

## Public Health

### 2018/19 Business Plan Monitoring Report

**Contact:** Sam Crowe, Acting Director of Public Health

**Year:** April 2018 - March 2019

**JPHB meeting date:** September 2018

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



#### 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
<b>1. Prevention at Scale Projects</b>							
<b>1.1. Starting Well</b>							
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	Green	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 agreed 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	Green	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	Amber	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	Amber	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.	
<b>1.2 Living Well</b>							

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.	
<b>1.4. Healthy Places</b>							
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 measures 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: <a href="https://public.tableau.com/profile/public.health.dorset#!/vizhome/AirMonitorData/APStory">https://public.tableau.com/profile/public.health.dorset#!/vizhome/AirMonitorData/APStory</a> 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 localities (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	Community 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		<p>Quarter 1 data for CHIS services 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</p> <p>Quarter 1 data for CHIS services delivered in pharmacies: 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</p>
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	