and handbook in development. Staff survey administered and results currently being interpreted to inform our current organisational situation, staff engagement, communication, health	

Agenda Item 9

Public Health Dorset

Joint Public Health Board

Insert Item No.

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

Date of Meeting	24 September 2018
Officer	Acting Director of Public Health
Subject of Report	Future of the public health partnership: update and key issues under Local Government Reorganisation
Executive Summary	This report updates the Board on key issues to consider as the public health partnership prepares for Local Government Reorganisation. This includes the work of the task and finish group on the model of service, maintaining the contract and agreement in support of the partnership, and ensuring good governance on key decisions pre and post-LGR. The proposal is to seek agreement via the two Shadow Executive Committees to extend the public health partnership for a minimum 24 months post-LGR, along with a continuation of the Joint Public Health Board.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: An EQIA screening will be undertaken as part of the task and finish group work for any significant proposed changes to the model.
	Use of Evidence: (Note: Evidence within the body text to support the recommendations and, where relevant, include a description of how the outcomes of public consultations have influenced the recommendations.)
	Budget: N/A – see the finance report for current position for 2018/19 and forecast for 2019/20

	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: Current Risk: LOW Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate) *(i.e. reflecting the recommendations in this report and mitigating actions proposed)* (Note: Where HIGH risks have been identified, these should be briefly summarised here, identifying the appropriate risk category, i.e. financial / strategic priorities / health and safety / reputation / criticality of service.)
	Other Implications: (Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)
Recommendation	Members are asked to note the progress made to date with establishing the future of the public health partnership under LGR. Members are asked to support the proposed arrangements for governance in the lead up to LGR and beyond, and to endorse seeking a commitment to maintain the partnership for a minimum 24 months via the Shadow Executive Committees in advance of LGR.
Reason for Recommendation	To maintain the partnership agreement for public health pre and post-LGR, ensure good governance and clear decision making as LGR progresses, and the continued effective delivery of the statutory legal public health duties of local authorities.
Appendices	None.
Background Papers	None.
Report Originator and Contact	Name: Sam Crowe Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk

1. Background

1.1. Public Health Dorset is a partnership providing the statutory public health functions on behalf of the three Upper Tier Authorities of Dorset, Bournemouth and Poole. It was established on the transfer of public health to local authorities in 2013. It is supported by a legal shared services agreement between the three Councils, and governed by a Joint Public Health Board, with 2 Elected Members per Council sitting three to four times per year.

1.2. Under the current Local Government Re-organisation programme (LGR) there is a need to consider the role and function of the current Board, and how clear governance and decision-making will continue up to and beyond Vesting Day for the new Councils.

1.3. This brief report updates Members on key issues for the partnership as the work on LGR progresses, and proposes a series to steps to maintain clear governance and decision-making for public health in the run up to LGR and beyond.

2. Review of current partnership model

2.1. Joint Public Health Board agreed to convene a task and finish group to look at reviewing the current public health partnership, and provide views on how the public health function should best support the new Unitary Councils. This work is planned as a series of depth interviews with board members, and a final report is due to go to Joint Public Health Board in November.

3. Partnerships workstream of LGR

3.1. Under the LGR programme, work is underway to collect information on key issues facing partnerships under LGR. The acting Director of Public Health continues to meet regularly with the programme managers for BCP and Dorset Councils, to understand how the work programme may affect the public health partnership as it develops. Progress on the key issues is summarised below. In terms of the current focus on service continuity and being safe and legal for Day 1, no significant concerns or issues have been identified. We are expecting minimal change to service delivery, and no impact on service continuity.

4. Finance and cost sharing

4.1. There has been initial work undertaken to understand how the grant contributions to the partnership will change. We are not anticipating the overall recurrent Public Health Grant Allocation to change – just the amounts that arrive via each of the new Councils. We are working with Public Health England national finance leads to establish a revised grant allocation figure for each new Council in advance of the budget setting process in the autumn.

5. Length of contract

5.1. When the public health partnership was established in 2013, there was a shared services agreement between the three Councils setting out how the partnership would function, how the Grant would be pooled, and treatment of any over or underspends. The current view of the Monitoring officer for Dorset County Council, which hosts the partnership currently, is that ‘course of conduct’ will continue to apply without the need for a new legal agreement. However, this would require the Joint Public Health Board continuing to function beyond LGR.

5.2. In order to maintain continuity, with minimal disruption, it is proposed to take a paper recommending the continuation of the partnership agreement, and Joint Public Health Board for a minimum 24 months to the two Shadow Executive Committees in advance of LGR. This links with the following issue of governance.

6. Governance

6.1. With the partnerships workstream of LGR now underway, there is a need to better understand how decisions will be made in the run up to LGR – and the sovereignty of decision making.

6.2. Key decisions in the Forward Plan that the Joint Public Health Board will take during 2018/19 that will have a lasting implication for the new Councils include:

6.3. February 2019 - Public Health Nursing tender, recommendation to award a £10.9m contract pan-Dorset, 3 plus 2 plus 2 contract term;

6.4. February 2019: Healthchecks and Community Health Improvement Services (CHIS), recommendation to award new contracts under Any Willing Provider Framework (overall value approximately £1.5m, contract term 3 years).

6.5. There is a need to ensure that there is a consultation mechanism with the Shadow Executive Councils for any decisions made in this period that have lasting consequences beyond 2018/19. Members are therefore asked to support the following proposal around governance, that has considered how best to ensure clear decision making in the run up to LGR and beyond.

7. Proposal - ensuring good governance (Pre-LGR)

7.1. November 2018: Joint public Health Board to consider task and finish group report, and makes recommendations as to how the Partnership could align with two new Councils post LGR.

7.2. Under the partnerships workstream of LGR, recommend to both Shadow Executive Committees that the commitment to maintain the current partnership around public health is maintained as a minimum for a further 24 months after LGR. This paper would also recommend continuation of the Joint Public Health Board, and ask Members to consider the future composition post-LGR e.g. two or three Members from the two new Councils, and additional membership such as from Dorset Clinical Commissioning Group (in view of statutory duty to provide public health advice to NHS). The paper should also present options for how best to focus the work of the board more clearly on the partnership, including considering other governance models used for local partnerships. The aim is to more clearly differentiate the work of the Board from that of the two Health and Wellbeing Boards.

7.3. February 2019: Joint Public Health Board recommendations to award on the procurements above. Ensure paper with the rationale for these recommendations is also taken via both Shadow Executive Committees.

8. Conclusions

8.1. Members are asked to note the progress made to date with establishing the future of the public health partnership under LGR.

8.2. Members are asked to support the proposed arrangements for governance in the lead up to LGR and beyond, and to endorse seeking a commitment to maintain the partnership for a minimum 24 months via the Shadow Executive Committees in advance of LGR.

Sam Crowe
Acting Director of Public Health
September 2018

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Joint Public Health Board

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

Date of Meeting	24 September 2018
Officer	Chief Financial Officer and Acting Director of Public Health
Subject of Report	**Financial Report**
Executive Summary	The draft revenue budget for Public Health Dorset in 2018/19 was £28.592m, based on an indicative Grant Allocation of £33.407m. Current revised budget is £28.142M, after return of anticipated £450k underspend. The report includes an updated forecast for 2018/19. A provisional budget for 19/20 is shared, based on indicative figures published in 17/18 and taking account of future local authority changes. Final grant figures will be published nationally in November/December.
Impact Assessment:	Equalities Impact Assessment: An equality impact assessment is carried out each year on the medium term financial strategy.
	Use of Evidence: This report has been compiled from the budget monitoring information provided within the Corporate Performance Monitoring Information (CPMI).
	Budget: The Public Health Dorset budget has been reduced by £450k, and is currently forecast to underspend by £192k.
	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: Current Risk: MEDIUM

	Residual Risk LOW As in all authorities, financial performance continues to be monitored against a backdrop of reducing funding and continuing austerity. Failure to manage within the current year's budget not only impacts on reserves and general balances of the three local authorities but also has knock-on effects for the Medium Term Financial Plan and puts future service provision at risk.
	Other Implications: As noted in the report
Recommendation	The Joint Board is asked to consider the information in this report and to: 1. Note the change to 18/19 budget; 2. Note the updated 18/19 forecast; 3. Note the provisional budget allocation for 19/20.
Reason for Recommendation	Close monitoring of the budget position is an essential requirement to ensure that money and resources are used efficiently and effectively.
Appendices	Appendix 1: Public Health Grant Allocations, Partner Contributions and Forecast: revised 2018/19, provisional 19/20.
Background Papers	Previous finance reports to Board
Report Originator and Contact	Name: Steve Hedges, Group Finance Manager Tel: 01305-221777 Email: s.hedges@dorsetcc.gov.uk

1. Background

1.1 The Health and Social Care Act 2012 established new statutory arrangements for Public Health which came into effect on April 2013. Significant responsibilities for public health were transferred to local councils from the NHS, and locally these are delivered through Public Health Dorset, a shared service across the 3 local authorities, funded through the ring-fenced Public Health grant. Public Health England was established and is responsible for public health nationally, and NHS England and Clinical Commissioning Groups also have some continuing responsibilities for public health functions.

1.2 Since 2013 there has been a further national transfer of responsibility for the Health Visiting and school nursing services, which moved to local authorities in October 2015; the local agreement was that this was commissioned by Public Health Dorset. Public Health Dorset have also taken on additional responsibilities for commissioning drug and alcohol services from each local authority in 2015 and again in 2017.

1.3 Public Health Dorset have made significant returns to the 3 local authorities in line with principles previously agreed at the Board. These returns are also subject to the ring-fence grant conditions.

1.4 Alongside the publication of the final allocations for 2018/19, PHE announced that the Public Health Grant ring-fence and grant conditions will remain in place until at least 31 March 2020.

2. Budget and Forecast Position 2018/19

2.1 The opening revenue budget for Public Health Dorset in 2018/19 was £28,592k. This was based on a Grant Allocation of £33,407k, a 2.5% reduction over the grant allocation for 2017/18, and a further shift in responsibilities for drug and alcohol services reflected in retained PTB and DAAT elements.

2.2 Preliminary forecasts for 2018/19 were shared at the February Board; since then the councils have requested that their share of the anticipated £450k underspend is returned in year to redistribute by the usual formula for their investment in early years' services and health protection services. The updated revenue budget for Public Health Dorset is therefore £28,142k. The Public Health Grant Allocations and updated partner contributions are shown in appendix 1.

2.3 The current forecast for 2018/19 is an underspend of £192k (see appendix 1). This takes account of:

- the return, as shown in 2.2 above, to councils of the planned £450k underspend;
- improved estimates of potential cost pressures for some cost and volume activity
- repatriation of some costs
- anticipated income of £150k from CCG transformation monies as part of the Integrated Care System work.

2.4 There are still some unknowns within the forecast, with risks identified as:

- Detox activity increasing in some localities – impact not yet understood
- Ongoing uncertainty about Health Checks activity, with potential for further reduction in forecast
- System focus on PAS beginning to increase flow through LiveWell Dorset, with potential knock-on impacts for some cost and volume pathways, in particular smoking cessation – 18/19 impact not yet fully understood.

3. Provisional Budget 2019/20

3.1 Indicative allocations for 19/20 based on current local authorities were published in 17/18 and have been shared with the Board at previous meetings. Ring-fence grant conditions will remain in place for 19/20, and the overall envelope is not expected to fall. Assuming future allocation based on population, provisional adjustment for the new footprints following LGR is shown in appendix 1. This has been discussed with Public Health England, but final grant figures will not be published nationally until November/December.

3.2 Funding retained within local authorities is also subject to the ring-fence grant conditions and must be signed off the Director of Public Health and Section 151 Officer / Chief Executive. Work is in progress to understand how retained elements will be used in the new local authorities and what further support public health can offer.

4. Conclusion

4.1 The Joint Board is asked to consider the information in this report and to note:

- the change to 18/19 budget;
- the updated 18/19 forecast;
- the provisional budget allocation for 2019/20.

Richard Bates
Chief Financial Officer

Sam Crowe
Acting Director of Public Health

24 September 2018

APPENDIX 1: Public Health Grant Allocations, Partner Contributions and Forecast: revised 2018/19, provisional 19/20.

Table 1: Revised budget 2018/19, provisional budget 19/20

2018/19	Poole	Bmth	Dorset	Total
	£	£	£	£
2018/19 Grant Allocation	7,594,000	10,502,000	15,311,000	33,407,000
Less Commissioning Costs	-30,000	-30,000	-30,000	-90,000
Less Pooled Treatment Budget and DAAT Team costs	-461,000	-2,924,800	-170,000	-3,555,800
2014/15 Public Health Increase back to Councils	-299,000	-371,000	-499,100	-1,169,100
To redistribution of anticipated 18/19 underspend to B/P/D for reinvestment (See 2.2)	-90,000	-112,500	-247,500	-450,000
Joint Service Budget Partner Contributions	**6,714,000**	**7,063,700**	**14,364,400**	**28,142,090**
Budget 2018/19				**28,142,090**

Provisional 2019/20	Bmth, Poole & Christchurch	Dorset	Total
	£	£	£
Estimated 2019/20 Grant Allocation	18,533,290	13,991,710	32,525,000
Less Commissioning Costs	-60,000	-30,000	-90,000
Less Pooled Treatment Budget and DAAT Team costs	-3,385,800	-170,000	-3,555,800
2014/15 Public Health Increase back to Councils	-670,000	-499,100	-1,169,100
Joint Service Budget Partner Contributions	**14,417,490**	**13,292,610**	**27,710,100**
Provisional Budget 2019/20			**27,710,100**

Shift based on population as per disaggregation workstream

Table 2: Updated forecast 2018/19, provisional budget 19/20

	Budget 2018-2019	Outturn 2018-2019	Over/underspend 2018/19	Provisional budget 2019/20
Public Health Function				
Clinical Treatment Services	£11,531,000	£11,508,962	£22,038	£11,371,500
Early Intervention 0-19	£11,104,000	£11,114,620	-£10,620	£11,104,000
Health Improvement	£2,342,200	£2,154,658	£187,542	£2,475,000
Health Protection	£85,000	£26,022	£58,978	£73,100
Public Health Intelligence	£207,800	£144,164	£63,636	£197,800
Resilience and Inequalities	£460,790	£701,710	-£240,920	£187,000
Public Health Team	£2,411,300	£2,299,952	£111,348	£2,301,700
Total	**£28,142,090**	**£27,950,088**	**£192,002**	**£27,710,100**

Budget reduction 18/19 taken out of Public Health Team/NHS Health Checks.

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Public Health Dorset

Joint Public Health Board

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

Date of Meeting	24th September 2018
Officer	Acting Director of Public Health
Subject of Report	**NHS Health Checks Service Model**
Executive Summary	This paper provides an update on the development of a new model for delivery of the NHS health check programme, and presents a proposed procurement approach. A new model is needed because the previous procurement process resulted in many fewer people being invited to take part in the programme, which has adversely affected performance. The paper covers: • Background and rationale for change. • An update on the mode of delivery and the recommended procurement model • A recommendation to procure and award.
Impact Assessment:	Equalities Impact Assessment: An equalities impact assessment screening tool has been completed and does not include a full equalities impact assessment
	Use of Evidence: The commissioning update uses • Internal performance and data monitoring information • Evidence base for best practice guidance

	• Financial and service review recommendations • Risk assessment tools
	Budget: The annual budget for the NHS Health checks programme is £600,000.
	Risk Assessment: The financial risk is low. The main risks include building effective engagement with primary care and ensuring an effective invitations process and delivery across Dorset. Current performance in Dorset, Bournemouth and Poole is below national expectations for the programme. There is a reputational risk from continued poor performance in providing a mandated public health service. Current Risk MEDIUM Residual Risk LOW
	Other Implications: None.
Recommendation	The Joint Public Health Board is asked to: • Note the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery across areas; • Consider the work done to date to re-engage primary care with the programme; • Approve the proposed health checks delivery model of directly awarding a contract for invitations to GPs, and to use a flexible framework for the delivery of health checks allowing different providers to join; • Agree the proposed budget for 2019/20 of £600,000; • Approve the procurement and award of a new framework agreement for delivery of Health Checks.
Reason for Recommendation	To enable service continuation and transformation through procurement.
Appendices	Tables showing current local performance on checks delivered, compared with national expected performance.
Background Papers	None.
Report Originator and Contact	Name: Sophia Callaghan, Assistant Director of Public Health Public Health Dorset

	Tel: 01305-225887 Email: sophia.callaghan@dorsetcc.gov.uk

1. Background

1.1. Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act. One of the consequences of local authority commissioning of the programme is that the way in which NHS Health Checks are procured is subject to Public Contract Regulations 2015.

1.2. In line with these regulations, Public Health Dorset ran a competitive tender across 13 geographical areas (localities) in 2015. The tender asked primary care organisations, pharmacies and other interested providers to submit bids showing how they would offer a health check programme at scale for the locality population. The outcome of the tender resulted in a mixed delivery model between pharmacy and GPs, with GP federations successful in seven localities, and the pharmacy successful in six.

1.3. Since this time there have been long standing difficulties in some areas inviting eligible people to the programme particularly in areas served by the Pharmacy because they cannot access person-level data on the registered population held within primary care. This in turn has led to much poorer delivery than expected, due to difficulty inviting people to the programme.

1.4. In an attempt to increase provision, a tender exercise was undertaken last year to develop a more targeted community approach to health checks. The provider also found it an ongoing challenge to access the eligible groups outlined in the specification and failed to deliver health checks at scale. The contract has since ended.

2. Current Activity

2.1. Current performance for delivery of NHS Health Checks remains variable across Dorset. As part of the programme mandate, Public Health England (PHE) requires Local Authorities to report the percentage of the eligible population invited and checked each quarter. Dorset, Bournemouth and Poole are currently ranked among the lowest of all local authorities (141, 148 and 133th respectively of 152 LAs).

2.2. This ranking is based on two measures – the proportion of people invited, and the proportion taking up a check. PHE are now showing increasing interest in Local Authorities that are ranked with lower performance with expectations of seeing plans on how those local Authorities are addressing the issues which are affecting performance.

2.3. In 2016/7 the programme across Dorset recorded 7,898 checks delivered overall and in 2017/8 there were 7,407 checks delivered. The PHE expectation for the financial year 2016/17 was to invite 46,456 people and deliver 23,228 checks, and for 2017/8 it was to invite 47,325 and deliver 23,663 checks. A breakdown of activity by GPs and by pharmacy is outlined in Appendix one.

3. Developing a new model for NHS Health Checks

3.1. Earlier this year Public Health Dorset and Dorset CCG agreed to explore how best to develop a new model for the provision of health checks. Refocusing the programme will be a real opportunity to put an outcome focus into the checks, and to improve clinical engagement with the broader ambitions of preventing premature cardiovascular disease in Dorset, Bournemouth and Poole.

3.2. Under the Prevention at Scale plans it is also an opportunity to include onward support within the health check offer and increase the proportion of people offered a check who have been supported successfully by the LiveWell Dorset (LWD) service. Current information suggests that fewer than 5% of people assessed after a health check are referred to the service. Having a better connection between the check and lifestyle services is an important delivery target within the Prevention at Scale plans, which aims to double the number of people supported following a health check.

3.3. A task and finish group was set up to explore a way forward and agreed the following principles:

- The NHS Health Check programme in Dorset needs to have the GP clinical record put back at the heart of the invitation and outcomes recording process;
- The NHS health check is not the end but rather an opportunity for lifestyle changes;
- There should be plurality of providers to ensure patient choice.

3.4. The group explored various options for the delivery and procurement models, taking into account the need to comply with Public Contract Regulations 2015. Based on the principles agreed above, the following procurement method is proposed as the best option:

- The contract for health check invitations to be directly awarded to individual General practices willing to participate, based upon one negotiated fee with Local Medical Committee input and support. The value of these contracts are below the EU procurement threshold and an exemption from Contract Procedure Rules will be sought prior to award.
- PHD to develop an engagement plan to seek GP support to help deliver this programme; this would include recognising that developing a better quality programme in localities could be an easy prevention at scale ‘win’ in locality transformation plans.
- The health check invitation letter can highlight their practice as a delivering site; advise patients of alternative providers, and provide information and access to lifestyle support via LWD.
- The award of contracts for delivery of the health checks to be carried out using a flexible framework agreement, where multiple providers can be added to the framework using an any qualified provider (AQP) approach.

3.5. The benefit of this approach is that procuring invitation letters from GPs directly will improve the invitation and recording process, and improve the current uptake of checks. It will also provide greater clinical input as part of a broader cardiovascular disease prevention approach.

4. Timescale and Budget

4.1. The engagement plan will need to start this autumn with the framework in place for selection ready for delivery on 1 April 2019. The current contracts will end 31 March 2019. The total value of the health check budget for 2019/20 has been set at £600,000. This would enable up to 15,000 checks to be delivered each year, allowing for additional costs of invitations. While not meeting the national expectation of 23,000 checks delivered each year, achieving this number would be a significant improvement on the current position.

5. Next Steps

5.1. A consultation process needs to take place at strategic and locality level with LMC support to engage GPs across Dorset.

5.2. Public Health Dorset to develop and procure a Flexible Framework Agreement, set out the terms and conditions, develop a clear pricing schedule for delivery of the checks, and agree the criteria to be used for the Any Qualified Provider approach.

6. Recommendations

6.1. The Joint Public Health Board is asked to:

- Note the current unacceptable position in relation to delivery of health checks under the current tender arrangements, particularly the inequality in delivery;
- Consider the work done to date to re-engage primary care with the programme;
- Approve the proposed health checks delivery model of directly procuring invites with GPs and to use a flexible framework for the delivery of health checks;
- Approve financial allocation for 2019/20;
- Approve the procurement and award of a new Framework Agreement for delivery of Health Checks and a specific paper about the flexible framework for Community Providers will follow in November.

Sam Crowe
Acting Director of Public Health
24 September 2018

Appendix: NHS Health Checks delivery 2016-17

2016/17	Dorset	Poole	Bournemouth
GP	5792	1179	377
Pharmacy	339	204	112
Total	**6,131**	**1,383**	**489**
Expected checks per year*	12,712	5,659	5,288

2017/18	Dorset	Poole	Bournemouth
GP	4561	1041	125
Pharmacy	570	448	448
Total	**5,131**	**1,489**	**573**
Expected checks per year*	12,712	5,659	5,288

* based on 50% uptake among eligible population

Public Health Dorset

Joint Public Health Board

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

Date of Meeting	24 September 2018
Officer	Acting Director of Public Health
Subject of Report	**Clinical Treatment Services Performance Monitoring**
Executive Summary	This report provides a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices. A report on clinical treatment services performance will be considered every other meeting, with a report focused on health improvement services considered at the next meeting.
Impact Assessment:	Equalities Impact Assessment: Equality impact assessments are considered as part of the commissioning of our clinical treatment services.
	Use of Evidence: This report has been compiled from a range of local and national information, including the National Drug Treatment Monitoring System (NDTMS), Public Health Outcomes Framework (PHOF) and other benchmarking data where possible.
	Budget: Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Clinical Treatment Services are commissioned through block contract arrangements, with some elements commissioned on a cost and volume basis. None of these contracts currently includes any element of incentive or outcome related payment, however good performance will ensure that we achieve maximum value from these contracts.

	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: Current Risk: LOW Residual Risk LOW
	Other Implications: As noted in the report
Recommendation	The Joint Board is asked to consider the information in this report and to: 1. Comment on the approach to performance monitoring reports; 2. Note performance in relation to drugs and alcohol; 3. Note performance in relation to sexual health.
Reason for Recommendation	Close monitoring of performance will ensure that clinical treatment services deliver what is expected of them and that our budget is used to best effect.
Appendices	Appendix 1: Drug and Alcohol Performance Report Appendix 2: Sexual Health Performance Report
Background Papers	
Report Originator and Contact	Name: Nicky Cleave and Sophia Callaghan Tel: 01305 224400 Email: n.cleave@dorsetcc.gov.uk; s.callaghan@dorsetcc.gov.uk

1. Background

1.1 At the Joint Public Health Board in June it was agreed to stop the Drugs and Alcohol Governance Board, with the remaining governance functions now carried out by the Joint Public Health Board. The principal remaining governance function is monitoring of performance, and the Board requested a report every six-months, starting with the September meeting.

1.2 Given this request, it seemed timely to review our overall approach to performance monitoring, with regular reports focusing on our other high value contracts in turn. This first report therefore includes drugs and alcohol and sexual health, our clinical treatment services. At the next meeting we will consider our health improvement services, including our 0-19 services.

1.3 Alongside this the Board will also receive regular updates against the 2018/19 Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

2.1 Many different organisations are responsible for different elements of substance misuse services:

- Public Health Dorset commissions all services for adults and young people in Dorset and Poole, and the prescribing services for Bournemouth.
- Bournemouth Borough Council continues to commission the psychosocial service and services for young people in Bournemouth
- Poole Hospital offers a well-developed alcohol liaison service and an assertive outreach service for those unwilling or unable to access mainstream community treatment, as part of their efforts to reduce unnecessary admissions/attendance at the hospital; our other hospitals are developing a similar approach.
- Other partners provide additional resources to support people who have less complex issues with alcohol or drugs locally, including primary care and LiveWell Dorset; or have related issues such as housing needs etc.

2.2 All Public Health Dorset services were re-commissioned during 2017, with the new service starting in November 2017. We took a whole family approach to commissioning, recognising the harm caused to young people from substance misuse. Our target groups are defined as:

- Under 18s;
- 18-24s;
- Pregnant women;
- Service users living with children;
- Individuals with an identified safeguarding risk to themselves or others.

2.3 The procurement delivered a saving of £0.9M (from £5.8M to £4.98M). There have been no major changes in performance and there are no critical concerns with service delivery.

2.4 More detail on latest performance data is available in appendix 1. This has identified some key issues:

- Drug-related deaths (generally overdoses from opiates such as heroin) have been rising over the past seven years. Engaging in opiate substitution treatment, as provided by the commissioned services, is known to reduce the risk of drug-related death. However, over the same period there has been a considerable decline in the number of service users engaged in opiate treatment particularly in Bournemouth.
- There are also many people drinking at a dependent level locally who are not engaged in any form of structured support.

2.5 This has led to three priorities for the treatment system in 2018/19; making sure:

- Community-based drug treatment is accessible and engaging, including reviewing dosages of opiate substitution medication;
- Community-based detoxification from alcohol is accessible;
- Wider health needs (e.g. smoking) are addressed through treatment, given the influence these have on morbidity and mortality of service users.

3. Sexual Health

3.1 Historically sexual health services have been provided by different organisations, working in isolation, and with 'test and treat' as the predominant model of care. Public health services are not easily disaggregated from wider services commissioned by the Dorset Clinical Commissioning Group and NHS England.

3.2 Following support from the Board in 2017 there has been significant progress in joint working and relationships over the last year, with system wide agreement of a lead provider approach and a two-year contract arrangement with Dorset Healthcare University NHS Trust commencing 1 May 2018. The contract will run to 2020, and is supported by a clear agreement between the three providers about how they will work together. The agreed contract envelope will reduce from £6M in 17/18 to £5.6M in 19/20.

3.3 Latest information for key national metrics is shown in appendix 2 (graphs 1-9). Data is only reported annually at a national level so will not reflect any impact from the new arrangements. It shows that:

- overall trends in sexually-transmitted infections (STIs) have been relatively stable, with some small fluctuations relating to specific STIs in line with the national picture;
- HIV prevalence is also static, and late HIV diagnosis has fallen over time.

3.4 National data on long-acting reversible contraception (LARC) is based on prescribing data and dates to 2016. Regional data also uses prescribing data, with most up to date figures showing a fall across pan-Dorset. However, as part of our development work we now use a different model, and local activity data (graph 10, appendix 2) shows an increase in activity.

3.5 A refreshed comprehensive scorecard is in development that will give a timelier picture in support of planned changes towards a more integrated model of working as well as national outcomes. This year will provide a baseline to identify issues and

support ongoing development and monitoring, with a focus on positive outcomes for people rather than just activity and numbers.

3.6 Progress in service improvement to date has included launching a single phone line and more interactive website, with improved online testing, and a more effective triage process to help ensure priority access for vulnerable groups. This helps ensure that the needs of patients are met first time. This is releasing capacity for a greater focus on prevention and resilience work, targeting priority groups.

4. Conclusion

4.1 This paper provides a high-level summary in narrative form. Appendices include supporting data and information, with more in-depth information available on request.

4.2 The Joint Board is asked to consider the information in this report and to:

- Comment on approach to performance monitoring reports;
- Note performance in relation to drugs and alcohol; and
- Note performance in relation to sexual health.

Sam Crowe
Acting Director of Public Health
September 2018

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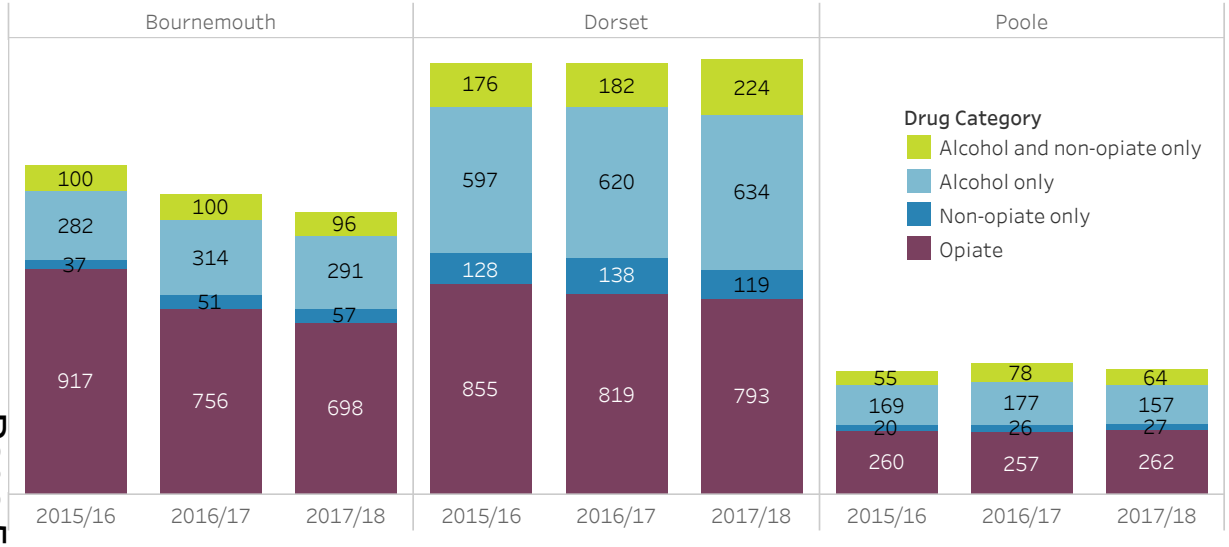
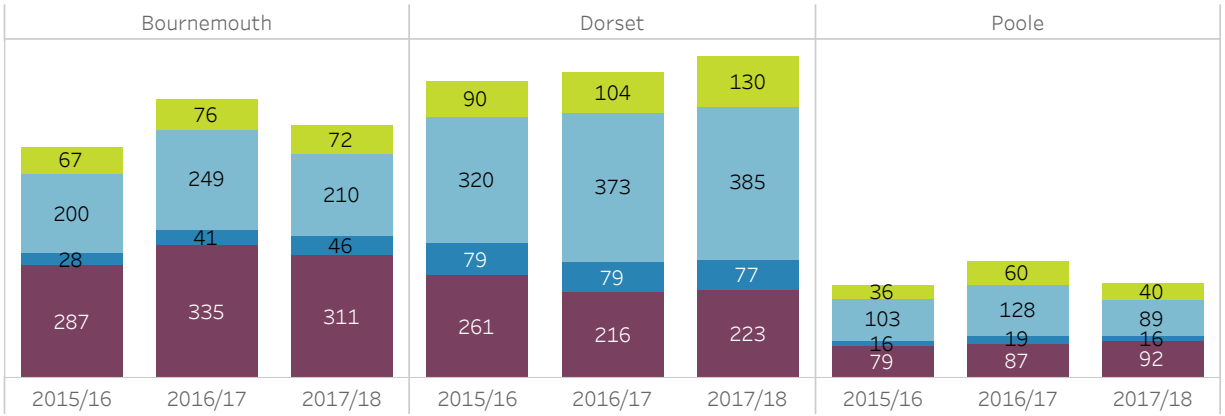
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Number of Clients in Structured Treatment



Number of New Presentations to Structured Treatment



Although 2017-18 new entries to treatment are slightly down on the previous year in Bournemouth and Poole, the figures for all three areas are broadly comparable with long term figures.

This means that overall numbers in treatment remain steady in Dorset and Poole. However, although the rate of decline in Bournemouth has slowed, the 2017-18 figure is notably lower than the previous year.

This is then reflected in the estimates of unmet need. While Dorset and Poole remain steady and broadly in line with national averages, an increasing proportion of the opiate and/or crack cocaine users in Bournemouth are not engaged in treatment.

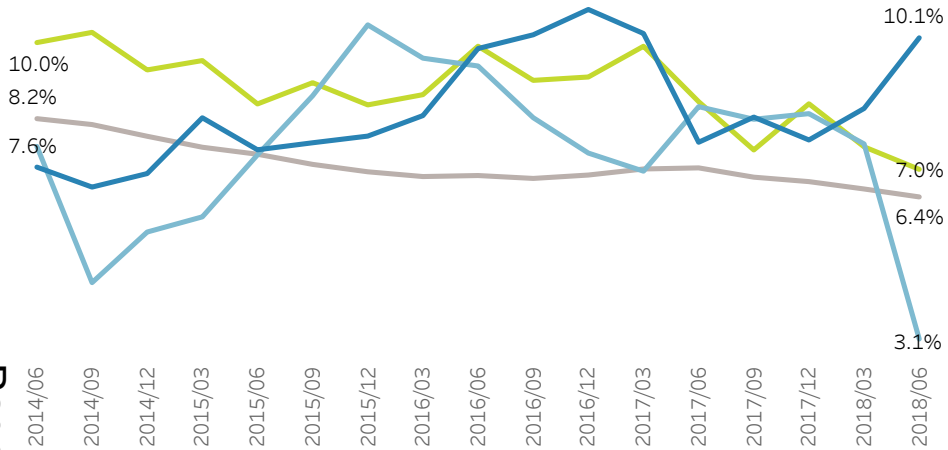
Created and maintained by the Public Health Dorset Intelligence Team.
Data Source: NDTMS DOMES & Adult Activity Report

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

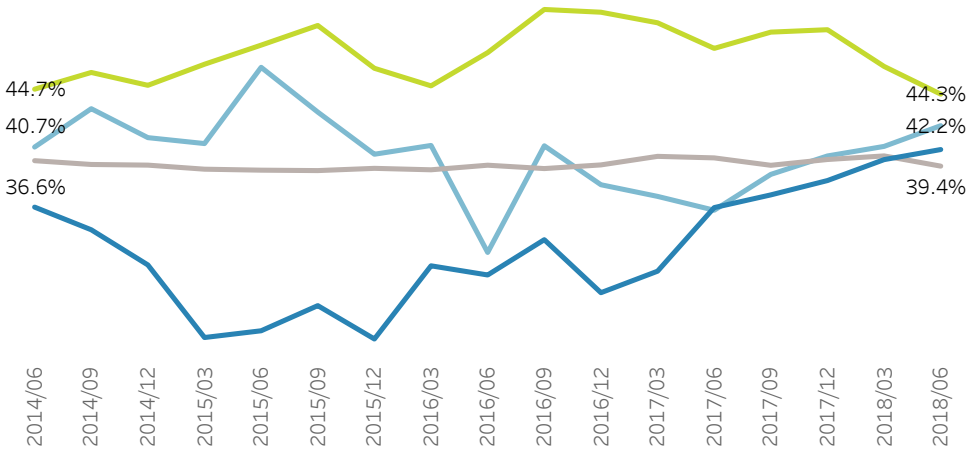
Successful Completions as a proportion of all in treatment

Bournemouth
Poole
Dorset
National

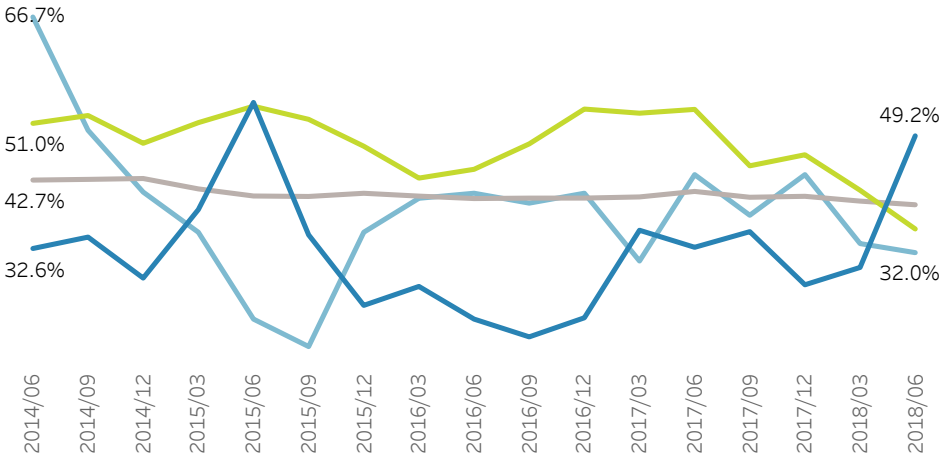
Opiate Successful Completions



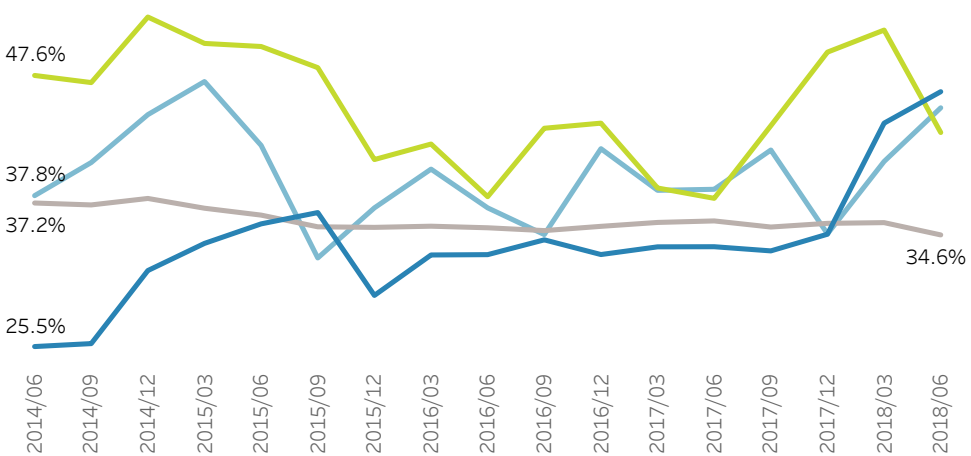
Alcohol Successful Completions



Non-Opiate Successful Completions



Alcohol & Non-Opiate Successful Completions



The improvement in opiate completions in Bournemouth, is likely to reflect the work being done to review and improve the quality of opiate treatment locally. A similar review is underway in Dorset and would hope to produce similar results. The latest figure for Poole may be an anomaly as the decline is so sudden. This will be investigated for an update to the lead commissioning officers.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: NDTMS Successful Completions Report

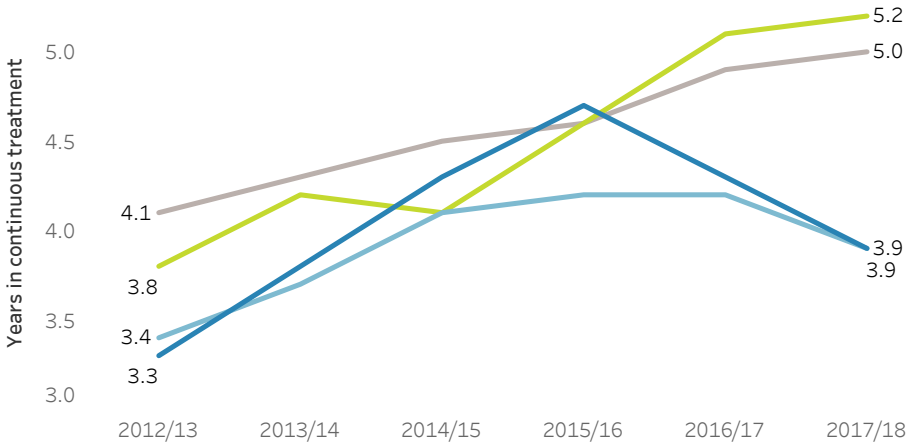
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Opiate Clients in treatment for 6 years or more

Number of clients in treatment for stated time period / all clients in treatment at the end of the period

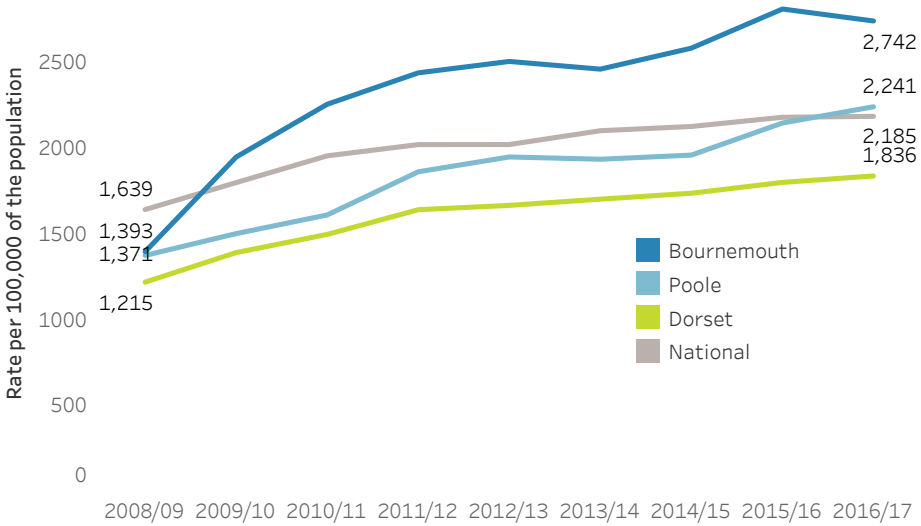
Area	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Bournemouth	14.6%	23.1%	29.4%	37.4%	32.9%	27.4%
Dorset	25.2%	30.8%	31.0%	32.9%	35.0%	34.6%
Poole	21.4%	28.9%	32.8%	33.3%	32.2%	26.7%
National	25.9%	28.7%	31.3%	31.7%	32.6%	32.3%

Opiate Clients - Average Time in Continuous Treatment (in years)



Alcohol Related Hospital Admissions

Rate per 100,000 of the population all ages - Broad - (Local Alcohol Profiles for England Indicator 9.01)



Reflecting the challenges faced in Bournemouth regarding engagement and retention in treatment of opiate clients, the length of time spent in treatment and the proportion of clients who have been in treatment for six years or more has fallen significantly. The figure in Dorset continues to rise in line with the national average, while Poole has seen a slight drop in the past year leaving it comparable to Bournemouth.

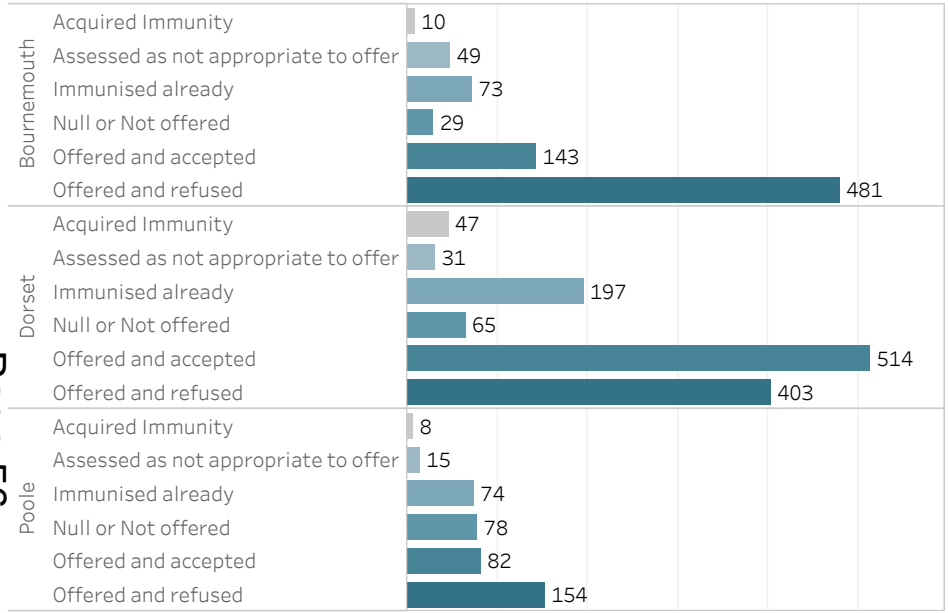
Alcohol related hospital admissions continue to rise in Dorset and Poole in line with the national average. Although rates in Bournemouth are notably higher the latest figures suggest a slight fall in 2016/17.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: NDTMS DOMES and Local Alcohol Profiles for England (LAPE)

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

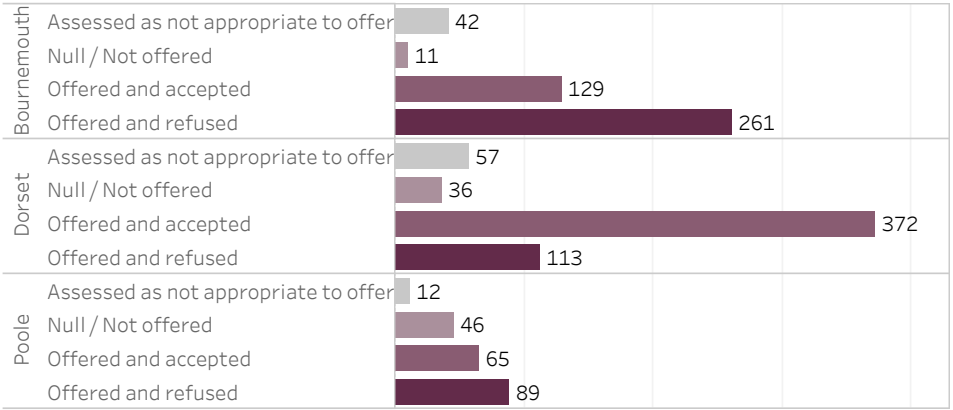
Hep B Status

for drug using clients open during Q4 2017-18



Hep C Status

for current or previously injecting clients open during Q4 2017-18

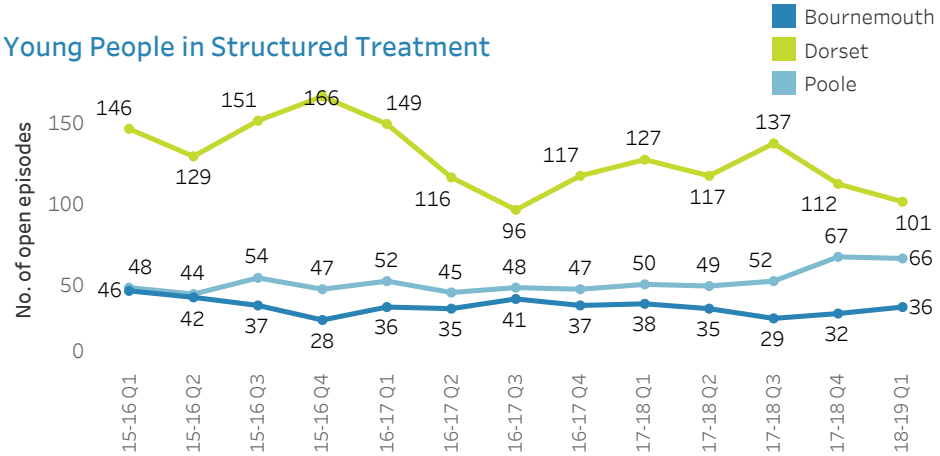


The challenge in Bournemouth and Poole is ensuring that clients accept a blood borne virus intervention while in Dorset realtively high numbers seem to have accepted an intervention, but often have not gone on to receive this. Performance is expected to improve during 2018-19 as BBV nurse services become fully operational as part of the new contracts.

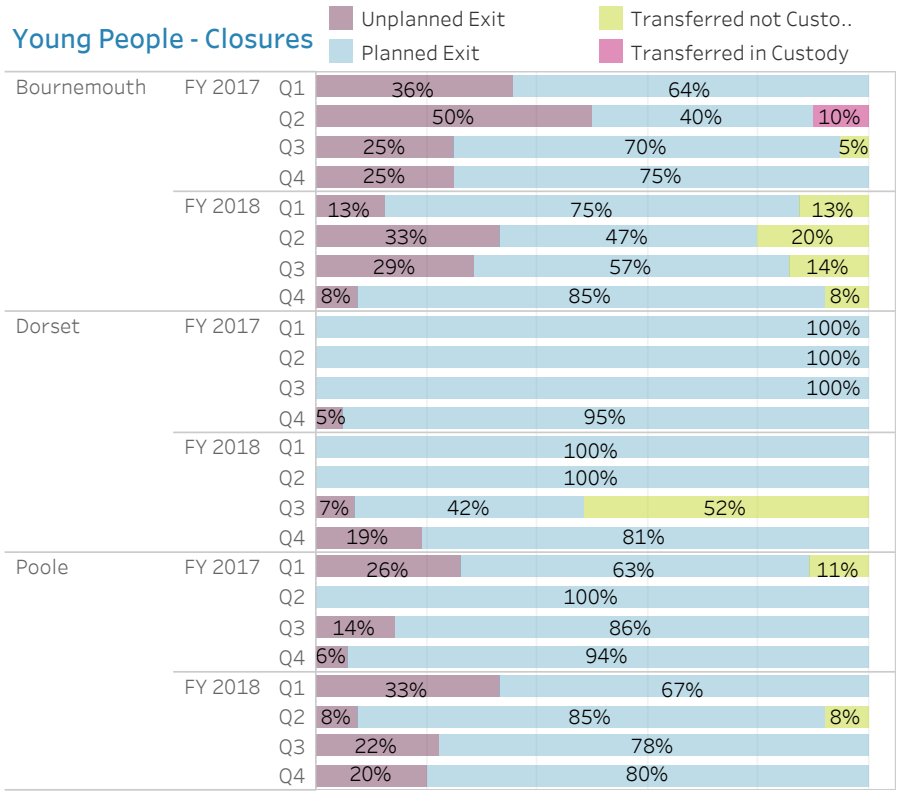
Created and maintained by the Public Health Dorset Intelligence Team
Data Source: Halo Substance Misuse Case Management System

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Young People in Structured Treatment



Young People - Closures



Young People in treatment with a Vulnerability (2017-18)

(Note: an individual may have more than one vulnerability.)

	Vulnerability	Bournemouth	Poole	Dorset
Substance mis..	Early onset	32	43	67
	High risk alcohol user	1	0	5
	Injecting	0	0	0
	Opiate or crack user	0	3	2
	Poly drug user	24	34	55
Wider vulnerabilities	Affected by others' substance mis..	8	12	7
	Anti-social behaviour / criminal act	14	9	7
	Child in Need	2	0	2
	Child Protection Plan	6	1	4
	Domestic Abuse	6	14	6
	Housing problems	2	0	0
	Looked After Child	4	2	0
	NEET	7	4	4
	Parental status / pregnant	3	0	1
	Self Harm	4	5	8
	Sexual exploitation	1	0	0

A higher number of young people are engaged in Dorset due to the approach taken locally and this is reflected in the levels of vulnerability. For example fewer young people in Dorset are flagged as having wider vulnerabilities such as domestic abuse, or affected by others' substance misuse.

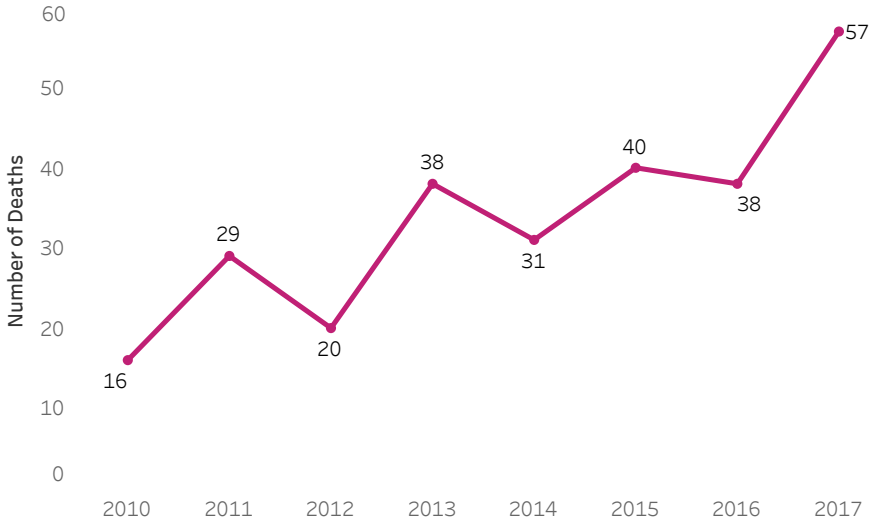
Successful completion rates are now broadly comparable across the three areas.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: NDTMS and Halo Substance Misuse Case Management System

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

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Drug Related Deaths Pan-Dorset



Drug Related Deaths Locations

* = less than 5. Further breakdown is not possible at JPHB, but is discussed in at Lead Commissioners meeting

	2010	2011	2012	2013	2014	2015	2016	2017
Bournemouth	9	12	14	20	21	19	19	25
Weymouth and Portland	*	*	*	8	*	8	*	9
Poole	*	6	*	6	5	*	7	7
West Dorset		*	*	*	*	*	*	*
North Dorset	*	*		*		*	*	6
Purbeck	*	*				*		*
Christchurch						*	*	*
East Dorset		*				*	*	*

Naloxone Provision Targets for 2018-19 (PHE)

	Bournemouth	Dorset	Poole
To people in drug treatment	764	823	259
To people not in drug treatment	247	174	32

Actual number of kits issued to date

	Bournemouth	Dorset	Poole
Client	156	335	180
People not in treatment	67	67	117
Worker	29	15	8

The long term trend shows that drug related deaths have been steadily rising particularly in Bournemouth. Given that being engaged in treatment is protective factor in relation to mortality, the increasing number of deaths is likely to be linked to the falling rates of engagement of opiate users discussed above.' While significant progress has been made in issuing Naloxone there is still some way to go for all three areas to approach the targets set by PHE.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: Dorset Police DRD Coordinator and Halo

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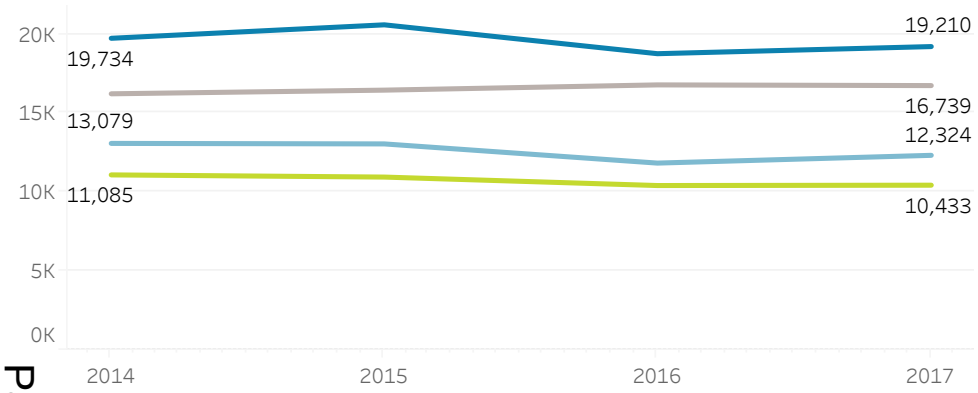
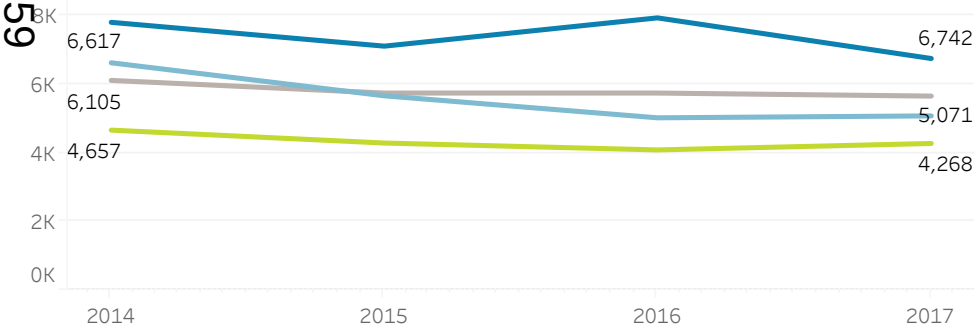
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

1. New sexually transmitted infections diagnoses in under 25 year olds per 100,000 population

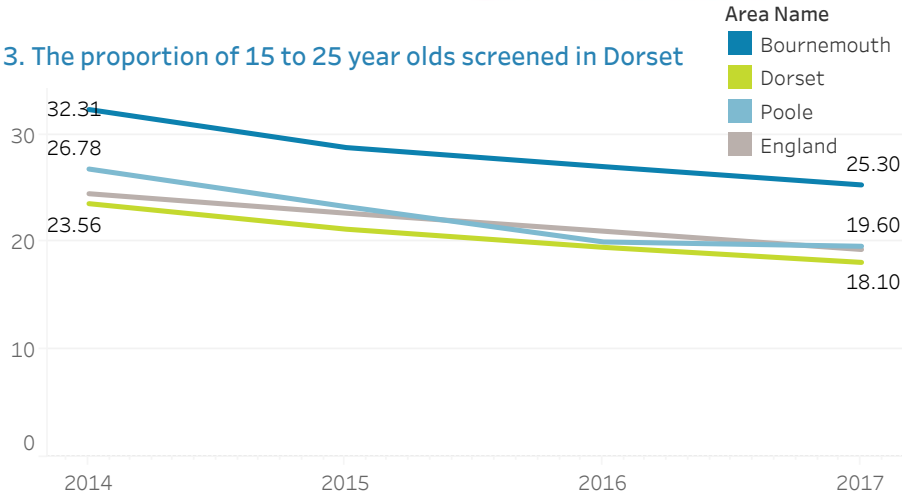


2. Rate of Chlamydia diagnoses for age 15-25 years

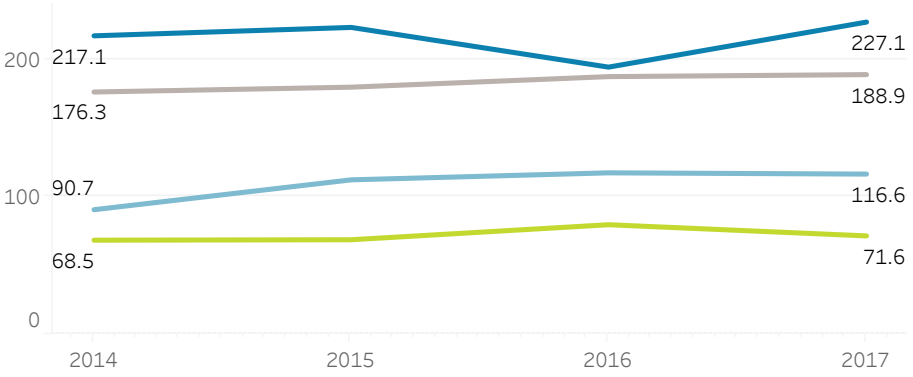


All new STIs (excluding Chlamydia in under 25s) per 100,000 aged 15 to 64 years showed that in 2017 infection diagnoses are higher than England average in Bournemouth and lower in Dorset and Poole. A longer term trend shows a peak for 2014/5 in Bournemouth then a fall 2016 but relatively static overall since 2012. More recent data emerging for 2018 suggests activity with some STIs is starting to rise.

3. The proportion of 15 to 25 year olds screened in Dorset



4.Rate of Chlamydia diagnoses for age 25 years and over



For chlamydia screening Sexual Health Services in Dorset have adopted a more targeted focus in areas of greater need. The numbers screened aged 15-25 are above England average in Bournemouth and Poole (25.3% and 19.6% respectively) and therefore diagnosis rates are above average in Bournemouth for all ages.

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Data Source: PHE Fingertips

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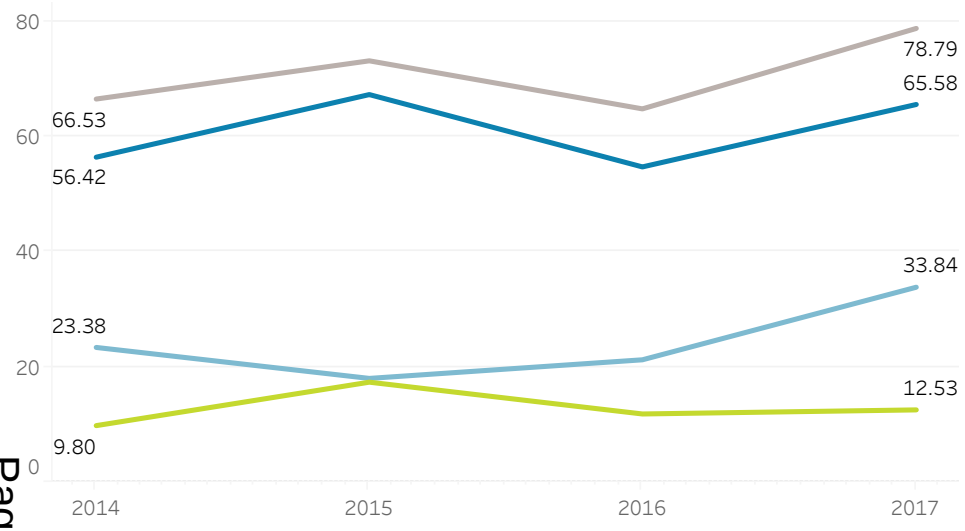
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

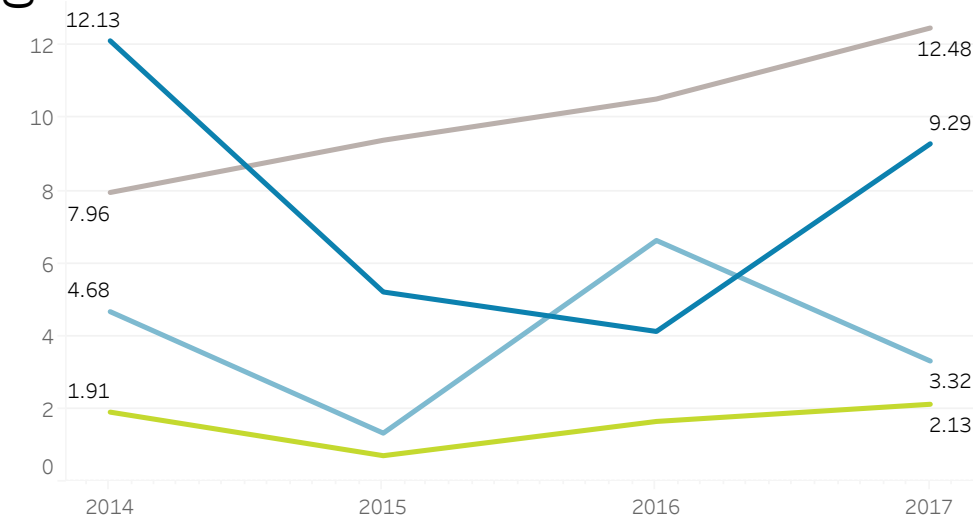
5.The rate of Gonorrhoea diagnoses per 100,000 population



The rate of Gonorrhoea has increased since 2016 in Bournemouth and Poole but remain lower than the England average with figures of 65.6 and 33.8 per 100,000 population respectively.

Area Name
- Bournemouth
- Dorset
- Poole
- England

6.Rate of syphilis diagnoses per 100,000 population

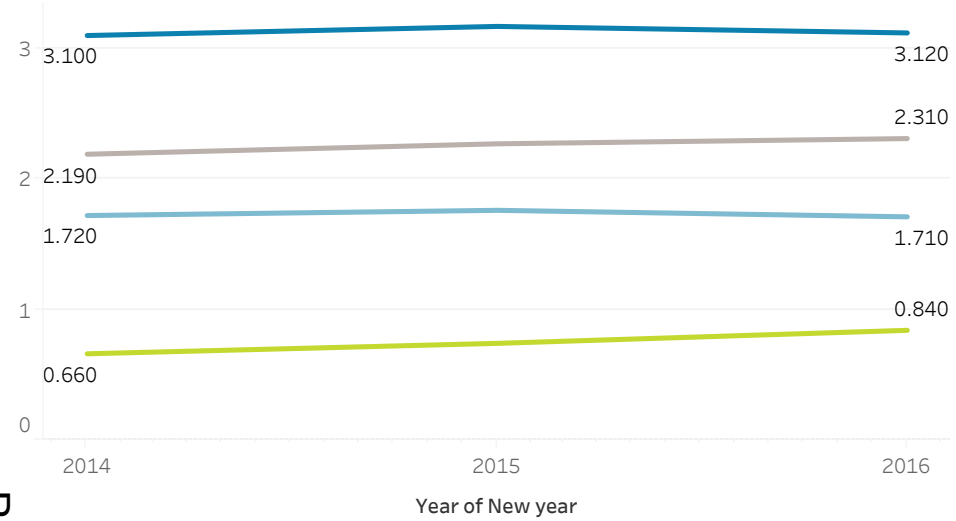


Nationally rates of syphilis diagnoses have been steadily rising, rates in Bournemouth have been dropping since 2014 but have started to rise again since 2016 (9.3 per 100,000 population in 2017) but not significantly and rates remain lower than the England average. Rates in Poole and Dorset are lower compared to Bournemouth and are steady (3.3 and 2.1 per 100,000 population respectively). There is a recent outbreak in the South West being managed by PHE.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips

JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

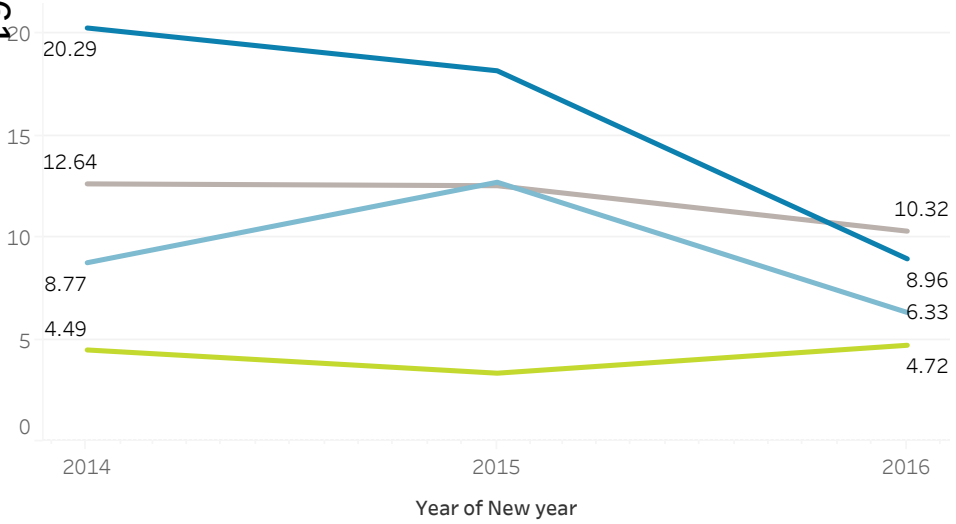
7.HIV Diagnosed prevalence 15 -59



The prevalence rate for HIV is 3.12 per 1000 population in Bournemouth, which is higher than the England average (2.31). Trends have remained higher, which is largely due to vulnerable groups residing in the area. This gives an amber ranking against the PHE goal of less than 2. Rates for Dorset (0.84) and Poole (1.71) are below average and ranked green. Total HIV testing coverage is very good across Dorset compared to England average (65.7%) reaching approximately 85% coverage in Bournemouth.

Area Name
- Bournemouth
- Dorset
- Poole
- England

8.HIV new diagnosis rate per 100,000 15 plus years.



HIV new diagnosis rates have fallen, but not significantly and are below England average in Bournemouth, Dorset and Poole. So the trend over time remains steady. Late diagnosis for HIV has improved since 2011 as people are presenting and getting tested earlier and awareness of clinical indicators for HIV among care professionals has improved.

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Data Source: PHE Fingertips

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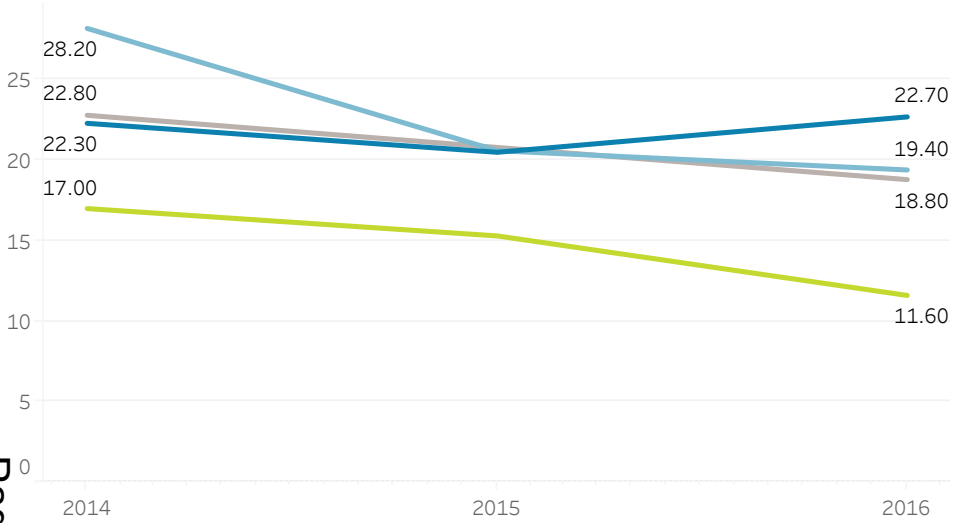
JOINT PUBLIC HEALTH BOARD SEXUAL HEALTH PERFORMANCE REPORT

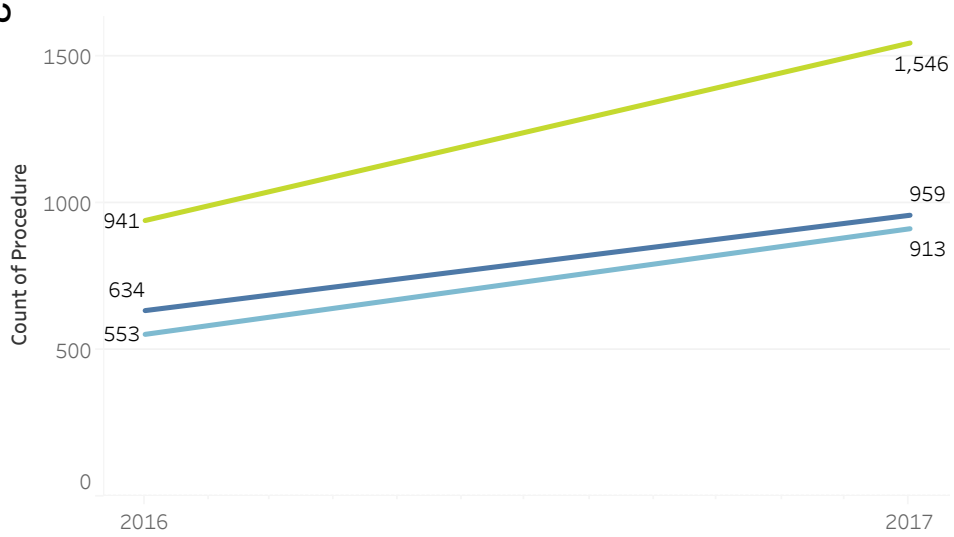
9. Under 18 conception rates per 1000 population in females 15-17 years



In 2016 conception rates were below the England average (18.8) for Dorset (11.6) just above for Poole (19.4) and higher in Bournemouth (22.7). Those leading to abortion were above average for Dorset and Bournemouth and below average for Poole. The under 18 birth rates are higher in Bournemouth, which were slightly above average, Dorset and Poole are below average, figures in Poole have fallen since 2015. Nationally under 16 conception rates show a downward trend. Locally rates are higher than the England average in Bournemouth with Poole and Dorset below.

Area Name
- Bournemouth
- Dorset
- Poole
- England

10. LARC fitting in Dorset



LARC fitting is increasing across Dorset, similarly the numbers signposted for a LARC fitting following a chlamydia screen are increasing in each area as well.

The South West sexual health reported figures for Dorset are shown as low. This is because the indicator measured is a prescribed LARC rate and Dorset use a different system and the actual figures are almost double those reported by the South West in 2017/18.

Created and maintained by the Public Health Dorset Intelligence Team
Data Source: PHE Fingertips & LARC Data

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