

**Public Health**  
2018/19 Business Plan Monitoring Report

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



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

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

Reference	Key activity/action	Performance Measure and Target	Senior Responsible Officer	Previous RAG Status	Current RAG Status and Trend	Progress Update	Annual Activity/Action Outcome
<b>1. Prevention at Scale Projects</b>							
<b>1.1. Starting Well</b>							
1.1.1	Embed behaviour change and lifestyle support through LWD digital in maternity care pathways	Number of referrals made from maternity to LiveWell Dorset or LiveWell Dorset digital.	Jo Wilson	→	→	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 reaching 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 marketing plan.	
1.2.3	Health checks incentivisation with GP's	Number of Health Checks being performed. Number of referrals to LWD as a result of a Health Check.	Sophia Callaghan	↑	↑	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 referral. 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. Altogether 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 systematic 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 responses 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).
<b>2. Commissioning and Services</b>						
<b>2.1. Procurement</b>						
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 ongoing. 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 management 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.	
<b>2.2. Contract Management and Services</b>							
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	Community Health Improvement Services (Health Checks, Smoke Stop, EHC, LARC, Needle Exchange, Supervised Consumption, Weight Management)	Numbers accessing and receiving the services. Numbers successfully quit smoking.	Sophia Callaghan	→	→	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 appropriate activity with key stakeholder organisations within the CSPs.
<b>3. Enabling Services and Support Projects</b>						

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	<p>To plan, deliver and continually improve the Organisational Development Function through:</p> <ol style="list-style-type: none"> <li>1) Aligning individual performance with business and development planning</li> <li>2) Building leadership and capability</li> <li>3) Recruiting and retaining high quality staff and maximise staff engagement</li> <li>4) Supporting cultural change and transformation</li> </ol>	<p>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&amp;WB strategy developed and implemented. Staff informed and consulted through change.</p>	Amy Lloyd	→	→	<p>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</p>	
3.5	<p>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.</p>	<p>Improved shared understanding. Reliable data and robust evidence. Compelling Narrative.</p>	Chris Skelly	N/A	→	<p>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.</p>	