



# Joint Public Health Board

**Date:** Monday 3 February 2020

**Time:** 10.00 am

**Venue:** HMS Phoebe Room,  
Town Hall, Bournemouth

**Membership: (Quorum 2)**

Graham Carr-Jones, Laura Miller, Lesley Dedman and Sandra Moore

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**Chief Executive:** Matt Prosser, South Walks House, South Walks Road,  
Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

**For more information about this agenda please telephone Democratic Services on 01305 or David Northover 224175 [david.northover@dorsetcouncil.gov.uk](mailto:david.northover@dorsetcouncil.gov.uk)**

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# **A G E N D A**

## **Page No.**

### **1 APOLOGIES**

To receive any apologies for absence.

### **2 MINUTES**

5 - 12

To confirm the minutes of the meeting held on 29 November 2019.

### **3 DECLARATIONS OF INTEREST**

To receive any declarations of interest.

### **4 PUBLIC PARTICIPATION**

To receive questions or statements on the business of the committee from town and parish councils and members of the public.

### **5 FORWARD PLAN**

13 - 18

To receive and consider the Board's Forward Plan.

### **6 FUTURE OF PUBLIC HEALTH DORSET - UPDATE**

19 - 22

To consider a report by the Director of Public Health.

### **7 FINANCE REPORT**

23 - 30

To consider a report by the Director of Public Health.

### **8 PREVENTION AT SCALE (PAS) STRATEGY**

31 - 48

To consider a report by the Director of Public Health.

### **9 HEALTH IMPROVEMENT PERFORMANCE UPDATE**

49 - 68

To consider a report by the Director of Public Health

**10 BUSINESS PLAN MONITORING**

69 - 88

To consider a report by the Director of Public Health.

**11 DATES OF FUTURE MEETINGS**

To consider, and agree, dates for future meetings of the Board.

**12 URGENT ITEMS**

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.

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## **DORSET COUNCIL - JOINT PUBLIC HEALTH BOARD**

### **MINUTES OF MEETING HELD ON MONDAY 25 NOVEMBER 2019**

**Present:** Cllrs Graham Carr-Jones, Laura Miller, Lesley Dedman and Sandra Moore

**Officers present:**

Dr Sam Crowe (Director of Public Health), Dr Nicky Cleave (Assistant Director of Public Health), Rachel Partridge (Assistant Director of Public Health), Sophia Callaghan (Assistant Director of Public Health), Jan Thurgood (Corporate Director, Adults, BCP Council), Mathew Kendall (Executive Director of People – Adults, Dorset Council), Dr Jane Horne (Consultant in Public Health), Sian White (Finance Manager), Clare White (Accountant), Vanessa Read (Director of Nursing and Quality (VR) – Dorset CCG) and David Northover (Senior Democratic Services Officer).

**14. Election Of Chairman**

**Resolved**

That Councillor Laura Miller be elected Chairman for the meeting.

**15. Appointment of Vice-Chairman**

**Resolved**

That Councillor Lesley Dedman be appointed Vice-Chairman for the meeting on the basis that she would assume the Chairmanship at the next meeting.

**16. Apologies**

No apologies for absence were received at the meeting.

**17. Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

**18. Minutes**

The minutes of the meeting held on 15 July 2019 were confirmed and signed.

**19. Public Participation**

There were no statements or questions from Town and Parish Councils at the meeting, nor public statements or questions.

## 20. **Forward Plan**

The Board's Forward Plan was received and discussed and the opportunity provided to amend this, as necessary.

## 21. **Future of the Joint Public Health Board**

Members were updated on progress with the recommendations made by the Task and Finish Group on the future of Public Health Dorset, designed to improve the shared service model for Dorset, Bournemouth and Poole. The Board was asked to consider the future status of the Partnership and refresh the agreement for the shared service and how it would function going forward.

Officers outlined the progress being made with the recommendations from the Task and Finish Group in how services were being proposed to be delivered and what these would entail. The recommendations around governance and terms of reference for the Board had now been completed and implemented. There was number of longer-term development proposals relating to how the public health shared service worked more effectively with both Councils and an update was provided. The Board recognised the need for a more integrated approach in considering how public health could support the development of new operating models and contribute to transformation in both new Councils. This included longer term opportunities to improve health and wellbeing via the delivery plans of both Council's Corporate Plans. This update also highlighted opportunities for training and development with both Councils, such as The Local Government Association supporting Dorset Council in early 2020 with a workshop to look at what a "health in all policies" approach might mean for the new Council. Similar proposals were being developed for BCP Council.

The Board were pleased to learn what progress had been made and was due to be made as a means of facilitating improved public health outcomes and were satisfied with how this was to be managed. They considered the Partnership played a significant part in ensuring that services were delivered in a coordinated, sustainable and manageable way. The Board proposed that any discussions around refreshing the Partnership agreement should ideally include input from both Monitoring and Section 151 Officers.

### **Resolved**

- 1) That progress in meeting the recommendations made by the previous Task and Finish Group to improve the shared service model be noted.
- 2) That support be given to the recommended timeline and process for renewing a decision on the Partnership agreement for Public health.

### **Reason for Decision**

During local government reorganisation the Public Health Partnership was supported for a further minimum 12 months. This was due to expire in spring 2020. Continuing as a partnership would ensure we could provide the Public

Health services to both unitary councils and the integrated care system in an efficient, effective and equitable way.

To support both new councils in fulfilling their legal duty to improve health and reduce inequalities for their respective populations.

## **22. NHS Health Checks Update**

The Board were provided with a summary of performance for the NHS Health Checks programme, what this entailed and what was being done and how this was being delivered.

Officers explained that the new procurement model was working satisfactorily and that uptake of health checks showed signs of improvement, especially in areas where the service had previously been provided by pharmacy only.

The board was updated on the background for the new procurement approach. This was because performance had deteriorated as measured by numbers of checks, delivered partly due to pharmacy providers of NHS Health Checks being unable to access individual level data held by GPs. The new model was more flexible and had improved engagement and take up of the service by providers and users alike. The procurement model agreed was the 'Any Qualified Provider' (AQP) framework, which enabled providers to register themselves for delivery of NHS Health Checks in a more accessible way with the user being integral in choosing where they wish to access the services. As such there has been a rise in delivery of checks in the new Bournemouth, Christchurch and Poole Council area compared to the previous year.

Whilst there was limited opportunity to determine how successful the outcome of these interventions was, the fact that more checks were being undertaken was positive. Public Health Dorset was working to establish better measurement of people referred to LiveWell Dorset following a check to establish if there was indication that this was of some meaningful benefit.

Members were pleased that early indications were that the new model was starting to see consistent increases in the number of NHS Health Checks being delivered. This was to be supported by ongoing stakeholder engagement, especially in the areas where delivery was below expectations, with public awareness of the programme and its benefits continuing to be raised.

Public Health Dorset was now focusing on targeted communications and awareness campaigns; more effective digital support and management for those delivering NHS Health Checks; proactively working with the CCG and Primary Care Networks to improve engagement at both strategic and operational levels; and further engaging the Dorset CCG Primary Care Commissioning Committee and the network Clinical Directors, encouraging the use of NHS Health Checks and subsequent referrals to LiveWell Dorset to improve positive behaviour change outcomes for users.

The Board were pleased to learn of the improvements being made and the way this was being done, seeing the benefits of how the new model was

being applied and hoped this progress could be maintained and enhanced where practicable.

### **Decision**

That the improving performance on the NHS Health Check programme be noted and welcomed.

### **Reason for Decision**

Close monitoring of performance will ensure that this programme delivers an important element of cardiovascular disease prevention, in line with national recommendations.

## **23. Finance Update**

The Director of Public Health opened the discussion on the finance paper by sharing a presentation on how the Public Health Grant operated and the main programmes it was spent on, as previously requested by Board members.

The presentation also highlighted the change in budgets over time, the main savings that had been achieved and the forecast position for 2019/20. Members were informed that the revenue budget for Public Health Dorset in 2019/20 opened at £27.705M, based on an indicative Grant Allocation of £32.525M, after allowing for movement in and out of reserves, giving a shared service budget of £27.716M in total.

Forecast outturn for 2019/20, showed a £351k underspend. The report also provided detailed information on the amount of the ring-fenced grant retained for use by each Council that did not pass through the partnership agreement. The Spending Round 2019 had announced a real terms increase for public health in 2020/21, but no further details were available since Purdah was announced.

Members were particularly keen to understand how the ring fenced part of the budget was allocated between Dorset Council and BCP Council and the reasoning for why this was the case. Officers explained this was essentially a historic arrangement which had reflected the particular needs of the Dorset, Poole and Bournemouth Councils at that time - when public health had become the responsibility of local authorities in 2013. However, those arrangements were gradually now being rationalised and the allocation of funding realigned to reflect current needs and interventions. Officers explained that the amount of grant spend was not measured in both Councils. However, services were monitored to see how successful the take up of services was, which should closely match population need.

### **Resolved**

That Board members noted and endorsed the:

- shared service 19/20 forecast outturn
- use of retained elements in each local authority
- update on 2020/21 grant allocation
- Proposed use of reserves and or underspend in line with prevention at scale and other priorities.



#### Reason for Decisions

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

### **24. Clinical Services Performance**

The Board were provided with a meaningful summary of performance for drugs and alcohol and sexual health services, with supporting data contained in the appendices. Discussion focused on what the information meant in terms of impact on service delivery, and how outcomes were being successfully delivered, what it entailed; and how this was being applied in practice.

In particular the Board were interested to learn more about the performance of drug treatment services and the explanations for some of the observed variation. Officers reported that one of the recent successes – getting more people into treatment in Bournemouth – had now led to pressure within the Service. A plan was being developed to cope with the additional activity.

Members also recognised the improvements made in interventions like access to Naloxone – a potential lifesaving intervention used in reversing the effects of opiates.

Board members were also interested to note the different position in relation to the proportion of the population in need accessing alcohol treatment which was lower than for drug treatment – this was in line with the national picture. During discussions, officers highlighted that through the NHS Long Term Plan changes, there was a move to join up alcohol treatment across the system more effectively. New money was expected to come to some hospital trusts for alcohol care teams and the Board was interested to hear how this would work alongside existing services.

The director of Public Health agreed to bring a paper to the May 2020 Board on progress with alcohol work at a system level, including any findings from the JSNA process that was underway.

#### **Resolved**

That the information on performance in relation to drugs and alcohol, and sexual health and its effectiveness and success be noted and endorsed.

#### Reason for Decision

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.

### **25. Business Plan Monitoring**

The Board were provided with a quarterly summary of progress in delivering the agreed outputs from the Public Health Dorset business plan for 2019/20. The approach to monitoring delivery was illustrated by RAG rating progress against project milestones, together with an associated narrative. Members

acknowledged the progress being made by Public Health Dorset was making in delivering against its Business Plan during this financial year.

The monitoring report showed that midway through the financial Year, most projects were largely on track for delivery during the year. However, two service areas were experiencing ongoing challenges with delivery :-

- NHS Health Checks programme,
- the delivery of effective substance misuse prescribing services to clients in the BCP Council area. This is due in part to resourcing issues for the provider, compounded by the success of BCP Council in engaging many more people in treatment compared with two years ago. This was putting additional strain on the service, particularly in relation to the need to ensure regular and ongoing review while in treatment.

A mitigation plan was being developed with the provider to ensure adequate capacity within the service, but this might well require additional resources above the contract value in order to provide a safe, effective and sustainable service. Arrangements for this were being formulated and would be formally negotiated as part of a contract variation when finalised.

The Director of Public Health also explained to the Board that there was a statutory requirement to provide assurance over the delivery and effectiveness of public health services commissioned by NHS England - including major cancer screening programmes and immunisation programmes. He asked the Board to support a recommendation that assurance of the delivery of these services would be included in future business plans for monitoring by the Board.

The Board considered this to be a practical and effective way of managing how those assurance capabilities were being monitored and were pleased to see the progress being made in successfully delivering against its Business Plan.

### **Resolved**

1) That the information and overall progress on major projects and deliverables for 2019/20 be noted and endorsed.

2) That the deteriorating position in the substance misuse prescribing service provided by AWP affecting the BCP Council area be noted and that, in order to go some way to alleviating this, the Board support the following recommendations:

- i) delegated authority being given to the Director of Public Health in consultation with the Chairman and Vice-Chairman to agree a mitigation plan, and additional resource for the service via a contract extension;
- ii) the inclusion in future business plan monitoring reports of a summary of the main public health services commissioned from NHS England under Section 7A of the Health and Social Care Act (mainly screening and immunisation programmes).

### Reason for Decisions

Close monitoring of the delivery of projects in the business plan is important to enable both Councils and the Integrated Care System achieve Prevention at Scale ambitions in the local health and care system. It also assures the Board that spend through the ring-fenced Public Health Grant is effective and efficient, and complies with the National Grant criteria.

### 26. **Urgent items**

There were no urgent items for consideration at the meeting.

**Duration of meeting:** 10.00 - 11.40 am

**Chairman**

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**Joint Public Health Board Forward Plan**  
**For the period 1 FEBRUARY 2020 to 31 MAY 2020**  
**(publication date – 3 JANUARY 2020)**

**Explanatory Note:**

This Forward Plan contains future items to be considered by the Joint Public Health Board. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

**Definition of Key Decisions**

Key decisions are defined in Dorset Council's Constitution as decisions of the Joint Public Health Board which are likely to -

- (a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

**Private/Exempt Items for Decision**

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
  - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Background documents	Member / Officer Contact
<b>Joint Public Health Board Forward Plan February 2020</b>  Key Decision - <b>Yes</b> Public Access -			<u>Consultees:</u>  <u>Means of Consultation:</u>	Forward Plan Feb 20	Lead member -  <i>Lead officer -</i>

**Joint Public Health Board Forward Plan**  
**For the period NOVEMBER 2019 to JULY 2020**  
**(publication date – 03 JANUARY 2020)**

**Explanatory Note:**

This Forward Plan contains future items to be considered by the Joint Public Health Board. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

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7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Future of Public Health Dorset – Partnership Agreement Update	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Prevention at Scale Strategy Report	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe, Jane Horne
Health Improvement Services Performance Monitoring	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	3 February 2020	Officers and portfolio holders for each member local authority	N/A	Board report	Sam Crowe
Future of Public Health Dorset – Partnership Agreement	Joint Public Health Board	May 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe



Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Finance report	Joint Public Health Board	May 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	May 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Drug & Alcohol Treatment System	Joint Public Health Board	May 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Will Haydock
Business Plan Monitoring	Joint Public Health Board	May 2020	Officers and portfolio holders for each member local authority	N/A	Board report	
Finance report	Joint Public Health Board	July 2020	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	July 2020	Officers and portfolio holders from	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
			each member local authority..			
Business Plan Monitoring	Joint Public Health Board	July 2020	Officers and portfolio holders for each member local authority	N/A	Board report	

# **Joint Public Health Board**

## **3 February 2020**

### **Future of Public Health Dorset: Update**

#### **For Decision**

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr L Dedman, Adult Social Care and Health,  
Bournemouth, Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

**Report Author:** Sam Crowe, Director of Public Health  
**Title:** Director of Public Health  
**Tel:** 01305 225891  
**Email:** [sam.crowe@dorsetcouncil.gov.uk](mailto:sam.crowe@dorsetcouncil.gov.uk)

**Report Status:** Public

**Recommendation:** That the Joint Public Health Board considers the information in this report as an update on progress towards renewing the partnership agreement for the service.

**Reason for Recommendation:** To keep Board members updated on progress with renewing the partnership agreement for the public health shared service.

#### **1. Executive Summary**

This report provides a brief update on progress with renewing the partnership agreement for Public Health Dorset. The Director of Public Health met with the Monitoring Officers for both Councils, and Section 151 Officer for Dorset Council to review the 2013 agreement. Given the current uncertainty over the future financing of public health and lack of information available in the 2019 Local Government Settlement at the time of writing, it was agreed to take a longer period to refresh the agreement, including the financial annex. This would provide more clarity as to how the agreement should operate between the two Councils. The agreement will be re-written for approval at the May 2020 Board.

**2. Financial Implications**

The partnership agreement between Dorset and BCP Councils covers the terms under which each Council pays a contribution from its Public Health Grant into the partnership. The combined total paid under this agreement in 2019/20 was £27.7m.

**3. Climate implications**

No direct implications.

**4. Other Implications**

N/A

**5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

**6. Equalities Impact Assessment**

An Equalities Impact Assessment is not considered necessary for this agreement.

**7. Appendices**

None

**8. Background Papers**

None

**1 Introduction**

1.1 This report provides a brief update on progress with renewing the partnership agreement for providing the shared public health service to Dorset and BCP Councils.

1.2 The Shadow Executive Committees of both Councils supported a recommendation to continue the public health partnership (Public Health Dorset) for a minimum of 12 months in February 2019.

- 1.3 Members of the reformed Joint Public Health Board supported a recommendation in November 2019 to renew the partnership agreement, and approved a timeline for the process.

## **2 Current position**

- 2.1 The Director of Public Health met with the Monitoring officers for Dorset and BCP Councils in late December to review the partnership agreement first drawn up in 2013. The Section 151 officer for Dorset Council also joined the meeting to consider finance issues including the existing financial annex.
- 2.2 The meeting agreed in principle to begin the work to review and refresh the legal agreement between the Councils governing the shared service. Both Section 151 Officers will also be involved in reviewing the elements of the agreement relating to governance of the finances, as set out in the current financial appendix.
- 2.3 A business partner from legal and democratic services at Dorset Council is supporting the work, and is considering timescales and the sign off process for the revised agreement. A key consideration is whether the revised agreement would need to go via each Cabinet, for example.
- 2.4 It was agreed that there was not enough time for the necessary work to be undertaken in order for a revised partnership agreement to be considered by the February 2020 Board. For this reason, the new partnership agreement is being developed ready for approval at the May 2020 Joint Public Health Board

## **3 Next steps**

- 3.1 Allowing more time for the agreement to be developed will also ensure greater clarity over the financial support to the shared service, as the final local government settlement and implications for the Public Health Grant in future should be known in late January.

- 3.2 A key consideration is whether the Government plans to continue exploring alternative funding mechanisms to the public health Grant, including removal of the ring-fence and funding via retained business rates. Again, more detail on future intentions around how the Grant is paid to Councils is expected, which will be helpful in any revision of the agreement.

**Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

## **Joint Public Health Board**

### **03 February 2020**

### **Finance report**

### **For Decision**

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr L Dedman, Adult Social Care and Health, Bournemouth,  
Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

Report Author: Sian White and Jane Horne  
Title: Finance Manager and Consultant in Public Health  
Tel: 01305 225115  
Email: [sian.l.white@dorsetcouncil.gov.uk](mailto:sian.l.white@dorsetcouncil.gov.uk)

**Report Status:** Public

### **Recommendation:**

1. That the Joint Public Health Board notes:
  - a. the shared service 19/20 forecast outturn
  - b. the use of 19/20 retained public health grant in Dorset Council and BCP council respectively
  - c. the draft 2020/21 budget and update on grant allocation
2. That the Joint Public Health Board approves the return of £426k to Dorset Council and £444k to BCP council from Public Health Dorset reserves, to support non-recurrent spend in line with the public health grant conditions.

### **Reason for Recommendation:**

The public health grant is ring-fenced and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways.

## **1. Executive Summary**

- 1.1 This report provides a regular update on the use of each council's grant for public health, including the budget for the shared service, Public Health Dorset, and the other elements of grant used within each council outside of the public health shared service.
- 1.2 The revenue budget for Public Health Dorset in 2019/20 opened at £27.705M, based on an indicative Grant Allocation of £32.525M. There has been movement in from reserves and realignment of the retained elements giving a shared service budget of £27.716M. Forecast outturn for 2019/20 shows a £321k underspend.
- 1.3 Dorset Council retains £617k of their 19/20 ring-fenced grant, with forecast outturn £617k. BCP retains £4.355M of their 19/20 ring-fenced grant.
- 1.4 The Spending Round 2019 announced a real-terms increase to the overall public health grant in 2020/21. No further detail has yet been shared as to what this means for local authority allocations. We hope this will be published late January 2020. Until then each council and the shared service are working on the basis of the same grants and retained elements as 19/20, leading to a £56k reduction in the shared service budget.
- 1.5 At the November Joint Public Health Board (JPHB) it was agreed to look at how we use the uncommitted shared service public health reserves. It is proposed that, after taking anticipated underspend into account, £870k from reserves is split pro-rata to population, with £426k being returned to DC and £444k returned to BCP. This remains ring-fenced in line with the grant conditions and how it is used will be reported at the next JPHB.

## **2. Financial Implications**

- 2.1 The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities.



- 2.2 Return of uncommitted reserves will improve 19/20 in-year financial positions for both local authorities.

### **3. Climate implications**

- 3.1 Public Health Dorset supports a range of work that may have impacts on climate change. This includes, for example:
- encouraging active travel through the LiveWell Dorset service and Active Ageing work;
  - funding the establishment of a real-time air quality monitoring network;
  - Healthy Homes, working across Dorset and BCP to improve insulation and heating in homes, including additional external financial support;
  - encouraging remote working or car share rather than travel for staff.

### **4. Other Implications**

- 4.1 Public Health Dorset deliver mandated public health functions on behalf of both Dorset Council and BCP council. As part of the mandated 'advice to the NHS' the shared service plays a key role within the Dorset Integrated Care System, particularly focused on the Prevention at Scale portfolio. Work within the portfolio includes for example:
- Physical activity (Move More) is one of four lifestyle behaviours covered by our LiveWell Dorset service;
  - Supporting staff health and wellbeing across the system;
  - Encouraging non-medical models of care that make best use of voluntary and community organisations within primary care, through work with Altogether Better and Primary Care Networks;

### **5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: MEDIUM

Residual Risk: LOW

### **6. Equalities Impact Assessment**

This is a monitoring report therefore EqIA is not applicable.

### **7. Appendices**

Appendix 1: Tables for finance report February 2020

### **8. Background Papers**

Previous finance reports to Board

[Spending Round 2019](#)

**9. 2019/20 Public Health Dorset position**

- 9.1 Since the last JPHB there has been no further movement in the shared service budget which remains at £27.716M.
- 9.2 The updated forecast (see Appendix 1, table 1) predicts an underspend of £321k. This is based on the following assumptions, issues, or changes since the November report:
- Health Checks forecast is based on Q2 data with anticipated further 2% uplift each following quarter. A further communications campaign is planned in January, so this could increase further.
  - Other health improvement cost and volume contracts are also now based on Q2 data. Increased activity in some contracts is balanced by reductions in others.
  - Inpatient detoxification activity has risen, but remains within budget.
  - Additional prescribing and dispensing costs within drug and alcohol treatment services continue to be included in forecast.
  - Additional numbers of patients are being managed within the system, particularly in Bournemouth, and potential for related cost pressure is included within the forecast.
  - Continued reductions in prescribing costs of long-acting reversible contraception (LARC).
- 9.3 At the November JPHB indicative plans were agreed for the use of £617k PAS committed reserves within the Public Health Dorset 2020/21 business plan. Further detail will be provided as we develop and share the 2020/21 business plan.
- 9.4 The current reserve also includes uncommitted funds. As agreed at the last JPHB, a contingency of around £0.5M will be held in reserves in case of volatility in cost and volume contracts. After taking account of anticipated underspend it is proposed to return a further £870k in total to the local authorities. In line with previous agreements on returns this will be done pro-rata to population (49:51 based on mid-2018 estimates), with £426k returned to Dorset Council and £444k to BCP council (see Appendix 1, table 2).
- 9.5 Movement of the forecast £321k underspend to reserves at the end of 19/20 would mean a 20/21 opening position for the uncommitted element of the reserves of around £444k. This still has potential to change.

## **10. 2020/21 Public Health Dorset position**

- 10.1 As further detail on 2020/21 public health allocations is unlikely before 31 January, the opening budget is built based on the same grants and final agreement on retained elements as 19/20 (see Appendix 1, table 3).
- 10.2 This gives an opening budget of £27.552M. The draft budget (see Appendix 1, table 1) takes account of the following assumptions or issues:
- Adjustment as BCP retained amount continues at higher level than anticipated in long term budget planning
  - Staff uplift, and on-costs including increase in employer contributions, estimated at 2.75%
  - Posts within resilience and inequalities shifted to the Public Health team budget.
  - Contract commitments within Clinical Treatment services and community services under Health Improvement.
  - Health Checks budget as agreed at JPHB.

## **11. Dorset Council Grant position**

- 11.1 Dorset Council receives a ring-fenced public health grant of £13.172M. Most of this contributes to the shared service, however £617k is retained for use within the council. The public health ring-fenced conditions apply equally to the whole grant.
- 11.2 Within Dorset Council this is set against the following budget areas:
- Community safety team within Adults – Housing (£150k). Some of the work this supports is on behalf of both councils.
  - Community development work within Customer Services (£353k).
  - Children's early intervention (£114k).
- 11.3 Current forecast outturn across the whole retained amount is break even.

## **12. BCP Council Grant position**

- 12.1 BCP council receives a ring-fenced public health grant of £19.353M. Most of this contributes to the shared service, however £4.355M is spent directly by the council within the grant conditions. The public health conditions apply equally to the whole grant.
- 12.2 Within BCP council this is set against the following budget areas:

- Drugs and alcohol services for adults (£1.460M). There are cost pressures within this area currently.
- Drug and alcohol services for children (£381k)
- Children's services including children's centres (£2.494M), and other early intervention work. The discussion at BCP Cabinet on the Family Support and Early Help Strategy that will inform future plans in this area is now due 12 February 2020.

12.3 Current forecast outturn across the whole retained amount is break even.

**Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Appendix 1. Tables for finance report February 2020

**Table 1. 19/20 Forecast Outturn and 20/21 Provisional Budget**

<b>2019/20</b>	<b>Budget 2019-2020</b>	<b>Forecast Outturn 2019-2020</b>	<b>Forecast Over /underspend 2019/20</b>	<b>Provisional Budget 2020-21</b>
<b>Public Health Function</b>				
Clinical Treatment Services	£11,208,000	£11,315,149	-£107,149	£11,208,000
Early Intervention 0-19	£11,104,000	£11,081,498	£22,502	£11,000,000
Health Improvement	£2,771,000	£2,256,426	£514,574	£2,563,000
Health Protection	£57,000	£21,515	£35,485	£35,500
Public Health Intelligence	£147,800	£118,707	£29,093	£120,000
Resilience and Inequalities	£190,300	£258,814	-£68,514	£99,100
Public Health Team	£2,238,200	£2,343,449	-£105,249	£2,526,700
<b>Total</b>	<b>£27,716,300</b>	<b>£27,395,558</b>	<b>£320,742</b>	<b>£27,552,300</b>

**Table 2. Public Health Reserves**

Opening balance 1/4/19	£1,784,000	
PHD Commitment to STP/PAS costs	£791,000	
STP/PAS transfer from reserve	-£27,000	HEAT Melcombe Regis Certificates
	-£39,000	HEAT Melcombe Regis Certificates Pt 2
	-£108,000	Smoking TFR
Balance of PHD Commitment to STP/PAS costs	£617,000	
	-£426,000	Return to BCP (one off)
	-£444,000	Return to DC (one off)
<b>Balance uncommitted in reserve</b>	<b>£123,000</b>	

**Table 3. Partner contributions 19/20 and 20/21**

	<b>BCP</b>	<b>Dorset</b>	<b>Total</b>
<b>2019/20 Grant Allocation</b>	£19,353,000	£13,172,000	£32,525,000
<b>Less retained amounts</b>	-£4,355,300	-£617,400	-£4,972,700
<b>Use of BCP ring-fenced PH reserves</b>	56,000		56,000
<b>Joint Service Budget Partner Contributions</b>	£15,053,700	£12,554,600	£27,608,300
<b>Transfer from PHD reserve for PAS</b>			£108,000
<b>Budget 2019/20</b>			<b>£27,716,300</b>
<b>2020/21 Estimated Grant Allocation</b>	£19,353,000	£13,172,000	£32,525,000
<b>Less retained amounts</b>	-£4,355,300	-£617,400	-£4,972,700
<b>Joint Service Budget Partner Contributions</b>	£14,997,700	£12,554,600	£27,552,300
<b>Provisional Budget 2020/21</b>			<b>£27,552,300</b>

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## Joint Public Health Board

### 03 February 2020

## Prevention at Scale Strategy

### For Decision

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr L Dedman, Adult Social Care and Health, Bournemouth,  
Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

Report Author: Sam Crowe and Jane Horne

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**Report Status:** Public

#### Recommendation:

1. That the Joint Public Health Board notes the Prevention at Scale journey to date, and a stocktake of progress against the PHE menu of interventions.
2. That the Joint Public Health Board supports discussion at the ICS System Leadership Team to clarify how remaining gaps within the stocktake might be addressed under *Our Dorset, Looking Forwards* – the refreshed plan for the system.
3. That the Joint Public Health Board approves a high level strategy for Public Health Dorset that focuses on the three broad areas of:
  - Local authority transformation
  - Internal improvements and transformation within the Public Health Dorset and LiveWell Dorset service
  - Support to the Integrated Care System and ensuring prevention continues to be embedded within the NHS

## **Reason for Recommendation:**

### **1. Executive Summary**

- 1.1 Prevention is a key building block identified in our Integrated Care System plans, and in each local authority's corporate strategy as a key feature in how their priorities will be delivered.
- 1.2 This report provides a Public Health Dorset perspective on progress in transforming the Dorset System approach to prevention over the last 5 years, and sets out a high level strategy for the service and how it supports the next phase of this work, informed by the above plans.
- 1.3 Our Dorset, the Dorset Sustainability and Transformation Plan, was published in 2015 and included Prevention at Scale as a key programme to help reduce demand within the system as well as improving population health and wellbeing. Although there was ongoing prevention work across the system, this was not always joined up, often used different approaches and had different levels of engagement. There were also gaps and duplication and funding pressures were beginning to have a significant impact on prevention activities in many parts of the system.
- 1.4 The two Health and Wellbeing Boards hosted a workshop for system stakeholders in October 2016, to consider what was necessary to have a more co-ordinated, sustainable and effective prevention approach across the system.
- 1.5 The result was a portfolio of work, organised into four programmes: Starting Well, Living Well, Ageing Well and Healthy Places. Where Public Health Dorset was responsible for delivery of key projects this has been reported through our Business Plan. In many areas of the work, Public Health Dorset had a supportive or facilitative role, with delivery by other partners within the system.
- 1.6 We have made good progress, however there have been challenges due to interdependencies with other portfolios of work, shifting timelines and priorities across the system and the inevitably finite resource within the system to deliver change. For example, although local government



reorganisation provided further potential opportunities to embed prevention in the two new councils' ways of working, the compressed timeline meant that embedding prevention approaches was seen as part of transformation plans in both Councils, so is only now beginning to take shape.

- 1.7 With both councils now established, corporate strategies developed and the ICS plan updated, it is an ideal moment to take stock and refresh our approach to prevention. Public Health Dorset has identified three main areas of focus going forward:
- Local authority transformation
  - Improvements and transformation within the Public Health Dorset and LiveWell Dorset services
  - Support to the Integrated Care System and prevention embedded within the NHS

## **2. Financial Implications**

- 2.1 The JPHB agreed in November 2016 to use £1M of the ring-fenced public health reserves for Prevention at Scale, supplemented with an additional £308k in June 2018. In November 2019, use of the remaining PAS reserve was approved for:
- Ensuring completion/sustainability of current projects beyond non-recurrent funding
  - Invest to save projects within tobacco control, including e-cigarettes (£180k)
  - Further enhancements to the digital LiveWell Dorset (£150k)
  - Emerging in-year priorities including suicide prevention (£50k).
- 2.2 Public Health Dorset has also refocused staff time and revenue spend across the service to expand our prevention offer, including LiveWell Dorset, and deploy locality link workers to support Primary Care Networks. The aim is to ensure this is sustainable within the shared service budget despite national grant reductions.
- 2.3 Public Health Dorset has also received external funding from partners across the system to support different elements of the prevention at scale work, including Dorset CCG, Health Education England (Wessex), and NHS England.
- 2.4 Other partners are also spending on prevention approaches, and Public Health Dorset has sometimes supported them with pump priming or match

funding to find and spread the models that are most effective. For example, schools work on physical activity and mental health, or the Active Ageing project led by Active Dorset, funded through Sport England.

### **3. Climate implications**

- 3.1 Public Health Dorset already supports a range of work that may have impacts on climate change. This includes, for example:
- encouraging active travel through the LiveWell Dorset service and Active Ageing work;
  - funding the establishment of a real-time air quality monitoring network;
  - Healthy Homes, working across Dorset and BCP to improve insulation and heating in homes, including additional external financial support;
  - encouraging remote working or car share rather than travel for staff.
- 3.2 This stock take provides an opportunity to identify potential for further prevention work led or supported by PHD that impacts on climate change, or for potential collaboration and integration with other projects to enable faster pace or greater reach.

### **4. Other Implications**

The prevention stock take discusses a number of public health investments and interventions that aim to improve physical activity levels in the population, working alongside voluntary sector organisations, and our drug and alcohol treatment services are important elements of our efforts to improve community safety.

### **5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

### **6. Equalities Impact Assessment**

### **7. Appendices**

Appendix A Dorset System PHE Menu stocktake

Appendix B Our Dorset Looking Forward Prevention at Scale plan 2019-2024

### **8. Background Papers**

[Our Dorset 2015](#)

Our Dorset Looking Forward  
Previous finance reports to Board  
Previous business plan reports to Board

## **9. Local Authority Transformation**

- 9.1 Dorset Council and BCP Council are beginning to develop the next level of detail in relation to their corporate strategies. As these plans develop there will continue to be opportunities to test our health and wellbeing, prevention and early intervention approaches. The most obvious of these opportunities often are within adults and children's services. However, both Councils recognise the impact on health and wellbeing from wider determinants including access to good quality homes, meaningful employment, and reducing social isolation by working with communities.
- 9.2 Although there may be similar areas of challenge, how each council responds may be different given their different populations, and ways of working. Public Health Dorset will work with both councils to:
- Provide relevant expertise, knowledge and experience within their senior management teams/networks
  - Support transformation work, encouraging an upstream, early intervention focus.
  - Make relevant connections across the system and with wider partners to support non-medical models of health and wellbeing.

## **10. Public Health Dorset internal transformation**

- 10.1 **LiveWell Dorset:** The LiveWell Dorset service was developed to bring together previous separate services. It was commissioned to start in April 2015, and bought back in house in April 2018. It has been a finalist in several national awards for its innovative model, built on the capacity, opportunity and motivation theory of behaviour change. The King's Fund and LGA have both featured the service in reports on local authority public health transformation as exemplars of good practice.
- 10.2 The service provides health, wellbeing and behaviour change support both to individuals and in capacity building within other organisations. In 2020/21 we continue to aim for greater scale, reach and impact of the service, with a focus on:
- Further enhancements to the digital LiveWell Dorset offer to enable a full service for behaviour change that people can use for themselves.

- Working with primed partners across the system to embed pathways to prevention and support
- Strengthening capacity building work with local authorities and the private sector.

10.3 **Place-based working:** We have refocused health programme advisor roles within the team to create locality link workers. These work closely to make connections in local areas between Primary Care Networks, local community groups and local authority local teams to support transforming models of care. This work aims to embed prevention within personalised care approaches.

10.4 **Within commissioning:** The commissioning and contracting team continue to look for opportunities to embed prevention within our commissioned services, and increase the focus on important prevention outcomes. Examples are introducing smoking cessation offers to drug and alcohol clients seen by our commissioned services, and the recent changes to the children and young people's public health service (focusing on reducing smoking, supporting families to be more active, improving emotional health and wellbeing).

## 11. ICS prevention plan

11.1 *Our Dorset Looking Forward* updates the Our Dorset plan of 2015 and responds to the NHS Long Term Plan published in January 2019.

11.2 A key part of updating the plan included a clear focus on the Public Health England menu of interventions and the prevention work focused within NHS providers as set out in the Long-Term Plan. Appendix A shows a local stocktake undertaken by Public Health Dorset against the menu of interventions, with current position and where relevant action is being taken forward. Appendix B shows the outline plan over the next 4 years from *Our Dorset Looking Forward* for Prevention at Scale.

11.3 The stocktake shows that a number of the interventions are already in place and being managed as business as usual. Others are underway, with progress being tracked in a variety of different groups. There are some gaps, and it is proposed to take the stocktake to the System Leadership Team to clarify the system position and future intent in these areas.

**Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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Appendix X. Stocktake against Public Health England Menu of Interventions and Our Dorset Looking Forward

Topic	Interventions	Current position, future action or business as usual (BAU) and lead, with page references to Our Dorset Looking Forward
Alcohol	Establish and/or optimise alcohol care teams in district general hospitals.	Comprehensive team already established in Poole hospital and alcohol liaison nurses in place at DCH and RBH. <b>Plan:</b> Seeking targeted funding in 20/21 to optimise team in <b>RBH</b> (p.35).
	Provide alcohol Identification and Brief Advice in primary and secondary care settings.	Poole hospital already screen large numbers of patients with AUDIT-C tool each year. More limited in DCH and RBH, however, now improving with a focus in high-risk areas e.g. pregnancy. Conversations in primary care are often ad hoc and based on clinical need. <b>Plan:</b> Continued work to increase connections to <b>LiveWell Dorset</b> (p.33).
	Establish Alcohol Assertive Outreach Teams (AAOT) to reduce repeat users of hospital and other services such as police and social services.	In place in Poole hospital. <b>BAU – oversight Poole Board/CCG</b> Growing focus on high-intensity users across any services could have some cross-over.
	Establish clear care pathways to ensure sustained engagement with high volume service users.	Work conducted by Poole Hospital includes work with high volume service users. Part of core community substance misuse contracts for their service users. <b>BAU – oversight JPHB through performance monitoring</b> Growing focus on high-intensity users across any services could have some cross-over.
	Ensure alcohol treatment systems provide prompt access for parents who are identified as harmful/dependent drinkers with agreed pathways between services to maximise support and reduce risks to children and families.	Already part of core community substance misuse contracts. <b>BAU – oversight JPHB through performance monitoring</b> Poole hospital assertive outreach team also supports. <b>BAU – oversight Poole Board/CCG</b>
Tobacco	Provide screening, advice and referral in secondary care settings.	Training and connections to LiveWell Dorset made as simple as possible to facilitate referral. Dorset Healthcare have an in-house service to support patients that smoke; other pilots are exploring practicalities of this in different settings. <b>Plan:</b> A <b>task and finish group</b> is established to agree a system-wide model linking acute trusts with community-based smoking cessation, and a business case is being developed (p.33 and 63).

	Trusts to implement NICE guidance PH45 "Smoking: Harm reduction".	Fully implemented by Dorset Healthcare Trust. <b>Plan:</b> Part of ICS <b>task and finish group</b> discussions with acute trusts (p. 33, 63). Work also begun with substance misuse providers to implement this.
	Assess all pregnant women for carbon monoxide to identify potential smoking and refer for specialist support.	CO monitoring in place in Poole and RBH, not yet embedded/reported in DCH. <b>Better Births Transformation Programme</b>
	All mental health trusts to have smokefree buildings and grounds with staff trained to facilitate smoke cessation.	<b>Complete</b> – A full smoke-free policy is in place across all Dorset Health care facilities. At least 2 staff trained to level-2 smoking cessation across each mental health ward/service
Diet & Obesity	CCGs and local authorities ensure there are evidence-based weight management services accessible to their local population through co-commissioning across the obesity pathway and that these are robustly evaluated.	LiveWell Dorset provides brief advice and coaching for people wanting to lose weight and can refer onto Public Health Dorset commissioned Tier 2 weight management services for eligible people. <b>BAU – oversight JPHB through performance monitoring</b>  CCG commissions Tier 3 and 4 services.
	Implement Government Buying Standards for food and catering services (GBSF) across a range of public settings and facilitate the uptake of nutrition policy tools.	One Acute Network to report back on plans.
	Integrate weight management and mental health services.	LiveWell Dorset accepts a wide range of referrals, but no formal links with MH services. Scope to be considered by ICS planning groups.
	Tackle the obesogenic environment. CCGs and local authorities work together to support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks	Cross reference above interventions on diet & obesity, plus sections on active travel and physical activity. <b>Plan:</b> Develop physical activity strategies through the <b>Health and Wellbeing Boards</b> to a) ensure consistent approaches to physical activity and b) to influence investment into physical activity interventions/system changes that achieve behaviour change at scale. Additional work on: <ul style="list-style-type: none"> <li>• food insecurity and hidden hunger which can drive behaviours</li> <li>• input to Local Plans which set local policy on planning developments</li> </ul>
	Make every contact count. Health and care professionals empower healthier lifestyle choices and improve access to relevant and	LiveWell Dorset engaging with each NHS and LA organisation to improve access to both health improvement pathways and healthy conversation skills development (over 1000 staff trained so far)



	appropriate obesity services supported by All Our Health.	MECC train the trainer programme has trained people in each organisation and a sustainable trainer network is now established to run local courses for workplace staff.
Health and Work	Implement a holistic approach to workplace health and wellbeing. Employers participate in local accreditation schemes such as the Better Health at Work Award, Workplace Wellbeing Charter and Mindful Employer Charter.	NHS and LA organisations in Dorset developing holistic approaches and working to local employer frameworks and within People strategies
	Increase collaboration in delivery of health-related employment support. CCGs commission NHS providers to work with Job Centre Plus to co-locate employment advice services and individual placement support.	Dorset HealthCare provide an Occupational Therapy led service to help individuals with long term conditions retain employment, and a new service for individuals with a mental health condition who are under the Community Mental Health Team (CMHT), Dorset Work Matters, started in April 2019. <b>Plan:</b> Continue to expand and integrate this <b>Dorset HealthCare</b> service
	Integrate multi-disciplinary occupational health and vocational occupational therapy advice into care pathways.	
	Create health and care premises that actively promote healthy choices and behaviours.	Healthy design incorporated within planning application for RBH build (p.59). <b>Plan: System task group</b> connecting to strategic estates planning (p.48) and <b>LA Local Plan</b> development.
	Support recruitment and retention of staff with/who develop health issues or disabilities.	Part of our workforce strategy, p. 70. Each partner organisation has or is developing a 'People Strategy' including a focus on staff health and wellbeing. <b>BAU – each organisation</b>
CVD Secondary Prevention	Local authorities commission NHS Health Checks and CCGs support providers to increase offer of NHS Health Checks, testing and risk assessment (being more proactive with deprived groups), particularly via GPs and outreach testing eg pharmacy.	NHS Health Checks commissioned through an Any Qualified Provider framework in 19/20 to increase potential access and delivery. Range of GPs and pharmacies (p. 46) delivering. Public campaign to encourage uptake September 2019, and repeated January 2020. Proactive links to LiveWell Dorset to support behaviour change following the health check as needed. <b>Plan:</b> Continue to monitor impact and review as necessary through <b>JPHB</b>
	CCGs support primary care to ensure patients receive optimal care and drug treatment where relevant; extend the role of	Key part of primary care network development and personalised care agenda (p.12 and 41)

	pharmacists in clinical management; and support patient activation and self-care.	
Diabetes	NHS Diabetes Prevention Programme – in particular, CCGs and local authorities support NHS Health Checks, primary care and NHS Diabetes Prevention Programme providers (where in place) to jointly implement effective referral pathways.	Programme established since April 2018. Primary care referrals into programme to date above planned levels and agreed with NHSE as commissioner to increase plan. Good connections to physical activity pathways and LiveWell Dorset developing to support patients following the programme. <b>Plan: Steering Group</b> mobilising new contract in place from April 2020 that incorporates digital service to maximise access (p. 38)
	Increase the proportion of newly diagnosed diabetes patients attending a structured education course.	Working group set up encouraging consistent approach and recording across a variety of channels (online and face to face) to enable a more personalised model. Links with My MHealth, digital self-care for diabetes (p.37, 73). <b>Plan: Working Group</b> to focus on improving access to patient structured education for people with Type 1 and Type 2 diabetes
	Reduce variation in treatment target achievement through all GP practices meeting the 2014/15 median level, to be reviewed annually. CCGs support local GPs to perform at the level of the median, in relation to the 3 NICE-recommended diabetes treatment targets (HbA1c $\leq 58$ mmol/mol (7.5%); cholesterol $< 5$ mmol/L; blood pressure $\leq 140/80$ mmHg).	The WISDOM project (p.37) focuses on improving the three national treatment targets. Working with practices and primary care networks to identify those people who need better management of their diabetes through a personalised plan, and supporting the whole person (p.41, 42). <b>BAU – oversight through diabetes steering group</b>
	Establish multi-disciplinary diabetic foot teams. CCGs support the provision of multidisciplinary diabetic foot teams for people with diabetic foot disease, and access to specialist diabetes teams for inpatients with diabetes.	Wessex peer review in 2019-20. <b>Plan:</b> Develop a Dorset wide specification for all clinical diabetes foot care services in 2020-21 (p. 37) via <b>Diabetes Steering Group</b>
	Provide specialist inpatient support. CCGs support all secondary care providers to have diabetes inpatient specialist nurses as part of a diabetes inpatient service.	Our acute hospitals all have diabetes specialist nurses in place. <b>Plan:</b> Review inpatient support for people admitted with a diabetes related problem or who have diabetes not related to their admission during 2020-21 (p.37) via <b>Diabetes Steering Group</b> .

Falls and musculo-skeletal health	Establish/test a self-referral scheme to physiotherapy.	Key part of our MSK strategy (p.55) Business case developed. <b>Plan:</b> Implementation in line with business case through <b>MSK Steering Group</b>
	Acute trusts to establish fracture liaison services.	Already established in DCH and Poole hospital, and reporting into the national Fracture Liaison Database. <b>BAU: oversight – DCH/Poole/CCG</b>
	Implement strength and balance exercise programmes	Signposting through LiveWell Dorset to a variety of physical activity opportunities including strength and balance where relevant. <b>Plan: Falls JSNA Panel</b> includes a focus on mapping provision of falls prevention classes and balance and safety classes.
	Encourage employers to participate in local workplace health accreditation schemes such as the Better Health and Work Award, Workplace Wellbeing Charter and Mindful Employer Charter to put in place a structured, evidence-based approach to employee health and wellbeing.	Plans for improved staff health and wellbeing in place in each of our organisations (p.70). Also increasingly included in wider contracts as a requirement of providers. <b>BAU – each organisation</b>
	Encourage employers to ensure occupational health services promote the health of people with MSK conditions and provide rehabilitation to support people with MSK conditions to remain at or return to work.	Dorset HealthCare provide an Occupational Therapy led service to help individuals with long term conditions, including MSK conditions, retain employment. <b>BAU - Dorset HealthCare oversight</b>
Physical activity	Healthcare professionals to deliver effective brief advice on the benefits of physical activity. Invest in raising skills and knowledge of healthcare professionals such as the PHE Clinical Champions Programme.	Active Ageing team coordinating clinical champions training across Dorset to all primary care settings. Promotion of moving medicine to all Primary and Secondary care professionals, p. 36. <b>Plan: Active Ageing Governance Group</b> to oversee ongoing programme
	Increase active travel for staff, patients and local population. Develop travel plans with supporting local activation to get staff, patients and the local population to walk and cycle.	Active travel supported through Transforming Cities project, and local authority Place directorates. Travel plan development supported through Business Travel Network. <b>Plan:</b> Scale up as part of <b>local authority</b> transformation work and <b>response to climate and ecological emergency</b> .

	CCGs and local authorities to invest in evidence-based exercise programmes for patients. For example, providing exercise referral schemes where patients receive supervised support by trained professionals.	Encouraging broader more systematic approach through Active Ageing project and connecting patients to LiveWell Dorset physical activity pathway, with particular focus in pre-diabetes, diabetes, cancer, MSK, Cardiology, stroke. See p. 36, 38. Continue to expand physical activity offers through LWD, including Exercise Referral. Work is also taking place in the falls pathways to look at provision of falls prevention classes and balance and safety classes. Assessing the provision of physical activity opportunities for patients as they come off of established rehabilitation and support programmes including cardiac rehab, stroke rehab and cancer survivorship etc
	Adopt and promote PHE's campaigns. Local government, NHS providers and CCGs to draw on Start4Life, Change4Life and One You campaigns	System communications group and resource in place, all partners able to adopt and promote campaigns and local expansion where there is connection to ongoing local work – e.g Sport England We are undefeatable connected with our LiveWell Dorset #joinme campaign, national screening and imms resources supporting our Cancer prevention at scale group and work with PCNs, see p. 40
	Local authorities to encourage employers through Chamber of Commerce and NHS procurement levers to participate in local workplace health accreditation schemes such as the Better Health and Work Award, Workplace Wellbeing Charter and Mindful Employer Charter to put in place a structured, evidence-based approach to employee health and wellbeing.	Local Authority procurement, including Public Health contracts, increasingly includes commitment to staff wellbeing plans in service specifications. <b>Plan:</b> potential to embed more effectively as part of <b>local authority transformation</b>
Mental health	Maternity staff to offer mental health support to women in pregnancy and after childbirth.	Core part of Dorset HealthCare services. Planning permission for larger unit secured Feb 2019 as part of Better Births transformation and mental health work. <b>Plan: Dorset HealthCare</b> to complete build of new mother and baby unit (p.64)
	Support smokers within the mental health trusts to quit. Trusts deliver care in entirely smokefree buildings and grounds with appropriate support.	<b>Complete</b> – A full smoke-free policy is in place across all Dorset HealthCare facilities. At least 2 staff trained to level-2 smoking cessation across each mental health ward/service

	Take action to become a suicide safer area.	Suicide Prevention Strategy in place, multi-agency partnership group working to strengthen all aspects of suicide prevention, intervention, and postvention, including response to possible suicide clusters. <b>Plan: Multi-agency partnership group</b> finalise and implement Action Plan, including communications and training.
	Provide early intervention in psychosis services.	Part of core Dorset HealthCare services. <b>BAU – oversight Dorset HealthCare/CCG</b>
	Train accident and emergency and other frontline staff in mental health first aid.	MHFA train the trainer programme has trained people in each NHS and LA organisation and a sustainable trainer network is becoming established to run local courses and develop a coordinated approach to MHFA for staff. <b>Plan: Dorset HealthCare</b> pledge to skill up NHS community staff teams in MHFA <b>Public Health Dorset</b> working with Weymouth College as preferred provider for MHFA training for CYP workforce in West Dorset (p. 70)
Sexual health	Increase access to the most effective long-acting reversible contraceptives (LARCs) in various care settings.	Access increased in 19/20 through use of an Any Qualified Provider framework. <b>BAU – oversight JPHB through performance monitoring</b>
	Expand access to HIV testing in high-prevalence areas.	HIV testing in core sexual health service delivery where 100% users offered HIV test, targeted outreach is responsive in high prevalence areas and includes Point of Care (POC) HIV testing. <b>BAU– oversight JPHB through performance monitoring</b>
	Reduce increasing rates of STIs and improve detection of STIs.	Clear focus within sexual health service, with a focus on prevention, reduction of Sexually Transmitted infections (STIs) and improved partner notification. <b>BAU– oversight JPHB through performance monitoring</b>

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# Prevention at scale

Objective = Better healthy life expectancy and reducing the gap in health outcomes between the richest and poorest across the county

Page 47

1

2019/20

- Complete the Population Health Management national pilot
- Review the Primary Care Network (PCN) wave two programme for mental health, diabetes, respiratory disease and frailty
- Implement the national diabetes prevention expanded programme

1

2019/20

- Implement the diabetes 'wisdom' programme
- Mid Dorset PCN to review childhood obesity in their area
- Developing plans for climate change and air pollution
- Roll out cancer screening programmes (including FIT, cervical, bowel and breast cancer)

2

2020/21

- Roll out the Population health management programme across PCNs
- Expand the alcohol outreach services
- Develop childhood obesity and diabetes plans
- Roll out HPV vaccine for boys
- Develop in-patient diabetes services, PCN programmes, foot care services and glucose monitoring for mums with Type 1
- Develop and implement adult screening programmes

3

2021/22

- Develop integrated primary and community care for people with serious mental illness
- Primary Care Networks to deliver inequalities specification
- Expand smoking cessation services for people admitted to hospital, high risk users and outpatient services

4/5

2022/23 -  
2023/24

- Continue with the Population Health Management programme
- Implement the climate change and air pollution strategy



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# Joint Public Health Board

## 3 February 2020

### Health Improvement Services – Performance Update

Choose an item.

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr L Dedman, Adult Social Care and Health, Bournemouth, Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

**Report Author:** Sophia Callaghan, Stuart Burley and Joanne Wilson  
**Title:** Public Health Consultant, Head of Programmes (LWD) and Head of Programmes (Children & Young People)  
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[joanne.wilson@dorsetcouncil.gov.uk](mailto:joanne.wilson@dorsetcouncil.gov.uk)

**Report Status:** Public

**Recommendation:** This paper provides a high-level summary of current performance for health improvement services commissioned and or provided by Public Health Dorset on behalf of both Councils. Appendices include supporting data and information, with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people's services.

**Reason for Recommendation:** To update the Joint Public Health Board and to note performance

#### 1. Executive Summary

This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks and Children

and Young People's Public Health Service (CYPPHS) performance, with supporting data in appendices.

**2. Financial Implications**

Services considered within this paper are covered within the overall Public Health Dorset budget. Most of the Health Improvement Services are commissioned through either indicative figures or cost and volume type contractual arrangements.

None of these contracts currently includes any element of incentive or outcome related payment. The contract for the new CYPPHS has a performance-related element linked with outcomes (from October 2019 onwards). Monitoring of performance ensures that we achieve maximum value from these contracts.

**3. Climate implications**

N/A

**4. Other Implications**

N/A

**5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

**6. Equalities Impact Assessment**

EQIA Assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

**7. Appendices**

Appendix 1: LiveWell Dorset, Weight Management and Smoking Cessation performance report

**8. Background Papers**

None

## **1 Background**

- 1.1 This report provides an overview of health improvement services for adults, and children and young people's (0-19) services (health visiting and school nursing – to be known as Children and Young People's Public Health Service under the new service which started in October 2019).
- 1.2 Alongside this the Board will also receive regular updates against the 2019/20 Business Plan to monitor progress against agreed deliverables.
- 1.3 This report to the Board provides data for the new unitary areas and sub unitary geographies.

## **Health Improvement Services**

## **2 LiveWell Dorset**

- 2.1 LiveWell Dorset is a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol. It has supported almost 30,000 people since April 2015. LiveWell Dorset was initially a commissioned service but from April 2018 the service was successfully transferred in-house and has since been directly delivered as part of the Public Health Dorset offer.
- 2.2 Activity has increased by 43 per cent in 2019/20 compared with the previous year, and is on track to meet the ambitious target of 10,000 people supported in the year, compared with 6,600 in 2018/19. The increase in scale continues to be driven by more digital users and by supporting organisations to embed prevention offers in their core business. Most individuals reporting outcomes at 3 months are demonstrating positive change – ranging from 45 per cent sustaining weight loss to 70 per cent increasing their activity levels. See appendix 1 for further details.
- 2.3 The next scheduled review of LiveWell will report back on the delivery against the 2019/20 service plan, [available here](#). Work is underway to develop the next LiveWell Dorset service plan for 2020/21.
- 2.4 Development priorities agreed so far include enhanced smoking cessation offers for hard-to-reach groups, including vaping, and further development of the digital LiveWell Dorset offer to increase the scale and reach of support.

## **3 Weight management**

- 3.1 Having a high body mass index (BMI) is a leading cause of morbidity in England. The proportion of adults in the population that are overweight and or obese has risen to over 60 per cent in recent years and is projected to continue to grow in line with national trends.
- 3.2 Local weight loss services are delivered by two national providers, Slimming World and Weight Watchers, with access managed by LiveWell Dorset to ensure individuals are in receipt of behaviour change support before taking up the service. Provision was recommissioned in April 2019.
- 3.3 Access to services is good. There has been a 75 per cent increase in people accessing weight loss support in 2019, compared with the previous year. Services remain effective at reaching people living in deprived communities, where the prevalence of obesity is greater. This is particularly true for BCP Council where there are more people living in deprived communities.
- 3.4 The impact of services has increased in 2019 following the introduction of a new payment by results contract. There has been an increase in the percentage of people achieving and sustaining 5 per cent weight loss at 3 months.

#### **4 Smoking cessation**

- 4.1 The prevalence of smoking continues to decline locally in line with national trends. This is driven by more people successfully quitting, fewer young people taking up smoking and increasing popularity of vaping products. Despite the gains being made, smoking remains the biggest single cause of mortality and a key driver of health inequalities, because smoking prevalence is higher among communities living in areas of higher deprivation.
- 4.2 In April 2019 Public Health Dorset commissioned new community smoking cessation services to support people with psychosocial, behavioural interventions alongside Nicotine Replacement Therapy (NRT) or pharmacotherapy (Champix). This provision is supported by NICE as the most effective and efficient treatment available and is delivered by GPs, pharmacies and LiveWell Dorset.
- 4.3 There has been a fall in the number of people accessing smoking cessation services in 2019/20. This is in line with the declining prevalence of smoking and mirrors the national trends. Services continue to be effective at engaging a higher than average number of people from deprived communities, however.

- 4.4 The number of smokers quitting at 4 weeks across Dorset has fallen, reflecting the falling prevalence of smoking generally. However, local quit rates are below the national level and remain a performance priority for 2020.
- 4.5 Public Health England has a strategic commitment of achieving a smoke-free society by 2030. We have maintained our local commitment and are investing in smoking cessation services while also developing enhanced smoking cessation offers in 2020 which will target individuals who are least likely to engage with existing services.

## **5 Health Checks**

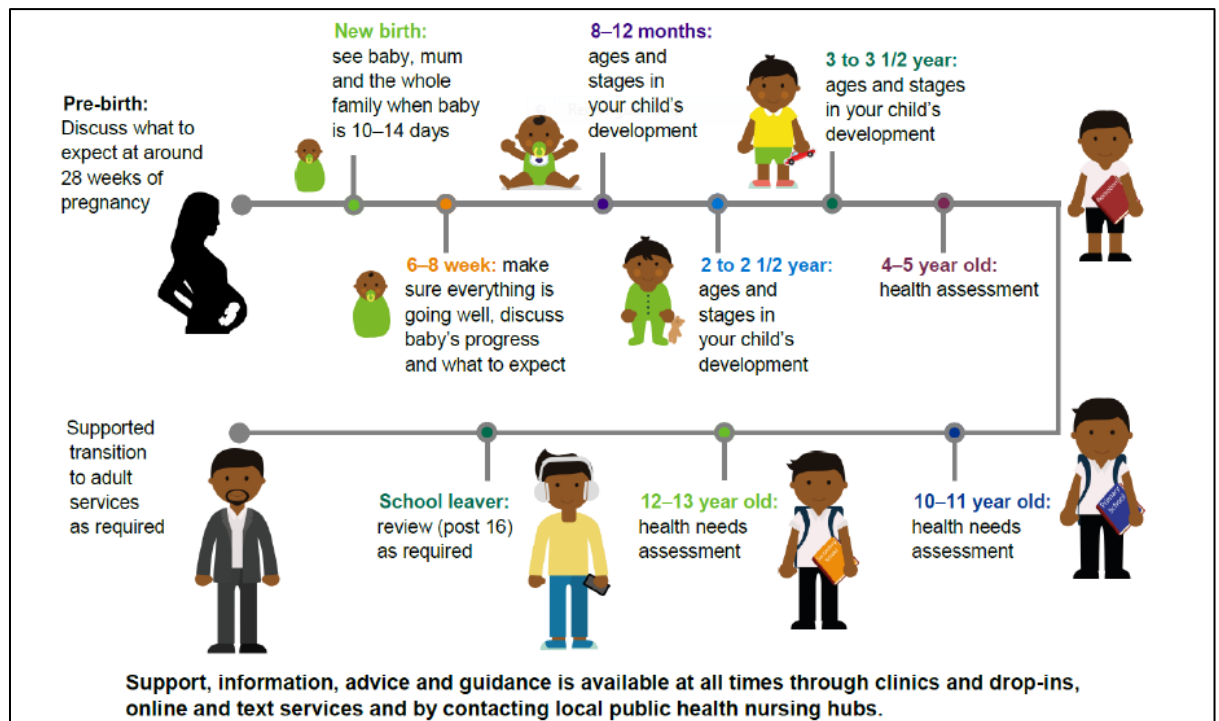
- 5.1 Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act.
- 5.2 As reported to the last board in November 2019, current performance for delivery of NHS Health Checks is improving but remains variable across Dorset.
- 5.3 From April 2019 the new programme of provision was put in place following a successful procurement. GP and pharmacy providers are delivering under the new contract where there are some encouraging early indications of increased activity to the previous year. The impact of the new contract will be better understood through reviewing activity over the next few quarters and the next set of data is due at the end of January 2020. Therefore, there are no new reports at the time of writing this paper, however a verbal update on any new activity could be made during the board meeting.

## **6 Children and Young People's Public Health Nursing Services (0 – 19 years)**



- 6.1 Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life. Health visitors and school nurses have a crucial leadership, co-ordination and delivery role within the Healthy Child Programme. They work with key partners to deliver comprehensive services for children, young people and families.

## **7 Main changes to commissioning/service**

- 7.1 The contract was awarded to Dorset HealthCare and the service began on the 1<sup>st</sup> October 2019.
- 7.2 The CYP PHS remains key to the local delivery of the Healthy Child Programme delivering the **Universal** Whole Family pathway.



7.3 The Universal offer for all under 5s will be delivered flexibly based on what each family most needs, taking a whole family approach to health and wellbeing and utilising the unique skills of each practitioner in the teams.

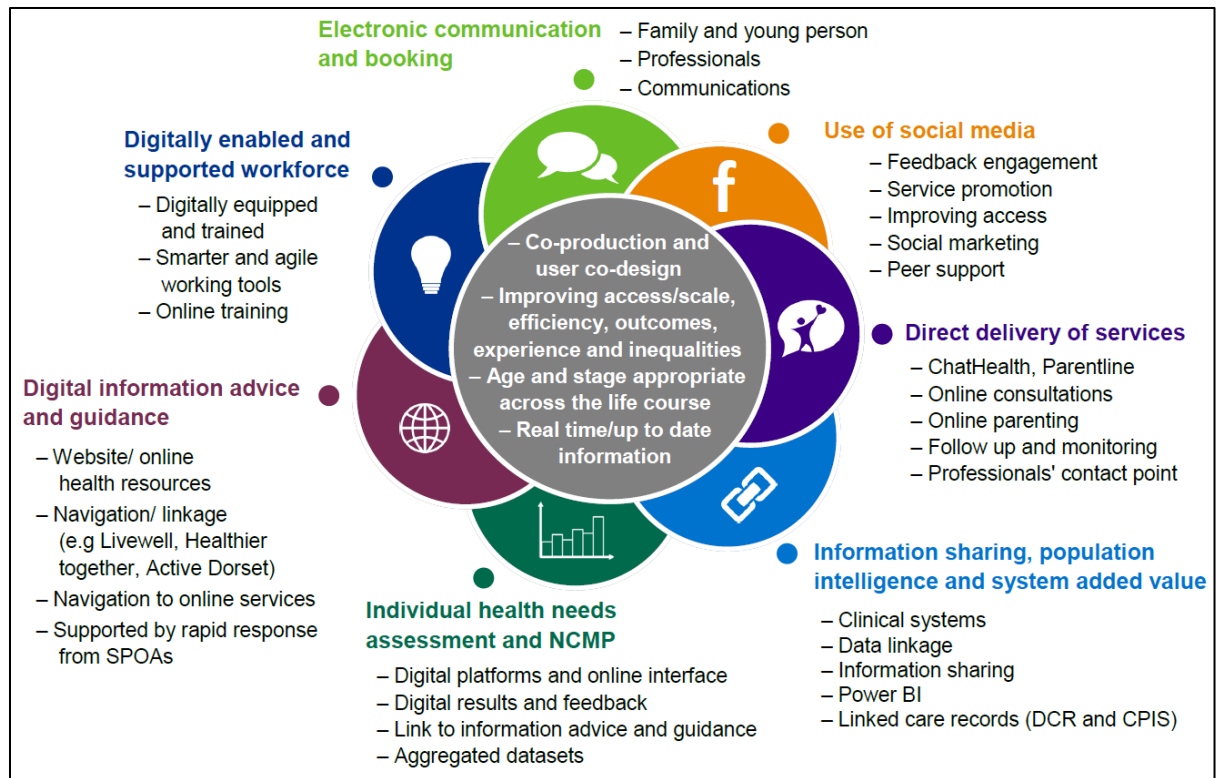
	Team member*			Setting**		Online tool***	Comments
	HV	PHSN	CNN				
Antenatal	✓			✓			Relationship, first assessment, safe sleeping environment
New birth	✓			✓			Relationship, critical time point, safe sleeping environment
6-8 week	✓	✓		✓	✓	✓	Based on family need (high vulnerability seen at home by HV)
1 year	✓	✓	✓	✓	✓	✓	Based on family need (high vulnerability seen at home by HV)
2-2½ year	✓	✓	✓	✓	✓	✓	Based on family need (high vulnerability seen at home by HV)
New 3-3 ½ year	✓	✓	✓	✓	✓	✓	Based on family need (high vulnerability seen at home by HV)
Transition	✓	✓	✓	✓	✓	✓	Based on family needs at school entry, timing based on stage not age

\* HV (health visitor); PHSN (public health staff nurse); CNN (community nursery nurse)

\*\* Home or community

\*\*\* To support assessment (including online consultation or platform)

- 7.4 Recognising that families want to be able to find the information and support they need quickly and easily, the new CYPPHS service will extend the digital offer by offering advice by text message, digital consultations and more proactive health promotion online.



- 7.5 The service will deliver additionally on four key local health and wellbeing priorities:

- reducing smoking, particularly in pregnancy and postnatally
- increasing family physical activity
- improving family wellbeing and mental health
- ensuring children arrive at school ready to learn and achieve.

- 7.6 Public Health Dorset and Dorset HealthCare senior leaders are working with our partners on a number of phased implementation plans to enable changes to key elements of the described service model and operational delivery including: workforce, intelligence, communications and digital.

## 8 Summary of performance for 2019/20

- 8.1 The Health Visiting service pan-Dorset is high performing when compared with other services in England. Overall, parents and carers express high levels of satisfaction with the service.

## 8.2 Service User Satisfaction

91 per cent of parents who completed the friends and family survey (April – Sept 2019) said they would be extremely likely to recommend the service to friends and family if they needed similar care or treatment and 90 per cent rated the service they received as 'Excellent'.

*"I've seen HVs during my son's life .....excellent - knowledgeable, listened and adapted their advice to our family situation and well informed about natural term breastfeeding."*

*"The Health Visitor was friendly, reassuring and great with both myself and my son. I have seen her several times since having my son and she has always been very friendly, helpful and approachable. I can say the same for all the HVs I've seen, they're all great."*

*"My health visitor is X and she's absolutely amazing she is so caring and always listens to what I have to say. She's always there if I need to talk to her about anything even the most embarrassing things. She's a credit to the health visiting team."*

## 8.3 Performance Data

	BCP		Dorset	
	Q1	Q2	Q1	Q2
Percentage of all births that receive a face to face NBV within 14 days by a Health Visitor	88	91	93	94
Percentage of children who received a 6-8 week review by the time they were 8 weeks.	64	68	95	97
Percentage of children who received a 12-month review	62	60	92	98
Percentage of children who received a 2-2½ year review	94	93	95	97



*Table 1. Performance on mandated checks (2019/20 Contract - Quarters 1 & 2 Pan-Dorset).*

The Bournemouth Health Visiting team operated an interim universal service model, reflected in the quarterly performance data above. Demand and capacity against performance was monitored weekly and teams were fully supported to utilise skill mix and settings/methods to deliver the universal mandated checks. There is confidence that Quarter 3 will show improvements.

8.4 The **School Nursing** service continues to provide a high-quality service for young people who express positive experiences of the service.

#### 8.5 Service User Satisfaction

100 per cent of respondents who completed the friends and family survey (April – Sept 2019) said they would be extremely likely to recommend the service to friends and family if they needed similar care or treatment and all rated the service they received as 'Excellent'.

*"Helpful advice, especially as it is a hard thing to talk about not knowing what to do. Taken over 6 months to get to this stage where I feel we can progress now."*

*"Huge thank you for all of your help with X night time dryness. To have gone from not one dry night since birth, to no wet night at all, is amazing! We really appreciate all of your advice and support."*

*"Fantastic support, friendly approachable and extremely knowledgeable thank you."*

#### 8.6 Performance Data

	BCP		Dorset	
	Qtr 1	Qtr 2	Qtr 1	Qtr 2
Number of children and young people supported by <b>universal services</b> by Bournemouth, Poole and Dorset	49219	50894	51986	51380

Number of children and young people supported at <b>universal plus services</b> by Bournemouth, Poole and Dorset	1690	1672	1341	1401
Number of children and young people supported at <b>universal partnership plus</b> services by Bournemouth, Poole and Dorset	295	288	507	506
Number of children and young people supported at <b>universal partnership plus statutory</b> services by Bournemouth, Poole and Dorset	1441	1383	1540	1528

*Table 2. Number of contacts by identified level of need – Quarter 1 & 2 (2018/19)*

8.7 The **CHAT Health** text service continues to provide young people with confidential digital information and advice.

8.8 Service User Satisfaction

*“You have been so helpful. I was so worried you were going to be really patronising or pushy with what I should do but you've been great. It's so nice to have my feelings actually validated rather than feeling like a wimp and I feel better knowing I have options to talk to people now rather than deal with it on my own. Thank you so much for making me feel like how I feel matters”*

*“Thank you for giving me someone to talk to and offering help, and I will be bringing it up with my mum.”*

*“I have just wanted to tell you how much you have helped me and I have now moved house and am sleeping very well. I just want to say a big thank you.”*

*“I'm no longer self-harming.”*

8.9 Performance Data

<b>Month</b>	<b>Number of Chat Health Text Messages Received</b>
April 2019	231
May 2019	330
June 2019	269
July 2019	435
August 2019	83 (school holidays)
September 2019	232

## **9 Conclusion and recommendation**

- 9.1 This paper provides a high-level summary in narrative form. Appendices include supporting data and information, with more in-depth information available on request. The Joint Board is asked to consider the information in this report and to note the performance on health improvement services and children and young people's services.

### **Footnote:**

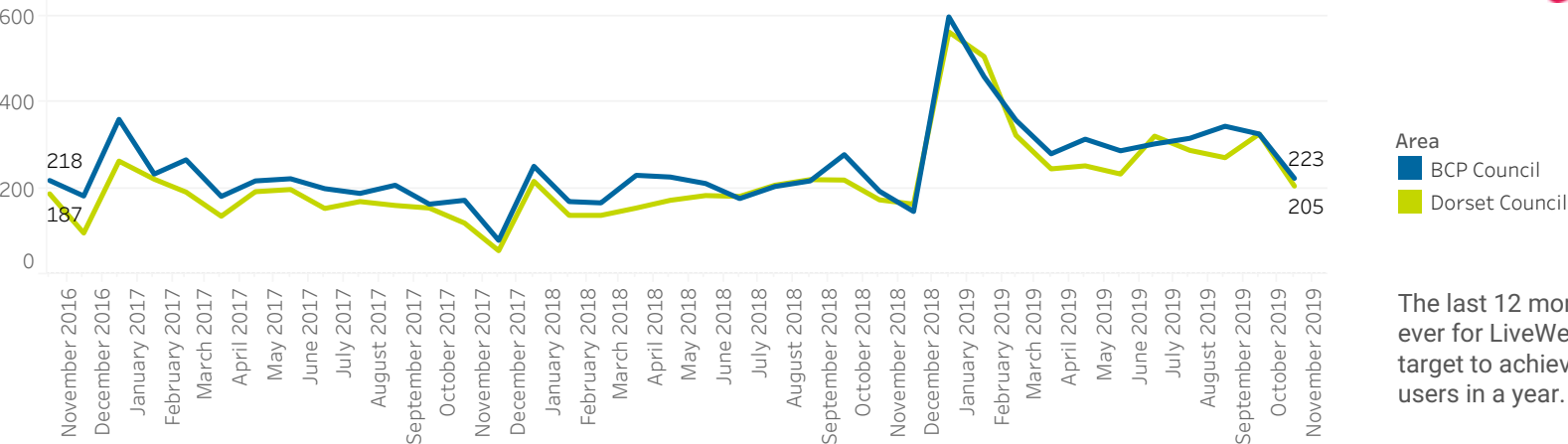
Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.



JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



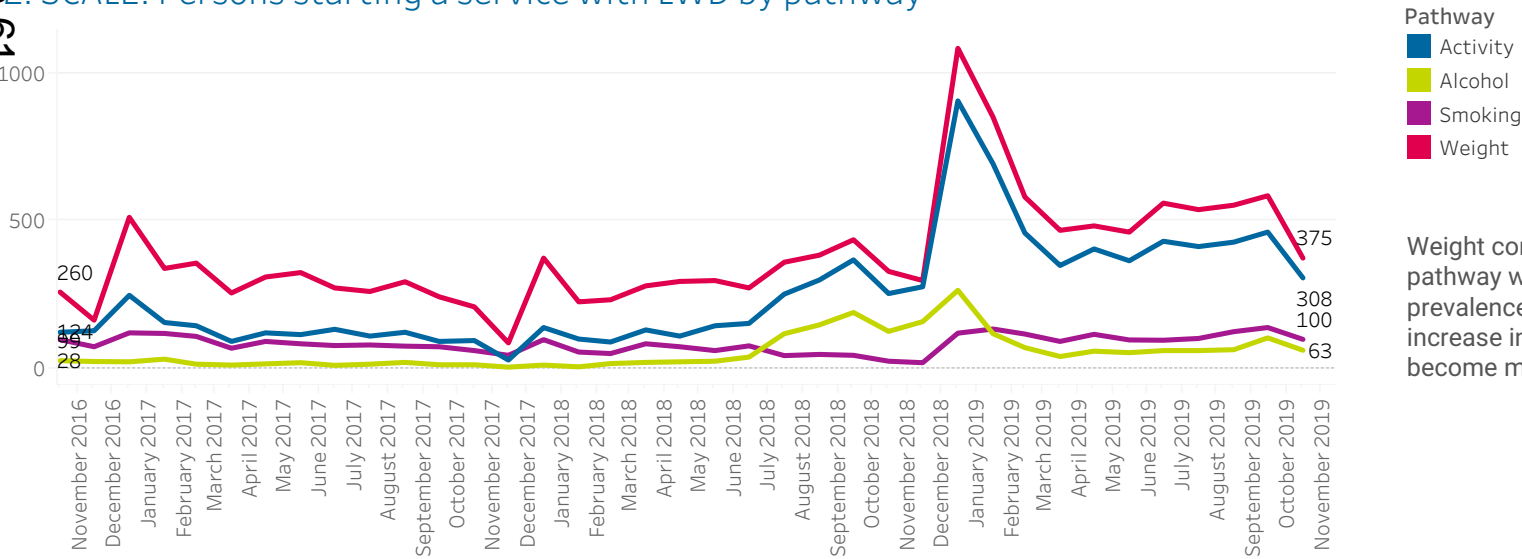
1. SCALE: Number of persons starting a service with LWD



The last 12 months has been the busiest year ever for LiveWell Dorset. The service is on target to achieve 10,000 registered service users in a year.

Page 61

2. SCALE: Persons starting a service with LWD by pathway

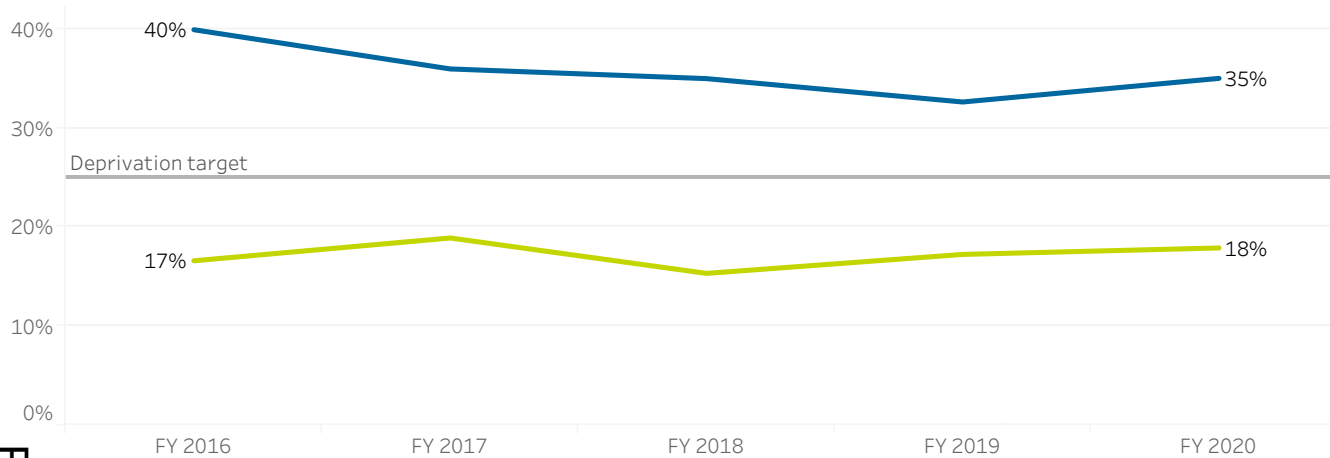


Weight continues to be the most common pathway which reflects the level of local prevalence and need. There has also been an increase in people accessing support to become more active.

## JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



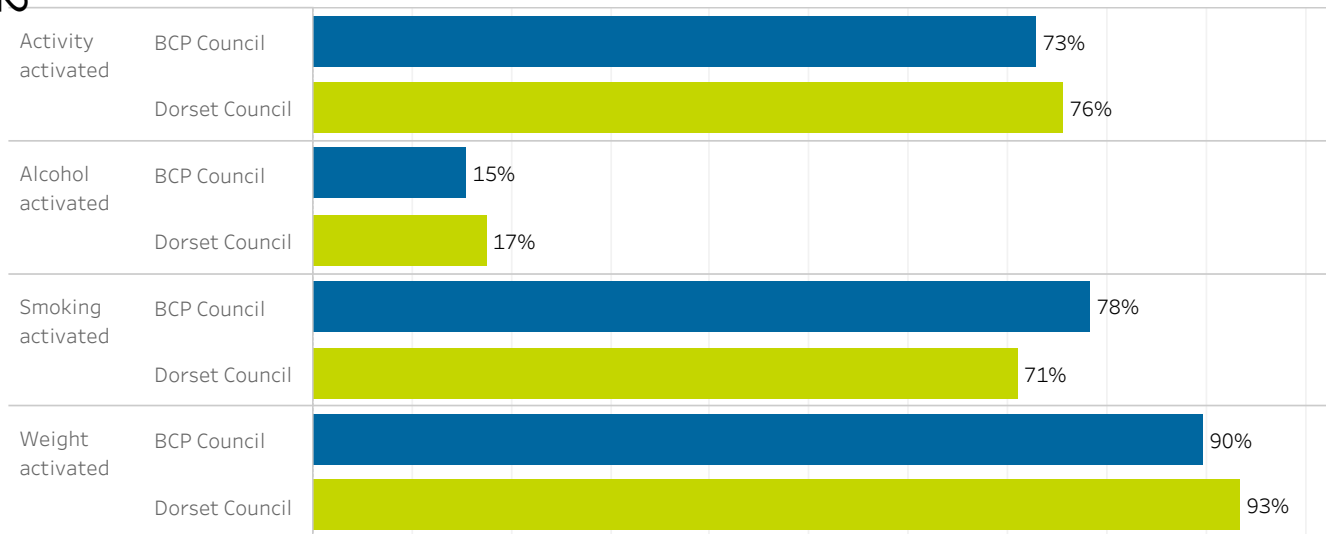
### 3. REACH: Percentage of persons starting with LWD living in most deprived quintile



Area  
 ■ BCP Council  
 ■ Dorset Council

LiveWell Dorset continues to engage a disproportionately high percentage of people living in deprived communities. This is far higher in BCP where a larger number of people are living in more deprived communities.

### 4. IMPACT: Pathways activated following a positive assessment of need 2019/20

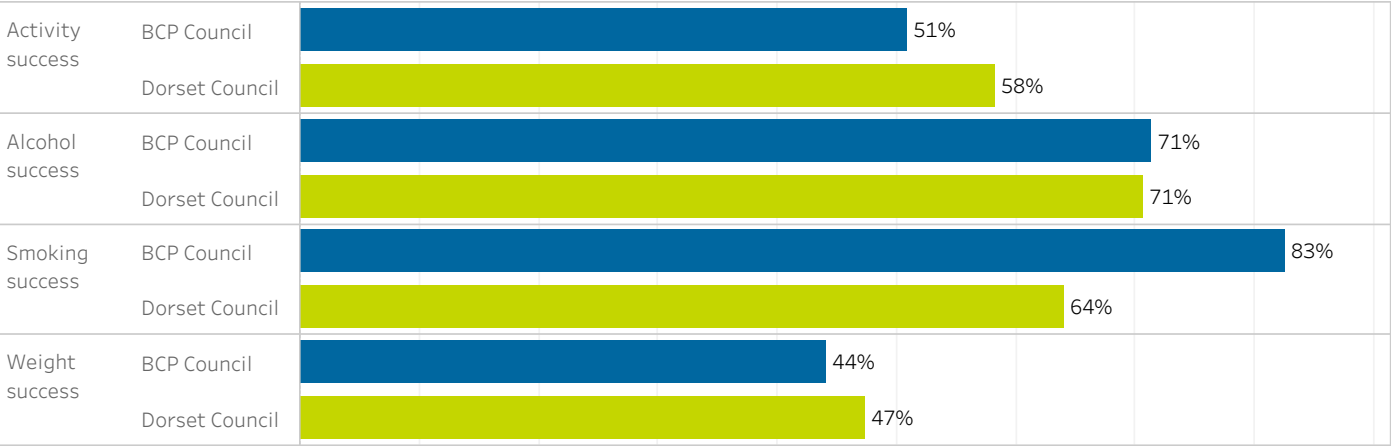


Area  
 ■ BCP Council  
 ■ Dorset Council

The graph provides an indication of how effective LiveWell Dorset is at engaging people who have identified risk behaviours, regardless of what brought them to the service. Over 90% of people who have a BMI of 30+ are subsequently starting a weight management pathway whereas around 15% of people who drink too much go on to activate an alcohol pathway. The general trends are consistent across BCP and Dorset Council.

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT

5. IMPACT: Positive change reported at 3 months 2019/20



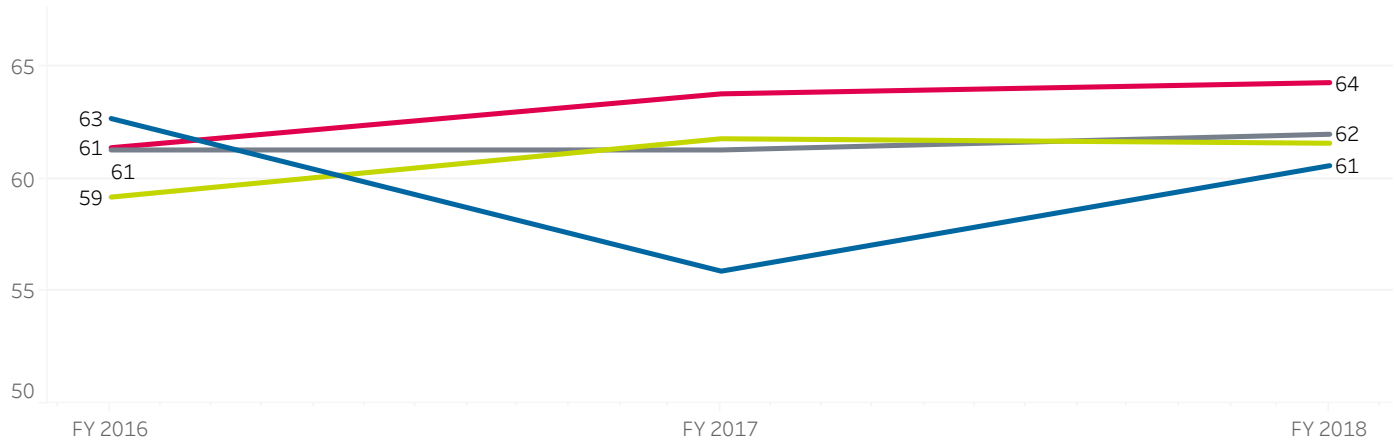
Area  
■ BCP Council  
■ Dorset Council

We have relatively robust data on outcomes of individuals at 3 months but more needs to be done to improve data capture at 6 and 12 months. Outcomes are broadly similar for BCP and Dorset Council although smoking cessation has shown significantly higher success rates in BCP. Weight management pathway success is a lot higher than what is shown here when including data from weight management providers.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



1. PREVALENCE: Percentage of adults overweight or obese

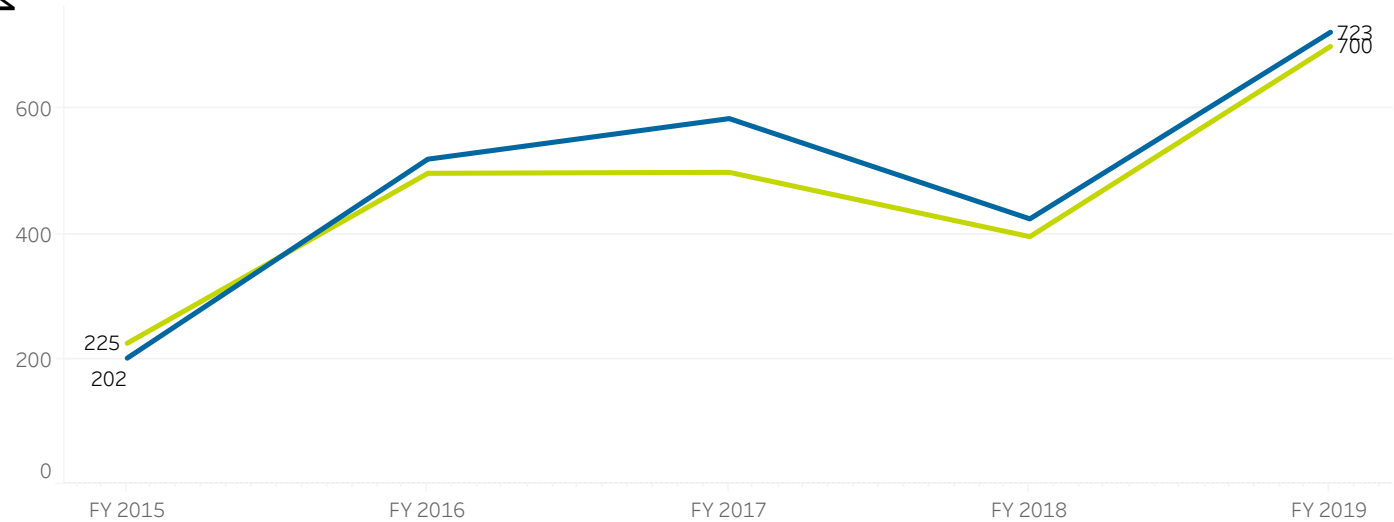


Area

- Bournemouth
- Dorset
- England
- Poole

Over 60% of the population are overweight or obese. This has gradually increased over the past 5 years both nationally and locally.

2. SCALE: Number adults accessing weight management services per 100k pop



Area

- BCP Council
- Dorset Council

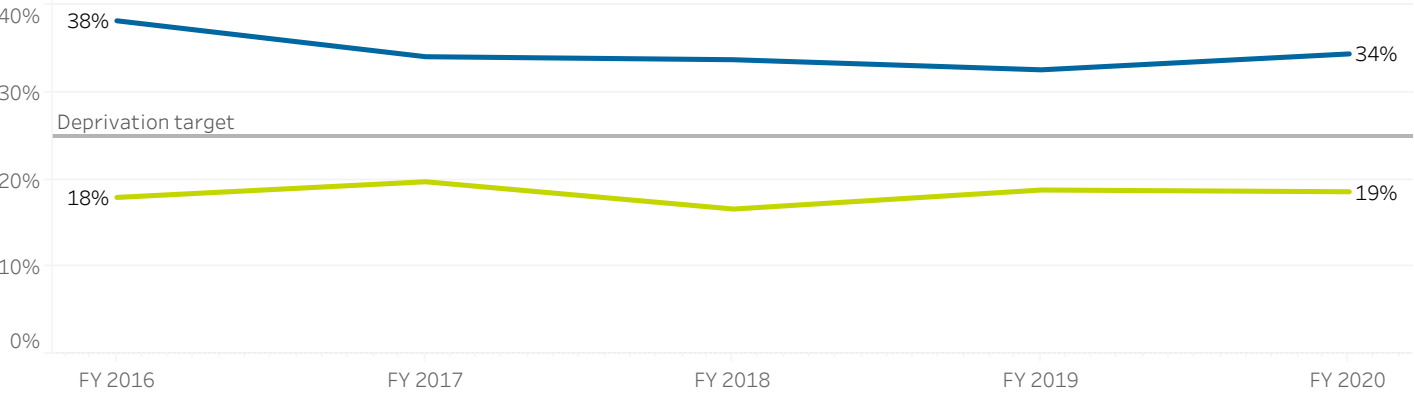
Take-up of weight management services has increased in 2019 compared with previous years. This has resulted from an increase in activity in the LiveWell Dorset service.



JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



3. REACH: Percentage receiving a weight management service living in most deprived quintile

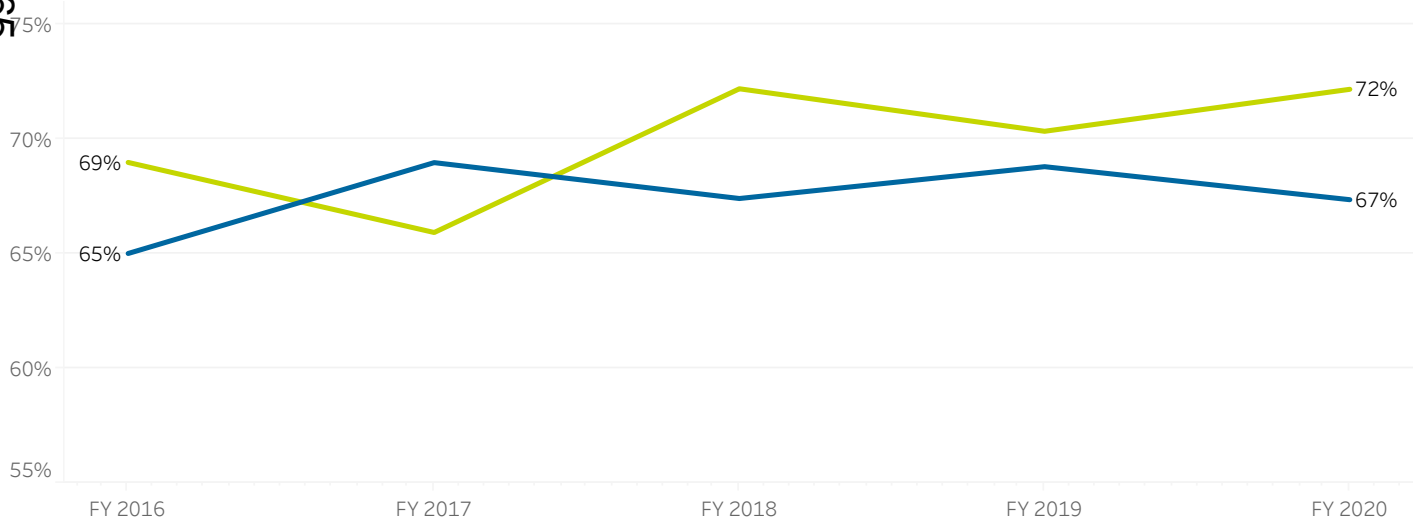


Area  
BCP Council  
Dorset Council

Across Dorset weight management services are engaging a disproportionately high percentage of people living in deprived communities. This is particularly marked in BCP given the greater number of deprived areas.

Page 65

4. IMPACT: Percentage achieving target 5% weight loss



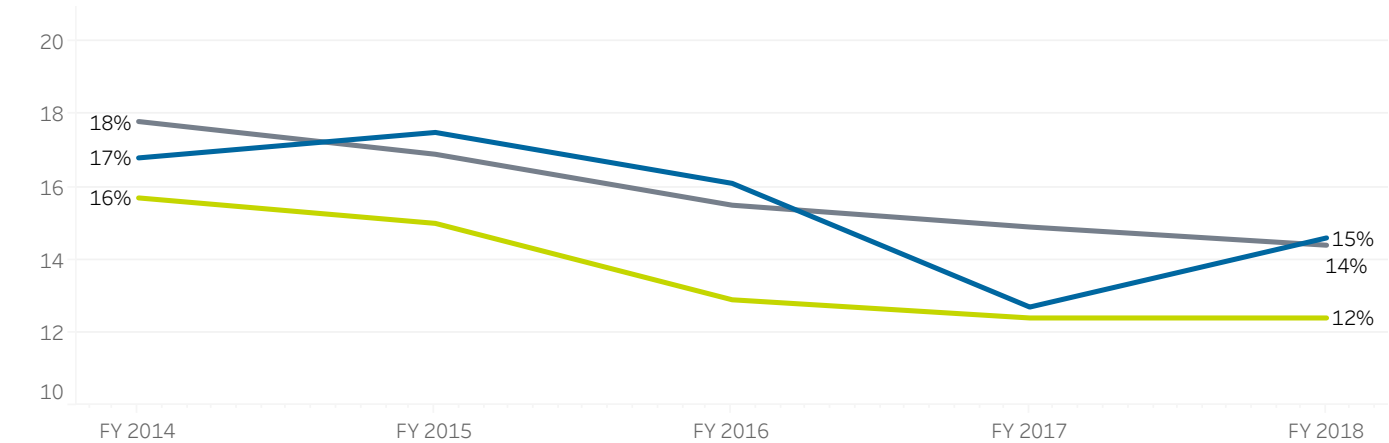
Area  
BCP Council  
Dorset Council

The percentage of people achieving the 5% weight loss target remains high in BCP and Dorset Council areas.

JOINT PUBLIC HEALTH BOARD SMOKING CESSATION PERFORMANCE REPORT



1. PREVALENCE: Percentage of adults smoking

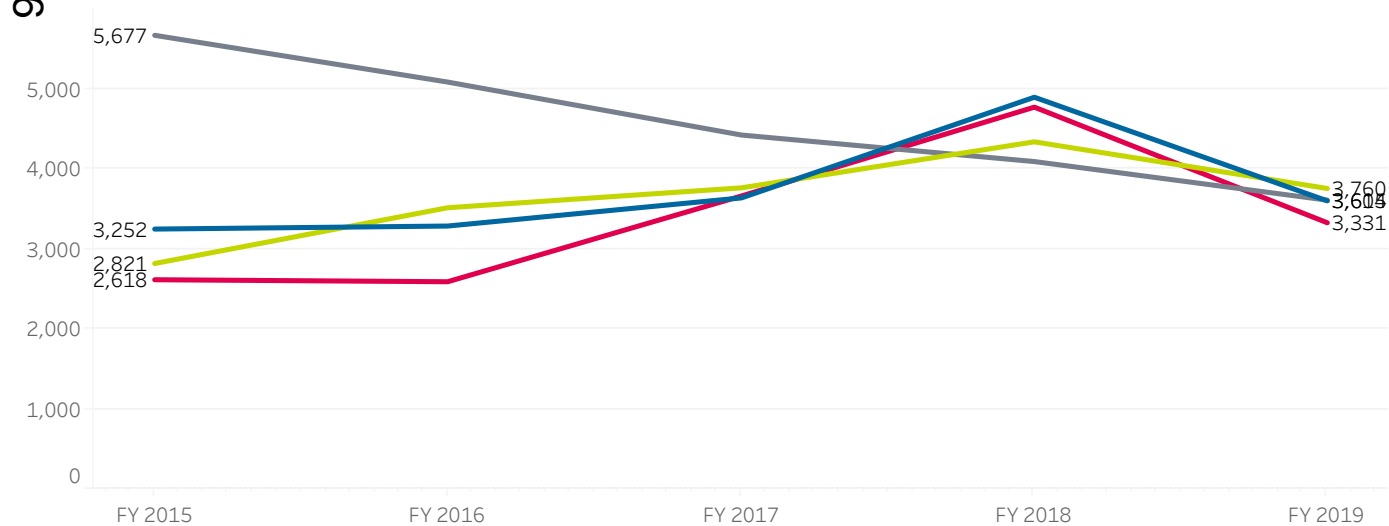


Area

- BCP Council
- Dorset Council
- England

The number of people smoking continues to decline. The decrease has been driven by more people quitting smoking, fewer younger people starting, and increasing popularity in vaping products.

2. SCALE: Persons starting a smoking cessation service per 100k smokers



Area

- Bournemouth
- Dorset
- England
- Poole

There has been a fall in the number of smokers accessing cessation services in 2019, in line with the decline in smoking prevalence.

JOINT PUBLIC HEALTH BOARD SMOKING CESSATION PERFORMANCE REPORT



3. REACH: Percentage in smoking cessation services living in the most deprived quintile 2018/19

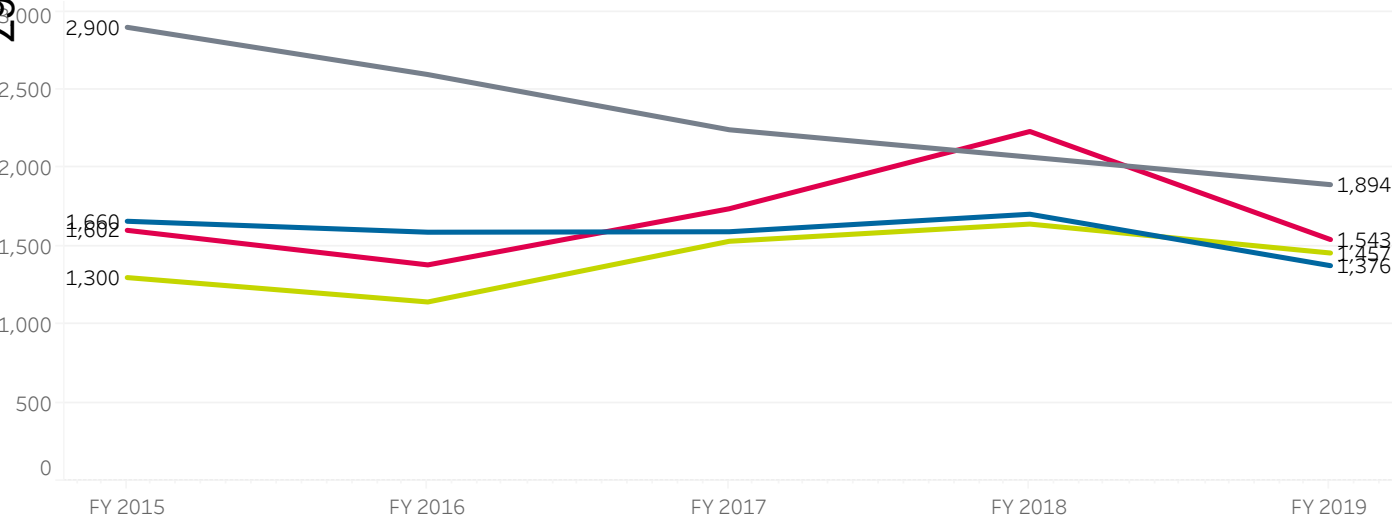


Area  
BCP Council  
Dorset Council

Local services continue to do well at engaging people from deprived communities, where smoking prevalence is higher than average.

Page 67

4. IMPACT: Number quitting at 4 weeks per 100k smokers



Area  
Bournemouth  
Dorset  
England  
Poole

There has been a small decrease in the number of smokers quitting in 2019. This is in line with the declining overall prevalence of smoking prevalence and the drop in the number of people starting a quit attempt.

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# **Joint Public Health Board**

## **3 February 2020**

### **Business Plan Monitoring Report**

Choose an item.

**Portfolio Holder:** Cllr L Miller, Adult Social Care and Health, Dorset Council  
Cllr L Dedman, Adult Social Care and Health,  
Bournemouth, Christchurch and Poole (BCP) Council

**Local Councillor(s):** All

**Executive Director:** Sam Crowe, Director of Public Health

Report Author: Sam Crowe, Director of Public Health

Title: Director of Public Health

Tel: 01305 225891

Email: [sam.crowe@dorsetcouncil.gov.uk](mailto:sam.crowe@dorsetcouncil.gov.uk)

**Report Status:** Public

**Recommendation:**

**Reason for Recommendation:**

#### **1. Executive Summary**

This report provides a quarterly summary of progress in delivering the agreed outputs from the Public Health Dorset business plan for 2019/20. The report highlights that the public health team is making good progress in delivering the business plan for 2019/20. The team is beginning the process of refreshing the business plan for 2020/21. Because of the long-term nature of many of the public health interventions we are involved in delivering, the approach to refresh will be a relatively light touch review of current work rather than wholesale change. The major areas of change are expected to be in the Prevention at Scale work, as set out in the separate paper to this board. Joint Public Health Board Members are asked to endorse the recommended approach being taken for 2020/21.

#### **2. Financial Implications**

No direct financial implications arise from this monitoring report. However, it does contain updates on progress in commissioning and providing our main public health services, which do impact on the overall budget position.

**3. Climate implications**

No direct implications. However, some of the public health interventions and projects within the business plan will positively reduce carbon emissions at individual and organisation level if implemented at scale, particularly active travel.

**4. Other Implications**

N/A

**5. Risk Assessment**

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: LOW

Residual Risk: LOW

**6. Equalities Impact Assessment**

EQIA assessments form part of commissioning for all public health services and are published in accordance with Dorset Council guidance.

**7. Appendices**

Appendix A: Business plan monitoring report

**8. Background Papers**

## **1 Introduction**

- 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 Dorset and BCP Councils.
- 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, and equitable delivery for our populations.
- 1.3 This monitoring report sets out a summary of progress against the Public Health Dorset business plan for 2019/20. The plan includes commissioned service deliverables, as well as a number of projects being delivered as part of the Dorset ICS Prevention at Scale plans.

## **2 Current Position**

- 2.1 The monitoring report (Appendix A) shows that most deliverables in the business plan are on track for the financial year 2019/20. The following paragraphs highlight particular areas of the business where an update to the Board should be helpful.
- 2.2 Numbers accessing LiveWell Dorset following an NHS Health Check are increasing compared with the previous quarter, but still below expectations. Overall numbers of health checks being delivered are improving. The final data for Q3 was not available at time of report preparation but a verbal update will be given in the meeting.
- 2.3 The work to competitively tender sexual health services alongside NHS England is almost ready to go live. A final decision on the approach to evaluation is being worked through with NHS England and the tender is expected to be formally published in January.
- 2.4 The pressures and risk in the integrated prescribing service for substance misuse affecting the Bournemouth area because of an increase in demand are reducing. The service provider is redesigning services to improve the efficiency of the service. Further updates will be provided next quarter.

- 2.5 Success rates in the LiveWell Dorset service reported at longer term follow up have reduced compared with previous quarters. A task and finish group is exploring how to better understand whether the drop off is due to the numbers in service increasing, with poorer follow up, or is down to delivery of service.

### **3 Case Management System for Substance Misuse Treatment Services (HALO)**

- 3.1 As of 2017, there has been one case management system in place for substance misuse treatment services across the pan-Dorset area: Halo, provided by Footwork Solutions. The contract for this has been managed by Public Health Dorset on behalf of the local authorities. The provider of this system has been the same for a number of years, and procurement advice is that it would be appropriate to test the market for alternative providers. There are several alternative systems and providers available.
- 3.2 However, although there are some national reporting requirements that any system would have to meet, there is a range of options for how these might be met. There could be a like-for-like standalone system, or integration with systems from a range of other areas of activity – primary care, mental health or social care, for example. Moreover, commissioning arrangements for substance misuse treatment services are currently under review, meaning it is unclear whether a pan-Dorset arrangement will still be as relevant in the future, if, for example, the two local authorities choose to commission services separately.
- 3.3 Therefore, although the current contract expires at the end of March 2020, the partners are not currently in a position to offer a vision for a replacement, and therefore it is proposed that any procurement is delayed until clarity is provided regarding the long-term model of substance misuse commissioning across the BCP and Dorset Council areas. The view of commissioners (which is subject to confirmation by Dorset Council) is that the current arrangement is legal, as the overall total spend is below the relevant threshold, and it offers value for money, as prices have not risen under the new contract, which is itself a saving on previous arrangements under the three separate local authorities.
- 3.4 The current proposal is for the contract to be extended to the end of March 2021, on the assumption that a decision will be made about commissioning responsibilities will be made by April 2020.



## **4 Health Protection.**

- 4.1 Health Protection is one of the 5 mandatory functions of Local Authority Public Health and this remains one of our key areas of business as usual. At the previous Joint Public Health Board we discussed that it was important for Board members to have clear oversight of this area of our work.
- 4.2 The Director of Public Health, through Public Health Dorset, is required to have assurance that plans are in place to protect the health and wellbeing of the residents Dorset and BCP Council areas.
- 4.3 Public Health Dorset works closely with the teams at Public Health England, NHS England and Dorset CCG, as well as colleagues in the Local Authorities to ensure there are plans, services and systems in place to respond to any kind of incident ranging from infectious disease outbreaks to major incidents.
- 4.4 There are several key groups who are key to the effective working around Health Protection issues including the Local Health Resilience Forum and Dorset Health Protection Network, which are co-Chaired and Chaired by Public Health Dorset. In addition, we attend the Dorset ICS Infection Prevention and Control network and are key members of any outbreak control group meeting linked to Dorset. If helpful, we could provide the Joint Public Health Board with the minutes of the Health Protection Network to get an overview of the issues being addressed by this group.
- 4.5 Immunisation and screening services (sometimes referred to as Section 7a services) are commissioned for the Dorset and BCP population by PHE team embedded within NHS England. The Director of Public Health receives a regular assurance report around the performance of these services and any issues linking to them which is relevant to our population.
- 4.6 It is evident that there are variations in uptake rates for some vaccination and screening programmes across the area and we are working closely

with the team and local Primary care teams to try to identify issues and improve uptake. We know that some of the variation reflects national trends but there may also be more localised issues. We propose that this could be presented to the Board in a more detailed report at a future date if of interest to members.

- 4.7 Public Health Dorset will continue to provide timely updates to Joint Public Health Board members if we become aware of any significant issues or incidents related to health protection that are beyond routine business, especially if it may attract any media interest.

## **5 Conclusion and recommendations**

- 5.1 This monitoring report shows that Public Health Dorset is making good progress in delivering against its business plan in this financial year. Board members are asked to note the progress, and to support the recommendations for a light touch review of the current business plan for 2020/21.

### **Footnote:**

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

# Public Health

## 2019/20 Business Plan Monitoring Report

**Contact:** Sam Crowe, Director of Public Health  
**Year:** April 2019 - March 2020  
**JPHB meeting date:** February 2020



### 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
<b>1. Prevention at Scale Projects</b>							
<b>1.1. Starting Well</b>							
1.1.1	Develop an effective, single 0-5 years offer / Early Help offer	Earlier identification and consistent intervention(s) for children with speech and language delay. Improvements in School Readiness.  Successful implementation of the new service specification. Maintain high quality and timely delivery of mandated checks for CYP. Improvement in key PH outcomes for CYP and their families.	Jo Wilson (Multi agency partners)	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.	
1.1.2	Embed behaviour change and lifestyle support through LWD digital in maternity care pathways	Reduction in smoking – measure by SATOD Outcomes and measurements agreed. Improved health and wellbeing outcomes for parents and infant(s). Understand and present impact of motivational interviewing training to influence wider workforce development plans.	Jo Wilson	→	↑	Smoking in Pregnancy Lead midwife in post to lead on local Quality Improvement projects including: Baby Clear training, developing Midwifery Support Worker roles, Risk Perception techniques, CO monitoring and NRT for partners	
1.1.3	Monitor and evaluate whole school approaches to health and wellbeing	Children and young people are more physically active. Improve children and young people's emotional and mental health. Make recommendations on Participatory Budgeting for future H&WB programmes. Schools have improved skills to evaluate H&WB projects and impacts. Children and young people are more physically active.	Jo Wilson	↑	→	Schools implementing WSA projects as per funding agreements. Early success/case studies available. Plans to build scale. Evaluation of the project process being undertaken to understand methodology. Capacity building workshops on evaluation methodology with schools.	
1.1.4	Build community capacity through training to support children and young people THRIVE	Improved confidence in Early Help / schools staff Young people have timely and appropriate access to Counselling. Reduce inappropriate referrals to CAMHS.	Vicky Abbott	↑	→	Over 350 staff have been trained in MHFA Youth. PHD working to secure a sustainable training offer working with a local education provider.  Public Health Dorset are leading a task and finish group on counselling services for children and young people. Questionnaire for schools drafted and to be circulated in Nov to understand need and provision.	
1.1.5	Improve childhood immunisations uptake	Reduce variation in childhood immunisations with a focus on MMR 2dose.	Michelle Smith & PHE Screening and Imms team.	→	→	Oct 2019: Updated SRO. Shore Medical Primary Care Network selected MMR as CCLIP area of focus. Working closely with them and PHE to understand issues that create variation and share good practice to improve rates.	
<b>1.2 Living Well</b>							

1.2.1	Develop and integrate a consistent prevention offer and systematic signposting to LiveWell Dorset from secondary care organisations	Increase in people accessing LiveWell Dorset from secondary care	Stuart Burley/sophia callaghan	→	↑	Individuals from secondary care activating LWD pathways has increased by 145% year to date, compared with 2018/19. Interview with high referring dept documented and shared with OAN. LWD begin joined up approach with Active Dorset on system change through MSK care pathway. Allied health professionals ( AHP) programme will include referral pathways to LWD, starting with 4 team cohorts -first contact practitioners ( FCP) , OT groups, cancer teams, band 7 leads.	
1.2.2	Develop and implement co-ordinated health and wellbeing plans within health and care system	<p>To have a single approach across Dorset with organisations signed up to wellbeing plans as a system.</p> <p>To ensure staff from each organisation each part of the system is trained as MECC and MHFA tutors.</p> <p>To establish a sustainable local skills development programme.</p> <p>To ensure each organisation has access to a single wellbeing skills development offer on their intranet for staff including LWD</p> <p>To increase numbers of referrals into skills training and lifestyle coaching services.</p> <p>To increase awareness and access to behaviour change support for lifestyle change.</p> <p>Work with health and care organisations to start to evaluate impact of programmes.</p>	Sophia Callaghan	→	↑	<p>system organisations all signed up with plans in place, some have completed plans ans are refreshing for year 2, 24 MECC tutors and 11 MHFA tutors ( 12 more in january 2020 ), a few in each system organisation so tutors are at scale, tutors are starting to deliver and MHFA lite has now run in december to enable shorter courses to run, skills network developing and needs further shaping, intranet offer available on each organisation but needs updating by LWD comms, awareness and access numbers increasing to skills training approx 50 engagemnt events across organisations and about 800 staff trained, primary care offer for staff has been designed and will start in january 2020 for south coast , evaluation framework in place further work to engage organisations planned this year in terms of cultural change audits as one example.</p>	

1.2.3	Work with the ICS to implement coordinated staff health and wellbeing provision in organisational development plans	Increase in LiveWell Dorset health and wellbeing training sessions delivered to key health and care workforces. Increase in people accessing health and wellbeing support. Increase in people accessing LiveWell Dorset.	Sophia Callaghan/ Stuart Burley	→	→	1200 ICS staff have received the LWD training offer since April 2019. LWD supporting staff H&W initiatives through intranet, newsletter, Health MOT events. Agreement to include Wellbeing Champions training offer in next FY. 57 health and wellbeing training sessions delivered to date, in line with target. The majority of courses were '5 ways to wellbeing' and 'managing stress and building resilience' to health and social care organisations. Working with ICS our Dorset workforce hub to embed prevention in organisational plans as part of retention strategies, gathering insight work to informal planning, working with AHP committee to skill up all AHP in MECC and behaviour change skills, baseline questionnaire has been collated as a baseline and presented to the committee to assess current skills/knowledge /awareness and next steps for planning. AHP workshop complete and objective now set to deliver the public health strategy goals across the system. PHD to ensure these AHP goals are written into organisational plans continue engaging HRDs to continue to embed prevention within ICS task groups	
1.2.4	Continue to encourage and develop a culture of prevention in primary care	Increase in people accessing LiveWell Dorset from primary care.	Stuart Burley	→	↑	Provision of patient referral feedback to each surgery. Scoping the PCN training offer, to be piloted at South Coast Medical. Ongoing comms regarding Contact My Patient signposting mechanism. Compared with the previous full financial year 2018/19, we have recorded a 36% increase in primary care referrals.	
1.2.5	Develop a stronger and more integrated LiveWell Dorset locality prevention offer	Demonstrable network of community health and wellbeing providers working in partnership. Increase in referrals between LiveWell Dorset and other health and wellbeing providers. Increased informal LiveWell Dorset locality 'workforce'.	Stuart Burley	→	→	Work ongoing to support the developing PCN offers. Exploring partnership working potential with Help & Care and Social Prescribing services - these partners have been engaged with and are actively signposting using Contact My Patient. Exploring use of LWD Facebook profile to link into PHC etc closed FB groups. Dissemination of newsletter subscription form to these partners to ensure ongoing comms and updates are shared.	
1.2.6	Development of digital behaviour change support and integration across the system	Increase in people accessing LiveWell Dorset. Increase in people using digital self-support. Increase in the engagement with the digital platform across the ICS.	Stuart Burley	→	→	LWD digital platform has increased user traffic, averaging approx 8,000-12,000 visit per month. Digital engagement continues to account for more than 80% of first contacts with the service. Resource has been identified and work is in progress to scope 'phase 2' of the digital LiveWell offer.	

1.2.7	Work with the private sector to develop and roll-out sustainable health and wellbeing provision to large employers	Increase in people accessing LiveWell Dorset.	Stuart Burley	→	↑	Viable commercial LWD service offers scoped, developed and now delivering to private sector organisations. Consultancy offer being taken up by one firm. Training package is going through RSPH accreditation. Additional offers in development in response to private sector demand including: 'building wellbeing champions in the workplace' and 'developing a wellbeing strategy'.	
1.2.8	Embed consistent prevention and behaviour change support in the new NHS Health Check provision	Increase in people accessing LiveWell Dorset following a Health Check.	Stuart Burley/Lydia Turnbull	→	↑	Numbers accessing LWD following a Health check continue to increase with 230 people reporting referral via an NHS health check. A new Health Check contract is in place and uptake remains fairly low during mobilisation. GP NHS HC providers now have Contact My Patient embedded into their SytmOne screen.	
1.2.9	Support the development, roll-out and evaluation of the Dorset Optimal Lung Cancer Pathway pilot	Increase in number of people identified in respiratory clinics and taking up stop-smoking support from LiveWell Dorset. Build evidence of an evaluation of a new pathway.	Stuart Burley/Lauren Bishop	→	→	Pilot initiated but low numbers of smokers identified has led to limited uptake. Pilot extended to gather insight. Next steering group meeting 3rd February.	
<b>1.3. Ageing Well</b>							
1.3.1	Implement the plan to promote Active Ageing	Increase in 55-65-year olds registering with LiveWell on a Physical Activity pathway (Active Ageing Programme).	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	Embed lifestyle support in pathway scoping and prioritising potential opportunities as part of transforming outpatients	Increase numbers accessing LiveWell Dorset. Reduce the number of unnecessary outpatient appointments.	Jane Horne			Oct 2019: OP transformation programme submitted 2 bids for transformation funding - potential through intelligent automation to connect LiveWell and lifestyle support. Ongoing planning and scoping	
1.3.3	Support the implementation of the Dorset ICS Falls Plan	Increase access to activity and nutrition information reducing the risk of falling.	Jane Horne		→	Jan 2020: Two JSNA workshops in November, with systems map and logic model. Continued work on knowledge gaps and research.	

1.3.4	Connect the National Diabetes Prevention Programme more effectively with LiveWell Dorset	Numbers connecting with LWD as a result of the programme. Anecdotal/story e.g. what has happened in a locality or how connected into LWD.	Jane Horne	→	→	Jan 2020: Contract awarded to current incumbent, mobilisation to meet new specification Jan-Apr. New contract, start date April 2020 includes digital element, will enable younger age group better access, and closer connection with LiveWell Dorset.	
1.4. Healthy Places							
1.4.1	Build capacity to address inequalities in access to greenspace	Enhance access to greenspace for communities less able to enjoy greenspace. Number and impact of projects delivered.	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	Improve poor quality housing (Healthy Homes Dorset)	Number of clients (which includes those accessing other services): advice, referrals to other services, income maximisation, etc). Number of heating/insulation measures installed.	Rachel Partridge/ Jon Bird	→	→	To date, the Healthy Homes programme has delivered the following: Phase 2 (current phase): From January 2017 to September 2019, the service has received 3167 enquiries from 1741 individual clients, of whom 1322 reported a health condition exacerbated by living in a cold home, the majority of which were cardiovascular and respiratory conditions. 333 homes have been improved, and 159 households received a home visit. The current contract is due to finish in March 2020. Discussions are in progress to discuss how to best embed Healthy Homes Dorset for the future.	
1.4.3	Implementation of a Pan Dorset air quality network	Influence policy and actions to be taken by Local Authorities.	Rachel Partridge	→	→	The network has been established. The next element of this piece of work is to engage and review the expectations of this network in discussion with Environmental Health Officers from the two Local Authorities.	
1.4.4	Support and promote active travel with Local Authority teams	Improve walking and cycling infrastructure. Increase in the number of individuals walking and cycling.	Rachel Partridge	→	↑	New joint funded officer in post from August 2019 to work on the Cycling and walking infrastructure plans. Particularly focussing on the East Dorset area to connect with the Transforming Cities funding application. Taken part in a BCP workshop on how to develop the thinking around travel in BCP.	

1.4.5	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	→	→	Working with Locality Link Workers on planning applications. Working with the planning teams in BCP and DC on the development of the two new Local Plans.	
1.4.6	Support responsible authorities in the licensing process	Ensure that licensing policy and applications consider the health and wellbeing of the local communities.	Rachel Partridge/ Rob Spencer		→	Ongoing work with colleagues from Licensing teams re development of the SOLP and any potential input from PHD into the two new Local Plans. FW attended PMT to explore current thinking around the role of Public Health and licensing October 2019.	
1.4.7	Implementation of 'Beat the Street' project in W&P and Poole and Purbeck.	Reduce physical inactivity in adults and children.	Rachel Partridge/Bianca Porter		→	The draft 12 month end of project evaluation report has been received from Intelligent Health in October 2019. Need to identify key lessons learnt and any potential next steps. Need to disseminate the final results with partners via the two Health and Wellbeing Boards.	
<b>1.5. Locality Working</b>							
1.5.1	Support commissioned services and PAS projects (Healthy Homes, CHIS, Collaborative practice, Access to natural environments, Active Ageing, Whole school approach and daily mile)	Ensure PAS projects are hitting the ground and reaching scale.	Chris Ricketts/Locality Link Workers	→	→	Support/promotion of PAS projects across localities. Involvement in planning for sustainability of key projects (Collaborative Practices, Health Homes) beyond funded period.	
1.5.2	Connect with the Screening and Immunisation team to address variation in uptake	To address priority areas highlighted on locality profile e.g. variation in MMR vaccination rates.	Chris Ricketts/Locality Link Workers/ <i>Michelle Smith</i>	→	→	Cross reference 1.1.5 above	
1.5.3	Increase awareness of LiveWell services across the locality and supporting the referral pathways	Increase awareness and quality of referrals to LiveWell to address priority areas highlighted by the Locality Profiles e.g. Emergency Hospital Admissions for Heart Disease. Increase the number of referrals into the LWD service. Increase in physical activity service offers.	Chris Ricketts/Locality Link Workers	→	→	Ongoing promotion of the LWD service across PCNs and in localities more generally. Particular focus on 'contact my patient' signposting mechanism.	
1.5.4	Ensure health and well-being of populations is actively considered through the planning process	Improve access to healthy and health promoting environments	Chris Ricketts/Locality Link Workers	→	↑	We have developed a systematic approach to providing public health advice on all planning applications of more than 100 dwellings. Further work to do on emerging local plans.	
1.5.5	Work with the locality's Population Health Management team to develop better prevention activities around: •Diabetes in Bournemouth East •IOPD in Weymouth •Frailty in North Dorset	Improve health outcomes for the priority areas identified Establish links with key PAS projects, such as LWD.	Chris Ricketts/ Jack Blankley/ Laura Evertt-Coles/ Fiona Johnson	→	→	Wave 1 PHM projects complete. Wave 2 commenced Sep 2019 with 4 PCNs. PHD Locality Link Workers supporting workshops and discussion with PCN Boards re priorities	
<b>2. Commissioning and Services</b>							
<b>2.1. Commissioning Intentions</b>							
2.1.1	Mobilisation of the CYP Public Health Service	Ensure the successful transfer and set up of the new service. Ensure planning and the start of the delivery of transformation within the service.	Jo Wilson	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.	



2.1.2	Sexual Health procurement	Ensure an effective, efficient and integrated service is implemented.	Sophia Callaghan	→	→	July JPHB agreed procurement milestones, moved back to <b>January 2020</b> start as NHSE have come in as an integrated specification, collaborative agreement signed and agreed, new contract length 4+2 agreed, tender documentation <b>complete</b> and agreed by NHSE, price negotiations have been agreed with DC and NHSE procurement leads. <b>contract extension request with monitoring officer and letter to DHCFT sent out Jan 7th. final tender work now taking place</b>	
2.1.3	Re-design Residential Detox and Residential Rehabilitation Service	Ensure a sustainable solution to reduce cost and manage spend.	Will Haydock	↓	→	BCP Council have produced a framework that will be used on behalf of both local authorities for detoxification, while Public Health Dorset is developing a model that will be hosted by Dorset Council on behalf of both authorities.	
2.1.4	Review/Re-procurement of the supplier of needle exchange equipment	Ensure a compliant, effective and cost-efficient option is implemented	Will Haydock	→	→	This is being taken forward by BCP Drug and Alcohol Commissioning Team on behalf of the two authorities.	
2.1.5	Refresh Halo System	Ensure an effective data management solution.	Will Haydock	↑	→	It is proposed to extend the current arrangement but conduct a full procurement over a full 12 month period.	
2.2. Contract Management							
2.2.1	Health Checks Service	Identify individuals at high risk of developing heart or circulation problems in the next 10 years. Increase in referrals to LWD.	Sophia Callaghan	→	↑	New AQP framework in place, higher level management has supported GP (75) and pharmacy (8) to sign up for health checks, some issues with training and equipment access has slowed mobilisation, the main pharmacy has now <b>been put onto the framework</b> agreed T&Cs, there were 659 more checks than last year, at Q2 so moving in the right direction. another promotion planned early next year led by comms. link workers working with localities to support addressing any barriers to delivery.	
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	↓	↑	In response to the risks previously identified due to pressures on resources resulting from an increase in the number of service users, AWP (the provider) has developed a new service model to improve the efficiency of the service, tailoring support based on service users' risks and preferences, allowing those most in need of support to access more frequent contact with staff. This will go fully live in late January and will be monitored and reviewed in the spring.	
2.2.3	Smoke stop service	Increased numbers accessing the service and successfully quitting smoking.	Stuart Burley	→	→	There has been a small drop in the numbers accessing support, though broadly in line with falling smoking prevalence. Quit rates remain very positive in 2019/20 of between 55-60%.	

2.2.4	Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC) Services	Reduce U18 conception and chlamydia rates. Improve access and awareness of EHC services. Numbers receiving EHC. Improve access to LARC services. Numbers receiving LARC.	Sophia Callaghan	→	→	EHC - 120 out of 148 pharmacy signed up = 77% and an increase from last year ( 114) , and 4 GP practices with additional EHC services , no "official" provision in Blandford. full year 2018.19 6022 people supplied with EHC and more activity in areas of higher need LARC provision 18/19 3588 procedures with 1858 LARC procedures in Q1. There are 75 practices (including branch surgeries) contracted to deliver the LARC service. If we are saying there are 90 practices pan-Dorset then 83% sign up				
2.2.5	Needle Exchange Service	Reduce the need for people who inject drugs to share non-sterile equipment. Number of packs issued. Encourage people who inject drugs to return used equipment for safe disposal. Number of returns received.	Will Haydock	→	→	Needle exchange performance and spend is on track and within budget.				
2.2.6	Supervised consumption service	Reduce the risk to local communities of: Overuse or under use of medicines. Diversion of prescribed medicines onto the illicit drugs market. Accidental exposure to the dispensed medication. Prevent abuse or inadvertent overdosing. Provide an accessible service. Provide Service Users with regular contact with healthcare professionals and to help them access further advice or assistance. Number of medicines administered.	Will Haydock	→	→	Due to increasing numbers of people accessing opioid substitution treatment in Bournemouth (a positive and planned development) there is pressure on the budget for supervised consumption. This can be managed for 2019-20 and there are mitigating actions being developed for 2020-21: reviewing supervision requirements and an expected reduction in the number of new entries to treatment as previously unmet demand is resolved.				
2.2.7	CYP Public Health Service	Ensure the provider is deliver the KPI's and outcomes set out in the contract: At least 95% uptake of all mandated and preschool health assessment. NCMP - 100% schools engaged, records updated, and parents contacted. Number of parental referrals to LiveWell. Maintain or reduce mothers who smoke at time of delivery. Increase in smoke free homes. Improved child and parental mental health. Increased children physical activity levels. At least 80% of children who are identified as not having a good level of development at 3-31/2 are ready for school at 4-5 years.	Jo Wilson	→	↑	CYP PHS Service awarded to Dorset HealthCare contract start date 1st October. Mobilisation plan on track to phase in developments specifically: Digital, Workforce, Intelligence, Operating Models and Communications Plans.				

2.2.8	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.	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 a pilot took place for 6 months to gauge activity, 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. single clinical lead in place and dual training increasing, community premises agreed for January move, staff now covering more Dorset wide				
2.2.9	Residential Detox and Residential Rehabilitation Service	Number of service users supported.	Will Haydock	↑	→	Current use of these services is broadly in line with expectations and budgets, in contrast with 2018-19 when residential detoxification was overspent in Bournemouth.				
2.2.10	Weight Management service	Numbers accessing the service and successfully losing 5% of their weight	Stuart Burley	→	↑	Overall increase in numbers accessing service. Success rates at end of intervention have increased from 65% to 70%. Rates of intervention completion have increased from 70% to 75%.				
2.2.11	Health Checks Invitations	Improve invitation dissemination and response.	Susan McAdie	→		Analysis of Q1, 2 and 3 data to understand how individuals accessing NHS Health Check 'heard about' from submitted data from Providers to occur end of December 2019 with a comms strategy to be developed for next financial year January 2020				

2.2.12	Collaborative Practice	For 2nd Cohort: Number of practices engaged across B, P and D and participated in leadership programme. Number of practice champions. For 1st Cohort: Above and number of activities set up, number of people engaged, number of results/ outcomes from activities.	Nicky Cleave/ Susan McAdie	→		27 GP practices have completed their Leadership Programme and all but 2 practices have recruited their Practice Health Champions. Contract ceases December 2019 with 2 Communities of Practice supported Jan-Mar 2020. Evaluation report expected March 2020. Practice Health Champions have acknowledged that they wish to connect pan Dorset to share learning, to promote each others groups and to support each other-this will be in the form of a closed Facebook page, local CP networking and pan Dorset CP gathering, Chairs of PHC may meet quarterly to discuss fundraising and common issues.				
2.2.13	Encourage workforce wellbeing in contracts we manage	To ensure providers are promoting staff well-being and staff are of good emotional and physical health.	Sophia Callaghan	↓	→	Specific wellbeing expectations developed in new sexual health service specification. New terms of reference being developed for all contracts to encourage more focus in all of our providers.				
2.3. Services - LiveWell Dorset										
2.3.1	Increase the scale of behaviour change support	Increase the number of people accessing behaviour change support to >10k per annum Raise the awareness of the LWD service and help people understand what the service does. Improve awareness of the use of brief intervention within the LWD pathways and upskill professionals/ partners to be able to undertake a brief intervention.	Stuart Burley	↑	→	Year to date (April 1st – January 7th), almost 5.5k individuals have registered with LiveWell Dorset. This remains almost on track to meet the ambitious target of 10,000 for the full financial year.				
2.3.2	Ensure behaviour change support is reaching the right people in the right communities	Increase the number of people accessing LiveWell Dorset from deprived communities and maintain >25% Increase the number of men accessing LiveWell Dorset to >25%	Stuart Burley	→	↑	Reach to people in the 20% most deprived communities remains broadly on target at 25% for Q3 and 24% for Q4 so far. Male registrations have increased from 23% to 26% in Q4. There has also been an increase in younger people (18-39) accessing the service, from 33% to 38%.				
2.3.3	Increase the impact of behaviour change support to improve outcomes for individuals	Increase in the number of people sustaining positive behaviour change across each pathway: >75% at 3, 6, 12 months	Stuart Burley	↑	↓	As scale increases, it becomes more challenging to successfully follow up with clients (though follow-up rates are equal or better than similar services and a Task & Finish Group is in place to address this). A drop in follow-ups at Q3 makes it harder to report success rates with confidence, though these appear to have dropped to 49%, 61% and 59% at 3, 6 and 12 months respectively (across all pathways combined).				
3. Enabling Services										
3.1. Communications										
3.1.1	Raise the awareness of Public Health within the newly reformed Councils	Ensure members and stakeholders are introduced to and aware of the work of Public Health Dorset.	Kirsty Hillier	→	↑	We took part in member induction sessions and produced material that was shared at events and electronically with all councillors. We have a another induction session in planning stages. We recruited another communications officer who is based 2/3 at BCP Council and existing comms officer is based between Princes House and County Hall.				

3.1.2	To map stakeholders and communications plan. To take different projects/services and produce a range of materials. To ensure projects build in communications and evaluation at the start. To use case studies and tell stories from contract management information - ensure contract managers identify appropriate case studies - develop a template for contracts to give to providers - link with C&C group to influence and embed the process - challenge/explore whether communications case studies are included in specifications. To communicate the Business Plan evaluation.	Partners are aware of our work and successes. PHD profile is being raised	Kirsty Hillier	→	→	Communications forward plan has been developed and implemented. We have mapped stakeholders across the system but this is an iterative process and constantly changing.	
3.1.3	Explore the 'Our Dorset'/PAS brand as being shared by partners	Encourage ownership and use of the 'prevention' role and brand by partners to promote prevention as everybody's business.	Kirsty Hillier	→	→	Prevention at scale has a strong prominence in the next version of the Our Dorset plan. The Our Dorset website is being redeveloped to align with the new plan and to cover more prevention activity.	
3.1.4	Amplify PHE campaigns locally and run priority campaigns across the department	Raise awareness in Dorset of services and/or key messages around Public Health topics that will improve or protect the populations health.	Kirsty Hillier	↑	↑	Several successful campaigns have been run including Every Mind Matters, Cervical Screening, Tick Awareness, Stoptober, Change for Life 10 minute shake-ups	
3.1.5	Continue to develop multimedia channels	Improved profile and presence of Public Health Work with stakeholders and the public.	Kirsty Hillier	→	↑	Our social media following has risen to over 3500 followers on Twitter and over 1100 on Facebook. We are making more use of video and have created several very successful case studies including one used at the recent food poverty conference and another highlighting the benefits and process of having an NHS health check	
3.1.6	Ensure Public Health Dorset correspondences use less jargon and more meaningful statements for 1) internal team 2) external partners and 3) Joe public	More accessible and receptive correspondences being received by our stakeholders.	Kirsty Hillier	→	→	Some progress has been made which can be seen in the material being issued to people about NHS health checks. We need to take the same approach with our other services and contracts.	
3.1.7	Improve internal communications between team members	Team members feel informed and they have sufficient information to do their job properly! Improved communication between PH projects and locality workers and wider team members. Enabling greater cascade of project information and engagement in the communities and with stakeholders	Kirsty Hillier	→	↑	Recent staff survey results show that internal communications has been improved with a revamp of our internal intranet The Wall and training for the team in appropriate use of emails. We are now developing an internal communications strategy for the service and looking to integrate more with LiveWell Dorset.	
3.1.8	Improve co-ordination of communications across the ICS	Improve relationships and ensure comms messages are effectively shared across the system.	Kirsty Hillier	↑	↑	Communications manager for Public Health Dorset has been seconded to the ICS as a head of communications. This is driving collaboration forwards and making sure comms teams across the system are working together. Next steps is to create a system wide communications forward plan that we can all sign up to and implement as a group.	
3.1.9	Network with the internal team and external stakeholders (incl. LA and acute trusts) to spread the awareness and success of the LiveWell Dorset service	Internal and external partners are aware of LiveWell Dorset's work and successes. LiveWell Dorset profile is being raised and increased confidence and engagement with the service.  Raise the profile of LiveWell as a brand as well as a service. To enable other relevant PHD work to feature under LiveWell and enable greater awareness and profile.	Matt Fisher				

3.2.1	Support cultural change	PHD are leading by example for staff wellbeing and staff feel wellbeing has improved. Business plan annual cycle implemented and working efficiently. Shared on the Wall for all to see. Staff are informed and supported through structure changes. Office areas are being used by teams and providing a conducive environment to the work being carried out.	Barbara O'Reilly	→	↑	Significant progress has been made to support change through activities, engagement and communications across the team, this will be continuous. KH developed 'one pager' business plan following PMT meetings to ensure no areas of the business plan are missed from people's workplan.	
3.2.2	Recruit and retain high quality staff and maximise staff engagement	Staff actively engaged in team meetings and away days. Positive staff feedback regarding engagement events. Improvements made based on staff feedback. Year on year improvements in staff survey results. Improved internal communications, where staff feel they are informed and have access to relevant information to them. LWD accessing and engaged with wider team internal communications	Barbara O'Reilly	→	→	Improvements are being made which is demonstrated through the Staff Survey results, however, this continues to be work in progress. Internal comms plan is in development with links to PHD and DC themes.	
3.2.3	Support staff health and well-being	Improve staff health and wellbeing. Staff feel supported through work to look after their health and well-being. PHD are practising what we preach!	Barbara O'Reilly	→	↑	Real progress has been made with an increasing range of activities and support on offer. Information is being shared on 'The Wall' to support all staff.	
3.2.4	Build leadership and capability	CPD offer delivered and valued and helpful for staff. New CPD needs identified through PDR needs assessment. Improvements in the use of CCC in the team. Handbook and guidance being followed and working effectively and efficiently to meet team needs. Monitoring process of training budget developed and implemented.	Jo Tibbles	→		CPD programme set out for first quarter of 2020, staff actively involved in delivery of sessions to share learning Intranet pages enhanced to make access to learning and development information simpler	
3.2.5	Align individual performance with business and development planning	Staff feel involved and are aware of PHD business strategy/vision. Staff have an annual work plan to include objectives within the PDR process. Meaningful feedback is included in the PDR process and staff value this to take forward. Staff have access to business plan monitoring and outcomes. PH skills are being effectively used	Barbara O'Reilly	→	→	This is work in progress, through PDR's and Mid Year Reviews using the Business Plan to be involved and aware of the PHD business strategy and vision. Staff have access to business plan monitoring and outcomes.	
3.3 Business Support							
3.3.1	To support PAS workstreams and carry out Business as Usual activities	Improved support to workstreams and clarity of roles for business support. Better use of resource and skill mix and efficiencies within the team. Business processes effectively implemented.	Barbara O'Reilly	→	↑	Significant progress in clarity of Business support role and process and timeline in place for reports and reporting to Sytle. Increased support for localities.	
3.4 Public Health Intelligence							
3.4.1	Joint Strategic Needs Assessment (JSNA)	System-wide shared understanding of population health and wellbeing needs. Public Health Contribution to the Dorset Integrated Care System.	Chris Skelly/Vicki Fearn	→	→	Ongoing work across the system.	
3.4.2	Population Health Modelling	Public Health Contribution to the Dorset Integrated Care System.	Chris Skelly	→	→	Ongoing work, new contract in place and 3 projects training analysts in the techniques	
3.4.3	Facilitated Problem Solving to help clients understand and articulate what change they are trying to effect	Problem solving offer to our clients.	Natasha Morris	→	→	Workshop process developed and implemented as part of JSNA process.	
3.4.4	Programme Evaluation	Public Health Contribution to the Dorset Integrated Care System.	Susan McAdie	→	→	Review of current projects completed and assessed. Ongoing 6 monthly team reviews and reports submitted with minutes.	

3.4.5	Health Systems	Support services.	Hayley Haynes/ Daryl Houghton/ Steph Farr	→	→	CHIS performance monitoring dashboards up and running. Intelligence input into new sexual health scorecards. Substance misuse contract dashboards continue. Dashboards also informing JPHB meetings.	
3.4.6	Healthy Places Research	Support for Healthy Places Programme.	Rupert Lloyd	→	→	Dorset Greenspace accessibility analysis and Mosaic population profiles are being used to support the identification of sites for interventions through BCP Council's Future Parks Accelerator Project.	
3.4.7	Cardiff Model	Improve data quality and use data to inform practice.	Rob Spencer/Hayley Haynes	→	↑	Meeting held with ED partners in December to discuss data quality and submissions going forward. Work in hand to update spreadsheet submissions and keep EDs informed of the value of the information they provide.	

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