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Agenda

Public Health Dorset

Meeting: Joint Public Health Board

Time: 10.00 am

Date: 4 February 2019

Venue: HMS Phoebe Room, Town Hall, Bournemouth

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 Andrew Parry	Mike White
Observers		
David d'Orton – Gibson	Beryl Ezzard	

Notes:

- The reports with this agenda are available at www.dorsetforyou.com/countycommittees then click on the link "minutes, agendas and reports". Reports are normally available on this website within two working days of the agenda being sent out.

- We can provide this agenda and the reports as audio tape, CD, large print, Braille, or alternative languages on request.

- **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 30 January 2019, and statements by midday the day before the meeting.

Mike Harries
Chief Executive

Date of Publication:
Friday, 25 January 2019

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. As the Chairmanship rotates amongst the three authorities depending on venue, the Vice-Chairman identified at our previous meeting becomes the Chairman at this.

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 - 10

To confirm the minutes of the meeting held on 19 November 2018.

6. **Public Participation**

(a) Public speaking
(b) Petitions

7. **Forward Plan of Key Decisions** 11 - 14

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

8. **Financial Report** 15 - 20

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

9. **Clinical Treatment Services Performance Monitoring** 21 - 32

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

10. **Task and Finish Group on the Future of Public Health Dorset : Future role and remit of the Joint Public Health Board** 33 - 38

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

11. **Update on the Whole School approach to Emotional Health and Wellbeing through Physical Activity** 39 - 46

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

12. **Public Health Business Plan Refresh 2018/19 - Monitoring Delivery** 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 30 January 2019.

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Joint Public Health Board

Minutes of the meeting held at County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ on Monday, 19 November 2018

Present:

Councillor Jill Haynes (Dorset County Council)(Chairman)
Councillor Jane Kelly (Bournemouth Borough Council) (Vice-Chairman)
Councillor Steve Butler (Dorset County Council)
Councillor John Challinor (Borough of Poole).

Officers Attending: Sam Crowe (Acting Director of Public Health), Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sian Critchell (Finance Manager), Clare White (Finance Manager) and David Northover (Senior Democratic Services Officer).

(Note: These minutes have been prepared by officers as a record of the meeting and considered and confirmed at the next meeting of the Board to be held on **4 February 2019**).

Chairman

44 **Resolved**

That Councillor Jill Haynes be elected as Chairman for the meeting.

Vice-Chairman

45 **Resolved**

That Councillor Jane Kelly be appointed as Vice-Chairman for the meeting.

Apologies

46 Apologies for absence were received form Councillor Karen Rampton (Borough of Poole) and Councillor Nicola Greene (Bournemouth Borough Council).

Code of Conduct

47 There were no declarations by members of any disclosable pecuniary interests under the Code of Conduct.

Minutes

48 The minutes of the meeting held on 24 September 2018 were confirmed and signed.

Public Participation

49 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

50 The Joint Committee considered its draft Forward Plan which identified key decisions to be taken by the Joint Board, and items planned to be considered during the rest of 2018 and 2019. This had been published on 22 October 2018.

Noted

Public Health Dorset Business Plan 2018/19 - Monitoring Delivery

51

Having received the Public Health Dorset Monitoring Report, based on the Business Plan for 2018/19, at its September meeting and endorsing the approach being taken, the Board asked that trend data be included with future reports so as to have a more meaningful understanding of what improvements or otherwise were being made. The report had subsequently been updated on performance for

Quarter 2 on that basis.

The report also highlighted national work underway in providing more publicly available information resources that could be used to compare local authority public health delivery.

The Board were pleased to see that direction of travel was now indicted for each activity so that improvements being made, or otherwise, could be readily identified. In observing how services were being delivered, particular mention was made of the way in which progress was being seen to be made in the delivery of health checks and the means by which this was being done, in the collaborative approach between General Practices and pharmacies, with each having an essential part to play.

In line with sentiments recently expressed by the newly appointed Health Secretary, the Rt Hon Matt Hancock MP, that "prevention was better than cure", Public Health Dorset was looking to see that this might be reflected in the receipt of the necessary funding going forward to ensure the work being done remained sustainable, particularly in terms of supporting the cessation of smoking and efforts being done in this regard. It was commonly acknowledged that the advent of vaping devices had contributed significantly to those trends being achieved.

Mention was made of the work being done to monitor pollution levels throughout Dorset and the assessments being made of the data collected, in having a better understanding and interpretation of this and of what this entailed.

The Board were pleased to learn of those General Practices engaging with their patient list in identifying what volunteer help was available so that this resource might be accessed in contributing to what services the Practices were able to deliver. It was also pleasing for them to learn of the positive attitude many practices now had adopted in their understanding of the benefits which could be gained from what volunteers could offer in addressing their patient's needs, where applicable.

Resolved
That the performance update of the 2018/19 Business Plan be noted and the means by which the Public Health agenda was being delivered acknowledged.

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

Task and Finish Group on Future of Public Health Dorset : Findings and Recommendations from Stakeholders

52

The Board considered a report by the Acting Director of Public Health summarising the findings by the Joint Public Health Board Task and Finish Group on the future of the Public Health Dorset Partnership. There was wholesale agreement amongst that Group about the successes and achievements of the Partnership to date and future areas for improvement. The report identified some key development areas arising from the Task and Finish Group's findings, and presented recommendations from the moderation meeting as to how the Partnership should evolve under Local Government Reorganisation (LGR).

The Task and Fishing Group's findings were that:-

- the delivery of Public Health as a shared service was being well managed and performing well,

- how services had been commissioned had improved significantly by those arrangements,
- key strengths included leadership and particularly the work to embed prevention within the Sustainability and Transformation Plans. The benefits of operating the shared service at scale, pan-Dorset, were emphasised too, and
- future development should include understanding the importance of public health to the future success of the wider business of Councils and the NHS.

Members understood that collaboration with the Task and Finish Group on devising a clear set of proposals on how the Board should operate post LGR was necessary in order to better differentiate it from the work of the two Health and Wellbeing Boards. The Board understood what this entailed and the means by which it would be delivered, agreeing that any work should ensure regular representation from the Dorset Clinical Commissioning Group (CCG) and in exploring the potential for the future joint appointment of the substantive Director of Public Health between the CCG and the Dorset councils. The Board noted that the Joint Public Health Board should focus more on governance and accountability for the delivery of public health services, and the use of the Grant. This would make the Health and Wellbeing Board' strategic role in improving health and wellbeing clearer.

The Board recognised that it was critical that members of the two new councils had a fundamental understanding of what Public Health Dorset did and what its work entailed. As mentioned at the previous meeting, the opportunity should be given for an improvement and enhancement of public health activities, in that there was a need to expand accessibility to other councillors about what the Partnership did and how it operated. This could be better achieved by ensuring that any future report included reference to a public health impact assessment, which would draw attention to the integral part public health played in each and every service. Members of the Board considered they had a part to play in conveying this message as best they could. Moreover, it was still to be determined what model of governance should be adopted for the Board and the new councils would have a part to play in determining this.

The opportunity was taken to assess what form members considered would most suit and benefit how the Board should carry out its business post LGR. Having given measured consideration to what configuration would best meet the Board's needs, it was agreed that 4 members from each Unitary Council to serve on the Board would seem to be satisfactory, but that the Acting Director of Public Health would explore options with Board Members for future membership outside of the meeting to bring to the next Joint Public Health Board.

Resolved

1.That the Task and Finish Group report's findings be noted and what these entailed, acknowledged.

2.That the need to work with Task and Finish Group members on a set of clear proposals by March 2019 for how the Joint Public Health Board would operate post-LGR be supported and endorsed, in order to better differentiate it from the work of the two Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset CCG, and to explore the potential for the future joint appointment of the substantive Director of Public Health between the CCG and
Health and Wellbeing Boards. This work should include ensuring regular representation from Dorset Councils.

3.That the action plan attached as Appendix 2 in the Acting Director's report, summarising the areas for development of the Public Health Dorset Partnership, particularly those relating to working more closely with Members, be approved.

Reason for Decisions

To continue to ensure that the Partnership functioned effectively and efficiently to help deliver the legal public health duties of the new Unitary Councils in Dorset.

Community Health Improvement Services (CHIS) Procurement

53

The Board understood that contracts for a range of Community Health Improvement Services (CHIS) were due to expire at the end of March 2019. Given this, a series of options had been considered to determine which procurement model would best suit the needs of the CHIS in order to maximise efficiency and effectiveness of the services, with agreement of the Board being sought to progress arrangements on that basis.

The Board were informed of the background and rationale for what was being done; what options there were; the Framework Model and how this had been devised; risk and mitigation plans; budgets and timelines and what the preferred procurement option was. The Board were also being asked to agree to procure and award following successful completion of tender.

The Board acknowledged that the preferred option - Option 4: Any Qualified Provider (AQP) under an agreed framework - meant that any provider could deliver the service - provided they met specific criteria - and would be paid according to activity. This model would offer a high level of efficiency, as it was a simple process, developed as a single framework with all six lots being included, being open to any qualified provider, and placed the power in the hands of the end user to access services where they chose.

The Board recognised the need for flexibility in the delivery of these services and the choice this would give service users provided for equity, efficiency and effectiveness in meeting those needs. It would provide for a pool of assets being made available to ensure that there was the greatest opportunity for take up as necessary.

The benefits of Option 4 were readily understandable to members and, given this, they were minded to support this means of procurement, as being both sustainable and reasonable. However the new arrangements would not necessarily provide such scope for accountability as those currently did. Nevertheless, there was an expectation that there would be a good prospect of collective responsibility by potential service providers in seeing that what was being done would be for the good of their communities.

The Board were keen to see that, if at all practicable, an assessment could be made of how successful interventions and activities were in meeting the needs of individuals and in delivering what was hoped for from the Public Health agenda. Officers were satisfied that there were means by which this could be successfully demonstrated and work was progressing to ensure this could be the case.

Whilst there was no national register for the purposes of recording who had been offered interventions, what the take up rates were nor what the outcomes from this were, there appeared to be some scope for outcomes from interventions to be recorded on the Dorset Care record given that GP surgeries had that information available to them but there was a need for this to be securely and rationally managed.

The board considered that the procurement exercise had taken ito consideration all that it could and that, overall, Option 4 would provide all that was necessary in ensuring community health improvements continued to be made and that successful outcomes could be demonstrated by this means.

Resolved

1.That the preferred option - Option 4 - for procurement and award of the Framework Agreement for the provision of Community Health Improvement Services be agreed;
2.That delegated authority to the Acting Director of Public Health Dorset in consultation with the Joint Public Health Chairmen and Portfolio holders to award to appropriate providers be approved.
3.That the Framework included NHS Health Checks as per the recommendation of the September 2018 Boardmeeting be noted.
4.That the procurement and award though Open Tender for provision of weight management support within the community be approved.
5.That the risk and mitigating plans from cost and volume contracts be noted.
6.That the two Unitary Council's Shadow Executive Committee's be asked to affirm the above 5 decisions.

Reason for Decisions
To enable service continuation and transformation through procurement.

Financial Report

54

The Joint Board considered a joint report by the Chief Financial Officer and the Acting Director of Public Health on the revised revenue budget for Public Health Dorset in 2018/19, this being £28.292M, based on an indicative Grant Allocation of £33.407M.

The report included an updated forecast for 2018/19. Budgets for 2019/20 remained provisional, based on indicative figures published in 2017/18 and taking account of future local authority changes. The Board were informed that as public health, together with its budget, served the whole of Dorset i.e. the 2 new Unitary Councils, the issue of disaggregation of budgets that was necessary with other services didn't apply in this case.

The Board recognised that the Prevention at Scale agenda took precedent when it came to any use of underspend but that the Board and the two Health and Wellbeing Boards would also have some part to play in determining where monies were best spent so that the greatest benefits could be achieved.

Noted

Health Improvement Services Performance Monitoring

55

The Board were provided a high-level summary of performance for LiveWell Dorset, smoking cessation, weight management services, health checks and children

and young people performance, with supporting data in the report's appendices.

The Board were pleased to see the decrease in the levels of smoking seemingly evident and acknowledged that the advent of vaping devices might well being playing some part in that decrease being seen.

The Board were satisfied with what was being achieved and the means by which it was being done.

Noted.

Questions from Councillors

56 No questions were asked by Members under Standing Order 20(2).

Meeting Duration: 10.00 am - 12.00 pm

4 February 2019
FOR THE PERIOD 1 FEBRUARY 2019 TO 31 MAY 2019

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Finance Report	Joint Public Health Board	4 Feb 2019	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*
Clinical Services Performance Monitoring	Joint Public Health Board	4 Feb 2019			Clinical Services Performance Monitoring	Jill Haynes, Deputy Leader and Cabinet Member for Health and Care *Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
Future of Public Health	Joint Public Health Board	4 Feb 2019			Future of Public Health	*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
Work with schools Report of the Acting Director for Public Health	Joint Public Health Board	4 Feb 2019			Work with schools	
Business Plan Refresh 2019/20	Joint Public Health Board Presentation	4 Feb 2019			Business Plan Monitoring	*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
Finance Report	Joint Public Health Board	3 Jun 2019	Portfolio leads for Digitally Enabled Dorset, and Leading and Working Differently.	Open		*Sam Crowe, Acting Director of Public Health s.crowe@dorsetcc.gov.uk*
Health Improvement Services Performance Monitoring Report of Acting Director for Public Health	Joint Public Health Board	3 Jun 2019			Health Improvement Services Performance Monitoring	
Business Plan Monitoring	Joint Public Health Board	3 Jun 2019			Business Plan Monitoring	
Commissioning and Procurement update	Joint Public Health Board	3 Jun 2019			Commissioning and Procurement update	
Finance Report	Joint Public Health Board	23 Sep 2019			Finance Report	
Clinical Services Performance Monitoring	Joint Public Health Board	23 Sep 2019			Clinical Services Performance Monitoring	

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Business Plan Monitoring	Joint Public Health Board	23 Sep 2019			Business Plan Monitoring	
Finance Report	Joint Public Health Board	18 Nov 2019			Finance Report	
Health Improvement Services Performance Monitoring	Joint Public Health Board	18 Nov 2019			Health Improvement Services Performance Monitoring	
Business Plan Monitoring	Joint Public Health Board	18 Nov 2019			Business Plan Monitoring	

Joint Public Health Board

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

Date of Meeting	4 February 2019
Officer	Chief Financial Officer and Acting Director of Public Health
Subject of Report	**Financial Report**
Executive Summary	The revised revenue budget for Public Health Dorset in 2018/19 is £28.520M, based on an indicative Grant Allocation of £33.407M. The report includes an updated forecast for 2018/19. Grant figures for 19/20 have now been published and revenue estimates for Public Health Dorset in 19/20 are shared in the paper.
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 shared service budget is currently forecast to underspend by £110k in 18/19.
	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 note: 1. The updated 18/19 forecast; Members are asked to support transfer of any underspend (projected to be £110k) to reserves. 2. Transfer of £228k for PAS from reserve 3. Final allocations for the two new authorities for 19/20 4. Revenue estimates and opening budget for Public Health Dorset 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: Tables for finance report February 2019
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 Health Visiting 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 Borough of Poole, Bournemouth Borough Council, and Dorset County Council 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 published indicative allocations for 19/20 and announced that the Public Health Grant ring-fence and grant conditions will remain in place until at least 31 March 2020. In the run up to the establishment of Bournemouth, Christchurch and Poole council and Dorset Council these indicative figures have been revised to take account of the new council boundaries.

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 The revised budget is now £28,520k. This takes account of:

- the return to councils of anticipated £450k underspend as highlighted at the last Board; and
- transfer of £150k transformation funds from Dorset CCG to support PAS.
- Transfer of £228k from reserve for use on work with schools within the Prevention at Scale programme.

2.3 Detail of the 18/19 Public Health Grant Allocations and partner contributions is in Appendix 1, table 1.

2.4 The current forecast for 2018/19 is for an underspend of £110k (see appendix 1, table 2). This takes account of:

- Updated estimates for cost and volume activity, in particular inpatient detoxification activity, and the cost of buprenorphine (used for opiate substitution therapy) which has increased nine-fold during the current financial year. Significant cost pressure has been mitigated in the short term through reduced activity in other parts of the drugs and alcohol system, and slippage in some drug and alcohol contracts, whilst longer term solutions are agreed.

- Updated estimates of prescribing costs, where increased range of options for long-acting reversible contraception (LARC), changes in guidance as to preferred option (LARC), changes in cost of options (LARC and drugs and alcohol), and slow shift to new models of supply have meant that anticipated savings in these areas have not been achieved in full.

2.5 As the LiveWell Dorset service becomes more embedded across the system and more people make use of the service, we anticipate more people will also use our other health improvement services. Forecast figures for 18/19 and 19/20 allow for this to some extent, but we continue review this.

3. Budget 2019/20

3.1 Ring-fenced allocations for 19/20 were published on 20 December. These and the contributions from the two new councils to the shared services budget for Public Health Dorset of £27.710M, are shown in appendix 1, table 1.

3.2 Opening budget is shown in appendix 1, table 2, along with a preliminary forecast for the year.

4. Reserve position

4.1 The reserve position at 31 March 2018 was £1,817k (see appendix 1, table 3). This included £869k committed to PAS. We have now transferred £228k from reserve to cover commitments within 18/19 to date, principally around the work on whole school approach. As part of the business planning process we are beginning to develop more detailed plans for the remaining PAS commitment.

5. Conclusion

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

- the updated 18/19 forecast;
- transfer of funds for PAS from reserves
- final allocations for the councils in 19/20
- opening budget for Public Health Dorset in 19/20.

Richard Bates
Chief Financial Officer

Sam Crowe
Acting Director of Public Health

January 2019

APPENDIX 1: Tables for finance report February 2019

Table 1: Revised budget 2018/19, 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 original 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**	**28,142,100**
CCG Transformation monies (see 2.2)				150,000
Transfer from reserve for PAS (see 2.2)				**228,000**
Budget 2018/19				**28,520,100**

2019/20	BCP	Dorset	Total
	£	£	£
2019/20 Grant Allocation	19,353,000	13,172,000	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	**15,237,200**	**12,472,900**	**27,710,100**
Budget 2019/20			**27,710,100**

Shift based on population as per disaggregation workstream

Table 2: Updated forecast 2018/19, 19/20 opening budget detail and preliminary forecast.

2018/19	Budget 2018-2019	Forecast 2018-2019	Over/underspend 2018/19	Opening budget 2019/20	Preliminary forecast 19/20
Public Health Function					
Clinical Treatment Services	£11,531,000	£11,642,416	-£111,416	£11,376,000	£11,498,593
Early Intervention 0-19	£11,104,000	£11,114,620	-£10,620	£11,104,000	£11,057,165
Health Improvement	£2,342,200	£2,078,682	£263,518	£2,475,000	£2,422,800
Health Protection	£85,000	£22,785	£62,215	£57,000	£31,500
Public Health Intelligence	£207,800	£138,569	£69,231	£104,800	£115,000
Resilience and Inequalities	£838,801	£1,166,485	-£327,684	£190,300	£190,300
Public Health Team	£2,411,300	£2,246,543	£164,757	£2,340,000	£2,350,598
Total	**£28,520,101**	**£28,410,101**	**£110,000**	**£27,710,100**	**£27,665,956**

Resilience and inequalities budget increased by £378k in 18/19, £150k Dorset CCG funding for PAS, plus 228k transfer from STP/PAS reserve.

Table 3: Public Health reserve

Public Health Reserve	£'s
Opening balance 1/4/18	1,817,000
STP/PAS transfer from reserve	-228,000
Balance in reserve at January 2019	1,589,000
Balance of commitment to STP/PAS	-641,000
Balance uncommitted in reserve	**948,000**

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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	4 February 2019
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.
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 note the performance in relation to drugs and alcohol, and 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
Background Papers	Clinical Treatment Services Performance Monitoring Sept 2018
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 2018 it was agreed that the future Governance functions for Drugs and Alcohol would be carried out by the Joint Public Health Board. The principal function is monitoring of performance, and the Board requested a report every six months, starting with the September 2018 meeting.

1.2 Given this request, it seemed timely to review our overall approach to performance monitoring, and we now have a regular cycle of reporting against our high value contracts. This report focuses on our clinical treatment services for drugs and alcohol and for sexual health.

1.3 Alongside this the Board also receives regular updates against the Public Health Dorset Business Plan to monitor progress against agreed deliverables.

2. Drugs and Alcohol

2.1 Many different organisations are responsible for commissioning and providing 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 The recommissioning exercise undertaken during 2017 for community-based treatment services delivered a saving of £0.9M (from £5.8M to £4.98M) to the Public Health Dorset budget, as well as savings elsewhere in local authority budgets (e.g. social care). This has, however, increased pressures within the system, some of which are now being seen in increased cost and volume activity.

2.3 More detail on latest performance 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.
- Completion rates for treatment in Dorset and especially Poole have declined in the past two quarters, reflecting a sustained pattern. Commissioners will therefore investigate this with providers, conducting a brief review to report back to the Lead Commissioning Officers group.

- Not all service users who could benefit from interventions to vaccinate against or treat blood borne viruses are receiving these. Commissioners will analyse the data and work with providers on a performance improvement plan.

2.4 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 for alcohol dependency is accessible;
- Wider health needs (e.g. stopping or reducing smoking, blood-borne viruses) 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, updated annually, was presented to the Board in September 2018. As there has been no further update since then we have not repeated them for the Board today.

3.4 We are in the process of developing a performance scorecard for use with the provider. This aims to give a timelier picture as to how well the planned changes are working, and providing information to judge how well the integrated service impacts outcomes. The scorecard during 2018/19 will provide a baseline for performance, and quality, and identify issues and development required within different service areas. The contract management covers progress towards planned outcomes for integration in year two, ongoing development as well as overall activity monitoring.

3.5 During this year the lead provider is focusing on further improving data intelligence across services, increasing roles in prevention within the service and have a focus on positive outcomes for people rather than just activity counting and numbers monitoring. Part of the performance reporting now includes case studies and two examples include outreach services for young people and vulnerable women. These examples highlight for commissioners where the services have supported people to meet both their sexual health needs as well as wider support, through signposting to outreach or other services, that the vulnerable user may need.

3.6 The latest progress in service improvement to date includes establishing the single phone line and a more interactive single website, which has had very positive feedback from GPs. Improving online testing with a pilot that provides a wider range of testing availability, and there is 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 can release capacity to work in different ways with a greater focus on prevention and resilience work with outreach services engaging schools, and targeting priority groups. Over the Rainbow service for gay men has now linked with other services such as Drugs and alcohol services to meet the wider needs of vulnerable groups more effectively and are now running in Bournemouth and Weymouth to improve service accessibility across Dorset.

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
January 2019

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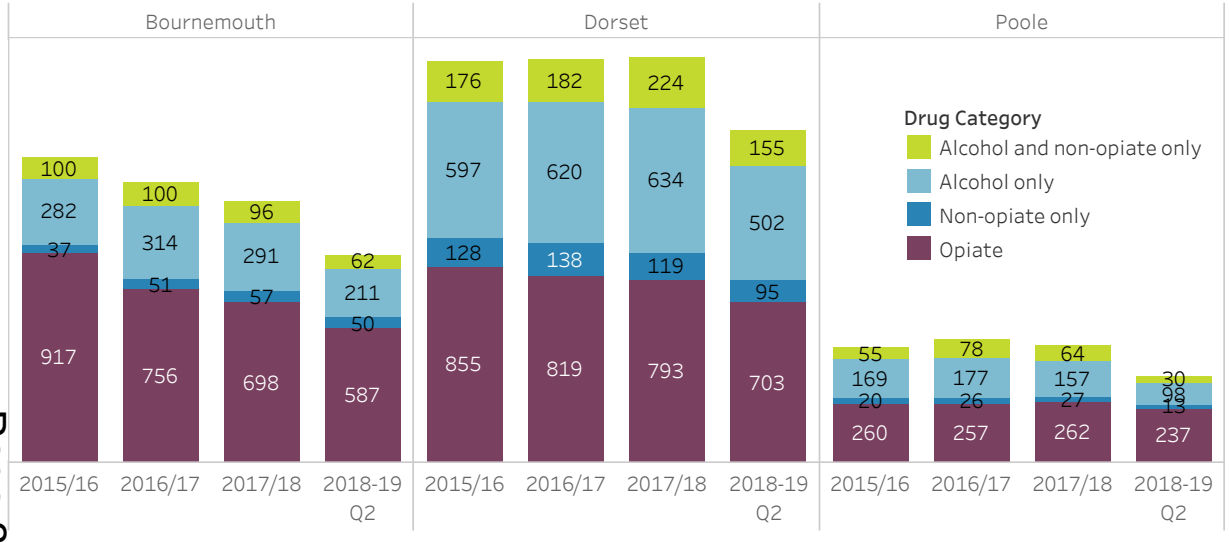
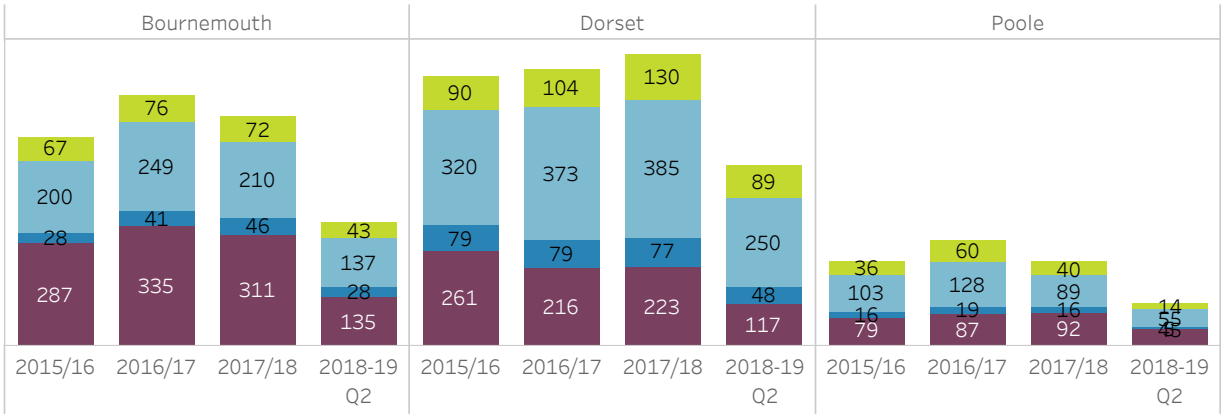
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

JANUARY 2019

Number of Clients in Structured Treatment

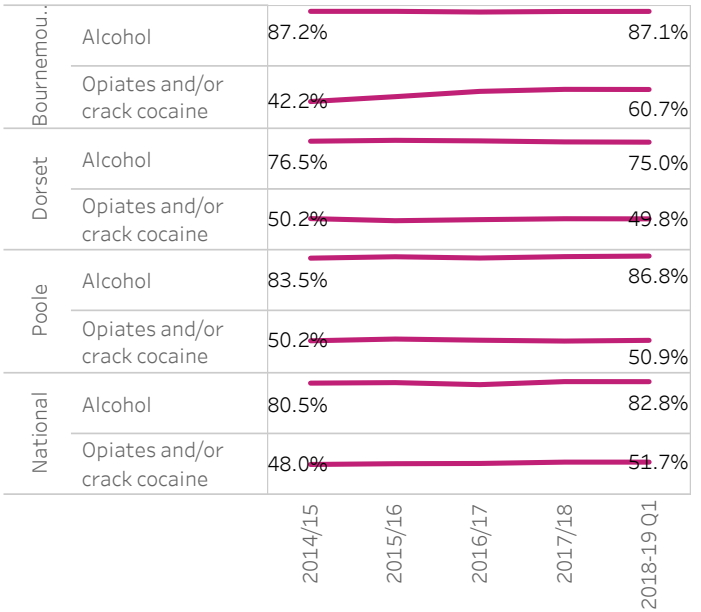


Number of New Presentations to Structured Treatment



Estimates of Unmet Need

The estimated proportion of people in each area who are dependent on opiates and/or crack cocaine or alcohol not in the treatment system



The figures shown for new and total clients cover only the first two quarters of 2018-19 and therefore we would expect to see further increases over the rest of the year.

Early indications are that there will be no significant change in total numbers in treatment in any of the three Local Authority areas.

Therefore the ongoing issue of relatively low numbers of people in treatment in Bournemouth still requires work.

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

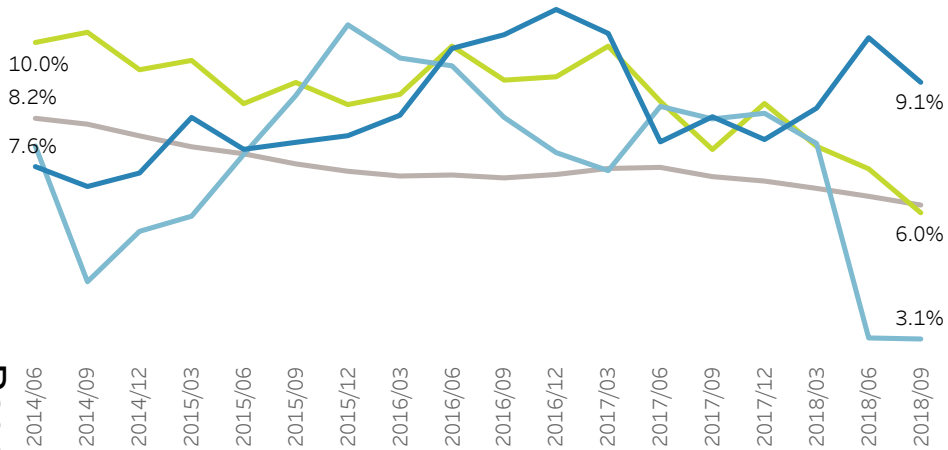
Bournemouth, Poole and Dorset councils working together to improve and protect health

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

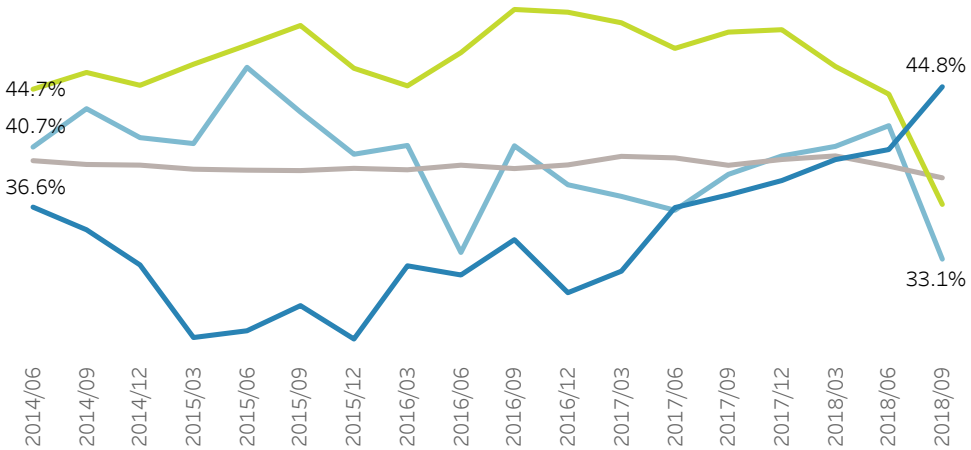
Successful completions as a proportion of all in treatment

Bournemouth
Poole
Dorset
National

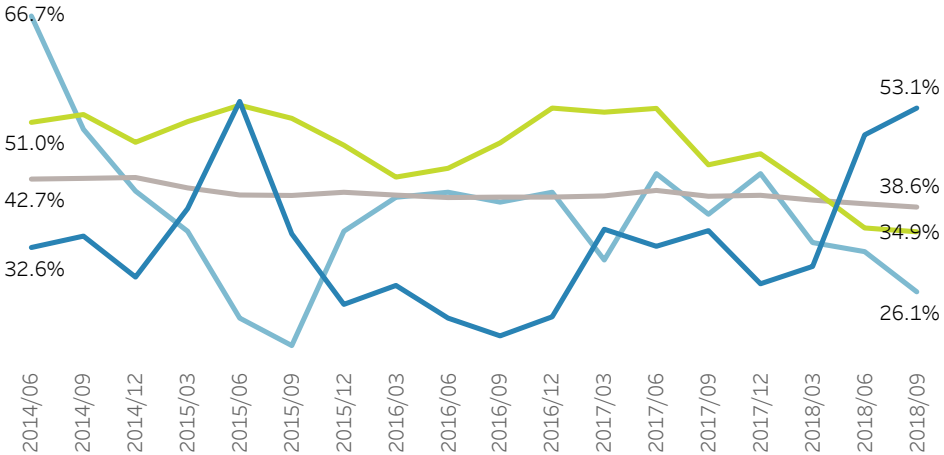
Opiate Successful Completions



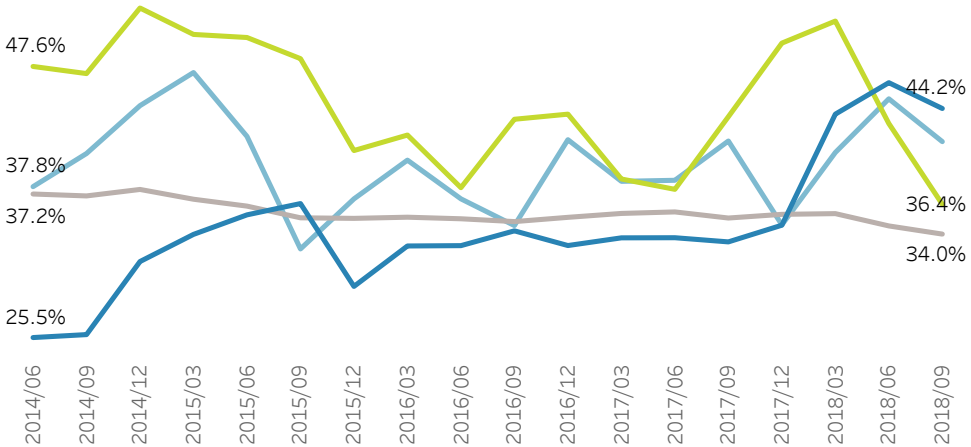
Alcohol Successful Completions



Non-Opiate Successful Completions



Alcohol & Non-Opiate Successful Completions



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

Although completion rates are not a major source of concern, there have been recent declines in Dorset and Poole particularly for opiate users. These will be discussed with providers at forthcoming contract review meetings.

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Time in treatment & alcohol related hospital admissions

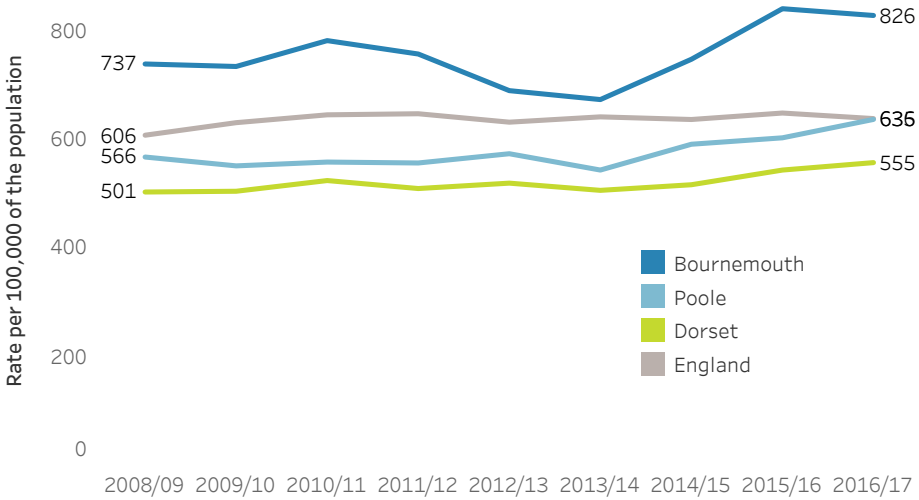
Opiate Clients in treatment for 6 years or more

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

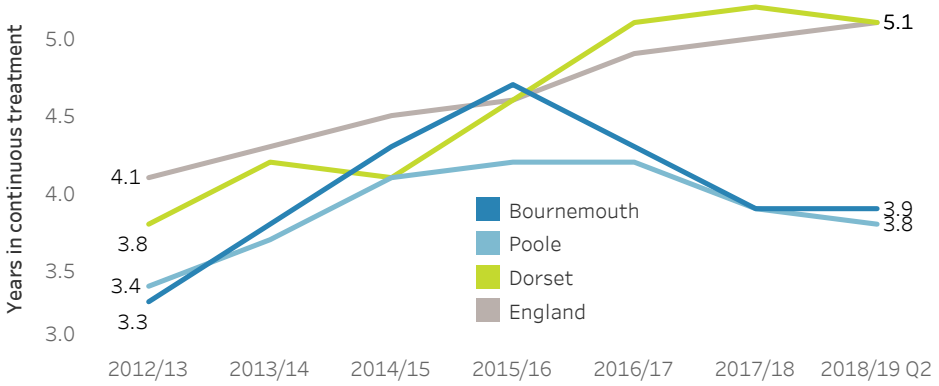
Area	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19 Q2
Bournemouth	14.6%	23.1%	29.4%	37.4%	32.9%	27.4%	26.2%
Dorset	25.2%	30.8%	31.0%	32.9%	35.0%	34.6%	33.3%
Poole	21.4%	28.9%	32.8%	33.3%	32.2%	26.7%	24.0%
National	25.9%	28.7%	31.3%	31.7%	32.6%	32.3%	32.4%

Alcohol Related Hospital Admissions

Rate per 100,000 of the population all ages - Narrow (Local Alcohol Profiles for England Indicator 10.01)
Where an alcohol-related illness was the main reason for admission or identified as an external cause



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



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.

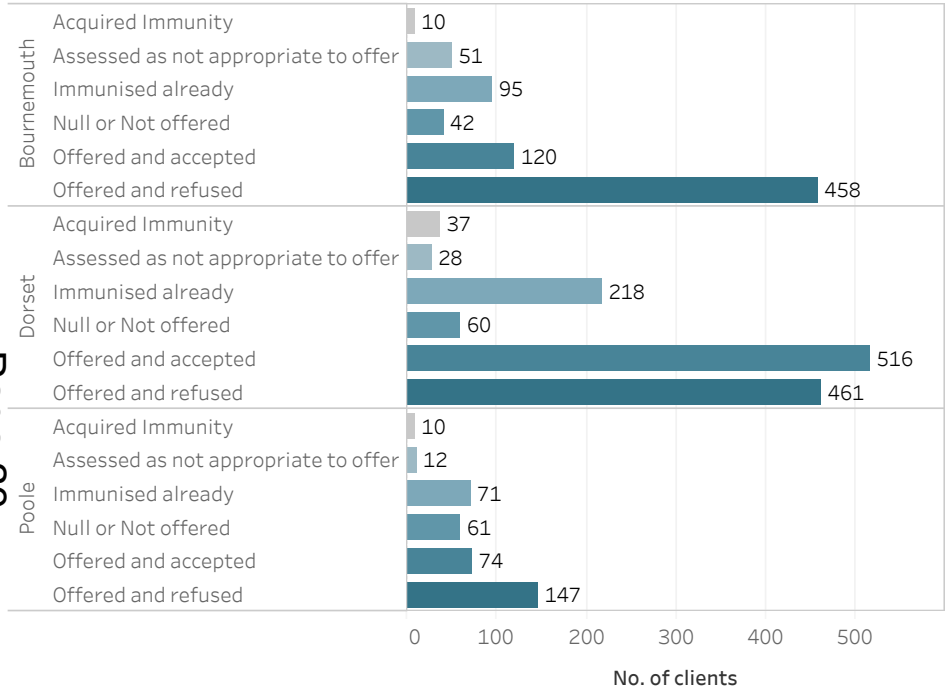
Alcohol related hospital admissions continue to rise in Dorset and Poole in line with the national average. Although rates in Bournemouth are notably higher the latest figures suggest a slight fall in 2016/17.

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

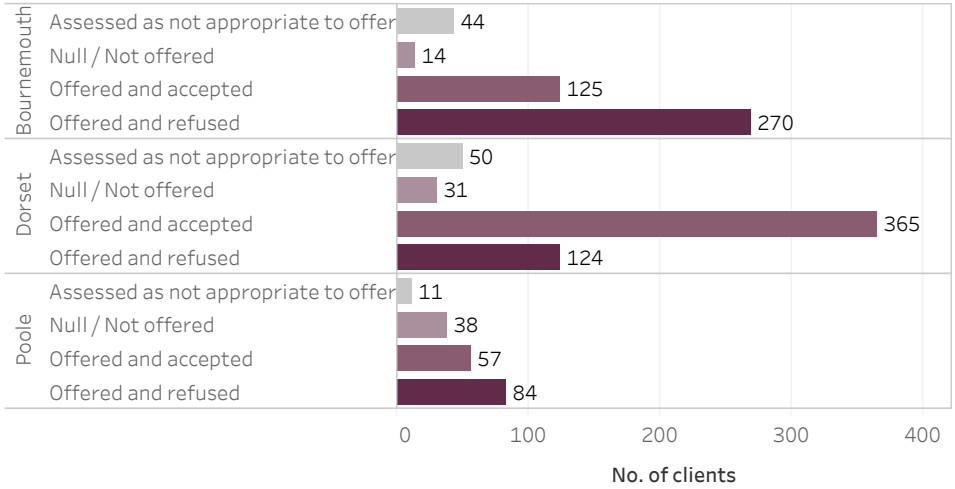
Hep B Status

for drug using clients open during latest quarter



Hep C Status

for current or previously injecting clients open during latest quarter



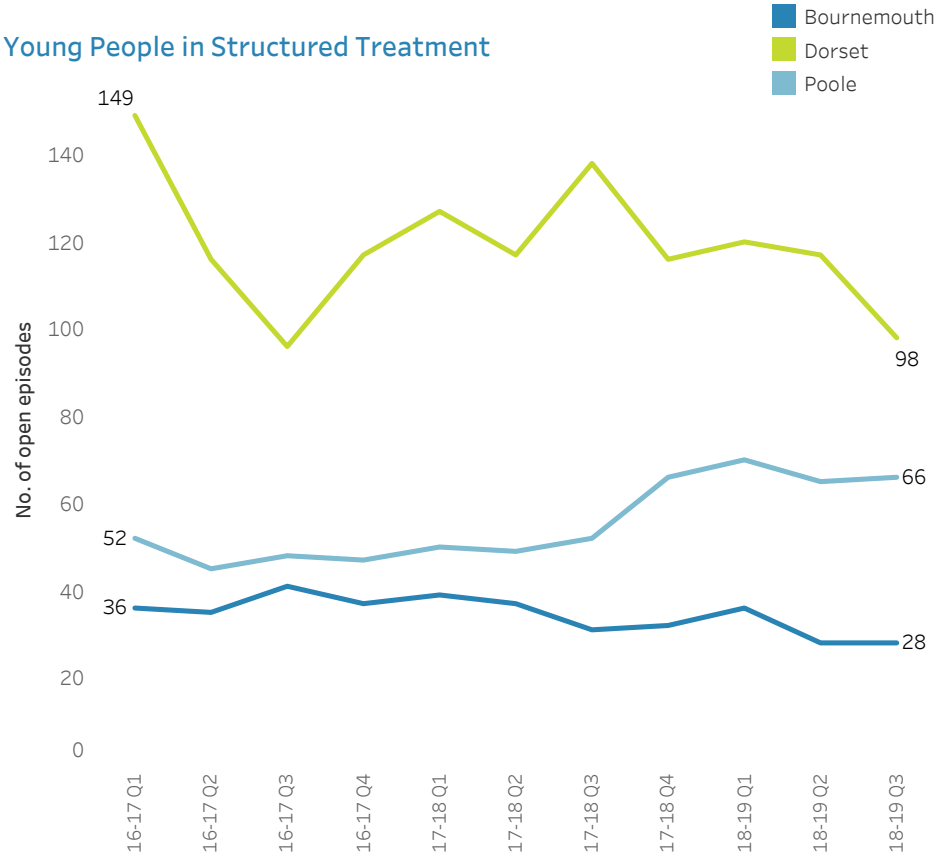
The challenge in Bournemouth and Poole is ensuring that clients accept a blood borne virus intervention while in Dorset relatively high numbers seem to have accepted an intervention, but often have not gone on to receive this. Performance is expected to improve during 2018-19 as BBV nurse services become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

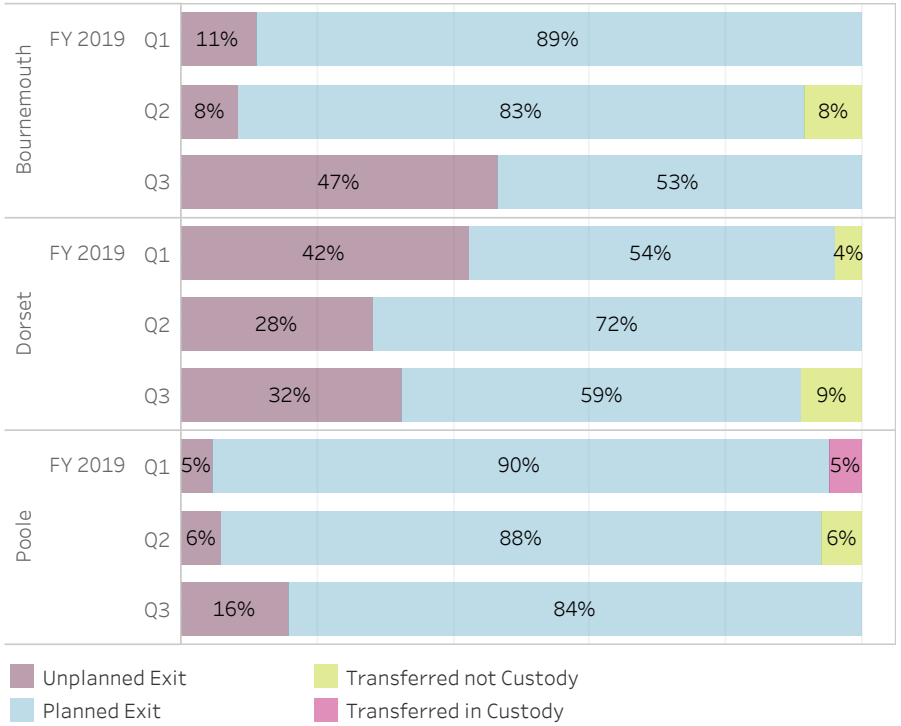
JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Young people in treatment

Young People in Structured Treatment



Young People - Closures



As noted in previous reports 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.

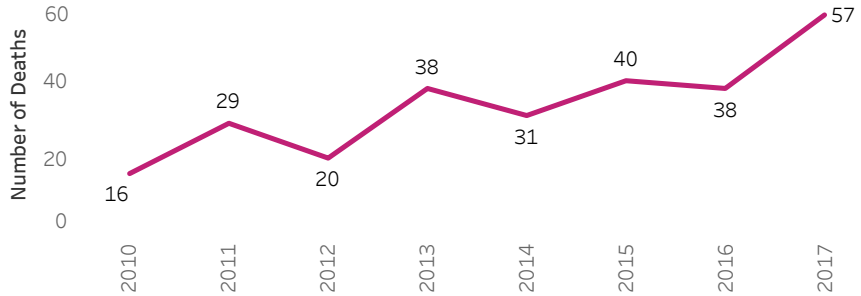
Successful completion rates are now broadly comparable across the three areas, although Poole remain higher and this will be discussed with the provider.

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

JOINT PUBLIC HEALTH BOARD PAN-DORSET SUBSTANCE MISUSE REPORT

Drug related deaths and Naloxone provision

Drug Related Deaths Pan-Dorset



Drug Related Deaths Locations

	2010	2011	2012	2013	2014	2015	2016	2017
Bournemouth	9	12	14	20	21	19	19	25
Weymouth and Portland	3	3	3	8	4	8	3	9
Poole	2	6	1	6	5	3	7	7
West Dorset		4	2	3	1	2	3	4
North Dorset	1	1		1		3	3	6
Purbeck	1	2				2		2
Christchurch						2	2	3
East Dorset		1				1	1	1
Grand Total	16	29	20	38	31	40	38	57

Believed Suicide	2010	2011	2012	2013	2014	2015	2016	2017
No	14	29	20	33	28	39	34	56
Yes	2			5	3	1	4	1

The long term trend shows that drug related deaths have been steadily rising particularly in Bournemouth and Dorset. 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.

Naloxone Provision

Targets for 2018-19 (PHE)

Ye..

	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

Client	232	409	190
People not in treatment	80	109	150
Worker	32	16	10

Naloxone kits used since start of project

By people in drug treatment	9	15	17
By people not in drug treatment	2	2	8
By drug workers	1		1

Outcome of usage

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

Public Health Dorset

Joint Public Health Board

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

Date of Meeting	4 February 2019
Officer	Acting Director of Public Health
Subject of Report	**Task and finish group on future of Public Health Dorset: future role and remit of the Joint Public Health Board**
Executive Summary	Members of the Joint Public Health Board have undertaken work to review the shared service (Public Health Dorset) over the past nine months, in preparation for Local Government Re-organisation. This paper sets out proposals for how the Joint Public Health Board should change, to better support the creation of two new unitary Councils from April 2019. Consultation with board Members, senior officers and legal and democratic services has indicated support for the Board membership changing to two Elected Members per Council (including the portfolio holder for public health), a CCG Director plus the Director of Public Health. The intention is for the Board to have a clearer focus on oversight and monitoring of the public health services delivered via spend under the Ring-fenced Public Health Grant. This would ensure a clearer separation from the wider health and wellbeing policy and strategy work undertaken by the two sovereign Councils, and their respective Health and Wellbeing Boards.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: Not required, as no significant change is proposed to policy or services.
	Use of Evidence: Proposals have been developed in consultation with Joint Public

	Health Board Members, executive directors and legal and democratic services.
	Budget: The Public Health Grant for 2019/20 within the partnership agreement is £27.7m.
	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: None.
Recommendation	Members of the Joint Public Health Board are asked to support the following recommendations: 1) Support the proposed role and remit of the Joint Public Health Board to provide oversight and assurance on public health services delivered via the Public Health Grant; 2) Consider and agree the updated Terms of Reference for the Joint Public Health Board, in particular the revised membership of the Board. 3) Seek endorsement of these proposals via both Shadow Executive Committees during March 2019.
Reason for Recommendation	Ensure that the work of the Joint Public Health Board is more clearly focused on the monitoring and assurance of the ring-fenced Public Health Grant, and delivery of public health services. This provides assurance that the Councils are meeting their statutory duty to improve health and wellbeing, and reduce inequalities in health.
Appendices	a) Updated Terms of Reference for the Joint Public Health Board (post Local Government Reorganisation).
Background Papers	None.
Report Originator and Contact	Name: Sam Crowe Tel: 01305-225884 Email: s.crowe@dorsetcc.gov.uk

1. Background

1.1. The Joint Public Health Board agreed in 2018 to convene a task and finish group to look at the reviewing the public health partnership (Public Health Dorset) and identify areas for development in order to best support the new Unitary Councils.

1.2. One of the actions that was agreed in the plan from the task and finish group work was to develop a set of clear proposals for how the Board will operate post-local Government Re-organisation (LGR). The Joint Public Health Board on November 19th Board agreed for the Director of Public Health to develop proposals for how the Board might operate in future with Members, and to bring these as recommendations to the next Board meeting (4th February 2019).

1.3. This paper sets out the proposals for how the board could operate, proposes revised membership to reflect the two Unitary Councils and Dorset Integrated Care System, and updates the Terms of Reference accordingly.

2. Future role and remit of the Board

2.1. The Joint Public Health Board works as a joint executive body responsible for the public health functions of an executive nature for the three Upper Tier Councils. The current terms of reference (TORs) state that it will continue to function in this way 'for as long as the Councils are working in partnership'. As both Shadow Executive Committees have supported the continuation of the Board for a minimum of 12 months post-LGR, it is proposed that the Board continues to function as a joint executive body.

2.2. To focus the work of the Joint Public Health board more clearly, it is proposed that the Terms of Reference are amended so that the board's role is to provide oversight and assurance on performance, delivery and spend of that element of the ring-fenced Public Health Grant in Local Authorities that is passed on to the shared service. This will include the mandated public health programmes, and any service commissioned or directly provided through the shared service using the Grant. See Appendix A for updated Terms of Reference.

2.3. The wider remit of Councils in fulfilling their legal duty to improve health and wellbeing, under the 2012 Health and Social Care Act, should in future be the sovereign responsibility of each unitary Council, and covered by the scheme of delegation for the Director of Public Health. This removes the need for the Joint Public Health Board to be involved with developing public health policy, as stated currently in the TORs. This frees the individual unitary Councils to develop suitable policies on housing, licensing and other issues that can have an impact on health and wellbeing in a way that is right for their respective corporate plan priorities, and residents.

2.4. For commissioning and procurement decisions, advice from legal and democratic services is that this would need to be agreed by the voting members of the Board only (i.e. the four Elected Members). Lower value commissioning and procurement decisions could be delegated to the Director of Public Health to agree in consultation with portfolio holders.

3. Membership

3.1. Future Membership of the Board was discussed at the November 2018 meeting, with two options discussed:

- Portfolio holder plus one further Elected Member from each of the two Unitary Councils (4 Members) plus CCG Director and Director of Public Health;
- Four Members per Unitary Council, CCG Director, Director of Public Health plus a range of other Executive Directors including the Place Director.

3.2. Following consultation with Members in advance of this Board, a majority view supported the first option of Portfolio holder plus one further Elected Member from each of the two Unitary Councils, plus CCG Director and Director of Public Health. It would be useful to also agree whether reserve Members could be nominated for each Council.

3.3. Other officers (e.g. executive directors) could be invited to attend the board for items of interest, but will not be Board Members with voting rights.

4. Recommendations

4.1. Members of the Joint Public Health Board are asked to support the following recommendations:

i) Support the proposed role and remit of the Joint Public Health Board to provide oversight and assurance on public health services delivered via the Public Health Grant;

ii) Consider and agree the update Terms of Reference for the Joint Public Health Board, in particular the revised membership of the Board (2 x Elected Members per Council, plus CCG Director and Director of Public Health)

iii) Seek endorsement of these proposals via both Shadow Executive Committees during March 2019.

Sam Crowe
Acting Director of Public Health
February 2019

Appendix A

Proposed terms of reference for Joint Public Health Board (from April 2019)

1. Role

The Joint Public Health Board (the Board) is a joint executive body for the delivery of the public health functions carried out by the shared public health service (known as Public Health Dorset) on behalf of Dorset Council and Bournemouth, Christchurch and Poole Council. The Board will continue to be the joint executive for so long as the two councils are working in partnership.

2. Membership

The Board will consist of two voting members drawn from the executives of each of the two partner councils (a total of four members), plus a nominated Director from Dorset Clinical Commissioning Group. Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive. Notice of any change should be provided to the Democratic Services Manager of Dorset Council as the host authority for the shared service. Each authority may also nominate one non-executive member to attend the Board as a non-voting member.

3. Chairmanship

The Chairman shall rotate each meeting and it will be usually an executive from the Council hosting that particular meeting.

4. Quorum

The quorum for meetings of the Board shall be one voting member from each of the two councils.

5. Frequency of meetings

The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the two partners.
Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.
Further meetings shall be convened if requested by any two members of the Board.

6. Officers

The lead officer for the Board shall be the Director of Public Health. As host authority Dorset Council will convene meetings of the Board and will provide administrative, financial and legal advice.

7. Standing Orders
The business of the Board shall be regulated by the standing orders and procedure rules of Dorset Council as the host authority except to the

extent that they are superseded by the Shared Service Agreement between the two partner councils.

8. Terms of Reference

I. Discharge of the public health functions of the two councils under the Health and Social Care Act 2012 through the shared service.
II. Approve, monitor and provide assurance on the delivery of the functions referred to in I. (above) via an annual Public Health Business Plan.
III. Receive and respond to reports from any subgroups of the Board.
IV. Monitor progress and performance in the delivery of mandated public health programmes across and within the two local authorities. In doing so, draw on local and national indicators and outcome measures.
VI. Acting within the requirements of the Code of Practice in Local Government Publicity, seek to influence and advise, local and central government and other agencies on public health issues.
VII. Ensure that the shared service (Public Health Dorset) provides effective and timely public health advice to the NHS and local Councils.
VIII. Support the host authority and the Director of Public Health in the performance of their functions.
IX. Receive and approve the annual budget; monitor budget spend in accordance with the Ring-fenced Grant conditions as set out by Public Health England.

Agenda Item 11

Public Health Dorset

Joint Public Health Board

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

Date of Meeting	4th February 2019
Officer	Acting Director of Public Health
Subject of Report	**Update on the Whole School Approach to Emotional Health and Wellbeing through Physical Activity**
Executive Summary	This paper provides a summary of: • the overall project progress to date • the profile of successful schools and projects • the next steps in implementation and evaluation
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment: Not applicable
	Use of Evidence: Project used national and international evidence to take a Participatory Budgeting approach to allocating schools funding for projects that delivered emotional health and wellbeing outcomes through physical activity.
	Budget: £335,790.07 Prevention at Scale funding allocated directly to schools to deliver agreed projects / action plans. £44,209.93 Prevention at Scale funding allocated to facilitation, capacity building and evaluation of school projects and the process / system evaluation.

	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: None.
Recommendation	Members of the Joint Public Health Board are asked to note progress to date. Members of the Joint Public Health Board are invited to review progress in 6-12 months.
Reason for Recommendation	School projects will be underway from February 2019 and milestones completed for some schools. An initial 12-month evaluation will also be ready for review.
Appendices	Appendix A: Successful / unsuccessful school applications
Background Papers	N/A
Report Originator and Contact	Name: Joanne Wilson Tel: 01305-225894 Email: j.wilson@dorsetcc.gov.uk

1. Background

1.1 The Whole School Approach project is one of the main Prevention at Scale projects within the Starting Well workstream. It was initiated by the pan-Dorset Head Teacher Alliance for PE and Sport (HTA) with support from Public Health Dorset. The project aims to address rising concerns from schools about children and young people's emotional health and wellbeing, whilst harnessing the positive impact of a wide range of physical activities when integrated in a whole school approach.

1.2 The HTA formed a sub-group of stakeholders including schools to develop the project scope and approach to engaging schools in the project aim. A Participatory Budgeting approach was taken, such that this sub-group developed: three long-term outcomes that WSA school-led projects should work towards, funding application design, evaluation criteria, budget setting and a project evaluation framework (schools and process/system).

Aims:

- Improved mental health of children and young people, with reduced referrals to wellbeing support
- Children and young people who have improved awareness of ways to manage stress and achieve calm
- To transform the wellbeing of children and young people through increased engagement of physical activity, including sport and PE, to become keen active adults

1.3 Schools were invited to bid for funding against these three aims and demonstrate how their project would deliver by engaging children and young people (and if possible families and communities) in physical activity. Applications were reviewed by a panel of five members: two representatives from Public Health Dorset, an experienced secondary head, a representative from Active Dorset and a representative from an inclusion perspective.

2. Outcomes from the Applications

2.1. Overall, 64 applications for funding were submitted by schools across Bournemouth, Poole and Dorset, representing a total of 75 schools. Values applied for ranged from £500 to just over £90,000: 38 applications were for under £10,000; 13 were for between £10,000 and £30,000; and 12 were for more than £30,000. Successful applications clearly demonstrated how schools would meet one or more of the project aims, had robust and credible action plans, identified milestones and had clear budgets addressing sustainability.

2.2. It is difficult to place an actual figure on the reach and impact for these activities and programmes, as it will include considering the families surrounding the pupils as well as the pupils themselves. However 29 applications included the NOR (number on record) for pupils attending the school(s) included in the application currently. For these 29 applications, a total of 16,251 pupils will potentially receive direct or indirect benefit from the activities or programmes listed above.

2.3. Projects have been grouped in the following themes:

Theme	Number of successful applications
Physical activity and wellbeing programmes or activities (e.g.	21

Relax kids, My Personal Best Primary)	
Forest Schools and outdoor learning	10
Daily Mile: multi-purpose and creative space development (beyond a running track)	6
Curriculum integration and development	5
Allotment and outdoor space development	4
Staff and community development and opportunity	3

2.4. Monitoring impact towards these outcomes will be completed by schools, individually or collectively, using an evidence-based monitoring platform – Health & Wellbeing Wheel. Funding has also been set aside for a process / system evaluation to understand the success of taking the participatory approach and recommendations for the wider Sustainability and Transformation Plan in engaging the education sector (Schools).

3. Next steps

3.1. The Head Teacher Alliance members will support schools to implement and evaluate individual / collective school action plans as per their remits.

3.2. A specification for the process / system evaluation will be circulated through HTA members and Public Health contacts to seek expressions of interest from qualified individuals or organisations who can fulfil the specification. Members of the HTA will evaluate the expressions of interest and award.

4. Recommendations

4.1 The Joint Public Health Board are invited to review progress in 6 - 12 months when school projects will be in full progress, and milestones completed for some schools. An initial 12-month evaluation will also be ready for review.

Sam Crowe
Acting Director of Public Health
February
2019

APPENDIX A

Successful Applications

Dorset Schools	Broadmayne First School
	Cerne Abbas CE VC First School
	Christchurch School Sport Partnership - The Grange School
	Conifers Primary School
	Henbury View First School
	Loders CE Primary Academy
	Manor Park CE First School
	Motcombe Primary School
	Mountjoy School
	Mudeford Junior School
	Parley First School
	Powerstock CE VA Primary School
	Puddletown First School
	Queen Elizabeth's School
	Sandford St Martin's CE VA Primary School
	Sherborne Abbey Primary
	Spetisbury Primary School (2)
	St Georges, Portand
	St Marks Primary Swanage and The Swanage School
	St Mary's Catholic First School
	St Mary's Catholic Primary School
	St Nicholas and St Laurence Primary School Weymouth
	St Osmund's C of E Middle School
	St. Mary's C.E. Middle School (2)
	St. Mary's C.E. Middle School (3)
	The Abbey CE VA Primary School
	The Gryphon School
	The Priory CE VA Primary School
	The Purbeck School
	Thornford CE Primary
	Twynham School (1)
	Upton Infant School (In conjunction with Upton Junior School)
	William Barnes Primary School
	Wimborne First School

Bmth Schools	Linwood School
	St James CE Primary Academy
	The Bourne Academy
	Winton Primary School

Poole Schools	Baden Powell and St Peters C of England Junior School, Sylvan Infant School, Hamworthy Park Junior School, Longfleet Church of England Primary School, Branksome Heath Junior School.
	Carter Community School
	Courthill Infant School
	Heatherlands Primary School
	Old Town Infants and Nursery School
	St Edward's School
	Talbot Primary School
	VICTORIA EDUCATION CENTRE

Unsuccessful Applications

Dorset Schools	All Saints CE VC Primary School Bishops Caundle
	Charmouth Primary School
	Damers First School
	Durweston CE VA Primary School
	Holy Trinity Primary School & Community Nursery
	Spetisbury CE Primary School (1)
	St. Mary's C.E. Middle School (1)
	Stoborough Primary School
	The Blandford School
	The Wey Valley School
	Thomas Hardye School
	Thorner's, C of E VA Primary School
	Twynham School (2)
	Wimborne First Kindergarten
	Wyke Regis Infant School and Nursery

Bmth Schools	Heathlands Primary Academy
	LeAF Studio

Poole School	The Aweigh School @ The Quay School

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Joint Public Health Board

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

Date of Meeting	4 February 2019
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 monitoring report, based on the Business Plan for 2018/19, at its September meeting. Members endorsed the approach. The monitoring report has been updated to incorporate Member feedback and updates on performance. 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 £28.5m. 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 note the performance update of the 2018/19 Business Plan.
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 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 2018/19, we have developed the plan further. This is because of the number of projects now underway as part of the Dorset ICS Prevention at Scale plans, national focus on use of the Public Health Grant, and to improve Board member's oversight of delivery against the Grant.

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.

2.2 There is one area currently red rated. This is 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. A Flexible Framework Agreement of qualified providers (e.g. GPs and Pharmacies) has been set up to directly award contracts for these services from April 2019. Engagement has taken place with GPs, the LMC and LPC and the current feedback from locality meetings with GPs is that the new approach to procurement should increase activity.

2.3 Engagement of people with drug and alcohol issues with treatment services has changed from a red to amber rating. There has been a review of the service, including several measures around access to treatment and drug related deaths, and recommendations are currently being implemented. Close monitoring will be required in the next financial year to ensure the changes are effective.

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.

4. Recommendations

4.1 Board members are asked to note the performance update against the 2018/19 business plan.

Sam Crowe
Acting Director of Public Health
04 February 2019

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: November 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

Trend Status	
↓	Decrease in performance
→	No change in performance
↑	Increase in performance

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
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	→	→	Initial sign off of the maternity website. The next stage will be site testing for four weeks with a public launch planned for the 4 March. A comms and marketing plan is being developed which will include an internal plan and links to LiveWell Dorset.	
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)	→	→	SALT task and finish group established and progressing. Next workshop is in April and will focus on clarifying data requirements across the system.	
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	↑	↑	The Whole School Approach (WSA) funding opportunity had a response of 64 applications for funding submitted across Bournemouth, Poole and Dorset. Applications were reviewed by a panel of five members: two representatives from Public Health Dorset, an experienced and respected secondary head, a representative from physical activity and a representative from an inclusion perspective - 46 applications were successful.	
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	↑	↑	MHFA work is ongoing. 3-month evaluation data is starting to be reviewed and evaluated. Public Health Dorset are leading a task and finish group on counselling services for children and young people.A scoping paper is due to be presented to the strategy group in mid-January.	

1.2 Living Well							
1.2.1	Development and Launch of LiveWell Dorset digital	1000 people accessing behaviour change support per year.	Stuart Burley	→	→	The launch of the LiveWell Dorset digital platform is complete, including the My LiveWell registration section. Ongoing development and engagement of the system to use/signpost. The site is recahing 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 are receiving tailored communications and data on service utilisation which is being disseminated as part of a mrketing 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	↑	↑	Work is underway to engage GPs to send out awareness letters and deliver health checks as an AQP framework, the letter to 40-74 yr olds includes links to LiveWell Dorset to encourage self referal. Further work needed to mobilise and monitor the programme under the HC contract management process.	
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	↑	↑	Plans are in place for each of the main providers. Altogther LiveWell Dorset have had 540 staff attending training so far. There is a MECC course delivered with 24 trainers trained and MHFA train the trainer session set up for February/ March, this means that we have trainers in each organisation across the system. Work to develop the plans, embed the trainers and develop a training network across the system is ongoing. Work to develop the wider factors that affect wellbeing with organisations over the next year and develop a more systentic plan for training to meet the national stocktake	
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	↑	↑	Good progress has been made in recruitment of staff, allocating areas of responsibility for project work across the Active Ageing (AA) staff team. As capacity in the team has increased contacts and development of locality based work have been progressing well, with wellbeing events and other initiatives in the planning stage for 3 locality areas. The AA project officer based at LiveWell Dorset (LWD) has identified some key areas for system change at LWD in the physical activity pathway, and an improvement plan has been created.	
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	↑	↑	Roll out of the NDPP is complete in all localities. Most surgeries have started to send out the referral letters to patients. There has been a slow uptake with surgeries in Bournemouth localities and not many referrals have been received from this area. In total to date, LWTC have received 1121 referrals and completed 733 assessments.	
1.3.3	Escape pain	N/A	Vicki Fearne			It was agreed at the MSK task and finish group that escape pain is incorporated within the physiotherapy review.	
1.3.4	Collaborative Practice	Successful procurement with an effective service mobilised.	Susan McAdie	→	→	Additional funding has been agreed to enable a second run of the Leadership Programme in 2019 for up to 24 participants. Working with Altogether Better to scope the deliverables against that additional funding alongside their existing funded planned year 2 delivery. A delivery plan for Year 2 and additional monies should be available by the end of Jan 2019 with a view to commence delivery in March/April 2019.	
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. Project reports and outputs due January 2019. Follow up work on key groups and Communities identified to continue into 2019/20.	
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	→	→	A pilot with PHD locality links completing reponses to plans underway and is due to be reviewed in March 2019.	
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 programme has delivered the following: 1167 clients 1944 enquiries 241 measures Funding has been agreed to extend the programme from October 2019 to March 2020.	
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	→	→	The network has been established. The next element of this piece of work is to gather and analyse the data gathered and work with appropriate technical experts to develop a model for Dorset re impact on health outcomes. Currently reviewing options on how best to deliver this given the loss of a key member of intelligence team.	
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 the plan is to build on the work in localities, supporting commissioned services and PAS projects, but also consider new ways of working to support sustainable system change (e.g. social impact bonds; area-based solutions).	
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	→	→	The procurement process is oongoing. 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	↑	→	AQP is now set up, specification and criteria completed and will start in January 2019. Work will need to continue to mobilise the AQP for a new contract 2019 and monitor delivery for health checks.	
2.1.3	Smokestop Service	To successfully award a compliant provider(s)	Stuart Burley	→	→	A Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) has been set up 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	→	→	AQP is now set up, specification and criteria completed and will start in January 2019. Work needs to continue to mobilise the AQP for a new contract 2019 and monitor delivery for EHC and LARC.	
2.1.5	Weight Management Service	To successfully award compliant provider (s)	Stuart Burley	→	→	The tender process for the weight manangement programme, which is part of the LiveWell Dorset support for the healthy weight pathway, has been completed and the new contracts will commence in May 2019.	

2.1.6	Needle Exchange Service	To successfully award compliant provider (s)	Will Haydock	→	→	A Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) has been set up in order to direct award contracts for needle exchange services from April 2019. Mobilisation will take place in early 2019-2020 with new providers receiving training/induction. The supplier of needle exchange equipment will be reviewed/reprocured.	
2.1.7	Supervised Consumption Service	To successfully award compliant provider (s)	Will Haydock	→	→	A Flexible Framework Agreement of qualified providers (e.g. GP's and Pharmacies) has been set up in order to direct award contracts for supervised consumption services from April 2019.Some mobilisation/training will be required in 2019-2020 for new providers.	
2.1.8	Flu Immunisations	To successfully award compliant provider (s)	Rachel Partridge		→	Continue to support Public Health England, NHS England to work with key local stakeholder organisations to promote the national Flu vaccination campaign for 2018/19 flu season. Provide communication support re key messages around Flu, vaccinations and "Keep Well this winter" messages. At the end of the 18/19 season, PHD will link with SCRIMMS team to understand the evaluation of the 18/19 flu vaccination season for both at risk groups and frontline staff programmes. Review learning and plan for 19/20 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	→	→	The new prices will expire in October 2019 and spend in Bournemouth has been unsustainably high, suggesting that a new process is required to control this budget. A review will be undertaken jointly with BCP and community treatment providers to determine a sustainable solution, with new arrangements in place by October 2019.	

2.1.10	Refresh Halo system	To have a compliant provider in place.	Will Haydock	→	→	A review of the Halo system and an options appraisal will be conducted during early 2019, with a procurement process (if required) complete by autumn 2019 allowing implementation by April 2020.	
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							
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	→	↑	Review of opiate treatment in Bournemouth complete. Recommendations currently being implemented. Monitoring of progress required in 2019-2020, alongside reviews of (a) opiate treatment in Dorset; (b) alcohol treatment in Poole.	
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. A contract meeting is planned for the end of January to progress this work.	

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. A sustainability plan is being developed and a one year grant is in place.	
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.	
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	→	→	Chlamydia figures show that total numbers screened locally are higher than England average with diagnoses for under 25s decreasing and over 25s increasing.	
2.2.7	Health Checks Invitations	Percentage of invites sent out to eligible individuals.	Sophia Callaghan	→	→	Contract management plans are in place to monitor and progress service.	

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	→	→	The following was delivered in Quarter 2: Health Checks - 1845 Smokestop start quit - 557 Smokestop 4 weeks - 329 Smokestop 12 weeks - 220 LARC - 1674 EHC - 1573 Supervised consumption registered - 185 Supervised consumption provisions - 2107 Quarter 3 data is currently being collected.	
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 core project is on plan with a delivery plan described for 2019 encouraging and supporting peer learning across localities. Additional focus has enabled the planned delivery of a further leadership programme with a second cohort of GP practices reaching up to 24 individuals across 6-10 GP practices. The recent quarters case studies are Highcliffe Medical Centre, Southbourne Surgery and Wessex Road Surgery.	
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 to build on the results of the Cardiff model data to inform and develop approriate activitity with key stakeholder organisations within the CSPs.	
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	↑	↑	The team intranet has been reviewed and was relaunched in December with additional functionality. There is continued development of PHD website and PaS material for the Our Dorset website. Improved use of social media. The focus in 19/20 will be on use of video, social media and comms support for new councils and proactive PAS campaigns.	
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	→	→	Business support roles and business as usual activities continue. Project work to be explored in 19/20.	
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 continue to govern the contracts and commissioning intentions and reports to Public Health Dorset's Senior Management Team which then reports to the Joint Public Health Board. A review of the first year is due to take place to improve and build on ways of working to manage the AQP and strength of C&C governance to monitor programmes.	

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. Workshops arranged in Jan/Feb for 19/20 business and development plan development. 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 to be launched March time after sign off by SMT. Staff survey administered and results/feedback used to inform team away day and improve process and practice, such as new starter inductions, team awareness of colleagues role, internal communications and utilisation of team skills. New team meeting schedule and approach to maximise staff engagement including LiveWell Dorset. Health and Well-being offer currently in development	
3.5	To plan, deliver and continually improve the Intelligence Function through the JSNA, Locality Support, LiveWell Analytics, Primary Care Payment, Population Health Decision Support and Data Governance.	Improved shared understanding. Reliable data and robust evidence. Compelling Narrative.	Chris Skelly	N/A	→	Work to transform the Intelligence Function from a data focussed group to a group that seeks to help our organisations problem solve is ongoing. The JSNA 'reboot' has taken longer than expected, but is on track to start producing results in January.	

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