



Date of Meeting: 30th October 2019

Lead Member: Councillor Laura Miller – Lead Member for Adult Social Care and Health

Lead Officer: Dr Jane Horne, Public Health Dorset

Executive Summary:

The paper provides a written update to the Board on:

- Key highlights from across the STP as a whole;
- Progress on Prevention at Scale (PAS) since the last Board.

Equalities Impact Assessment:

Some elements of the STP have had an EqIA.

Budget:

The Joint Public Health Board has previously approved approx. £1m non-recurrent funding from savings made from the public health grant for investment into the PAS programme. A further £150k has been allocated for non-recurrent project resource from the STP transformation fund.

Partner organisations each commission and work on a range of prevention activities with associated budgets. As the PAS work progresses there may be additional impacts on these.

Risk Assessment:

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

Current Risk: LOW

Residual Risk: LOW

Other Implications:

The ambition set out in the STP is to transform health and care in our area to achieve better health outcomes for local people, with higher quality care that's financed in a sustainable way. There are five key strands of work including PAS to support the NHS and local councils in how they work together to address the three gaps around:

- Health and wellbeing gap
- Care and quality gap
- Finance and affordability gap

By developing the STP as the Joint Health and Wellbeing Strategy was refreshed there is close alignment, and the Health and Wellbeing Board has the role of overseeing local delivery of the PAS portfolio.

Wider implications of the STP and the PAS programme include the sustainability of future public services, and the future role of localities, communities and the voluntary sector.

Recommendation:

Members are asked to note the update on STP highlights and highlighted progress on prevention at scale; and to support ongoing work, within the Board and back in their respective organisations and communities.

Reason for Recommendation:

Transformation of health and care services in Dorset needs close collaboration between all public service partners. The Health and Wellbeing Board has a key role in this and has specifically taken on the role of overseeing local delivery of the PAS portfolio. The Board have requested an update on the STP as a whole, with a focus on the delivery of PAS for all future meetings.

Appendices:

Background Papers:

[‘Our Dorset’](#)

[Joint Health and Wellbeing Board Strategy](#)

[Update on STP and PAS, Health and Wellbeing Board – June 2019](#)

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Locality	Primary Care Network (PCN)	Prevention at Scale focus area	Long Term Condition focus area
East Dorset	Crane Valley PCN	Learning Disability Annual Health Checks	Diabetes
	Wimborne and Ferndown PCN	Learning Disability Health Checks	Long Term Condition focus area is chronic lung conditions, Chronic Obstructive Pulmonary Disease (COPD) and asthma
Mid Dorset	Mid Dorset PCN	Childhood obesity	Diabetes
North Dorset	Sherborne Area PCN	Bowel and Cervical cancer screening uptake	Diabetes 9 care processes

1. PURPOSE OF REPORT

- 1.1 This paper provides a written update to the Board on headline progress across the Dorset Integrated Care System (ICS), and the STP as a whole; and feeds back on progress since the last Board.

2. BACKGROUND

- 2.1 [‘Our Dorset’](#), the local STP published in 2016, set out five key strands of work including Prevention at Scale to support the NHS and local Councils in working together to address three gaps:
- Health and wellbeing gap
 - Care and quality gap
 - Finance and affordability gap
- 2.2 The [Joint Health and Wellbeing Board Strategy](#), (JHWS) adopted in August 2016, outlines three key priorities for the Board (starting, living and ageing well). Developing the STP and the JHWS at the same time meant close alignment on prevention at scale, and the Health and Wellbeing Board oversees local delivery of this portfolio.
- 2.3 The Board receives regular [updates](#) on the STP and progress with prevention at scale plans. At each meeting the Board also has the opportunity for a more in-depth discussion. At the June meeting this focused on Starting Well.

3. ICS/STP HIGHLIGHTS

- 3.1 Our new plan, Our Dorset Looking Forward, is currently being written and we are taking this opportunity to review the Prevention at Scale plans taking into account guidance relating to the NHS Long Term Plan, Public Health England’s menu of interventions, current national consultation on Prevention in the 2020s, and emerging learning from corporate strategy development.
- 3.2 The new Primary Care Contract, Primary Care Network (PCN) development and the CCG Clinical Commissioning Local Improvement Planning (CCLIP) service bring new opportunities to connect the Integrated Community and Primary Care Services (ICPCS) and Prevention at Scale work together. Locality link workers are supporting developing PCNs with their plans. The focus areas of the plans are detailed in the table below:

	Blandford PCN	Improve the physical and psychological health of patients with a Serious Mental Illness (SMI) and to improve the uptake of health checks in respect of patients with a learning disability	Frailty Population Health Management (PHM) project
	The Vale PCN	Improve uptake of patient population severe mental illness health checks	Frailty Population Health Management (PHM) project
Purbeck	Purbeck PCN	Prevention/delay of Type 2 Diabetes	COPD
West Dorset	Jurassic Coast PCN	Prediabetes (Diabetes Prevention Programme)	Diabetes
Weymouth & Portland	Weymouth and Portland PCN	Learning Disabilities Annual Health Checks	A project to identify high intensity (frequent users) of medical services and improve attendance and outcomes

3.3 As the new Dorset Council is now well established, some key transformation work has begun. For children's services, we have a vision that children are happy, thrive and are able to be the best they can be. We want our services to be as good as they can be for children and families. We know that change is needed from previous Ofsted inspections including around SEND, child exploitation and wider children's services, that have highlighted the need for improvement. The first step is about designing a Blueprint for Change for our services and structures that will allow us to deliver our vision and transform the way we work. There are clear overlaps with the prevention at scale portfolio around starting well and how we work together with other services in local communities.

4. PREVENTION AT SCALE

Starting Well

- 4.1 Smoking in Pregnancy Lead is in post and has completed local and regional scoping to inform the Local Maternity System (LMS) on good practice. The LMS will be self-assessing our prevention work in Better Births and considering priorities, gaps and good practice.
- 4.2 The carbon monoxide screening pilot in Weymouth showed that of 102 people who were screened:
- 33 were smokers prior to pregnancy (32%)
 - 49% of those who smoked had given up in pregnancy
 - 69% have remained quit
- 4.3 The new Children and Young People's Public Health Service contract awarded to Dorset HealthCare started on 1 October. Bringing together our previous contracts for Health Visiting, School Nursing and the National Child Measurement Programme, this focuses on four key local health and wellbeing priorities:
- Reducing smoking in pregnancy and postnatally
 - Increasing physical activity
 - Improving wellbeing and mental health

- Ensuring children arrive at school ready to learn and achieve
- 4.4 Workshops with partners throughout August focused on Early Help, Safeguarding, Intelligence and Digital, making sure plans for the service were shaped to best meet local need and align with other strategic plans and programmes. There are also plans to re-establish the Healthy Child Programme following the contract start date in October.
- 4.5 Public Health Dorset are supporting the Pan-Dorset School PE and Sports conference in September and will be delivering a workshop in partnership with Dorset MIND.
- 4.6 Dorset were successful in their submissions to the Children and Young People Emotional Wellbeing network group (THRIVE) to develop mental health teams for schools. The pilot areas are to be North Dorset and Weymouth and Portland.

Living Well

- 4.7 Workforce wellbeing training is being rolled out across Dorset organisations with LiveWell training and so far over 1200 clinical and non-clinical staff have access wellbeing skills training. In addition, events are taking place to engage organisations and departments with the LiveWell Dorset offer.
- 4.8 Train the trainer courses have been running for Mental Health First Aid (MHFA) and Making Every Contact Count (MECC) with 35 train the trainers now in place.
- 4.9 LiveWell has now reached almost 24,000 registrations. This year alone, 2,328 people have joined the service (April to July). We have seen a slight increase in clients from deprived communities at 27% (so far for quarter two) and 23% of our clients are male.
- 4.10 We are seeing a steady rise in clients choosing to interact with LiveWell Dorset digitally. In July we registered 650 new clients and 526 of those did so via our website. Our social media channels remain popular with just under 2,000 twitter and 700 Instagram followers. Our Facebook page has 4,256 likes and 2,110 people have asked to join our online community 'Our LiveWell' where they can give and receive peer support and encouragement. Our live online chat facility and enquiry functions currently receive around 400 interactions per month. Considering the growth of these various mediums we will be looking to expand our digital offer and plan to upskill our teams to meet demand.
- 4.11 In July, we introduced a quiz 'Are you Living Well?' to our LiveWell Dorset marketing and communications portfolio and to date over 6,000 people have taken this quiz.

Ageing Well

- 4.12 As part of our Active Ageing programme, the workforce project area has developed well with a number of opportunities with Dorset Council including: pre-retirement workshops, occupational health system changes for MSK and

stress, development of a staff wellbeing strategy. Physical activity campaign is underway across the ICS for August/September branded 'JoinMe'.

- 4.13 Met with Dorset Elective Care Board and Elective Care Transformation Manager to explore further system changes to embed physical activity. Working with programme leads for one acute network (pathway redesign) to ensure opportunities to embed physical activity in pathways for all specialities, including pre-op assessments.
- 4.14 As a result of our Active Ageing work, we now see an increase in the percentage of client's activating the LiveWell Dorset physical activity pathway. In the same period last year, activation on the physical activity pathway was 40.9% (total population 18+) and 38.6% (55+) compared to current figures of 74.2% (total population 18+) and 65.3% (55+).

Healthy Places

- 4.15 With the two new councils beginning to develop their corporate strategies and transformation plans, this provides new opportunities to embed prevention within council services and to support transformation across the councils to improve the wider determinants of health.
- 4.16 Each council is required to develop a new Local Plan by 2023, with public consultation taking place in 2020. These plans will set out the vision for the future of each area and provide a framework for the local planning system to address housing needs and other economic, social and environmental priorities.