



Joint Public Health Board

Date: Thursday, 7 December 2023

Time: 2.00 pm

Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Membership: (Quorum 2 – 1 from each LA)

Dorset Council: Councillors Laura Beddow and Jane Somper

BCP Council: Councillors David Brown and Vikki Slade

NHS Dorset: David Freeman, Chief Commissioning Officer

Non-Voting Members: Cllr Cherry Brooks and BCP Vacancy

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic Services Chris Harrod
chris.harrod@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

For easy access to the Council agendas and minutes download the free public app Mod.gov for use on your iPad, Android and Windows tablet. Once downloaded select Dorset Council.

A G E N D A

Page No.

1 APOLOGIES

To receive any apologies for absence.

2 MINUTES

5 - 10

To confirm the minutes of the meeting held on 25 July 2023.

3 DECLARATIONS OF INTEREST

To receive any declarations of interest.

4 PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work, or represent an organisation within the Dorset Council or BCP Council areas are welcome to submit either 1 question or 1 statement for each meeting. You are welcome to attend the meeting in person or via MS Teams to read out your question and to receive the response. If you submit a statement for the committee this will be circulated to all members of the committee in advance of the meeting as a supplement to the agenda and appended to the minutes for the formal record but will not be read out at the meeting.

The first 8 questions and the first 8 statements received from members of the public or organisations for each meeting will be accepted on a first come first served basis in accordance with the deadline set out below. Further information read [Public Participation - Dorset Council](#)

All submissions must be emailed in full to chris.harrod@dorsetcouncil.gov.uk by 8.30am on Monday 4 December 2023.

When submitting your question or statement please note that:

- You can submit 1 question or 1 statement.
- a question may include a short pre-amble to set the context.
- It must be a single question and any sub-divided questions will not be permitted.
- Each question will consist of no more than 450 words, and you will be given up to 3 minutes to present your question.

- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- all questions, statements and responses will be published in full within the minutes of the meeting.

5 FORWARD PLAN 11 - 16

To consider the forward plan.

6 DIRECTOR OF PUBLIC HEALTH UPDATE 17 - 22

To receive a presentation from the Director of Public Health.

7 FINANCE REPORT 23 - 34

To consider the report.

8 DORSET HOME UPGRADE GRANT 35 - 40

To consider the report.

9 BUSINESS PLAN MONITORING 41 - 64

To receive an update on the Business Plan.

10 HEALTH CHECKS UPDATE 65 - 74

To consider the report.

11 HEALTH PROTECTION ASSURANCE 75 - 80

To consider the report.

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.

13 EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph x of schedule 12 A to the Local Government Act 1972 (as amended).

The public and the press will be asked to leave the meeting whilst the item of business is considered.

There is no exempt business scheduled for this meeting.



JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON TUESDAY 25 JULY 2023

Present: Cllrs Laura Beddow, David Brown, Vikki Slade, Jane Somper and David Freeman

Also present: Cllr Cherry Brooks

Officers present (for all or part of the meeting):

Sam Crowe (Director of Public Health),
Steve Gorson (Senior Accountant - Adults),
Chris Harrod (Senior Democratic Services Officer),
Jane Horne (Consultant in Public Health),
Sarah Longdon (Head of Service Planning)
Rachel Partridge (Assistant Director of Public Health)

Officers present remotely (for all or part of the meeting):

Lucy Mears (Communications and Commissioning Manager - Public Health)

1. **Election of Chairman**

Prior to nominations for the Election of Chair, the Senior Democratic Services Officer referred to the note on the agenda which explained that the Board had previously agreed to amend the joint arrangements to allow for the Chair and Vice-Chair of the Board to remain in position for a period of one year instead of rotating between meetings, as this ensured consistency of governance. However, the joint arrangements had not been updated to reflect this and would be amended imminently.

Resolved:

That Councillor David Brown be elected Chairman and retain the Chairmanship for the ensuing year, 2023/24.

2. **Election of Vice-Chairman**

Resolved

That Councillor Jane Somper be elected Vice-Chairman and retain the Vice-Chairmanship for the ensuing year, 2023/24.

3. **Apologies**

No apologies for absence were received at the meeting.

4. **Minutes**

The minutes of the meeting held on 16 February 2023 were confirmed and signed.

5. **Declarations of Interest**

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

6. **Public Participation**

No public participation requests had been received.

7. **Forward Plan**

The Forward Plan was noted.

8. **Director of Public Health Update**

Sam Crowe, Director of Public Health, provided the Board with his annual report by way of powerpoint presentation, a copy of which has been appended to these minutes, which focussed on:

- Celebration of 10 years of Public Health in Local Government
- Recovering services
- Partnership working
- Service performance
- Finances
- Outcomes
- Director recommendations.

Officers responded to Board Members' comments and requests for clarification, details included:

- The Director's report would be circulated after the meeting and would also be published with the minutes. It hadn't been shared in advance of the meeting as it had only been finalised the previous day.
- Public Health paid a small fee to providers within the NHS Healthchecks Scheme for invites delivered, further payment was offered to those providers where service was delivered.
- Public Health relied on GP practices to send out invitations for health checks, but would like to be able to offer more support. It had not been possible to achieve this ambition thus far.
- The Director of Public Health would feedback progress relating to his recommendations as the year progressed.

Noted.

9. **Finance Report**

The senior accountant introduced the report which provided Board Members with an update in relation to the usage of the ringfenced public health budget.

Officers responded to Board Members' comments and requests for clarification, details included:

- The ring-fenced public health reserve had already been allocated and a future report would detail where that spend had gone. This report requested that the principle be agreed, but to come back with the detail, which would be part of the next finance report.
- The fact that any underspend within a financial year went into a ring-fenced reserve meant that it could only be spent on public health matters and not spent elsewhere.
- There would always be a degree of flexibility in the movement of the budget. It had been challenging to forecast expenditure over previous years due to covid and additional grants that are allocated. The first forecast for this year showed that there may be an overspend this year, although this would be managed carefully and was likely to change.
- The 60:40 split detailed in recommendations 2 and 3 was the same split that had been previously used and the principle had been agreed for this financial year too, with the monitoring officers at both BCP Council and Dorset Council also supporting this methodology.

RESOLVED

That the Board:

- (i) note the 2022/23 shared service out turn of £375k underspend, the £394k underspend on the BCP retained grant, and the break-even position for the DC retained grant in 22/23;
- (ii) agree the proposed 60:40 split of the 23/24 uplift, with 60% going to the shared service;
- (iii) agree the proposed application of the 23/24 uplift within the shared service and;
- (iv) note the position for the grant kept by each council in 23/24) note plans for the use of ring-fenced public health reserves over the next three years, in line with principles agreed at the November 2022 Board.

10. Development of Children's Public Health Services

The Deputy Director of Public Health introduced the report which provided Board Members with an update on the Children and Young People's Public Health Service commissioned by Public Health Dorset and provided by Dorset HealthCare.

Officers responded to Members' comments and requests for clarification, details included:

- A significant and detailed procurement process had been undertaken by both local authorities to ensure that a suitable provision could be in place, that offered stability to the service and would also allow for the service to evolve and/or renegotiate the contract at appropriate points throughout its total duration.
- Public Health were content with the contract and regular contract review meetings were taking place to monitor performance. There was a positive working relationship that demonstrated the pro-active nature of supplier.

- There was a desire to continue reviewing that the service model was set up and resourced to deliver outcomes in the most effective way as the model develops.
- As there were no proposals to change any services, Board Members were being asked to agree extension, which meant that no Equality Impact Assessment (EQIA) was needed, as this would have been done as part of the initial procurement process. The implication of the recommendation not being agreed would be a need to identify cost pressures with Dorset Healthcare that would adversely impact the service.

RESOLVED

That the Board:

- (i) Delegate authority to the Director of Public Health, to issue a Contract Variation to Dorset HealthCare to increase the Children and Young People's Public Health Service contract value by £397,000.00 per annum from 1st April 2023 to 30th March 2024, using part of the Public Health Grant uplift.
- (ii) Delegate authority to the Director of Public Health to authorise the required 12 months legal notice to extend the Children and Young People's Public Health contract, for delivery between 1st October 2024 and 30th September 2026, in line with Dorset Council contract regulations.
- (iii) Mandate a comprehensive commissioning intentions report for presentation to the Joint Public Health Board, which includes a fully costed and clear workforce plan, to deliver core mandated activity and outcomes-based activity, in line with the Service Specification, for the Children and Young People's Public Health Service, for the period 1st October 2024 - 30th September 2026

11. Healthcare Public Health Memorandum of Understanding

The Public Health Consultant introduced the report which sought to develop a new MoU that sets out how the shared service will work with the ICB and NHS partners.

Officers responded to Members' comments and requests for clarification, details included:

- The reason for establishing a Memorandum of Understanding was to define the service provision within the NHS 'Core Offer' and how the service would work with the Public Health, currently, there was no central point of reference, hence the need for a MoU.
- The MoU would allow the understanding of requests that come through and also to allow public health, which was a small team that provided the service for approximately 800,000 people, to fulfil its obligations, which would allow for better prioritisation.
- A formal MoU was welcomed by NHS Dorset and it would focus on setting out the offerings between each organisation.

- The governance arrangements would need to be discussed and agreed at the next meeting of the System Executive Group and would be presented to the Board at a future meeting.

Noted

12. **Business Plan Monitoring**

The Head of Service Planning introduced the report which set out the progress that had been made on each item that featured within the business plan.

There were no requests for clarification, although a Member commented that she felt that the presentation of the report to be exceptionally helpful, as it was clear to see where progress was being made and allowed Board Members the opportunity to identify any areas that they wanted to “deep-dive” if appropriate.

The Chairman echoed these comments and thanked officers for their contributions.

Noted

13. **Urgent items**

There were no items of urgent business.

14. **Exempt Business**

There was no exempt business.

Duration of meeting: 2.30 - 4.06 pm

Chairman

.....

This page is intentionally left blank

**Joint Public Health Board Forward Plan
For the period NOVEMBER 2023 to MARCH 2024
(publication date – 8 NOVEMBER 2023)**

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	Background documents	Member / Officer Contact
December 2023				
Director of Public Health Update Key Decision - No Public Access - Open	Joint Public Health Board	7 Dec 2023	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i>
Finance Report Key Decision - No Public Access - Open	Joint Public Health Board	7 Dec 2023	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk</i> , Sian White, Service Manager, Finance <i>sian.l.white@dorsetcouncil.gov.uk</i>
Dorset Home Upgrade Grant Key Decision - Yes Public Access - Open	Joint Public Health Board	7 Dec 2023	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i> , Jon Bird, Service Manager for Growth and Economic Regeneration <i>jon.bird@dorsetcouncil.gov.uk</i>
Business Plan Monitoring Key Decision - No Public Access - Open	Joint Public Health Board	7 Dec 2023	Board report	Lead member - Councillor David Brown, BCP Councillor, Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing Lead officer - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i> , Sarah Longdon, Head of Service Planning <i>sarah.longdon@dorsetcouncil.gov.uk</i>
NHS Health Checks Update	Joint Public Health	7 Dec 2023	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
Key Decision - No Public Access - Open	Board			People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sophia Callaghan <i>sophia.callaghan@dorsetcouncil.gov.uk, Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk</i>
Health Protection Assurance Key Decision - No Public Access - Open	Joint Public Health Board	7 Dec 2023	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk, Rachel Partridge, Assistant Director of Public Health rachel.partridge@dorsetcouncil.gov.uk</i>
February 2024				
Director of Public Health Update Key Decision - No Public Access - Open	Joint Public Health Board	22 Feb 2024	Board report	Lead member - Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sam Crowe, Director of Public Health <i>sam.crowe@dorsetcouncil.gov.uk</i>
Finance Report Key Decision - No Public Access - Open	Joint Public Health Board	22 Feb 2024	Board report	Lead member - Councillor David Brown, BCP Councillor, Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing Lead officer - Jane Horne, Consultant in Public Health <i>jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk</i>
Business Plan Monitoring Key Decision - No	Joint Public Health Board	22 Feb 2024	Board report	Lead member - Councillor David Brown, BCP Councillor, Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
Public Access - Open				Lead officer - Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Service Planning sarah.longdon@dorsetcouncil.gov.uk
Public Health Intelligence Update - JSNA and IDEA Key Decision - No Public Access - Open	Joint Public Health Board	22 Feb 2024	Board report	Lead member - Councillor David Brown, BCP Councillor, Councillor Jane Somper, Portfolio Holder for People - Adult Social Care, Health and Housing Lead officer - Jane Horne, Consultant in Public Health jane.horne@dorsetcouncil.gov.uk, Natasha Morris, Team Leader Intelligence natasha.morris@dorsetcouncil.gov.uk
June 2024				
Director of Public Health Update Key Decision - No Public Access - Open	Joint Public Health Board		Board report	Lead member - Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk
Finance Report Key Decision - No Public Access - Open	Joint Public Health Board		Board report	Lead member - Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor Lead officer - Jane Horne, Consultant in Public Health jane.horne@dorsetcouncil.gov.uk, Sian White, Service Manager, Finance sian.l.white@dorsetcouncil.gov.uk
Business Plan Monitoring Key Decision - No Public Access - Open	Joint Public Health Board		Board report	Lead member - Councillor David Brown, BCP Councillor, Portfolio Holder for People - Adult Social Care, Health and Housing Lead officer - Sam Crowe, Director of Public Health sam.crowe@dorsetcouncil.gov.uk, Sarah Longdon, Head of Service Planning sarah.longdon@dorsetcouncil.gov.uk

Subject / Decision	Decision Maker	Decision Due Date	Background documents	Member / Officer Contact
<p>Children & Young People Public Health Service - Service Development and Finance Review</p> <p>Key Decision - No Public Access - Open</p>	<p>Joint Public Health Board</p>		<p>Board report</p>	<p>Lead member - Portfolio Holder for People - Adult Social Care, Health and Housing, Councillor David Brown, BCP Councillor</p> <p>Lead officer -</p>
<p>Mental Health Programme Update (including National Suicide Prevention Strategy)</p> <p>Key Decision - No Public Access - Open</p>	<p>Joint Public Health Board</p>		<p>Board report</p>	<p>Lead member - Councillor David Brown, BCP Councillor, Portfolio Holder for People - Adult Social Care, Health and Housing</p> <p>Lead officer -</p>

This page is intentionally left blank

Director's update

Joint Public Health Board
7 December 2023



National

- Major conditions strategy – starting to cut through nationally *'need to get a grip on obesity, smoking, especially link to economic productivity'*
- Surprise announcement on smoking in King's speech
 - Raising of age of sale – note NZ changing stance on this
 - Doubling of investment to Councils for smoking support via S31 grant
 - More money for enforcement, trading standards
- National suicide prevention plan updated – awaiting guidance on local requirements



Director's focus

- Supporting budget setting process in both Councils
- Refreshing ICP strategy work plan – following development session
- Working on embedding phase of Poverty Truth Commission
- Developing forward plans for health and wellbeing boards, and overview and scrutiny committees
- Starting to flesh out NHS aspect of our work, through the MoU
- Real time surveillance of sudden deaths where there is suspicion of death by suicide – regional work, paused locally



Health protection

- COVID-19 admissions low locally - nowhere near levels seen in previous waves; some outbreaks of acute respiratory infection
- Vaccination programme for booster plus flu underway - available to over-65s, vulnerable groups
- Completed work on baseline assurance for the local system - see report in pack today on health protection
- Ongoing requirements for support to migrant and asylum health



Health improvement

- Health Checks performance improving picture after end of first 2 quarters performance - report on agenda today in detail
- Contract extension agreed for children's public health service
- Working on how service might support family hubs and social care reform under each council area
- Smoking cessation - consider how new funding could be used locally (subject to legislation); reviewing performance
- Requested funding to support LiveWell Dorset navigators to continue to work in outpatient assessment centres



Healthcare Public Health

- ICP strategy work continues – workplan reviewed – agreed by ICP in October
- Principles and broad agreement for MoU with NHS approved by Joint Board in June
- Now working to agree priority areas of work with ICS
- Likely that most work will be in response to the 5 outcomes in the NHS Joint Forward Plan
- Anything else to be agreed on an exceptional basis



Joint Public Health Board

7 December 2023

Finance Update

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing,
Dorset Council

Cllr David Brown, Health and Wellbeing,
Bournemouth Christchurch and Poole (BCP) council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Jane Horne
Title: Consultant in Public Health
Tel: 01305 224400
Email: jane.horne@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This report provides a regular update on the use of each council's ring-fenced public health grant. It covers the budget for the shared service Public Health Dorset and the grant kept by each council to use.

The revenue budget for Public Health Dorset in 23/24 was agreed as £26.298M at the last Board. The current budget includes £241k from reserves and is £26.539M. The shared service forecast is for a £51k underspend at year end.

In 23/24 BCP will keep £8.612M of their grant, and DC will keep £1.467M. The BCP forecast is break even for 23/24. BCP also have an earmarked drug and alcohol reserve of £394k due to underspend in 2022/23. The Dorset council forecast is to spend their retained grant to budget.

When the Department of Health and Social Care published the 23/24 public health allocations, they also indicated that there would be a 1.3% uplift to the grant in 24/25. Proposals for the 24/25 shared service budget take account of the broader financial challenges of both councils as well as potential shared service cost pressures.

The shared service public health reserve is £1.662M as of September 2023. Non-recurrent work is agreed this year and next in line with agreed commitments and principles. Where possible underspend will be used first to fund these commitments.

Recommendation:

The Joint Public Health Board is asked to:

- 1) note the 2023/24 current shared service forecast of £51k underspend.
- 2) note the forecast break-even position against the BCP retained grant, and the DC retained grant in 23/24.
- 3) approve the proposed 24/25 approach, that each council keeps their full grant uplift for 24/25 and the share of the 23/24 uplift currently given to the shared service.
- 4) delegate authority to the Director of Public Health in discussion with both portfolio holders and section 151 officers on further discussions to support councils with 24/25 budget planning. Final proposals should come to February 2024 board, with clear agreements showing how the money will be used to support public health outcomes in each council.
- 5) note the update around CHIS procurement.
- 6) note the current reserve position.

Reason for Recommendation:

Each local authority gets a public health grant from the Department of Health and Social Care. The councils pay most of this into the shared service but also keep part of the grant to support delivery of public health outcomes in the council. There are conditions that set out how councils can use their public health grant. Each local authority Chief Executive or Section 151 Officer and the Director of Public Health must sign to say this has happened.

Public Health Dorset (PHD) is the shared service across Dorset Council and BCP Council. PHD delivers public health services on behalf of both councils. Between 2013/14 and 2023/24 there was a 22% real terms reduction in the public health grant. The shared service delivered the required savings by focusing on effectiveness, efficiency, and equity.

Each council provides other services with public health impact. These may be different in the two councils. In 2019, following local government reorganisation, BCP council kept £4.202M and Dorset council £617k. Both councils have seen continued increases in how much of the grant they keep. So, in 2023/24 BCP Council keeps £8.612M and Dorset council keeps £1.468M. The BCP increase includes a shift of £3.104M for drug and alcohol services. BCP Council took on full responsibility for their drug and alcohol services in April 2021.

All local authorities have significant funding gaps in today's economic climate. These recommendations will support financial planning in both councils. They will help us to be sure we use the grant in the best way to improve health and wellbeing outcomes. Monitoring how we spend the grant will also help us to know if we are meeting the grant conditions.

Following the cancellation of the Board in October 2023, delegated powers were used to agree the procurement decision regarding Community health Improvement Services (CHIS). The timescale has been pushed back slightly so that we can carry out the procurement under the new Provider Selection Regime for health services that comes into place from January 2024.

1 2023/24 shared service forecast

- 1.1 In July 2023 the Board meeting agreed the 23/24 revenue budget for Public Health Dorset, at £26.298M. Contributions from each council are set out in appendix 1, table 1.
- 1.2 Since then, there has been a transfer of £105k from the public health reserve to BCP for place-based work. Reserves of £136k cover the continued costs of fixed term posts. Most are no longer covered by COMF.
- 1.3 The current shared service budget is therefore £26.539M. The current shared service forecast is for a £51k underspend at year end. Detail is set out in Appendix 1, table 2.
- 1.4 Assumptions that underlie this position are:
 - Clinical Treatment Services – the award of the drugs and alcohol contract from October 2023 is included, and the impact of separate drug and alcohol grants that cover some areas of spend. Sexual Health requirements around Pre-Exposure Prophylaxis (PrEP) are included within the forecast. Activity remains low in some of the community contracts, we are currently forecasting for some recovery in these.
 - Early intervention – the agreed increase in contract value from the July Board is reflected. Work outside the CYPPHS contract has been reviewed, with some developments slipped or no longer progressing.
 - Health Improvement – cost and volume services continue to fluctuate, with NHS Health Checks as plan, adult obesity up and smoking cessation down. Income from NHS Dorset supports the Treating Tobacco Dependency work.
 - Health Protection and Healthy Places – forecast overspend is due to planned non-recurrent schemes, see appendix 2.
 - Public Health Intelligence – forecast overspend is down in part due to reductions in fixed term staffing costs. The remaining fixed term posts, previously covered by COMF, end March 2024. Also includes spend on some non-recurrent schemes and some costs slipped to 24/25.

- Resilience and Inequalities – additional income from partners supports specific pieces of work. Costs of communication and suicide prevention training are lower than expected, but we have funded some additional non-recurrent schemes (see appendix 2). Like the BCP community development funding, the Dorset council Thriving Communities project funding will move through this budget area, covered by reserves.
 - Public Health Team (and operational costs) – latest pay, plus some non-recurrent schemes (see appendix 2).
- 1.5 There is uncertainty that could lead to further changes in this forecast. Issues include:
- Continued fluctuations in activity within community services. Activity has not always recovered as expected post-COVID. We may see further fluctuations as we talk to the market about the re-procurement of Community Health Improvement Services.
 - Fixed term or interim posts. COMF paid for several posts in 22/23. The shared service agreed continuation of these into 23/24 in case of a resurgence of COVID. We have other income that pays for some temporary roles. We also plan for some specialist support to key programmes of work in our non-recurrent schemes. Two ‘COMF’ posts (0.86wte) remain, although only one continues to be paid for through COMF. Both staff are due to end by March 2024. The forecast includes expected costs of people in interim posts, but these could change.
 - Income through a variety of routes. This may be the last year for some of the extra grants and income that we receive. There are system business cases that may secure ongoing income for current pilot work. Some income is not anticipated ahead of time.
 - Non-recurrent schemes that are funded and the extent to which these are covered by reserves.
- 1.6 The forecast includes £604k non-recurrent schemes, with the potential for a further £52k on small schemes in 2023/24, although some may slip to next year. Most of the £309k Thriving Communities funding for Dorset Council is now also likely to be used next year rather than in 23/24. More detail is in appendix 2.
- 1.7 The shared service may use underspend to cover these and use reserves to pay for residual costs. This means we expect to breakeven at year end.

2 Out turn on grant kept by the councils in 23/24

- 2.1 Each council keeps part of their grant to support other public health work in the council. The same conditions apply to funds kept by the council and paid into the shared service. The Joint Public Health Board monitors spend across the whole of the grant.
- 2.2 BCP Council will keep £8.612M of their 23/24 grant. This will be set against the following budget areas, with forecast out turn at budget:
- Drugs and alcohol services for adults and children (£5.231M)
 - Children's centres and early help (£3.090M)
 - A central overheads element (£282k)
 - Botox and fillers (£9k)
- 2.3 In 2022/23, the BCP drug and alcohol services underspent by £394k. This underspend was retained as an earmarked reserve for drug and alcohol.
- 2.4 Dorset council will keep £1.468M of their 23/24 grant. This will be set against the following budget areas, with forecast out turn at budget:
- Community safety (£284k). This supports additional work around domestic abuse and violent crime, linked to new legislation.
 - Community development work (£333k).
 - Children's early intervention (**£305k**).
 - Prevention and support for adults with complex needs (£513k). This includes support for rough sleepers, those with mental health, substance misuse and housing needs, as well as suicide prevention and self-harm reduction.
 - A central overheads element – (**£33k**)

3 Botox and fillers (£6k) Looking ahead to 24/25

- 3.1 Both BCP council and Dorset council face significant challenge in closing their budget gap for 24/25. All services must identify potential ways to contribute. Freeing up funds from the shared service would allow use elsewhere in the councils, as long as the grant conditions are met.
- 3.2 However, there are also risks of cost pressures within the shared service. These include:
- Contract cost pressures – our two biggest contracts are with one NHS provider. They must pay staff in line with the nationally agreed Agenda for Change pay award. Open and transparent discussion on these pressures informs our position in contract uplift. Worst case scenario would need extra £830k in 24/25.

- 24/25 local authority pay award – based on 5% assumption this would be £200k.
- Community Health Improvement services – new pricing structure in the current procurement could mean a risk of up to £66k. All lots would need to return to 18/19 activity levels, which is unlikely.
- Potential loss of income from other partners in 24/25 and 25/26.

Proposed 24/25 approach

- 3.3 In discussion with officers from both councils, it is proposed that for 2024/25:
- Each council keeps their full grant uplift for 24/25
 - From 24/25 each council keeps the share of the 23/24 uplift currently given to the shared service.
- 3.4 The DHSC published indicative 24/25 grant allocations in March 2023. These would see an uplift of 1.32% in 24/25. If each council keeps this uplift, it will equal a £280k increase to BCP council and £198k to Dorset council.
- 3.5 In 23/24 the grant to each council saw an uplift of 3.2%. A 60% share went to the shared service and 40% stayed within the relevant council. If all the 23/24 uplift is now kept by the councils, this is equal to an extra £398k kept by BCP and £286k for DC. The shared service budget would reduce by £676k.
- 3.6 Together this would mean an increase to BCP council of £678k and an increase to Dorset council of £485k. The shared service budget in 2024/25 would be £25,614,465.
- 3.7 For the shared service this would mean no funding towards potential cost pressures (set out in paragraph 3.2) in 24/25. The shared service used the 23/24 uplift to fund the following 23/24 cost pressures:
- cost pressures in the Children and Young People’s 0-19 public health contract
 - pay award for staff within the shared service
 - extra resource within adult obesity services which saw high activity post COVID.
- 3.8 These pressures have not gone away. Commitments would continue and would add to the potential pressures for 24/25. The shared service will need to review existing capacity and refocus on core public health priorities. There is a risk to some areas of collaborative work with local authorities. Communications and delivery of suicide prevention training for the system may be impacted. Much of the risk will transfer to providers holding our NHS contracts.

3.9 DHSC sent a survey about Agenda for Change to all local authorities this summer. This could lead to a change in the current indicative figures for 24/25. If final allocations change the Board should consider any further uplift separately. Final allocations are usually published in February or March.

Further options

3.10 Discussions to date have also considered other potential options. These are not currently proposed as they:

- bring high risk,
- may have negative impacts on equality,
- are difficult to implement, particularly within a short timescale,
- provide limited return, or are a
- combination of the above.

3.11 Further exploration continues to explore the potential of:

- changes in our Best Start in Life commitments working with each council's children's services team,
- more targeted approaches to health improvement,
- more integrated approaches to health improvement.

3.12 The Director of Public Health will continue to work with both section 151 officers to develop further proposals for use of public health Grant, within the conditions, in both councils. Further recommendations may be brought to Joint Public Health Board in February.

4 Shared service public health reserves

4.1 At April 2023 the ring-fenced public health reserve was £1,767k. The same conditions that apply to the public health grant apply to the reserve. The Board already agreed indicative commitments against much of the reserve:

- £443k for Prevention at Scale (PAS) projects
- £340k for community health improvement services
- £609k for place-based work

4.2 Non-recurrent work agreed for 22/23, 23/24 and 24/25 is in line with the commitments above. The Board recognises the challenging financial landscape for both councils. So, in November 2022 they agreed principles for how to use reserves to help mitigate this:

- Use underspend before pulling on reserves,
- Support work within communities that will reduce their reliance on statutory services,
- Support early intervention work with individuals,

- Support invest to save work that falls within grant conditions,
 - Work with local VCS partners,
 - Provide interim support for public health work where required until transformation impacts are realised.
- 4.3 Section 1.6 noted that the forecast includes £604k non-recurrent schemes. Some fixed term posts previously covered by COMF are being covered by pre-2013 reserves. Place-based work in BCP is covered through the public health reserves, which therefore now stand at £1,662k. Most are being managed through underspend. Detail is in appendix 2.
- 4.4 Section 1.6 also noted the potential for a further £361k non-recurrent schemes in 2023/24. Detail is in appendix 2. Place-based work up to £309k will come from reserves. Some schemes are likely to slip, or costs are estimates that may change. Any remaining costs may come from either reserves or any emerging slippage/underspend.
- 4.5 Further non-recurrent schemes were planned for 24/25 that may require use of reserves. These are currently being reviewed.

5 Community Health Improvement Services

- 5.1 Contracts for six community health improvement services (CHIS) are due to expire at the end of March 2024. A paper was published for the October 2023 Board setting out key decisions. Following the cancellation of the Board, delegated powers were used to agree the procurement decision.
- 5.2 Legislation for the new Provider Selection Regime for health services was then laid before parliament in late October and will come into force from 1 January 2024.
- 5.3 The timescale has therefore been pushed back slightly so that we can carry out the procurement under this new Provider Selection Regime.

6 Financial Implications

- 6.1 The aim of the shared service model is to use money and resources in an efficient and effective way. The retained element of the grant allows flexibility for local priorities. The report covers financial implications throughout.

7 Wellbeing and health implications

- 7.1 The aim of Public Health Dorset is for all people in Dorset to live healthy and fulfilled lives for as long as possible, and disparities are minimal. The grant supports this work, and the report highlights specific implications where relevant.

8 Environmental implications

- 8.1 Public Health Dorset has a key domain of work around healthy places. This looks at how our built and natural environment can improve population health. This work may also impact on climate change, and the report highlights specific implications where relevant.

9 Other Implications

- 9.1 None identified in this paper.

10 Risk Assessment

- 10.1 Having considered the risks associated with this financial monitoring, the level of risk has been identified as:
Current Risk: MEDIUM
Residual Risk: MEDIUM

11 Equalities Impact Assessment

- 11.1 This is a monitoring report, so Equalities Impact Assessment is not applicable.

12 Appendices

Appendix 1 Finance Tables October 2023
Appendix 2 Non-recurrent schemes 23/24.

13 Background Papers

Previous finance reports to the Board
[Shared Service Partnership agreement November 2020](#)
[Public health grants to local authorities: 2023 to 2024 - GOV.UK \(www.gov.uk\)](#) published 14 March 2023

Appendix 1 Finance Tables October 2023

Table 1. Agreed partner contributions 23/24

2023 - 2024	BCP	Dorset	Total
	£	£	£
2023 - 2024 Grant Allocation	21,288,254	15,090,023	36,378,277
Less retained amounts	-8,612,254	-1,467,780	-10,080,034
Joint Service Budget Partner Contributions	12,676,000	13,622,243	26,298,243
Budget 2023 - 2024			£26,298,243

Table 2. Forecast 2023/24

	Budget 2023-2024	Forecast out turn	Over/underspend
Public Health Function			
Clinical Treatment Services	£9,074,500	£8,566,407	£508,093
Early Intervention 0-19	£11,715,500	£11,595,375	£120,125
Health Improvement	£2,581,043	£2,268,062	£312,981
Health Protection	£60,500	£170,380	-£109,880
Public Health Intelligence	£148,000	£203,672	-£55,672
Resilience and Inequalities (1)	£177,200	£195,504	-£18,304
Public Health Team (2)	£2,782,670	£3,488,239	-£705,569
Total	£26,539,413	£26,487,638	£51,775

(1) Includes £105k budget from place-based reserve – matched spend through transfer to BCP. £55.6k moved to Teams budget

(2) Includes £136k from pre-2103 reserves. Additional £55.6k transferred in from Resilience and Inequalities.

Appendix 2 Non-recurrent schemes 2023/24

Non-recurrent schemes included in 23/24 forecast (Total £604k)

- A 1-year extension of COMF fixed term posts to March 2024. This was originally estimated to cost £446k. Following staff turnover this is now forecast at £272k. COMF continues to fund £86k outside of the shared service, and reserves of £136k from pre-2013 cover much of the rest. [Public Health Team]
- Transfer to BCP to support place-based working through the community development team. Place-based reserves of £105k cover this transfer. [Resilience and Inequalities]
- Work with Active Dorset to support A Movement for Movement (£87.5k) [Health Protection]
- Up to £59k set-up costs for NHS Health Check delivery through LiveWell Dorset. This is likely to be a high-end estimate. [Health Improvement]
- Work to help develop system culture and build ownership across the system (£33k) [Public Health Intelligence]
- Embed and spread the work of the Poverty Truth Commission (£25k) [Resilience and Inequalities]
- Work with DC place directorate to support active travel and the Local Plan (£23k) [Health Protection]
- Initial contribution to support Dorset HealthCare to expand public health support to the system (£23k) [Public Health Team]
- External OD support to support development of a shared service People Plan (£20k) [Public Health Team]
- MoU with Local Nature Partnership to encourage physical activity (£10k) [Health Protection]
- Altogether Better to support closer working between Primary Care Networks and their local communities (£10k) [Resilience and Inequalities]
- Contribution to Regional Sector-Led Improvement (£8k) [Public Health Team]
- Contribution to Combatting Drugs Partnership (£6k) [Clinical Treatment Services]
- Oral Hygiene supplies and distribution (£5k) [Early Intervention]
- Mental Health First Aid training (£2k). May be covered in part by income. [Resilience and Inequalities]

Potential non-recurrent schemes in 2023/24 not yet included in forecast (Total £361k)

- Spend of up to £309k by Dorset Council to support place-based working. A Thriving Communities project was agreed at the Dorset Health and Wellbeing Board in June 2023. Costing being worked through for a project officer (in post from November). Unclear how costs will spread across

23/24 and 24/25, but likely that most will fall in 24/25. Place-based reserves will cover this. [Resilience and Inequalities]

- Work with BCP place directorate to support active travel and the Local Plan (£23k) – timing being confirmed with BCP leads. [Health Protection]
- Technical support to data flows/data sharing work (up to 20k) [Public Health Team]
- Additional Suicide Prevention training and mental health first aid. Possibly up to £9k in 23/24. These are uncertain estimates that may be covered in part by income, and some elements could slip to 24/25 [Resilience and Inequalities]

Joint Public Health Board

7 December 2023

Dorset Home Upgrade Grant

For Decision

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing,
Dorset Council

Cllr David Brown, Health and Wellbeing,
Bournemouth Christchurch and Poole (BCP) council

Local Councillor(s): All

Executive Director: S Crowe, Director of Public Health

Report Author: Jon Bird
Job Title: Service Manager, Growth and Economic Regeneration
Tel: 01305 221895
Email: jon.bird@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

The Healthy Homes Dorset initiative led by public health has worked across Bournemouth, Christchurch, Dorset, and Poole since 2012 to reduce morbidity and mortality caused or exacerbated by living in cold homes by improving home insulation and heating alongside advice and referrals to other sources of assistance including Livewell. The business model relies on maximising gap and match funding. £4.2 million has recently been secured to deliver Home Upgrade Grant in the Dorset and BCP Council areas. This is by far the largest single grant secured to date.

Recommendation:

That the Board:

- 1) Endorse the Dorset Home Upgrade Grant project

- 2) Delegate authority to the Director of Public Health to develop and deliver the project, in line with relevant Dorset Council regulations and any grant funding agreement with government.
- 3) Notes progress of the wider Healthy Homes Dorset initiative.

Reason for Recommendation:

Healthy Homes Dorset (HHD) is a key component of the Healthy Places programme of the Public Health Dorset Business Plan. HHD has been part of PHD delivery on the wider determinants of health to improve wellbeing, reduce health inequalities, and lower health and social care costs since 2012. The Home Upgrade Grant is by far the largest single source of external funding secured to date. Improving thermal efficiency of housing also contributes to BCP and Dorset Councils corporate priorities including sustainability, carbon reduction, housing standards, fuel poverty, air quality, and skills and employment development.

1. Report

- 1.1 Each winter there are approximately 500 avoidable excess winter deaths across Dorset and BCP council areas¹ and an estimated 4,000 related emergency hospital admissions, 16,000 related outpatient visits, and 16,000 related social care calls², most of which affect vulnerable older people and people with long term cardiovascular and respiratory conditions. Between a fifth and a third of these are estimated to be caused by cold homes. Living in a cold home is the second most significant factor for EWD: Only seasonal 'flu has more of an influence. HHD aims to reduce levels of avoidable illness and early death caused or exacerbated by living in a cold home, and the related avoidable demand for health and social care services by providing advice and improvements to home insulation and heating as outlined in NICE Quality Statement 3 of NICE Quality Standard 117 (Preventing Excess Winter Deaths and Illness Associated with Cold Homes).
- 1.2 From 2015 to 2023, the Healthy Homes Dorset (HHD) programme has provided advice to thousands of residents and improved hundreds of

¹ ONS Winter mortality in England and Wales [Winter mortality in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

² "How to Reduce the Risk of Seasonal Excess Deaths Systematically in Vulnerable Older People to Impact at Population Level", Dept of Health, 2010 ([ref-11-seasonal-access-deaths.pdf](#) ²[\(wordpress.com\)](#))

homes to help reduce illness - predominantly circulatory, respiratory, and mental health problems - caused and exacerbated by cold homes.

- 1.3 HHD has consistently provided a stable offer which is simple to understand for referral agencies and residents, provided tailored advice, referred to other relevant organisations including Livewell Dorset, improved homes using match-funding for insulation and heating measures, and adapted its model as national policy evolved through better understanding of the issue (particularly the NICE Quality Standard and Guidance on Cold Homes).
- 1.4 HHD receives core funding from Public Health Dorset, commissioning, project and contract management by Officers from Dorset Council Place directorate through a periodically updated MOU and is overseen by a project board – the HHD Steering Group – with representation from BCP and Dorset Councils, and PHD officers and PHD secretariat support. BCP officers also liaise directly with DC officers and the commissioned delivery agents on policy, funding opportunities, communications and targeting.
- 1.5 HHD actively seeks match and gap funding for heating and insulation measures and acts as funder of last resort when external funding is insufficient or not available:
- 1.6 External funding rates and availability fluctuate constantly: in Financial Year 2022 nearly £7 of external funding was secured for every £1 of Local Authority funding. While FY 2023 was generally a poor year for external funding, £4.2 million was secured in principle from the Home Upgrade Grant 2 fund, and in October 2023 the project gateway to deliver the scheme to March 2025 was passed. This is by far the largest single grant BCP, DC and PHD have secured for this type of work. It will allow much more extensive – and costly – retrofit than previous offerings under HHD to about 300 homes.
- 1.7 Reprourement of the Healthy Homes Dorset delivery contract, with an increased budget of £5 million to allow delivery of HUG, was included in the procurement forward plan and approved by Dorset Council Cabinet on 28 February 2023.

2. **Financial Implications**

- 2.1 PHD funds the revenue elements described in NICE Quality Standard 117, *Preventing Excess Winter Deaths and Illness Associated with Cold Homes*, particularly Quality Statement 3: *People who are vulnerable to the*

health problems associated with a cold home receive tailored support with help from a local single point of contact health and housing referral service. The current budget for this provision is £50,000 p.a. Local authority funding and external funding, including the HUG2 funds, will pay for heating and insulation upgrades.

- 2.2 Since the Care Act places an obligation on Local Authorities to consider best practice, including NICE guidelines and quality standards, doing nothing is not considered compatible with the NICE guidelines and Quality Standards *Preventing Excess Winter Deaths and Illness associated with cold homes.*

3. **Natural Environment, Climate & Ecology Implications**

- 3.1 Both HUG and HHD are designed to reduce Carbon emissions and are featured in BCP and DC corporate actions to reach net zero. (see appendices)

4. **Well-being and Health Implications**

The proposal improves mental and physical wellbeing and recues health inequalities.

5. **Other Implications**

None

6. **Risk Assessment**

- 6.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: MEDIUM

Residual Risk: LOW

7. **Equalities Impact Assessment**

Healthy Homes Dorset seeks to improve the homes of those people most vulnerable to the impact of cold and damp homes. The criteria include a range of considerations including vulnerabilities caused by age and specific health conditions.

8. **Appendices**

None

9. **Background Papers**

None

This page is intentionally left blank














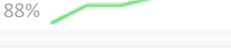






Public Health Dorset - Business Plan


Programme Progress Update

JPHB – 12th October 2023

The table below and in the following slide show development to date on a simplified regular reporting format to show Public Health Dorset programme progress. Some measures are in development, and therefore may be missing information currently. This report will develop over time following Public Health programme priorities and milestones. Links to progress updates for the programme are shown in the Update column.

Name	Assigned to	Status	Progress (Q1 23/24)	Trend (Quarterly)
<ul style="list-style-type: none"> Drugs and Alcohol 	 Nicky Cleave	On track		
<ul style="list-style-type: none"> All Adults in structured treatment - Dorset (rolling 12 months) <small>Data to May 23</small> 	 Nicky Cleave	On track	1.89K	
<ul style="list-style-type: none"> Healthy Child Programme 	 Rachel Partridge	On track		
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of mothers who received a first face to face antenatal contact with a Health Visitor 	 Rachel Partridge	On track	84.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of all births that received a face to face New Birth Visit within 14 days by a health visitor 	 Rachel Partridge	On track	84.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of children who received a 6-8 week review by the time they were 8 weeks 	 Rachel Partridge	On track	97.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of children who received a 12 month review by the age of 12 months 	 Rachel Partridge	On track	94.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of children who received a 2-2.5 year review 	 Rachel Partridge	On track	93.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> % of children at or above expected level of development in all 5 domains of the Ages and Stages Questionnaire, at 2.5 years 	 Rachel Partridge	In Progress	84.00 %	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Percentage of infants being breastfed at 6-8 weeks 	 Rachel Partridge	On track	59.00 %	

▾ Healthy Lifestyle Support

 Sophia Callaghan

On track

Cumulative number of enrolments in Smoking Cessation this year

 Sophia Callaghan

On track

278

No trend data
– start of year

New Registrations with LiveWell Dorset (Cumulative in Financial Year 22/23)


 Sophia Callaghan

On track

3K

No trend data
– start of year

Health Checks - Invitations in quarter

 Sophia Callaghan

On track

8.67K



Health Checks - Delivered in quarter


 Sophia Callaghan

On track

2.36K




▾ Sexual Health

 Sophia Callaghan

On track

Cumulative number of contacts in this contract year

 Sophia Callaghan

On track

8.4K/40.8K

No trend data
– start of year

Health protection

 Rachel Partridge

On track

▾ Mental Health



 Vicki Fearne

In Progress

Suicide Prevention Training sessions delivered year to date

 Vicki Fearne

On track

1

No trend data
– start of year

Suicide Real Time Surveillance

 Vicki Fearne

On track

▾ Joint Strategic Needs Assessment



 Natasha Morris

On track

JSNA-Webpage Views



 Natasha Morris

On track

549



» Name ▾


Assigned to ▾

Status ▾

Progress ▾ (Q4)


Trend ▾
(Quarterly)

▾ Improving Data to Evidence Action

 Jane Horne

In Progress

Number of collaborative analysis projects in progress

 Jane Horne

On track

3



Health Inequalities

 Paul Iggulden

On track

System Strategy Development

 Sam Crowe

In Progress

▾ Healthy Places

 Rachel Partridge

On track

Planning applications responded to in quarter

 Rachel Partridge

On track

13



Homes insulated per quarter through Healthy Homes Dorset

 Rachel Partridge

On track

126

Trend data TBC

Drugs and Alcohol programme

Lead: Nicky Cleave,
Public Health
Consultant

Page 45

Programme Objectives

- Reducing the harms caused by drugs and alcohol
- Delivery of a world-class treatment and recovery system

Programme Progress

- Awarded contract for Drug & Alcohol service for Dorset Council to commence from November 2023.
- Achieved the majority of service delivery targets agreed with the Office for Health Improvement and Disparities (OHID) - number of young people in treatment, improvement in continuity of care performance, on track for residential rehab placements.

Current Priorities

- Mobilisation of the new contract.
- Finalising plans for the procurement of supervised consumption and needle exchange lots within the Community Health Improvement Services (CHIS) procurement plan.
- Coordinating task and finish group activities identified through the Treatment and Recovery Subgroup of the Combating Drugs Partnership Board.

Current risks and challenges

- None identified

Healthy Child programme

Lead: Rachel
Partridge, Deputy
Director of Public
Health

Programme Objectives

Give every child the best start in life - The foundations for virtually every aspect of human development including physical, intellectual, and emotional, are established in pregnancy and early childhood. For families facing multiple challenges, the importance of appropriate support at this crucial time can have lifelong impact.

Programme Progress

- Contract extension agreed through Joint Public Health Board for Children and Young Peoples Public Health Service (0-19yrs) 2024.
- Continued good performance for healthy child mandated contacts and ongoing positive quality improvement work around workforce, finance, safeguarding and data quality. There has been a slight decline in the expected level of development measure – this is being analysed and will be monitored however there was improvement in some underlying domains in the latest quarter.
- Continued contract management and progress on the breastfeeding peer support BFN contract.
- The CYP PHS additionally funded safeguarding posts have been reviewed after their first year of implementation, feedback has been positive with increased attendance at the strategy review meetings. This work is ongoing to establish the most efficient ways of working in the future.
- The Pause Dorset practice began in April and has recruited the first cohort of local women - already had good feedback / case study examples from both the participants and practitioners.
- Healthy movers physical activity programme is being rolled out to 175 settings across Dorset and BCP areas; including nurseries, preschools, childminders, libraries, and family hubs. The project will also include a digital offer for participation.
- Work has begun in collaboration with system partners on the Infant feeding Strategy. Due to be completed March 2024.

Healthy Child programme

Lead: Rachel Partridge, Deputy Director of Public Health

Page 47

Current Priorities

- Finalise contract extension letter for CYP PHS by 30th September 2023- completed
- Working with Dorset Healthcare on the Public Health nursing service review including data quality, Workforce, Finance and Safeguarding - October - July 24
- Working with PHD and system intelligence teams to develop better data sharing methods including the use of shared Power Bi tools
- Roll out of the NCMP digital platform pilot - Autumn term 23

Contributing to key system wide projects including:

- Development and consultation around the Dorset infant feeding strategy March 24
- Develop joint business case for Pause Dorset to inform funding options and identification of funding for the remaining term of the contract +/- extension periods
- Roll out of Healthy Movers programme training in schools and early years settings - Autumn October 23 - Jan 24
- Input into the anticipated system wide OFSTED SEND inspection

Current risks and challenges

- Ensure effective engagement to identify how Public Health Dorset and our commissioned services connect with a large number of system transformation programmes including CAMHS, Family Hubs, Speech and Language, Families First Pathfinder
- Current lack of clarity surrounding funding of the PAUSE contact from the system partners.

Healthy Lifestyle Support – Health Checks programme

Lead: Sophia Callaghan, Public Health Consultant

Page 48

Programme objectives

- To deliver effective improvements in health and wellbeing and to reduce inequality in health outcomes
- To promote healthy behaviours to support people to improve both physical and mental well being

Programme Progress

- Monitoring the universal health check service, encouraging and supporting providers to sign up to health check delivery
- Developed a comprehensive engagement and communication plan with internal and external stakeholders
- Built a programme to support GP or pharmacy providers in collaboration with LiveWell Dorset. The LiveWell Dorset service has launched delivering targeted checks and accessing harder to reach communities.
- Activity is increasing in both invitations to checks, and health checks being delivered.

Current priorities

- To improve and simplify the back-room function of reporting and payments
- To continue to encourage invites and sign up to delivery of health checks
- To evaluate phase one impact of the targeted and universal programme

Risks and Challenges

- Providers failing to sign up to the programme
- Invites being sent out with little engagement for health check delivery

Healthy Lifestyle Support – LiveWell Dorset

Lead:
Sophia Callaghan,
Public Health
Consultant

Programme objectives

To promote healthy behaviours to support people to improve both physical and mental well being

Programme Progress

- New weight management services have been commissioned
- Delivery of a new Targeted NHS Health Check service through LiveWell Dorset has been mobilised and implemented.
- Supported the transformation of Outpatient Assessment Centres models of care with proof of concept of LiveWell healthy lifestyle Navigators.
- Completed the review of LiveWell Dorset IT infrastructure and CRM development.

Current priorities

- Support the launch of the new Outpatient Assessment Centre with enhanced LiveWell Navigator functions and capacity funded by the Integrated Care Board (ICB).
- Service development of smoking cessation services aligned with wider commissioning intentions and new procured community services.
- Complete the roll-out of Targeted Health Checks to key communities and achievement of key performance indicators.

Risks and Challenges

- ICB funding for the Outpatient Assessment Centre transformation.
- Limited skills and capacity to deliver digital projects of greater complexity. Discussions underway with DC IT service.

Sexual Health Programme

Lead: Sophia Callaghan, Public Health Consultant

Page 50

Programme objectives

- To deliver a fully integrated Sexual and Reproductive and HIV service as a whole system approach
- To deliver the mandated service with an effective approach to user access
- To promote and improve good sexual health through delivery of evidence-based practice and behaviour change activity
- To provide responsive and timely outreach services to meet the needs of high risk and vulnerable groups
- To deliver effective public health sexual health programmes to support service delivery and improvement

Programme Progress

- Increased capacity now established and performing internally and within the service for Long-Acting Reversible Contraception (LARC)
- Quality assurance processes undertaken for service workforce, integration and LARC reviews
- Data flows reviewed and improved
- PrEP (Pre-Exposure Prophylaxis) phase two is being developed to increase capacity as a nurse led programme as demand increases

Current priorities

- One year break clause notice in October (contract is 4+2)
- Development of scorecard/contract management dashboard in PowerBI
- Education and Relationships and Sex Education (RSE) redesign requires development and implementation over the next 6 months

Risks and Challenges

- Efficiency and cost improvement work to meet increasing demand for HIV and PrEP services
- Further cost improvement work to factor in Agenda for Change costs within sexual health services
- On going challenges for the service integrating lab links for STI testing

Health Protection Programme

Lead: Rachel Partridge, Deputy Director of Public Health

Page 51

Programme objectives

- Gain assurance for the Director of Public Health – a statutory function
- Scope and support the development of system-wide health protection plans
- Provide advice/scrutiny/challenge to health protection incidence response
- Review surveillance and performance data from key stakeholders to understand issues and risks
- Ensure effective communication of health protection risks and work collaboratively to mitigate them.

Programme Progress

- Health Protection Network meeting June 2023 included publication and launch of the 2022 Health Protection report and Health protection Network meeting in October 2023.
- Work with regional, national and local stakeholders for development of an Outbreak Response Plan for Asylum Barge.
- Working with NHS Dorset and Regulatory services colleagues on the GAAP tool to ensure system plans are in place e.g. Avian Flu.
- Supporting local system with Covid-19 and Flu immunisation uptake with a focus on Health Inequalities.
- Provided public health leadership and support to a number of high-profile health protection incidents, including Poole Harbour Oil spill, Legionella incident on Bibby Stockholm asylum barge, Acute Respiratory Infection in Care settings.
- Cascaded information re MMR to local schools and early years settings following national media coverage of measles.

Current priorities

- Continue to work on system plans for priority health protection issues, including completion of GAAP tool.
- Scoping the roles and responsibilities of Public Health Dorset within the system health protection function and making recommendations to SMT around capacity and structures.
- Horizon scanning and identifying key topics for system discussions at the Dorset Health Protection Network meeting February 2024.
- Oversight and support to the system work around COVID19, Flu and MMR immunisation uptake re inequalities. Awaiting decision on a funding application submitted to NHSE for Dorset system catch up work on MMR.
- Continue to establish effective system responses to health protection incidents- reviewing plans.
- Ensure effective response from Public Health Dorset to local incidents, ensure quality improvement of the system response and horizon scanning to identify emerging health protection risks which could impact on the health of the local population.

Health Protection Programme

Lead: Rachel Partridge, Deputy Director of Public Health

Risks and Challenges

- Continued challenge to engage colleagues around system health protection function planning. Recent high-profile developments and incident have skewed the focus of our local system activity. It is also difficult to predict the amount of capacity that is taken up by health protection response incidents e.g. recent preparation work for the asylum barge and subsequent legionella incident have significantly impacted on the capacity of Public Health Dorset.
- There is a need to progress work to understand the health needs of migrants within our area.

Mental Health Programme

Lead: Sophia Callaghan, Public Health Consultant

Page 53

Key objectives

- To scope the Public Health Mental Health Programme and provide a clear evidence base
- To review the national suicide prevention strategy and refresh the Pan-Dorset plan
- Review the national position for real time surveillance (RTS) and engage partners with local RTS system modelling
- Work with system partners to identify opportunities to improve mental health

Programme Progress

- A JSNA workshop session was held in July to start to explore needs and shape the programme
- Suicide First Aid evaluation infographic was completed for dissemination with 269 people trained across partner organisations
- Work on real time surveillance has started again with Dorset Police and public health
- Community survey exercise has taken place to support local insights
- Protocol work to outline the response to a single cluster
- Wider communication work undertaken to raise awareness, provide crisis signposting, and monitoring reporting on suicide
- Cluster response complete and will begin close down process with stakeholders

Current priorities

- Document learning as part of cluster close down, and work with partners to mainstream actions
- Scoping of the Public Health Mental Health Programme
- Support development of the change programme for mental health via Health Care Public Health (HCPC) Memorandum of Understanding (MoU)
- Review national strategy, and implications for local partners ensuring links and inclusion to relevant local strategies

Risks and Challenges

- Ability to develop accurate data flows for Real Time Surveillance (RTS) from complex datasets
- ICS engagement with mental health/Suicide prevention agenda and inclusion in ICP strategy

Joint Strategic Needs Assessment programme

Lead: Natasha
Morris, Team
Leader Intelligence

Key objectives

To engage system partners in identification of health and wellbeing priorities, supporting a culture of evidence-based decision making.

Programme Progress

- A mental health workshop was held in July with attendees from a range of health, care and voluntary sector organisations. A valuable discussion was held around community wellbeing and some of the challenges people can face. The workshop output is being summarised and will be shared for additional input for anyone who couldn't attend on the day.
- Engagement work with system colleagues has been progressing over the summer with several boards and meetings already feeding back their thoughts on key health and wellbeing issues to be considered in the JSNA. The annual narratives are being updated and will be published later in the year via Health and Wellbeing Boards.
- Initial amendments to the website layout have been made with plans to develop the data repository area next.

Current priorities

1. The publication of the annual JSNA narratives and planning upcoming topics.
2. Working with ICP colleagues to incorporate insights from 100 conversations and engagement work from across our partner organisations through the development of an insights bank.
3. Development work on the data repository, signposting to key data sources and insights

Risks and Challenges

None identified

Improving data to evidence action programme

Lead: Jane Horne,
Public Health
Consultant

Page 55

Programme objectives

- Align and improve the data and insight tools that the system draws upon.
- Support a culture of using information to make decisions.

Programme Progress

- A Data Privacy Impact Assessment has been completed for sharing between LiveWell Dorset and the Dorset Insight and Information Service (DiiS)
- First collaborative dashboard in test in DiiS
- Locality profiles developed and in testing – partners can access the beta version via the website

Current priorities

- Implement sharing of LiveWell Dorset data into DiiS - by July 2024
- Data flows to support new Community Health Improvement Services (CHIS) contracts - by April 2024
- Real-time surveillance to support suicide prevention (cross-reference to the Mental Health programme)
- Health Inequalities system data improvement stocktake - by December 2023
- Agree contribution to system data and intelligence workplan - by January 2024

Risks and Challenges

- Multiple data and intelligence projects and requests, sometimes overlapping and sometimes to multiple partners in the system. Challenge to agree priorities and progress these with partners or to be aware of work others are taking forward that we don't need to duplicate.

Health Inequalities

Lead: Paul
ggulden, Public
Health Consultant

Page 56

Programme objectives

To reduce health inequalities in the BCP and Dorset Council areas.

Programme Progress

- A Programme engagement workshop was held with Public health colleagues to inform programme planning.
- Continued to support system colleagues with Trust work programmes and with Integrated Care System (ICS) planning
- A Health Literate Dorset training programme was commissioned. The first wave of training commenced with awareness raising sessions held in July, open to staff from a range of system organisations.

Current priorities

- Review of the programme following the internal engagement session.
- Supporting the pulmonary rehabilitation service with use of 'roadmap' to identify and reduce health inequalities

Risks and Challenges

- Resources required to continue maintenance of 'virtual academy' webpages

System Strategy Development

Lead: Sam Crowe,
Director of Public
Health

Programme objectives

Clear agreement on priorities and an underlying approach to integration for the system. Shift to person-centred care, embedded approach to reduce inequalities in access, experience and outcomes. Work upstream wherever possible.

Programme Progress

- Supported development of NHS Joint Forward Plan and the 5 pillars - the NHS response to the ICP strategy
- Completed a rapid review of culture change and large-scale change programmes via Prof Alan Tapp on behalf of the Integrated Care Partnership
- Supported first development session of the ICP working with new chair - at which the culture change work was presented
- Supported sessions on developing council corporate plans - trying to ensure alignment with ICP strategy
- Completion of 100 conversations report - the engagement layer of the ICP strategy

Current priorities

- Refreshed work plan for co-ordinating how strategy is implemented by system partners
- Agreed timeline for refreshing Health and Wellbeing Board strategies
- Development of an assurance and assessment approach to measure progress on the ICP strategy

Risks and Challenges

The programme is currently marked as in progress – although the framework and strategy development work has been completed, delivery is now dependent on momentum and capacity across the system. There are also inter-connections with the progress on agreeing approach in each place-based partnership, and the role of each Health and Wellbeing Board with 2 new health and wellbeing board chairs, finding time and capacity so they can further development board is a challenge alongside other pressures.

Healthy Places Programme

Lead: Rachel Partridge,
Deputy Director of Public Health

Programme objectives

- To support the development of healthy places in our built and natural environments, to support and enhance the health and wellbeing of our populations
- To support Local Authorities and partners with evidence-based innovation and policy development
- To reduce the number of people living in cold and damp homes.

Programme Progress

- We've completed a draft background paper to support a healthy food environment policy for Dorset Council Local Plan. This sets out the evidence for limiting the creation of new fast food outlets in some areas of Dorset Council.
- We've completed an initial review of BCP Local Plan's health and wellbeing chapter
- We've reviewed our engagement with planning applications across the two Councils. Engaging with the development of the joint Local Transport Plan (LTP) 4. We provided public health input on the the first phase Issues and Opportunities report highlighting the key public health issues for LTP4, we have joined the LTP Management Board and are engaging in the LTP development workshops.
- DC have started implementing an expansion of Department for Transport funded school, streets initiatives with match funding from PHD for 23/24 and 24/25. This is primarily funding officer time for engagement with schools coordinated with the legal requirements for temporary road closures funded by DfT. We have explored options with BCP for developing a community led interventions to address barriers to active travel. This has indicated that the need and possible options identified may not be compatible with the resource we have available. We are now exploring how the funding could be used to enhance BCP's Bike It Plus programme with schools.
- Ongoing collaboration with BCP environment team, The Parks Foundation (implementation of Green Heart Parks) and BCP & DC's joint Nature Recovery Programme

Healthy Places Programme

Lead: Rachel Partridge,
Deputy Director of Public Health

Current priorities

- Continuing to work with our planning policy colleagues on the development of the two local plans
- Seeking input from the two Councils on how we can maximise the impact of our engagement in planning application decision making. Our review has highlighted that some of the most significant applications we have reviewed and commented on are yet to be determined.
- Healthy Homes Dorset – commencement of £4 million Home Upgrade Grant II (Approved January 2023. Delivery Assurance Check before project delivery commences projected for September 2023) for off-gas homes
- Maintaining our engagement with the development of LTP4
- Reviewing our partnerships and how we are inputting to initiatives promoting access to greenspace across BCP & DC to identify where and how we can have most impact.

Risks and Challenges

Our key challenge is maintaining our engagement with the development of the two local plans over a relatively long period of time and ensuring that policy supporting public health and wellbeing is adequately evidenced.

Commencement of the roll out of the Homes Upgrade Grant (HUG2) - a significant increase in scale. Reprocurement process due in early 2024.

Public Health Functions

Page 60

Communications

Lead: Lucy Mears, Communications Manager

Since April 2023, our achievements include:

- Worked with Dorset Council colleagues and local and national agencies to provide a communications response to Legionella being identified on the Bibby Stockholm barge housing asylum seekers on Portland
- Promoted the launch of the targeted NHS Health Checks offer and stakeholder communications to support the primary care offer as this is stepped up
- Delivered the RUOK children and young people's mental health campaign with focus areas including exam stress, summer holidays and bereavement
- Supported the creation of the DPH Annual Report, through editing, design and communicating with key stakeholders
- Communicated the award of the Drugs and Alcohol contract to key stakeholders and the public in partnership with the provider

Our key priorities include:

- Working with NHS Dorset on a campaign to promote blood pressure checks and encourage people to 'Know Your Numbers'
- Communicating progress and delivery of an internal People Plan
- Rescoping strategic communications priorities for suicide prevention in line with programme specification
- Supporting children and young people's programmes, including the launch of Healthy Movers, the infant feeding strategy and Healthy Start
- Working with Health Inequalities leads to increase understanding and embed approaches across the system
- Targeted promotion of stop smoking offer, including e-cigarettes, to link to national Stoptober campaign

Public Health Functions

Page 61

Intelligence

Lead: Nat Morris, Team Leader Intelligence

Achievements:

- The intelligence areas on the website were reviewed and consolidated for ease of navigation. The main intelligence area is now the JSNA page, with the data repository to be developed further.
- Work has progressed in streamlining and automating some of our regular data processing and consolidating geographic information.
- Team members completing the NIHR Health Services Modelling Associate Programme put forward a project bid which was successful. The group, along with an assigned mentor from the programme, will be working on understanding trends in excess mortality.
- Development work in PowerBI has progressed, with reporting dashboards for CHIS programmes have been re-created in PowerBI.

Upcoming priorities:

- Implement improvements to CHIS contracting dashboards in PowerBI
- Develop capability for creating maps in PowerBI
- Deliver Health Services Modelling Associate (HSMA) project on excess mortality
- Continue dashboard transfer work from Tableau to PowerBI
- Contribute to Public Health's internal CPD programme, delivering a session on Experian MOSAIC lifestyle data and it's applications

Public Health Functions

Page 62

Business Support

Lead: Vicky Nichols, Business Support Manager

In addition to providing business support to each programme area, the team continue to:

- provide finance processing and budget support
- provide recruitment support
- run digital champion drop-in sessions and provide guidance to the team
- disseminate FOI requests, follow-up and ensure responses within set timescales
- provide support to the Senior Management Team and implementation of the ICP strategy
- front facing team for Public Health enquiries
- ad-hoc admin tasks for the Public Health team

Priorities:

Continue to:

- provide finance processing and budget support
- provide recruitment support
- run digital champion drop-in sessions and provide guidance to the team
- disseminate FOI requests, follow-up and ensure responses within set timescales
- provide support to the Senior Management Team and implementation of the ICP strategy
- front facing team for Public Health enquiries
- ad-hoc admin tasks for the Public Health team

Public Health Functions

Page 63

Contracts and Commissioning - General

Lead: Sophia Callaghan, Consultant in Public Health

Achievements:

- Series of deep dives undertaken at SMT to outline contracts and commissioning role, contract overview, challenges coming up and 5 year forward plans for re-procurement
- Capacity management programme complete to add support where needed
- Risk review has taken place on all contracts to review capacity, skills and the contracts forward view
- CHIS re-procurement programme has been set out and the project management process has started
- A programme has started to review contracting payment and reporting to simplify functions

Priorities:

- CHIS position statements to be completed
- Seeking recommendation for procurement of CHIS to the JPHB in October
- Re-procurement timeline to be completed
- Risk actions to be progressed such as CPD plan for contract managers

Public Health Functions

Page 64

Localities

Lead: Chris Ricketts, Head of Programme

Our aim to improve health and wellbeing through working in partnership with local communities and ICP partners continues to evolve. Here are our highlights from the last quarter:

Working with BCP Council on: Age Friendly Communities; the Bourne Community Centre; Boscombe Family Hubs; joint priorities with the Community Development Team.

Working with Dorset Council on: Effective partnership involvement with Family Hubs (in particular, community groups and primary care teams); Supporting Local Action Groups with programme of community grants, targeted oral and dietary education through the Holiday Activity and Food programme.

Supporting Primary Care Networks with: public health communication campaigns; advice and information for vaccination programmes and linking Social Prescribers with local activities.

Support for public health programmes on: linking LiveWell Dorset with local stakeholders; continuing to engage GP practices in the Health Check contracts; Community Health Improvement Services (CHIS) provider engagement in forthcoming re-procurement exercise.

Working with Voluntary and Community Sector on: the development of pop-up ladders across Dorset Council area; supporting Community Action Network (CAN) in establishing Wellbeing Hubs improving advice and guidance.

Joint Public Health Board

12 October 2023

NHS Health Checks Update

Portfolio Holder: Cllr Jane Somper, Adult Social Care, Health and Housing,
Dorset Council

Cllr David Brown, Health and Wellbeing,
Bournemouth Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sophia Callaghan
Title: Consultant in Public Health
Tel: 01305 225887
Email: Sophia.callaghan@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This report sets out progress on the NHS Health Check (NHS HC) refresh programme. The report summarises:

- Our programme changes for 2023/24
- Mobilisation and implementation of the new universal and targeted models
- Performance Quarter One for primary care and LiveWell Dorset
- Challenges.

Overall there has been an increase in the invitations and number of checks delivered, especially in more deprived areas in line with the Director of Public Health report recommendations.

Recommendation:

The Joint Public Health Board is asked to:

- 1) Note the programme changes and mobilisation of the new service
- 2) Note activity increases among those communities in most need
- 3) Consider performance phase one

Reason for Recommendation:

The Director of Public Health report identified that the delivery of the health checks programme had been challenging. It recommended a continued focus to ensure that delivery of checks improves, especially in the most deprived areas, where risks are higher. This update is part of that continued focus, to keep the board sighted on an important area of improvement work.

1 Introduction

- 1.1 Cardiovascular disease (CVD) accounts for a quarter of deaths in the UK and is a significant cause of premature deaths in people aged under 75 years. CVD death rates vary with age, gender, and socioeconomic status; with higher levels of morbidity and mortality being seen among people living in the most deprived communities compared to those in more affluent areas.
- 1.2 Local authorities are mandated by the Department of Health and Social Care to provide an NHS Health Check (NHS HC) programme. Locally this is commissioned by Public Health Dorset and provides a cardiovascular risk assessment, to help identify individuals (aged between 40 and 74), who are at risk of CVD. The checks are free and can spot early signs of stroke, kidney disease, heart disease or type 2 diabetes. The programme aims to invite one-fifth of the eligible population every year over a 5-year period. Thus, everyone should receive a check once every 5 years.

2. NHS Health Check Programme Changes 2023/4

- 2.1 The NHS HC Programme was paused during COVID, giving the opportunity to review performance and refresh the programme. Activity data highlighted that across Dorset and BCP, communities from the least deprived areas were more likely than those more deprived areas to receive an invite and have a check. Looking forward, PHD wanted to:
 - a) Increase provision in communities where CVD risk is higher, to better align NHS HC work towards reducing inequalities;
 - b) Re engage primary care providers to send out NHS HC invites and deliver checks in communities with higher CVD rates;
 - c) Provide additional capacity to the system to increase NHS HC numbers, especially amongst those most at need.
- 2.2 The programme was redesigned and options for a local delivery model were approved at the Joint Public Health Board in February 2023. These changes included changes to payment for invitations to incentivise activity, asking practices to invite patients with key risk factors as a priority, with incentives for targeting to higher risk, and developing a new outreach service via LiveWell Dorset.

3. Mobilisation of the new NHS Health Checks model

3.1 Primary care

This year the re start programme successfully mobilised within primary care networks (PCNs) on 1st April 2023. In March, new specifications were shared through our existing contract and service level agreement mechanisms. Providers were supported with information briefs by contracts teams.

We have worked with PHD locality leads to coordinate communication and any queries with practices. We also developed an NHS HC dashboard to monitor and evaluate activity. We are now reviewing the first quarter's data, to assess delivery and activity gaps. Supporting providers where needed to get started and keep them updated with progress.

To start the evaluation programme a September campaign will help us understand why some people haven't responded to their NHS HC invite, and support more targeted communications. In October, "lunch and learn" sessions alongside NHS Dorset will help providers understand new data recording and payment processes.

3.2 LiveWell Dorset (LWD)

LiveWell Dorset NHS HC delivery model targets communities with higher risk factors for CVD, as well as supporting PCNs with limited or no provision. The mobilisation plans included team recruitment, NHS HC training, equipment purchasing, and standard operating processes. We worked with PHD locality teams to introduce and connect PCNs to the new offer and identify the areas to focus, starting with delivery in Bournemouth East, Weymouth & Portland, North Bournemouth. The programme launched in June 2023.

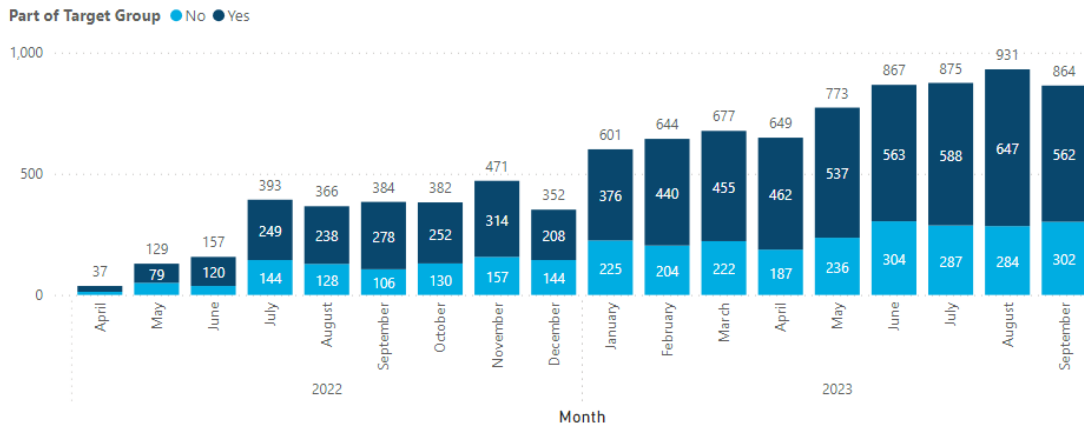
The LWD team also deliver NHS HC to selected workforces across the county (see Appendix one), systems are in place for easy NHS HC direct booking for people via the LWD website along with resource materials to promote checks.

Uptake of LWD NHS HC has been extremely popular, showing that already there is demand for an outreach offer from different communities across Dorset and BCP.

4. Performance 2023/24

4.1 Quarter two activity levels are the highest since the programme re-launched after the Covid-19 pandemic, for both the number of NHS HC invitations sent and NHS HC completed.

Health Checks By Month



4.2 The dashboard shows 9,001 NHS HC invitations were sent in Q2 across Dorset and BCP council and 2,643 NHS HCs were delivered in primary care settings (over 1500 of these met the criteria for CVD risk factors). By council area, this equates to:

	Invites sent	Checks delivered	% Uptake
BCP	Q1 5629	1179	21%
	Q2 6365	1,468	23%
Dorset	Q1 2979	1181	40%
	Q2 2638	1175	45%

4.3 This level of activity is higher than observed levels of activity pre-covid and under the previous programme model. Our ambition for this year is to match pre-covid activity levels, so this is positive start (Appendix two shows comparison with 2019/20).

4.4 Health Checks are now being offered in almost every locality across Dorset and BCP Council areas, at varying levels. South Coast Medical, Christchurch PCN, Purbeck PCN, Sherborne area and Weymouth and Portland PCN have sent higher numbers of invitations and completed more checks (see Appendix three).

4.5 Gaps in primary care activity have been identified in Bournemouth East, North Bournemouth, and Poole Bay PCNs. As these are also areas with higher rates of cardiovascular disease, they will be key communities for LiveWell Dorset to target over the coming year.

5. LiveWell Dorset Activity

- 5.1 Since June LWD have delivered 635 checks, with another 770 in the pipeline across a range of communities (see appendix one for examples).
- 5.2 Quarter one data records suggest an increase in people having NHS NC with CVD risk factors identified (e.g., blood pressure or overweight) and attendance from those in more deprived communities. It is early in the programme to identify changes in relation to the new delivery model, evaluation next year will see whether the programme changes have been successful at reaching higher risk patients.

6. Challenges

- 6.1 There are several challenges for the NHS HC programme to overcome throughout the remainder of this year. One of the biggest challenges remains unequal access to the programme. Provision is limited in some high CVD risk areas. Increasing primary care provision in Bournemouth East and North Bournemouth areas will remain an area of focus for the programme.
- 6.2 Another challenge this year will be to increase uptake across the BCP Council area. Great work has been happening sending out invitations, but so far uptake rates haven't improved. Understanding access barriers for people will help increase the number of invitations that result in a completed check.
- 6.3 A further challenge for the programme will be to encourage people from black ethnic communities to engage with the programme who are typically less likely to attend than others within the community. Early data from quarter 1 shows this little change in the percentage of people accessing NHS Health Checks of black ethnicity.

7. Financial Implications

- 7.1 To enable the addition of a new provider, the NHS HC budget (£600,000) has been split in the following way:
 - 1. Allocated £400,000 to primary care (to deliver the programme across primary care settings)
 - 2. Allocated £200,000 to LiveWell Dorset (to deliver to people at risk of CVD)

8. Wellbeing and health implications

- 8.1 Improving delivery approaches and targeted access will improve health and wellbeing for those with greatest need.

9. Environmental implications

- 9.1 The peripatetic element of the targeted LWD delivery model will embed low carbon transport measures. We will do this by:

- running events, rather than one to one sessions
- utilising local staff in each of the areas to minimise transport
- looking at an incremental development plan to keep emissions low.

10. Other Implications

10.1 None identified in this paper.

11. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

12. Equalities Impact Assessment

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

13. Appendices

Appendix 1: BCP case study and example of LWD targeted events

Appendix Two: Activity comparison pre/post COVID

Appendix Three: invitations and NHS HC numbers by PCN

Appendix One: Case study examples

“At BCP Council we take wellbeing seriously, when Learning & Development heard about LiveWell Dorset’s NHS Health Checks we jumped at the chance to create a partnership to enhance our colleague’s physical health.

Lucy and her expert team carried out health checks at our satellite offices and buildings that enabled busy colleagues access to much needed advice and guidance at a venue and time suitable to them. For many this was key as it gave reassurance and the opportunity to gain valuable information from the assessments carried out. Colleagues feedback was full of gratitude and praise for LiveWell Dorset and this enhanced emotional and physical wellbeing within our teams.

Following their checks, many of our colleagues realised that changes needed to be made to their lifestyles and this has prompted healthy choices and good habit forming. The difference LiveWell Dorset has made to our colleagues at BCP is profound. Not just in terms of their health but mental wellbeing, confidence and moral.

The staff at BCP cannot speak highly enough about the checks impact on their lives and the peace of mind it has given them. Due to its success, health checks are being rolled out at the Civic Centre to enable even more colleagues to benefit.”

Community Events in Dorset Council

- Swanage – Mowlem Theatre Event via UHD – Rural area targeting elderly.
- Weymouth Information Shop - Area of Deprivation
- Osprey Leisure Centre - Area of Deprivation
- Ferndown Library
- Weymouth Library – Area of Deprivation
- Wareham Library

Workforce Events in Dorset Council

- Dorset Council Staff at County Hall
- Dorset County Hospital – Estates Team
- Vespasian House – targeting lower band / grade staff.
- Dorset & Wiltshire Fire Service

Appendix Two: Comparison to 2019/20 Q1 activity

The data available for quarter 1 2019/20 is by CCG locality rather than PCN. When comparing data from 2019/20 to Q1 2023/4, we can see overall activity is up, and has improved in some key areas such as Bournemouth Central and Bournemouth East (due to the activity of South Coast Medical Group).

Locality	2019/20 Q1	2023/4 Q1
Bournemouth Central	0	160
Bournemouth East	25	257
Bournemouth North	15	11
Christchurch	308	365
East Dorset	315	177
Mid Dorset	232	64
North Dorset	1	285
Dorset West	172	0
Poole Bay	72	165
Poole Central	49	38
Poole North	323	153
Purbeck	11	253
Weymouth & Portland	383	263
Total	1906	2191

Appendix Three: Activity levels by Primary Care Network to date (Q1 + Q2):

Health Checks are being offered in almost every locality across council areas

PCN	Invited	Completed	% uptake
Blandford Primary Care Network	8	0	0%
Bournemouth East Collaborative Network	159	94	59%
Central Bournemouth Primary Care Network	325	22	7%
Christchurch Primary Care Network	1591	530	33%
Crane Valley Primary Care Network	649	312	48%
Jurassic Coast Primary Care Network	181	71	39%
Mid Dorset Primary Care Network	502	111	22%
North Bournemouth Primary Care Network	189	37	20%
Poole Bay and Bournemouth Primary Care Network	111	18	16%
Poole Central Network	1852	212	11%
Poole North Primary Care Network	1279	360	28%
Purbeck Primary Care Network	965	481	50%
Sherborne Area Network	612	402	66%
Shore Medical	560	138	25%
South Coast Medical	5806	1081	19%
The Vale Primary Care Network	493	72	15%
Weymouth and Portland Primary Care Network	1437	482	34%
Wimborne and Ferndown Primary Care Network	661	231	35%
Grand Total	17380	4654	27%

This page is intentionally left blank

Joint Public Health Board

12 October 2023

Health Protection Briefing

Choose an item.

Portfolio Holders: Cllr Jane Somper, Adult Social Care, Health and Housing,
Dorset Council

Cllr David Brown, Health and Wellbeing,
Bournemouth Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author:

Emily Macdonald MPH, RN (BSN)
Head of Programmes: Health Protection
Emily.Macdonald@dorsetcouncil.gov.uk

Lead Consultant:

Rachel Partridge
Deputy Director for Public Health
Rachel.Partridge@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary:

This paper describes the responsibility for health protection within local authorities and provides an overview of the health protection work of Public Health Dorset. The paper is being brought to Joint Public Health Board to update Members on an important part of our work, and to note changes in the way that public health and the wider system are working now that the pandemic has ended.

Recommendation:

That members of the Joint Public Health Board note the roles and responsibilities of the Director of Public Health and the function of Health Protection within Public Health Dorset.

1. Background

- 1.1 Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. As well as major programmes such as national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance, screening populations for diseases and responding to incidents and outbreaks.
- 1.2 Board members will have been aware that during the COVID-19 pandemic, local authority public health teams and the DPH led the local response to coronavirus, including establishing local surveillance, communications, testing, outbreak planning and response, infection prevention and control including working with high-risk settings such as care homes, healthcare and schools.
- 1.3 However, this was an exceptional global emergency, and public health teams would not normally pick up this level of responsibility for health protection. Now that the pandemic has finished, we are working with the wider system to restore the health protection functions and return to normal business. However, because there have been significant changes to the NHS system including the creation of new integrated care boards, it is helpful for Members to be briefed on roles and responsibilities going forwards.

2. Responsibilities

- 2.1 Local authorities have a critical role in protecting the health of their local population, both in terms of helping to prevent threats arising and in ensuring an appropriate response when an incident occurs. This includes the work of Public Health Dorset, Environmental Health, Port Health, Licensing, Food Safety & Standards, Emergency Planning, social care, and those working on the climate change agenda.

The Civil Contingencies Act (2004) classifies Local Authorities as Category 1 responders, with statutory responsibilities for actively planning for, and leading the response to, health protection incidents and emergencies¹.

It is expected that Local Authorities will work with other key local partners to ensure that threats to health are understood and properly addressed. These partners include other Category 1 responders, such as The UK Health Security Agency (UKHSA) and their local health protection teams which is tasked with surveillance, leading investigations, responding to public health threats and

¹ [Preparation and planning for emergencies: responsibilities of responder agencies and others - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362822/preparation_and_planning_for_emergencies_responsibilities_of_responder_agencies_and_others.pdf)

providing public health advice; NHS England (NHSE) which commissions immunisation and screening programmes; and Integrated Care Boards which commission NHS services required for a public health response. Partners also include local health providers and voluntary organisations.

- 2.2 Directors of Public Health (DsPH) and local authority Public Health teams also have roles in **supporting health protection work**, as defined by the Health and Social Care Act (2012)².

Despite commissioning no health protection services directly, the Act mandates DsPH maintain an '**oversight**' function to ensure that health protection arrangements are robust for their local population. DsPH also have a wider health protection role in supporting UKHSA with the management of outbreaks and incidents within their local authority area³.

- 2.3 These responsibilities can include the following routine activity:

- Reviewing health protection **surveillance** produced by UKHSA.
- **Monitoring** of service **performance** for key health protection services commissioned by partners (i.e. [section 7a immunisations](#) commissioned by NHS England).
- **Assurance** of local health protection response plans and test exercises.
- Reviewing the local response to health protection incidents and outbreaks and ensuring that **learning** is shared among local partners and acted upon.

- 2.4 The Department of Health's Health and Social Care Act 2012 guidance states that DsPH should:

- provide **strategic challenge** to health protection plans/arrangements produced by partner organisations
- scrutinise and as necessary challenge performance
- if necessary, **escalate concerns** to the local health resilience partnership (LHRP)
- **Receive information** on all local health protection incidents and outbreaks and **take any necessary action**, working in concert with UKHSA and the NHS.
- contribute to the work of the Local Health Resilience Partnership (LHRP), possibly as lead DPH for the area
- provide the public health **input into the local authority emergency plans** as required by The Civil Contingencies Act (2004)

- 2.5 There are no specific financial implications for Public Health Dorset in relation to Health protection functions, aside from staff capacity to provide

² [Health and Social Care Act 2012 \(legislation.gov.uk\)](#)

³ [Health Protection in Local Authorities Final.pdf \(publishing.service.gov.uk\)](#)

assurance and support UKHSA where necessary. Public Health Dorset is not responsible for commissioning services for health protection.

3. Health Protection Focus for Public Health Dorset

3.1 Given the responsibilities of local authorities for health protection, Public Health Dorset focuses on the following:

- DPH assurance
- supporting system planning to mitigate against health protection risks
- providing public health advice, professional scrutiny and challenge to system plans and incident response.
- keeping a watching brief, reviewing data and reports from key stakeholders
- communicating health protection risks to stakeholders and the public as necessary.

Figure 1. *The Health Protection Function of Public Health Dorset*



3.2 The work of PHD is set out below.

DPH Assurance

- has a core team assigned to the health protection agenda
- set up a mechanism to gain assurance through quarterly Health Protection Network meetings, attended by key stakeholders such as UKHSA, NHSE Screening & Immunisation Team, environmental health, NHS Dorset, and others as necessary

<ul style="list-style-type: none"> • attends the Local Health Resilience Partnership, chaired by NHS Dorset and tasked to ensure the health system is prepared to respond to a major incident.⁴
<p>Support System Planning</p> <ul style="list-style-type: none"> • supports system partners to plan for the response to health protection incidents
<p>Advice/Scrutiny/Challenge</p> <ul style="list-style-type: none"> • provides advice, scrutiny, and challenge to system health protection plans and incident management, escalating concerns where appropriate to the DPH.
<p>Review Data</p> <ul style="list-style-type: none"> • maintains a watching brief on the epidemiology of infections and environmental hazards which could impact human health. • reviews immunisation uptake data, seeking assurance from the commissioner NHS England that the population is protected from vaccine preventable disease with a focus on addressing inequalities. • reviews screening uptake data, seeking assurance from NHSE that programmes to detect infection within our local population are well attended and the risk of transmissible infections across the population is greatly reduced. • reviews & discusses the epidemiology of infections with colleagues at UKHSA, including reviewing monthly surveillance reports and stakeholder notifications relating to specific, live incidents.
<p>Communication of HP Risk</p> <ul style="list-style-type: none"> • issues public health communications as necessary – to stakeholders or to the public often in collaboration with UKHSA

4. Examples of Health Protection Incidents

4.1 To give a sense of the scope and breadth of the work around this agenda, a list of some health protection incidents requiring a system response (often led by UKHSA) and input from Public Health Dorset is noted below.

Table 1. Notable Health Protection Incidents in Dorset, Bournemouth, Christchurch or Poole, (January – September 2023)

an outbreak of klebsiella infections at an end-of-life care home, including 4 deaths

⁴ [EPRR-Model-Concept-of-Operations-2.doc \(live.com\)](#)

a norovirus outbreak associated with a baby shower event in a hotel restaurant
chaired the health group linked to the oil spill into Poole harbour
local public concern plus national headlines around “dry spilling” of sewage by water companies
scabies in temporary (hotel) accommodation for migrants
Legionella detected in the water system of the Bibby Stockholm, temporary migrant accommodation, no human cases
an outbreak of pseudomonas infections in people who had ear cartilage piercings linked to a local business.
a number of zoonotic (animal) infections highlighted to Public Health Dorset for awareness by UKHSA because of the risk of transmission to people who have had close contact with infected animals e.g. lyssa virus in bats, Q-fever in livestock, brucella canis in dogs rescued from outside of the UK.

5. Other implications

- 5.1 The health protection system across the Dorset Integrated Care System is reliant on a number of key stakeholder organisations working effectively locally and with regional and national organisations including primarily the UK Health Security Agency.
- 5.2 It is important to recognise that whilst the DPH has a key role in seeking assurance that robust plans are in place to protect the health of our residents, it is reliant on partner agencies to commission and deliver the related services.

6. Public Health Dorset’s Health Protection Annual Report (2022)

For further information, please see the Health Protection annual report from 2022. [Health protection \(publichealthdorset.org.uk\)](https://publichealthdorset.org.uk)