

Joint Public Health Board

03 February 2020

Prevention at Scale Strategy

For Decision

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

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sam Crowe and Jane Horne

Title: Director of Public Health

Tel: 01305

Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

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

Reason for Recommendation:

1. Executive Summary

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

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

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

2. Financial Implications

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

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

3. Climate implications

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

4. Other Implications

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

5. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

7. Appendices

Appendix A Dorset System PHE Menu stocktake

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

8. Background Papers

[Our Dorset 2015](#)

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

9. Local Authority Transformation

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

10. Public Health Dorset internal transformation

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

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

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

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

11. ICS prevention plan

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

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

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

Footnote:

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