



Joint Public Health Board

Date: Monday 15 July 2019

Time: 10.00 am

Venue: Cattistock Room, Civic Centre, Poole BH 15 2RU

Membership: (Quorum 2)

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

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

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A G E N D A

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1 ELECTION OF CHAIRMAN

To elect a Chairman for the meeting.

The Chairmanship of the Board alternates between the host authorities. On this occasion the Chairman shall be elected from BCP Council.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman from the Authority to host the next meeting. This appointee – from Dorset Council - will Chair that next meeting.

3 APOLOGIES

To receive any apologies for absence.

4 DECLARATIONS OF INTEREST

To receive any declarations of interest.

5 PUBLIC PARTICIPATION

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

6 WELCOME PRESENTATION

5 - 6

To receive a presentation on what Public Health Dorset does and how it does it; the role and responsibilities of the Board; the relationship between the two and; the part both can play in fulfilling public health outcomes.

The Boards' Terms of Reference and Working Arrangements are attached for reference.

7 2019/20 BUSINESS PLAN

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To consider a report by the Director of Public Health.

8 FINANCE REPORT

43 - 48

To consider a joint report by the Executive Director of Corporate Development and Director of Public Health.

9 DEVELOPING COMMISSIONING OPTIONS FOR SEXUAL HEALTH SERVICES IN DORSET

49 - 62

To consider a report by the Director of Public Health.

10 HEALTH IMPROVEMENT SERVICES PERFORMANCE MONITORING

63 - 80

To consider a report by the Director of Public Health.

11 FORWARD PLAN

81 - 84

To receive and consider the Board's Forward Plan.

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 QUESTIONS FROM COUNCIL MEMBERS

To answer any questions received in writing by the Chief Executive by not later than 10.00 am on Wednesday 10 July 2019.

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Extract from Dorset Council's Constitution

JOINT PUBLIC HEALTH BOARD

Terms of Reference and Working Practice

(a) Role - The Joint Public Health Board (the Board) is a joint executive body for the delivery of the public health functions carried out by the shared public health service (known as Public Health Dorset) on behalf of Dorset Council and Bournemouth, Christchurch and Poole Council. The Board will continue to be the joint executive for so long as the two councils are working in partnership.

(b) Membership - The Board will consist of two voting members drawn from the executives of each of the two partner councils (a total of four members), plus a nominated Director from Dorset Clinical Commissioning Group. Each council may at any time appoint replacement members to serve on the Board provided that any such member must be a member of that authority's executive. Notice of any change should be provided to the Democratic Services Manager of Dorset Council as the host authority for the shared service.

Each Authority may also nominate one non-executive member to attend the Board as a non-voting member.

(c) Chairmanship - The Chairman shall rotate each meeting and it will be usually an executive from the Council hosting that particular meeting.

(d) Quorum - The quorum for meetings of the Board shall be one voting member from each of the two councils.

(e) Frequency of meetings - The Board shall meet as a minimum four times a year, usually in July, November, February and May and subject to room availability the venue for meetings will rotate meeting by meeting around the offices of the two partners.

Additional meetings of the Board shall take place as determined by the Board in order to fulfil its work programme.

Further meetings shall be convened if requested by any two members of the Board.

(f) Officers - The lead officer for the Board shall be the Director of Public Health. As host authority Dorset Council will convene meetings of the Board and will provide administrative, financial and legal advice.

(g) Standing Orders - The business of the Board shall be regulated by the standing orders and procedure rules of Dorset Council as the host authority except to the extent that they are superseded by the Shared Service Agreement between the two partner councils.

(h) Terms of Reference

I. Discharge of the public health functions of the two councils under the Health and Social Care Act 2012 through the shared service.

II. Approve, monitor and provide assurance on the delivery of the functions referred to in I. (above) via an annual Public Health Business Plan.

III. Receive and respond to reports from any subgroups of the Board.

IV. Monitor progress and performance in the delivery of mandated public health programmes across and within the two local authorities. In doing so, draw on local and national indicators and outcome measures.

V. Acting within the requirements of the Code of Practice in Local Government Publicity, seek to influence and advise, local and central government and other agencies on public health issues.

VI. Ensure that the shared service (Public Health Dorset) provides effective and timely public health advice to the NHS and local Councils.

VII. Support the host authority and the Director of Public Health in the performance of their functions.

VIII. Receive and approve the annual budget; monitor budget spend in accordance with the Ring-fenced Grant conditions as set out by Public Health England.



JOINT PUBLIC HEALTH BOARD

2019/20 Public Health Dorset business plan

Date of Meeting: 15 July 2019
 Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Lead Officer: Sam Crowe, Director of Public Health

Executive Summary:

This report introduces the 2019/20 Business plan for Public Health Dorset. It also sets out how we intend to share regular monitoring reports on progress with the board. A high level summary of the business plan is included for sharing with partners and the public.

Equalities Impact Assessment:

No specific equalities impact assessment has been undertaken for the business plan – key service changes or commissioning decisions in the plan will each have their own EQiA carried out.

Budget:

The budget associated with the business plan is the shared service budget of £27.704M.

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 business plan covers many areas of public health activity, services and interventions designed working with and alongside communities and partners. There are implications for public health, physical activity and some key groups where there may be safeguarding concerns for children and adults.

Recommendation: That the Joint Public Health Board notes the business plan for 2019/20, and also the proposed approach to monitoring the plan throughout the year.
Reason for Recommendation: To ensure the Board is sighted and can undertake regular review of our main business and deliverables for the financial year 2019/20.
Appendices: Public Health Dorset Business plan, High level summary
Background Papers: None
Officer Contact: Name: Sam Crowe Tel: 01305-225891 Email: sam.crowe@dorsetcouncil.gov.uk

1. Introduction

- 1.1 This report presents the annual business plan for Public Health Dorset for the financial year 2019/20. The plan sets out the main deliverables arising from our commissioning work, prevention at scale projects and enabling services for the shared service during the year.
- 1.2 As the number of projects and complexity of them has grown with the work of the Prevention at Scale programme, the plan now shows the main interventions being delivered under the Starting Well, Living Well, Ageing Well and Healthy Places portfolios. In addition, there is a separate section detailing how this prevention activity is being developed in localities.
- 1.3 Because of the level of detail in the plan, a decision was taken to produce a high level 'plan on a page' showing our main three priorities. This is included as an appendix to this report, and is intended for use with the public and partners.

2. Monitoring

- 2.1 The Joint Public Health Board will receive a monitoring report that summarises progress against the milestones in the business plan, for consideration at each meeting. Because this is the first time the board has seen the plan for 2019/20, the first monitoring report will be provided for the September meeting.

- 2.2 Our approach in previous years has been to provide a simple Red Amber Green rating for progress in delivering milestones for projects. This is not intended to be an indicator of performance against a public health measure, or outcome. These indicators are usually reported separately, for our main commissioned services such as health improvement, children's services, and clinical treatment services (sexual health, and drugs and alcohol).

3. Risks and implications

- 3.1 There are a number of risks arising from the business plan this financial year. The most important is capacity of the team to be able to deliver on the business as set out in the plan. The most important of these risks is in relation to procurement of sexual health services. Because the service has not been subject to public tendered, there is market interest in the service. It is in Dorset Council's interest as the main commissioner to ensure we are able to carry out a fair, efficient and timely tender, to avoid a non-compliant position and minimise disruption to service as much as possible.
- 3.2 For this reason, the team has identified the top priority deliverables in the plan, and will be focusing resources on these in order to ensure they are delivered in a timely fashion. Not achieving these priority projects could have a detrimental impact on public health service delivery, and the wider delivery of the prevention at scale programme.
- 3.3 The priorities for this year are:
- Ensuring new children's public health nursing service mobilises effectively
 - Procurement of sexual health services
 - Producing the new JSNA
 - Deliver the Live Well Dorset service plan
 - Plan for drug and alcohol commissioning options, working with BCP Council
 - Support population health management programme
 - Deliver the Active Ageing programme
 - Continue with system staff health and wellbeing plans, focusing on new Councils
 - Monitoring effectiveness of new community health improvement services.
- 3.4 Mitigation plans are in place to ensure that each of these deliverables has team capacity identified to support it through the year. Because of capacity issues, this may mean de-prioritising some deliverables in the plan. This will be kept under regular review.

4. Recommendations

4.1 Members of the Joint Public Health Board are asked to:

- (i) consider and approve the business plan for 2019/20;
- (ii) the approach to monitoring;
- (iii) note the high level summary of the business plan for use with public and partners.

Sam Crowe, Director of Public Health

Public Health Dorset Business Plan 2019/20

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1. Introduction

Public Health Dorset is a shared service that provides public health leadership, services, and advice to Dorset Council (DC) and Bournemouth, Christchurch and Poole (BCP) Council. This helps the Councils fulfil their statutory duty to improve the health and wellbeing of their residents, and to reduce differences in health outcomes within each of their respective areas.

2. Strategy

Our aim is to improve and protect the health and wellbeing for residents by working with Councils, Dorset Clinical Commissioning Group and other partners. Our long-term strategic focus is shaped and guided by:

- The development of an integrated care system (ICS) for Dorset, Bournemouth and Poole;
- The evolution of the two new Unitary Authorities for Dorset under Local Government Reform (LGR)

Our medium term (3-5 year) strategy is called Prevention at Scale, which forms a major programme of work within the Sustainability and Transformation Plan and Long-Term Plan for Dorset (see Appendix 1).

3. How we will make a difference

Public Health Dorset has identified 3 areas of focus for 2019/20 delivery where we feel we can have an impact and add value to the system in improving or protecting the health and wellbeing for our residents. These are detailed below under our 3 themes and a delivery plan of what will be worked on and achieved in these themes can be found in Appendix 2;

3.1 We will deliver our Prevention at Scale portfolio and embed locality working.

System need: Our Prevention at Scale portfolio is aimed at changing our system to deliver better health and wellbeing outcomes in a way that meets the different needs of our local people. This means the work streams (listed below) connect with our other portfolios, on Integrated Community and Primary Care Services and One Acute Network, as well as across the whole system.

- Starting Well focuses on effective prevention in early years and educational settings that will have a long-term impact.
- The Living Well work stream has scaled up support for healthy lifestyles through LiveWell Dorset for the public and with staff, reducing the risk of chronic disease later in life.
- The Ageing Well work stream is building prevention into how local services work more systematically, helping those experiencing ill-health to take control of their own health and related behaviours, often through connecting back with our LiveWell Dorset service.
- Healthy Places maximises the potential of our local environment and communities to improve and support good health and wellbeing outcomes for our residents.

There are new contracts that have been awarded for key public health services like health checks and smoking cessation. Localities will need to work with providers of these services to help scale them up.

Those working in localities will need to work across the system to embed prevention in local delivery mechanisms, such as local transformation plans that meet the needs of local populations and have demonstrable impact for local communities.

Measurement of progress: Evaluation and benefits of the projects directly managed by public health and evidence of influence of public health actions within partner led projects. Prevention at scale projects and public health services included within Local Transformation Plans and scaled up within localities. Each locality has key deliverables that will be reviewed regularly throughout the year and there will be evaluation and communication of case studies within localities.

3.2 We will provide and commission effective, equitable and efficient public health services

System need: To continue the successful commissioning and implementation of effective, efficient and equitable public health services in local government, including a focus on sexual health, children and young people's public health service, and community health improvement services

There is also a need to develop and embed our LiveWell Dorset service across the system to support our public and staff to lead healthy lifestyles.

Resources are becoming scarcer through the reductions to the Public Health Grant. There is a need to increasingly align public health service delivery and integrate it into the health and care system, in line with the plans for ICS.

Measurement of progress: Monitoring of compliance, spend and outcomes, quality assurance and service development outcomes, savings returned to the system, population take up of services to ensure equity.

3.3 We will be an effective, efficient and reliable public-sector partner that delivers more than expected to enable services and support.

System need: We work within a complex system of organisations and delivering into this sector requires us to be ever more flexible and innovative – aka 'client centred'.

We need to continue our development journey as an internal team and how our essential internal supporting functions evolve and improve focussing on planning, people and processes, such as communications, business intelligence, organisational development, strategy planning, business support and commissioning and contracts.

There needs to be a big focus on communications and engagement, project management discipline and the intelligence work including with the ICS intelligent working programme as the population health management work gets underway.

Measurement of progress: Stakeholders are aware of PAS and public health's work. Evidence of intelligence work tailored to the system requirements. Improvements in staff survey results. Engage in professional project management and evaluate delivery of key projects.

4. Resources required

The main resources are staff and revenue from the Public Health Grant. The Grant is ring fenced to ensure spend on public health services (including the mandated public health programmes as set out in the Health and Social Care Act) and is pooled between the two Unitary Council's under a shared legal agreement.

4.1 Revenue budget

The total revenue budget and forecast spend for 2019/20 (staff and operations, not including Local Authority retained elements of Pooled Treatment Budget) is shown in detail in the table below, along with budget and forecast spend for 18/19.

Total budget 19/20: £27,710,100

Change in budget from previous year: -£810,001

Budget description	Budget 18/19	Forecast 18/19	Opening budget 19/20	Preliminary forecast 19/20
Public Health Dorset budget (total)	28,520,101	28,410,101	27,710,100	27,665,956
Clinical Treatment Services	11,531,000	11,642,416	11,376,000	11,498,593
Health Improvement	2,342,200	2,078,682	2,475,000	2,422,800
Early Intervention (0-19)	11,104,000	11,114,620	11,104,000	11,057,165
Health Protection	85,000	22,785	57,000	31,500
Public Health Intelligence	207,800	138,569	104,800	115,000
Resilience and Inequalities	838,801	1,166,485	190,300	190,300
Public Health Team	2,411,300	2,246,543	2,340,000	2,350,598
Difference (under)/over	n/a	110,000	n/a	44,144

Table 1. Public Health Dorset budget and forecast spend for 18/19 and budget and forecast spend for 19/20

4.2 Staff profile

As of 1 April 2019, Public Health Dorset had 36 whole time equivalent staff members working within it. Our total staff budget for 2019/20 is £2,340,000 (8.5 per cent of total revenue).

Post level	Number	Whole Time equivalent
Consultant or above	6	5.35
Heads of programmes	4	3.8
Senior Health Programme Advisors	4	3.6
Senior analysts	3	3.0
Health programme advisors	12	9.67

Analysts	4	3.25
Communications	2	1.86
Business support	6	5.21
Total	41	35.74

Table 2. Public Health Dorset staff breakdown including whole time equivalents.

On 1 April 2018, staff transferred across under TUPE arrangements to the public health team as part of the transfer of the LiveWell Dorset service in-house. This staff group is managed as a separate service by Public Health Dorset, based on an agreed service plan. The staff budget is included in Health Improvement service budget line. As of 1 April 2019, the LiveWell Dorset service had 18 whole time equivalent staff members working within the team, as shown in the below table.

Post Level	Number	Whole Time equivalent
Service Manager	1	1
Project/Business Support	1	1
Communications	1	1
Team Leads	3	3
Advisors	7	5.36
Coaches	3	2.8
Engagement	4	4
Total	20	18.16

Table 3. LiveWell Dorset staff breakdown including whole time equivalents

4.3 Accredited training organisation

Public Health Dorset is also an accredited training location for Higher Specialty Training in Public Health, and several consultants are GMC-accredited Educational Supervisors.

We currently have 2 Public Health Specialty Registrars in training at various stages of development and 1 to join in Summer 2019. We have one Business Support Apprentice due to complete her qualification in 2019/20.

Appendix 1: Strategy

ICS and New Unitary Councils

- Long term: Developing a public health approach at scale in the Dorset system

Prevention at Scale

- Medium term: STP and Long Term Plan objectives

Business plan deliverables

- One-year: project, commissioning and support plans

Appendix 2: Public Health Dorset Delivery Plan

1. Prevention at Scale and Localities

- Change our system to deliver better health and wellbeing outcomes in a way that meets the different needs of all our local people.
- Connect with our Integrated Community and Primary Care Services and One Acute Network, with colleagues covering the breadth of local authority services, and across the whole system to deliver across our four workstreams;
 - Starting Well
 - Living Well
 - Ageing Well
 - Healthy Places

Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
1.1 Starting Well				
<ul style="list-style-type: none"> • Scale up the provision of universal support across the system to change unhealthy behaviours and ensure good development for all children, young people and their families • Understand and tackle local variation in outcomes for children and young people • Create a bigger role for children, young people, families and their <i>communities</i> (where they live, go to school, work, socialise) to improve health and wellbeing 				
1.1.1. PRIORITY: Embed behaviour change and lifestyle support in maternity care pathways to include LWD digital	PRIORITY: To ensure an appropriate and equitable smoking cessation offer for women who smoke during pregnancy and postnatally.	March 2020	JW JL	Reduction in smoking – measure by SATOD
	To engage partners in a workshop, develop a clear Prevention at Scale programme within the Better Births which identified priorities and actions for key behaviour change and lifestyle support.	September 2019	JW JL	Outcomes and measurements agreed.

	To build capacity and skills in the workforce to embed behaviour change and lifestyle support including reducing alcohol and BMI	September 2019 - March 202	JW JL	Improved health and wellbeing outcomes for parents and infant(s).
	To undertake an evaluation of Motivational Interviewing training to understand patient and professional outcomes and impact.	September 2019	NM JL VA JW	Understand and present impact of motivational interviewing training to influence wider workforce development plans.
1.1.2. PRIORITY: Develop an effective, single 0-5 years offer / Early Help offer	To develop and implement a local “Balanced System” for Speech, Language and Communication for children. To develop integrated commissioning model for SALT with service redesign and improvement.	March 2020	JW Multi-agency partners	Earlier identification and consistent intervention(s) for children with speech and language delay. Improvements in School Readiness.
	PRIORITY: To work with provider and stakeholders to implement an integrated 0 – 19 offer to include the Children and Young People’s Public Health Service.	September 2019 - March 2020	JW AL JL VA	Successful implementation of the new service specification. Maintain high quality and timely delivery of mandated checks for CYP. Improvement in key PH outcomes for CYP and their families.
1.1.3. PRIORITY: Monitor and evaluate whole school approaches to health and wellbeing	PRIORITY: To monitor schools delivering and evaluating WSA projects for physical activity and emotional health To undertake an evaluation for WSA project.	March 2020 March 2020	JW VA	Children and young people are more physically active. Improve children and young people’s emotional and mental health.
	To build capacity of evaluation skills in Education workforce.	March 2020		Make recommendations on Participatory Budgeting for future H&WB programmes.
	To increase in the number of schools across Dorset, Bournemouth and Poole taking part in The Daily Mile	March 2020	SK	Schools have improved skills to evaluate H&WB projects and impacts.

				Children and young people are more physically active.
1.1.4. Build community capacity through training to support children and young people THRIVE	To evaluate the impact of MHFA pan-Dorset	June 2019	VA	Improved confidence in Early Help / schools staff
	To scope current access for Young People to Counselling services: a) School Survey b) Vol Sector Scoping c) Finance scoping	March 2020	JW GR	Young people have timely and appropriate access to Counselling.
	To promote mental health and early services through the localities.	Ongoing	Locality HPA's	Reduce inappropriate referrals to CAMHS.
1.1.5. Improve childhood immunisations uptake	To gain a better understanding of variation and make recommendations in General Practice.	June 2019	SK	Reduce variation in childhood immunisations with a focus on MMR 2dose.
1.2 Living Well <ul style="list-style-type: none"> • Increase engagement, motivation and opportunity for people to improve their lifestyle and reduce risk of ill health in later life through effectively promoting, scaling and embedding: <ul style="list-style-type: none"> ○ LiveWell across system touch points ○ Workforce confidence and ownership to engage in wellbeing at all staff levels within the system 				
1.2.1. PRIORITY: Develop and integrate a consistent prevention offer and systematic signposting to LiveWell Dorset from secondary care organisations	Work with acute and community healthcare providers to embed the LWD offer and develop effective referral pathways and mechanisms across: <ul style="list-style-type: none"> • Outpatients • Appointments • Prescriptions • Diabetes education • PGH ENT pilot • Alcohol pathways 	2019 - 2021	SB, ER, LT, LB, MF, JH	Increase in people accessing LiveWell Dorset from secondary care

<p>1.2.2. PRIORITY: Develop and implement co-ordinated health and wellbeing plans within health and care system</p>	<p>To develop and embed wellbeing action plans across the system.</p> <p>To increase numbers of training tutors and develop a training network across the system.</p> <p>To work with leads to develop a systematic approach for team wellbeing skills development across the system.</p> <p>To ensure plans meet the national stocktake for workforce health and wellbeing.</p> <p>To influence change to address the wider factors that affect wellbeing with organisations over the next year.</p>	<p>March 2020</p>	<p>SCal LEC JT</p>	<p>To have a single approach across Dorset with organisations signed up to wellbeing plans as a system.</p> <p>To ensure staff from each organisation each part of the system is trained as MECC and MHFA tutors.</p> <p>To establish a sustainable local skills development programme.</p> <p>To ensure each organisation has access to a single wellbeing skills development offer on their intranet for staff including LWD</p> <p>To increase numbers of referrals into skills training and lifestyle coaching services.</p> <p>To increase awareness and access to behaviour change support for lifestyle change.</p> <p>Work with health and care organisations to start to evaluate impact of programmes.</p>
<p>1.2.3. PRIORITY: Work with the ICS to implement coordinated staff health and wellbeing provision in organisational development plans</p>	<p>To work with organisational development leads to embed LiveWell Dorset health and wellbeing training to key workforces.</p>	<p>March 2020</p>	<p>SB, ER, LT, MG, MF, SCal Workforce team Locality Links</p>	<p>Increase in LiveWell Dorset health and wellbeing training sessions delivered to key health and care workforces.</p> <p>Increase in people accessing health and wellbeing support.</p> <p>Increase in people accessing LiveWell Dorset.</p>
<p>1.2.4. Continue to encourage and develop</p>	<p>Increase GP engagement with LiveWell Dorset by:</p>	<p>March 2020</p>	<p>SB, ER, LT, MF, SF</p>	<p>Increase in people accessing LiveWell Dorset from primary care.</p>

<p>a culture of prevention in primary care</p>	<ul style="list-style-type: none"> • Develop and deliver practice-level service-uptake feedback • Identify low referring practices and target engagement activity • Develop and evaluate an integrated referral pilot in Poole Bay 		<p>Locality Links</p>	
<p>1.2.5. Develop a stronger and more integrated LiveWell Dorset locality prevention offer</p>	<p>Develop partnerships with other relevant locality provision such as the new social prescribing services, practice champions, locality link workers, and CCG locality transformation managers.</p> <p>Ensure services are working collaboratively and are simple to navigate for referrers and end-users.</p> <p>Integrate provision in existing GP localities, transformation plans, emerging primary care networks and new integrated community health systems.</p>	<p>March 2020</p>	<p>SB, ER, LT, SMc</p> <p>Locality Links</p>	<p>Demonstrable network of community health and wellbeing providers working in partnership.</p> <p>Increase in referrals between LiveWell Dorset and other health and wellbeing providers.</p> <p>Increased informal LiveWell Dorset locality 'workforce'.</p>
<p>1.2.6. Development of digital behaviour change support and integration across the system</p>	<p>Work with digital provider to develop, test and improve the LiveWell Dorset digital platform. Key activities include:</p> <ul style="list-style-type: none"> • Development of MyLiveWell user experience and functionality to scale up digital self-care. • Ensuring enhanced digital functionality, visibility and integration with other platforms is increasing system-wide engagement with LiveWell Dorset. 	<p>March 2020</p>	<p>SB, ER, MF, LB, JH</p> <p>Workforce team</p> <p>Locality Links</p>	<p>Increase in people accessing LiveWell Dorset.</p> <p>Increase in people using digital self-support.</p> <p>Increase in the engagement with the digital platform across the ICS.</p>
<p>1.2.7. Work with the private sector to develop and roll-out sustainable health and</p>	<p>LiveWell Dorset to work with 3-4 large employers to scope and pilot acceptable and effective health and wellbeing offers.</p>	<p>April – Sept 2019 (Development)</p>	<p>SB, ER, LT, JC, MF</p>	<p>Increase in people accessing LiveWell Dorset.</p>

wellbeing provision to large employers	Services and products to be developed and rolled out to other large employers on a cost-neutral basis.	Oct 2019 – 2021 (Delivery)		
1.2.8. Embed consistent prevention and behaviour change support in the new NHS Health Check provision	Work with the new Health Check providers to ensure people are routinely made aware of behaviour change support services available and are encouraged to access LiveWell Dorset where risk factors are identified.	March 2020	SB, ER, SMc , LB, SCal	Increase in people accessing LiveWell Dorset following a Health Check.
1.2.9. Support the development, roll-out and evaluation of the Dorset Optimal Lung Cancer Pathway pilot	To develop a new LiveWell Dorset coaching pathway which supports the new lung cancer pathway pilot for all current smokers attending hospital respiratory clinics. To evaluate the pilot and discuss the outcomes at the Optimal Lung Pathway Steering Group.	April – December 2019	SB, ER, LB , MG, JH	Increase in number of people identified in respiratory clinics and taking up stop-smoking support from LiveWell Dorset. Build evidence of an evaluation of a new pathway.
1.3 Ageing Well				
<ul style="list-style-type: none"> • Understand system transformation and service improvement landscape to identify opportunities and interdependencies with: <ul style="list-style-type: none"> ○ LiveWell Dorset offer ○ PHD Workforce offer ○ Active Ageing offer ○ Locality support offer ○ Developing PHD offer to PHM ○ Developing offer to LA transformation • Identify system levers and processes that can increase pace of change (e.g. CQUIN, OP letters) 				
1.3.1. PRIORITY: Embed lifestyle support in pathway scoping and prioritising potential opportunities as part of transforming outpatients	To include lifestyle support information in outpatient letters/notifications. Agree assessment protocol for prehabilitation as part of 'getting it right first time' programme.	December 2019	JH Lydia Turnbull	Increase numbers accessing LiveWell Dorset. Reduce the number of unnecessary outpatient appointments.

1.3.2. PRIORITY: Implement the plan to promote Active Ageing	To work with key partners, Active Dorset and CCG to establish and embed Physical activity in care pathways. Support Picnic in the Park and health and wellbeing events (4 in total) to promote the Active Ageing programme.	March 2020	RP Charlie Coward	Increase in 55-65-year olds registering with LiveWell on a Physical Activity pathway (Active Ageing Programme).
1.3.3. Support the implementation of the Dorset ICS Falls Plan	To promote LiveWell Dorset in community-based assets with consistent information available on staying steady.	March 2020	JH Locality Links	Increase access to activity and nutrition information reducing the risk of falling.
1.3.4. Connect the National Diabetes Prevention Programme more effectively with LiveWell Dorset	To incorporate LiveWell Dorset and physical activity into the programme sessions.	March 2020	Charlie Coward JH SB	Numbers connecting with LWD as a result of the programme. Anecdotal/story e.g. what has happened in a locality or how connected into LWD.
1.4 Healthy Places				
<ul style="list-style-type: none"> Promote evidence-based work to ensure the built and natural environment supports the health and wellbeing of residents in Dorset, particularly those communities with poorest health outcomes. 				
1.4.1. PRIORITY: Build capacity to address inequalities in access to greenspace	To follow up work on key groups and communities identified. To support development of local demonstration projects in the two new unitary authorities. Engage stakeholders in 'Dorset Green Health' greenspace accessibility mapping to identify and deliver access enhancements in communities in Bournemouth Christchurch and Poole and Dorset Council, particularly focussing on places with poor access to green space.	March 2020	RL	Enhance access to greenspace for communities less able to enjoy greenspace. Number and impact of projects delivered.
1.4.2. PRIORITY: Improve poor quality housing (Healthy Homes Dorset)	To advertise and recruit clients. To provide advice and install measures. To share good practice and positive impact of Healthy Homes.	March 2020	RP JB	Number of clients (which includes those accessing "soft" measures: advice, referrals to other services, income maximisation, etc).

	Identify a way to mainstream the commissioning and delivery of this programme as part of the ICS.			Number of heating/insulation measures installed.
1.4.3. Implementation of a Pan Dorset air quality network	<p>To gather and analyse the data gathered.</p> <p>To work with appropriate technical experts to develop a model for Dorset re impact on health outcomes.</p> <p>To review options on how best to deliver this.</p>	March 2020	RP CSk	Influence policy and actions to be taken by Local Authorities.
1.4.4. Support and promote active travel with Local Authority teams	<p>To develop infrastructure plans across locations in Dorset</p> <p>To undertake community engagement to promote walking and cycling.</p> <p>To link with reconfiguration of health service provision and the Integrated Transport Plan.</p> <p>To support and promote active travel with Local Authority teams eg SE City Transformation bid, Cycling & Walking infrastructure bid and link with reconfiguration of health service provision and the Integrated Transport Plan</p>	March 2020	RP	<p>Improve walking and cycling infrastructure.</p> <p>Increase in the number of individuals walking and cycling.</p>
1.4.5. Embed planning for health and wellbeing across spatial planning system	To pilot with Locality links completing responses to plans.	Pilot finishes June 2019	RL Locality links	<p>Influence formation and application of planning policy.</p> <p>Number of responses to consultations.</p> <p>Ensure public health and wellbeing is incorporated in plans.</p> <p>Number of public health responses incorporated into development proposals.</p>
1.4.6. Support responsible authorities in the licensing process	<p>To review licensing applications.</p> <p>To review the statement of licensing policy.</p>	March 2020 September 2019	RP RS	Ensure that licensing policy and applications consider the health and wellbeing of the local communities.

1.4.7. Implementation of 'Beat the Street'	To support the continuation of the sustain phase.	April – June 2019	CH	Reduce physical inactivity in adults and children.
	To use social media channels to engage players with local news and events to encourage physical activity and healthier lifestyle.		BP	
	To evaluate pilots in Weymouth and Portland, Poole and Purbeck.		KS	
				Raise awareness of access to greenspace.

1.5 Localities

- Engage stakeholders in the development of Prevention At Scale initiatives across localities/PCNs
- Support Public Health Dorset led projects and services becoming embedded in localities/PCNs
- Communicate success and learning across stakeholders and the wider system.

Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
1.5.1. Support commissioned services and PAS projects	<u>Healthy Homes</u> To engage local stakeholders and primary care to increase the number of referrals.	March 2020	All locality link workers Relevant project leads	Ensure PAS projects are hitting the ground and reaching scale.
	<u>Community Health Improvement Services (CHIS)</u> To ensure practices are aware of contract opportunities and how best to work collaboratively	March 2020		
	<u>Collaborative Practice</u> To support participating practices and their champions in implementation of the local approach	March 2020		
	<u>Access to natural environments</u> To take opportunities to access natural environment as part of locality plans	March 2020		
	<u>Whole School Approach and the Daily Mile</u> To scope locality link worker involvement	TBC		

	<p><u>Active Ageing</u> To scope locality link worker involvement</p> <p><u>National Diabetes Prevention Programme</u> To scope locality link worker involvement</p>	TBC		
		TBC		
1.5.2. Connect with the Screening and Immunisation team to address variation in uptake	<p>To review SCRIMMs data by practice/locality and identify priority areas</p> <p>To facilitate improved performance rates where identified through working with GP practices and PHE team</p>	March 2020	All locality link workers	To address priority areas highlighted on locality profile e.g. variation in MMR vaccination rates.
1.5.3. Increase awareness of LiveWell services across the locality and supporting the referral pathways	<p>To provider regular feedback in general practice around referral data.</p> <p>To engage with key stakeholders e.g. community, health, and corporate to actively promoting brief interventions and healthy conversations through frontline practitioners.</p> <p>To facilitate a more diverse range of LWD physical activity service offer.</p>	March 2020	All locality link workers	<p>Increase awareness and quality of referrals to LiveWell to address priority areas highlighted by the Locality Profiles e.g. Emergency Hospital Admissions for Heart Disease.</p> <p>Increase the number of referrals into the LWD service.</p> <p>Increase in physical activity service offers.</p>
1.5.4. Ensure health and well-being of populations is actively considered through the planning process	<p>To review and comment on the health impact of all planning applications of 100+ units.</p> <p>To influence the development of planning policy where appropriate as it relates to local areas.</p>	March 2020	All locality link workers	Improve access to healthy and health promoting environments
1.5.5. Work with the locality's Population Health Management team to develop better prevention activities around:	<p>To offer Public Health Dorset input into project: Supporting discussions resulting from data analysis and interpretation.</p> <p>To advise of what works and evidence base.</p>	Undefined – Initial project will run for 20 weeks but it will be an ongoing change in ways Primary Care use	<p>JB - Bournemouth East</p> <p>LEC - North Dorset</p> <p>FJ - Weymouth and Portland</p>	<p>Improve health outcomes for the priority areas identified</p> <p>Establish links with key PAS projects, such as LWD.</p>

<ul style="list-style-type: none"> • Diabetes in Bournemouth East • COPD in Weymouth • Frailty in North Dorset 		community assets and use data.		
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2. Commissioning and Services <ul style="list-style-type: none"> • Provide and commission effective, equitable and efficient public health services 				
Activity (What)	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
2.1 Commissioning Intentions <ul style="list-style-type: none"> • Continue the successful commissioning and implementation of effective, efficient and equitable public health services in local government. 				
2.1.1. PRIORITY: Mobilisation of the CYP Public Health Service	To ensure exit plan is developed and being implemented for the incumbent provider. To support implementation of the new providers mobilisation plan.	April - September 2019	JW AL	Ensure the successful transfer and set up of the new service. Ensure planning and the start of the delivery of transformation within the service.
2.1.2. PRIORITY: Sexual Health procurement	To develop a procurement process and research sexual health modelling in other areas. To carry out a consultation. To undertake the procurement and award. To mobilise the service.	Jan-Mar 2019 Jun -Sept 2019 Sept-Dec 2019 Jan-Mar 2020	SCal JW JL DMc	Ensure an effective, efficient and integrated service is implemented.
2.1.3. PRIORITY: Re-design Residential Detox and Residential Rehabilitation Service	To review the process jointly with BCP and community treatment providers to determine a sustainable solution to manage spend.	By October 2019	WH DMc	Ensure a sustainable solution to reduce cost and manage spend.

2.1.4. Review/Re-procurement of the supplier of needle exchange equipment	To review options for compliant supply.	April - June 2019	WH DMc	Ensure a compliant, effective and cost-efficient option is implemented.
2.1.5. Refresh Halo System	To review the Halo system and produce an options appraisal. Undertake a procurement process (if required). To implement the system.	Spring/Summer 2019 Autumn 2019 April 2020	WH RS HH	Ensure an effective data management solution.
2.2 Contract Management				
<ul style="list-style-type: none"> • Ensure all public health contracts are effectively managed and performance managed against scorecard KPIs and contract specification outcomes. 				
2.2.1. PRIORITY: Health Checks Service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for health checks. To monitor KPI's and Outcomes of the service. Data scorecard development.	April 2019 - March 2020	SCal BO'R JL DH	Identify individuals at high risk of developing heart or circulation problems in the next 10 years. Increase in referrals to LWD.
2.2.2. PRIORITY: Smoke stop service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the smokestop service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	SB BO'R JL DH	Increased numbers accessing the service and successfully quitting smoking.
2.2.3. Emergency Hormonal Contraception (EHC) and Long Acting Reversible Contraception (LARC) Services (4)	To continue to mobilise the AQP for a new contract and monitor delivery for EHC/LARC. To explore how the provider will integrate work with Primary Care. To develop a data scorecard.	April 2019 - March 2020	SCal BO'R JL DH	Reduce U18 conception and chlamydia rates. Improve access and awareness of EHC services. Numbers receiving EHC. Improve access to LARC services. Numbers receiving LARC.
2.2.4. Needle Exchange Service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the needle exchange service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	WH BO'R JL DH	Reduce the need for people who inject drugs to share non-sterile equipment. Number of packs issued.

				Encourage people who inject drugs to return used equipment for safe disposal. Number of returns received.
2.2.5. Supervised consumption service (4)	To continue to mobilise the AQP for a new contract. To monitor delivery for the supervised consumption service. To monitor KPI's and Outcomes of the service. To develop a data scorecard.	April 2019 - March 2020	WH BO'R JL DH	Reduce the risk to local communities of: Overuse or under use of medicines. Diversion of prescribed medicines onto the illicit drugs market. Accidental exposure to the dispensed medication. Prevent abuse or inadvertent overdosing. Provide an accessible service. Provide Service Users with regular contact with healthcare professionals and to help them access further advice or assistance. Number of medicines administered.
2.2.6. CYP Public Health Service (3)	Depends on successful provider If incumbent If not incumbent	April 2019 - March 2020 Sept 2019 - March 2020	JW AL	Ensure the provider is deliver the KPI's and outcomes set out in the contract: At least 95% uptake of all mandated and preschool health assessment. NCMP - 100% schools engaged, records updated, and parents contacted. Number of parental referrals to LiveWell. Maintain or reduce mothers who smoke at time of delivery. Increase in smoke free homes.

				<p>Improved child and parental mental health.</p> <p>Increased children physical activity levels.</p> <p>At least 80% of children who are identified as not having a good level of development at 3-31/2 are ready for school at 4-5 years.</p>
<p>2.2.7. Dorset Integrated Substance Misuse Services, Prescribing and Psychosocial support (3)</p>	<p>To contract manage and monitor the KPI's and outcomes for the service.</p> <p>To agree prescribing pathways between community and acute trusts (for substance misuse opioids)</p> <p>To review data, contract manage, service improvement</p> <p>To review of (a) opiate treatment in Dorset; (b) alcohol treatment in Poole.</p>	<p>April 2019 - March 2020</p>	<p>WH RS</p> <p>WH</p> <p>WH RS HH</p> <p>RS</p>	<p>Improve engagement rates in Bournemouth (more reach – more people in treatment services) and maintain performance (successful completion rates) in Dorset and Poole.</p>
<p>2.2.8. Integrated Sexual Health Service (3)</p>	<p>To contract manage and monitor the KPI's and outcomes of the service.</p> <p>To analyse data and prepare for contract meetings.</p> <p>To attend contract meetings.</p> <p>To conduct a contract review.</p>	<p>April 2019 - Jan 2020</p>	<p>SCal JL</p>	<p>An effective integrated service working collaboratively across the system.</p> <p>Increase in partner notification.</p> <p>Increase in confidence around sexual health.</p> <p>Increase Chlamydia positive results.</p> <p>Reduce attendance of frequent flyers.</p> <p>Increase new attendances.</p>

2.2.9. Residential Detox and Residential Rehabilitation Service (4)	To contract manage the service.	April 2019 - Sept 2019	WH BO'R	Number of service users supported.
2.2.10. Weight Management service (4)	To contract manage and monitor KPI's of the service.	May 2019 - March 2020	SB LB	Numbers accessing the service and successfully losing 5% of their weight.
2.2.11. Health Checks Invitations	To review effectiveness of the invitation approach.	Sept 2019	SMc	Improve invitation dissemination and response.
2.2.12. Collaborative Practice (4)	To encourage and support peer learning across localities. To ensure delivery of a further leadership programme with a 2nd cohort of GP practices reaching up to 24 individuals across 6-10 GP practices.	April 2019 - December 2019	NC SMc	For 2nd Cohort: Number of practices engaged across B, P and D and participated in leadership programme. Number of practice champions. For 1st Cohort: Above and number of activities set up, number of people engaged, number of results/ outcomes from activities.
2.2.13. Encourage workforce wellbeing in contracts we manage	To influence in service specification. To develop template for service specifications Include as contract variations or as additions to 2020/2021.	Sept 2019	SCal LE-C/JT	To ensure providers are promoting staff well-being and staff are of good emotional and physical health.
2.3 LiveWell Dorset Service				
<ul style="list-style-type: none"> • Support individuals to make positive changes to their behaviour to enable them to stay well for longer. • Deliver effective behaviour change support at scale and meet the needs of those people and communities who will benefit most. • Support organisations across the ICS to access training and the LiveWell offer and embed a growing culture of prevention. • Develop digital innovation to support the ICS, key organisation and encourage individual self-management and behaviour change. 				
2.3.1. PRIORITY: Increase the scale of	Projects articulated in PAS Living Well (therefore not repeated in detail here) focused on:	2019-2021	SB, LWD, LB, SF, JH, SCal	Increase the number of people accessing behaviour change support to >10k per annum

<p>behaviour change support</p>	<ul style="list-style-type: none"> Increasing registrations from secondary care Increasing registrations from primary care Integrate the LWD locality offer Increase registrations from Health Checks Increase digital self-support Increase health and wellbeing training to public sector Develop and roll-out health and wellbeing training to private sector <p>To use of animation and video to explain and promote LiveWell Dorset as a behaviour change service.</p> <p>To develop and promote animations and brief intervention training modelling videos to explain and promote LWD as a behaviour change service.</p>	<p>July 2019</p>	<p>Locality Links Workforce team MF</p>	<p>Raise the awareness of the LWD service and help people understand what the service does. Improve awareness of the use of brief intervention within the LWD pathways and upskill professionals/partners to be able to undertake a brief intervention.</p>
<p>2.3.2. PRIORITY: Ensure behaviour change support is reaching the right people in the right communities</p>	<p>Every service plan project and workstream will explicitly consider reasonable adjustments required to meet the needs of deprived communities and under-represented groups. To continue to develop insight in service utilisation drawing on LWD service data, wider research and evidence, and academic partnership with Erasmus. To develop a tailored approach within localities, materials and campaigns to engage key groups. e.g. Digital marketing targeting men.</p>	<p>2019 – 2020</p>	<p>SB, LWD, LB, SF, MF</p>	<p>Increase the number of people accessing LiveWell Dorset from deprived communities and maintain >25% Increase the number of men accessing LiveWell Dorset to >25%</p>
<p>2.3.3. PRIORITY: Increase the impact of behaviour change support to improve</p>	<p>Projects focused on:</p> <ul style="list-style-type: none"> Full service evaluation 	<p>2019 – 2020</p>	<p>SB, LWD, LB, SF</p>	<p>Increase in the number of people sustaining positive behaviour change across each pathway: >75% at 3, 6, 12 months</p>

outcomes for individuals	<ul style="list-style-type: none"> • Embed quality assurance and service improvement plans • Increase behaviour change offers throughout the service • Increase uptake of coaching, including developing digital coaching, and ensuring consistent delivery of COM-B • Improve the follow-up data capture • Embed new health improvement services (weight, smoking) • Scope and develop wellbeing service offer 			
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3. Enabling Services and Support				
<ul style="list-style-type: none"> • Be an effective, efficient and reliable public-sector partner that delivers more than expected to enable services and support 				
Activity (What)s	Deliverables (How)	Timescales (When)	Resources (Who)	Impact (Why)
3.1 Communications				
<ul style="list-style-type: none"> • Continue to transform our approach to communications (both internal and external), developing new narrative skills and adopting new behaviours that increase our effectiveness as a team. • Lift the visibility of Prevention at Scale, telling really good stories about projects and challenges to gain greater engagement with people across the Integrated Care System. • Position Public Health Dorset as a central and valuable entity within the two new Councils. • Continue to develop public facing messaging and effective use of the LiveWell Dorset brand, to support local people wanting to make positive behaviour change to improve their health and wellbeing. 				
3.1.1. PRIORITY: Raise the awareness of Public Health within	To develop and communicate materials for introducing LGR.	June 2019	KH KS	Ensure members and stakeholders are introduced to and aware of the work of Public Health Dorset.

the newly reformed Councils				
3.1.2. PRIORITY: To communicate our work and successes – particularly to political providers	<p>To map stakeholders and communications plan.</p> <p>To take different projects/services and produce a range of materials.</p> <p>To ensure projects build in communications and evaluation at the start.</p> <p>To use case studies and tell stories from contract management information</p> <ul style="list-style-type: none"> - ensure contract managers identify appropriate case studies - develop a template for contracts to give to providers - link with C&C group to influence and embed the process - challenge/explore whether communications case studies are included in specifications. <p>To communicate the Business Plan evaluation.</p>	<p>June 2019</p> <p>Ongoing</p> <p>December 2019</p> <p>Sept/Oct 2019</p> <p>Feb/March 2020</p>	<p>KH KS</p> <p>KH AL</p>	Partners are aware of our work and successes. PHD profile is being raised.
3.1.3. Explore the 'Our Dorset'/PAS brand as being shared by partners	<p>To discuss the idea with the ICS communications lead.</p> <p>To develop an 'Our Dorset-Prevention'/PAS brand.</p> <p>To engage and sign up partners in the use of the brand.</p> <p>To develop guidelines/approval process for the use of the brand.</p>	September 2019	KH	Encourage ownership and use of the 'prevention' role and brand by partners to promote prevention as everybody's business.
3.1.4. Amplify PHE campaigns locally and run priority campaigns across the department	<p>To identify and schedule PHE campaigns and produce articles to promote the campaigns internally and to external stakeholders/services.</p> <p>Identify and agree with SMT the five priority campaigns</p> <ol style="list-style-type: none"> 1. Physical activity/active ageing - 55-65 2. Health Checks 3. Young People's Mental Health 4. Internal Workforce 5. TBC <p>To develop a yearly schedule.</p>	<p>Ongoing</p> <p>Aug/Sept19</p> <p>Oct/Nov 19</p> <p>May/Jun 19</p> <p>Jan/Feb 20</p> <p>April 2019</p>	<p>KH KS</p> <p>Relevant team members for the campaigns</p>	Raise awareness in Dorset of services and/or key messages around Public Health topics that will improve or protect the populations health.

	<p>To scope the campaigns with relevant team members identifying audiences, key messages.</p> <p>To update the Wall and team meetings to ensure PH team members are aware of the campaigns and promote them.</p> <p>To evaluate success of the campaigns.</p> <p>To identify the campaigns relevant to LWD service pathways and develop a schedule :</p> <ul style="list-style-type: none"> - Stoptober (Sept- Oct) - Dry January - Take Twelve (Mar-May) - Get Set (Dec-Jan) - National awareness weeks relevant to service pathways <p>To link with relevant team members to ensure they are aware and scope the approach</p> <p>To develop materials and identify channels</p> <p>Implement and evaluate the campaigns</p>	<p>March 2020</p>	<p>MF</p>	<p>Raise awareness in Dorset of the LWD service and/or key messages around the LWD service pathways to improve the populations health</p>
<p>3.1.5. Continue to develop multimedia channels</p>	<p>To develop and implement a social media strategy for PHD including;</p> <p>To build a network on Facebook.</p> <p>To explore the use of 'YouTube' as a channel.</p> <p>To keep our presence on twitter through ongoing tweets.</p> <p>To provide the team with training and guidance to ensure team wide use of video and social media to tell our story.</p>	<p>May 2019</p> <p>Ongoing</p> <p>May 2019</p>	<p>KH KS</p>	<p>Improved profile and presence of Public Health Work with stakeholders and the public.</p>
<p>3.1.6. Ensure Public Health Dorset correspondences use less jargon and more meaningful statements for 1) internal team 2)</p>	<p>To promote the Plain English e-learning module.</p> <p>To contract and influence the team to make a commitment.</p>	<p>September 2019</p>	<p>KH JT</p>	<p>More accessible and receptive correspondences being received by our stakeholders.</p>

external partners and 3) Joe public				
3.1.7. Improve internal communications between team members	To develop an internal communications plan. To build on the content and use of the Wall. To encourage and support the Business Support team to update the wall to share PAS workstream and other project information across the team.	April 2019 Ongoing Ongoing	KH AL KH Business Support Team	Team members feel informed and they have sufficient information to do their job properly! Improved communication between PH projects and locality workers and wider team members. Enabling greater cascade of project information and engagement in the communities and with stakeholders.
3.1.8. Improve co-ordination of communications across the ICS	To work with the communications lead network to share knowledge, expertise and joint working across the system.	Ongoing	KH	Improve relationships and ensure comms messages are effectively shared across the system.
3.1.9. Network with the internal team and external stakeholders (incl. LA and acute trusts) to spread the awareness and success of the LiveWell Dorset service	To map stakeholders and communications plan. To take different pathways/service and produce a range of materials. To use case studies and tell stories. To communicate service evaluations. To develop locality focussed LWD outcomes and stories focussed on behaviour change to share with Primary and Secondary care. To update LWD stories/successes on The Wall Partnership with Engagement, Locality and Workforce teams. To explore options to use LWD as a brand across the work of the PHD team. e.g. LiveWell Health Checks	BAU	MF Engagement Team.	Internal and external partners are aware of LiveWell Dorset's work and successes. LiveWell Dorset profile is being raised and increased confidence and engagement with the service. Raise the profile of LiveWell as a brand as well as a service. To enable other relevant PHD work to feature under LiveWell and enable greater awareness and profile.
3.2 Organisational Development				
<ul style="list-style-type: none"> • Strengthen PHD's commitment to ensuring the team are aware of, promote and work to the strategy and team values. • Build a workforce with the leadership, skills and capability to work in partnership with other stakeholders to implement the PHD business plan. 				

<ul style="list-style-type: none"> • Create a culture where staff feel listened to, valued, informed and supported in their work, welfare and wellbeing; particularly through times of change. 				
3.2.1. PRIORITY: Support cultural change	<p>To develop an annual planning cycle for OD and tailor actions around changes or developments for the forthcoming year.</p> <p>To support change through activities, engagement and communications across the year, particularly around any structure changes.</p> <p>To organise small client centred group work to support people through change</p> <p>To 'rennovate' the office environment.</p>	<p>March 2020</p> <p>March 2020 (Structure Summer onwards)</p> <p>March 2020</p>	<p>AL</p> <p>OD group</p>	<p>PHD are leading by example for staff wellbeing and staff feel wellbeing has improved.</p> <p>Business plan annual cycle implemented and working efficiently. Shared on the Wall for all to see. Staff are informed and supported through structure changes. Office areas are being used by teams and providing a conducive environment to the work being carried out.</p>
3.2.2. Recruit and retain high quality staff and maximise staff engagement	<p>To plan and implement annual team meeting schedule.</p> <p>To plan and deliver team away day and Christmas team meeting.</p> <p>To implement findings/ improvements raised within the team engagement activities.</p> <p>To administer an annual staff survey and implement improvements as a result.</p> <p>To develop an internal communications plan to improve and facilitate team sharing of information, good practice, knowledge of each other's role and work and question and answer function.</p> <p>To work with LWD to ensure can and are accessing DCC network to be linked with wider team internal communications.</p>	<p>Mar 2020</p> <p>Sept – Dec 2019</p> <p>Mar 2020</p> <p>May 2019 – Sept 2019</p> <p>Mar 2020</p> <p>April 2019- September 2019</p>	<p>VN</p> <p>AL</p> <p>KH</p> <p>OD group</p> <p>JLee</p>	<p>Staff actively engaged in team meetings and away days.</p> <p>Positive staff feedback regarding engagement events.</p> <p>Improvements made based on staff feedback.</p> <p>Year on year improvements in staff survey results.</p> <p>Improved internal communications, where staff feel they are informed and have access to relevant information to them.</p> <p>LWD accessing and engaged with wider team internal communications.</p>
3.2.3. Support staff health and well-being	<p>To encourage healthy lifestyle behaviour as PHD promote through developing and monitoring an internal staff health and well-being offer.</p>	<p>Offer by April 2019</p> <p>Review Oct 2019</p>	<p>LEC</p> <p>AL</p>	<p>Improve staff health and wellbeing. Staff feel supported through work to look after their health and well-being. PHD are practising what we preach!</p>

	<p>To implement an internal 'meeting free' half hour from 12:30-1pm. To explore having meeting breaks as per staff survey. To explore the appetite for some 'safe spaces' to reflect through peer support, client centred action learning sets on either projects or workload or people management.</p>	<p>April 2019 April 2019 September 2019</p>	<p>AL AL AL/JW</p>	
3.2.4. Build leadership and capability	<p>To launch, implement and monitor the L&D handbook and guidance. To develop an internal CPD offer based around embedding CC, Shifting the narrative, Systems Thinking, and Project Management. To develop an approval process ensuring first line delegated responsibility for approving requests. To deliver internal communications training/skills development, particularly for locality staff To conduct a PDR CPD training needs assessment across the team. To establish an annual training budget and ensure consistency and equality across the team. To explore LWD training practice and whether there is a need to bring in line with PHD process? To contribute to the national PH education system through supporting PH registrars and practitioner education and appraisals.</p>	<p>Ongoing June 2019 April 2019 March 2020 June 2019 Apr 2019 - Mar 2020 September 2019 March 2020</p>	<p>JT (included in workforce role) VF (ad hoc) AL (ad hoc) OD group KH RP</p>	<p>CPD offer delivered and valued and helpful for staff. New CPD needs identified through PDR needs assessment. Improvements in the use of CCC in the team. Handbook and guidance being followed and working effectively and efficiently to meet team needs. Monitoring process of training budget developed and implemented.</p>
3.2.5. Align individual performance with business and development planning	<p>To develop and monitor the business, delivery and resourcing plan. To ensure staff are brought along on the new business planning journey and monitoring and evaluation of achievements. To ensure resourcing and delivery plan is communicated to line managers and staff to include in staff PDR's. To review PDR process – build on feedback element.</p>	<p>Dec 2019 – Mar 2020 April 2019 and March 2020 June 2019</p>	<p>AL OD group</p>	<p>Staff feel involved and are aware of PHD business strategy/vision. Staff have an annual work plan to include objectives within the PDR process. Meaningful feedback is included in the PDR process and staff value this to take forward.</p>

				Staff have access to business plan monitoring and outcomes. PH skills are being effectively used
3.3 Business Support				
<ul style="list-style-type: none"> To develop, implement and improve business processes that are aligned to delivering Public Health Dorset’s business plan and strategic objectives 				
3.3.1. To support PAS workstreams	To identify clear support roles and responsibilities within workstreams. To ensure business support team are aware of the roles. To ensure BS team have knowledge and skill to carry out the role. To encourage BS team to be proactive and involved in projects. To continually provide direction and support for the BS team.	June 2019 March 2020	VN BO'R	Improved support to workstreams and clarity of roles for business support. Better use of resource and skill mix and efficiencies within the team.
3.3.2. To explore business support role in localities	To attend localities learning set to explore role. Identify any localities requirements. Develop/embed support process for localities. Clarifying roles within budget allocation for localities	June 2019	VN BP	Scope and fill any support needs in the locality role to free up link worker time to focus on their ever-increasing workload
3.3.3. BAU - Team/staff requests	Annual Leave Travel Claims Booking travel Meeting co-ordination PH Org Chart Contract List for staff Team training	March 2020	Jlav GR	Day to day operations of the team/staff implemented effectively and timely.
3.3.4. BAU - Commissioning and Procurement	ACCORD Co-ordinate contract meetings Contract Variations SLA and MOU processes Procurement process support	March 2020	BO within contract management role	ACCORD updated. No/minimal uncompliant spend. Contract meetings scheduled and carried out.

	Procurement process support (e.g. Supplying the South West) Processing D&A detox and rehab contract			
3.3.5. BAU - Communication	Complaints FOI Website, Facebook, Twitter PH Enquiries/Mailbox Internal Comms PHD Induction Pack updates	March 2020	VN AT	Complaints, enquiries, compliments and FOI's managed in timely way. Proactive used of PH social media.
3.3.6. BAU - HR and Recruitment	T&C Issue DCC/NHS DCC/NHS info HR issues Payroll – incremental approval PDR process DES point of contact Policies Training Co-ordination of new posts	March 2020	BO'R GL	Staff recruited within policy. Staff working with policy and procedure. Staff paid on time.
3.3.7. BAU - Facilities/ Building/Office	Office moves/changes Office Maintenance IT support/link for team Stationary monitoring Post	March 2020	GR JLav	Office resourced, and standards maintained. Post processed on time
3.3.8. BAU - Corporate Planning and Standards	Corporate calendar Schedule reporting and papers for meetings Templates and Processes Storage IG Standards	March 2020	VN	Consistent branding used. Meetings and reports planned and on time.
3.3.9. BAU - Finance	Invoice processing Raising invoices Point of contact for AP team Budget reports CHIS quarterly payments	March 2020	VN AT BO'R	Payments paid on time and within budget.

	Internal DCC post Stationary ordering			
3.4 Public Health Intelligence				
<ul style="list-style-type: none"> • Improve shared understanding of population health • Provide reliable data and robust evidence • Develop a compelling narrative 				
3.4.1. PRIORITY: Joint Strategic Needs Assessment (JSNA)	System-wide Steering Group	Mar 2019 - onwards	VF	System-wide shared understanding of population health and wellbeing needs.
	System insights	Mar 2019 - onwards	CS	
	Qualitative insights	Feb 2019 - onwards	NM	Public Health Contribution to the Dorset Integrated Care System.
	JSNA Website	Feb 2019 - onwards	CS	
	JSNA Blog	Feb 2019 - onwards	CS	
	Targeted Intelligence	Jun 2019 - onwards	LR	
3.4.2. Population Health Modelling	Modelling Framework	Jun 2019 -- Phase I	D Plummer	Public Health Contribution to the Dorset Integrated Care System.
	Diabetes Model	Sep 2019 - Phase II	D Plummer	
	Frailty - Social Care Model	Dec 2019 - Phase II	LR	
	Learning Laboratory	Feb 2020 - Phase III	CS	
3.4.3. Facilitated Problem Solving to help clients understand and articulate what	Facilitated systems insights workshops	Ongoing -- Business as Usual	NM	Problem solving offer to our clients.

change they are trying to effect				
3.4.4. Programme Evaluation	Client Consulting Stepping into Nature Evaluation	Mar 2019 - onwards Mar 2020	SMc VA	Public Health Contribution to the Dorset Integrated Care System.
3.4.5. Health Systems	HALO System LiveWell Dorset Intelligence Data warehouse	Ongoing - BAU Ongoing - BAU Ongoing - BAU	HH SF DH	Support services.
3.4.6. Healthy Places Research	Green space accessibility Air quality exposure modelling	? Under-review	RL RL	Support for Healthy Places Programme.
3.4.7. Cardiff Model	To run a workshop with partners to see how want to use the data. To link to the harm reduction work of drugs and alcohol and Ageing well workstreams. To focus on engaging acutes to mainstream data in the hospitals. To make links and incorporate with the intelligent working programme. Transfer to data warehouse.	April 2019 Ongoing	RS HH	Improve data quality and use data to inform practice.



JOINT PUBLIC HEALTH BOARD

Financial Report

Date of Meeting: 15 July 2019

Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Lead Officer: Executive Director of Corporate Development and Director of Public Health

Executive Summary:

The revenue budget for Public Health Dorset in 2019/20 is £27.704M, based on an indicative Grant Allocation of £32.525M.

The report includes final outturn for 2018/19, which shows a £45k underspend. Public health reserves are now at £1.784M, with £791k committed to prevention at scale.

Equalities Impact Assessment:

This is a monitoring report therefore EqIA is not applicable.

Budget:

As in all authorities, financial performance continues to be monitored against a backdrop of reducing funding and continuing austerity. Failure to manage within the current year's budget not only impacts on reserves and general balances of the three local authorities but also has knock-on effects for the Medium Term Financial Plan and puts future service provision at risk. This report therefore provides assurance as to current shared service budget position.

Risk Assessment:

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

Current Risk: MEDIUM
Residual Risk LOW

Other Implications:

See report

Recommendation:

The Joint Board is asked to consider the information in this report and to note:

- the 18/19 outturn
- provisional forecast for Public Health Dorset in 19/20
- movement in reserves during 18/19

Reason for Recommendation:

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

Appendices:

Appendix 1: Tables for finance report July 2019

Background Papers:

Previous finance reports to Board

Officer Contact:

Name: Sian White, Finance Manager

Tel: 01305 225115

Email: sian.l.white@dorsetcouncil.gov.uk

1. Background

- 1.1 Public Health Dorset is a shared service across the 2 new councils. Each council receives a ring-fenced grant for public health from the Department of Health and Social Care (DHSC), of which the majority is passed through to Public Health Dorset. Public Health Dorset have also returned significant savings to the previous councils, Borough of Poole, Bournemouth Borough Council, and Dorset County Council. The ring-fence grant conditions apply to the whole public health grant, including retained and returned elements. Retained elements were initially primarily for drug and alcohol services, and the Board previously agreed that returned savings should be used for early intervention and health protection interventions.
- 1.2 The shared services arrangement was set up in response to the Health and Social Care Act 2012, when significant responsibilities for public health were transferred to local councils from the NHS. Since 2013 the shared service has also taken on responsibility for Health Visiting services, which moved to local authorities in October 2015, and additional responsibilities for commissioning drug and alcohol services from each local authority in 2015 and again in 2017.

2. Budget and Final Outturn 2018/19

- 2.1 The opening revenue budget for Public Health Dorset in 2018/19 was £28,592k. This was based on a Grant Allocation of £33,407k, a 2.5% reduction over the grant allocation for 2017/18, and a further shift in responsibilities for drug and alcohol services reflected in retained elements.
- 2.2 The final revised budget was £28,416k. This takes account of income, including transfer of £150k transformation funds from Dorset CCG to support the Prevention At Scale programme, part of Our Dorset Integrated Care System.
- 2.3 The return to councils of anticipated £450k underspend and the movement in reserves are no longer included within the budget as at the last Board, but are reflected in the outturn.
- 2.4 Detail of the 18/19 outturn are in Appendix 1, table 1.
- 2.5 The final outturn is an underspend of £45k. This takes account of:
 - Mitigation plans against inpatient detoxification activity, and the cost of buprenorphine (used for opiate substitution therapy) which increased nine-fold during 2018/19, through reduced activity in other parts of the drugs and alcohol system, slippage in some drug and alcohol contracts, and improved review of problem areas.
 - Review of prescribing costs, to ensure impact of increased range of options for long-acting reversible contraception (LARC), along with changes in guidance and in cost are understood and that the shift to new models of supply accelerated to offset any double running costs.
 - Movement to and from reserves and use of non-recurrent funding to support Prevention at Scale projects across the system.

3. Budget and provisional forecast 2019/20

- 3.1 Ring-fenced allocations for 19/20 were published on 20 December, and contributions from the two new councils to the shared services budget for Public Health Dorset were agreed at the February Board (see appendix 1, table 2).
- 3.2 Discussions between Dorset County and Bournemouth, Christchurch and Poole council highlighted that the retained element for Christchurch had not been disaggregated and this has now been corrected. Impact on the shared service budget is negligible.
- 3.3 Current forecast against the budget suggests a small underspend (see appendix 1, table 3). This is still provisional, with uncertainties including:
 - Health Checks – part of a new Any Qualified Provider (AQP) model. We have underperformed for a number of years. We hope that the new model will allow more effective delivery and have modelled forecast against this.

- Other cost and volume contracts – new AQP model may see activity and hence costs rise. Forecast based predominantly on previous year activity.
- A number of vacancies and fixed term posts within the team and some agency costs within LiveWell Dorset. As new councils become more established and set out their corporate priorities this will help to provide clarity on direction of travel.
- Income, timing and impact of delivery within Prevention at Scale.

4. Reserve position

- 4.1 The reserve position at 31 March 2019 was £1,784k (see appendix 1, table 4). This includes £791k committed to PAS. As part of the business planning process we anticipate spend of circa. £600k on PAS in 19/20. This will be met through income, revenue budgets (for fixed term staffing and using slippage from other budgets), with reserves used if required.

5. Conclusion

- 4.1 The Joint Board is asked to consider the information in this report and to note:
- the 18/19 outturn
 - provisional forecast for Public Health Dorset in 19/20
 - movement in reserves during 18/19

Appendix 1. Tables for finance report July 2019

Table 1. 18/19 Outturn

2018/19	Budget 2018-2019	Outturn 2018-2019	Over/underspend 2018/19
Public Health Function			
Clinical Treatment Services	£11,531,000	£11,473,974	£57,026
Early Intervention 0-19	£11,104,000	£11,109,400	-£5,400
Health Improvement	£2,491,800	£2,054,900	£436,900
Health Protection	£84,200	£18,400	£65,800
Public Health Intelligence	£207,800	£141,100	£66,700
Resilience and Inequalities	£538,900	£1,110,660	-£571,760
Public Health Team	£2,459,200	£2,013,026	£446,174
Underspend to Poole BC		£90,000	-£90,000
Underspend to Bmth BC		£112,500	-£112,500
Underspend to Dorset CC		£247,500	-£247,500
Total	£28,416,900	£28,371,460	£45,440

Table 2. 2019/20 provisional partner contributions

	BCP	Dorset	Total
2019/20 Grant Allocation	£19,353,000	£13,172,000	£32,525,000
Less retained amounts	-£4,202,800	-£617,400	-£4,820,200
Joint Service Budget Partner Contributions	£15,150,200	£12,554,600	£27,704,800
Provisional Budget 2019/20			£27,704,800

Table 3. 19/20 Budget and provisional forecast

2019/20	Budget 2019-2020	Forecast outturn 2019-2020	Forecast over/underspend 2019/20
Public Health Function			
Clinical Treatment Services	£11,208,000	£11,130,861	£77,139
Early Intervention 0-19	£11,104,000	£11,012,375	£91,625
Health Improvement	£2,643,000	£2,327,810	£315,190
Health Protection	£57,000	£23,380	£33,620
Public Health Intelligence	£167,800	£124,476	£43,324
Resilience and Inequalities	£190,300	£588,998	-£398,698
Public Health Team	£2,334,700	£2,466,900	-£132,200
Total	£27,704,800	£27,674,800	£30,000

Table 4. Public Health reserve

Public Health Reserve	£
Opening balance 1/4/18	1,817,000
STP/PAS DCC	-78,000
Public Health underspend 2018/19	45,000
Balance in reserve at 31/03/19	1,784,000
PH Dorset commitment to STP/PAS costs	-791,000
Balance uncommitted in reserve	993,000

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JOINT PUBLIC HEALTH BOARD

Developing commissioning options for sexual health services in Dorset

Date of Meeting: 15 July 2019

Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Lead Officer: Sophia Callaghan

Executive Summary:

Sexual health services in Dorset are currently provided by a consortium of NHS providers. The two-year contract is due to expire in April 2020, and the service requires re-tendering under full, open competition in order to comply with Public Contract Regulations. This paper summarises local consultation on a preferred model and approach, reports on service transformation conducted to date, and recommends a preferred commissioning option.

Equalities Impact Assessment:

An EqIA will be taken to the relevant panel in July 2019, dependent on the outcome from the Board.

Budget:

The contract value of services being procured is £4.8m per annum.

Risk Assessment:

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

Current Risk: MEDIUM
Residual Risk MEDIUM

Other Implications:

The delivery of this service has potential impacts on a number of other health and social care services. Sexual health services have a key role in safeguarding both children and vulnerable adults. These links are discussed in sections of the paper covering consultation and priority groups.

Recommendation:

- (i) Support the sexual health services recommended option
- (ii) Approve the development of a procurement process and to proceed with an invitation to tender for a new contract
- (iii) Delegate authority to the Director of Public Health, in consultation with the Portfolio Holder, to award a contract to an appropriate provider on the best terms achievable and within the budget.

Reason for Recommendation:

The preferred option allows continued service development, aiming for full integration of the services current commissioned by Public Health Dorset on behalf of Councils. It also allows for integration with NHS England commissioned sexual health services at a future break point in the proposed contract.

Appendices:

Appendix 1: Sexual health services responsibility by commissioner
Appendix 2: Current sexual health service model
Appendix 3: Indicative procurement timetable

Background Papers:

JPHB February 2019: Public Health Dorset Business Plan 2018/19 – monitoring delivery
JPHB June 2017: Public Health Dorset Business Plan Developments
JPHB February 2015: Progress report on the procurement of integrated sexual health service

Officer Contact:

Name: Sophia Callaghan
Tel: 01305 225887 / 07824 597560
Email: sophia.callaghan@dorsetcouncil.gov.uk

Developing commissioning options for sexual health services in Dorset

1. Background

- 1.1 Sexual health services are one of the five programmes that local authorities are mandated to provide under the 2012 Health and Social Care Act. In Dorset they include:
- Contraceptive services (including prescribing costs);
 - Young people's sexual health;
 - HIV prevention, sexual health promotion, services in educational settings and pharmacies;
 - Sexually transmitted infections (STI) testing and treatment at Genitourinary medicine (GUM) clinics;
 - Chlamydia screening and HIV testing.
- 1.2 The service is commissioned on a pan-Dorset basis, from the pooled budget provided to Public Health Dorset from the Public Health Grant. Other sexual health services are commissioned by different organisations – Dorset Clinical Commissioning Group (CCG) and NHS England (see Appendix 1). The vision for local authority commissioned sexual health services has been to develop a single integrated service with the same pan-Dorset footprint. This approach seeks to ensure the system is as straightforward as possible and improves joint working between services.
- 1.3 In 2015 Public Health Dorset began a full, open tender procedure for a new, integrated sexual health service. At that time, services were fragmented, with genito-urinary medicine and community services not well integrated. There were also inequities in provision between East and West Dorset. During the tender period, national reductions to public health funding were announced. The contract value of the service was reduced to stay within budget, and the tender process was terminated following legal challenge by one of the bidders.
- 1.4 Public Health Dorset then explored alternative ways to develop services and improve integration without public procurement, including transfer of commissioning responsibility under Section 75 of the 2006 National Health Service Act. This would enable the CCG to act as a single commissioner of sexual health services and potentially integrate the service. However, Dorset CCG was unable to support the proposal at the time.
- 1.5 The Monitoring Officer advised in 2017 that the risk of continuing to commission the service from the current providers without tender was unsustainable. However, the providers were starting to work together and

integrate services. A formal lead provider agreement was agreed in 2018. The Joint Public Health Board agreed to support this approach and Dorset County Council issued a formal Voluntary Ex Ante Notice (VEAT) and directly awarded the contract to Dorset Healthcare as the lead provider for two years (until April 2020).

- 1.6 During this lead provider contract, service providers have achieved the required service efficiencies, and since 2015/16 collectively have managed to provide services within a contract that has progressively reduced in value – by around 20 per cent to achieve the reduction in the Public Health Grant allocation.
- 1.7 There is now less than one year left on the current core contract. Following the award of the negotiated contract, there has been interest from other providers, and legal and procurement advice from Dorset Council is therefore that the service must be procured following a competitive tendering process. The new service following tender would need to begin in April 2020, as this is the point at which the current contract expires.
- 1.1 Additional services (long-acting reversible contraception and emergency hormonal contraception) have been re-tendered using an ‘any qualified provider’ model as part of a broader suite of community health improvement services (CHIS), going live in April 2019, and are outside of the scope of this project.

2 Service transformation under current contract

- 2.1 When Public Health Dorset took on commissioning responsibility for sexual health services, different providers were contracted to run separate services across Dorset, Bournemouth and Poole. Many attendees would visit specialist hospital services for a check-up, which was a high-cost way to access provision that could be delivered in the community. People attending services with uncomplicated requirements could be more appropriately supported – and potentially more quickly – with a different level of service as often no treatment or follow up was required (see Appendix 1 for an outline of different service levels).
- 2.2 Under the current lead provider contract, the following service changes are taking place:
 - Simplified contract management to deliver more outcomes focused services, ensuring these are equitable and easy to access with effective targeting of higher-risk groups;

- Integration of delivery of contraception and sexual health (CASH) and Genitourinary Medicine (GUM) services at levels 1-3;
- Improving systems to manage and triage demand effectively across level 2 and 3 services, ensuring services are in the right locations to meet the needs of the people in Dorset;
- Developing innovative digital solutions including a single phone line, website, online STI testing development and services to improve information and self-care for sexual health;
- Embed prevention strategies at the heart of the ethos of sexual health services;
- Improve access to community contraception services, through the use of the Any Qualified Provider (AQP) framework led and commissioned by Public Health Dorset.

2.3 Significant progress has been made towards achieving these service development objectives.

3 Consultation

3.1 To better understand the options for designing and commissioning services, Public Health Dorset has planned four elements of research and scoping. This includes understanding how other areas are configuring services and specifications, local stakeholder feedback, service user feedback, and market feedback. A full description of feedback from the consultation and research is included in Appendix D. This feedback has been used to develop the following proposal for how Public Health Dorset intends to commission services.

4 Proposal for commissioning services from April 2020

4.1 Following legal and procurement advice from Dorset Council there is only one viable option for tendering the service – a full, open public procurement, timed to ensure the new service starts from April 2020. Extending the current contract arrangement is not an option, due to the relatively high risk of legal challenge over non-compliance with Public Contract Regulations.

4.2 Initial consultation suggests that partners would welcome deeper integration with CCG-commissioned services (and potentially those commissioned by NHS England). However, providers and commissioners are not currently aligned to enable this to be agreed and put in place by April 2020. Contracts held by Dorset CCG and NHS England do not all have the same end dates as those held by Public Health Dorset, meaning that new arrangements for all relevant services could not all start at this point. These contracts are often linked with other clinical specialties and it would require further work to define where collaboration is likely to be most effective and efficient.

- 4.3 The current contractual arrangement has allowed considerable work to be undertaken to improve sexual health services and deepen integration of contraceptive and sexual health services and genito-urinary medicine services at levels 1, 2 and 3. This work can continue without the need to integrate further with other commissioned services.
- 4.4 The principle of wider integration remains an aspiration of the Public Health Dorset commissioning team, although it would not be achievable in the tender timescales by April 2020. Therefore, we are proposing a break point in the contract to be tendered at 2 years (2022) to allow for further integration with NHS England and Dorset CCG services to be considered.
- 4.5 Some sexual health services are currently delivered by community providers through the Any Qualified Provider model, including provision of emergency hormonal contraception and long-acting reversible contraception services. There may be opportunities to integrate these elements into a wider sexual health service, in future. However, the current recommendation is that these services are excluded from the current procurement of sexual health services as these contracts only commenced on 01 April 2019. Public Health Dorset will continue to review them to ensure they are effective, efficient and accessible services.
- 4.6 Public Health Dorset recommends that the following preferred procurement option is supported:
- a full, open, competitive tender for an integrated contraceptive and sexual health and genitourinary medicine service, covering levels 1, 2 and 3, with a pan-Dorset footprint. The length of contract would be 6 years in total, with break points for review and refinement at 2 and 4 years.
- 4.7 The current budget envelope for core sexual health services is £4.8M. No change is proposed to this overall envelope.
- 4.8 This option does not rule out either tailoring services to specific needs or opportunities in different localities, as it is possible that the service could be configured flexibly in urban and rural areas. Based on the consultation, priority groups and issues have been identified as detailed in Appendix 4, and these will be highlighted within the service specification and evaluation questions.
- 4.9 This approach does not preclude the development of a joint commissioning approach with the CCG and NHSE in the future. In fact, the development of this model, particularly given the proposal of a two-year break point,

specifically allows Public Health Dorset to continue to work with these organisations to develop a long-term integrated approach.

4.10 This break point also offers the opportunity to develop the service as two or more separate contracts should the new unitary authorities so wish, once commissioning roles and responsibilities are clarified. This option therefore future-proofs the arrangement.

4.11 The overall possible length of the arrangement – six years – is in line with other examples of sexual health commissioning seen across the country, as noted in the consultation and research findings (Appendix 4).

5 Next Steps

5.1

5.2 In order to comply with procurement regulations and ensure that services are operational on 01 April 2020, the following steps are required:

June – September 2019: Consultation with stakeholders

July – September 2019: Preparation of tender documentation and processes

October – Nov 2019: Competitive tender open

November 2019: Evaluate bids

December 2019: Formal award of contract

January – March 2020: Service Mobilisation

April 2020: New contract starts

A more detailed timetable is included as Appendix 3.

6. Recommendations

6.1 The Joint Public Health Board is asked to:

- Support the sexual health services recommended option
- Approve the development of a procurement process and to proceed with an invitation to tender for a new contract
- Delegate authority to the Director of Public Health, in consultation with the Portfolio Holder, to award a contract to an appropriate provider on the best terms achievable and within the budget.

Sophia Callaghan
Assistant Director Public Health Dorset
July 2019

Appendix 1:

Sexual health services responsibility by commissioner

Public Health Dorset	Dorset CCG	NHS England
<ul style="list-style-type: none"> • Contraception and all prescribing costs (excluding contraception provided as an additional service under the GP contract) • STI testing and treatment and HIV testing including partner notification • Sexual health advice, guidance and information including advice on unplanned pregnancy • Sexual health aspects of psychosexual counselling • Sexual health specialist services including young people's services, teenage pregnancy, outreach, HIV prevention and sexual health promotion, services in schools, colleges and pharmacies 	<ul style="list-style-type: none"> • Termination of pregnancy services • Sterilisation • Vasectomy • Non-sexual health elements of psychosexual health services • Gynaecology including; any use of contraception for non-contraception purposes 	<ul style="list-style-type: none"> • Contraception provided as an additional service under a GP contract • HIV treatment and care (including drug costs for post-exposure prophylaxis after sexual exposure) • Promotion of opportunistic testing and treatment for STIs and patient-requested testing by GPs • Sexual health elements of prison health services • Sexual Assault Referral Centres (SARC) • Cervical screening • Specialist foetal medicine services

The mandated sexual health services that Public Health Dorset commission are delivered on 3 levels.

Core Offer Level 1

Sexual risk assessment, emergency contraception, HIV post-exposure, signposting to appropriate sexual health services, Chlamydia screening, Asymptomatic STI screening and assessment of asymptomatic attendances, Partner notification of STIs, Sexual health education and promotion, Psychosexual referral.

Core Offer Level 2 (incorporates above plus)

All Contraception services, STI testing and treatment of symptomatic but uncomplicated infections

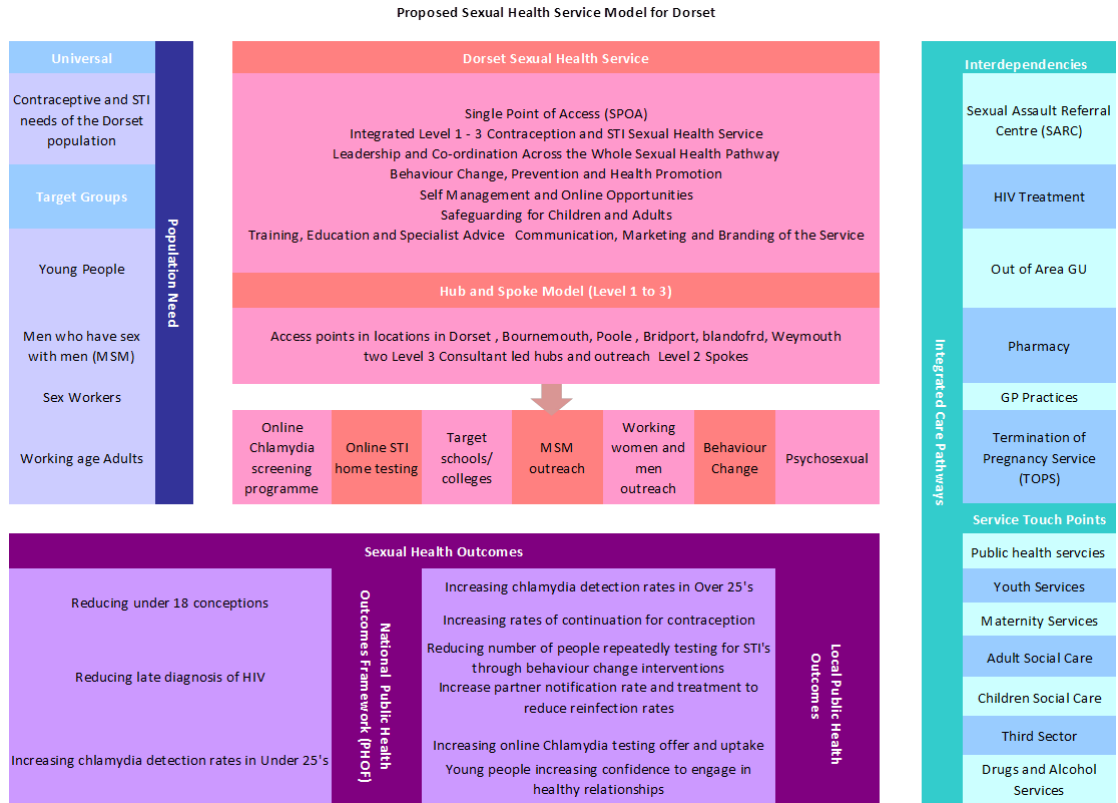
Complex Level 3 (incorporates above plus)

STI testing and treatment of more complex cases including MSM, men with dysuria and genital discharge, extra-genital sites, STIs with complications, with or without symptoms

STIs in pregnant women, recurrent conditions, management of syphilis and blood borne viruses, Tropical STIs, Specialist HIV treatment and care

Appendix 2:

Current Sexual Health Service Model



Appendix 3:

Indicative Procurement Timetable

Stakeholder Engagement	
Identify list of stakeholders and conduct a stakeholder analysis	04/06/2019
Liaise with stakeholders re draft specification (e.g. check we have reflected consultation feedback in draft)	13/09/2019
Service user/family engagement	13/09/2019
Complete and gain approval for EqIA	28/06/2019
Service Model	
Research other areas service model	21/06/2019
Write Service Specification and any annex/supplementary information	30/09/2019
Business Intelligence	
Review current sexual health service data	12/07/2019
Develop service outcome/KPI measures	29/07/2019
Establish reporting requirements and schedule with PHD business intelligence service	23/08/2019
Identify requirements and develop process and links with the service and data warehouse/tableau	23/08/2019
Tender Evaluation	
Agree evaluation approach - quality weighted	30/09/2019
Write Tender Evaluation Model - sign off by procurement lead	30/09/2019
Write tender evaluation questions - Qualification (pass/fail) questions (e.g. financial requirements, insurances, references, safeguarding, GDPR, infection control etc)	30/09/2019
Write tender evaluation questions - Award questions (about 5 broad questions)	30/09/2019
Write procurement documents and upload on e-procurement system	30/09/2019
Write pricing schedule	30/09/2019
Identify evaluators and any panel (s)	07/10/2019
Plan for scoring and/or interviews	07/10/2019
Procurement Process	
EQIA to be completed and reviewed by DC E&Q Group	12/07/2019
Advertise tender opportunity (OJEU notice)	04/10/2019
Tender period	04/10/2019 - 18/11/2019
Evaluation period	18/11/2019 - 29/11/2019
Notification to applicants	06/12/2019
10 day standstill	06/12/2019 - 16/12/2019
Formal award	17/12/2019
OJEU award notice	17/01/2019

Appendix 4: consultation and research findings

Appendix D: Summary of consultation and research findings to inform recommended approach to commissioning sexual health services in Dorset

A. How other areas configure services

To better understand models and approaches in other areas as part of the Public Health Dorset procurement process searches were carried out for open and closed procurements for integrated sexual health services using the Tenders Electronic Daily (TED) system. In total 16 procurements were reviewed, and 13 areas were contacted via email to request any relevant service and procurement documentation.

Responses and information were received from 9 areas across England, which showed variations in procurement approaches with 4 areas opting to procure using lots. Several services were commissioned with a contract lifespan of 5+ years with contract values reflective of the duration. Commissioners from these other areas have offered their time for further discussion should if required as part of the development of the service design process.

As an example, the South East have a collaborative arrangement with all 7 CCGs with a single specification for Hampshire, Southampton and Portsmouth. The service has been split into lots for C&SH and GUM, Psychosexual services, network and leadership (including governance and primary care support for Long-Acting Reversible Contraception) and sexual health promotion. The contract is 5 years with the option for an extension of 2 years. A spending cap was put in place for Emergency Hormonal Contraception to make it available free of charge only to those aged under 25 years.

Further examples include; Cornwall Council, which tendered three separate lots for (i) open access all ages, (ii) young person's sexual health service (universal and targeted) and (iii) HIV prevention services. Derbyshire County Council have a lead provider model working with multiple organisations including the acute sector, general practice, pharmacy and voluntary sector. East Riding of Yorkshire have commissioned an integrated service in partnership with their CCG. Other commissioning took place as a single service with a lead provider model.

The review of the service specifications has been particularly useful in informing the development of the Public Health Dorset specification in terms of best practice around content and level of detail. General themes from this review process have been collated and, overall, the various service designs for integration are similar to the Public Health Dorset emerging model and the core features of an integrated sexual health service. In addition, other areas have specified how the provider will work with GPs and pharmacies, details of non-mandatory training, data and maps for areas and populations of need and sub-contracting and cross-charging information.

The defined service outcomes from other areas have also been reviewed against the existing Public Health Dorset outcomes through a mapping process to identify any areas of development for local outcomes and any gaps. This information will be taken to the planned internal data workshops for further discussion.

B. Stakeholder feedback

Initial consultation has taken place with key stakeholders across the local authorities and health services, to identify key views regarding service design, priority elements of the service and target groups of potential service users. Participants include

- primary care
- community pharmacies
- local authority adult commissioners
- local authority children's commissioners
- community safety professionals
- substance misuse commissioners and providers
- housing support commissioners and providers

Key principles that have emerged from these discussions include:

- Ensure there a single point of contact / information (e.g. Sexual Health Dorset website)
- Ensure service is holistic and preventative (i.e. not only focused on providing treatment but looking at individuals' wider health needs and conducting preventive work that covers broader life skills)
- Ensure staff and service design are 'intelligence led' – aware of the latest practices in the population and the latest ways to support people
- Avoid duplication with other services (e.g. primary care, 0-19 nursing)
- Focus on those who are less likely to access 'mainstream' services (e.g. primary care)
- Tailor level and type of support to individuals' needs
- Ensure equity of access (e.g. for people living in rural areas)
- Ensure services offer trauma informed care
- Ensure services share information to understand and act on potential risks (e.g. risk of exploitation, risk of domestic abuse)

Specific target groups identified included:

- Young people (including students)
- People with special education needs (SEND) and learning disabilities
- Children in Care and Care Leavers
- Young people excluded from school / education
- People with mental health needs
- People who use drugs, in particular in combination with risky sexual behaviour

- Sex workers
- Men who have sex with men (MSM)
- Older people entering into dating and new relationships

Several elements of service design were identified as being critical:

- Identify risk and support / refer people appropriately
- Ensure services are at accessible times and places for target groups (e.g. evening openings, pharmacies, community centres)
- Face-to-face services must be central (note that online testing may suit low-risk, older individuals better than younger people)
- Improve digital offer, not only for potential service users but also parents and teachers
- Ensure there is recognition of the risks associated with social media
- Build skills and capacity for schools to address issues quickly themselves
- Understand how the needs of those still in education but not school can best be met across partner organisations (e.g. FE colleges, universities)

All these elements of feedback will, where possible, be incorporated into the specification for the service, and the key elements will form the basis of evaluation questions by which potential service providers will be assessed through the tender process.

C. Service user feedback

The final service design will include feedback from young people conducted as part of a young inspectors report, due to be published in September. At this point no other consultation has been undertaken with young people, as further questions may be raised by this report, which would be addressed through further engagement work.

Adult service users will be engaged over the summer and early autumn through HealthWatch and other appropriate routes to be discussed with partners.

D. Market feedback

Based first on the procurement process begun in 2015 and subsequent feedback from current and potential providers, Public Health Dorset are confident that there is market interest in the proposal.

The funding envelope for this service is understood to be viable as the proposal is to maintain this as at present. Therefore, given that the level of service is should be comparable to current services, it should be affordable both for provider and commissioner.

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JOINT PUBLIC HEALTH BOARD

Date of Meeting: Monday 15th July 2019

Lead Member: Councillor Laura Miller, Lead Member for Adult Social Care and Health, Dorset Council, Councillor Lesley Dedman, Lead Member for Adult Social Care and Health, BCP Council

Health Improvement Services Performance

Lead Officer: Sam Crowe

Executive Summary:

This report provides a high-level summary of performance for LiveWell Dorset, Smoking Cessation, weight management services, health checks and Children and Young People's Public Health Service (CYPPHS) performance, with supporting data in appendices.

Equalities Impact Assessment:

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

Budget:

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

None of these contracts currently includes any element of incentive or outcome related payment, however good performance will ensure that we achieve maximum value from these contracts.

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:

N/A

<p>Recommendation: That the Joint Public Health Board considers the information in this report and notes the performance on health improvement services and children and young people’s services.</p>									
<p>Reason for Recommendation: Close monitoring of performance will ensure that health improvement services deliver what is expected of them and that our budget is used to best effect.</p>									
<p>Appendices: Appendix A: LiveWell Dorset, Weight Management and Smoking Cessation performance report Appendix B: Health Checks performance report</p>									
<p>Background Papers:</p> <p>None.</p>									
<p>Officer Contacts:</p> <table> <tr> <td>Name: Stuart Burley</td> <td>Joanne Wilson</td> </tr> <tr> <td>Head of PH Programmes (LWD)</td> <td>Head of PH Programmes (CYP)</td> </tr> <tr> <td>Tel: 01305 224 883 / 07825 034375</td> <td>01305 225 894</td> </tr> <tr> <td>Email: stuart.burley@dorsetcouncil.gov.uk</td> <td>joanne.wilson@dorsetcouncil.gov.uk</td> </tr> </table>		Name: Stuart Burley	Joanne Wilson	Head of PH Programmes (LWD)	Head of PH Programmes (CYP)	Tel: 01305 224 883 / 07825 034375	01305 225 894	Email: stuart.burley@dorsetcouncil.gov.uk	joanne.wilson@dorsetcouncil.gov.uk
Name: Stuart Burley	Joanne Wilson								
Head of PH Programmes (LWD)	Head of PH Programmes (CYP)								
Tel: 01305 224 883 / 07825 034375	01305 225 894								
Email: stuart.burley@dorsetcouncil.gov.uk	joanne.wilson@dorsetcouncil.gov.uk								

1. Background

- 1.1 This report provides an overview of health improvement services and children and young people (0-19) services.
- 1.2 Alongside this the Board will also receive regular updates against the 2019/20 Business Plan to monitor progress against agreed deliverables.
- 1.3 This report still provides data for the previous unitary areas. The next report for September board will provide data for the new unitary areas and sub unitary geographies.

2. LiveWell Dorset

- 2.1. The LiveWell Dorset service is a pan-Dorset integrated health improvement service, delivering consistent, high quality behaviour change support for people wanting to quit smoking, lose weight, be more active and drink less alcohol. It has supported over 25,000 people, engaging those most in need in help, and has recently launched a suite of additional digital options which complement the telephone advice and coaching.

- 2.2. LiveWell Dorset was initially a commissioned service, provided by Optum for 3 years. In April 2018 the service was successfully transferred in-house and has since been directly delivered as part of the Public Health Dorset offer. Direct delivery of the service has accelerated the development of key technological innovations, strengthened capacity at no additional cost, and has improved the alignment of the service with key Prevention at Scale objectives in the Integrated Care System.
- 2.3. The first full year of activity under the management of Public Health Dorset saw a record high 6,600 people accessing the LiveWell service. The service has good engagement in the areas of greatest need with 27 per cent of service users living in the 20 per cent most deprived communities. The full launch of the new digital LiveWell offer has led to an average of 8,000 people visiting the website and more than 500 registering online each month. Outcome data suggests the service remains effective. Of those people who report outcomes at 12 months, most sustain positive changes in their target behaviour of smoking (42 per cent quit), weight (57 per cent maintain 5 per cent weight loss), physical activity (67 per cent more active) and alcohol (70 per cent drinking less). More detail on the latest performance data is available in appendix 1.
- 2.4. Key performance indicators (KPIs) for 2019/20 have recently been defined and targets agreed and will be reported on at the next meeting. Work is underway to better understand realistic success rates and will be agreed at the next meeting. Agreed KPIs include:
 - 10,000 people registering per year
 - 25 per cent of registered individuals from deprived communities
 - 25 per cent of registered individuals are men
 - Follow-up rates of 25 per cent at 3 months, 20 per cent at 6 months, and 15 per cent at 12 months
 - 95 per cent of follow-ups have complete assessment data
- 2.5. LiveWell Dorset has recently published their service plan for 2019/20 which can be requested or downloaded as a [pdf document](#) on the Public Health Dorset website.

3. Weight management

- 3.1. Obesity and overweight remains a national and local public health challenge, with around 60 per cent of the adult population affected. Public Health Dorset commissions weight management services for people with a body mass index of 30+. Services are delivered by national providers – Slimming World and Weight Watchers. Access to weight loss services is managed by LiveWell Dorset, which ensures individuals are in receipt of behaviour change support before taking up the service.
- 3.2. Performance of the weight management provision has been consistently strong for a number of years. Stability of provision over a long period of time has

allowed for a real focus on quality improvement. The last full year saw activity pick up in line with the increased activity in LiveWell Dorset and in engagement of individuals residing in areas of greater deprivation remains very positive. Outcomes for individuals accessing provision remain among the highest nationally. More details on the latest performance data is available in appendix 2.

- 3.3. Given that provision has remained effective, efficient and comparatively equitable the recommissioning intention focused on renewing similar services albeit with small changes designed to further improve efficiency and equity. Changes included enhancing the digital offer and changing the payment structure to reduce wastage and better incentivise good outcomes. The procurement was successful and the new services provided again by Slimming World and Weight Watchers commenced from May 2019.

4. Smoking Cessation

- 4.1. Smoking prevalence continues to decline nationally and locally. This is driven by more people successfully quitting, fewer young people taking up smoking and a greater popularity in vaping products. Despite the positive public health gains, smoking remains the second leading cause of morbidity and early death.
- 4.2. Public Health Dorset commissions smoking cessation services to support people with psycho-social, behavioural interventions alongside Nicotine Replacement Therapy (NRT) or pharmacotherapy (Champix). This provision is supported by NICE as the most effective and efficient treatment available. Local services have historically been provided by GPs, pharmacies and LiveWell Dorset, which ensures that provision is accessible.
- 4.3. Performance of smoking cessation services in 18/19 has been mixed. Fewer people are accessing smoking cessation services, driven in part by the fall in prevalence and vaping product popularity, although locally a higher proportion of smokers are attempting to quit than nationally. Services also remain effective at reaching individuals from more deprived communities. Numbers of successful quit attempts continues to fall in line with national trends, for the same reasons mentioned above. However, the rate of success during 18/19 remained lower locally than nationally. Further detail is available in appendix 3.
- 4.4. Like with other health improvement contracts, smoking cessation services were recently recommissioned with an intention to improve access, uptake and outcomes. The new services, launched in April 2019, are only just beginning to feed back data so will be a focus for the next scheduled health improvement performance report.

5. Health Checks

- 5.1. Local Authorities are mandated to provide the NHS Health Check programme under the 2012 Health and Social Care Act. One of the consequences of local authority commissioning of the programme is that the way in which NHS Health Checks are procured is subject to Public Contract Regulations 2015.

5.2. As reported to the Board in a separate paper in September 2018, current performance for delivery of NHS Health Checks remains variable across Dorset. Performance for 2018/19 across Bournemouth, Poole and Dorset remained among the lowest of all local authorities. More detail is available in appendix 4.

5.3 From April 2019 a new programme of provision was put in place following a successful procurement. GP and pharmacy providers will deliver the new contract and while there are some encouraging early indications of activity, the impact of the new contract will need to be reviewed from the second quarter onwards.

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

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

7. Main changes to commissioning/service

7.1. Public Health Dorset, working with partners in the prior three Local Authorities, the CCG and NHSE developed the final service specification for a Children and Young People's Public Health Service (CYP PHS, 0 – 19 years) and delivered an effective procurement programme.

7.2. The contract was awarded to Dorset HealthCare and the service will begin on the 1st October 2019. It was evident that staff throughout the service contributed to the successful bid and are all committed to making sure local children have the best start in life and throughout their childhood.

7.3. The CYP PHS remains key to the local delivery of the Healthy Child Programme. The service will focus on evidence-based approaches which prioritise public health outcomes and deliver high value activities to achieve the greatest impact on Children and Young People's long term and life course health outcomes. The service will focus on four key local health and wellbeing priorities:

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

7.4. Recognising that families want to be able to find the information and support they need quickly and easily, the service will extend the digital offer by offering advice

by text message, digital consultations and more proactive health promotion online.

- 7.5. The Universal offer for all under 5s will be delivered flexibly based on what each family most needs and taking a whole family approach to health and wellbeing. There will be an additional pre-school health assessment to identify earlier the needs of children who may not be school ready.
- 7.6. Communities are important in supporting children, young people and their families and particularly those provided by Early Years, Schools and other educational settings. The service will work closely with children, young people and settings to identify the most important issues, linking teachers and practitioners with local services who can help to deliver practical support to improve attendance, attainment and wellbeing.
- 7.7. The value and importance of working in collaboration with all stakeholders is recognised. Dorset, Bournemouth, Christchurch and Poole's strong history of partnership working to improve outcomes for children, young people and their families provides a positive foundation. The CYP PH Service will build on our successes and ensure the voice of children and young people can really make a difference to the way services are offered.
- 7.8. The current contract will expire on the 30th September 2019 and until this time operational activities will continue under the existing service specification. The new contract will start on 1st October 2019. Public Health Dorset and Dorset HealthCare senior leaders are working with partners to further define and agree the schedule for mobilisation of the new service. This includes a number of planned meetings and workshops with partners over the coming months to ensure plans are shaped to best meet local needs and align with strategic plans and programmes.

8. Summary of performance for 2018/19

- 8.1. The Health Visiting service in Bournemouth, Poole and Dorset is high performing when compared with other services in England. Overall, parents and carers express high levels of satisfaction with the service including consistent messages, having the right information to hand, and knowing where to access the service.

Pan-Dorset	Q1	Q2	Q3	Q4
Percentage of all births that receive a face to face NBV within 14 days by a Health Visitor	90	91	92	89
Percentage of children who received a 6-8 week review by the time they were 8 weeks.	97	95	96	93

Percentage of children who received a 12-month review	97	96	94	94
Percentage of children who received a 2-2½ year review	97	97	99	99

Table 1. Performance on mandated checks (2018/19).

- 8.2. The **School Nursing** service continues to provide a high quality service for young people who express positive experiences of the service, specifically the CHAT Health Text Service.

	Bournemouth	Poole	Dorset
Number of children and young people supported by universal services by Bournemouth, Poole and Dorset	24401	18427	58161
Number of children and young people supported at universal plus services by Bournemouth, Poole and Dorset	874	736	1419
Number of children and young people supported at universal partnership plus services by Bournemouth, Poole and Dorset	144	132	505
Number of children and young people supported at universal partnership plus statutory services by Bournemouth, Poole and Dorset	734	555	1637

Table 2. Number of contacts by identified level of need – Quarter 4 (2018/19)

Month	Number of Chat Health Text Messages Received
April 2018	95
May 2018	149
June 2018	221

July 2018	139
August 2018	132
September 2018	78
October 2018	153
November 2018	238
December 2018	116
January 2019	172
February 2019	71
March 2019	188

8.3. The top reasons young people are contacting the Chat Health Service are:

- Sexual Health including risky behaviours
- Body Image
- Self-harm
- Eating issues
- Emotional Wellbeing including anxiety, depression or Low Mood
- Relationships including bullying and family problems
- Stress

9. Conclusion and recommendation

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

Stuart Burley
Head of Programmes (LWD)

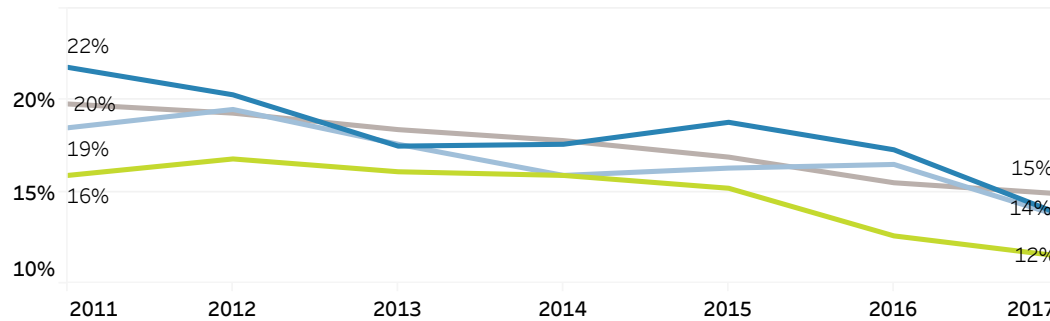
Joanne Wilson
Head of Programmes (Children & Young People)

15 July 2019

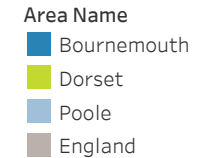
JOINT PUBLIC HEALTH BOARD SMOKING PERFORMANCE REPORT



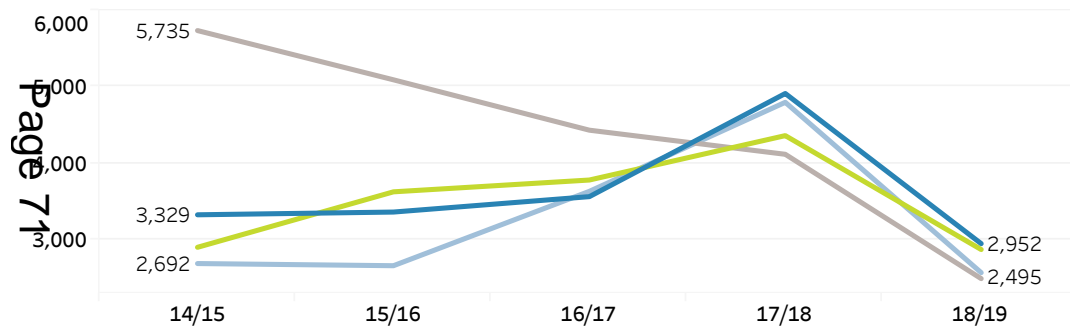
1. PREVALENCE: Percentage of adults smoking



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

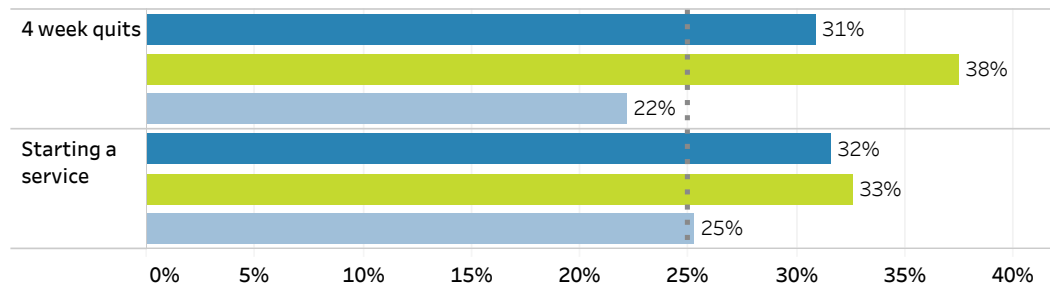


2. SCALE: Persons starting a smoking cessation service per 100k smokers



The fall in smoking prevalence and increased use of vaping has resulted in a national decrease in people accessing smoking cessation services in recent years. Despite this, access to local services appears to be good with a higher rate of people attempting to quit locally than nationally.

3. REACH: Percentage in smoking cessation services living in the most deprived quintile 17/18

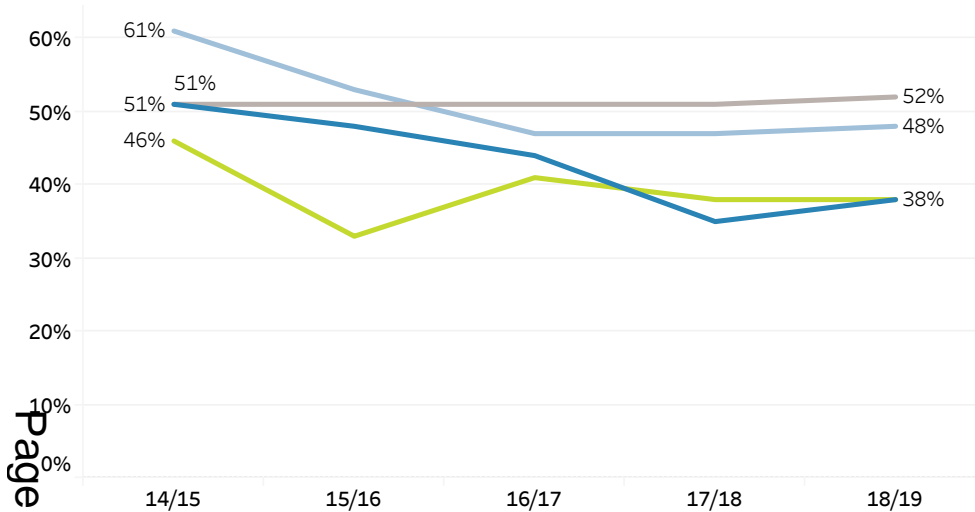


The prevalence of smoking is closely related to areas of deprivation. Local services appear to be effective at engaging those from deprived communities, albeit with slightly fewer lower quit rates in deprived areas of Poole.

JOINT PUBLIC HEALTH BOARD SMOKING PERFORMANCE REPORT

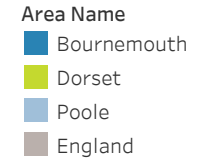


4. IMPACT: Percentage quitting at 4 weeks

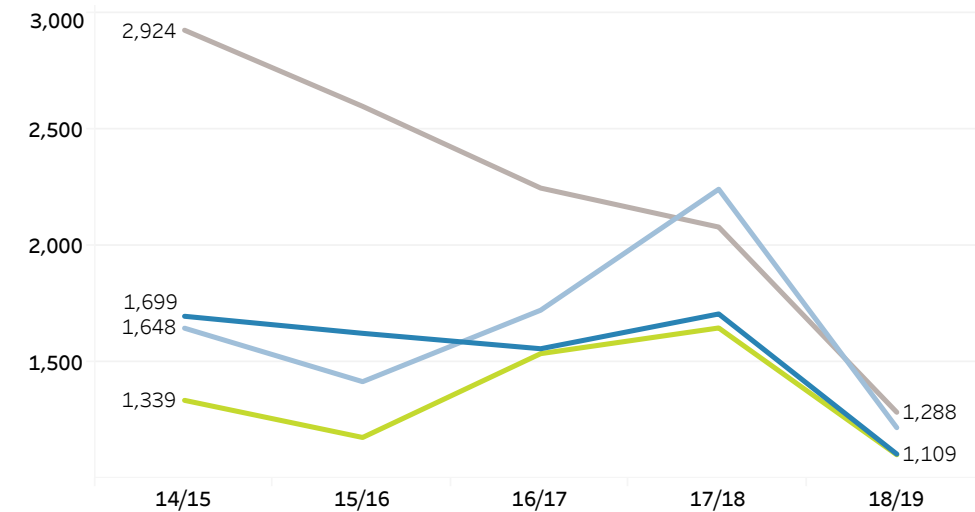


The proportion of smokers who successfully quit at 4 weeks remains a challenge locally. There is evidence that providers have not reported timely data during 18/19 and this has impacted on recorded quits. The new smoking cessation provision should improve on this.

It is also worth noting that as smoking prevalence declines the remaining smoking population are a more challenging cohort of longer-term smokers. Work is underway with LiveWell Dorset to deliver additional support to improve the success of quit attempts.



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

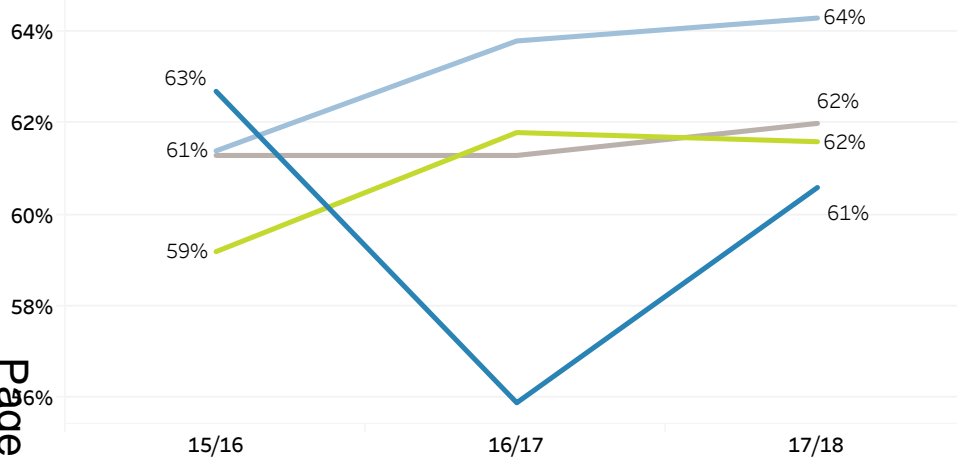


As with the continued fall in smoking prevalence and numbers accessing services, numbers of successful quits continues to fall in line with national trends.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



1. PREVALENCE: Percentage of adults overweight or obese

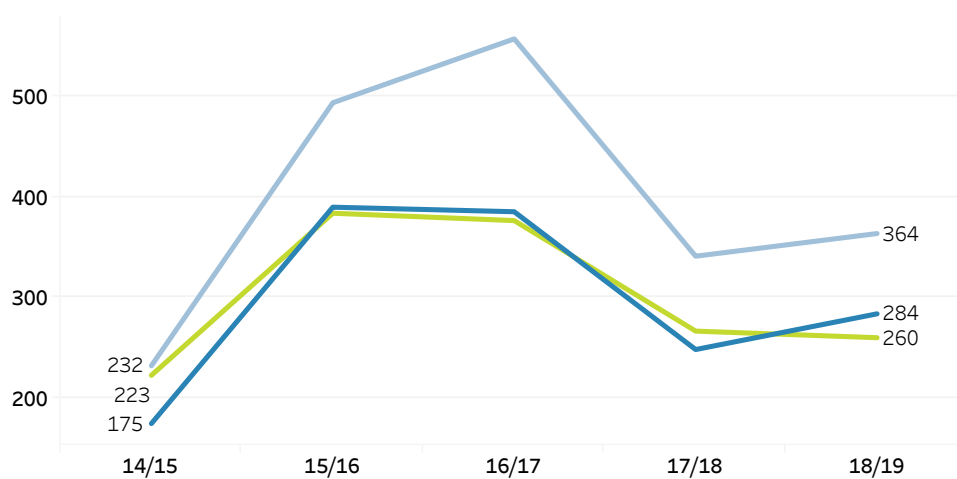


The percentage of overweight and obese adults continues to gradually increase. Locally our pattern mirrors the national trend with Bournemouth as the exception.

Area Name
■ Bournemouth
■ Dorset
■ Poole
■ England

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

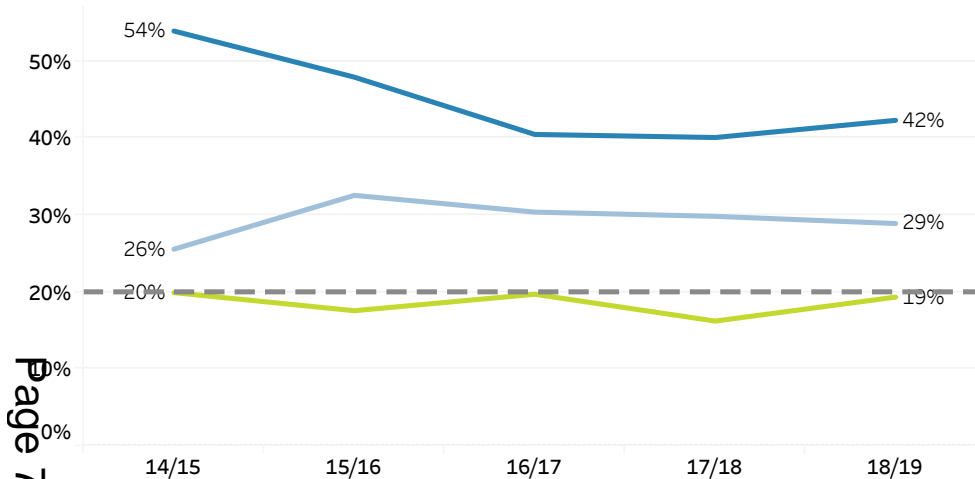


Take-up of weight management services has fallen back slightly in 17/18 compared to previous years. This reflects the dip in people coming through LiveWell Dorset in the second half of 17/18 towards the end of the contract with Optum, though numbers have now picked up again in 18/19.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



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

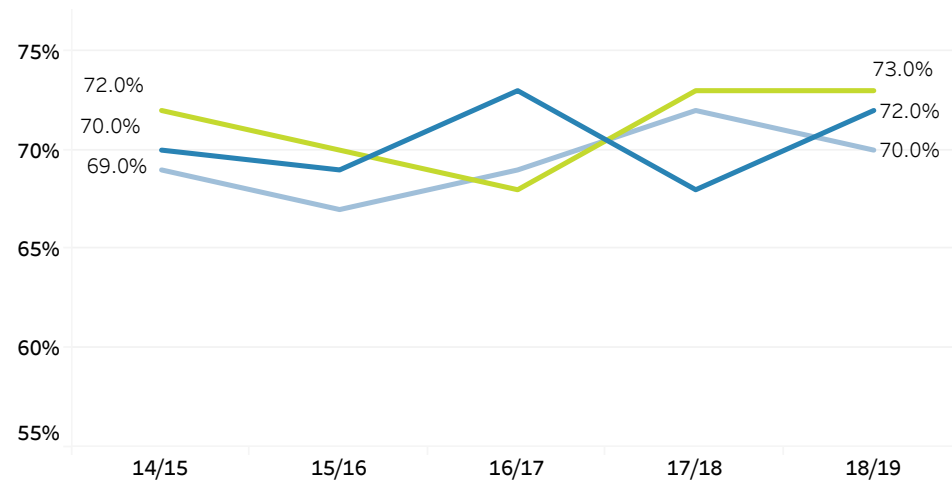


Local weight management services are engaging a disproportionately high number of people from communities with the highest levels of deprivation.

Area Name
■ Bournemouth
■ Dorset
■ Poole

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4. IMPACT: Percentage achieving target 5% weight loss

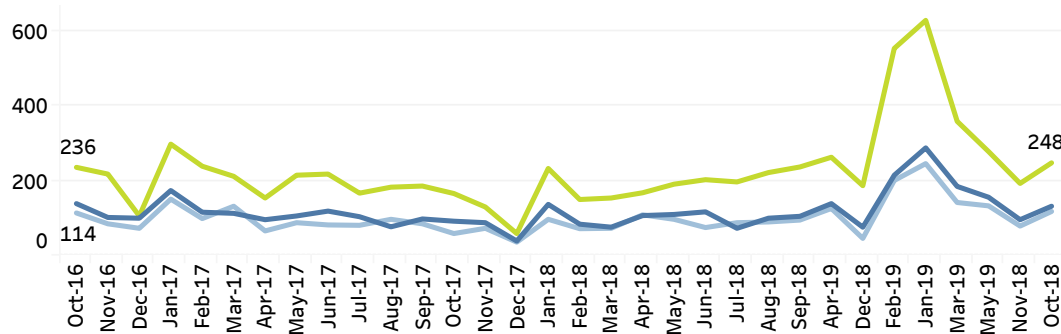


Though there is no national benchmark data available, discussions with other commissioners and weight management providers indicate that the local performance is among the highest nationally.

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



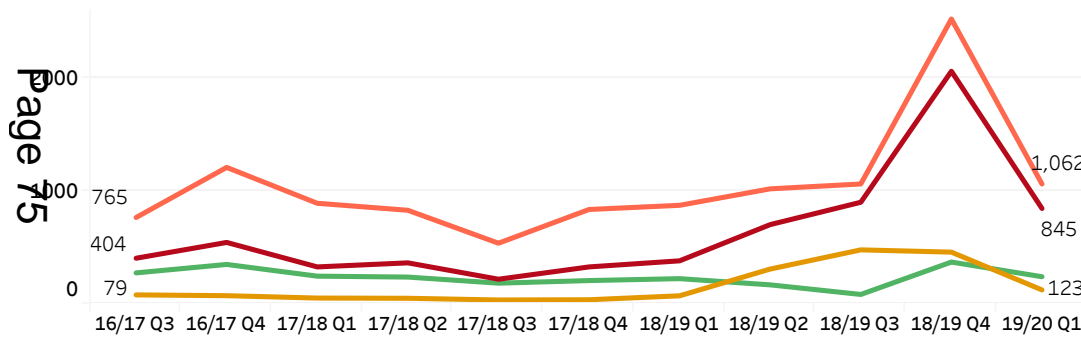
1. SCALE: Number of persons starting a service with LWD



LiveWell Dorset recently passed the milestone of having delivered support to over 25,000 local residents. This graph shows the seasonal trend in service uptake – with a clear and recurring peak in activity in January. Since bringing the service back in house a record high 6,600 people accessed used the LiveWell service during the 18/19. Much of the increase is the result of launching the new digital LiveWell offer. On average each month 8,000 people visit the website and more than 500 register online.

Area Name
 Bournemouth
 Dorset
 Poole

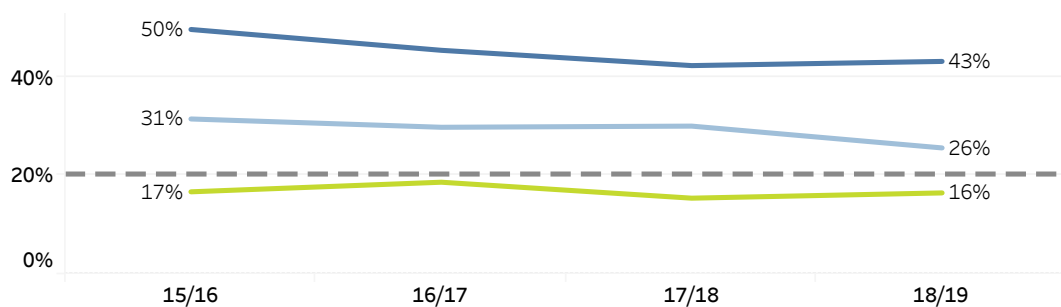
2. SCALE: Persons starting a service with LWD by pathway



Weight continues to be the most common pathway, in line with the prevalence of need in the population. The physical activity pathway has seen an increase in recent months following a performance management focus.

Pathway
 Activity
 Alcohol
 Smoking
 Weight

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

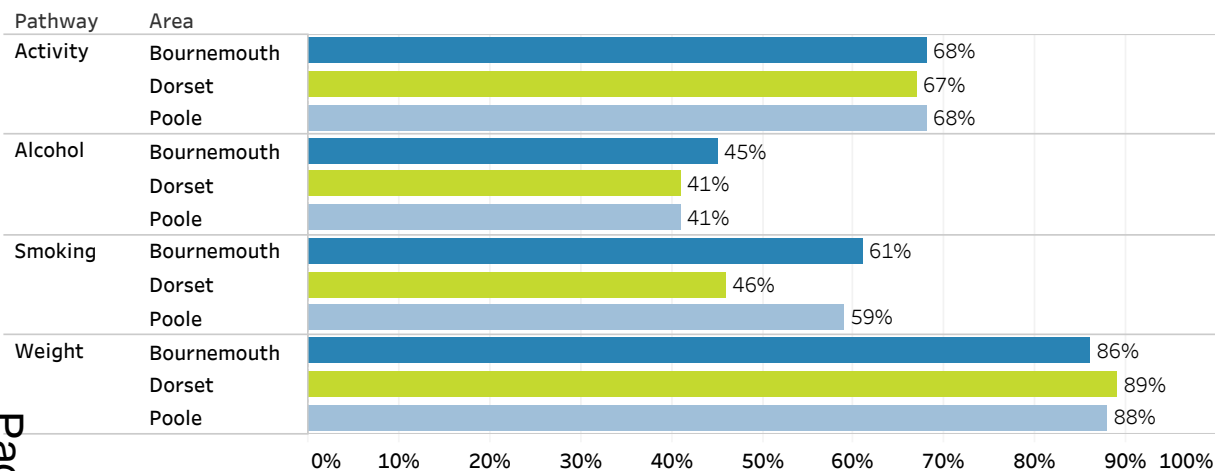


LiveWell remains effective in engaging individuals from the most deprived quintile. Overall the service engages 26% from deprived communities though this is considerably higher in Bournemouth, and to a lesser extent Poole. Much of the variation is explained by the differential distribution of deprived communities across the pan-Dorset area.

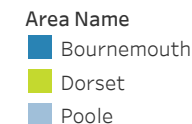
JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



4. IMPACT: Pathways activated following a positive assessment of need 2018/19

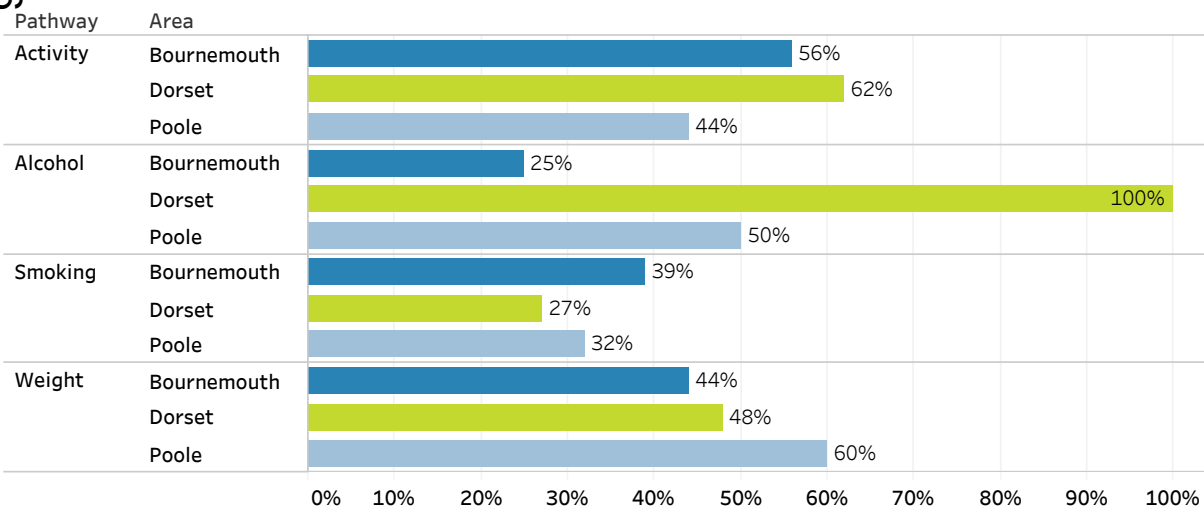


The graph provides an indication of how effective LiveWell Dorset is at engaging people who have identified risk behaviours, regardless of what brought them to the service. For example, almost 90% of people identified with a BMI of 30+ go on to activate a weight management pathway, yet only a third of people identified as smoking choose to take up a smoking cessation pathway. The findings are generally consistent across each local authority area with exception of smoking in Dorset. We will review this in line with the launch of the new smoking cessation contract.



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5. IMPACT: Positive change reported at 3 months 2018/19

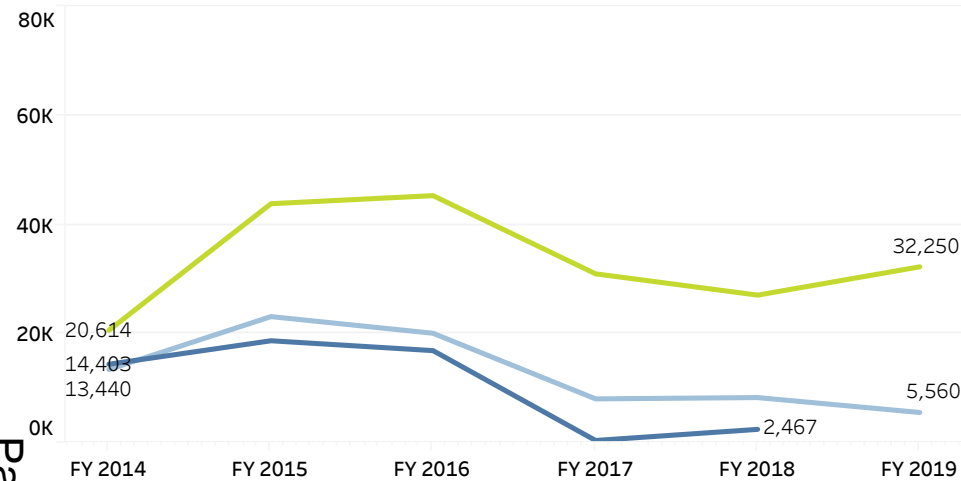


We have relatively robust data on outcomes of individuals at 3 months but more needs to be done to improve data capture at 6 and 12 months. Outcome data by pathway and local authority areas is variable with those people seeking to lose weight or wishing to become more active generally recording higher rates of positive change at 3 months. Change is defined as 5% weight loss, reduction in weekly alcohol units, increase in physical activity, and cessation of smoking.

JOINT PUBLIC HEALTH BOARD HEALTHCHECKS PERFORMANCE REPORT



1. Number of Healthchecks by local authority



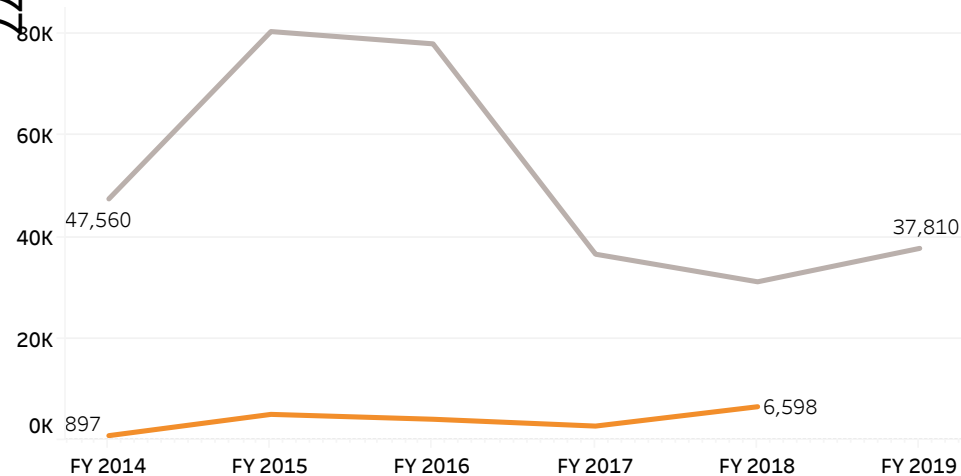
Since the start of the NHS health checks programme, annual delivery of health checks has reduced in Dorset, Bournemouth and Poole and is significantly lower than national requirements. Health checks increased initially which peaked during 2016 and has since fallen.

Area Name
■ Bournemouth
■ Dorset
■ Poole

This provided the rationale for a recommissioning of provision aimed at increasing the scale and accessibility of health check providers in the market and improving the uptake of health checks.

The impact of the new provision, which commenced in April 2019, will be evident in the second quarter of 2019/20.

2. Number of Healthchecks by location



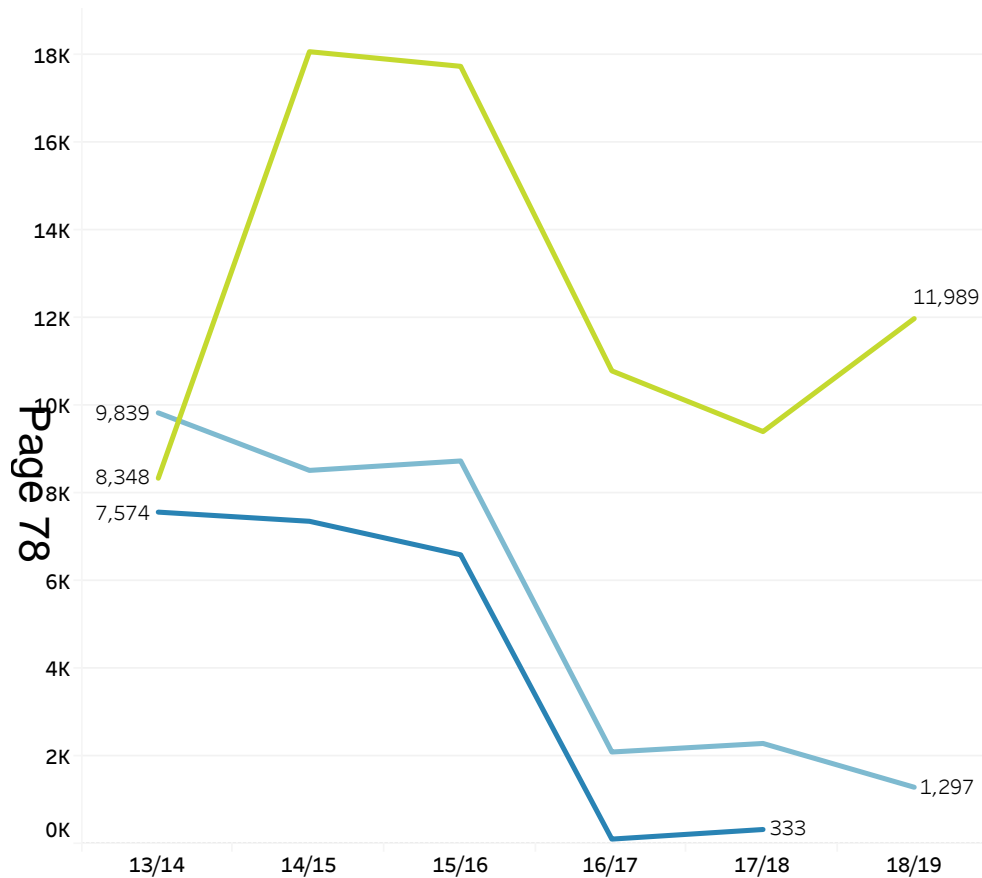
When looking at provider by location, health checks have remained higher with GP provider delivery, pharmacy delivery has remained lower but it is hoped the new contract will increase this.

Place
■ GP
■ Pharmacist

JOINT PUBLIC HEALTH BOARD HEALTHCHECKS PERFORMANCE REPORT



3. Number of Healthchecks Invites by Local Authority

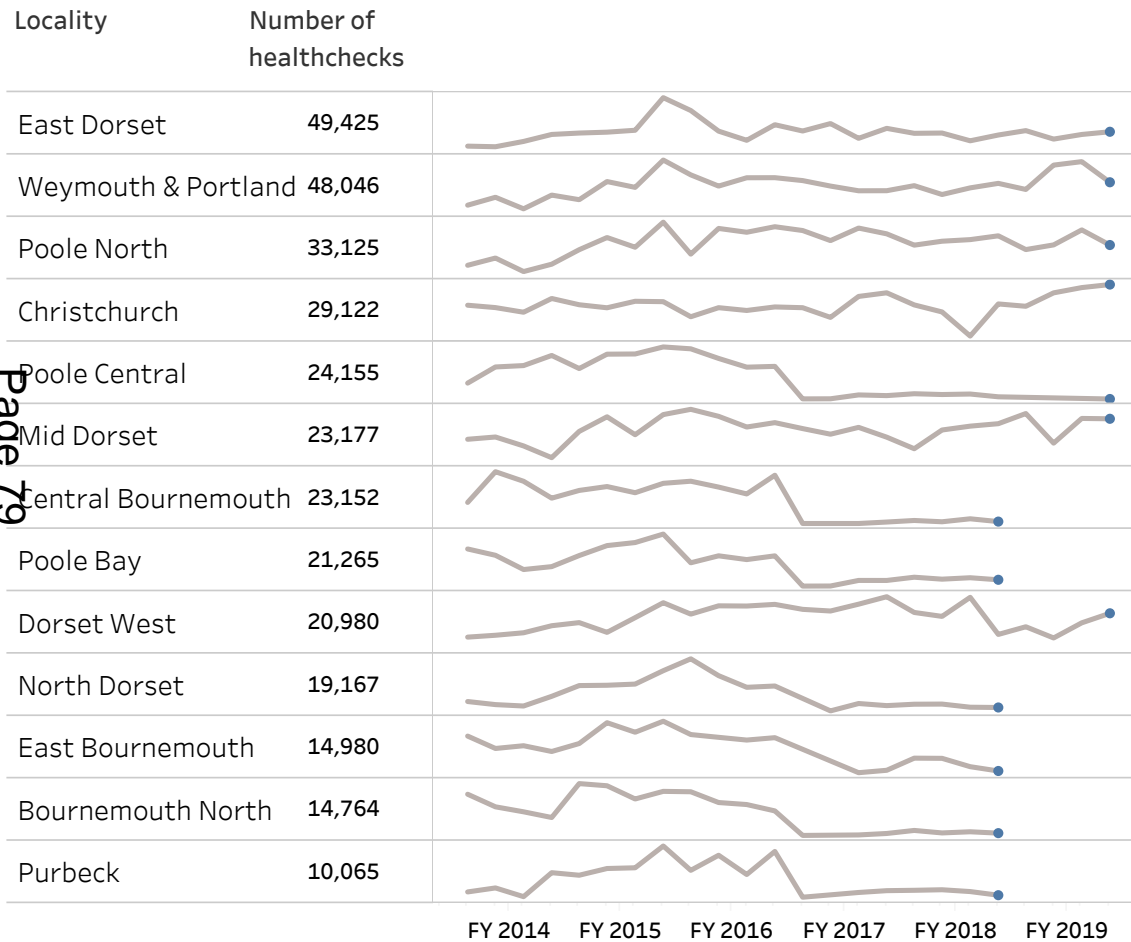


Health check invites have historically remained higher in Dorset compared to Bournemouth and Poole and this remained the case during 18/19. The new provision should result in a more equitable spread of provision.

JOINT PUBLIC HEALTH BOARD HEALTHCHECKS PERFORMANCE REPORT



4. Number of Healthchecks by Locality



When looking at health check delivery by locality, checks have been higher in East Dorset, Poole North and Weymouth and Portland and lower in North Dorset, East and North Bournemouth and Purbeck.

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**Joint Public Health Board Forward Plan
For the period JULY 2019 to FEBRUARY 2020
(publication date – 17 JUNE 2019)**

Explanatory Note:

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

Definition of Key Decisions

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

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

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

Private/Exempt Items for Decision

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

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

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Welcome Presentation	Joint Public Health Board	15 July 2019	Officers and portfolio holders from each member local authority.	N/A	Presentation	Sam Crowe
Finance report	Joint Public Health Board	15 July 2019	Officers and portfolio holders from each member local authority.	N/A	Board report	Jane Horne, Steve Hedges, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	15 July 2019	Officers and portfolio holders from each member local authority..	N/A	Board report	Stuart Burley, Jo Wilson
2019/20 Business Plan	Joint Public Health Board	15 July 2019	Officers and portfolio holders for each member local authority	N/A	Board report	Sam Crowe
Sexual Health Procurement	Joint Public Health Board	15 July 2019	Officers and portfolio holders for each member local authority	N/A	Board report	Jane Horne
Finance report	Joint Public Health Board	25 November 2019	Officers and portfolio holders from each member local authority..	N/A	Board report	Jane Horne, Steve Hedges, Anna Fresolone

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Clinical Services Performance Monitoring	Joint Public Health Board	25 November 2019	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Sophia Callaghan
Business Plan Monitoring	Joint Public Health Board	25 November 2019	Officers and portfolio holders for each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Jane Horne, Steve Hedges, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	3 February 2020	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	3 February 2020	Officers and portfolio holders for each member local authority	N/A	Board report	

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
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