



Joint Public Health Board

Date: Thursday, 18 November 2021
Time: 10.00 am
Venue: MS Teams with Outside Broadcasting / Virtual
Membership: (Quorum 2)
Mohan Iyengar, Peter Wharf, Karen Rampton, Mohan Iyengar and Graham Carr-Jones,

Chief Executive: Matt Prosser, County Hall, Colliton Park, Dorchester, Dorset DT1 1XJ

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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MS Team OBS Virtual meeting – <https://youtu.be/CmPnLKWiXuU>

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 16 November 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 provided that they have notified the Democratic Services Officer by **8.30am on Tuesday 16 November**.

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

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.

A G E N D A

Page No.

1 ELECTION OF CHAIRMAN

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

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 receive any declarations of interest.

5 MINUTES

5 - 18

To confirm the minutes of the meeting held on 15 July 2021.

6 PUBLIC PARTICIPATION

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

7 FORWARD PLAN

19 - 22

To receive and consider the Board's Forward Plan.

8 FINANCE REPORT

23 - 28

To consider the Finance Report.

9 BUSINESS PLAN

29 - 34

To consider the Board's Business Plan.

**10 JPHB HEALTH IMPROVEMENT SERVICES PERFORMANCE
MONITORING REPORT**

35 - 58

To consider the Health Improvement Services Performance Monitoring.

11 CHANGES TO THE PUBLIC HEALTH STRUCTURES

To receive a presentation by the Director of Public Health Dorset.

12 URGENT ITEMS

To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.



DORSET'S JOINT PUBLIC HEALTH BOARD

MINUTES OF MEETING HELD ON THURSDAY 15 JULY 2021

Present: Cllrs Karen Rampton, Nicola Greene and Laura Miller

Apologies: Cllrs Graham Carr-Jones

Officers present (for all or part of the meeting): Sam Crowe (Director of Public Health), Sian White (Finance Manager), Clare White (Accountant), Vanessa Read (Director of Nursing and Quality, Dorset CCG) and David Northover (Democratic Services Officer).

90. Election of Chairman

Resolved

That Councillor Laura Miller be elected Chairman for the meeting.

91. Appointment of Vice-Chairman

Resolved

That Councillor Nicola Greene (BCP) be appointed Vice-Chairman for the meeting.

92. Apologies

An apology for absence was received from Councillor Graham Carr-Jones.

93. Declarations of Interest

No declarations of disclosable pecuniary interests were made at the meeting.

94. Minutes

The minutes of the meeting held on 20 May 2021 were confirmed.

95. Public Participation

No statements and questions from Town and Parish Councils or public statements or questions were received at the meeting.

96. Forward Plan

The Board's Forward Plan was noted and, what was due to be considered over the coming months, accepted.

97. **Presentation updating on Dorset Public Health activities**

The Director of Public Health took the opportunity to inform the Board of what had been done by Public Health Dorset (PHD) - in partnership with other health bodies GP's; Dorset Clinical Commissioning Group; the NHS, emergency services; and Dorset and BCP Councils - to address and manage the Coronavirus pandemic within Dorset over recent months.

The Board were given a presentation illustrating the local outbreak management plan, how it was being applied and managed and what was being done in practice, along with other associated information pertaining to the pandemic, to put what PHD was doing – and had done - in some context, this being:-

- Coronavirus: current situation - including analysis of cases, hospitalisations, deaths, testing regime and vaccination rollout progress
- Comparisons between the Regional/National picture
- The implications for - and of - Step 4 of the roadmap from 19 July
- Health protection – the impact on the team/recruitment and planning
- Business Plan update
- Priority work over the next 6 months

as well as how PDH had been able to continue the successful delivery of its core responsibilities in light of all this.

Given the unprecedented circumstances in having to deal with such a pandemic, it was seen to be a credit to PHD in how this had been managed and, as a consequence, how relatively successful it had proven to be.

The relative success seen in suppressing such an infectious and contagious virus was seen to be largely attributable to how PHD managed it, what had been done in practice to do this; and the preparations they had made to do so.

The acts of social distancing, hand washing and isolation - which had been generally well observed in Dorset - had meant that containment of the virus had been relatively successful, compared to if this had not been the case. The testing regime being implemented and how successful and efficient the vaccination programme rollout had been, was seen as testament to the effective management of PHD. Moreover, the ability to maintain what PHD services offered and could do throughout this outbreak was to the benefit of Dorset, its residents and visitors in being assured that continuity was maintained, as far as practicable.

The Director was confident that lockdown had contributed significantly to breaking the chain of transmission along with the observations of social distancing and individual hand hygiene being applied, observed and complied

with had gone a long way to Covid-19 being dissipated as it had.

The Board were assured that the team had endeavoured to deliver as far as possible against their statutory responsibilities, provided essential public health services in line with Government guidance at the time, and above all protected and responded to the health threats arising from the unprecedented pandemic.

The Board appreciated what PHD had done in addressing the Covid-19 pandemic and how this had been achieved and the commitment shown, being seen to be a credit to how important PHD preventative work was, which demonstrably demonstrated how Dorset and its residents benefitted from it. They hoped this positive response could be now driven home to quell any further variants and transmissions becoming overwhelming.

The Board particularly recognised the importance of the Comms Team during the pandemic – in ensuring that information and the way it was interpreted and understood was readily available and accessible to all in a timely manner.

Resolved

That what had been achieved and the way this had been done to address the pandemic issues and maintain and deliver the PHD Services be acknowledged and commended.

98. Recovery of Prevention Services for NHS Health Checks and Community Health Improvement Services

This report provided an overview of the current performance of Community Health Improvement Services, including the NHS Health Checks programme – currently paused. It also provided some initial ideas for future recovery of the NHS Health Check programme for discussion and agreement on the way forward this year.

Proposals for the delivery of this service were the use innovative digital approaches – given the progress of local on-line services such as LiveWell Dorset, alongside community engagement and which could take the form of either a general offer or a targeted offer being developed and being made readily available.

The Board considered that NHS Health Checks had an opportunity to be reviewed and updated in line with national changes to the programme, primary care recovery, and the formation of the Integrated Care System services following the recovery plan which were all satisfactorily delivering, albeit with some at a slightly lower level than the previous years. The Board recognised the importance of pharmacies – in complementing GP practices – in delivering preventative interventions and acknowledged the role such

community facilities had in identifying targeted need. Comms played a significant part too to ensuring understanding of what was available, where and by whom.

The Board was pleased to see what progress – albeit limited - was being made and the continued success being seen with the Services delivered and what health improvements were being made. Members were pleased to see the new initiatives proposed to be implemented and what benefits these could bring. The advent of advancements in the availability of digital services should be used to complement face to face contact, as necessary and where practicable.

Officers affirmed that Public Health Dorset would remain committed to maintaining and developing these improvements going forward.

Resolved

That the recovery of most CHIS services – and their continued delivery - as progress was being made through the roadmap and out of COVID-19 restrictions be noted and acknowledged.

99. Finance Update

The Board received an 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. The report described how the funding was being applied and to what services and in what proportion.

The Board understood that the public health grant was ring-fenced, and monitoring spend against the grant would support better financial planning and use of the Public Health Grant to improve outcomes in partner Councils, as well as through the shared service.

The report set out what the PHD Shared Service budget for 2021/22 was and what the grant allocation retained by the Local Authorities was.

Whilst it was acknowledged that the continued interventions needed to address the issues associated with Covid-19 were unprecedented and represented a unique challenge both in financial and practical terms, the Board recognised that the available funding was being used as efficiently as it could be and appropriately prioritised to continue to optimise outcomes.

Resolved

That the finance update report be noted.

100. Clinical Services Performance Monitoring

The Board was provided with a high-level summary of performance for drugs and alcohol and sexual health services, with supporting data in appendices. The importance of monitoring of the clinical treatment services performance was readily acknowledged so that the delivery of the services might still be able to achieve all that it might, given what concentrated efforts the pandemic was otherwise demanding from PHD.

The Board considered that, in their close monitoring of performance, clinical treatment services delivery was still being maintained as well as it might, with the budget being used to best effect to benefit those in need of the services.

Resolved

That the performance and changes in relation to drugs and alcohol, and sexual health be noted and acknowledged.

101. Urgent items

There were no urgent items for consideration.

102. Presentation - Activities of Public Health Dorset and delivery of Services during the Covid -19 pandemic

A presentation of the activities of Public Health Dorset and delivery of Services during the Covid -19 pandemic.

Duration of meeting: 11.00 am - 12.30 pm

Chairman

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COVID-19 and public health update

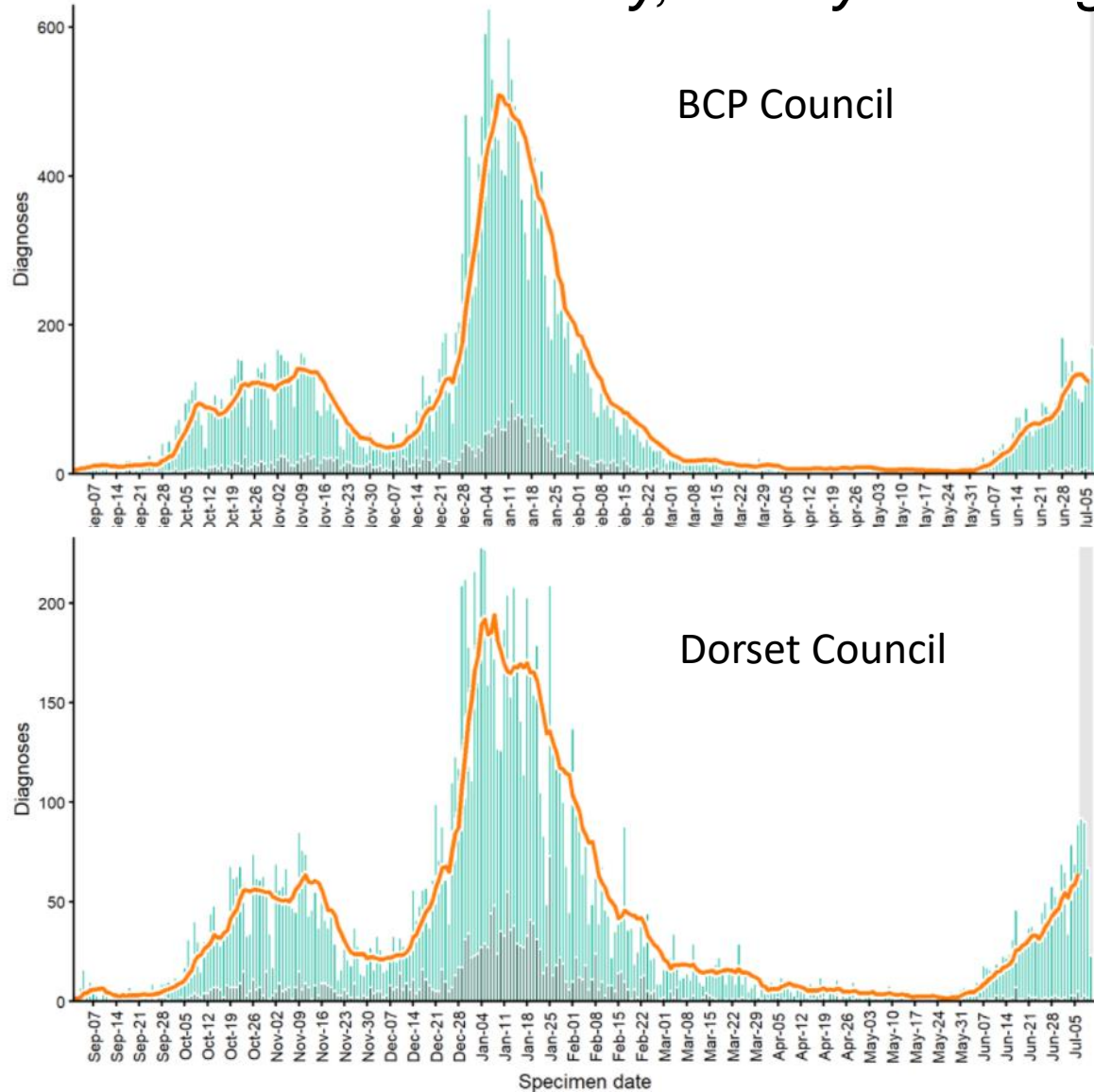
Joint Public Health Board

15 July 2021

Coronavirus: current situation

Third wave well underway, mainly affecting 16-29 year olds

Page 2



150 cases per day, BCP Council; 90 cases per day in Dorset Council

Incidents are ramping up – mainly schools – more than 60 per week so very busy on the day response and out of hours teams

Hospital occupancy remains low – 19 people in hospitals with COVID-19

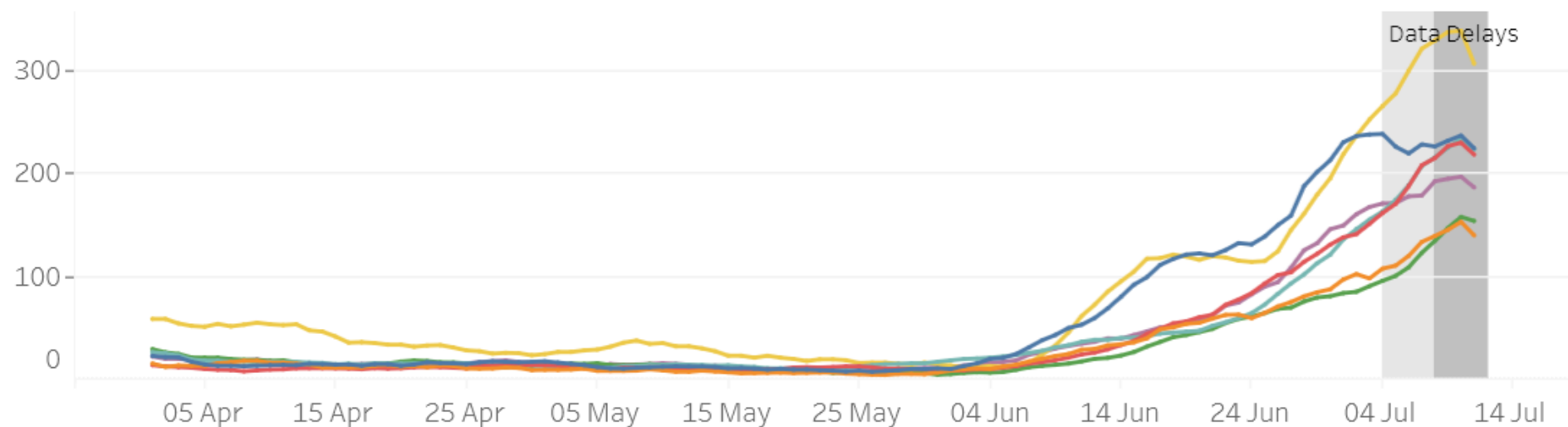
Rise in people needing support at home through oximetry monitoring

Regional/national picture

BCP Dorset Devon Hampshire Somerset Southampton Wiltshire

7-Day Case Rate per 100,000 Population

Including Dorset neighbours



SW rate 279, England 343 per 100K; Bristol, Plymouth, S Gloucs 400+

Step 4 of the roadmap from July 19th

- Removes all legal restrictions on social distancing in all settings
- Work safely guidance replaces previous rules on COVID-secure settings
- No requirement for fully vaccinated or under 18 contacts to self-isolate from August 16th – still advised to take a PCR test
- Positive cases will still have to isolate
- Contact tracing and bubble system ends in schools
- No requirement to 'check-in' to venues using app
- DsPH still able to re-introduce measures in exceptional circumstances e.g. in response to serious outbreaks- unclear how to do this

Health protection – impact on the team

- Day response and out of hours remains very busy – multiple incidents and requests for support
- Unclear what responsibilities will remain for public health team as restrictions are lifted – we are finding this difficult
- Still need to support workplaces and settings reporting multiple cases
- Testing – significant issues in deploying mobile units, new community testing programme until at least end September
- Vaccination – support with inequalities work is considerable
- Local contact tracing work continues under both Councils
- Communications and guidance role will continue
- Epicell modelling and intelligence role continues

Health protection: recruitment and planning

- Number of fixed term roles being recruited to in support of health protection work
- Planning to continue day response and out of hours teams
- May become much busier in early autumn
- Pushing for national response around wider health protection responsibilities of Councils – as UK Health Security Agency forms
- Health Protection Board will pick up wider / other HP issues e.g. flu, RSV, other outbreaks of infectious disease
- Testing cell – key people now returning to their substantive roles – still need support from both LAs with mobile units site management

Business plan update

System work and recovery

- JSNA narratives refreshed for each Council
- Prevention at scale stock take completed – working with ICS to hold a strategy workshops
- Contributing to ICS workstreams on commissioning, place-based partnerships

COVID-19

- Outbreak plan stock take to reflect changes to regulations in Step 4
- Supported both Councils to deliver local zero contact tracing
- Outbreak management fund investments for 21-22 – focus on resilient communities
- VOC surge testing plans in place
- New community testing programme from 1 July – focus on vulnerable people

Our organisation

- Re-design work completed to begin consultation on moving to single set of terms and conditions
- Consultation will run from mid-July, implement new structure in September

Priority work over the next 6 months

System work and recovery

- Support developing priorities for the ICS, embedding JSNA and population health management programmes in new functions
- Continue to develop Health Inequalities Interim strategy, Long Term Plan work on smoking cessation in hospitals, new funding for healthy weight

COVID-19

- Focus on protecting most vulnerable, ensure good vaccine coverage, surveillance and response for Variants

Our organisation

- Recovery and wellbeing of the public health team
- Induction for new fixed term roles
- Complete business planning and prioritisation

Programmes

- Review NHS HealthChecks delivery model, increase weight management offer, and deliver LiveWell Dorset service plan

**Joint Public Health Board Forward Plan
For the period NOVEMBER 2021 – FEBRUARY 2022
(publication date – 21 OCTOBER 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."

16 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
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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 Performance Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sophia Callaghan, Jo Wilson, Stuart Burley
Business Plan Monitoring	Joint Public Health Board	18 November 2021	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
New Public Health structures	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

Subject / Decision	Decision Maker	Decision Due Date	Consultation	Likely Exemption	Background documents	Member / Officer Contact
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 (including Public Health redesign)	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe
Prevention at Scale stocktake	Joint Public Health Board	10 February 2022	Officers and portfolio holders from each member local authority..	N/A	Board report	Sam Crowe, Jane Horne

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Joint Public Health Board

18 November 2021

Finance Update

Choose an item.

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr M Iyengar, Tourism and Active Health, 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 note the finance report.

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.

Monitoring spend against the grant 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 Grant allocations for public health were published 16 March and the contributions from each local authority were agreed at the May Board meeting. This gives an opening revenue budget for Public Health Dorset in 21/22 of £25.036M. Current forecast outturn is £517K underspend, with more detail set out in section 9 below and appendix 1.
- 1.3 Each local authority retains a portion of the grant to deliver other services with public health impact. 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. Planned spend on these elements is set out in section 10 below, and shows that overall, both BCP and DC are forecasting break even on their retained grant.
- 1.4 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.

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. Financial implications are covered throughout this paper

3 Wellbeing and health implications

- 3.1 The work of Public Health Dorset and the local authorities supported by the public health grant will have wide-ranging health and wellbeing implications. Any specific implications are highlighted where relevant in the report.

4 Climate implications

- 4.1 Public Health Dorset and the public health grant support a range of work that will have impacts on climate change, however there are no specific implications identified in this report.

5 Other Implications

5.1 None identified in this paper.

6 Risk Assessment

6.1 Having considered the risks associated with this financial monitoring, the level of risk has been identified as:
Current Risk: MEDIUM
Residual Risk: LOW

7 Equalities Impact Assessment

7.1 This is a monitoring report therefore EqIA is not applicable.

8 Appendices

Appendix 1. Finance Tables November 2021

9 Background Papers

Previous finance reports to the Board

[Public health grants to local authorities: 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/91444/public-health-grants-to-local-authorities-2021-to-2022.pdf), published 16 March 2021

[Shared Service Partnership agreement November 2020](#)

[Financial annex to the 20/21 agreement, updated May 2021](#)

10 21/22 shared service budget

10.1 The Board agreed contributions from each local authority in May, shown in table 1 in the appendix. This gives a 21/22 opening revenue budget for Public Health Dorset of £25.036M.

10.2 The current forecast outturn is £517K underspend, with detail set out in table 2, appendix 1. Assumptions around our activity-based services and key changes since the last provisional forecast shared with the Board in July include:

- a reduction in team costs due to improved understanding of interim additional costs set against Contain Outbreak Management Funds in each council;
- most activity-based services continue to see activity below 19/20 levels, forecasts have been updated for long-acting contraception, supervised consumption and needle exchange, and smoking cessation based on latest activity;
- continued expectation of minimal spend on NHS Health Checks during 21/22 as these remain paused and a national review is ongoing. Forecast could change as review progresses and timescales become clearer;
- improved profiling of costs around adult obesity and resilience and inequalities.

10.3 Due to ongoing pressure across the system we have not agreed any plans for kickstarting our Community Health Improvement services post-COVID using the £340k of reserves as previously agreed.

11 Grant allocation retained by the Local Authorities 21/22

11.1 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.

11.2 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 (£5.001M). This now covers the whole of BCP drug and alcohol commissioning.
- Children's centres and early help (£2.994M).
- A central overheads element – (£117k, 2.7% of total retained grant).

11.3 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, initially planned to support children's services, this has now changed to support adult's services, detail is still being worked through.

11.4 Both councils are currently forecasting breakeven against these retained elements.

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 November 2021

Table 1. Agreed 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	-8,112,288	-1,117,400	-9,229,688
Joint Service Budget Partner Contributions	11,940,218	13,096,673	25,036,891
Public Health Dorset Budget 2021/22			£25,036,891

Table 2. Opening budget and forecast outturn 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	£8,710,923	£218,577
Early Intervention 0-19	£11,248,000	£11,291,000	-£43,000
Health Improvement	£2,503,043	£1,862,131	£640,912
Health Protection	£35,500	£62,260	-£26,760
Public Health Intelligence	£120,000	£132,700	-£12,700
Resilience and Inequalities	£80,000	£16,572	£63,428
Public Health Team	£2,120,848	£2,444,263	-£323,415
Total	£25,036,891	£24,519,849	£517,042

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Joint Public Health Board Business plan update 18 November 2021

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr M Iyengar, Tourism and Active Health, Bournemouth,
Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

Report Author: Sam Crowe, Sarah Longdon
Title: Director of Public Health, Head of Service Planning
Tel: 01305 224400
Email: sam.crowe@dorsetcouncil.gov.uk;
sarah.longdon@dorsetcouncil.gov.uk

Report Status: Public

Recommendation: The board is asked to support the decision to pause development of a business plan for 21-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System.

Reason for Recommendation: To ensure sufficient time for the development of a meaningful business plan, Public Health Dorset is pausing work on the 21-22 plan, aiming instead for a final plan to be published for 22-23. This will provide more clarity on ongoing responsibilities around COVID-19 and local outbreak management plans, and ensure we understand new responsibilities under the national changes to the public health system, and local Integrated Care System.

1. Executive Summary

The Joint Public Health Board approved a high-level business plan in May 2021. This set out four programmes of work:

- a) COVID-19 outbreak management and response;
- b) Wider System working (prevention and inequalities – with Integrated Care System);
- c) Public health programmes;

d) Our organisation.

At the time a commitment was made to produce a regular monitoring report on programmes with the next level of detail. Since that time, COVID-19 has continued to mean the public health team has struggled to get back to business as usual. In addition, wider public health system reform, and the development of Integrated Care Systems for April 2022 has meant a lack of clarity about priorities and ongoing responsibilities.

We are seeking agreement of the Joint Public Health Board to pause the 21-22 business plan, and instead work on a full business plan for financial year 22-23. This will allow sufficient time to complete recruitment to vacant posts, identify and agree new priorities in line with national and local system reform, and align capacity on agreed work programmes to ensure a balance between ongoing COVID-19 and business as usual public health work.

This should not affect delivery of public health COVID-19 response work, or public health programmes delivered by services commissioned from the public health Grant. However, it does mean that our wider system working will be delayed while the future requirements become clearer.

In addition, the team is continuing its work on transforming our organisation, through implementing the redesign and new contracts, the Dorset workplace, and completing work on our internal business planning processes.

2. Financial Implications

No direct financial implications arise from this report.

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

None.

8. Background Papers

None. However board members are encouraged to view this report alongside the Director's update for November, which will contain the wider context around national public health system reform, and Integrated Care Systems.

Background

This short report provides an update on the development of the 21-22 business plan, and the process we are going through to develop the 22-23 business plan for Public Health Dorset.

1 2021-2022 Business plan

- 1.1 The JPHB received a high level business plan for 2021-22 at the May meeting which set out the main programmes of work:
 - a) COVID-19 outbreak management and response;
 - b) Wider System working (prevention and inequalities – with Integrated Care System);
 - c) Public health programmes
 - d) Our organisation
- 1.2 The report also contained the wider context of changes to the national public health system, as well as planned changes to the local health and care system through the development of Integrated Care Systems from April 2022. At the time, sufficient detail was lacking to be clear on how this would affect priorities for the team. Since then, there has also been a clear requirement to continue local work on COVID-19 outbreak management and response which has also meant finalising the business plan for 21-22 was difficult.
- 1.3 There was a commitment made to come back to the board with a detailed business plan and monitoring report for the financial year 2021-22. However, because of the ongoing demands of COVID-19 and the lack of clarity over future responsibilities, the recommendation is to pause development of this year's business plan, and instead use development time to focus on getting next year's plan ready.

2 Development of the 2022-2023 business plan

- 2.1 Development of next year's business plan is underway, and the senior team are actively considering current priorities, and the likely priorities arising from the national system reform, including the development of the local integrated care system.
- 2.2 Among the issues being considered are the detail of several funding streams identified by Spending Review 21 that overlap with areas of public health (early years support, weight management, continued NHS funding for Long Term Plan commitments on smoking and alcohol). In addition, the local governance and assurance route for these programmes needs to be clear, e.g. whether they formally are identified as programmes within the ICS.
- 2.3 Further detail is required about the future of the Prevention at Scale programme locally, and how this will be delivered in the new ICS from April 2022. There will be a continued focus on population health management, and a shift to new commissioning models in the ICS. Ensuring the right public health capacity to support these programmes will be a key consideration of the business plan process.

3 Risks and challenges

- 3.1 There is an ongoing risk that we are actively managing around recruitment and retention of members of the public health team. The ongoing uncertainty surrounding public health change, and the ongoing COVID-19 response work is undoubtedly contributing to this. Several people have left the team this year, leaving capacity issues and challenges in recruiting to some key roles. The requirement to continue to provide outbreak management support through our day response team is leading to mental tiredness, and a lack of fulfilment with some people feeling as if they have been drawn away from their core public health work. This is being addressed through recruitment of additional fixed term roles, and redeployment to ensure the COVID-19 work is fairly distributed.
- 3.2 Through the public health team re-design some of these challenges have been resolved by thinking differently about the new structure, and creating new team leader roles to ensure consistency in our support services.

- 3.3 Having a clearly resourced business plan for 22-23 will also help mitigate the ongoing risk, as the team will be able to see more clearly the priorities and non-COVID public health programmes as the wider system work becomes clearer. There is a very real sense that people are feeling as if they would like to return to core public health work that they value. Giving sufficient time to work on the 22-23 plan, with engagement of the whole team should help with re-energising people and galvanising commitment and purpose.

4 Conclusion and recommendations

- 4.1 This short paper provides an update on the development of business planning for Public Health Dorset. Board members are asked to support the decision to pause development of a business plan for 21-22 due to delays because of ongoing COVID-19 response work, and the wider changes to the public health system and Integrated Care System. The board is asked to note the progress with developing a clearer, resourced plan for 2022-23, taking into account new Spending Review commitments, public health system reform, and the launch of the local Integrated Care System. A draft of the business plan will be shared with board Members before the next financial year to agree the high level priorities.

Sam Crowe
Director of Public Health

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Joint Public Health Board Health Improvement Services – Performance Update 18 November 2021

For Recommendation to Council

Portfolio Holder: Cllr P Wharf, Adult Social Care and Health, Dorset Council
Cllr M Iyengar, Tourism and Active Health, Bournemouth,
Christchurch and Poole (BCP) Council

Local Councillor(s): All

Executive Director: Sam Crowe, Director of Public Health

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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.

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, community providers, health checks and children and young people's public health service (CYPPHS) performance, any supporting data is in the 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

1 Background

- 1.1 This report provides an overview of health improvement services for adults, and children and young people's (0-19) services. Please see Appendices for more detailed activity and outcome information.

2 Health Improvement Services: LiveWell Dorset

- 2.1 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.
- 2.2 The dashboard in the Appendix provides activity performance for this year, which have increased during 2021/22 but remain slightly below pre-pandemic levels. Latest monthly data, not captured in the appendix, suggests a recent rise. There are no discernible exceptions to this overall trend when looking at individual pathways of support, be it smoking cessation, physical activity, weight loss or alcohol reduction.
- 2.3 LWD continues to perform well at engaging individuals from deprived communities, where health inequalities are greatest. This is higher in BCP (36%), which is partly due to more people living in more deprived communities.
- 2.4 Most individuals reporting outcomes at 3 months continue to report positive change – ranging from 37% maintaining target weight loss to 91% reducing their alcohol intake. Outcomes are broadly similar across DC and BCP.
- 2.5 A core function of LWD is to support other organisations and communities to develop their own capacity to offer preventative health improvement and wellbeing support. Our workforce wellbeing training and engagement programme, aims to build knowledge, confidence and skills of people working in Dorset, to improve their own health and offer support to the communities they serve. Local organisations are supported to embed health and wellbeing offers for employees, by growing networks of Wellbeing Champions, or through organisational health and wellbeing objectives to support culture change.
- 2.6 The training offer now consists of 6 courses, aiming to target three different groups – employees wanting to raise awareness and support self-care, staff and volunteers interested in supporting others, and managers leading organisational change. Despite the disruption of the past year, LWD delivered training to 1,353 individuals, exceeding the annual target of 1,200. Most of the

training was to employees supporting self-care (61%). Training for staff supporting others accounted for 33%, with 6% of training delivered to managers leading organisational change.

- 2.7 Training is routinely evaluated, and delegate feedback has been positive with high scores (6 out of 7) for 'quality of course content', 'increased knowledge' and 'increased confidence to deliver support'. Future priorities will focus on improving uptake of the courses which support leading change, improve engagement in primary care which has fallen during the pandemic, and strengthen engagement with local authority and community health and care organisations.

3 Weight Management

- 3.1 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 grow in line with national trends. During the pandemic many people were confined to their homes, with restaurants, shops, schools, and workplaces shut down to prevent virus spread. Although it has been a priority to mitigate the immediate impact of COVID. One emerging area of concern is the potential long-term impact on weight management in adults.
- 3.2 To support people who wish to lose weight across Dorset. Weight management services are available locally, by Slimming World (SW) and Weight Watchers (WW), with access managed by LWD for behaviour change support before taking up the service.
- 3.3 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 to improve access for people.
- 3.4 Currently numbers taking up health improvement offers, including referrals to weight providers, are lower than usual. Also, fewer people have been 'completing' their referral, i.e. attending at least 10 of the 12 funded sessions. Providers are now seeing a shift and expect engagement to move towards expected levels.

- 3.5 There has been a dip in ‘success’ rates (people achieving 5% or more weight loss), 60% for referrals over the last few quarters (target 65%). We are however seeing an increase this quarter, with 89% completers achieving the 5% target.
- 3.6 WW referral numbers have been too low to glean any meaningful conclusions. This has been due to difficulties re-opening face to face provision, this is being addressed with a Coach recruitment drive and more venues, the previous focus was optimising online provision, which has improved this year.

4 Community Health Improvement (CHIS) Services

- 4.1 This report provides an overview of the current performance of Community Health Improvement Services (“CHIS”) provided by GP practices and pharmacies, as well as LiveWell Dorset who support smoking cessation service delivery.
- 4.2 The CHIS contract manager has reinstated service delivery and monitoring processes following the main period of disruption from the pandemic. The aim of this process is to work with providers to understand any barriers or issues affecting delivery, provide up to date information on public-facing lists for service users and clients, identify areas with gaps in provision and maximise accessibility of services. Enhanced contract monitoring is in place for the Long-acting reversible contraception and smoking cessation services as they can impact on pressure on other services eg sexual health. The business model of some providers mean that staff move around stores and so may not have trained staff available. This needs on going monitoring to ensure providers can deliver.

5 NHS Health Checks

- 5.1 Local Authorities are mandated to provide the NHS Health Check (NHS HC) programme under the 2012 Health and Social Care Act. This service is paused because of COVID-19 restrictions and current vaccination programmes. These are limiting the capacity of primary care and pharmacy providers to deliver this service. In addition, the original mandate that required all 40-74 year olds in our local population to be invited for a NHS HC in a 5-year period was dropped in November 2020. The recent health and social care Command Paper *Build Back Better*¹ has indicated the programme is being reviewed nationally – possibly to become a national prevention service.

¹ HM Government, September 2021. [Build Back Better](#): our plan for health and social care

5.2 The Public Health Dorset business plan for 2021-22 contains a commitment to review the current NHS Health Check model and develop options for future delivery of the programme. There are several opportunities that could be considered going forward, particularly because the ability of primary care providers to re-engage with the previous contract is unknown currently. The development of the Integrated Care System from April 2022 presents a chance to re-think cardiovascular disease prevention in the context of the current priority to reduce health inequalities.

5.3 Over the next few months, we will continue to work with primary care to understand how we could adopt a targeted approach to NHS Health Checks focusing on communities at highest risk, and continue to develop a digital universal offer.

6 Emergency Hormonal Contraception (EHC) and Long-acting reversible contraception (LARC)

6.1 Our 117 pharmacy providers continue to deliver consistent levels of activity compared with same period in 2019/20 before COVID-19 disrupted provision. During the pandemic, we enabled providers to deliver EHC consultations remotely as an alternative to face-to-face consultations.

6.2 Bournemouth Central continues to be the highest performing locality for EHC activity and, between April-Sept 2021, has already completed more than half of the activity for the full year 2020/21. This is largely due to the university population.

6.3 There are 55 active providers of LARC and we continue to work with GP practices and Sexual Health Dorset to address skill or capacity issues. We also support practices unable to provide the service, by exploring ways to increase inter-practice referrals. We have not been informed by providers of any specific issues with delivery or demand. Our local LARC offer will continue to be strengthened through developments as part of the South West Sexual Health Network "Access to Contraception" workstream.

6.4 In Q1 and Q2 of 2021/22 Bournemouth North and Poole Bay completed the highest number of LARC procedures compared with other localities, which has been the trend in previous years. This is likely to be due to the higher populations of reproductive aged women living in these areas. Those localities with lower levels of activity across each year (namely Mid-Dorset) have fewer providers signed up to deliver the service and lower need.

7 Smoking Cessation

- 7.1 There are 59 pharmacy and 17 GP practice providers actively delivering this service and we are working with and monitoring an additional 43 (mainly pharmacy) providers on the AQP framework to commence delivery.
- 7.2 In response to COVID-19 restrictions we expanded the smoking cessation service delivery model to include a virtual support offer in addition to face to face appointments to keep the service running.
- 7.3 In June 2021 manufacturer Pfizer stopped the distribution of all Champix® (varenicline) 0.5mg and 1mg tablets. This was due to the presence of nitrosamine impurities above Pfizer's acceptable level in the product lots. In response to this smoking cessation services now provide nicotine replacement therapy (NRT) to clients. An update in October suggested no date for any resupply of Champix®.
- 7.4 Weymouth and Portland Primary Care Network (PCN) continue to see the greatest number of enrolments compared with other PCNs. The 2021/22 year to date data shows a continuation of reduced enrolments into the service compared with pre-Covid levels. Given the additional staffing pressures during the pandemic, providers have been permitted to claim full payment without needing to provide verified quit data. This may explain the apparent fall in quit rates over the past year or so. This will become clearer once requirements for reporting verified quits are reinstated from April 2022.
- 7.5 LiveWell Dorset (LWD) have been supporting smoking cessation and have implemented an offer to smoking clients in response to Covid-19, and now deliver alongside community provider services, providing additional resilience for the local offer. The pathway combines telephone/digital behavioural support with NRT or vaping (e-cigs). Since the smoking pathway launched, 856 clients have started a quit attempt through LWD, 54% from BCP and 43% from DC, with 69% defined as 'heavy smokers'. Success rates have been with 36% achieving a successful quit, which meets the NICE target recommendation of a 35%.

8 Needle Exchange and supervised consumption

- 8.1 There has been a decrease in needle exchange interactions since March 2020 and this has been the trend in 2021/22 so far. In order to gain insights into this decrease, commissioners will engage with REACH (the drug and alcohol service) and service users to identify any potential blocks such as worries about Covid-19 transmission, which may influence access to services.
- 8.2 Some training needs have been identified following a complaint on a needle exchange interaction and the treatment provider, REACH, will develop this further.
- 8.3 Like needle exchange activity, supervised consumption of opiate substitution therapy (OST) such as methadone and buprenorphine has significantly decreased since restrictions were imposed in response to Covid-19. Almost two-thirds of those in treatment for opiate dependence receive OST through the supervised consumption scheme. Pharmacy plays a vital role in the delivery of this service to a vulnerable cohort. Commissioners and the treatment provider will continue to monitor activity and provide support to pharmacies including training opportunities in response to emerging needs or trends.

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

- 9.1 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.

Update on the service and outcomes April - September 2021

Key Performance Data

Indicator	BCP		Dorset	
	April - June 21	July – Sept 21	April - June 21	July – Sept 21
% of mothers receiving a first face to face antenatal contact with a Health Visitor	96%	96%	95%	95%
% of all births that receive a face to face NBV within 14 days by a Health Visitor	90%	64%	90%	89%
% of children who received a 6-8-week review by the time they were 8 weeks	93%	93%	96%	94%
% of children who received a 12-month review by age 12 months	90%	87%	92%	90%
% of children who received a 12-month review by age 15 months	28%*	91%	39%*	93%
% of children who received a 2-2½ year review by age 2½	91%	87%	87%	86%
% of children due 2-2½ year review for whom ASQ-3 is completed as part of review	91%	99%	87%	100%
% of children who received a 2-2½ year review using ASQ-3 who were at or above the expected level in all five domains	91%	88%	87%	86%

**Priority was given to the Antenatal, New Birth Visit, 6-8 week and 2 ½ year reviews during Q3/4 2020/1. The 5 Universal Contacts are being delivered fully from April 21.*

- 9.2 During the early part of the Pandemic (March 20) face to face contact with families was reduced for a short period in line with National Guidance for Public Health Nursing, prioritising the most vulnerable families. Families were then identified who did not receive a face to face universal mandated check (3.9% of the cohort) and were offered a subsequent contact. In August 2021 a deep dive reported 97% of new birth visits delivered were seen face to face in the home and 81% of 6-8 weeks contacts delivered were also seen face to face.
- 9.3 Input and multi-agency work within to child protection and safeguarding arrangements has been sustained and prioritised throughout the pandemic, with additional support and ongoing safeguarding supervision from the DHC safeguarding team. This includes child in need, child protection and strategy meetings for children experiencing or at immediate risk of harm.

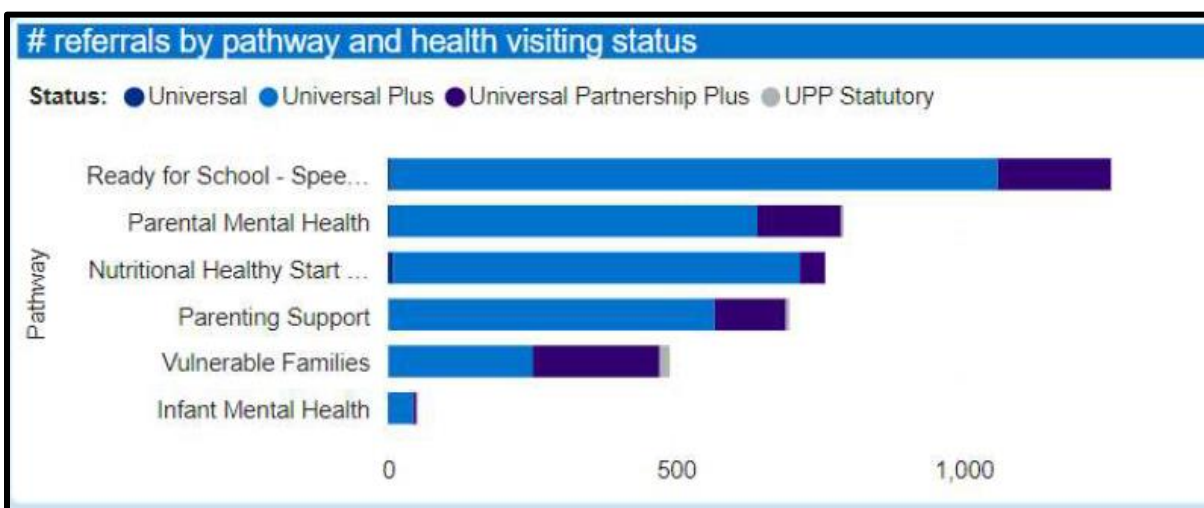
10 Priority Outcomes

Smoking Cessation

- 10.1 Reducing smoking in pregnancy and increasing smoke free homes can have lifelong impact on Cardiovascular disease and life expectancy. The 0-5 years Universal Mandated checks provide a good opportunity to build on the maternal smoking cessation offers (mother and partners), to maintain quits and provide harm reduction information and advice to smokers in the household.
- 10.2 A pilot to introduce Carbon Monoxide monitoring is being well received, offered by trained health visitors it is a visual tool which supports good conversations about the impact of smoking on the individual and children in the household. A SystmOne template (the patient clinical recording system) has been developed and data is provided through a Power BI report which reports activity across the 4 mandated reviews, as well as action taken by reach area. The report will enable tracking of individual families' progress.

Early Help

- 10.3 The service contributes significantly to the local Early Help offers for families with different levels of need. Specific Early Help pathways were developed with LA colleagues and clinical leadership to use evidence-based assessment tools, deliver evidence-based interventions and a measure of outcome across each pathway. In August 2021, just under half of children aged 0-5 years pan-Dorset were an active referral for targeted intervention on a specialist pathway. The graph below shows the August breakdown by pathway and level of need, by way of an example.



Physical Activity

- 10.4 The School Aged team meet termly with Active Dorset to develop and review a joint action plan supporting schools to increase physical activity, including promoting *The Daily Mile*, Active Travel, School Games and the Active Lives Survey, which collated school profile information on pupils physical activity. This along with data and information on food poverty, high numbers of Free School Meals, underweight children, obese children and NCMP Year 6 'opt outs' inform the action plan. In June 2021, the team were joined by the Mental Health in Schools Team (MHST) Leads to consider collaborative working to improve both mental and physical wellbeing in school aged children.

Maternal Mental Health

- 10.5 The service has invested in training a small number of Health Visitors as Virtual Interaction Guidance (VIG) Practitioners. VIG is a targeted strength-based intervention for children and their parents specifically looking at parent's attuned interactions and what they are doing well. VIG is recommended as an evidence-based intervention in the NICE guidelines: high level studies show that parents receiving VIG score significantly higher on sensitivity, warmth, and parent-infant bonding, and are less anxious and depressed, and have increased confidence.
- 10.6 34 families have been through the VIG intervention since November 2020, all with demonstrable improvements in their wellbeing scores (using GAD7/PHQ9). Parents report they feel more confident in their ability and feel like they are a better parent from doing VIG. Parents see the benefit of having their positives shown to them in video form, they like to see what they are doing well.

Digital Communication

- 10.7 Chat Health is a confidential text message-based service for older school aged children to seek information and advice on their health and wellbeing. Between 1st October 2020 and 30th September 2021, 2410 messages were received. The Children and Young People's Webpages received 19,382 views, of which 75% were unique views between Oct 20 – Sept 21.
- 10.8 In September a confidential text message-based service for parents of children aged 0-5 years, called Parentline was launched. Since the launch, 113 conversations have been opened, and 626 messages have been received. The top 3 requests for support were for speech, sleep and breastfeeding. This is an exciting additional opportunity for parents to receive quick and responsive replies to common concerns. Feedback to date includes *"I feel texting is easier*

than a phone call as my eldest child normally interrupts phone calls and I find it hard to concentrate. With a text, I can write it and send it, then give attention to my child.” and “the ParentLine service is very easy to use and is quick a great help for queries”.

Conclusion

- 10.9 The service continues to provide a high level of coverage for the Universal Mandated checks from Antenatal to age 5 years and evidence-based interventions and support for more vulnerable families, in partnership with Early Help and Safeguarding services. Despite Covid-19 impacting on capacity and some service delivery models, good progress has been made to develop and improve services and interventions designated in the 3-year contract implementation programme.
- 10.10 At the end of year 2 of this contract, the Annual Conversation with strategic partners in November 2021, will not only reflect on achievements, many described in this paper, but also seek to review evidence and define any service improvement opportunities for the Contract period (2022-2024).

11 Conclusion and recommendations

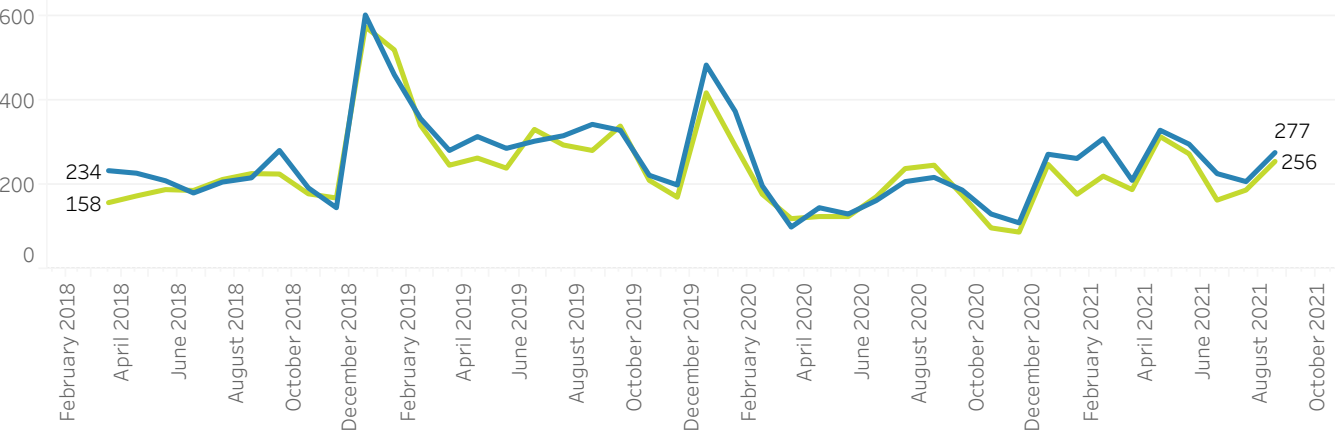
- 11.1 This paper provides a high-level summary about Community Provider Services (CHIS), with more in-depth information available on request. The Joint Public Health Board is asked to consider the information in this report and the evolving next steps for NHS Health Checks. We also ask that the Board notes the overall increase in CHIS service performance which demonstrates the engagement and efforts of our commissioned providers to recover from the disruption of COVID-19.

Sam Crowe
Director of Public Health

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



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

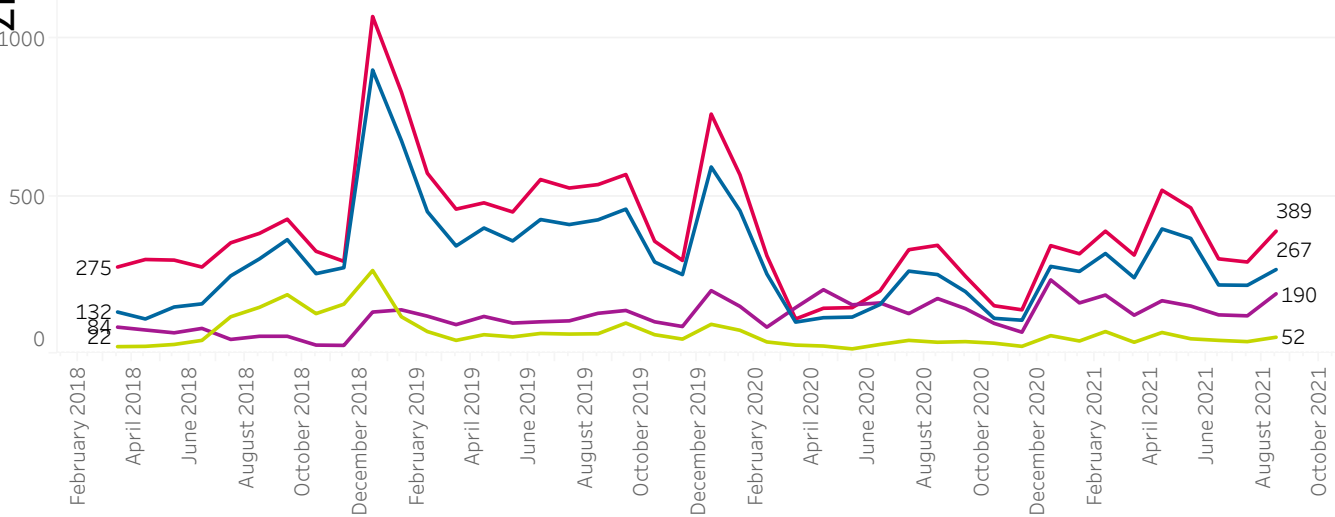


Area
BCP Council
Dorset Council

The pandemic in 2020 saw a drop in registrations for LiveWell Dorset, especially during periods of greater restrictions. The first half of 2021/22 has seen an increase in the number of registrations, although remains lower than pre-pandemic levels.

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



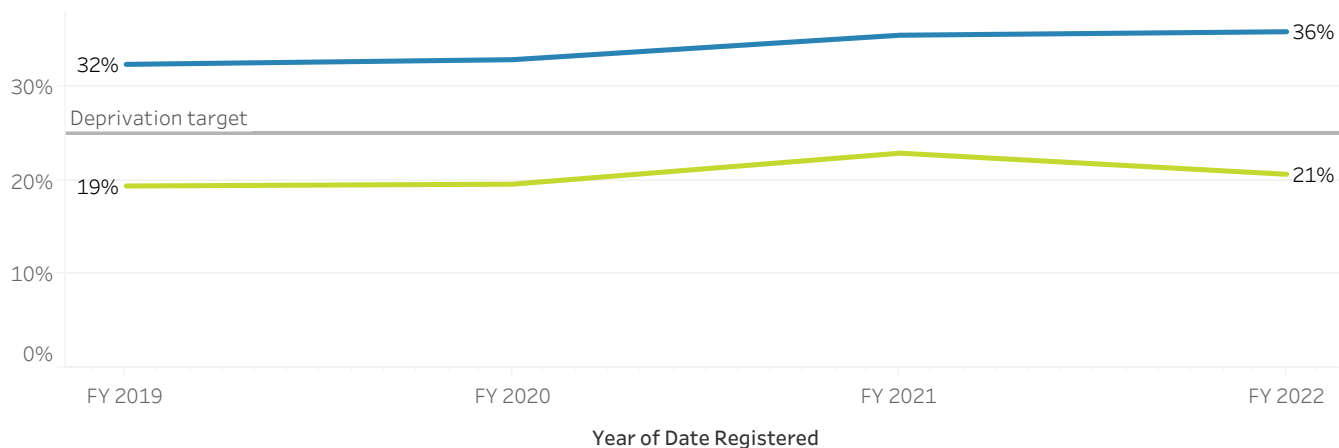
Pathway
Activity
Alcohol
Smoking
Weight

Weight continues to be the most common pathway which reflects the level of local prevalence and need. The pandemic has expediated the provision of digital support options through both SW and WW and the weight pathway has made significant increases follow the early pandemic stages. Clients accessing the smoking pathway has increased with the introduction of the NRT and E-cig support through LiveWell Dorset, remaining consistent in the first part of 2021/22.

JOINT PUBLIC HEALTH BOARD LIVEWELL DORSET PERFORMANCE REPORT



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

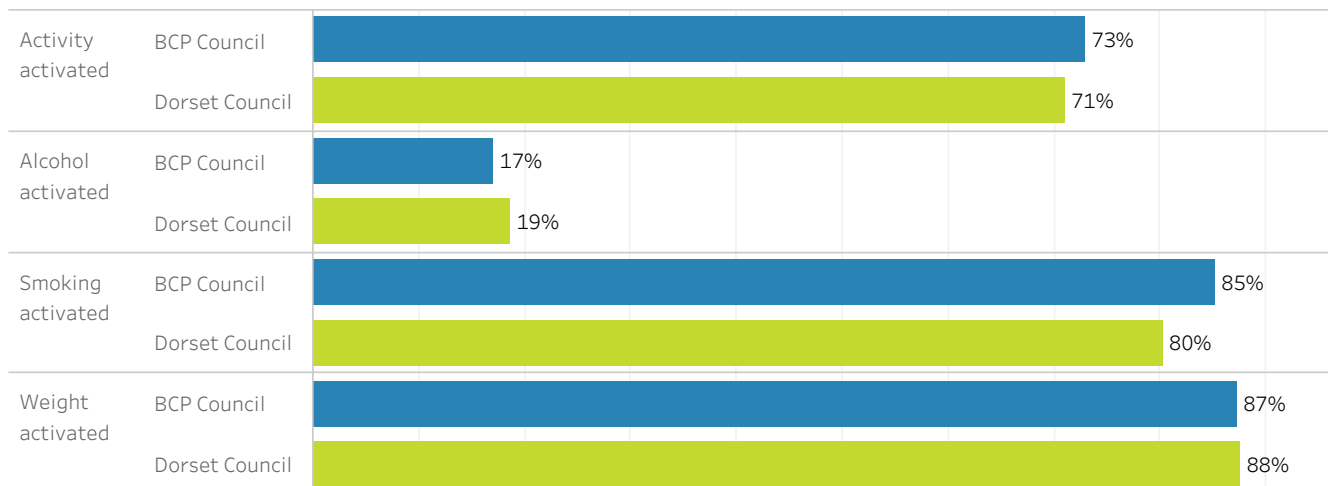


Area

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 2021/22 (YTD Sept21)



Area

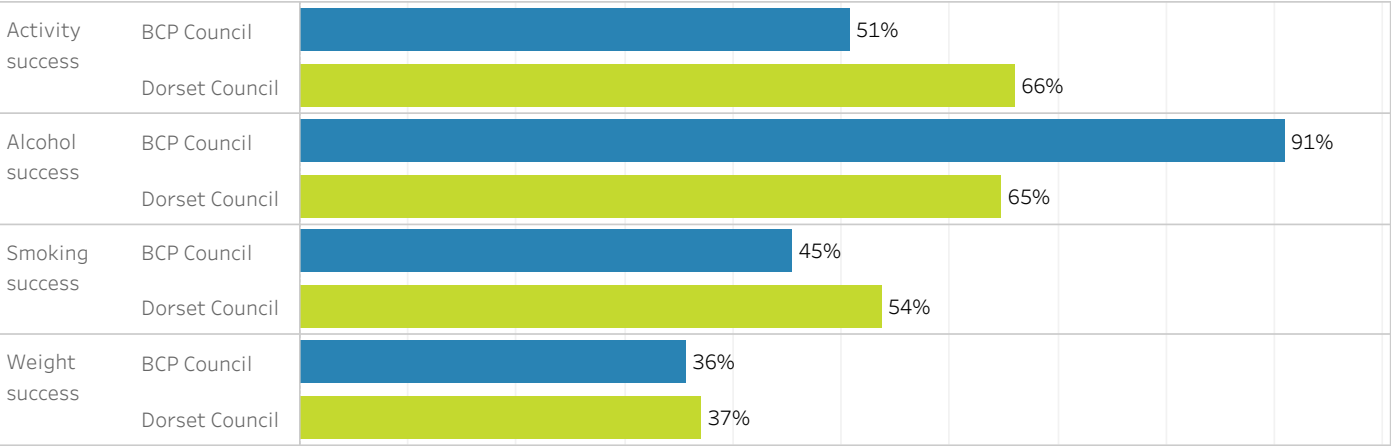
BCP Council
Dorset Council

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 2021/22 (YTD Sept21)



Area

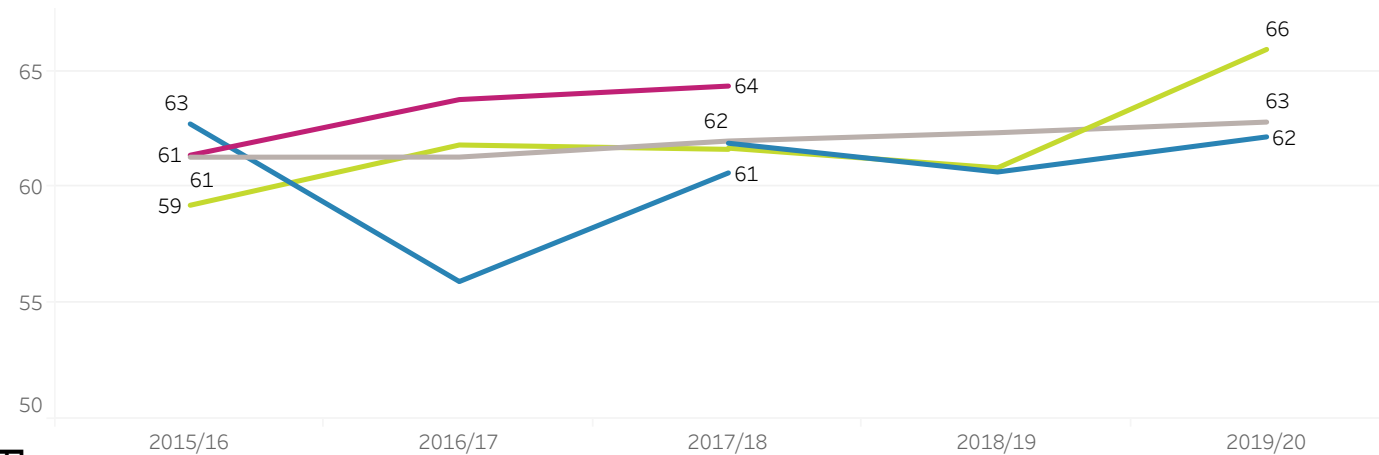
- BCP Council
- Dorset Council

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*

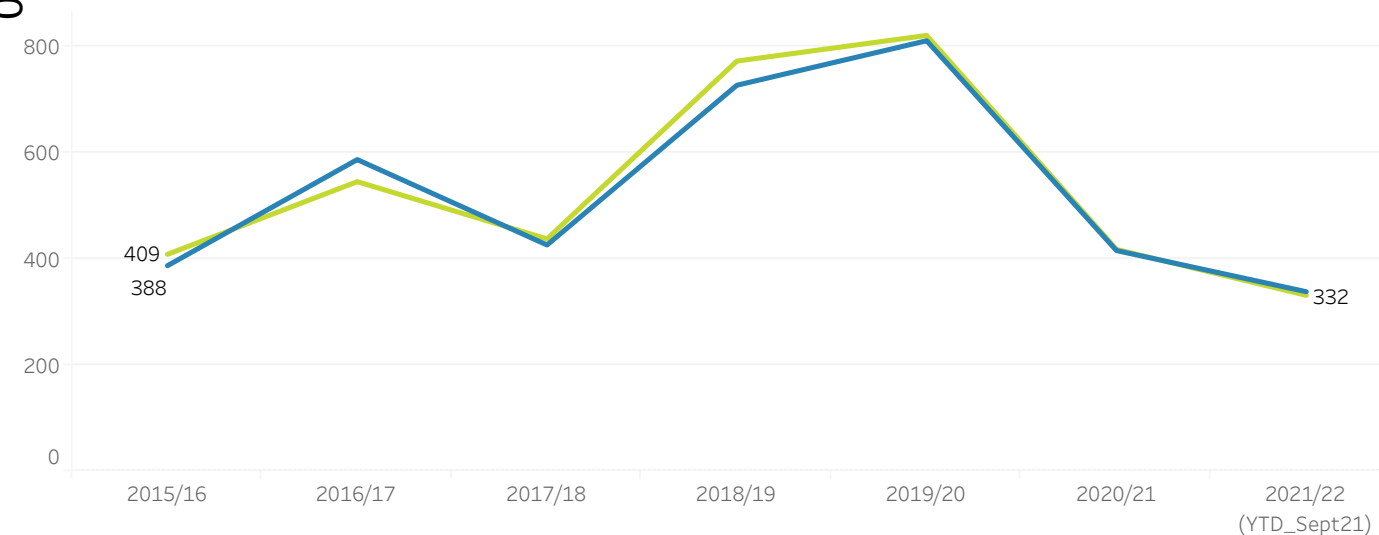


Area

- 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 66% in Dorset and 62% in BCP.

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



Area

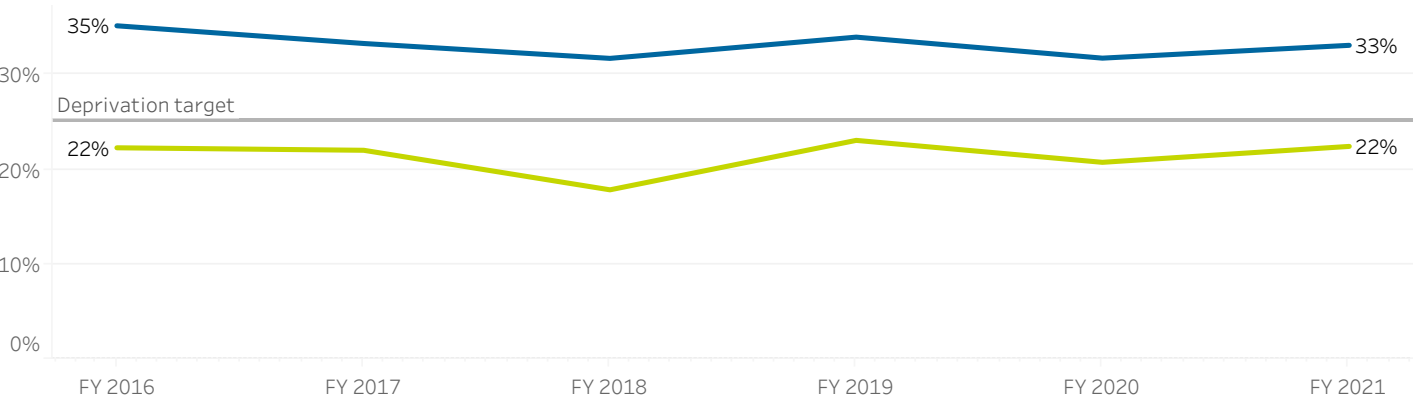
- BCP Council
- Dorset Council

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. The first half of 2021/22 is showing signs of recovery.

JOINT PUBLIC HEALTH BOARD WEIGHT MANAGEMENT PERFORMANCE REPORT



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

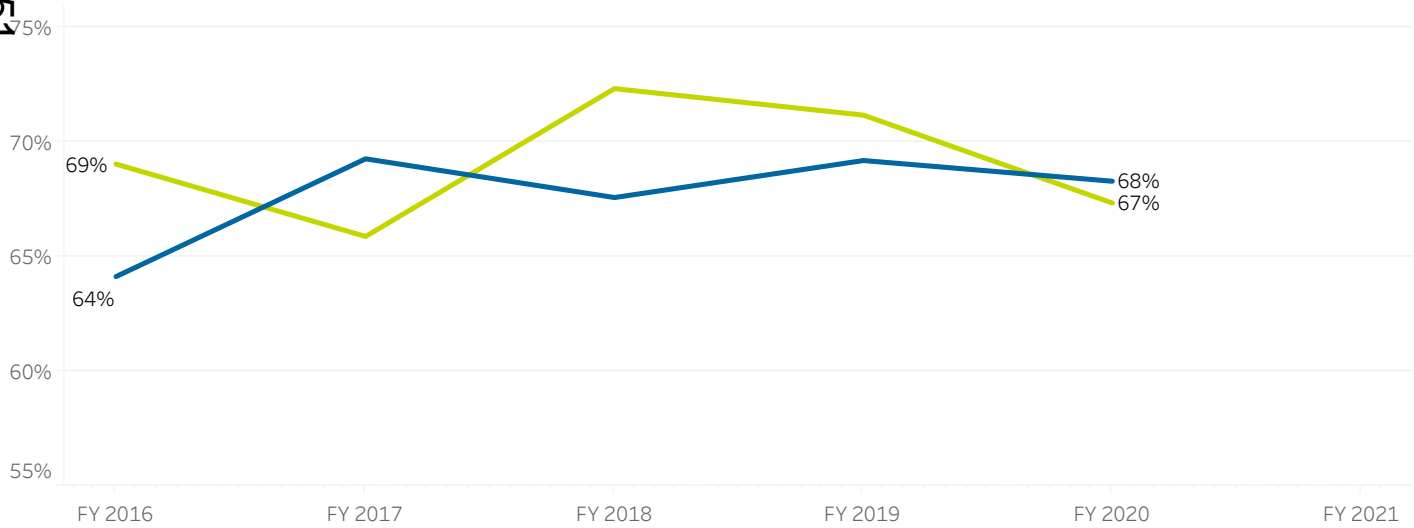


Area
BCP Council
Dorset Council

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**



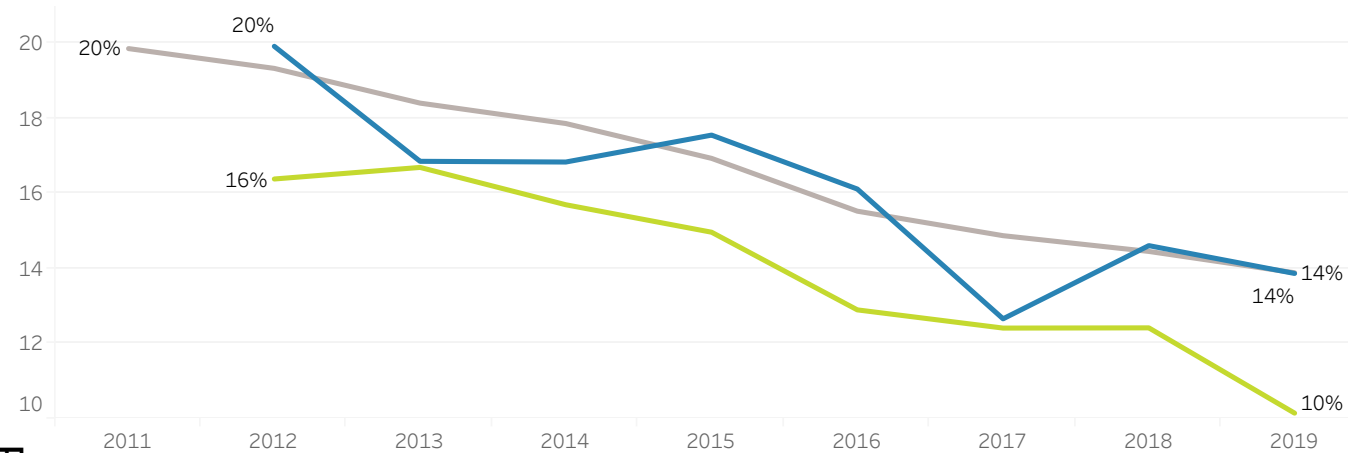
Area
BCP Council
Dorset Council

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



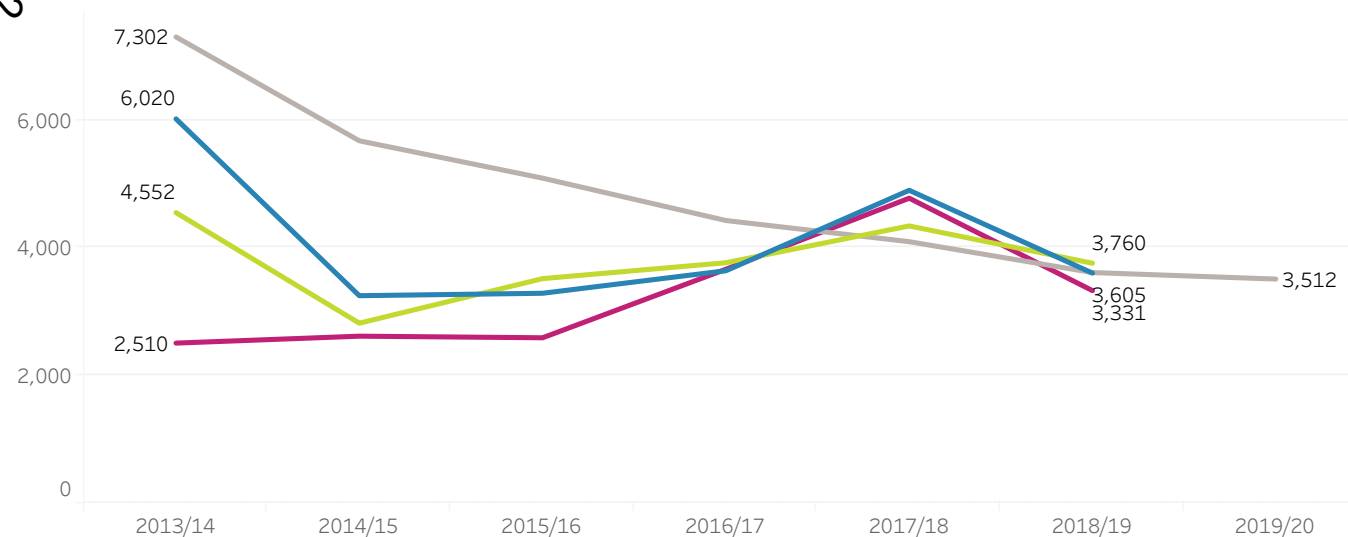
1. PREVALENCE: Percentage of adults smoking*



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*



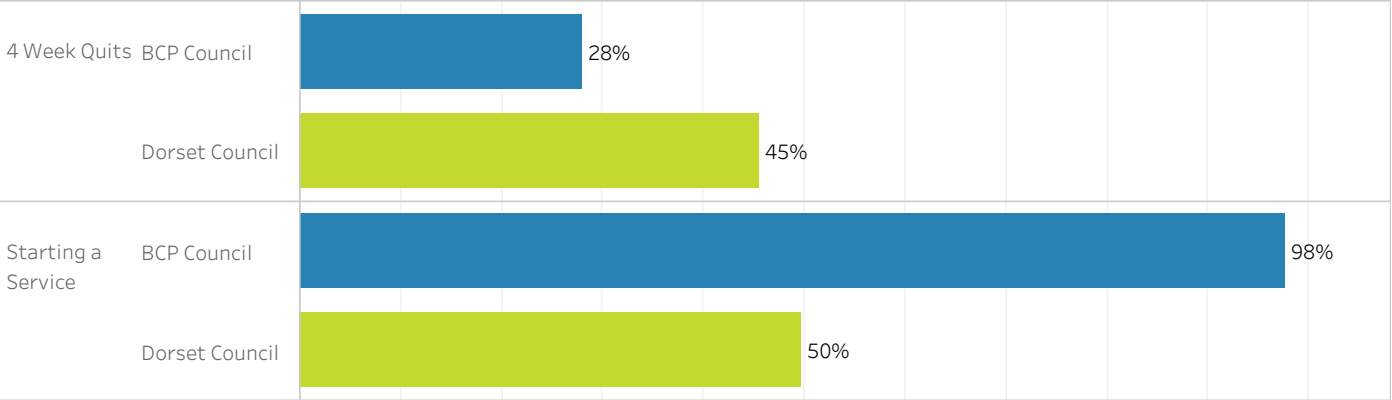
Area
 Bournemouth
 Dorset
 England
 Poole

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 2021/22 (YTD Sept21)**

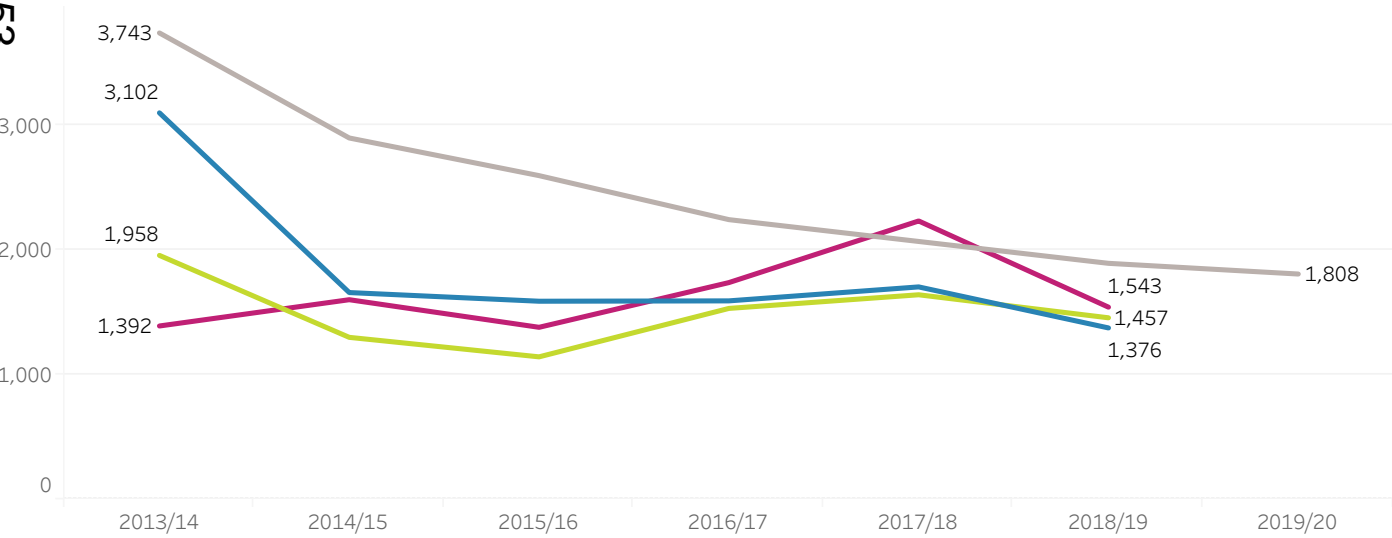


AreaName
BCP Council
Dorset Council

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.

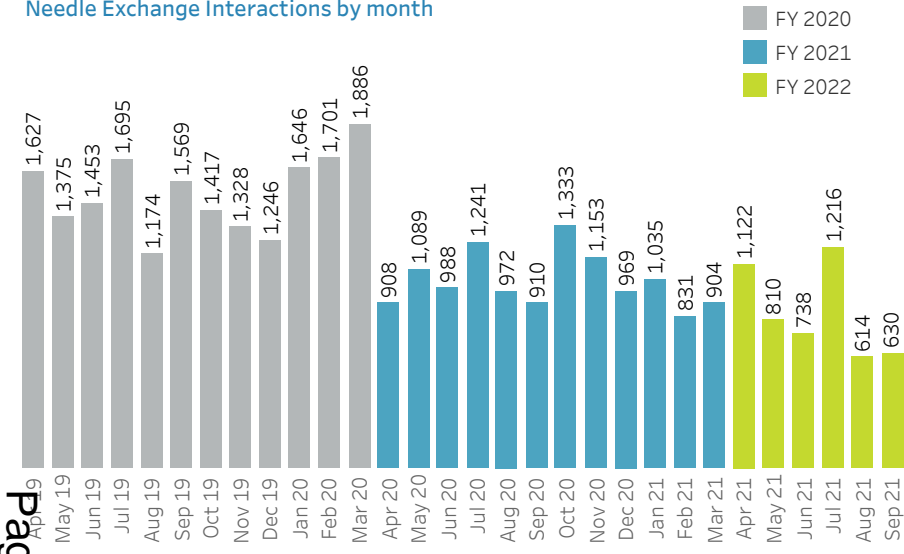
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JOINT PUBLIC HEALTH BOARD COMMUNITY HEALTH IMPROVEMENT SERVICES

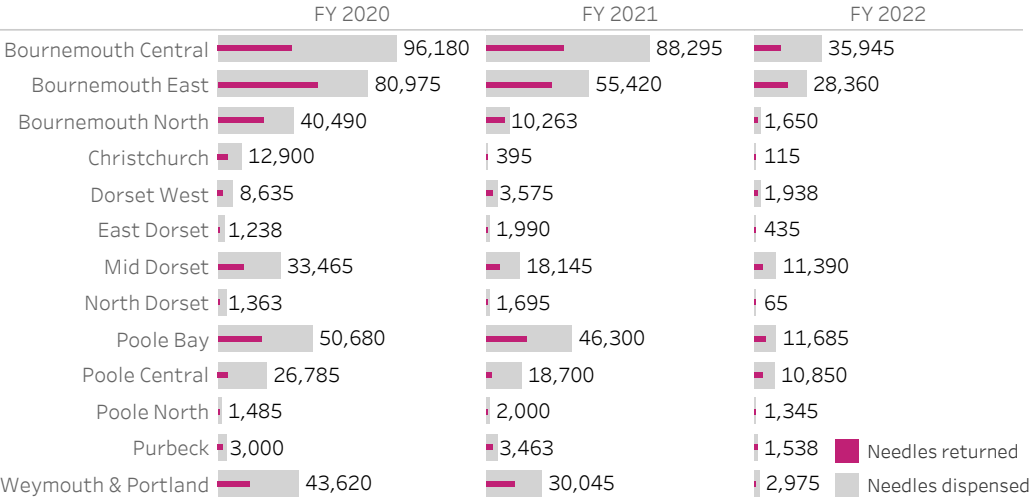
November 2021



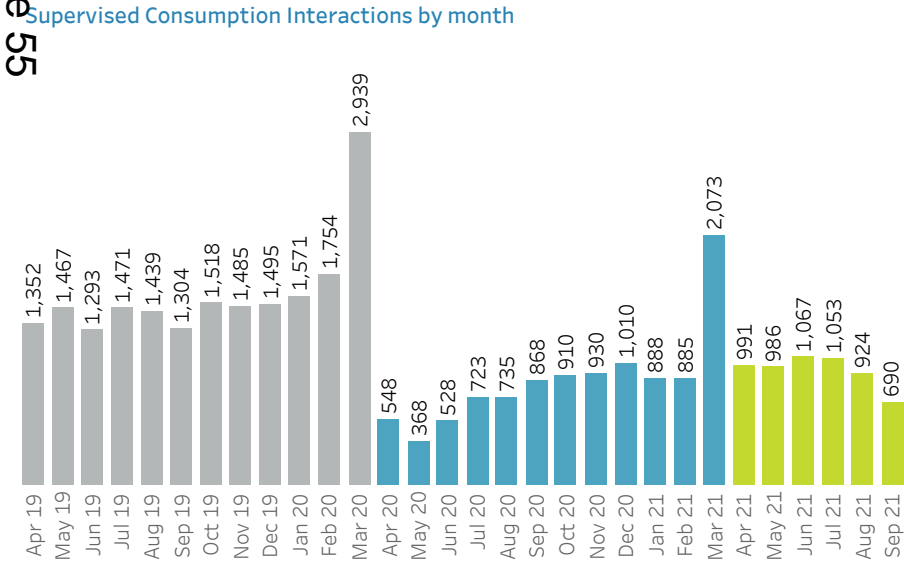
Needle Exchange Interactions by month



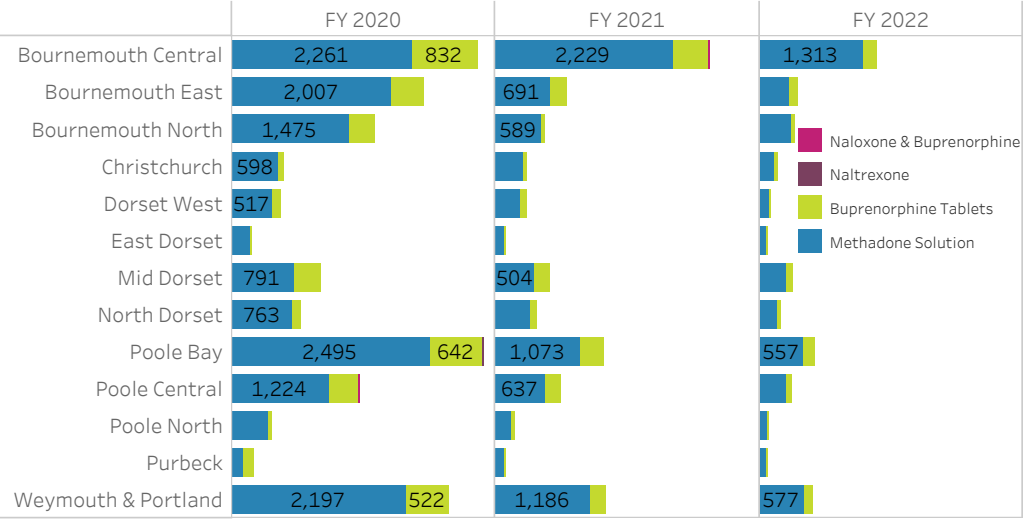
Needles dispensed and returned by locality 2019-20, 2020-21 and 2021-22 (Q1 & Q2)



Supervised Consumption Interactions by month



Supervisions and drug type by locality 2019-20, 2020-21 and 2021-22 (Q1 & Q2)

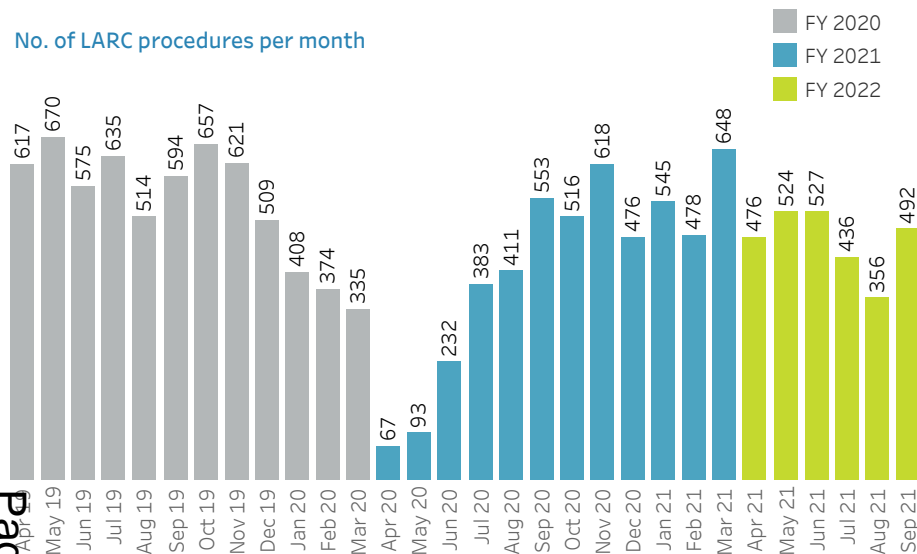


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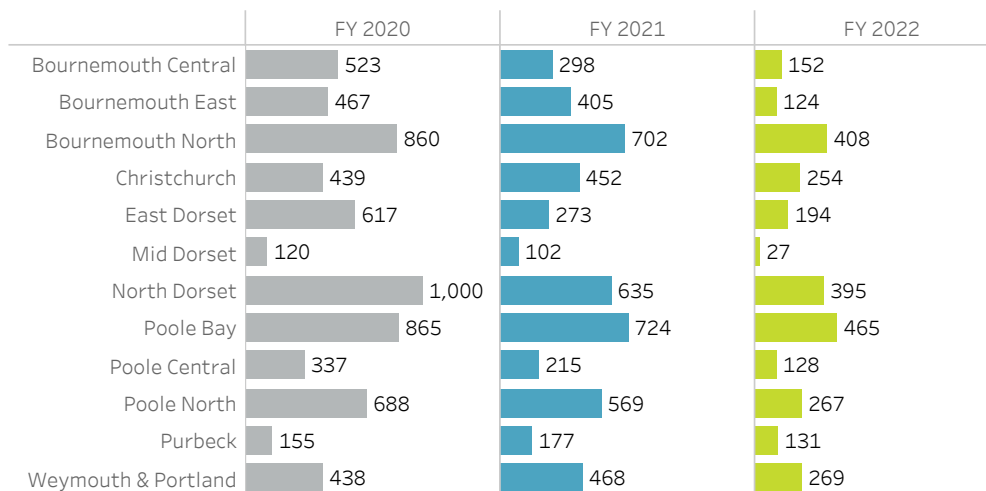
November 2021



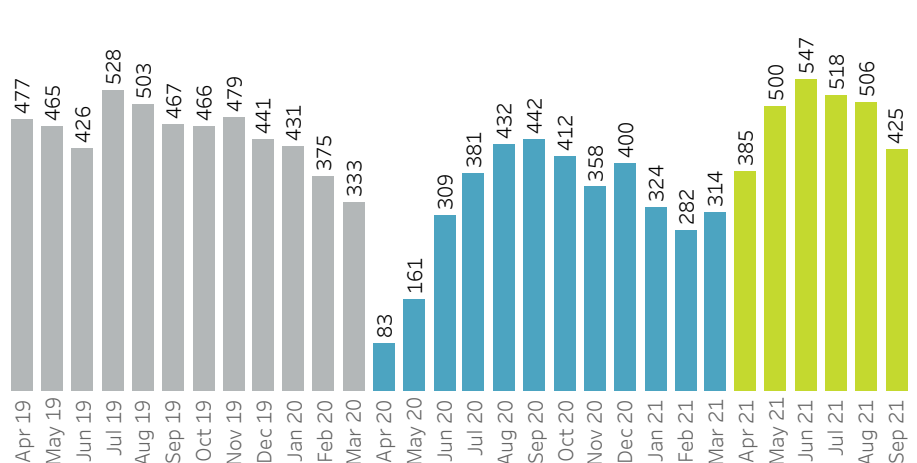
No. of LARC procedures per month



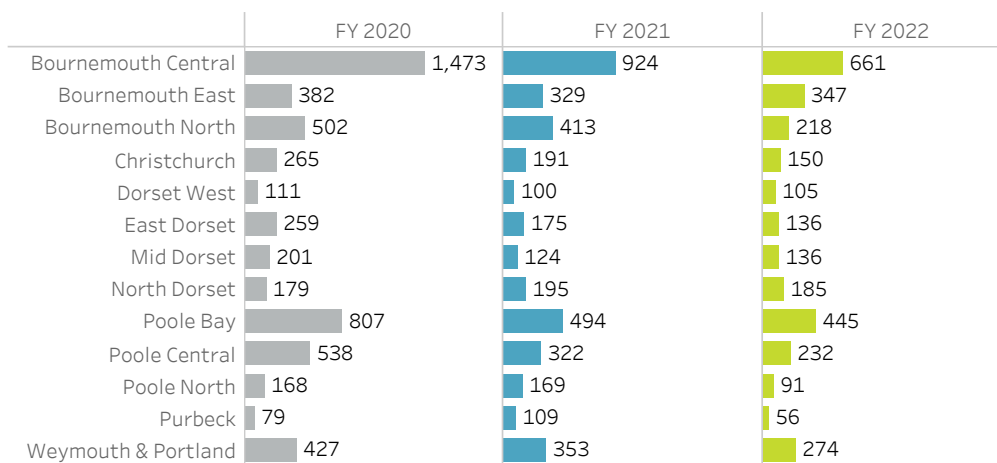
No. of LARC procedures delivered by locality 2019-20, 2020-21 and 2021-22 (Q1 & Q2)



No. of EHC consultations per month



No. of EHC consultations by locality 2019-20, 2020-21 and 2021-22 (Q1 & Q2)

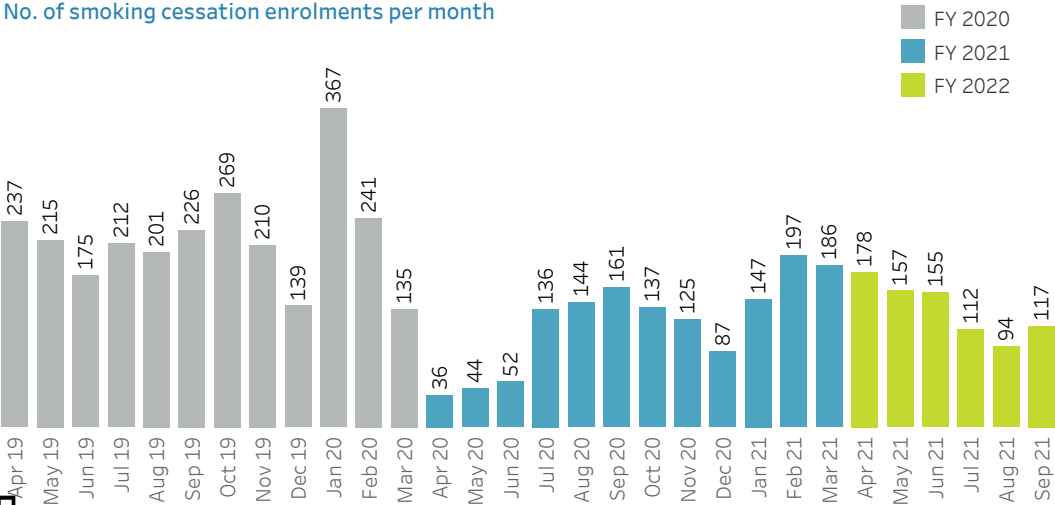


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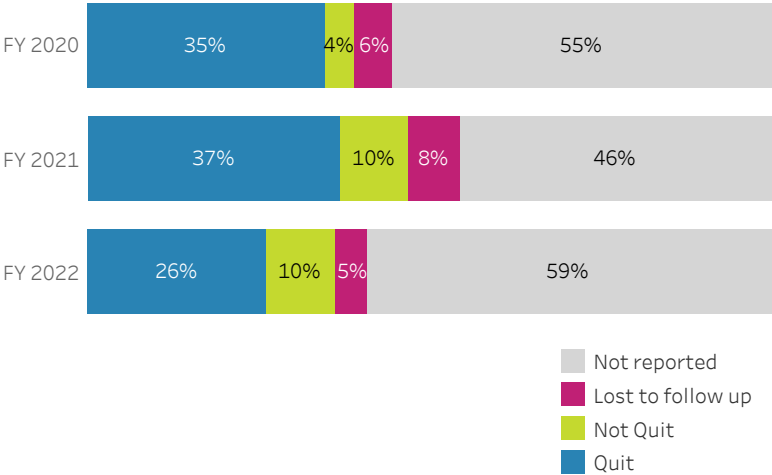
November 2021



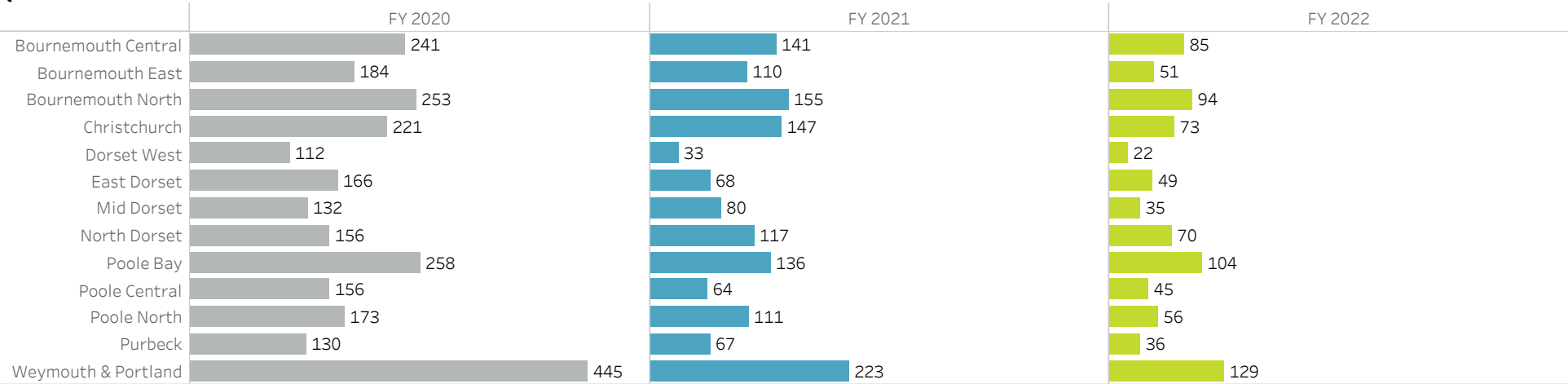
No. of smoking cessation enrolments per month



Treatment outcome at 4 weeks 2019-20, 2020-21 and 2021-22 (Q1 & Q2)



No. of smoking cessation enrolments by locality 2019-20, 2020-21 and 2021-22 (Q1 & Q2)



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