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

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

	Trusts to implement NICE guidance PH45 "Smoking: Harm reduction".	Fully implemented by Dorset Healthcare Trust. Plan: Part of ICS task and finish group discussions with acute trusts (p. 33, 63). Work also begun with substance misuse providers to implement this.
	Assess all pregnant women for carbon monoxide to identify potential smoking and refer for specialist support.	CO monitoring in place in Poole and RBH, not yet embedded/reported in DCH. Better Births Transformation Programme
	All mental health trusts to have smokefree buildings and grounds with staff trained to facilitate smoke cessation.	Complete – A full smoke-free policy is in place across all Dorset Health care facilities. At least 2 staff trained to level-2 smoking cessation across each mental health ward/service
Diet & Obesity	CCGs and local authorities ensure there are evidence-based weight management services accessible to their local population through co-commissioning across the obesity pathway and that these are robustly	LiveWell Dorset provides brief advice and coaching for people wanting to lose weight and can refer onto Public Health Dorset commissioned Tier 2 weight management services for eligible people. BAU – oversight JPHB through performance monitoring
	evaluated.	CCG commissions Tier 3 and 4 services.
	Implement Government Buying Standards for food and catering services (GBSF) across a range of public settings and facilitate the uptake of nutrition policy tools.	One Acute Network to report back on plans.
	Integrate weight management and mental health services.	LiveWell Dorset accepts a wide range of referrals, but no formal links with MH services. Scope to be considered by ICS planning groups.
	Tackle the obesogenic environment. CCGs and local authorities work together to	Cross reference above interventions on diet &obesity, plus sections on active travel and physical activity.
	support healthier food and drink choices, increase physical activity opportunities and reduce sedentary behaviour and access to energy dense food and drinks	Plan: Develop physical activity strategies through the Health and Wellbeing Boards to a) ensure consistent approaches to physical activity and b) to influence investment into physical activity interventions/system changes that achieve behaviour change at scale. Additional work on:
		 food insecurity and hidden hunger which can drive behaviours input to Local Plans which set local policy on planning developments
	Make every contact count. Health and care professionals empower healthier lifestyle choices and improve access to relevant and	LiveWell Dorset engaging with each NHS and LA organisation to improve access to both health improvement pathways and healthy conversation skills development (over 1000 staff trained so far)

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

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

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

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

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