

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

| RAG Status | Trend Status |
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| Red - Serious challenge, remedial action required, out of tolerance | ↓ Decrease in performance |
| Amber - Some challenges, mitigating action in place, within tolerance | → No change in performance |
| Green - On target | ↑ Increase in performance |
| Blue - Complete | |
| Black - Cancelled | |
| White - Not started | |

| Reference | Key activity/action | Performance Measure and Target | Senior Responsible Officer | Previous RAG Status | Current RAG Status and Trend | Progress Update | Annual Activity/Action Outcome |
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| 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 | | → | 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) | | → | The 0-5 pathway launched on the 26 September with health visitors and childrens centres. There is a SALT task and finish group established and is developing a business case which will be presented to the CCG in December/January. | |
| 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 | | ↑ | Plans to increase physical activity developed in schools supported by work with the Head Teacher's Alliance were launched in September. The deadline for applications is the 5 November. | |
| 1.1.4 | Build community capacity through training to support children and young people to THRIVE | Number of children and young people workforce trained in MHFA (Mental health first aid) Impact statements from workforce of how training has been used. | Jo Wilson | | ↑ | Not chosen 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. The task and finish group recently met and are taking a paper to the Early Health and Wellbeing Strategy Group in November with recommendations for the scope of work. Roll out of MHFA continues. | |
| 1.2 Living Well | | | | | | | |

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| 1.2.1 | Development and Launch of LiveWell Dorset digital | 10000 people accessing behaviour change support per year. | Stuart Burley | | → | 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 | | → | 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 | | ↑ | Following the paper in September, 2,111 health checks were carried out in Quarter 1 of 2018/19. Work is underway with LiveWell Dorset to improve referrals and monitoring following a Health Check. New Health Check awareness letters are in draft and include LiveWell Dorset information. | |
| 1.2.4 | Develop and implement co-ordinated staff health and wellbeing plans within the 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 | | ↑ | Workshop offer in place for all main organisations (LAs, hospitals and Dorset Healthcare) for skills development for staff. A link to the LiveWell Dorset digital website on the intranet of all organisations. LiveWell Dorset healthy conversations/referral process is embedded in the curriculum for preceptorship, new recruits, overseas for main providers. MEC ran in September/October, 24 set up as train the trainer and the aim is to develop a sustainable offer/network across the system. 7 workshops have been held with DCH which 70 people attended - an insights report is due to go back to their board and RBH have expressed an interest. | |
| 1.3. Ageing Well | | | | | | | |

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| 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 | | ↑ | Scoping of system changes for all three pathways (primary and secondary care, workplaces, schools) has been completed, key contacts for each have been identified and meetings held with project/pathway leads to discuss system changes and timescales. Significant early progress has been made in both cancer and diabetes pathways with system changes identified and work underway to implement these | |
| 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 | | ↑ | 7 of the 12 localities have launched the National Diabetes Prevention Programme and the remaining 5 will do so by the end of January. | |
| 1.3.3 | Escape pain | N/A | Vicki Fearne | | | 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 | | → | 14 GP practices engaged and recruiting practice health champions across 10 localities. A second year delivery plan will be available end of December 2018. | |
| 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 | | → | 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. A stakeholder workshop was held in October 2018 to identify system wide intelligence needs for enhancing access to greenspace at scale. The learning from the workshop is currently being collated. | |

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| 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 | | → | 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 | | → | To date the Healthy Homes Dorset programme has the following: 949 clients 1509 enquiries 210 measures across Dorset, Bournemouth and Poole. Phase 2 questionnaires are currently being collated and are due to be processed in December. | |
| 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 | | → | 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. The Pan Dorset air quality network was presented at the PHE conference in September. | |
| 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 | | → | PHD now have a full complement of staff nominated to work in the thirteen localities for up to two days a week. 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 | | | | | | | |
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| 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 | | → | Service specification has been developed with partners. Tender pack has also been developed. | |
| 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 | | ↑ | The Board signed-off the proposal to direct award invitations to individual general practices based upon a negotiated fee agreed with the LMC. PHD have developed a comms plan for engagement. Letters and specifications have been agreed in draft. The next stage 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 | | → | 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 | | → | A review of LARC has taken place by PHD and Dorset Healthcare (DHC). Due to in-year cost pressures, the decision has been made to keep EHC and LARC contracts for 2019-20 with a view to integrating these into the sexual health tender 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 | | → | 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. | |

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| 2.1.6 | Needle Exchange Service | To successfully award compliant provider (s) | Will Haydock | | → | 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 | | → | 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 | | | 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 | | → | New contracts 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 | | → | 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 | | → | A grant agreement is in place. | |
| 2.2. Contract Management and Services | | | | | | | |

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| 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 | | → | 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 | | → | A review of the engagement and treatment of opiate users in Bournemouth is ongoing. 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 | | ↑ | 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. SN podcasts are part of a national project and recently won Best Podcast at the ARIAS 2018 awards. | |
| 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 | | → | Breastfeeding support delivered by FAB through the Public Health grant. Agreed to develop a sustainability plan with the and a one year grant is in place to support. There is planned consultation with service users. | |

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| 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 | | → | 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.. 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 increasing. Contract management plans are in place to monitor and progress service. | |
| 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 | | → | 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 | | → | Quarter 2 data is currently being processed. | |
| 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 | | → | Quarter 2 data is currently being processed. | |

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| 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 | | → | 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. So far, 53,005 patients have been invited to become involved, 2,184 (4%) of these had positively responded, 351 (16%) had completed formal application forms, 153 have been invited to attend practice workshops and 105 have attended these workshops. | |
| 2.2.10 | Residential Detoxification with 24/7 nursing cover | Number of service users supported. | Will Haydock | | → | See 2.1.9 | |
| 2.2.11 | Cardiff Model | Improved data collection. Actions implemented to reduce alcohol/drug related violence admissions. | Rachel Partridge | | → | 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. | |
| 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 | | ↑ | 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 Cycle and Project Place. Business as usual activities, such as team/staff requests, communication, HR and recruitment and finance are undertaken | Barbara O'Reilly | | → | 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. | |

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| 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 | | → | The Contracts and Commissioning Group governs the contracts and commissioning intentions and reports to Public Health Dorset's Senior Management Team which then reports to the Joint Public Health Board. New system in place with level three contracts (managed by leads) and level four (managed as business as usual). | |
| 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 | | → | 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 and wellbeing and training. | |