



Joint Public Health Board

Date: Thursday, 20 May 2021
Time: 10.00 am
Venue: Virtual with Outside Broadcasting
Membership: (Quorum 2 – one from each Authority)
Karen Rampton, Nicola Greene, Graham Carr-Jones and Laura Miller

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

For more information about this agenda please telephone Democratic Services on 01305 or David Northover 224175 david.northover@dorsetcouncil.gov.uk



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Members of the public are invited to access this meeting with the exception of any items listed in the exempt part of this agenda.

MS Team OBS Virtual meeting – <https://youtu.be/Q-TsEV5MkzU>

Members of the public are invited to make written representations provided that they are submitted to the Democratic Services Officer no later than **8.30am on Tuesday 18 May 2021**. This must include your name, together with a summary of your comments and contain no more than 450 words.

If a Councillor who is not on the Board wishes to address the Board, they will be allowed 3 minutes to do so and will be invited to speak before the applicant or their representative provided that they have notified the Democratic Services Officer by **8.30am on Tuesday 18 May 2021**.

Please note that if you submit a representation to be read out on your behalf at the committee meeting, your name, together with a summary of your comments will be recorded in the minutes of the meeting. Please refer to the guide to public participation at committee meetings for general information about speaking at meetings included as part of this agenda (see agenda item 4 - Public Participation).

Using social media at virtual meetings

Anyone can use social media such as tweeting and blogging to report the meeting when it is open to the public.

In accordance with the decision taken by Full Council on 4 May 2021, this informal meeting will take place virtually. Decisions will be made by the appropriate officer following a 'minded to' decision by members of the Committee.

A G E N D A

Page No.

1 ELECTION OF CHAIRMAN

To elect a Chairman for the meeting from the BCP Council representatives.

2 APPOINTMENT OF VICE-CHAIRMAN

To appoint a Vice-Chairman for the meeting from the Dorset Council representatives.

3 APOLOGIES

To receive any apologies for absence.

4 DECLARATIONS OF INTEREST

To disclose any pecuniary, other registerable or personal interest as set out in the adopted Code of Conduct. In making their disclosure councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

5 PUBLIC PARTICIPATION

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

6 FORWARD PLAN

7 - 12

To consider the current Forward Plan of the Board.

7 JPHB ANNUAL REPORT 2020/21

13 - 24

To consider a report by the Director of Public Health.

8 FINANCE REPORT

25 - 34

To consider a report by the Director of Public Health.

9 HEALTH IMPROVEMENT PERFORMANCE UPDATE 35 - 56

To consider a report by the Director of Public Health.

10 PUBLIC HEALTH DORSET BUSINESS PLAN 2021/22 57 - 82

To consider the Public Health Dorset Business Plan 2021/22.

11 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.

Dorset Council

Covid-10 Pandemic – Addendum to the Guide to Public Speaking Protocol for Planning Committee meetings – effective from 29 July 2020

Due to the Covid-19 pandemic the council has had to put in place measures to enable the council's decision making processes to continue whilst keeping safe members of the public, councillors and council staff in accordance with the Government's guidance on social distancing by applying new regulations for holding committee meetings from remote locations.

The following procedures will apply to planning committee meetings until further notice, replacing where appropriate the relevant sections of the Guide to Public Speaking at Planning Committees:

1. While planning committee meetings are held remotely during the Coronavirus outbreak public participation will take the form of written statements (and not public speaking) to the Committee.

2. If you wish to make a written statement it must be no more than 450 words with no attached documents and be sent to the Democratic Services Team by 8.30am, two working days prior to the date of the Committee – **i.e. for a committee meeting on a Wednesday, written statements must be received by 8.30am on the Monday**. The deadline date and the email contact details of the relevant democratic services officer can be found on the front page of the Committee agenda. The agendas for each meeting can be found on the Dorset Council website:-

<https://moderngov.dorsetcouncil.gov.uk/mgListCommittees.aspx?bcr=1>

3. During this period the council can only accept written statements via email and you should continue to bear in mind the guidance in the public speaking guide when preparing your representation.

4. The first three statements received from members of the public for and against the application (maximum six in total) will be read out together with any statement from the town and parish council, by an officer (but not the case officer), after the case officer has presented their report and before the application is debated by members of the Committee. It may be that not all of your statement will be read out if the same point has been made by another statement and already read to the Committee. This is to align with the pre-Covid-19 protocol which limited public speaking to 15 minutes per item, although the Chairman of the Committee will retain discretion over this time period as she/he sees fit. All statements received will be circulated to the Committee members before the meeting.

5. This addendum applies to members of public (whether objecting or supporting an application), town and parish councils, planning agents and applicants. **The first three statements received from members of the public, for and against the application, (maximum six in total) will be read out, together with any statement from the Town and Parish Council, in its own right.**

6. Councillors who are not on the Planning Committee may also address the Committee for up to 3 minutes by speaking to the Committee (rather than submitting a written statement). They need to inform Democratic Services of their wish to speak at the meeting two working days before the meeting – by the 8.30 am deadline above - so those arrangements can be put in place.

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**Joint Public Health Board Forward Plan
For the period MAY 2021 – FEBRUARY 2022
(publication date – 22 APRIL 2021)**

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
Annual Review of the Joint Public Health Board (including Governance of Drug & Alcohol Services)	Joint Public Health Board	20 May 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	20 May 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services Performance Monitoring	Joint Public Health Board	20 May 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan 2021/22	Joint Public Health Board	20 May 2021	Officers and portfolio holders from each member local authority..	N/A	Presentation	Sam Crowe
Health Protection Function	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe

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Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Recovery of Prevention Services	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Nicky Cleave, Sophia Callaghan
Business Plan Monitoring	Joint Public Health Board	15 July 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Health Improvement Services	Joint Public	18 November	Officers and	N/A	Board report	Sophia Callaghan, Jo Wilson,

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
Performance Monitoring	Health Board	2021	portfolio holders from each member local authority..			Stuart Burley
Business Plan Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
Finance report	Joint Public Health Board	10 Feb 2022	Officers and portfolio holders from each member local authority	N/A	Board report	Jane Horne, Sian White, Anna Fresolone
Clinical Services Performance Monitoring	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Nicky Cleave
Business Plan Monitoring	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
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Joint Public Health Board

20 May 2021

Annual report

For Decision

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Authors: Sam Crowe
Title: Director of Public Health
Tel: 01305 225891
Email: sam.crowe@dorsetcouncil.gov.uk

Report Status: Public

Recommendations:

- Board Members are asked to review the Annual report of the shared service for 2020-21;
- In addition, Members are asked to identify any points for learning and feedback to improve how the service operates for the coming year.

Reason for Recommendation

Production of an annual report setting out the work of the shared public health service was agreed as condition of the renewed service agreement between BCP and Dorset Councils.

Members are encouraged to use this opportunity to highlight and feedback on any areas of good practice, or further development.

1. Executive Summary

- 1.1 As part of the renewed agreement for the shared service the Director of Public Health Dorset agreed to provide an annual report each year, reflecting back on the achievements of the service, and identifying any areas for development.
- 1.2 Appendix A summarises the work of the public health service in the financial year 2020/21. Board Members are asked to note that the overwhelming nature of the work was focused on the response to the coronavirus global pandemic. However, we have also identified where we were able to deliver on objectives in our annual business plan during the year.

2. Financial Implications

There are no direct financial implications arising from the annual report of the shared public health service.

3. Climate implications

No direct implications.

4. Other Implications

N/A

5. Risk Assessment

- 5.1 There are a number of risks identified from the work of the shared service during 2020/21 that will need to be monitored and mitigated during 2021/22. These are set out in detail in the report. The first is the capacity of the service to continue to provide an effective response to the pandemic, mitigated by use of non-recurrent national funding (Contain Outbreak Management Fund). The second is the need to review capacity and capability during 21/22 with the development of the Integrated Care System which will require more support from the public health service in the population health management, inequalities and strategic commissioning programmes. This is being mitigated through team re-design, temporary recruitment and reprioritising work in the annual business plan.
- 5.2 Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk:	LOW
Residual Risk:	LOW

6. Equalities Impact Assessment

An Equalities Impact Assessment is not considered necessary for this agreement.

7. Appendices

Appendix A - Public Health Dorset annual report.

8. Background Papers

None

Appendix A: Public Health Dorset Annual report 2020-21

1 Executive summary

- 1.1 The past year has been an extraordinary time for the public health team. While we have faced and responded to potential pandemics before (SARS Co-V 1, 2003, Influenza A H1N1 or 'swine flu', in 2009) this is the first time in living memory that such drastic and restrictive public health measures have been implemented globally in response to a new pathogen. What began as case reports of atypical pneumonia in China quickly built into an unprecedented series of outbreaks as the virus gained a hold in every country – a truly global crisis the extent of which we are still grappling to understand.
- 1.2 It is important to note that under the current statutory responsibilities, local public health teams working in Councils have no direct role in responding to health protection incidents. Responsibility for the control of communicable disease sits with Public Health England. However, it became clear by the start of the financial year in 2020 that local public health teams would be required to step up and over the line, to provide direct outbreak response, working closely with regional health protection teams, and health and care organisations locally through an extended Local Resilience Forum Major Incident that would run for more than a year.
- 1.3 This naturally impacted on the team's ability to provide routine business. Public health services providing face to face support were stopped, and alternative service models found. The consultants and Director were fully focused on providing health protection leadership locally – from advice and guidance on infection prevention and control, to chairing incident and outbreak management team meetings, supporting risk assessments, deploying the increasing testing capability from NHS testing, regional PCR testing, mobile PCR testing sites and eventually community lateral flow testing.
- 1.4 Enhanced surveillance was brought on-line quickly through a local EpiCell, providing near real-time modelling and forecasting of impacts on local hospital occupancy, as well as deep dives into local outbreaks to support contact tracing.
- 1.5 By the end of the first quarter, Government had announced that local Councils would lead local outbreak response through the development of local outbreak management plans – delivered through Health Protection Boards and Local outbreak engagement boards, and supported by emergency funding via the Test and Trace Grant.
- 1.6 And through all of this, the wider public health not directly involved in the health protection response were supporting colleagues in both Councils as an amazing community response was stood up to support people shielding and isolating, as well as ensuring high risk settings such as care homes were able to access vital personal protective equipment.

Appendix A: Public Health Dorset Annual report 2020-21

- 1.7 By the autumn of 2020, after a lull in infection rates over the summer, we were then hit by the most serious wave yet which saw two national lockdowns. Throughout this time, the shift from Government-led to local-led response continued, and the public health team and local Councils took on more and more responsibility through the Contain strategy, supported by more emergency funding.
- 1.8 By the end of the year, March 2021, the local public health system had pretty much transformed the local response to outbreaks, through regional co-ordination of effort, supported by Government. This meant greater access and insights from surveillance data, local contact tracing teams under each Council following up the bulk of the positive cases locally, reducing time to contact, substantial testing capacity including for asymptomatic lateral flow testing, a significant communications and behavioural insights operation spanning the Integrated Care System partners, and two local outbreak engagement boards, not to mention the co-ordination of outbreak response via a dedicated day response and out of hours team, and a dedicated health protection board, meeting weekly and providing vital situational intelligence to the Strategic co-ordinating group of the local resilience forum effort.
- 1.9 The threat may have receded as we enter 2021-22, partly due to the success of the local vaccination programme. However, the risk remains, and the public health team continues to work on coronavirus in the background, preparing for responding to new variants of concern, ensure surge testing capability, and ongoing work to ensure high risk settings can respond quickly to any new cases and limit the spread. Further details can be found in the refreshed local outbreak management plan. For a sense of the scale and impact of the pandemic on the population, and our local public health response, please see the Business Plan for 2021-22 which has a summary of the impact.
- 1.10 The remainder of this annual report summarises some of the other work the team has done during 2020-21 based on the headings in our previous business plan, for 2019-20.

2 Prevention and partnership working

Integrated Care System

- 2.1 The Director of Public Health has been supporting the development of the Integrated Care System through 2020-21, mainly as an active member of the Systems Partnership Board. The Board has developed a new vision, and refreshed system priorities – now identified as recovery and inequalities. Public Health Dorset is also supporting the senior responsible officer for the health inequalities programme, Patricia Miller, through provision of consultant in public health support to develop a strategy for system partners.

Dorset system wellbeing offer

Appendix A: Public Health Dorset Annual report 2020-21

- 2.2 The team has continued its prevention at scale work on improving public mental health, through supporting the development of a wellbeing offer for all employees working for health and care organisations. This was focused on meeting the needs of those working on the frontline as the health and care system responded to coronavirus during 2020-21. As well as providing access to help and support, the offer was also provided to employees working in nursing and residential care homes, recognising the huge strain they were under.

Health and Wellbeing Strategy development

- 2.3 Public Health Dorset supported the development, design and publication of two Joint Health and Wellbeing Strategies for the Health and Wellbeing Boards, working closely with partners, during 2020-21. The team is also playing an active part in delivery of some of the priorities particularly the access to food partnership work in BCP Council, and the development of a physical activity strategy for Dorset, working with Active Dorset.

Suicide prevention

- 2.4 During 2020-21 the public health team working closely with Dorset CCG continued to lead the system multi-agency group for suicide prevention and have supported BCP Council with the development and approval of its first suicide prevention plan. During the year the work to establish a real time surveillance system for suicide attempts was completed, and the team also continued to support the British Transport Police 'gold' group on railway associated suicides.

Health inequalities

- 2.5 In January 2021 the public health team took on additional responsibilities to increase awareness of the health inequalities agenda and support organisations in the Dorset Integrated Care System supporting the ICS programme. While much of the prevention at scale work was focused on areas and populations with poorer health outcomes, the Dorset system agreed a new top-level priority around health inequalities, with a new programme led by Patricia Millar, chief executive of Dorset County Hospital. Public health is providing consultant support to the programme, which includes work to develop a strategy, supported by several insights workshops which the intelligence team have been facilitating.

Appendix A: Public Health Dorset Annual report 2020-21

Public health services

LiveWell Dorset

- 2.6 Over the course of the last financial year LiveWell Dorset welcomed 4,432 new people into the service, a lower number than the previous year but not surprising as access to weight management groups, leisure services and pharmacies was limited. In response LWD launched new variations to its core offer including a 5 Ways to Wellbeing Virtual Challenge (normally offered as a classroom course) which saw a sign up of over 2,000 people.
- 2.7 Overall, 714 people stopped smoking using an enhanced LWD offer which included NRT and e-cigarettes sent direct to clients' homes, supported by digital coaching. In addition to this the training team delivered online sessions to 1,800 people across the Integrated Care System. Virtual interactions and support have been increasing in popularity over the year, in April 2020 our website saw around 12,000 hits per month and by November 2020 that figure increased to just under 20,000. Our closed Facebook group, 'Our LiveWell', also saw a rise in members and we now have over 3,000 people choosing to engage in this peer-to-peer support group.

Sexual Health

- 2.8 The Integrated Sexual Health and HIV Service was retendered by public health and NHS England/Improvement with the new service commencing in October 2020. This followed an extensive staff engagement programme, which was handled well, with many transferring staff starting with a new employer, in new premises, using new systems on day 1 without any major glitches. This was all achieved under the continued pressure of the pandemic. The service has mobilised effectively over the past 6 months, with objectives on track and comprehensive contract management processes in place. As services return to normal they are considering which quality assurance measures and service improvements will need to be prioritised to improve delivery and embed approaches to prevention for young people and vulnerable groups.
- 2.9 Sexual health services continued during the pandemic by adapting their delivery model, using remote working and more online provision. Throughout the pandemic, Dorset Healthcare as the lead provider, changed the service offer based on a combination of national guidance and consultation with the commissioner. Changes were based on 'essential only', 'step-down' and 'full service' offers, in response to guidance changes. The public was kept informed of the main service changes through active social media messaging.

Children and Young People's Public Health Service

Appendix A: Public Health Dorset Annual report 2020-21

- 2.10 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. The Children and Young People's Public Health Service has continued to work closely with partners to identify and respond to families' advice and support needs, including through face-to-face and digital visits. New Baby reviews were prioritised during the pandemic. In a service user review of Health Visiting, 94 per cent of respondents reported that the service they received was either very good or good.
- 2.11 The Service has focused on 4 key outcomes specifically including progress on:
- A pilot for smoking cessation through Health Visiting is being rolled out across Dorset, with additional practitioners trained in behaviour change techniques.
 - For Peri-natal mental health additional mental health champions, ParentTalk sessions including with Dads; and training of extra practitioners in Video Interaction Guidance (VIG) has had demonstrable improvements for participants, significantly on improving attachment.
 - Joint action planning and work with Active Dorset to promote and embed physical activity with school age children, including the Active Lives survey.
 - The Chat Health web-based text offer for middle and secondary age children has responded to over 2,770 contacts, predominantly providing advice on emotional health and wellbeing. The next step includes developing a similar model for parents of children 0-5 years, enhancing the Healthy Child offer.

Community Health Improvement Services (CHIS)

- 2.12 During the peak of the pandemic, a number of community health improvement services were interrupted, and significant changes had to be made in response to [national guidance](#), revised opening hours, social distancing measures, staff absences and the prioritisation of essential services in March 2020. Emergency contraception and long-acting reversible contraception services continued where possible, using telephone consultation and collection services. Smoking cessation services could not be provided face to face, but most providers managed to continue service delivery using remote consultation and or referring to LiveWell Dorset for telephone-based behavioural support.
- 2.13 Needle exchange services continued through specialist services and pharmacies, via contactless provision. Because of the reduction in supervised consumption of methadone in line with Public Health England guidance, typical activity contracted for through pharmacies was lower - pharmacy payments have been adjusted accordingly to ensure access is maintained. All CHIS services have now stepped back up in terms of delivery, apart from NHS Health Checks.

NHS Health Checks

Appendix A: Public Health Dorset Annual report 2020-21

- 2.14 The mandatory NHS Health Check programme was paused in line with guidance on non-essential face to face service delivery during the pandemic, and the subsequent focus on the vaccine rollout in pharmacy and primary care settings has also meant non-delivery of the service this year. Public Health England have stated that there will be no scrutiny of health check delivery this year. Councils are being encouraged to consider alternative models of delivery when making future decisions about provision. As the Integrated Care System (ICS) develops there is an opportunity to work with partners to develop a shared approach to a new local delivery model, particularly linking with the health inequalities national priority.

Drug and Alcohol services

- 2.15 At the November 2020 meeting of the Joint Public Health Board, members considered a paper presenting the proposal for BCP Council commissioners to take on the core responsibility for the commissioning of drug and alcohol services for BPC Council.
- 2.16 Most of the contracts for drug and alcohol services held by Public Health Dorset on behalf of BCP Council were novated from the beginning of April 2021 and there is now agreement on the transfer of financial resource to reflect the change in responsibilities. The only contracts relevant to BCP Council which remain with Public Health Dorset are the contracts with pharmacies for needle exchange and supervised consumption. Public Health Dorset continues to commission all services for drugs and alcohol for both adults and young people on behalf of Dorset Council.

3 Enabling services – communications, resources, intelligence

- 3.1 Our supporting services have played a vital role in the past year in helping the public health team adapt quickly to a rapidly changing emergency. Communications has been at the heart of our local response, with the head of communications chairing the LRF Warning and Informing group, and the wider comms team linking with both Councils and Our Dorset ICS organisations to ensure consistent, timely public health messaging. This included a range of approaches – from regular social media updates on infection rates, linking through into our publicly available interactive dashboards, to regular video content with key public health messaging. Longer term communications and engagement work was established through the Trusted Voices network and regular bulletins – working with local communities to build trusted communications. We recruited an academic partner and professor of social marketing from the University of Western England to lead the development of content informed by behavioural insights – and this programme will run over the next year to continue to support prevention of COVID-19 infections in our communities.

Appendix A: Public Health Dorset Annual report 2020-21

- 3.2 Use of our resources and organising our capacity to respond has been a constant theme as the pandemic continued. We have developed a dedicated day response team to handle incidents and COVID-19 enquiries, provided surge capacity to Public Health England's regional health protection team, developed an out of hours consultant rota for responding to COVID-19, and recruited short term capacity to support the testing cell, health protection board, and our core team so that we are more resilient and responsive. As local outbreak management plans became a national requirement, the team has assumed responsibility for working with both Councils on the allocation of almost £20M additional funding through the test and trace grant and Contain Outbreak Management Funds for 2020-21.
- 3.3 During the year we also renewed the shared services agreement for Public Health Dorset which had been in place since transfer of public health responsibility to Councils in 2013, but which needed updating following local government re-organisation. We also embarked on a significant piece of internal work to look at our future team structure, capacity and capability to consider how we will be able to provide an ongoing health protection function, as well as prepare to take on new responsibilities from the Integrated Care System.

Appendix A: Public Health Dorset Annual report 2020-21

Learning and development

- 3.4 Much of the learning and development in the past year was connected to health protection, and the COVID-19 response, with many of the public health team undergoing rapid training to enable them to support the regional health protection team, and our own local incidents. The intelligence team has undergone significant development during the year, as they developed local dashboards and analytical products to support incident response and contact tracing. As well as this, they developed and ran an ongoing modelling capability via a multi-agency EpiCell. Data science approaches were used to develop new ways of displaying infections and contacts, through visualisation and cluster analysis tools.

4 Risks and challenges

- 4.1 Risks and challenges from the past year have been recognised and are actively being managed through our risk register, and business planning for 2021-22. The key risks are in relation to the capacity required to provide health protection support, as the public health system changes once more. This is being mitigated by use of non-recurrent Contain funding to increase capacity short term. There remains an ongoing risk of capacity constraints to provide enough support to the system as the Integrated Care System develops, namely consultants working on the health care public health agenda. This is being managed through the business planning process for 2021-22, and through negotiation with partners to manage expectations.

5 Conclusion

- 5.1 The Joint Public Health Board is asked to note this annual report of the business of the public health team, in line with the shared service agreement. Although it has been a challenging year, and we were unable to progress many of the priorities in the business plan for 2020-21, we hope that the report provides Members with enough oversight and assurance that the team endeavoured to deliver as far as possible against their statutory responsibilities, provide essential public health services in line with Government guidance at the time, and above all protect and respond to the health threats arising from this unprecedented pandemic.

Sam Crowe

Director of Public Health

May 2021

Joint Public Health Board

20 May 2021

Finance Update

Choose an item.

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

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

Report Status: Public

Recommendation:

The Joint Public Health Board is asked to:

- Support the recommendation in 4.2 around governance of decision making for drug and alcohol services, and monitoring of performance
- approve Appendix 2, which will form an updated financial annex to the shared services partnership agreement for 2021/22 and gives a budget for the shared service of £25.036M
- approve an extension of the current REACH contract for a further year until the end of October 2023

Reason for Recommendation:

The public health grant is ring-fenced, and all spend against it must comply with the necessary grant conditions and be signed off by both the Chief Executive or Section 151 Officer and the Director of Public Health for each local authority.

The public health shared service delivers public health services across Dorset Council (DC) and BCP Council. The service works closely with both Councils and partners to deliver the mandatory public health functions and services, and a range of health and wellbeing initiatives. Each council also provides a range of

other services with public health impact and retains a portion of the grant to support this in different ways.

At the November 2020 meeting the Board approved a continued shared service partnership agreement, and a financial annex was agreed at the February 2021 meeting, setting out the agreed contributions to the public health service. On 16 March the public health allocations were published, resulting in a change to the grants and hence the contributions.

This will support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

1. Executive Summary

- 1.1. This report provides a regular update on the use of each council's grant for public health, including the budget for the shared service Public Health Dorset, and the other elements of grant used within each council outside of the public health shared service.
- 1.2. The final outturn for the Public Health Dorset 20/21 budget, after £1M was returned to local authorities in 2020/21, was £27.742M, against a budget of £28.748M. Reserves now stand at £1.940M. More detail can be seen in the report and appendix 1.
- 1.3. Grant allocations for public health were published 16 March and included an uplift. This provided the opportunity to meet the original commitment of £1M to be retained by Councils in 2021/22 for investment in public health outside of the shared service. Agreement has also been reached on the financial impact of the shift of BCP drug and alcohol contracts. This means a change in the recommended contributions for each local authority, which are set out in Appendix 2 for approval. This will form the revised financial annex to the shared service partnership agreement for 2021/22. The public health ring-fenced conditions apply equally to these elements of the grant and the use of the Grant in each council outside of the shared service will continue to be monitored through the JPHB.
- 1.4. The opening revenue budget for Public Health Dorset in 21/22 is £25.036M. There will continue to be COVID-19 impacts throughout 21/22, with financial impacts remaining hard to gauge, however a first provisional forecast is included in appendix 1 and shows a potential overspend.
- 1.5. Plans in support of COVID-19 local outbreak management plans are developed through the COVID-19 Health Protection Board, chaired by the Director of Public Health. Additional funding from the Test and Trace Grant and Contain Outbreak Management Fund (COMF) to support these plans are overseen by each local authority. Some of the additional costs to the

shared service in supporting this work are met through these additional funds.

- 1.6. The current contract with REACH for the Dorset Council area is due to expire at the end of October 2022. Taking the current context and advice from procurement into account it is recommended that this is extended to the end of October 2023.

2. Financial Implications

- 2.1. The shared service model was developed to enable money and resources to be used efficiently and effectively, whilst retained elements allow for flexibility for local priorities.

3. Climate implications

- 3.1. Public Health Dorset supports a range of work that will have impacts on climate change, and some of this work has seen massive change through the COVID-19 period.

4. Other Implications

- 4.1. Public Health Dorset delivers mandated public health functions on behalf of both Dorset Council and BCP Council. With the novation of contracts for drug and alcohol services back to BCP Council there is a need to agree how the governance of those public health functions that are not shared is managed.
- 4.2. The recommendation following discussion between officers in Public Health Dorset and BCP Council is that member-led decision making about drug and alcohol services is picked up by the relevant committees within each of the two local authorities, but that the Joint Public Health Board continues to receive a performance report for drug and alcohol services in both Dorset Council and BCP Council at every other meeting as it has done for some time. This will enable the Director of Public Health and Board to be assured about the performance of services, in line with the statutory responsibility.

5. Risk Assessment

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

Current Risk: MEDIUM
Residual Risk: MEDIUM

6. Equalities Impact Assessment

- 6.1. This is a monitoring report therefore EqIA is not applicable.

7. Appendices

Appendix 1. Finance Tables May 2021

Appendix 2. Amended Financial contributions to shared service 21/22

8. Background Papers

Previous finance reports to the Board

[Public health grants to local authorities: 2021 to 2022 - GOV.UK](#)

www.gov.uk), published 16 March 2021

[Shared Service Partnership agreement November 2020](#)

9. Final Out-turn 20/21 Public Health Dorset Budget

- 9.1. The public health grant for 2020/21 for BCP council was £19.766M and for Dorset council was £14.072M. Agreed local authority contributions for 2020/21 gave a shared service budget of £28.748M.
- 9.2. Final outturn was £27.742M, after £1M of anticipated underspend was returned to local authorities in 2020/21. The remaining £1M underspend has been added to reserves.
- 9.3. COVID-19 meant it was difficult to provide an accurate forecast through the year. Changes in the outturn compared to previous forecast reflect:
- Very limited recovery of activity within our community health improvement services
 - Greater pick up of additional public health team COVID response costs through COMF funding
 - Some additional costs around mental health support to the Dorset system.

10. Reserve position

- 10.1. The overall reserve position now stands at £1.940M. This is made up of £443k PAS committed reserves and £1.497M uncommitted reserves.
- 10.2. Indicative plans for the PAS reserves were agreed in 19/20 for delivery as part of the Public Health Dorset 2020/21 business plan. However, due to the impact of COVID these plans progressed more slowly and were funded through underspends in related budgets. An initial estimate of costs has been included within the forecast without draw down of reserves at this stage for.
- Work on tobacco control for vulnerable groups, including e-cigarettes

- Digital enhancements to the Health Improvement offer
 - Suicide prevention work.
- 10.3. At the last Board meeting there was agreement that around £340k of uncommitted reserves could be used for kick-starting our Community Health Improvement services post-COVID. Work continues to understand most appropriate timing and use of these funds as well as original PAS plans.
- 10.4. Current understanding of the additional Contain Outbreak Management Funding is that this must be spent within 21/22. However, some of the additional costs within the team that are currently funded through the COMF may need to continue into 22/23. The uncommitted reserves will provide a contingency to cover any ongoing spend in 22/23, more information will be provided as the likely impact becomes clear.
- 11. 21/22 Grant Allocation and Public Health Dorset Budget**
- 11.1. Grant allocations for public health in 21/22 were published on 16 March and showed an uplift to each local authority, in part to cover costs of PrEP (pre-exposure prophylaxis treatment for HIV) funding within sexual health services. The grant for BCP is £20.053M, an uplift of £287k, and for DC is £14.214M, an uplift of £142k.
- 11.2. The impact of the move of BCP drug and alcohol contracts to BCP as the sole commissioner has been agreed, and results in a reduction in the BCP contribution to Public Health Dorset of £3.140M.
- 11.3. Together these changes mean that the financial annex to the shared service partnership agreement needed to be revised. This also provided the opportunity to meet the original commitment in both Council Medium Term Financial Plans of £1M to be retained by Councils for investment in public health outside of the shared service, rather than the £616k agreed at the last Board. The recommended contributions for each local authority are set out in Appendix 2, which will form the revised financial annex to the shared service partnership agreement for 2021/22.
- 11.4. This provides an opening budget for the shared service of £25.037M. Budgets have been changed to reflect:
- Clinical Treatment Services - changes in D& A commissioning, agenda for change impacts
 - Early Intervention 0-19 - agenda for change impacts
 - Health Improvement - small changes due to weight management changes, plus an income target for work with external organisations
 - Health Protection - unchanged

- Public Health Intelligence - baseline budget, assumption any additional project work will be met through income (e.g. COMF)
- Resilience and Inequalities - baseline budget, assume any additional project work will be met through PAS reserves or other income
- Public Health Team - includes a balancing figure to ensure overall budget matches the shared service budget (around -£500k).

11.5. Initial forecasts indicate there may be potential risk of an overspend. This assumes:

- a return to 19/20 activity levels for most activity-based contracts
- NHS Health Checks spend approx. £250k
- full year effect of national Agenda for Change pay agreements from 20/21
- spend on PrEP as additional cost within Sexual Health contract
- ongoing team costs due to COVID response – work continues to separate these out where possible so that they can be met through COMF funding.

Extension to the REACH drug and alcohol service contract

11.6. The current contract with REACH for all age drug and alcohol services for Dorset has been in place since November 2017 and the contract is due to expire at the end of October 2022. In planning for recommissioning, the following factors have been considered:

- the service offer continues to be disrupted by the pandemic because of the limitations on providing face to face appointments
- separate grant money received from PHE to each local authority focuses on improving outcomes for those who are homeless and those within the criminal justice system, and is being invested in the REACH service for project work this year
- the performance of the current contract is good, with no immediate cost pressures
- there are planned national changes to procurement law in relation to health services as part of the creation of Integrated Care Systems. To date it is not clear whether this will also apply to health services commissioned by local authorities from non-NHS providers
- any recommissioning exercise has a significant impact on the service and the staff working within the service due to the uncertainties it generates.

11.7. Having considered the above context and discussed with procurement colleagues, Public Health Dorset recommends an extension to the existing

contract for a further year until the end of October 2023. This would provide ongoing stability for the service which we believe is in the best interests of service users particularly given the disruptions of the last year and will allow the service to focus on the effective delivery of the anticipated service improvements funded through the additional grant money.

12. Grant allocation retained by the Local Authorities 21/22

- 12.1. Alongside the shared public health service, each council also provides a range of other services with public health impact and retains a portion of the grant to support this in different ways. The public health ring-fenced conditions apply equally to the whole grant and is therefore also covered in this report.
- 12.2. BCP council will retain £8.112M in 21/22. Based on their use of retained grant in 20/21 and the shift in drugs and alcohol contracts, this will be set against the following budget areas in their medium-term financial plan:
- Drugs and alcohol services for adults and children (£4.981M). This now covers the whole of BCP drug and alcohol commissioning.
 - Children's centres and early help (£2.494M) and early intervention around 'adolescent risk' agenda (£20k).
 - A central overheads element – (£117k, 2.7% of total retained grant).
 - Additional £500k recurrent, use still to be determined.
- 12.3. Dorset Council will retain £1.117M in 21/22. Within Dorset Council this is set against the following budget areas
- Community safety (£170k). This supports the Dorset Council Community Safety team, including some of the work that they deliver on behalf of both councils.
 - Community development work (£333k). Previously the POPPs service, this supports community development workers across Dorset with building community capacity, but also has a specific focus on supporting vulnerable individuals who have suffered from or are at risk of financial scams.
 - Children's early intervention (£114k). This includes support around Teenage Pregnancy, and work through HomeStart.
 - Additional £500k recurrent, use is still to be determined.

Footnote:

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

Appendix 1. Finance Tables May 2021

Table 1. 20/21 Final Outturn

2020/21	Budget 2020-2021	Outturn 2020-2021	Over/underspend 2020/21
Public Health Function			
Clinical Treatment Services	£11,859,000	£10,831,738	£1,027,262
Early Intervention 0-19	£11,185,000	£11,164,000	£21,000
Health Improvement	£2,646,703	£1,689,359	£957,344
Health Protection	£35,500	£58,812	-£23,312
Public Health Intelligence	£180,000	£143,524	£36,477
Resilience and Inequalities	£313,368	£225,203	£88,165
Public Health Team	£2,553,425	£2,630,127	-£76,702
Underspend to BCP		£532,000	-£532,000
Underpsend to DC		£468,000	-£468,000
Total	£28,772,996	£27,742,762	£1,030,234

Table 2. Public Health Reserves

Opening balance at 1st April 2020	£910,600
Underspend at 31st March 2021	£1,030,234
Total amount in reserve at 31st March 2021	£1,940,834
Public Health Dorset commitment to STP/PAS costs	£443,000
Uncommitted amount in reserve at 1st April 2021	£1,497,834
Total	£1,940,834

Table 3. Opening budget and provisional forecast 2021/22

2021/22	Budget 2021-2022	Forecast outturn 2021-2022	Forecast over/underspend 2021/22
Public Health Function			
Clinical Treatment Services	£8,929,500	£8,888,411	£41,089
Early Intervention 0-19	£11,248,000	£11,288,000	-£40,000
Health Improvement	£2,515,000	£2,251,050	£263,950
Health Protection	£35,500	£62,260	-£26,760
Public Health Intelligence	£120,000	£97,700	£22,300
Resilience and Inequalities	£80,000	£23,070	£56,930
Public Health Team	£2,108,891	£2,986,733	-£841,374
Total	£25,036,891	£25,597,224	-£523,865

Appendix 2. Financial contributions to shared service 2021/22

Table 1. Proposed Partner contributions 21/22

2021/22	BCP	Dorset	Total
	£	£	£
2021/22 Grant Allocation	20,052,506	14,214,073	34,266,579
Less retained amounts -historic (20/21)	-4,472,100	-617,400	-5,089,500
- BCP drug and alcohol shift	-3,140,188		-3,140,188
-MTFP commitment	-500,000	-500,000	-1,000,000
Joint Service Budget Partner Contributions	11,940,218	13,596,673	25,036,891
Public Health Dorset Budget 2021/22			£25,036,891

Joint Public Health Board Health Improvement Services – Performance Update 20 May 2021 Annual report

For Recommendation to Council

Portfolio Holder: Cllr L Miller, Adult Social Care and Health, Dorset Council
Cllr N Greene, Covid Resilience, Schools and Skills,
Bournemouth, Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sophia Callaghan, Stuart Burley and Joanne Wilson
Title: Public Health Consultant, Head of Programmes (LWD) and Head
of Programmes (Children & Young People)
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Report Status: Public

Recommendation: This paper provides a high-level summary of current performance for health improvement services commissioned and or provided by Public Health Dorset on behalf of both Councils. 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 and the services developments due to the impact of COVID.

Reason for Recommendation: To update the Joint Public Health Board and to note performance, and ensure that Councils have oversight of the mandated public health services provided through the ring-fenced Public Health Grant.

1. 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, and service developments in light of COVID, with supporting data in appendices.

2. Financial Implications

Services considered within this paper are commissioned from the recurrent Public Health Dorset shared service 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. The contract for the new CYPPHS has a performance-related element linked with outcomes (from October 2019 onwards). Monitoring of performance ensures that we achieve maximum value from these contracts.

3. Climate implications

N/A

4. Other Implications

N/A

5. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

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

7. Appendices

Appendix 1: LiveWell Dorset, Weight Management and Smoking
Cessation performance report

Appendix 2: Community Health Improvement Services performance report

8. Background Papers

None

Background

This report provides an overview of health improvement services for adults, and children and young people's (0-19) services. Alongside this the Board will also receive regular updates against the 2021/22 Business Plan to monitor progress against agreed deliverables.

Health Improvement Services

1 LiveWell Dorset

- 1.1 LiveWell Dorset (LWD) 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.
- 1.2 The dashboard in the Appendix provides activity performance for this year, which has reduced during 2020/21 due to the restrictions. There were 4,435 clients registering over the course of the year. This is largely driven by a 50% reduction in the numbers registering to access support for weight loss, physical activity and alcohol reduction.
- 1.3 However, the number of clients registering for smoking cessation support remained steady throughout 2020/21, with Q4 seeing the highest number of clients engage with the smoking pathway in one quarter to date (592 people activating the smoking pathway). Engagement with the service continues to be primarily through the digital platform. Most individuals reporting outcomes at 3 months continue to report positive change – ranging from 56% stopping smoking to 89% reducing their alcohol intake. The weight loss pathway has had a smaller proportion make positive changes (22%).
- 1.4 As a result of COVID-19, the LWD service offer changed during 2020/21. Our most popular offer of in-person weight loss groups paused, and switched to online, and in-person smoking cessation also paused. As a result, LWD made some changes to the service offer and this year they launched:
 - The smoking pathway, including 1:1 behavioural support from coaches alongside the provision of free Nicotine Replacement Therapy.
 - The isolation and physical activity directory, in partnership with Active Dorset, a list of resources and tools highlighting ways and opportunities to be active within the home during isolation.

- The Advisor + offer. Clients are offered an extended 30- minute appointment with an experienced Wellness Advisor, to explore in more detail what the client wants to change.
- Online wellbeing support and training and health MOTs
- The Five Ways Challenge based upon the 5 ways to wellbeing, to encourage people to look after their mental health during lockdown.

LiveWell Dorset and Wellbeing during COVID-19

- 1.5 This year LWD team have prioritised converting the wellbeing training offer to an interactive yet digital delivery, which was focussed on a COVID-19 response for workers across the county's helplines. As business as usual returns, the offer is for the whole ICS workforce, providing regular wellbeing training reaching 1800 delegates in 12 months and creating a network of over 100 Wellbeing Champions across the system.
- 1.6 In terms of engagement, LWD has reached 1/3rd of the Allied Health Professional (AHP) workforce, as part of a public health programme, which builds prevention conversations and signposting to LWD into all AHP services.
- 1.7 LWD has supported Dorset's new CARED smoking pathway and continue to partner with the CCG to ensure hard to reach groups such as Learning Disability cohorts and those with Severe Mental Illness have equitable access to LWD. LWD commercial team have grown their network substantially, supporting businesses with staff wellbeing through furlough and the return to work.

2 Weight management

- 2.1 Having a high body mass index (BMI) is a leading cause of morbidity in England. The proportion of adults in the population that are overweight and or obese has risen to over 60 per cent in recent years and is projected to continue to grow in line with national trends. Locally, weight loss services are delivered by two national providers, Slimming World and Weight Watchers, with access managed by Live Well Dorset for behaviour change support before taking up the service.
- 2.2 The Tier 2 Weight Management service has continued throughout the pandemic with adapted methods, including digital-only self-serve offers, virtual group sessions and express weigh-ins, with offerings tweaked to reflect changing guidelines. Some of these formats will continue to be available as alternative options for clients as well as contingency offers, to improve access for people.

Demand for the services has been greatly reduced during the pandemic. We hope it will increase again as face-to-face group delivery reopens in line with current guidance.

3 Health Checks

- 3.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This year the programme has ceased delivery since the start of the COVID-19 pandemic, as the focus has been on the vaccine rollout in pharmacy and primary care settings. PHE have highlighted that there will be no scrutiny of NHS HC delivery this year. Councils are encouraged to consider alternative models of delivery when making future decisions about provision, due to the COVID-19 impact.
- 3.2 Primary Care forms 90 per cent of the delivery capacity and the current requirement model for a 30-minute face to face intervention needs to be re-examined to ensure safe activity.
- 3.3 The Integrated Care System (ICS) is considering a Health Inequalities priority moving forward and therefore there is an opportunity to target specific cohorts of residents through enhanced invitation. PHE is currently reorganising and health improvement details has yet to be formalised, however NHS HC is increasingly being cited in prevention documents and a review report is expected in May.
- 3.4 This will give PHD time this year to review and develop the restart programme, with the opportunity to work with ICS partners, once they have established, as a system. This will enable a shared approach to develop a local NHS HC delivery model, that is in line with emerging government guidance, addresses local priorities and ensures a programme that is delivered using COVID-19 safe ways of working.

4 Other Community Health Improvement services

4.1 Emergency Hormonal Contraception (EHC)

The EHC service followed the expected trajectory of a decrease in activity in April and May as pharmacy providers adapted to COVID-19. Activity levels have since improved and followed a similar pattern to 2019/20 but with less EHC provided. This is likely to be indicative of a shift in population behaviours in response to the pandemic and a decrease in demand, as opposed to issues with provider delivery.

4.2 Long-Acting Reversible Contraception (LARC)

LARC has been another priority service for [continued delivery](#) that we anticipated would be affected by COVID-19 measures. Given the nature of LARC procedures and inability to socially distance, we were not surprised to see significantly lower levels of activity in quarter one. Following engagement with providers, we understand that none of our LARC providers have paused provision and this has been reflected by an increase in activity compared with quarter one which is now similar to the same period in 2019/20.

4.3 Smoking Cessation

Stop smoking services have been impacted by COVID and subsequent restrictions. Most of our commissioned providers have continued service delivery and reported quit rates for 2021 (31%) are only marginally lower than 2020 (34%). Smoking cessation enrolments by locality remain lower in 2021 than the previous year. The inclusion of support by LiveWell Dorset has provided additional resilience for the local stop smoking offer.

4.4 Needle Exchange

Local needle exchange provision has been offered through two routes: specialist services and community-based locations (typically pharmacies). Commissioners are keen to ensure there remains access to needle exchange, and the use of pharmacy-based needle exchange is dependent on the choice of service users. PHD continues to monitor activity and consult with pharmacies, specialist services and people who use drugs to ensure that the offer is accessible and appropriate.

4.5 Supervised Consumption

Prior to COVID-19, most people receiving opioid substitution treatment (OST) took their medication under supervision in community pharmacy. Supervision helps ensure people are taking precisely the prescribed dose of medication and allows regular checks by a trained professional to help ensure they are responding well to treatment and assess other safeguarding risks.

In-line with [PHE guidance](#), in March 2020, supervision consumption requirements were reviewed and often reduced, where this was considered safe. These metrics have seen no significant change, despite a considerable shift in supervision arrangements. In January 2020, 63% of those who were prescribed methadone in BCP were on regular supervision, whereas this is now closer to 30%. Therefore, the activity seen by pharmacies is considerably less than previously and is likely to continue at this level.

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

5.1 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.

6 Update on the service and outcomes during the Covid-19 Period

- 6.1 During the initial lockdown (April 20) the Service followed the National Community Services Guidance and made a stratified offer to families based on assessed level of need. Families with higher level complex needs and those where child protection was a concern were prioritised for face to face contact, where appropriate home visits continues. The Service worked closely with partners to identify and respond to increased need and previously unidentified need. To ensure families had the advice and support they needed, the Service promoted how to contact the local Duty Hubs and digital support pages on the Service website.
- 6.2 New baby reviews were prioritised and offered to all families through a mix of face to face and virtual contact. This is a critical review being the first time the Service would assess an infant in the first few days of life. Any family assessed at the review or through multiagency discussions, as having higher level needs were prioritised for further contact.
- 6.3 For older school aged children and young people, the Service maintained the Chat Health web-based text offer; between October 2019 and September 2020 (Year 1), 2,770 messages were received by the service and 3,083 messages were sent. From February 2020, the service saw surges in enquiries regarding emotional health and wellbeing and worries regarding Covid-19 and school closures. The service continues to provide invaluable access to confidential information and advice, with a further 1,211 messages responded to between October 2020 and March 2021.
- 6.4 School readiness is a priority outcome for the service and Public Health Dorset agreed that this would be the focus of post-lockdown catch up activity. Staff continue to make significant efforts and have achieved an 89.2% catch up to date for the 2-2.5-year-old assessment as of January 2021. Catch up in school entry hearing screening continues, noting impact from the recent school closures.
- 6.5 Learning and reflection regarding Service offers during the initial and subsequent lockdowns identified good opportunities to consolidate partnership working and information sharing to support the most vulnerable families and the Service also

accelerated the digital offer within the contract ambition. To ensure these offers are acceptable to families the Service has undertaken a service user survey. The SMS survey (Oct 20 -March 21) of families accessing Health Visiting services noted 94% of respondents reported that the service they received was either very good or good and where the appointment was offered using Attend Anywhere, 97% of respondents rated their experience of their video appointment as either very good or good. Comments noted; reduced travel and parking concerns for appointments; the personal contact and inclusion of partners; opportunity to see a home environment not just at a clinic and good communication to access digital appointments. There were some concerns with connectivity and call quality and some parents report preferring a in person face to face appointment.

- 6.6 In line with the removal of national guidance and intelligence from service users, staff and local partnerships, the Service was able to maintain a more extensive offer during the recent lockdown. The Service has provided increased face to face assessment, in conjunction with the use of full PPE and wellness screening of families, and increased use of video consultation. The Service continues to monitor the uptake of these offers to families. As restrictions are lifted the Service continues to build back Universal offers and work towards improving priority outcomes (PbR), in line with the agree implementation plans within the contract.
- 6.7 The Service continues to manage staff sickness, isolation and accrued annual leave through robust business continuity plans, to protect services for vulnerable families are protected when these are enacted. Close partnership working has been a strength of the COVID-19 period and regular locality based practitioner and leadership liaison play a key role in ensuring multi-agency practice in the identification of and response to family needs including hidden harm and its effects: for example domestic abuse and child exploitation.

6.8 Key Performance Data

Indicator	BCP		Dorset	
	Oct-Dec 20	Jan – Mar 21	Oct-Dec 20	Jan – Mar 21
% of mothers receiving a first face to face antenatal contact with a Health Visitor	97%	97%	95%	95%
% of all births that receive a face to face NBV within 14 days by a Health Visitor	93%	91%	92%	89%
% of children who received a 6-8-week review by the time they were 8 weeks	94%	92%	93%	89%
% of children who received a 12-month review by age 12 months	8%	27%	25%	37%
% of children who received a 12-month review by age 15 months	5%	9%	26%	26%
% of children who received a 2-2½ year review by age 2½	90%	92%	89%	83%
% of children due 2-2½ year review for whom ASQ-3 is completed as part of review	97%	97%	98%	98%
% of children who received a 2-2½ year review using ASQ-3 who were at or above the expected level in all five domains	82%	89%	82%	80%

7 Conclusion and recommendations

- 7.1 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 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 and the programme developments due to the impact of COVID.

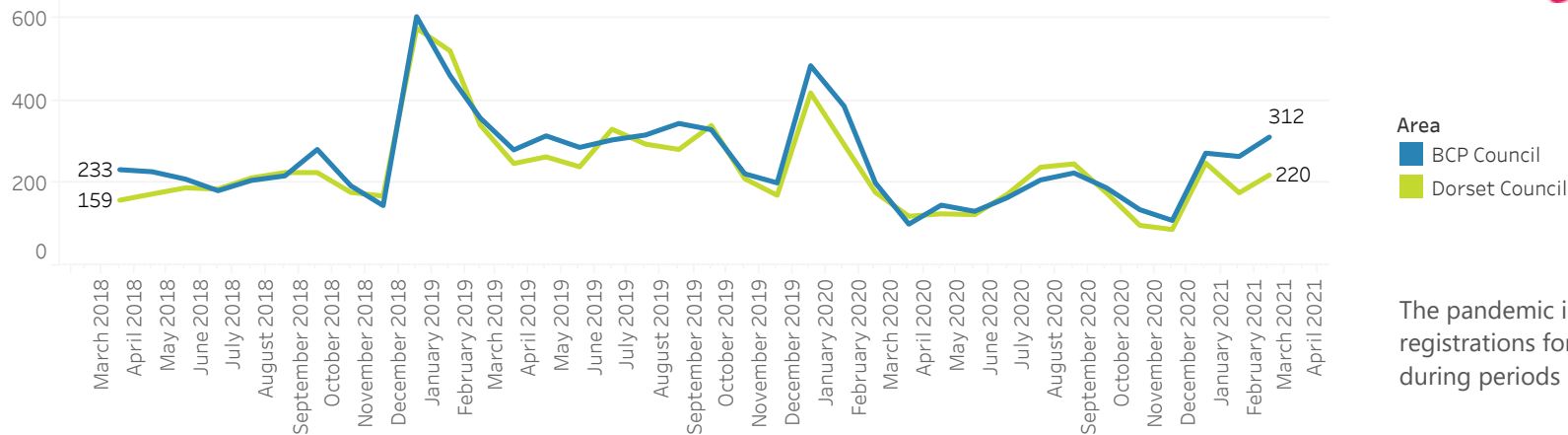
Sam Crowe
Director of Public Health

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JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



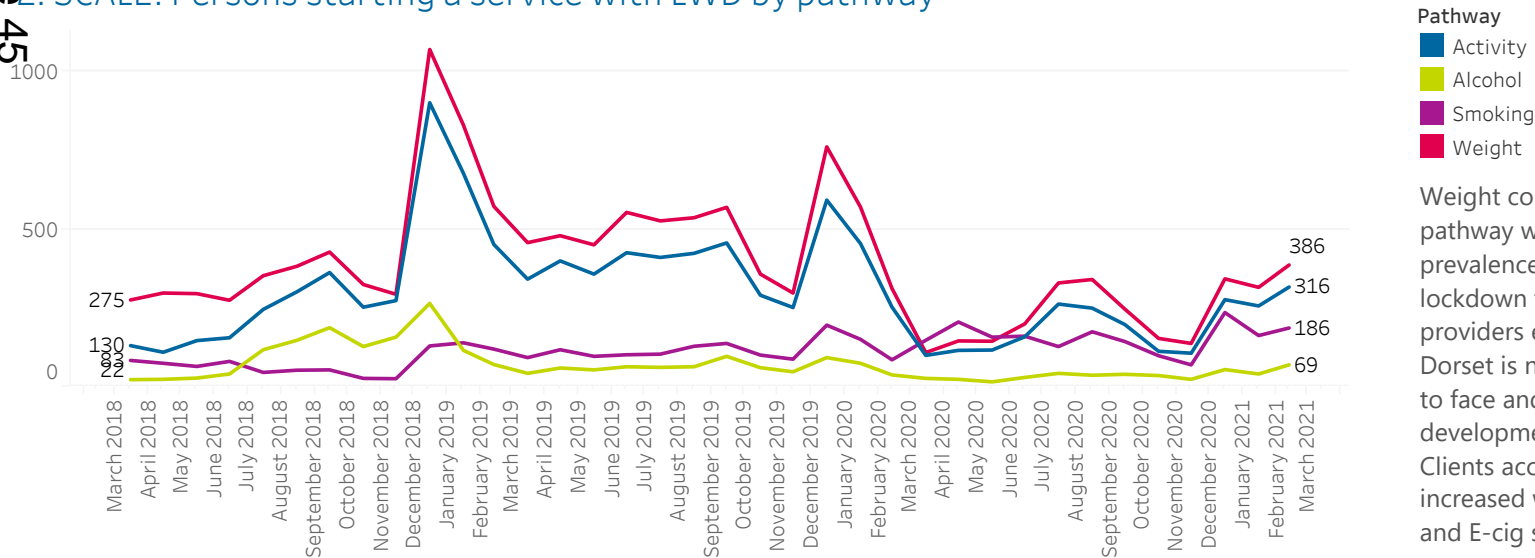
1. SCALE: Number of persons starting a service with LWD



The pandemic in 2020 saw a drop in registrations for LiveWell Dorset, especially during periods of greater restrictions.

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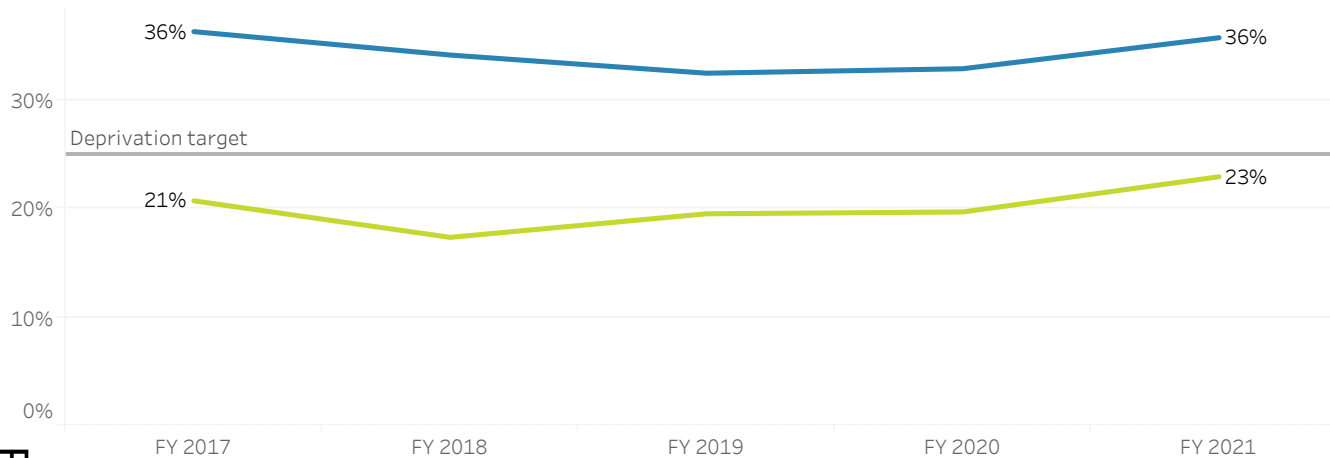
2. SCALE: Persons starting a service with LWD by pathway



Weight continues to be the most common pathway which reflects the level of local prevalence and need. Although in the first lockdown this took a drop while weight loss providers established virtual offers. LiveWell Dorset is now in a position to offer both face to face and online provision due to the developments within the 12 months. Clients accessing the smoking pathway has increased with the introduction of the NRT and E-cig support through LiveWell Dorset.

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT

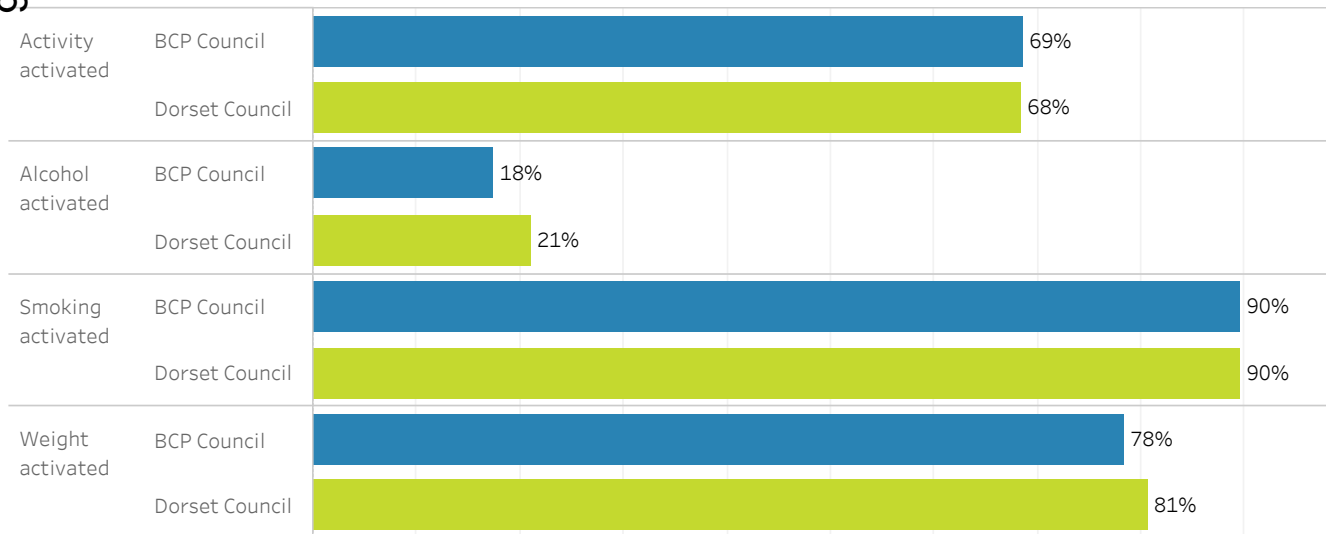
3. REACH: Percentage of persons starting with LWD living in most deprived quintile



Area
 ■ BCP Council
 ■ Dorset Council

LiveWell Dorset continues to engage a disproportionately high percentage of people living in deprived communities. This is far higher in BCP where a larger number of people are living in more deprived communities.

4. IMPACT: Pathways activated following a positive assessment of need 2020/21

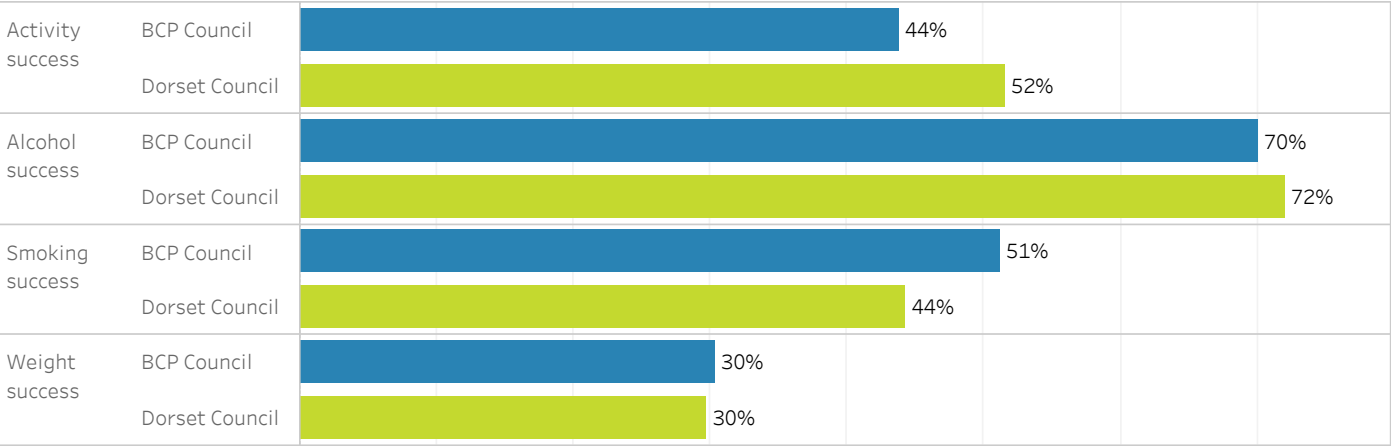


Area
 ■ BCP Council
 ■ Dorset Council

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. 90% of people who have a BMI of 30+ are subsequently starting a weight management pathway whereas around 20% of people who drink too much go on to activate an alcohol pathway (an increase from 15% in 2018/19). The general trends are consistent across BCP and Dorset Council.

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT

5. IMPACT: Positive change reported at 3 months 2020/21



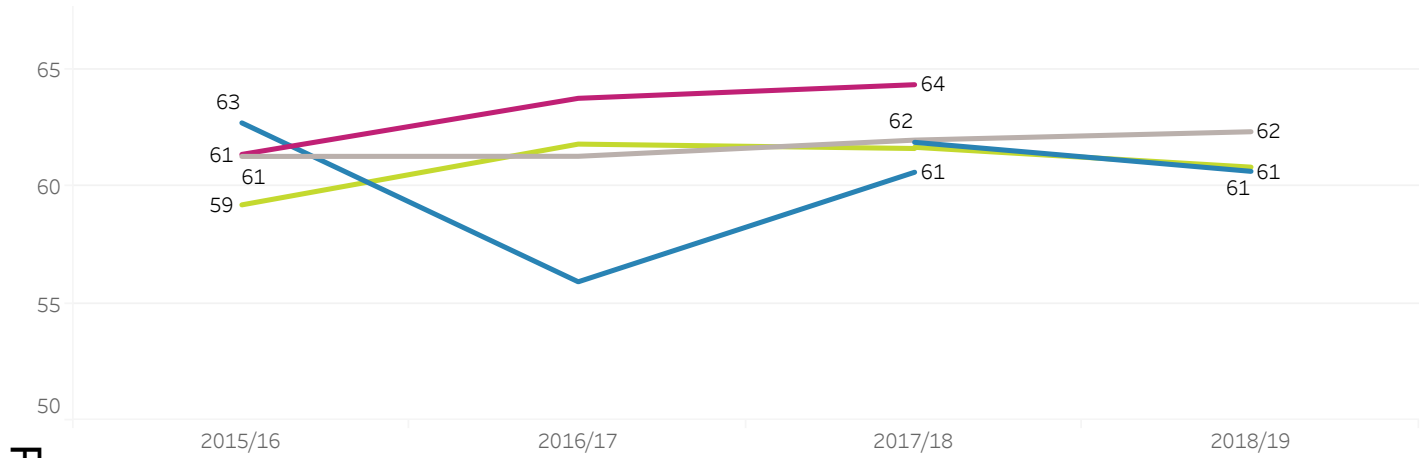
Area
BCP Council
Dorset Council

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. Outcomes are broadly similar for BCP and Dorset Council with the gap between the two in smoking cessation has narrowed. Weight management pathway success is higher than shown here when including data from weight management providers.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



1. PREVALENCE: Percentage of adults overweight or obese*

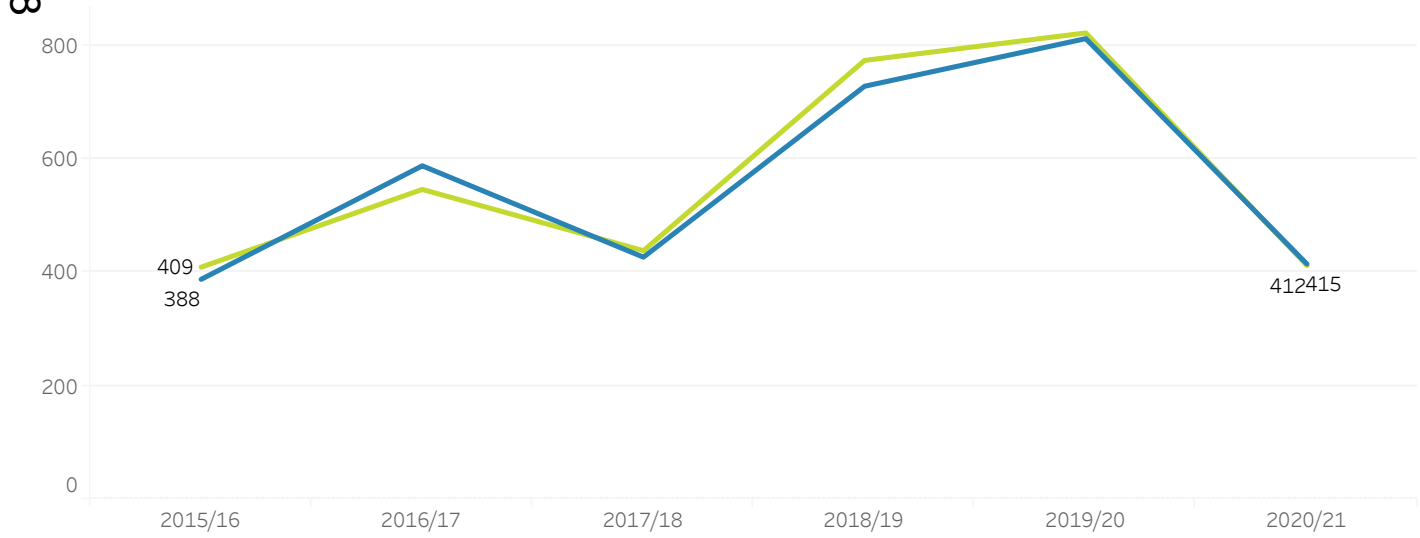


Area

- BCP Council
- Dorset Council
- England
- Poole
- Bournemouth
- Dorset

Over 60% of the population are overweight or obese. This has gradually increased over the past 5 years both nationally, locally 2018/19 is showing a slight decrease.

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



Area

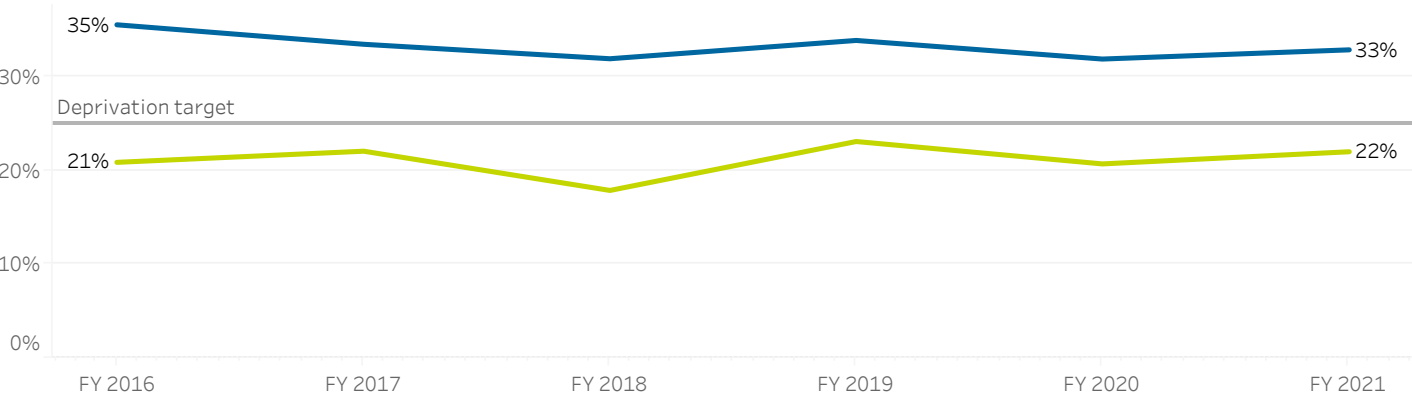
- BCP Council
- Dorset Council

Take-up of weight management services has increased in 2019 compared with previous years, however this was most notably impacted by the pandemic and 2020/21 saw a significant decrease.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



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

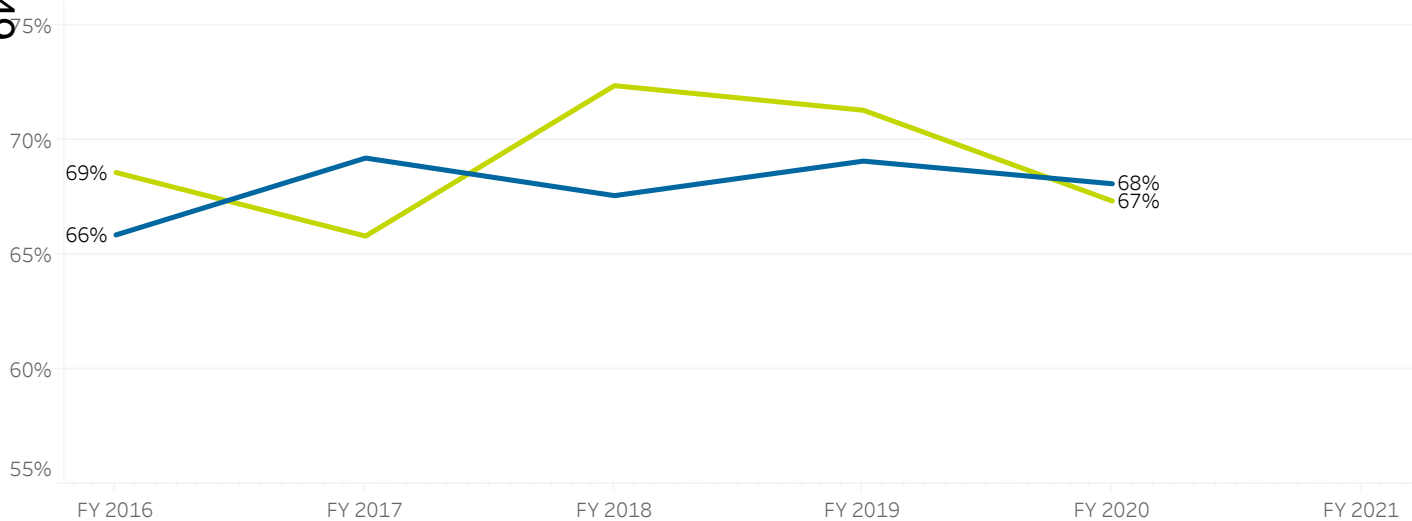


Area
BCP Council
Dorset Council

Across Dorset weight management services are engaging a disproportionately high percentage of people living in deprived communities. This is particularly marked in BCP given the greater number of deprived areas.

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4. IMPACT: Percentage achieving target 5% weight loss**



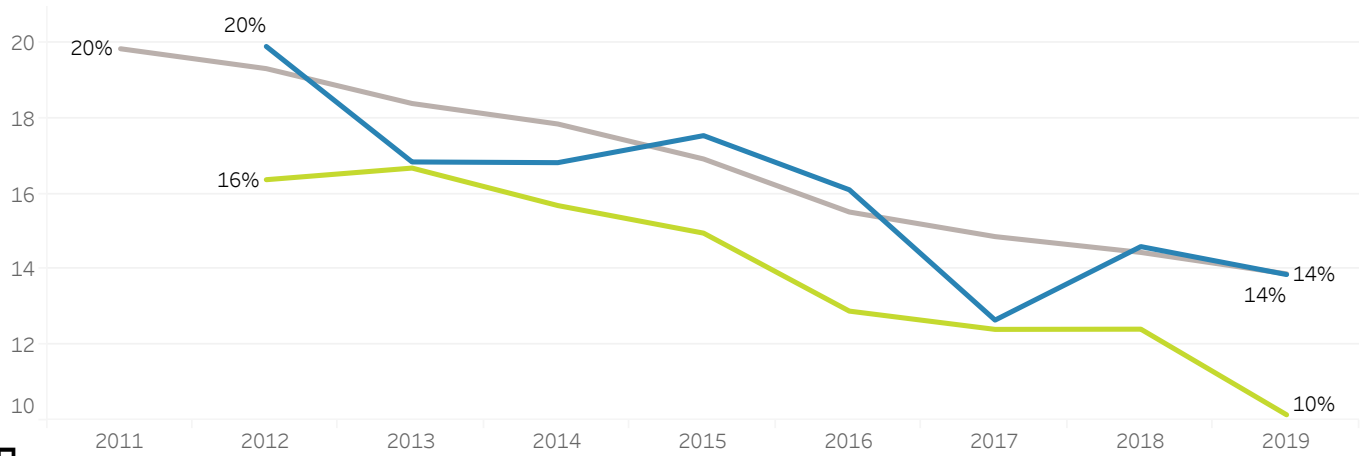
Area
BCP Council
Dorset Council

Due to recent changes in weight management provisions and data sources the latest information from weight loss providers is currently unavailable.

JOINT PUBLIC HEALTH BOARD SMOKING CESSATION PERFORMANCE REPORT



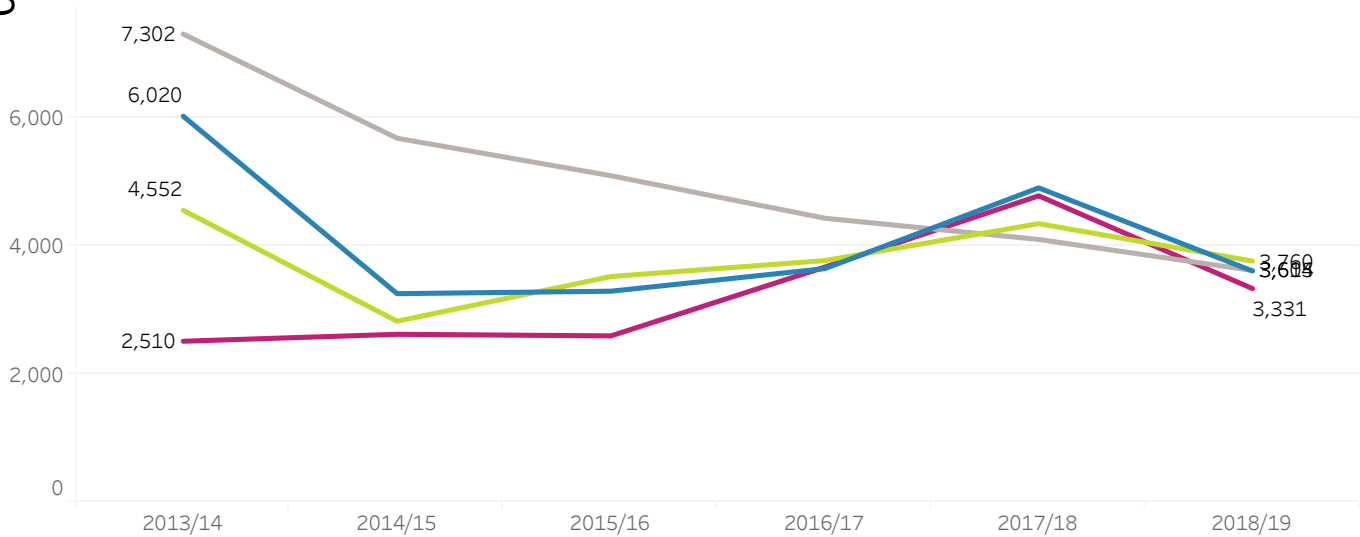
1. PREVALENCE: Percentage of adults smoking*



Area
BCP Council
Dorset Council
England

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

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



Area
Bournemouth
Dorset
England
Poole

There has been a fall in the number of smokers accessing cessation services in 2019, in line with the decline in smoking prevalence.

JOINT PUBLIC HEALTH BOARD SMOKING CESSATION PERFORMANCE REPORT



3. REACH: Percentage in smoking cessation services living in the most deprived quintile 2020/21**

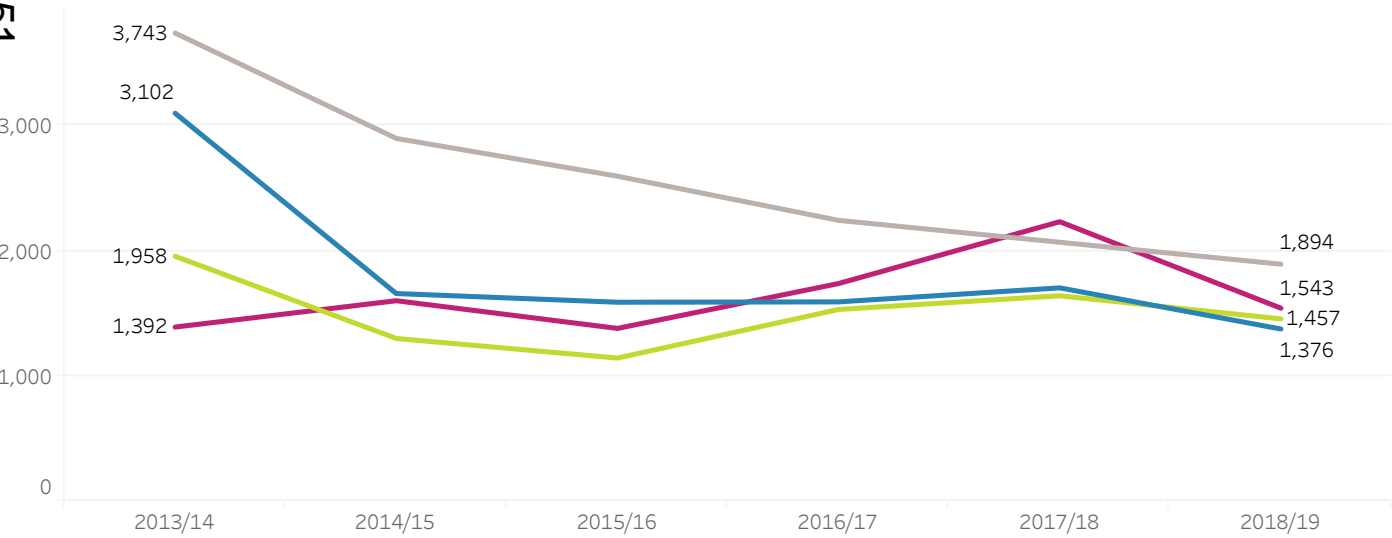


AreaName
BCP Council
Dorset Council

NRT and E-cig support was established within LiveWell dorset on 2020/21, with a high engagement from deprived communities, where smoking prevalenc..

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



AreaName
Bournemouth
Dorset
England
Poole

There has been a small decrease in the number of smokers quitting in 2019. This is in line with the declining overall prevalence of smoking prevalence and the drop in the number of people starting a quit attempt.

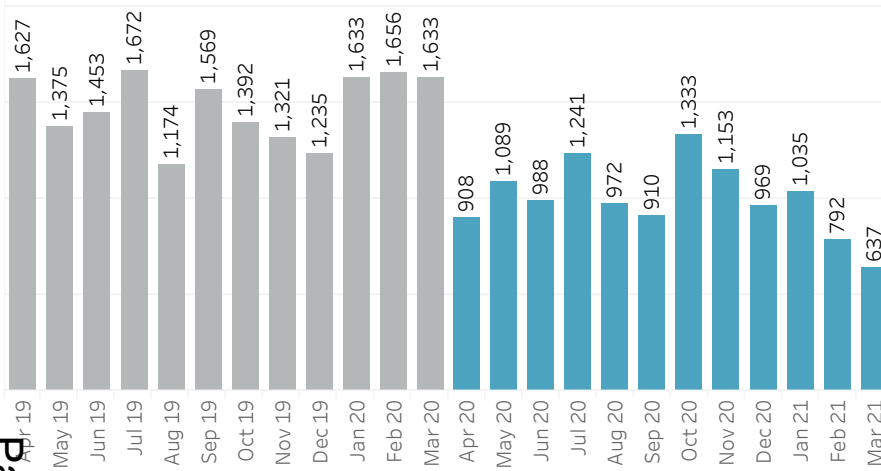
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JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

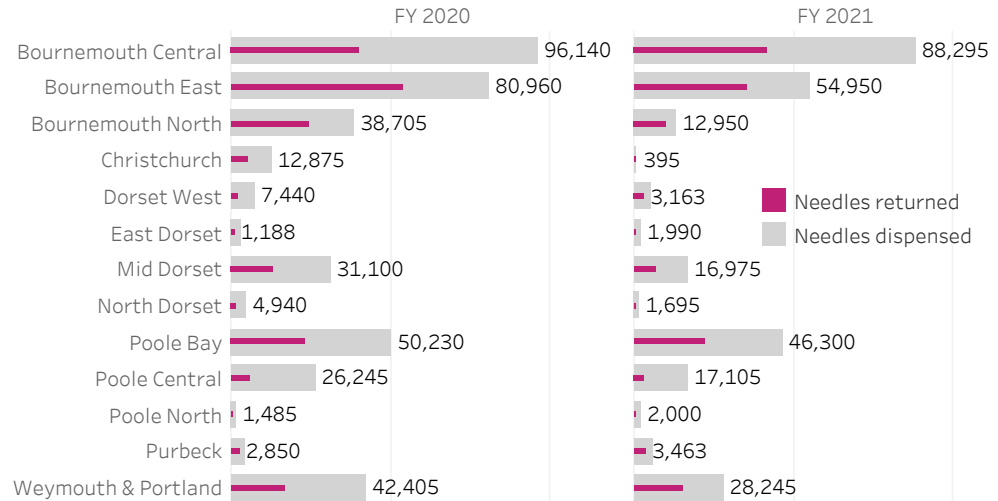
May 2021



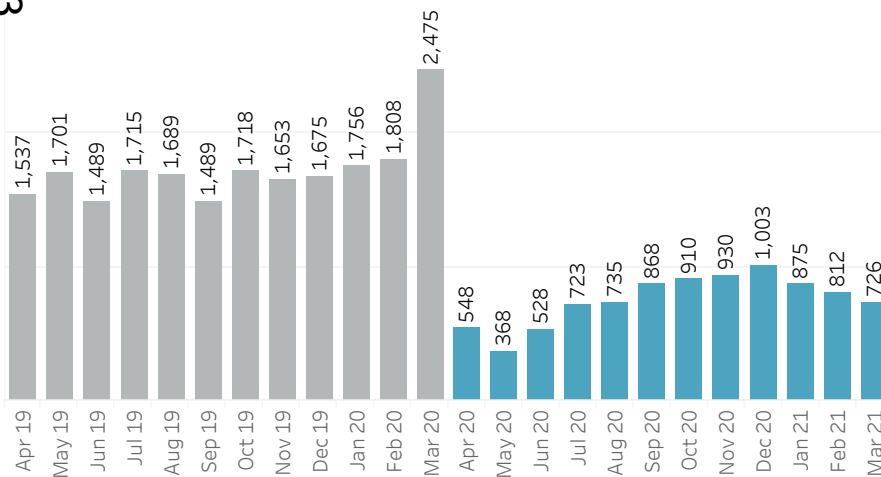
Needle Exchange Interactions by month



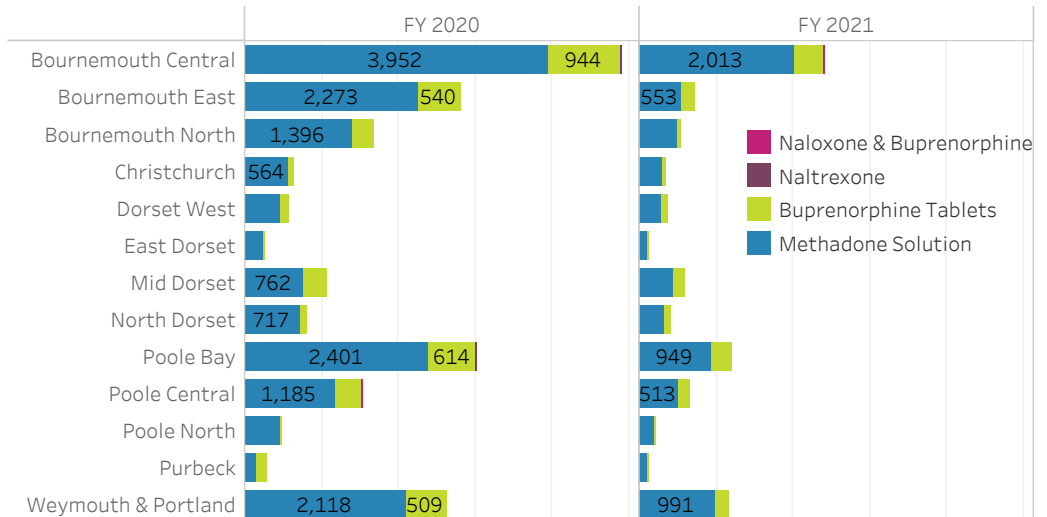
Needles dispensed and returned by Locality 2019-20 and 2020-21



Supervised Consumption Interactions by month



Supervisions and drug type by Locality 2019-20 and 2020-21

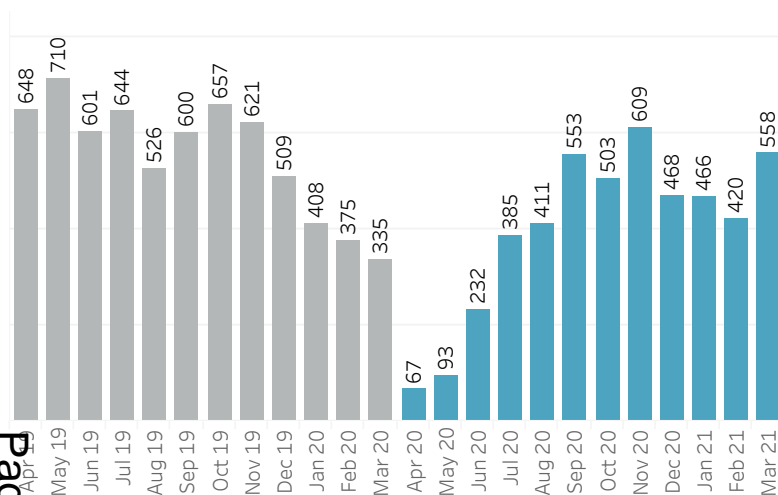


JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

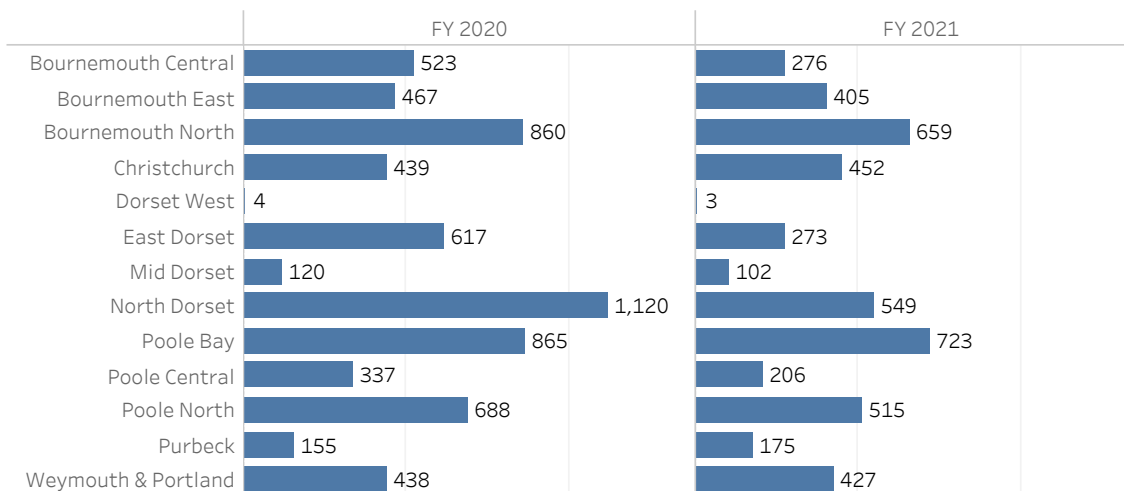
May 2021



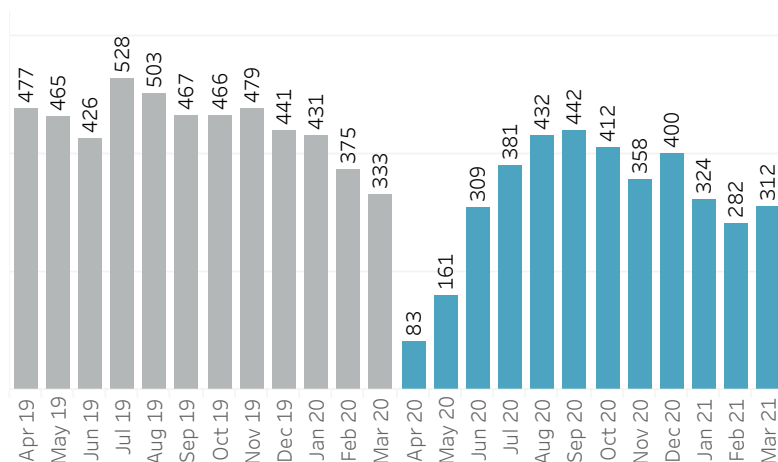
No. of LARC procedures per month



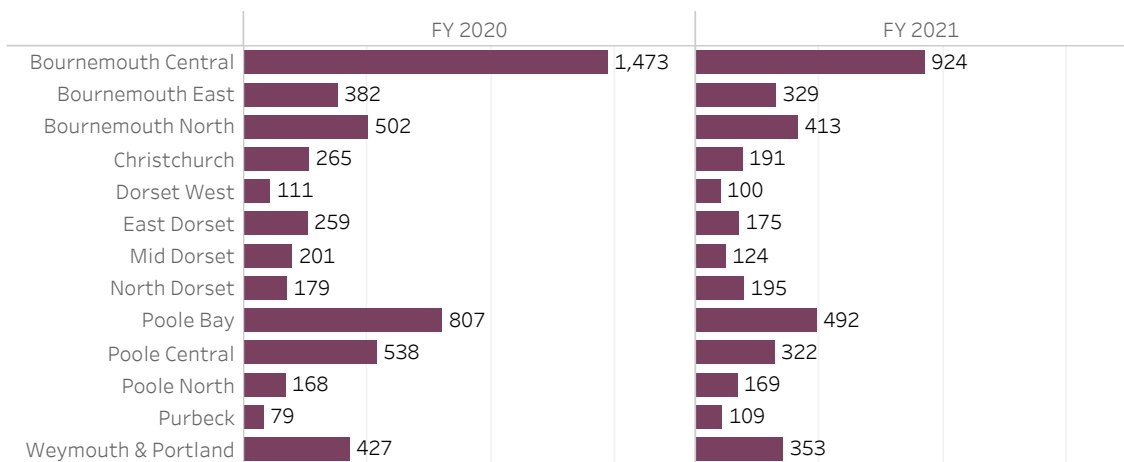
No. of LARC procedures delivered by locality 2019-20 and 2020-21



No. of EHC consultations per month



No. of EHC consultations by locality 2019-20 and 2020-21

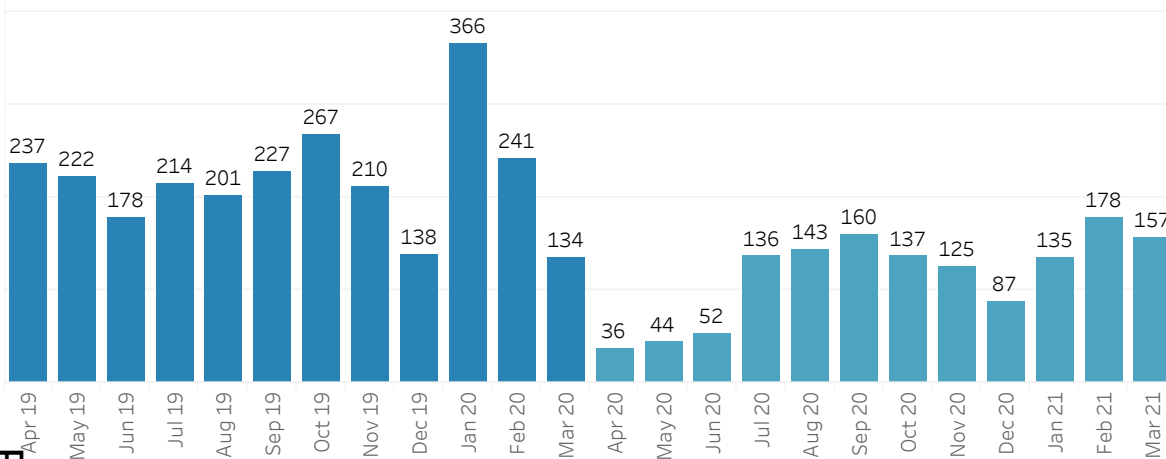


JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

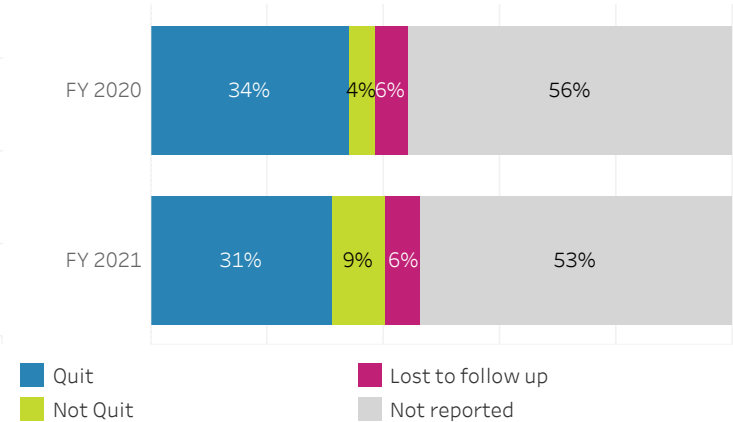
May 2021



No. of smoking cessation enrolments per month

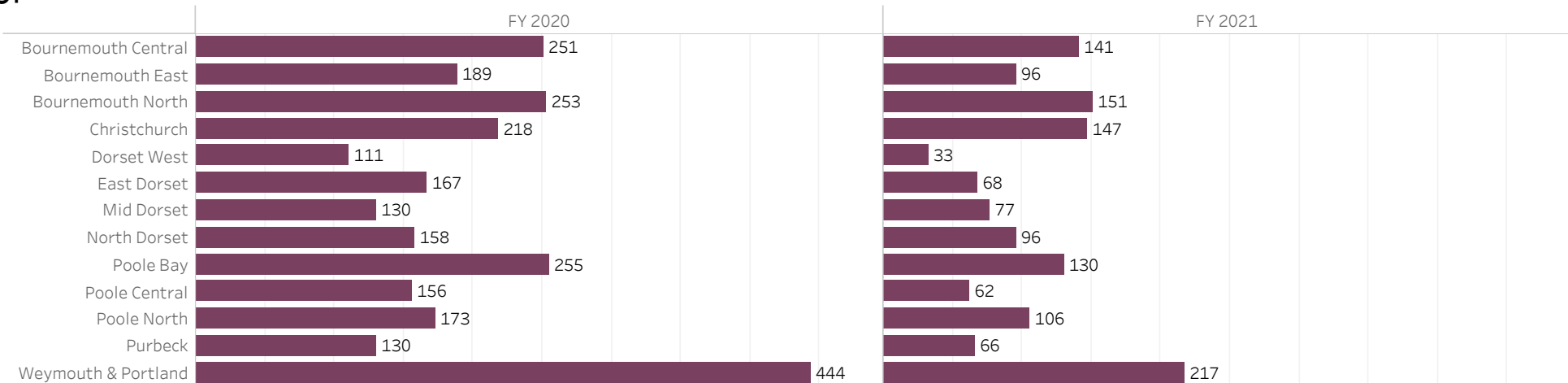


Treatment outcome at 4 weeks 2019-20 and 2020-21



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No. of smoking cessation enrolments by locality 2019-20 and 2020-21



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Business Plan 2021/22



Agenda Item 10

Introduction

Our business plan sets out the key priorities and objectives of Public Health Dorset for 2021/22.

In a fast-changing environment it is important to be clear on the main outcomes we need to achieve while we enter a period of recovery from COVID-19, and the wider public health system transforms.

Despite uncertainty during the pandemic, Public Health Dorset commissioned and provided essential public health services which need to be brought back up to full delivery. As we learn about how we live with COVID-19, we will need to consider how our resources can be used to support health protection work. Being clear about our priorities will help us develop and deliver so we are well placed for the future.

The health and wellbeing impacts of COVID-19 will be with us for a long time and public health is at the heart of the public sector response to this. We will continue to provide essential public health services while developing new programmes working with partners and communities, in line with local strategy, and Government policy.



Our business plan:

- 1** explains to our partners and stakeholders what our priorities are, how we will work together and where we will focus our resources
- 2** provides clarity to our colleagues on what we need to achieve so that we can organise ourselves in the best way possible to do this, make the right decisions and deliver effectively as one team.

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Having clear objectives that we can achieve in each of our priority areas will enable us to be prepared, focused and ready to deliver whilst at the same time playing our part in influencing the developments of the integrated care system and changes in public health.

The constant change around us is a fact of life we have to be able to respond to. These strategic priorities provide the direction of travel we need to keep on track.

We aim to:

- protect and improve the health and wellbeing of the population of Dorset and reduce health inequalities

We will achieve this by:

- Being an effective, efficient, equitable public health service
- Being a good system partner
- Making best use of data and insights
- Using a client-centred approach with partners to secure ownership and lasting change

We are here to:

- Influence system-wide and partnership working to improve public health outcomes
- Commission and directly provide services to improve health and wellbeing in Dorset
- Work with other organisations to embed prevention at scale





1700 adults and **70 young people** accessed support for substance misuse



Over 10,000 followers across our Facebook and Twitter accounts



Over **18,000 contacts** through the new Dorset Integrated Sexual Health Service



Sent weekly e-newsletters to **14,000 residents**

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6,265 antenatal contacts with soon to be parents and **2115 people** supported with breastfeeding virtually



Worked with partners to launch a new **enhanced wellbeing and psychological support hub**



2,770 messages received and **3083 sent** through ChatHealth supporting young people with health and wellbeing



7 virtual workshops held with system stakeholders to explore key issues



5,104 people have accessed LiveWell Dorset support, with **4,417 new clients** registered this year



2 local plan consultations and **4 major planning applications** reviewed



Supported 22 food banks during the pandemic

Public Health Dorset has been at the heart of the local response to the pandemic, providing coordination and public health advice alongside Public Health England. Here are a small selection of statistics to illustrate the magnitude of the ongoing response:



36,193 people testing positive for COVID-19



Chairing of the Dorset COVID-19 Health Protection Board coordinating the local response



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1,364 people who have died within 28 days of a positive test result



Dorset Testing Cell established a network of asymptomatic community testing sites and coordinated with DHSC on PCR sites



365 incidents and outbreaks affecting education settings



Establishment of 2 local authority contact tracing partnerships



588 incidents and outbreaks in our residential care settings



30,000 visits to our COVID-19 information webpage and 625,000 views of our data updates



Outbreaks in all 3 Acute hospital sites and 40 outbreaks in other healthcare settings including community hospitals and GP practices.



Regular epidemiological briefings to stakeholders including MPs, elected members and Local Resilience Forum Partners.



26 members of the Public Health team supporting day response and out of hours rota



Developed a network of trusted voices across local communities

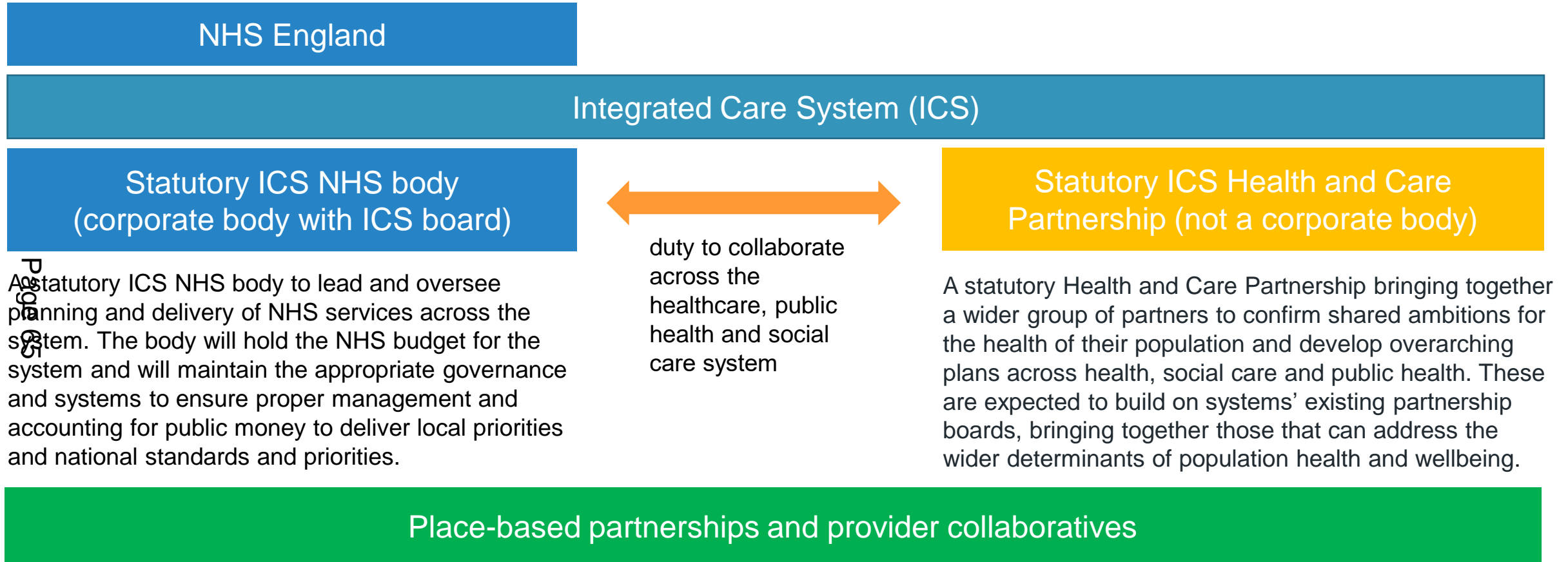


We are hosted by Dorset Council and are part of their Senior Leadership and Corporate Leadership Teams. Within Bournemouth, Christchurch and Poole Council we are part of the Adult Social Care Directorate, linking into their Directorate Management Group. Our work is overseen by the Joint Public Health Board, a joint committee of the two councils. We have connections with colleagues at all levels of both organisations across Adults, Children and Place directorates.

We work closely with partners across the Dorset Integrated Care System (ICS). Some staff within the team also have recognised ICS roles and attend a variety of ICS meetings. The DPH has a key role within the ICS System Leadership Team and PHD has oversight of the Prevention at Scale portfolio within [Our Dorset Sustainability and Transformation Plan](#), currently being updated.

We support the work of the two Health and Wellbeing Boards, statutory bodies that bring together partners from statutory services, voluntary and community sector and elected members to focus on their place and how to improve the health and wellbeing of their residents, reduce health inequalities, and promote the integration of services. We have a network of locality links each working closely with a specific locality, neighbourhood or Primary Care Network.

We engage with a wide range of public health, NHS and local government organisations and networks at regional and national level to influence national policy development, share good practice, and support sector led improvement.



Systems have found that they can better achieve their objectives by establishing:

- place-based partnerships, underpinned by neighbourhoods (PCNs) – bringing local partner organisations together with meaningful delegated budgets to join up the bulk of services that meet people's day-to-day care needs; and
- provider collaboratives – providing a formal arrangement to bring together providers, where appropriate to support the work of new and existing provider collaboratives.

What's coming our way

There is rapid ongoing change to the wider public health system, which will bring new public health responsibilities to the Director of Public Health and the team. This includes:

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- Healthcare public health: the creation of statutory Integrated Care Systems from April 2022 – new roles on the ICS board for the DPH, and new requirements for population health management and strategic commissioning;
- Health protection: a new UK Health Security Agency, replacing Public Health England, with an expectation of continued local support to the COVID-19 response going forwards
- Health improvement: a new Office for Health Promotion, new regional structures for public health, and the shaping and development of prevention and tackling inequalities in our local integrated care system.





We know that health inequalities is an ICS priority, and PHD will play a leading role in engaging, influencing and defining this, but not necessarily delivering it. We will work closely with Primary Care Networks in neighbourhoods to tackle inequalities and improve engagement with care and support for those most in need.

We expect there to be an opportunity for PHD to input into commissioning, better intelligence and insights, integrated outcomes through the development of population health management in the ICS.

We also know that Covid recovery will be a high priority for local authorities and healthcare bodies. This will need a system wide discussion to define impacts and outcomes, such as which populations, issues will be most important. Deprived communities. Mental health. Financial stress and unemployment.

We also need to maintain our role in responding to the impact of COVID19 outbreaks and incidents locally as the national assumptions are clearly indicating a likelihood of a third wave of COVID19 and continued impact into the winter.



Priorities for the year ahead

Wider system development and recovery

Delivering the COVID-19 Local Outbreak Management Plan

Our organisation

Programmes and services

Wider system development and recovery

- Culture of working with communities continues to grow
- Ensure prevention and inequalities considered as part of ongoing system transformation
- Develop insight and intelligence capacity and capability across the system

Delivering the COVID-19 Local Outbreak Management Plan

- Deliver against revised LOMP published in March to reduce the impact of COVID-19 on the local population
- Establish and maintain an effective testing strategy with oversight of the community testing programme
- Maintain an effective response to local incidents and outbreaks
- Ensure an effective plan for responding to variants of concern (surge testing)
- Ensure an effective enhanced contact tracing partnership in both councils
- Support vaccination uptake with a focus on reducing inequalities
- Establish and maintain effective lines of communication with local residents

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Programmes and services

- Review programmes within prevention at scale, confirm key priorities and ensure public health support and leadership
- Review and update relevant commissioned services and ensure quality delivery across Dorset
- Deliver quality in-house services and continue to improve digital functionality



Public Health
Dorset

Our organisation

- Align the organisational structure to current and future priorities and be flexible and responsive to emerging programmes and partnerships
- Recruit and retain talent, create development programmes and provide a productive learning environment. Actively promote apprenticeships and opportunities for local people
- Our support functions will provide efficient and valued operational support, data and expertise to deliver programmes that achieve our priorities
- Play an active role in the Dorset Council workplace programme, work flexibly based on need, make best use of technology and digital tools to work effectively with our partners across Dorset, and colleagues regionally and nationally.





Prevention at scale

Working across the system to support recovery and reduce health inequalities

Starting Well • Living Well • Ageing Well • Healthy Places

Our Prevention at Scale transformation aimed to ensure prevention was embedded in every part of our local system. We have made excellent headway, but there is still much more to do:

- Our **Starting Well** workstream focused on effective prevention in early years and educational settings that will have a long-term impact. It is now firmly embedded in the Best Start in Life programme.
- The **Living Well** workstream has scaled up support for healthy lifestyles through LiveWell Dorset for the public and with staff, reducing the risk of chronic disease in later life.
- In our **Ageing Well** workstream we are working closely with local services and organisations to embed prevention, both healthy lifestyles and secondary prevention, into how they work. Services can connect people to LiveWell Dorset and to a range of digital support, helping those already experiencing ill-health to feel more confident and take control of their own health and related behaviours. We have some excellent examples, like our MSK services who are embedding exercise and physical activity, as part of our Active Ageing programme.
- Our **Healthy Places** workstream is about maximising the potential of our local environment and communities to improve and support good health and wellbeing outcomes for our residents. Work has focused on Healthy Homes, green spaces and community assets.

Prevention at Scale

Key actions:

- Take stock and review priorities as we begin COVID recovery
- Refresh prevention strategy to support ICS development and the NHS long term plan
- Make the inequalities element more transparent, for example by connecting with SMI Physical Health Checks and Annual Health Checks for Learning Disability, or other relevant inclusion groups





Public health services & priorities

- LiveWell Dorset
- Substance misuse
- Sexual health
- Children and young people
- Suicide prevention
- Joint Strategic Needs Assessment

LiveWell Dorset

LiveWell Dorset is committed to improving the health and wellbeing of the population of Dorset, increasing healthy life expectancy, and reducing health inequalities. It is the single point of contact for all health behaviour change in Dorset focused on reducing smoking, obesity, alcohol misuse and physical inactivity.

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The service provides individuals with 1:1 evidence-based behavioural interventions and access to additional community and digital resources. We provide support and training to organisations across the ICS to grow and embed behaviour change knowledge, skills, and capacity across the system.

Priorities for the service are to review and refresh our strategic, tactical, and operational approaches. To continually increase the scale of support we can deliver, making sure we are reaching those people who need it most, and ensuring services are as effective as possible for all.



Substance misuse

We commission services for substance misuse both for adults and young people in the Dorset Council area – there are currently 1700 adults using the service (nearly 700 are for opiates, 600 for alcohol, and the remaining 400 for non-opiate with or without alcohol). In 2020/21, 280 adults successfully left treatment.

There are currently about 70 young people accessing treatment and in 2020/21 about 50 young people had a planned exit from treatment.

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Sexual health

We commission services for sexual health, which is an integrated service with HIV, which offers contraception support, STI testing, diagnosis and management, HIV diagnosis care and support and outreach services for schools and key vulnerable groups. This will be provided in accordance with evidence-based protocols, current national guidance, and quality indicators. Almost 40,000 people access the service each year.



Children and young people

Children and Young People's Public Health Service

The integrated 0-19 years CYPPHS delivers the local Healthy Child Programme, providing digital and face to face support from Community and Universal Prevention through to Partnership and Partnership Plus Early Intervention. The service delivers the mandated contacts for 0-5's and National Childhood Measurement programme and has four key priority outcomes; reducing smoking, improving school readiness, physical activity and emotional health.

Collaborating with ICS partners on local priorities and improving key public health outcomes

We will work with partners to develop and deliver Local Transformation Plans and projects including; Maternal Mental Health, Foetal Alcohol Syndrome and Reducing Repeat Removals of Children into Care; Improving outcomes for 0-5's - Speech Language and Communication, Continence and School Readiness; CYP's Emotional Health and Wellbeing, and Healthy Weight.



**Public Health
Dorset**

Suicide prevention

Public Health Dorset leads with Dorset CCG the multiagency suicide prevention steering group, overseeing the work programme for the system. This includes supporting both LAs to develop and implement their own suicide prevention plans.

Public Health Dorset leads two of the workstreams under the steering group: training and real time surveillance for suspected suicides and attempts, and the communications workstream. All work streams are still in development. “Light on” is a targeted communications campaign due to be launched in May 2021. We are using data from real time surveillance work to consider how best to prevent high intensity presenters (individuals who have attempted to take their lives 2 or more times a month) are considered in more detail. This workstream is still being developed and we are looking to see how it may overlap and link with other high intensity presenter work going on in the system.

Public Health Dorset continues to support the British Transport Police Gold suicide prevention group, covering railway related suspected suicides and attempts.



Joint Strategic Needs Assessment (JSNA)

Working together to surface key health and wellbeing issues.

We will build on our efforts to develop a participatory collaborative approach within the JSNA process.

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The approach harnesses the benefits of systems thinking and qualitative approaches in combination with business intelligence and insight from across the system to develop clarity and shared understanding of local health and wellbeing issues.

We will further develop the JSNA website to support the collation of reliable and robust data sources and collating system insights into actionable narratives.



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